

Impacts of Pandemics and Epidemics on Child Protection Lessons learned from a rapid review in the context of COVID-19

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A RESEARCH BRIEF

This research brief summarizes the findings of a broader rapid review undertaken by UNICEF Office of Research – Innocenti.

1. WHAT THE RAPID REVIEW IS ABOUT

The COVID-19 outbreak was declared a pandemic by the World Health Organization on 11 March 2020. The rapid spread of the newly discovered coronavirus (2019-nCoV) has since driven more than 150 countries worldwide to respond to a public health emergency of unprecedented proportions in modern history. The nature of COVID-19 has led to the global adoption of infection control measures, including: quarantine and isolation; physical distancing; movement restrictions; and the closure of schools, services and non-essential businesses.

Policy guidance, media commentary and initial empirical research has brought to attention the significant immediate, intermediate and long-term negative impacts that both COVID-19 and its infection control measures have on children and adolescents as well as on their families. These have resulted in adverse immediate consequences for children's development, safety and well-being, and their protection from harm, abuse and violence, and projections of medium to long-term impacts. The disruptive impacts of the virus are being seen to play out in several ways, directly eroding families' capacities and resources to care adequately for children due to multiple health, financial and socio-economic stresses, as well as the closure of, or restrictions in access to, essential services and schools. The consequences are particularly serious for children who are not within family care, such as those in residential or institutional care, those living on the streets or displaced, and those living in conditions of servitude.

Previous pandemics and epidemics have all generated insights into the negative protection impacts of health crises. With this in mind, the UNICEF Office of Research – Innocenti undertook a rapid review, which collated and synthesized evidence on the child protection impacts of COVID-19 from previous pandemics, epidemics and infectious disease outbreaks and their lessons for global and national responses to COVID-19.

This research brief summarizes the findings of a broader rapid review. The main report can be found at: Bakrania et al. (2020). *Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19*. Florence: Office of Research – Innocenti. <https://www.unicef-irc.org/publications/1104-working-paper-impacts-of-pandemics-and-epidemics-on-child-protection-lessons-learned.html>

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2. RESEARCH QUESTIONS AND AIMS

The research questions of the rapid review were:

- What are the effects of pandemics and epidemics on child protection outcomes?
- What are the effects of pandemic and epidemic infection control measures on child protection outcomes?
- How do the effects of pandemics and epidemics and their associated infection control measures vary for children and adolescents in vulnerable circumstances or at risk?

The review highlights the nature of the potential impacts of COVID-19 on child protection outcomes and the key risk factors. Its purpose is to contribute to current and future agenda-setting for global and national response, and for future research prioritization.

3. WHAT STUDIES ARE INCLUDED IN THE RAPID REVIEW?

The rapid review collated evidence from studies that reported on the impacts of COVID-19 and previous pandemics and epidemics on a broad range of child protection outcomes. The scope of studies included in the review covered the following themes:

- **Pandemics and epidemics:** COVID-19, Ebola, Zika, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), HIV/AIDS and H1N1/swine flu.
- **Infection control mechanisms:** Quarantine and isolation, physical distancing, movement restrictions and the closure of schools, services and non-essential businesses.
- **Child protection outcomes:** Stigmatization, discrimination and xenophobia; child labor and exploitative/hazardous work; unpaid work; unpaid care and domestic work; early and adolescent pregnancy; harmful acts including child marriage and female genital mutilation (FGM); orphanhood; family separation and abandonment; and unsafe and irregular migration.
- **Violence outcomes:** Intimate partner violence between married, cohabiting or dating partners; sexual violence and exploitation by caregivers and strangers; violent child discipline; child abuse

and maltreatment; peer bullying; self-directed violence including suicide or self-harm; violence from security actors; gang involvement and crime; homicide; and online abuse and exploitation.

- **Outcomes at the intersection between education and child protection:** School enrolment, attendance and dropout.

4. WHAT EVIDENCE WAS FOUND?

More than 6,000 studies were checked but only 53 studies were found to meet the scope detailed above. The review attempted to look for evidence since 1980, but most of the studies found to meet our inclusion criteria were from the previous decade. This included 16 systematic reviews and 16 non-systematic reviews, which themselves reviewed many single studies. The evidence overwhelmingly focused on HIV/AIDS in sub-Saharan Africa, where time and attention since the 1980s has resulted in an extensive literature collated in systematic reviews. The majority of systematic reviews studied the effects of HIV/AIDS on stigmatization, discrimination and xenophobia.

