

WORKING PAPER

Impacts of the COVID-19 Pandemic on Early Childhood Development

SCIENTIFIC COMMITTEE
NÚCLEO CIÊNCIA PELA INFÂNCIA

SPECIAL
EDITION

THIS DOCUMENT WAS PREPARED BY BRAZILIAN RESEARCHERS FROM SEVERAL FIELDS OF KNOWLEDGE, MEMBERS OF THE SCIENTIFIC COMMITTEE OF NÚCLEO CIÊNCIA PELA INFÂNCIA (NCPI). THIS **SPECIAL EDITION** ADDRESSES THE IMPACTS OF THE CORONAVIRUS PANDEMIC ON EARLY CHILDHOOD DEVELOPMENT.

THE NÚCLEO CIÊNCIA PELA INFÂNCIA (NCPI) is a collaborative initiative that produces, interprets, and disseminates scientific knowledge about early childhood development, to strengthen and validate public programs and policies that positively impact socially vulnerable Brazilian children.

The NCPI is composed of six organizations: Bernard van Leer Foundation, Center on the Developing Child and David Rockefeller Center for Latin American Studies, both from Harvard University, Maria Cecilia Souto Vidigal Foundation, Insper, and University of São Paulo Medical School.

The NCPI operates through four main initiatives. They are:

SCIENTIFIC COMMITTEE, responsible for this publication. This multidisciplinary, collaborative body of researchers aims to equip decision-makers as a whole with scientific knowledge on early childhood development. Committed to an evidence-based approach, the committee intends to build a knowledge base for society that transcends political party divisions and recognizes that family, community, private initiative, civil society, and government share the responsibility of promoting the well-being of children from zero to six years old.

ILAB PRIMEIRA INFÂNCIA (ILAB EARLY CHILDHOOD), a social innovation laboratory for creating and testing solutions capable of transforming the lives of children facing adversity. It supports the development of science-based solutions with the potential to be applied in scale.

EXECUTIVE LEADERSHIP PROGRAM IN EARLY CHILDHOOD DEVELOPMENT, a training program that seeks to raise awareness, capacitate, and mobilize public policymakers, public managers, and civil society leaders to work towards healthy early childhood development.

INTERNATIONAL SYMPOSIUM, an event that brings together Brazilian and international speakers to discuss high-priority issues and practices for the development of policies and programs targeting children up to 6 years old.



ABOUT THE AUTHORS

The Scientific Committee of the Núcleo Ciência Pela Infância is composed of Brazilian researchers from different areas, such as medicine, nursing, neuroscience, psychology, economics, public policy, and education.

The group's primary objective is to identify the key factors that most impact early childhood development and thus synthesize, analyze, and produce scientific knowledge that advances the formulation, promotion, and improvement of programs and policies that benefit children.

Its members seek to promote a national research agenda that addresses areas of study that are barely or not-at-all explored in Brazil. This special edition addresses how the COVID-19 pandemic is impacting early childhood development.

THE FIRST FIVE PUBLICATIONS ADDRESS THE FOLLOWING TOPICS:

- **Study I:** The Impact of Early Childhood Development on Learning
- **Study II:** The Importance of Family Bonding in Early Childhood
- **Study III:** Executive Functions and Early Childhood Development: Skills Needed for Autonomy
- **Study IV:** Home Visits as a Strategy for Promoting Early Childhood Development and Parenting
- **Study V:** Impacts of the Family Health Strategy and Challenges for Childhood Development

NOTE

The authors are responsible for the content of this study, which does not necessarily reflect the opinions of the Núcleo Ciência Pela Infância's member organizations.

SUGGESTED MENTION

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THE CONSEQUENCES PANDEMIC STRESS BRINGS TO EARLY CHILDHOOD DEVELOPMENT



BESIDES THE NATURAL DISTRESS CAUSED BY A **MYSTERIOUS AND OVERWHELMING ILLNESS**, THE **SOCIAL DISTANCE MEASURES** ADOPTED TO REDUCE THE DEATH TOLL INTRODUCE A SERIES OF **CHALLENGES FOR EARLY CHILDHOOD DEVELOPMENT**.



THE EFFECTS ON CHILDREN

Social distancing can accentuate or raise some functional and behavioral difficulties in children. Parents in a study in Shaanxi, China, with 320 children and adolescents, reported the following reactions:



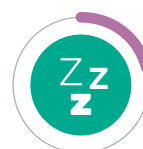
36%
Excessive
dependence
on parents



32%
Inattention



29%
Worrying



21%
Sleeping
disorders



18%
Poor appetite



14%
Nightmares



13%
Physical discomfort
and agitation

SOURCE: Jiao et al., Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic, 2020



Establishing and maintaining **schedules** and **routines** at home make children feel safe and secure. **Activities that help structure the day** and encourage interaction with children:



reading and
storytelling



drawing



putting together **puzzles**
and other games



games that can be played
anywhere, such as treasure
hunt, hot potato, pass the ring,
or charades



let the children help
with **chores** when possible



helping **prepare food** or
cooking (if age-appropriate)



THE EFFECTS ON FAMILY LIFE



For every

3 MONTHS

of quarantine,
you can expect
to add

15 MILLION

cases of **domestic
violence** against
women

SOURCE: United Nations
Population Fund projection,
April/2020

WHERE DOES STRESS COME FROM?

When stress arises from the perception of a threatening event, studies show that the model for dealing with it involves meeting three universal psychological needs, which are valid for both adults and children:



A RELATIONSHIP OR SENSE OF BELONGING

Feeling accepted and understood by others, having stable, safe, close, and long-lasting relationships



COMPETENCE

The feeling of maintaining control of a situation effectively to manage challenges and meet goals and objectives



AUTONOMY

Having the chance to act and believe in your ability to perform tasks or make decisions, accepting the consequences of your own behavior

SOURCE: Enumo et al., in press; Skinner & Wellborn, 1994.

