SUPPORTING ORPHANED CHILDREN DUE TO COVID-19

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ABSTRACT

It has been almost 2 years since the COVID-19 infection was declared as a worldwide pandemic by the WHO. A tragic consequence of the high number of adult deaths is the increasing number of children losing their parents and caregivers to COVID-19, resulting in orphanhood. The emerging/hidden pandemic among children warrants urgent address as highlighted in the recent document, "Children: the hidden pandemic 2021", a joint report of COVID-19-associated orphanhood and a strategy for action by technical experts worldwide. Orphanhood is defined by the UNICEF as the death of one or both parents, of children aged below 18 years due to any cause of death, whereas COVID-19 related orphanhood is when a child who is under 18 years of age experience death of one or both parents due to COVID-19. It can potentially create a whirlpool of effects and long-term ramifications. From March 1, 2020, to May 31, 2021, the COVID-19 pandemic left at least 1.8 million children globally whose lives have been permanently changed by the COVID-19-associated deaths of their mothers, fathers, or custodial grandparents. Whereas in Malaysia, a minimum estimate of almost 6000 children have turned orphans as of January 4th, 2022. Key measures to mitigate the emerging/hidden pandemic among children include (i) establishment of a national bereavement cohort, (ii) recognizing the needs of the orphaned which include psychosocial, economic, and need for family centred care, (iii) establishment of related policies and support systems to respond to the needs appropriately, (iv) engagement of governmental and non-governmental stakeholders towards family-based care, (v) embarking in research at our population level to understand the impact of orphan-hood locally. There is an urgent need to rapidly respond to the compelling evidence of the effect of adult COVID-19-associated deaths on children. Together, we must advance equitable vaccine delivery, avoid child institutionalisation, promote family centred care and support families to care for children with deceased parents or caregivers.

Keywords: grief, orphan-hood, hidden pandemic, child institutionalization, bereaved

INTRODUCTION

SARS Cov-2 infection was declared as a pandemic worldwide in March 2020 by the World Health Organization and has taken the whole world by storm ever since. Globally, the total number of cases has reached more than 200 million with a total number of deaths cumulatively beyond 4 million as of September this year. In Malaysia, the number of deaths has risen drastically as well in the past 6 months to more than 20000 with total recorded cases of above 2 million as of September 2021. (4) We are well aware that COVID-19 related morbidity and mortality occur predominantly among adults, and not children hence, attention has been focused largely on adults. However, the inevitable consequence of high numbers of adult deaths is the increasing number of children losing their parents and caregivers to COVID-19 resulting in orphanhood. The emerging/hidden pandemic among children warrants urgent address as highlighted in the recent document, "Children: the hidden pandemic 2021", a joint report of COVID-19-associated orphanhood and a strategy for action by technical experts worldwide. (2)

Orphanhood is defined by the UNICEF as the death of one or both parents' of children aged below 18 years due to any cause. To maintain consistency with the UNICEF's world standard definition, COVID-19 related orphanhood has been defined as the death of one or both parents due to COVID-19 in children below 18 years. (2) Losing a parent/caregiver is a life changing experience for any child/adolescent especially when it comes unexpectedly. It can potentially create a whirlpool of effects and long-term

ramifications which include traumatic grief, depression, poor educational outcomes, and unintentional death or suicide as compared to non-bereaved peers. If not effectively addressed, these sequelae may persist into adulthood putting them at risk of mental health crises, maladaptive coping, abuse, chronic diseases, and poverty. (7)

Families have little time to prepare their children for the unexpected crises as the virus can lead to abrupt death in days to weeks. One common and worrying response is institutionalization which is known to have detrimental effects on these orphaned children. The Lancet Commission has found strong negative association between institutionalization and child's development especially in the areas of physical growth, cognition, attention, and also socioemotional development and mental health.(8) Besides the caregiver crises and challenges in establishment of definitive and long term care, other confounding factors negatively impact recovery such as mitigation-related isolation, school closures, and the inability to participate in bereavement practices of their parents/caregivers.(2) We urgently need strategies and policies in place to foster post traumatic growth which not only addresses coping with loss but also help the bereaved children and adolescent to grow and find meaning from the trauma (10)Therefore, a model of care nationally to respond to this crisis looking into the psychosocial, neurocognitive, socioeconomic, and biomedical aspects of these COVID-19 orphaned children is urgently required. This overview provides the burden of orphanhood, and outline possible measures that may be adopted to mitigate consequences of COVID-19 orphanhood.