The review also includes 22 single, mostly qualitative, cross-sectional studies. These studies were strongly concentrated on the Ebola outbreak in West Africa from 2013 to 2016, which particularly affected Sierra Leone, Liberia and Guinea. These single studies contained some evidence on the effects of Ebola on: orphanhood; stigma; sexual violence and exploitation; school enrolment, attendance and dropout; early and adolescent pregnancy; and harmful practices (including early marriage and female genital mutilation). The evidence on other pandemics or epidemics, or on other outcomes, was extremely limited.

5. THE LIMITATIONS OF THE EVIDENCE

Part of the challenge of applying lessons from previous pandemics is that pandemics and epidemics by their very nature are often unique, and the COVID-19 pandemic is unprecedented in modern history in its global coverage. HIV/AIDS (a sexually transmitted disease), Zika (mosquito-borne) and Ebola (primarily spread through direct contact with body fluids) carry different transmission mechanisms to COVID-19 and other coronaviruses such as SARS and MERS, which are primary airborne or spread through close person-to-person contact. This means that the impact pathways may be different and there may be differences in the infection control measures used. The contexts and

coverage of different outbreaks also matters; the evidence on Ebola is largely drawn from Western Africa and the evidence on HIV/AIDS from sub-Saharan Africa. Furthermore, new developments also mean that new modalities and innovations of mitigating contagion, such as digital engagement and online schooling, are more prevalent now compared to when these previous outbreaks took place.

Despite the limitations to generalizability and applicability, lessons learned about how such crises impact some of the most vulnerable children remain valid pointers for concerted global, national and local actions. The review allows consideration of the child protection and violence impacts that may be similar, such as the effects on morbidity and mortality of parents, on household income and livelihoods, and on stigma.

6. WHAT ARE THE IMPACTS OF PANDEMICS AND EPIDEMICS ON CHILD PROTECTION?

The review provides substantial insight into the pathways through which infectious disease outbreaks can exacerbate vulnerabilities, generate new risks and result in negative outcomes for children. Outcomes are typically multi-layered, with immediate outcomes for children, families and communities leading to further negative risks and outcomes for children in the intermediate term. While long-term outcomes were not included in the timeline of studies reviewed, the interconnections between risk factors were evident. Details are in the full report.

Being orphaned – by losing one or both parents – was a direct outcome of infectious disease outbreaks, but also a key risk factor toward negative child protection outcomes. Children orphaned during outbreaks and who lived with extended families, or were in foster or institutional care, were more prone to discrimination and stigmatization, sexual exploitation and abuse. They were also more likely to drop out of school, to assume parental responsibility for younger siblings and to be engaged in child labour. The impact of infectious disease outbreaks on orphans is gendered. Orphaned girls were more likely to become child brides and/or were at higher risk of being sexually exploited and abused, while boys were more likely to end up as child labourers, street dwellers and/or engaged in unlawful behaviors such as theft.

Stigmatization and discrimination of infected children and adolescents, or of those living with infected

individuals, was consistently identified as pervasive and widespread. They are also significant drivers of other negative outcomes for children and adolescents. In previous outbreaks, peers, teachers, communities and kin networks all contributed to the stigmatization of children, some of whom were perceived to live in disease 'hotspots'. Sometimes, entire communities were affected by stigma, further disconnecting them from basic services and essential resources, including shelter, water, food and livelihoods.

Stigma and discrimination prevented people from seeking health care for fear of drawing attention to their diagnosis. Stigmatization was also part of a chain of outcomes that led to the unequal distribution of financial and emotional support within families, including abandonment and eventual homelessness. These effects exacerbated the vulnerabilities and inequalities faced by women and girls, including dispossession and disinheritance and rejection by families and spouses (or potential partners).

Reductions in household income and the illness or death of breadwinners meant that children were increasingly engaged in **wage labour** to obtain an income that allowed them to manage their household expenses. Quarantine and lockdown restrictions, combined with lengthy school closures, increased the economic impact on vulnerable families, and disincentivized children's return to school.

Younger children and girls were less likely to be engaged in child labour outside the home, but more likely to be engaged in **work within the home**, including domestic work and chores. Pre-existing gender norms shaped the division of tasks during health crises and quarantine. This included the need to collect more water and firewood and the need to provide for the family if a member fell ill.

Increases in **early marriage for girls** was also identified as a negative coping mechanism, associated with financial hardships and school dropout.

Early and adolescent pregnancy was associated with infection control measures. Economic insecurity and a lack of food increased pressures on families and caregivers, and school closures increased the likelihood of girls spending more time with older men. Transactional sex was sometimes a strategy used by girls and families to earn additional money, or access services and resources, thus exposing themselves to a higher risk of becoming pregnant. Moreover, health

services disrupted during outbreaks reduced the use of contraception by teenage girls. A lack of access to medical facilities during outbreaks also intensified risks during childbirth and compromised the safe delivery of children.