Violence has multiple **NEGATIVE EFFECTS** on early childhood development. Expectant mothers who experience violence at home are subject to having fetuses who are prone to compromised development. Witnessing or experiencing violent acts induce toxic stress for children



THE ECONOMIC EFFECTS



The **informal employment rate** in Brazil is

41.1%

the equivalent of

38.4 MILLION

people in jobs with **no labor law protection**

SOURCE: IBGE



In times of a pandemic, **the income of these workers** is most affected. This should increase the number of children in poverty, which was already high:

5.4 million children from 0 to 6 years old (29% of the total) live in **poor households** (average monthly income below 250 BRL).

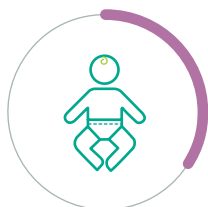
Brazil's healthcare and social protection structure allows us to set up a **support system for those facing the most adversity**.

Brazil already has well-established and comprehensive tools for transferring income. **However, social assistance needs to be mobilized** so that the safety net is quickly cast to the families that need it most.



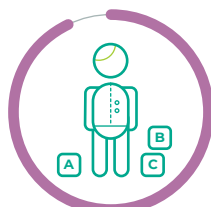


THE EFFECTS ON EDUCATION



34%

of the 0 to 3-year
POPULATION
attend **daycare**



93%

of 4 to 5-year old
CHILDREN
attend **preschool**

With these
institutions closing:



School meals (often the main meal of the day) are lacking for the children of these families facing adversity



Children at home are also more at risk of being victims of violence and neglect and lack the positive stimuli necessary for their development



From the mother's perspective, the burden felt from the lack of support from the school system can accentuate cases of maternal depression

Departments of Education can, and should, **communicate with families** both to help them **structure practical routines** and to **support them in behavioral issues with children** or even other adults in need of care, and indicate where to get help.

For both health and pedagogical reasons, **distance learning** is not a recommended resource for children in the early phases of childhood. In this phase, the child learns through interactive, playful, and **real-life experiences**.



Under 2 years old



The Brazilian Society of Pediatrics recommends that **children under two years old should not have screen time**

2 to 5 years old



2 to 5-year olds should be limited to **one hour per day**

01

INTRODUCTION

THIS DOCUMENT, PRODUCED BY THE NCPI SCIENTIFIC COMMITTEE, AIMS TO WORK WITH SOCIETY IN UNDERSTANDING THE REPERCUSSIONS OF THE COVID-19 PANDEMIC ON EARLY CHILDHOOD DEVELOPMENT AND TO SUGGEST SOME STRATEGIES TO DEAL WITH THE CHALLENGES DURING AND AFTER THE CRISIS, MITIGATING THE ADVERSE EFFECTS LOOMING OVER BRAZILIAN CHILDREN. WITH THIS IN MIND, WE HAVE ORGANIZED THIS ARTICLE INTO THREE TOPICS:

- IMPACTS ON CHILDREN;
- IMPACTS ON FAMILY LIFE
- IMPACTS ON HEALTHCARE, EDUCATIONAL, COMMUNITY, AND SOCIAL SECURITY AND WELFARE POLICIES.

SOCIAL DISTANCING HAS BEEN JUSTIFIED AS THE BEST WAY TO PROTECT THE POPULATION FROM BEING INFECTED BY SARS-COV-2, the strain of coronavirus that causes COVID-19. The measures to restrict mobility and close businesses and services comply with the World Health Organization's (WHO) recommendations and those of Brazil's national health agencies. The directive is to delay the increase in the number of cases and prevent an overload of the health system, which would make it impossible to assist patients.

Although necessary, these measures do have side effects, namely a rise in unemployment, pay cuts, and a plummet in demand for informal services, which mainly jeopardizes the income among the most vulnerable families. School closures also mean a suspension of school meals in the public network, leaving the more impoverished children malnourished and forcing families to spend more on food.

This does not mean that social distance measures are a remedy worse than the threat, particularly since studies that have analyzed the impact of past epidemics demonstrate the regions that adopt them suffer fewer deaths and have a swifter economic recovery once the crisis is over (Correia, Luck and Verner, 2020). Nevertheless, its effects represent an additional challenge for families, especially those who live in poor conditions, and children are the ones who suffer the most.

TOXIC STRESS

Occurs when the child experiences adversity for an extended period without the support of an adult. Toxic stress can disrupt the healthy development of the brain and other body systems, increasing the risk of a range of illnesses.

The quality of family care, an essential factor for the growth and development of children, depends on good psychosocial, sanitary, and economic conditions. The precariousness of the family context can endanger early childhood development by weakening affective bonds. Several family members under psychological stress coexisting in the same household, often overcrowded, can increase tension within the home, cases of domestic violence, and experiences of **toxic stress** in children, potentially with long-term consequences. 💜

02

IMPACTS ON CHILDREN

CHILDREN ARE BEINGS

THAT FILTER THE INFORMATION FROM THEIR SURROUNDINGS, BUILDING THEIR PSYCHOLOGICAL TRAJECTORY FROM THE INTERACTION WITH PHYSICAL AND SOCIAL ENVIRONMENTS. THUS, WHILE IN A TENSE ENVIRONMENT, IT IS EXPECTED THAT THE CHILD WILL BE MORE SENSITIVE, BEHAVE DIFFERENTLY, AND ASK MORE QUESTIONS, SINCE THEIR APTITUDE FOR THINKING, PERFORMING TASKS, AND DEALING WITH FEELINGS HAS BEEN ALTERED.