LITERATURE REVIEW

Distribution of Orphanhood

From March 1, 2020, to May 31, 2021, the COVID-19 pandemic had left at least 1.8 million children globally with lives permanently changed, caused by COVID-19-associated deaths of their mothers, fathers, or custodial grandparents (2). In Malaysia, it was reported recently in the Parliament by the Ministry of Women, Family and Social Development that 4696 children have lost at least one caregiver to COVID-19 as of September 2021(15). The Imperial College of London had developed an open-source widget to calculate country-specific minimum estimates of children affected by COVID-19 orphan-hood and death of caregivers (2). Table 1 below illustrates a minimum estimate of nearly 6000 children experiencing orphanhood in Malaysia as of January 4, 2022 from March 17,2020.

Orphanhood, Mar 17, 2020 to Jan 4, 2022
Modeled estimates
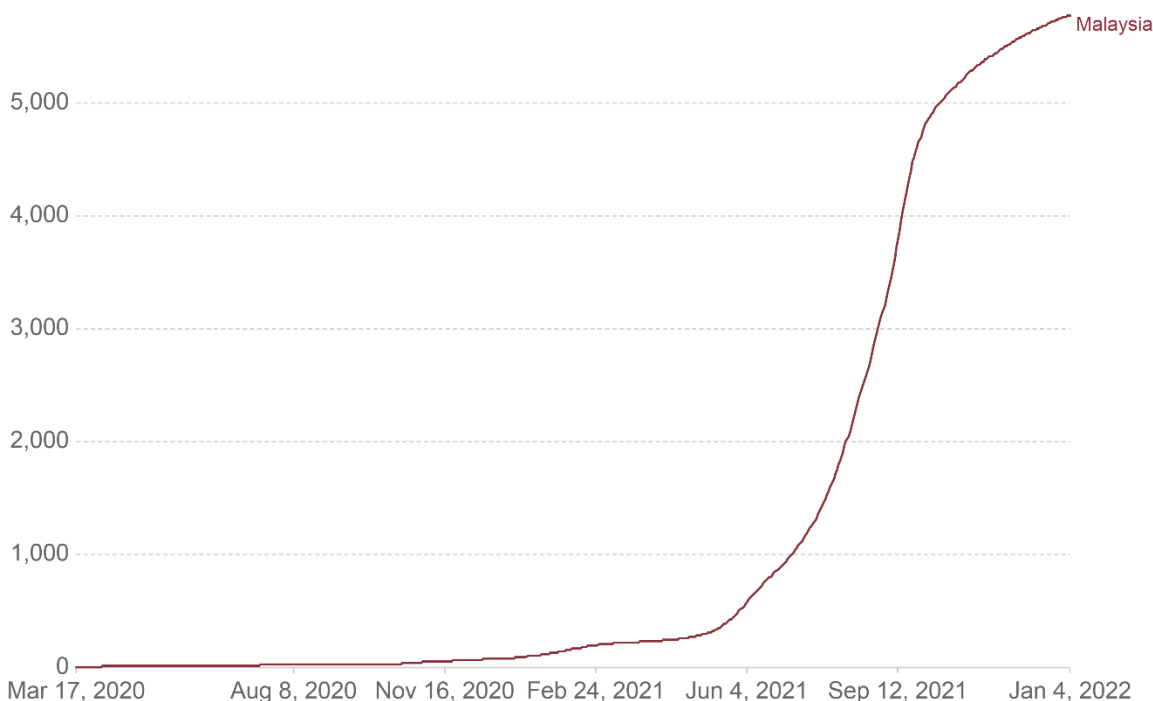
Source: Hillis, Unwin, Chen et al, The Lancet (2021)   imperialcollegelondon.github.io/orphanhood_trends/ • Powered by ourworldindata.org

Table 1: Minimum estimates for the orphaned children affected by COVID-19 in Malaysia following the statistical methodology for global extrapolations in Hillis, Unwin, Chen et al, 2021. (7)

Burden and Effects of Orphanhood

In the United States, disparities in COVID-19 burden of orphanhood are apparent, where more children from ethnic minorities i.e. Asians, Black and Hispanics lost a primary caregiver. The apparent disparity increases the burden amongst those who were disadvantaged in the first place, and may cause these children to fall behind further compared to their peers. Although similar data in Malaysia and this region is lacking, a higher COVID-19 death rate in vulnerable and disadvantaged population will likely result in a similar observation.