Child abuse and maltreatment can increase during and after pandemics and epidemics, both for those co-residing with infected adults and those living with caretaker families.

Infectious disease outbreaks intensified the experience of **sexual violence and abuse, particularly of women and girls**. Quarantines and lockdown conditions presented higher risks, which resulted in increased domestic stress, the exercise of controlling behaviors by perpetrators, and restricted access of victims to services and help. Disruptions to existing violence prevention programmes and potential safe spaces such as schools also increased exposure to violence.

Closure or restriction of access to welfare and protection services further exacerbates harm and risk. Reliable and safe reporting of intimate partner violence (IPV), and sexual violence and exploitation were constrained by: the inaccessibility of basic justice and medical services during the crisis; restrictions on movement stemming from quarantines and checkpoints; a fear of contracting infection, which prevents violence victims from seeking medical attention; and the costly nature of pursuing criminal cases, which leads to increases in unrecorded mediation at a local level. Access to water and sanitation also affected the exposure to and risks of IPV and sexual violence and exploitation for women and girls whose role was to fetch water. This included increased risks of rape or exploitation by guards stationed to police quarantine. Barriers to women seeking medical care included the fear of being assaulted on the way to and in public hospitals and the prohibitive costs of taxis.

7. RECOMMENDATIONS

7.1 Policy recommendations

Drawing on the lessons learned from the evidence reviewed, child protection responses to those affected by COVID-19 may usefully focus on some of the key risk factors identified.

Responding to children in vulnerable circumstances, including orphans: The evidence reviewed suggested that those orphaned from infectious outbreaks were more vulnerable to stigmatization, school dropout and sexual exploitation. However, the same evidence did not offer clear recommendations. Evidence external to this review (and published after the review was completed) finds key approaches include psychosocial interventions focused on improving mental health, social protection, cognitive interventions, and community-based interventions that provide families with resources and access to services.¹

Responding to stigmatization and discrimination: Stigma is associated with many short and longer-term risks. Much stigma emerges from lack of clear information and communication about how the virus transmits, overlaid with underlying social inequalities where some groups are already stigmatized and the virus may become a way to additionally label them. Ongoing information and communication campaigns are key to ensuring that stigma and discrimination do not impose such high costs in terms of children's mental health and well-being in the longer-term.

Further, public health systems, communities and schools can also play an important protective role in building positive relationships and addressing the stigmatization of populations affected by outbreaks of an infectious disease. Children and adolescents who have recovered from the virus, or have been associated with someone who has contracted the virus, should be screened for internalized stigma. Teachers and community leaders should be sensitized to possible longer-term psychosocial and mental health effects and be encouraged to provide social support. Another option may be to set up self-help groups and safe spaces at school or within communities.

Investing in social protection: Financial support and social protection are key to enabling livelihoods during outbreaks and to counteract adverse socio-economic and health-related shocks as families struggle to meet basic needs. Social safety nets could reduce the participation of children in paid and exploitative labor and decrease the chances of school dropout. This may further decrease the chances of early marriage and teenage pregnancy. Expanding social safety nets may also contribute towards providing survivors of sexual violence and exploitation with access to justice and

1 Thomas, T., Tan, M., Ahmed, Y., and Grigorenko, E. L. (2020). A Systematic Review and Meta-Analysis of Interventions for Orphans and Vulnerable Children Affected by HIV/AIDS Worldwide. *Annals of Behavioral Medicine*. <https://doi.org/10.1093/abm/kaa022>

medical services. Lessons from the 2008 global financial crisis suggest that countries which focused on strengthening social protection and who effectively targeted the most vulnerable groups after the economic crisis are better equipped to tackle the current crisis.²

Promoting access to health, protective and justice services:

The Ebola outbreak in West Africa demonstrates that access restrictions to health services during the outbreak can lead to increases in sexual violence, IPV and teenage pregnancy. The evidence also points out that access to the police and formal justice was restricted in many locations. This shows the importance of prioritizing services to respond to issues of violence against women and girls. This includes ensuring that there is access to female healthcare workers and to safe, alternative and confidential spaces, as well as increasing communication and awareness of services through advocacy. Particular attention could be given to the role of community leaders and customary justice systems, ensuring that cases of criminal sexual violence are recorded and referred to the formal justice system.