IT IS MUCH MORE DIFFICULT FOR A YOUNGER CHILD to rationalize the state of emergency experienced during a pandemic. They do not yet have the cognitive resources needed to understand something as abstract as the coronavirus. Even in the early developmental stages of affectivity and intelligence, they are guided by their experiences, so they can see, hear, touch, smell, imagine, imitate, say, and play. They are guided by what they see from their parents or family more than the concepts that explain this exceptional situation. How do they interact with each other and with their family members? Are they close and loving? Are they together, but “distant,” anxious, or lack interest in socializing?

This type of parental conduct varies case-by-case, by definition. The same stimulus or environmental situation does not necessarily cause the same reactions in different children or even at different times in the same child. How a child responds to a stimulus in the environment highly depends on their cognitive and emotional state, and this state depends on the surrounding adults.

Stress arises from the confrontation between an uncomfortable situation and the resources that an individual has to deal with it (Lazarus & Folkman, 1984, p. 19). The two poles – assessing the situation and the resources to cope with it – are very difficult for a young child, especially if their parents are unable to help them. Without fully understanding the situation, reacting mainly to the changes they perceive in the behavior of family members and in their daily routine, it is natural for small children to form bad sleeping habits, not eat, cry, bite, show apathy, or become detached: these are ways that they deal with an adverse situation. However, they are inefficient and hinder their learning, development, and coexistence processes.

REFLECTIVE FUNCTION

makes it possible to understand the attitudes of others and to adapt how to act in specific interactions.

The situations of uncertainty and loss caused by COVID-19 can cause feelings of anger, fear of the disease, and anxiety due to losing a bond with other people, whether because of social distancing, illness, or death (Panksepp, 1998). These reactions tend to be even more intense because the changes caused by COVID-19 have been abrupt and cover various aspects of our daily lives, which weakens a human being's **reflective functioning** (Camoirano, 2017).

A possible increase in aggressive responses on the part of the child exemplifies this. It is an expected reaction once the period of stress becomes prolonged and reaches a 'toxic level.' In this case, the neurons that control fear become increasingly active, causing the brain to interpret more situations as threatening and react accordingly (Shonkoff, 2000). Understanding these reactions and emotions is essential to help children develop self-awareness and to establish rules for interpreting their experiences and mechanisms to regulate their emotions properly. This pandemic is therefore an opportunity to encourage children to reflect on what they are feeling and how they are reacting to different situations.

Without fully understanding the situation, **reacting mainly to the changes** they perceive in the behavior of family members and in their daily routine, it is natural for small children to form bad sleeping habits, not eat, cry, bite, show apathy, or become detached: these are ways that they deal with an adverse situation.

In the second week of February 2020, a preliminary study carried out in the Chinese province of Shaanxi assessed the immediate effects of the COVID-19 pandemic on the psychological development of 320 children and adolescents of both sexes from 3 to 18 years old. The results showed that the most prevalent emotional and behavioral problems were distraction, irritability, fear of asking questions about the epidemic, and wanting to "cling to" the relatives. Cases of insomnia, nightmares, loss of appetite, physical discomfort, and agitation were also observed. Children in the youngest age group (3 to 6 years) showed heavier symptoms of wanting to "cling to" their parents and feared that family members would become infected. Older children, in turn, expressed more inattention and doubtfulness.

BRAIN PLASTICITY

The ability to continually remodel not only the function but also the structure of the brain, influenced by experiences, and that continues throughout a lifetime.

It should also be noted that this context of stress profoundly alters physical activities and sleep, which are essential for healthy childhood development. There is ample evidence of the profound influence of these factors on **brain plasticity** and, consequently, cognitive and emotional development. In this dramatic moment in which we are experiencing a complete change in our routines, it is challenging to maintain these activities properly so we can continue having a healthy life.

Sleeping habits, in particular, are disturbed because our main synchronizers (school and work hours) are lost or become unstructured, which leads to changes in the times we feel the need to rest and can differ from one person to the next. In most cases, people are going to bed and waking up later, to a varying degree. These schedule changes can compromise the quantity and quality of sleep, in addition to creating conflicts resulting from incompatible schedules, especially in larger families.

It should also be noted that this **context of stress** profoundly alters physical activities and sleep, which are essential for healthy childhood development.

When stress arises from the perception of a threatening event, studies show that the model for coping with it involves meeting three universal psychological needs, which are valid for both adults and children (Enumo et al., *in press*; Skinner & Wellborn, 1994):

1. **a relationship or sense of belonging** – feeling accepted and understood by others, having stable, safe, close, and lasting relationships;
2. **competence** – the feeling of maintaining control of a situation effectively to manage challenges and meet goals and objectives;
3. **autonomy** – having the chance to act and believe in your ability to perform tasks or make decisions, accepting the consequences of your own behavior.