Loss of a parent is a known adverse childhood experience (ACE), and has been shown to be associated with mental health problems, leading to higher risks of suicide, violence, school drop-outs and sexual abuse among children. (12, 13) The loss of socioeconomic and food security in addition may lead to increased child labour. The International Labour Organisation-UNICEF's Executive Summary on Child Labour has stressed that the ongoing COVID-19 crisis is a risk factor for increased child labour with higher number of families in vulnerable socioeconomic situations. Orphanhood may also be associated with denied access to vital services such as healthcare, education and childhood immunisation consequentially leading to eventually, missing the targets of WHO sustainable developmental goals. (14)

Key measures to mitigate the emerging/hidden pandemic among children

The global response towards COVID-19 pandemic has largely focused on prevention and detection. We have worked hard to prevent morbidities and mortalities amongst our adult population. Although children generally develop mild infections related to COVID, it does not mean that children are spared of its ill effects. "There has been a persistent myth that children are barely affected by the disease. Nothing could be further from the truth", said Henrietta Fore, UNICEF Executive Director in the report published in November 2020. Emerging data further supports that children and young people, are being faced with a trifecta of threats which are direct consequences of the disease itself, interruption in vital services-healthcare and learning, and increasing poverty and inequality. (5) In the long run, this may affect the targets of Sustainable Development Goals. Affected children remain unknown and their challenges are most often unheard of.

With the rising number of orphans, it is imperative to identify these children, recognize their needs and challenges, and thereafter create an ethical response by ensuring that the children will be cared for appropriately. This is suggested to be initiated by the government for implementation via the hospital or linking the community through non-governmental organizations (NGOs). The needs of these children may vary from psychosocial support, socioeconomic support, and most importantly, the need for family-based care.

Key measures include:

1. **Establishment of a national bereavement cohort**

    - There is an urgent need to strengthen and scale up child-focused monitoring systems to identify orphaned children due to Covid-19.
    - A national bereavement cohort is necessary to allow orphaned children to be identified and cared for accordingly as most of the children do not get admitted/do not require medical attention otherwise.

2. **Recognizing the needs of the orphaned**

    - Some of the core needs of orphaned children due to COVID-19 include:

    a. **Psychosocial support especially in facilitating the grieving process.**

      - The loss of one or both parents can be associated with higher vulnerability amongst children. There is a higher risk of mental health problems such as anxiety, depression, and a perceived lack of control over what happens in one's life with increased mortality risk and long-term risk of suicide. (6)

      - Only 10% of bereaved children in normal circumstances would experience prolonged traumatic grief. However, in the face of the COVID-19 pandemic, the baseline stress is notable with the closure of schools, significantly reducing connectedness, and increasing economic insecurities. (4)

      - Research shows that children and adolescents may be at higher risk of mental health effects in the face of the pandemic, given their limited understanding of surroundings, ability to cope with stressors, and take control of their environments. COVID-19-related rates of depression and anxiety are notably prevalent as well which further results in a higher baseline stress. (11)

      - In addition, re-traumatization is inevitable with constant reminders and death-related cues (masks, stories of people affected by COVID-19, media exposure). (11)

      - Recognizing the challenges, it is also important to know that most children are resilient. With a good support system and appropriate intervention, children grief naturally with a better coping mechanism.

- One of the individualistic responses of providing support can be made possible at schools by ensuring placement of counsellors trained in trauma-informed care. A study done in the U.S shows three-quarters of the orphaned children were teenagers which makes this approach feasible. (1)

-Enhanced empathy with effective communication and information sharing regarding the death of their parents/caregivers has been shown to help in the grieving process of these orphaned children. Hence, increased awareness of grieving children's needs and challenges in the current context is fundamental to ensure effective psychosocial support at all levels possible including family, school and community. (11)
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b. **Poverty and the loss of children's financial pillar.**

- The UNICEF report on "Averting a lost COVID generation" in November 2020 had highlighted that, globally, the number of children living in multidimensional poverty, without access to education, health, housing, nutrition, sanitation or water is estimated to increase by 15 per cent, or an additional 150 million children by mid-2020.

- In Malaysia, the incidence of absolute poverty had risen from 5.6% in year 2019 to 8.4% in the year 2020 as reported by the Department of Statistics, Malaysia on the 6th of August 2021.

- Based on extensive research done amongst bereaved children from the AIDS endemic, supporting the family is extremely crucial: carer and household factors are key determinants of child outcomes. (1)

- Governmental financial aid in terms of cash transfers to these children and their household has been shown to improve health, psychological and educational outcomes.

c. **Need for a shelter/family centred care.**

- When the death of a caregiver occurs, each child should receive support by a social worker, or by other professional personnel who are especially trained in the management of such cases. These initial `point-of-contact' persons should have the necessary skills in dealing with the child's emotions and understand the necessity for referral to other support mechanisms such as the possible need for child psychiatry assessment.