Ensuring continued access to education: It is key to ensure that perceived loss of learning is not a disincentive to return to school. Many families have benefited from child labor – paid and unpaid. Therefore, it is vital to sensitize parents to the importance of returning children to school. Once schools have reopened, there may be a need for psychosocial support and counselling for children affected by the virus. Flexible and supportive education is required for girls, who may be more likely to have to sacrifice schooling for unpaid domestic work and childcare, or through early pregnancy.

Recent technical guidance

7.2 Research recommendations

The research recommendations here draw from an analysis of the evidence gaps in the review, both thematic and methodological.

Primary research

Given the practical and ethical implications of undertaking research during the current pandemic, primary research that seeks to draw conclusions from COVID-19 and from previous pandemics may be difficult to undertake. There is a higher burden of proof for data collection during the current outbreak than there would be in normal circumstances.

- **The value and benefit for children and adolescents from research should be immediately clear, and the research should be designed to be actionable:** Ethics protocols must be in place to ensure that research does not do further harm, and that methodologies are appropriate for the issues and groups that are being addressed.³ For instance, remote or virtual data collection is likely to be inappropriate to identifying risks for harm, abuse and exploitation which are deeply traumatic and personal experiences.
- **Rigorous retrospective studies:** Consideration should be given to the value of retrospective cross-sectional surveys, and case-control designs to investigate causal links between exposure to pandemics and epidemics, and child protection outcomes.
- **Build upon or reinforce the monitoring, evidence and learning functions of pre-existing programmes:** Pre-existing programmes present opportunities for conducting experiments, quasi-experiments or longitudinal studies to determine pre- and post-outbreak trends and impacts of the outbreak over time. If there is ongoing longitudinal data collection in areas when an outbreak hits, there is both baseline data and the infrastructure to quickly collect data.
- **Focus on children and adolescents in vulnerable circumstances:** There is a need for detailed investigations of population heterogeneity, in order to determine associations between child well-being and characteristics such as age, gender and other forms of vulnerability.

2 Tirivayi, N. et al. (2020). A Rapid Review of Economic Policy and Social Protection Responses to Health and Economic Crises and Their Effects on Children: Lessons for the COVID-19 pandemic response. Florence: Office of Research-Innocenti <https://www.unicef-irc.org/publications/1095-rapid-review-economic-policy-social-protection-responses-to-health-and-economic-crises.html>

3 Berman, G. (2020). *Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic* (p. 18). UNICEF Office of Research - Innocenti. <https://www.unicef-irc.org/publications/pdf/DP%202020-01.pdf>

- **Broaden geographic focus:** There is a need to expand the evidence base beyond Sub-Saharan Africa, and beyond West Africa in particular. This may entail retrospective studies on outbreaks other than Ebola, such as the SARS, MERS and H1N1 outbreaks in other regions. This might yield useful findings due to implementation of similar infection control methods to those being used to combat COVID-19. It may also entail retrospective or longitudinal studies on the effects of COVID-19 in Asia and Latin America.

Secondary research and synthesis:

- **Robust analysis drawing on administrative data:** The use of administrative data and national statistics may help to provide robust statistical evidence through econometric analysis on the socio-economic impacts of COVID-19.
- **Deep dives into evidence on HIV/AIDS:** There appears to be sufficient synthesis on the effects of HIV/AIDS on stigma and longer-term psychosocial and emotional outcomes. However, there is limited synthesis on the impacts of HIV/AIDS on other child protection outcomes, including child labour, unpaid care and domestic work.
- **Synthesis of evidence on interventions to reduce child protection risks:** The risk factors identified in this review provide entry points for further synthesis. One way to strengthen recommendations and the evidence-base for programming would be to collate evidence, perhaps as part of a review of reviews, on the effectiveness of interventions that seek to respond to the key risks identified here, both within pandemic contexts and without.

Technical guidance

Below is a selection of recent technical guidance for responding to child protection risks during the COVID-19 outbreak

Child Protection

- Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic
- Technical Note: Child Helplines and the Protection of Children during the COVID-19 Pandemic
- Key Messages and Considerations for Programming for Children Associated with Armed Forces or Armed Groups during the COVID-19 Pandemic
- Working with Communities to Keep Children Safe
- Technical Note: COVID-19 and Child Labour
- Social Service Workforce Safety and Wellness during the COVID-19 Response: Recommended Actions
- Protection of Children during the COVID-19 Pandemic: Children and Alternative Care
- Technical Note: COVID-19 and Children Deprived of their Liberty
- COVID-19 and Its Implications for Protecting Children Online

Violence

- COVID 19: Protecting Children from Violence, Abuse and Neglect in the Home Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response
- UNFPA Interim Technical Brief: Gender Equality and Addressing Gender-Based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response.