Therefore, even in a restricted and stressful situation, it is necessary to maintain relationships, even if online, to ensure a sense of belonging to groups, maintain a sense of competence, and enable autonomy and decision-making. ♥



HERE ARE A FEW **RECOMMENDATIONS** FOR DEALING WITH CHILDREN:

- **Try to understand** their tantrums, misbehaving, wants, or other reactions as responses to a tense situation, and not see it as challenging the adult; help the child to understand this relationship and keep them calm.
 - **Encourage** physical activities (as much as possible in a confined space), preferably at consistent times.
 - **Keep** the child on a sleep schedule similar to that of their normal routine.
 - **Dedicate** time to strengthen family bonds, with games and activities that reinforce this relationship.
 - **Help** the child maintain friendships, even if online.
 - **Delegate** chores at home, according to the child's abilities
 - **Give praise** where deserved (from keeping silent when asked, to playing or communicating correctly), accept any setbacks in stages that had already been overcome (such as sucking a finger or whining) as signs of insecurity that should be addressed and treated with affection, not scolding.
-

03

IMPACTS ON FAMILY LIFE

THE FAMILY IS THE FIRST MICROSYSTEM IN WHICH SIGNIFICANT FACE-TO-FACE INTERACTIONS BETWEEN PRIMARY CAREGIVERS AND DEVELOPING CHILDREN ARE BUILT (BRONFRENBRENNER, 2011). IN THIS MICRO CONTEXT, PARENTS DEVELOP A PARENTAL ROLE OF CARING FOR AND EDUCATING THEIR CHILDREN, SO THEY MAY BE AUTONOMOUS, INDEPENDENT, AND BEHAVIORALLY ADAPTIVE, WHICH ALLOWS THEM TO COORDINATE EMOTIONS, PERCEPTIONS, AND THOUGHTS TO PERFORM MORE COMPLEX TASKS. PARENTAL CARE INCLUDES THE MOST BASIC TYPE OF CARE, SUCH AS PHYSICAL HEALTH CARE, TO THE MOST COMPLEX, RELATED TO THE CONSTRUCTION OF AFFECTIVE-SOCIAL RELATIONSHIPS, WHICH ARE ESSENTIAL COMPONENTS OF MENTAL HEALTH.

POSITIVE PARENTING

This concept is used to describe the set of activities performed by the reference adult in their role of ensuring the child's survival and full development, in order to promote the child's social integration and make them progressively autonomous.

IN A NORMAL SITUATION, you would hope that every child would be subjected to **positive parenting**, which consists of providing the child with affection, reciprocity, responsiveness, warmth, encouragement, teaching, and positive communication (*Developmental parenting*) (Roggman, Boyce & Innocenti, 2008). Positive parenting promotes physical care (the guarantee of food, hygiene, and clothing for protection), emotional care (attitudes that promote attachment, security, and autonomy for decision making), and social care (which encourages expanded interpersonal relationships). Positive parenting is thus vital to the development of children from 0 to 6 years old (Linhares, 2015).

The ideal family environment possesses essential elements that balance the affective relationships between each family member, geared towards a child's development and learning, such as:

- healthy, **caring routines** for children;
- an **optimal level of timely and essential stimulation**, based on their phase of development;
- **attending** to their day-to-day needs.

This also includes the need for the adult caregiver to be able to perceive what the child feels and understand that his/her own behavior is a reaction to this emotion. The caregiver also needs to communicate in such a manner that the child feels understood, although not necessarily at the same time.

There is no doubt that the stress caused by COVID-19 hinders the formation of a family environment conducive to the child's development. Adults may even spend more time at home, but an elevated level of anguish and distress tends to impair the quality of their interactions. That is why it is important to be attentive to the connection between emotions and behavioral reactions, seeking to make your communication soothing, welcoming, and encouraging.

In some family environments, which are not always loving and safe, the situation tends to get worse. In homes where children lack the appropriate stimulation for their level of development, existing problems can be enhanced by social distancing and stress; violence, abuse, neglect, and conflict; parenting practices with abusive and coercive discipline; malnutrition; low education level; unemployment and financial instability; overcrowded housing; and parental mental health problems, to name a few.

An elevated level of anguish and distress tends to impair the **quality of their interactions**. That is why it is important **to be attentive** to the connection between emotions and behavioral reactions, seeking to make your communication soothing, welcoming, and encouraging.

One example of this is domestic violence. The pandemic and social isolation have intensified basic feelings of fear, helplessness, and anger (Panksepp, 1998) and increased the frequency of violent reactions. Since this situation first began, the World Health Organization (WHO) has warned of an abrupt increase in cases of violence against women and children (Mlambo-Ngcuka, 2020). There are several possible forms of violence against women: physical, psychological, sexual, patrimonial, and moral. Children and adolescents may experience sexual abuse, physical and emotional abuse, and neglect (Flaeschen, 2019).

Violence has multiple negative effects on early childhood development. If we consider the importance of the child's first 1,000 days (from pregnancy to two years of age) in households where expectant mothers suffer violence, the fetus is subject to have its development compromised. In addition, in a family environment where a child witnesses acts of violence against the mother or becomes the actual victim, toxic stress has a negative effect

on development. Violations of rights are deeply rooted in many societies. Two are noted among the top and are gradually increasing in many countries despite having policies in place: men's violence towards women and adults' violence towards children and adolescents (Joffily, 2016).

There are several possible forms of violence against women: physical, psychological, sexual, patrimonial, and moral. Children and adolescents may experience sexual abuse, physical and emotional abuse, and neglect (Flaeschen, 2019).

A loss of healthcare coverage is another cause for concern. Expectant mothers that miss prenatal exams can compromise the monitoring of complications. It is inadequate to have a pregnancy with less than seven prenatal exams, as it introduces risks to the mother and the baby. Maternal-infant health and early childhood development are strikingly vulnerable when in social isolation, and there are no online or video medical and legal alternatives.

Another point of attention refers to maternal mental health. Depression is a common problem among women in their reproductive years. In the mother, it usually occurs because of social and family risk factors, such as low socioeconomic status, unemployment, and lack of marital support, to name a few (Pickett and Wilkinson, 2010). Maternal depression has a powerful environmental influence on family life, negatively affects family relationships, and impairs the care of children (Grace et al., 2003 and Minkowitz et al., 2005). Young children, even newborns, are extremely sensitive to the emotions of their caregivers (Field, 2010). At later ages, maternal depression is associated with a range of problems in children, including learning difficulties at school, lack of emotional control, conflict with peers and parents, and increased rates of psychiatric issues (Murray, 2001, Santos et al., 2014, Feldman and Eidelman, 2009 and Sutter-Dallay, 2011).

Educational practices and parenting styles linked to mother-child interaction are the most significant mechanisms by which maternal depression affects a child's emotional well-being, examples including low maternal responsiveness and affectivity, harsh parenting, and inconsistent discipline (Van der Mollen, 2011). Several studies have shown that the negative effects of maternal depression on the mental health of young

children can be lessened when children attend early childhood education centers, such as daycare centers or preschools (Herba et al. 2013, Lee et al. 2006). Children of mothers with symptoms of recurrent depression who attend a daycare center every day during their childhood, even if only part-time, showed lasting benefits in their emotional and behavioral state once they entered school (Gilles et al., 2011). The closure of daycare centers and schools can aggravate or increase the occurrence of crises in mothers.

Several studies have shown that the **negative effects of maternal depression on the mental health of young children** can be lessened when children attend early childhood education centers, such as daycare centers or preschools (Herba et al. 2013, Lee et al. 2006).

Therefore, COVID-19 has a doubly negative effect in this regard. On the one hand, it can exacerbate maternal mental health problems stemming from the combination of a public health crisis, social isolation, and an economic recession, especially in the most vulnerable families. Recent evidence suggests an increase in anxiety and depression, stress, and sleep disorders in adults during the pandemic (Rajkumar, 2020). In addition to the risk of infection, illness, and death, the insecurity of losing income destabilizes marital and family relationships and intensifies the risk of domestic violence (Lee 2020).

On the other hand, the closure of schools and daycare centers (which interrupts interaction with other children), and shutting down the access to resources these places customarily provide (education, food, and social services), strip away the “psychological buffer” that early childhood education plays in protecting against a tense, unstructured, and often dangerous family environment. Millions of children around the world are likely to face more threats to their safety and well-being, including abuse, gender-based violence, exploitation, social exclusion, and separation from caregivers, as has been seen in other public health emergencies. (UNDP, 2014). This situation is aggravated in more sensitive children with special educational needs, for whom the loss in the acquisition of core skills, like learning new vocabulary and other forms of expression from teachers or peers, may be permanent.

As the pandemic continues, it is crucial to support children who are mourning the loss of loved ones and suffering from issues related to parental unemployment or loss of family income. The state of maternal and child mental health must also be monitored. It is vital in assessing how prolonged school closures and strict social distance measures affect the children's well-being and can have medium- and long-term consequences for children's health.

Isolation restricted to the family context causes external references from the extended environment to be lost, such as from school or work. Such limitations require more vigilant home-life organization, in terms of structuring the domestic environment, reinforcing personal finances, and strengthening the family's network. Establishing simple measures may maintain the stability, structuring, and organization of the domestic environment, thus avoiding chaos and providing support and safety for children. The general goal is to transform a situation that generates stress and tension into a novelty with the potential for creativity.

Living during a crisis is also challenging. It offers opportunities for human beings to learn new ways to face adversity and be resilient.

The family has a protective and co-regulating role in children's emotions and behaviors, which are vital in times of crisis. The family must avoid, on the one hand, the denial of the current reality and, on the other hand, the catastrophic negative thinking about the facts related to the pandemic. Family members should seek to maintain physiological, emotional, and behavioral regulation (Linhares & Martins, 2015) to overcome a moment of great challenge to human development. Living during a crisis is also challenging. It offers opportunities for human beings to learn new ways to face adversity and be resilient. If the family members realize they are having difficulties controlling the situation, they should be guided to social or specialized remote support. 💜



NEXT, ARE SOME **SUGGESTIONS** FOR LIVING WITH CHILDREN IN THE FAMILY ENVIRONMENT:

WHEN ORGANIZING THE HOME AND ROUTINE:

- **Respect** routines related to waking hours, meal times, and bedtimes. To keep normal hours, increase exposure to natural light in the morning and reduce exposure to artificial light after dusk.
- **Establish** and maintain schedules, routines, and tasks in the home, but be flexible. This may include physical activities; help with household chores; food preparation; tidying up; reading, making up and telling stories; drawing; putting together puzzles; games and playtime (from hobbies to board games), even creating tournaments.
- **Limit** the use of electronic devices. Children up to two years old should never have screen time, under any circumstances. Children up to five years old should have a maximum of one hour a day. Anyone above five years old should have, at the most, two hours a day.
- **Set aside** this pleasurable time for games, conversations, and children's stories.

- **Organize** the possible spaces in rooms or corners with the materials for the different purposes of work, study, and leisure activities.
- **Keep** physical activities during the day, and adopt quieter activities, such as reading and storytelling after dark.

WHEN COMMUNICATING WITH CHILDREN:

- **Avoid** excessive news and negative comments about the current circumstances.
- **Do not overestimate** the child's reactions as problematic in themselves; understand them as results of the confinement and the intensive and new coexistence with family members.
- **Understand** that in children, because they are more vulnerable and dependent, some functional difficulties (sleep, food, and bowel and bladder incontinence) or behavioral difficulties (agitation, tantrums, aggression, isolation, and shyness) may arise or become accentuated. Some may even

regress in previously acquired achievements ('infantile' speech, bowel and bladder incontinence, difficulties in self-care and hygiene), which will require higher tolerance and help from caregivers, without verbal or physical punishment.

- **Search** for information that addresses ways to structure the routine, increase communication, and dedicate specific time for joint activities. These actions may help reduce stress, talk about COVID-19, deal with bad behavior, and negativity.

FOR THE WHOLE FAMILY:

- **Everyone should take care** of their own anxiety, fear, and insecurity, have their own personal routine, and seek to reassure children that this situation is temporary.
- **Divide** tasks and responsibilities among family members.
- **Exercise** autonomy and active control by making choices and decisions as a family, always analyzing possible alternatives

04

IMPACTS ON HEALTHCARE, EDUCATIONAL, COMMUNITY, AND SOCIAL SECURITY AND WELFARE POLICIES

IN NORMAL TIMES, PUBLIC POLICIES ARE EXPECTED TO BE INTEGRATED WITH EACH OTHER. THE INTERDEPENDENCIES ARE STRIKING. FOR EXAMPLE, SCHOOLS ARE THE PRIMARY PLACES OF TEACHING AND LEARNING. HOWEVER, THEY SERVE FOOD THAT BECOMES ESSENTIAL FOR THE MOST VULNERABLE FAMILIES, AND THEY OFTEN COMMUNICATE WITH SOCIAL WORKERS TO HELP CHILDREN AND PARENTS.

DURING A PANDEMIC, the need for public policies that work together becomes even more important (Myers, 2016). For example, deciding when and how to close schools has a direct impact on teachers, public health, and other services (Navarro et al., 2016). It is important for policies to work together, but it is not enough because it only considers the relationship between the citizen and the service provider. More weight needs to be given to the families' place in the community when formulating the solutions to the crisis. Thus, the focus should be on the importance of including the community in the planning and implementation of integrated public policies.

During a pandemic, the need for public policies that **work together** becomes even more important (Myers, 2016).

HEALTHCARE

Quality of life is a subject discussed worldwide, given its subjective and multicultural nature. The World Health Organization (WHO) defines health as a complete state of physical, mental, and social well-being, not merely the absence of disease. Its scope encompasses different domains: physical, psychological, level of independence, social relations and the environment, as well as spiritual aspects, religious and personal beliefs (World Health Organization Quality of Life).

Brazil's National Supplementary Healthcare Agency (ANS), in turn, calls attention to the quality of life and promotes the health of the entire population, particularly children and young people, emphasizing the

PUERPERIUM

Cycle in which the changes caused by pregnancy must be restored to their previous non-pregnant state. All of these transformations affect physiological, endocrinological (hormonal), and emotional functions.

PUERICULTURE

Actions or activities to monitor the growth and development of children, including guidance and support for families to carry out appropriate care.

importance of implementing educational prevention programs with a focus on biopsychosocial development. In addition to encouraging proper nutrition and physical activity, the document highlights the objective of improving quality of life on a broader spectrum, including interactional and community aspects. In this perspective, actions should be carried out with educational and participative practices, with interventions in the individual and collective levels (ANS, 2009).

In the face of COVID-19, it is essential to rethink the developmental needs of children during and after the crisis, supporting health professionals to mitigate the impacts of the pandemic and delay the spread of the infection.

Confronted with so many uncertainties and so many challenges, it is vital to guarantee coverage for the first 1,000 days (from pregnancy to two years of age) in primary healthcare, particularly for families faced with social and emotional adversity. Prenatal care, **puerperium care**, and **puericulture** are an indispensable focus of healthcare practices for pregnant women and children. Guaranteeing expectant mothers and children universal access to basic healthcare services that include these three practices in Brazil is essential for good health, preventing illness, adequate treatment, and resolving problems that affect children, women, and families (Piccini et al., 2007; Victora et al., 2011; Victora et al., 2015).

Measures must be taken to protect children born around the 2020s from the consequences that this pandemic can have in the economic and social aspects of life. On the one hand, among the most vulnerable families, a sudden stop of income may imply an immediate transition to poverty or extreme poverty, with the numerous negative consequences on early childhood development previously documented in scientific literature. On the other hand, important resources from the Brazilian Universal Healthcare Program (SUS) should be mobilized to reinforce the containment of COVID-19, in particular, community healthcare workers and Family Healthcare Strategy teams. This may present a sharp drop in coverage for services that have proven to be essential and efficient for maternal and child health (Bhalotra et al., 2019).

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A useful tool for children's healthcare that can be kept by families is Brazil's **Children's Healthcare Handbook** (*Caderneta de Saúde da Criança*). This handbook has content that families can use to monitor and make observations of children, and they can contact health services by phone if they have any questions. During the pandemic, healthcare services must structure how their care is provided so that it coordinates the urgent demands (brought on by the pandemic) with the usual maternal and child care demands, such as regular visits, screenings, unscheduled and urgent walk-ins, vaccinations (give guidance on other health concerns as they arise), or occasional home visits and remote consultations, complementing the general assessment of children and the education of families. Therefore, it is essential to create communication channels so families can contact healthcare professionals to ask questions and have remote support whenever possible to rapidly detect healthcare situations that require a swift response and intervention.



HEALTHCARE RECOMMENDATIONS:

- **Even with** the caution taken to contain the COVID-19 pandemic, it is recommended to continue childbirth.
- **It is essential** to provide puerperium follow-up, encouraging breastfeeding, supporting basic care for the newborn, and teaching the family to offer positive stimuli and affection, as well as how to prevent infections and reduce stress.
- **In puericulture care**, it is important to improve a family's skills to prevent the spread of coronavirus within the home; maintain a healthy relationship with the children; keep a routine of playtime hours and physical activities, downtime and sleep, daily bathing and hand washing, vaccinations, breastfeeding, eating healthy and staying hydrated; prevent domestic accidents (such as burns caused by alcohol gel or bleach, falls, or swallowing small objects).
- **Pay special attention** to making families more aware, so they can detect early and manage runny noses and ear discharges, coughs, difficulty breathing, diarrhea, groaning, fever, pain, and unusual crying.
- **Invest in intersectoral actions**, building a narrower communication channel between health clinics, daycare centers, and Social Assistance Reference Centers (CRAS) to facilitate more communication with families, particularly those facing social and emotional adversity.

Healthcare services are essential to identify the problems families face, assess needs in early childhood and during pregnancy. This includes understanding families' daily struggles and their negative consequences related to social distancing and unsafe housing, nutrition, affection, and development, as well as offering creative interventions in times of challenges and uncertainties.

In the era of the Sustainable Development Goals (SDGs), there is an urgent need to resume the focus on reducing inequalities and reinventing efforts and creative mechanisms to connect with families. This demands expanding initiatives based on scientific evidence and human rights for survival, health, and the well-being of children, women, expectant mothers, and families.

EDUCATION

Early childhood education in Brazil services 0 to 3 years old and 93% from 4 to 5 years old, according to Brazil's Ministry of Education. Most 4 and 5-year-old children have experienced a new situation since the schools have closed. For children from 0 to 2 years of age, staying at home was already the standard norm, especially among lower-income families, in which 74% of children were not enrolled in a daycare center. The changes resulting from combating the pandemic affect them primarily because of new family situations, parents at home, more extensive interactions with older siblings, and a worsening family income paralleled by rising unemployment rates.

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Attendance in early childhood education facilities tremendously increases for 3 to 5-year-olds. Now, with society at a standstill, having these children at home for long periods is a challenge, often lacking someone with the availability and conditions to give them attention and guarantee their necessary care. This scenario risks too early and too much exposure to TV, cell phones, and tablets.

The Brazilian Society of Pediatrics recommends that children under 2 years old should not have screen time and 2 to 5-year-olds should be limited to one hour per day. For both health and pedagogical reasons, distance learning is not a recommended resource for young children. This type of activity is out of line with Brazil's National Common Core (BNCC) achieved online. Studies also show that children's learning tends to be fragmented and decontextualized when they are behind screens, without real interaction.

The figures also show that this type of education does not serve the majority of the most vulnerable population. The most poverty-stricken typically do not have a computer with an internet connection, and the public schools they attend often lack the structure to offer online classes. According to Brazil's National Household Survey (PNAD), in 2017 "only 31% of public elementary school students had a computer/tablet and broadband internet at home," but 77% of private school students are in the same conditions (*Campanha Nacional pelo Direito à Educação, Guia COVID-19, vol. 3, 2020, p. 9*).

Children who normally attend early childhood education establishments but come from families facing adversity, often living in precarious housing and lacking adequate food and hygiene, may be suffering several deficiencies during this period of the pandemic. This is in addition to the afflictions common to everyone living in these times of social isolation and the threat of illness.

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Public managers are responsible for finding strategies to support families and provide them with guidance at this time, especially the most vulnerable, by circulating and implementing specific guidelines for children enrolled in early childhood education.



PUBLIC MANAGERS ARE RECOMMENDED TO:

- **Avoid** the use of distance learning systems for children five years old or younger with no face-to-face adult supervision. In addition to having damaging effects on children's health, these systems cannot substitute or be equivalent to face-to-face education. Children learn through real-life experiences and interactions, which cannot be reproduced online. Studies also show that children's learning tends to be fragmented and decontextualized when they are behind screens, without real interaction.
- **Encourage** schools to maintain an open line of communication with the children's family members in instances of absence, both to provide practical guidance on play and routine organization, as well as to support them with behavioral and basic care issues
- **Create** alternatives that meet the children's nutritional needs, whether by offering ready-to-eat meals, groceries, vouchers, or other resources. In this sense, it is essential that intersectoral partnerships are made to locate and reach the most vulnerable families.
- **Give guidance** to families on where to get the healthcare, social, and legal assistance closest to their home, to meet the children's needs.
- **Create** distance learning opportunities for teachers and other early childhood education professionals, during and after the closings of schools and daycare centers.
- **Plan** the reopening period for schools and daycare centers in order to welcome and give guidance to children and families in this new phase. When resuming school operations, it is crucial to pay special attention to hygiene procedures within the schools in order to teach proper self-care to children, which protects them from the coronavirus and other diseases.

COMMUNITY

The central role the community plays can be immediately noticed in the way families receive and interpret the information issued by the government agencies. Families collect information and seek to interpret it within a social setting, consulting neighbors, community leaders, and relatives. Thus, the message becomes filtered and changes as it spreads. If the community is guided to understand the risks associated with the pandemic, families will be better prepared (Djalante et al., 2020). It is important to stress that the language and terms used within a community are never the same as the technical and scientific language used by the experts. For this reason, it becomes even more paramount that government officials make an effort to ensure scientific discourse is effectively translated into 'layman's terms.' (Dupras & Williams-Jones, 2012).

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Even if communication proves to be effective, ensuring that the families and communities received the message, it is still necessary to guarantee that the plan for combating the pandemic is perceived as feasible (Hilyard et al., 2010). That is where the community role becomes vital once again. The inclusion of influential community actors can help protocol makers to anticipate the consequences of their actions, collect information regarding the most vulnerable families, and make sure all stakeholders are in complete agreement. The community should be counted on to collectively answer the following questions: Who will be affected? Who is at risk? How should we react? What are the choices to be made? What are the ethical implications of these decisions in situations where resources are scarce? (French, 2011).

It is essential for local and community leadership to get engaged to mobilize efforts and preserve social ties (Cook & Cohen, 2008; Schwartz & Yen, 2017). The challenge you put yourself in is not trivial. When an epidemic starts, community ties tend to break as a result of the isolation imposed by the quarantine, the stigma of those infected, and the competition for scarce resources. However, the results are positive if the community is preserved. Studies show that effective community engagement helps to substantially reduce the effects of the pandemic (Tang et al., 2010).



THE FOLLOWING **RECOMMENDATIONS** ARE FOR COMMUNITY BUSINESSES AND GOVERNMENT MANAGERS:

- **Pay special attention** to the situation of the young children in your neighborhoods and communities, strive to give them guidance, and refer them to near-by healthcare, social, or legal assistance.
- **Pay attention** to families facing adversity, with malnourished or sick young children.
- **Check** if the adults caring for young children need psychological care or healthcare for themselves.
- **Look for** children who are left alone or have no supervision by a responsible adult or who show signs of being mistreated or neglected.
- **Look for** mothers and young children who are at risk of domestic violence.
- **Teach and suggest** activities and games to families that are appropriate for babies and young children to play at home, ones that do not require expensive material or something you cannot find in the community.
- **Give guidance** to families on ways to help small children deal with their fear and insecurity arising from this challenging and unprecedented situation they are experiencing.
- **Get to know** and educate the neighbors and the caregivers of children who work informally in low-income neighborhoods for working mothers.

SOCIAL SECURITY AND WELFARE

Social isolation has caused the paralysis of several sectors of the Brazilian economy. Although necessary, this measure will have a major impact on the revenue of small businesses and income of informal workers, who receive no wages if they do not work or sell their products. The GDP will drop several percentage points, with a rise in the unemployment rate, which may reach 25% of the economically active population and see a reduction in wages. These effects will have dramatic consequences on society as a whole, worsening the poverty and already-poor nutritional conditions of families, especially affecting workers in the informal sector.

The effects will also be felt more intensely in the most poverty-stricken sector of the population, which will undoubtedly show a rise in poverty levels and more profound inequality and affect early childhood development in Brazil.

A large portion of Brazil's workforce is particularly vulnerable to COVID-19 infection, due to their age and the weaknesses caused by comorbidities such as diabetes and high blood pressure. To make things worse, many are self-employed and struggle economically.

According to Brazil's National Health Survey (2013), approximately 50% of all patients with chronic diseases were part of the labor market in Brazil, and 4% of the Brazilian population aged 18 and over were suffering from chronic diseases and were self-employed (Rache et al., 2020). Most of these workers cannot work from home due to their type of profession and because they do not have the necessary resources, such as computers and high-speed internet. Consequently, these people are more affected by the crisis, in comparison with the better-paid workers who have a formal contract and can work from home.

Urgent action needs to be taken by the municipal, state, and federal governments to mitigate the negative effects of the crisis. The Brazilian healthcare and social protection structure that has developed over the past 30 years allows us to set up a support system for those facing the most adversity to make a transition into normalcy. On the one hand, Brazil already has well-established and comprehensive tools for transferring income. However, it will be necessary to mobilize social assistance so that the safety net is quickly cast to the families that need it most. On the other hand, we have a primary care network that is also comprehensive and successful.

In the specific case of social protection, Brazil's National Congress approved an Emergency Stimulus Check Program after intense pressure from civil society, which is being implemented by the federal government. This stimulus program covers people over 18 years of age, who are not employed in the formal sector, do not receive retirement, unemployment insurance, or income transfers into their accounts and who have a monthly income of three minimum wages (3,135.00 BRL) or less. The benefit will be paid for three months for a maximum of two people per household. By mid-April 2020, more than 30 million Brazilians had already received the first

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installment of the benefit. Paying this benefit to everyone facing adversity will be essential to alleviating the effects of the crisis. In the near future, we will have to design and implement longer-term aid measures focusing on the most poverty-stricken families, increasing the amounts and broadening the scope of the *Bolsa Família* Program (Family Allowance, in English — a social welfare program of the Government of Brazil). ♥



RECOMMENDATIONS FOR SOCIAL SECURITY AND WELFARE:

- **Maintain** the essential services of the Family Healthcare Strategy, without losing sight of the effort to contain COVID-19. Use remote consultation tools and telemedicine to continue monitoring patients and avoid canceling appointments and treatments.
- **Define** rapid care policies in domestic violence cases.
- **Train** managers in the fields of education, healthcare, social assistance, and social protection, so they are equipped to deal with this new situation.
- **Extend** the duration of the Emergency Stimulus Check Program beyond the initially-planned three months, because the effects of the economic crisis will be long-lasting.
- **Broaden** the federal government's Single Registry and the Bolsa Família Program to include the new poor, who were "invisible" to the government, and raise the amount that the program transfers after the Emergency Stimulus Check Program ends to eliminate extreme poverty.

FINAL CONSIDERATIONS

RECENT EVIDENCE INDICATES THAT THE EFFECTS OF THE PANDEMIC WILL CONTINUE TO PERSIST IN BRAZIL FOR A LONG TIME, with dramatic effects on mortality, healthcare, unemployment, and the income of Brazilians, especially the part of the population facing the most adversity. Social distancing is also affecting families' daily lives, with significant impacts on early childhood development. Society will have to come together in action to prevent these consequences from further deepening inequality in the present and in the future.

More than ever, the work of social assistance and primary care professionals will be fundamental, both in containing COVID-19 and in improving the protection for Brazil's most vulnerable. Therefore, measures that value, protect, and integrate these professionals into the management and coordination of social assistance services and local health systems in the most efficient way possible are vital. ♥

More than ever, the work of social assistance and primary care professionals will be fundamental, both in containing COVID-19 and in improving the protection for Brazil's most vulnerable.

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