- Following the death of the main caregiver, the family will need to be evaluated as to how the children will be cared for. If not for immediate family, then extended family, and finally, if not possible, a safe and caring family in the community to support and keep the children together. Every effort should be taken to keep the children in birth families when possible.

-Institutionalization ought to be minimized unless deemed absolutely necessary. Even so, it is only advisable for short-term placement despite care being adequate. Working towards family centred approaches is imperative which includes care alternatives such as extended kinship networks, adoption, and stable, high-quality fostering.

- The Lancet Policy Commission which was published in the Lancet Child and Adolescent Health by the Philip Goldman and colleagues summarizes two core principles which highlights that institutionalization is to be avoided at all cost, or minimized if not, and extensive kinship families and adoptive or stable foster-family care should be offered necessary support. (9)

- A stable, supportive carer is often the key determinant of resilience in children. Therefore, besides economic strengthening, positive parenting programmes would help the caregiver(s) to build stronger relationships with their children, manage their behavioural challenges, and protect their children in the community. (2)

- This strategy is recognized as 'cash plus care', aiming to provide support to these families through income-generating and economic strengthening measures, and also empowering them through complementary interventions/programmes in order to improve the quality of care. (2)

3. **Establishing related policies and support system to respond to the needs appropriately, and promptly.**

- Data collection and notification with a clear framework of the work-process is fundamental. An effective notification system requiring the identification of orphaned children is suggested to be in place within hospital notification systems. Such systems should be interconnected with activation of the government's community support systems enabling the necessary actions to be prioritised.
- There is a need to look into national economic policies which can clearly identify the families of bereaved children and plan systematic initiatives to address poverty and establish social security. Families who adopt/foster these bereaved children should not be left behind.
- National bereavement services and strengthening of these policies across adults and also children is pertinent. Losing one parent leaves the other with a greater responsibility to raise the family, and hence, a higher susceptibility for stress.

- Besides positive parenting programmes, expanding bereavement services at the hospital and community level will help support the surviving parent.
- Access to such support systems exemplified above must be transparent with accountability from the government to ensure that help is within reach of communities without requiring unnecessary bureaucracy.

4.   Engagement of governmental and non-governmental stakeholders towards family-based care

- Collaboration of governmental and non-governmental stakeholders is vital in addressing this pandemic.
- Available services which are cost-effective and contextually relevant need to be identified, incorporated, and further strengthened to reach a large number of children and families.
- Understanding the resource limitations and COVID-19 related restrictions, it is important to adapt and innovate efforts and services to ensure effective delivery.
- Empowering human resources especially in the child protection and welfare division is crucial.
- Finally, based on experiences from the past Ebola and AIDS endemic worldwide, key determinants or accelerators for the orphaned child have been identified by the UNICEF and other key partners. (2) In multicultural Malaysia, these accelerators ought to be culturally sensitive, and tailored to be made relevant to our community and country. Therefore, a task force is necessary to plan and design a pragmatic approach in order to tackle the orphanhood successfully.

5.   **Embarking in research at our population level to understand the impact of orphanhood locally.**

- There is a need to understand the pandemic and its impact on our children namely those bereaved. Understanding gaps in the knowledge of impact of COVID-19 orphanhood should be propelled by pursuing more research in this area.
- We also need to know what works best for our community, evidence and scientific-based. Novel interventions, services and programmes need to be studied in the local population to identify possible influencing factors and establish its effectiveness.
- Funding for research in this context ought to keep up with the pace of the pandemic for us to respond appropriately. (4) Locally driven research would enable further understanding of cultural influences which may play an important role in propelling specific policies.

CARE FOR CHILDREN AS THE FOURTH PILLAR OF EMERGENCY RESPONSE

A new 'fourth pillar' of Emergency Response, adding "care for children", to the existing three pillars, "detect, prevent, respond" is proposed internationally. This new pillar, "care for children" would support a comprehensive three-pronged approach – "prevent, prepare, and protect".

Care for Children: Fourth Pillar of Emergency Response

Prevent
the COVID-19-associated death of caregivers by accelerating equitable access to vaccines and appropriate mitigation.

Prepare
safe and loving family-based care support services.

Protect
children using evidence-based strategies that address their increased risks of childhood adversity and violence, and strengthen their recovery and resilience.

(adopted from orphan-hood report: Children, The Hidden Pandemic 2021)

We need to rapidly respond to the compelling evidence of the effect of adult COVID-19-associated deaths on children. The urgency of situation is real as it is estimated that every 12 seconds, one child is losing one of his/her caregiver worldwide. (7) The community's readiness to trigger such a response is proposed to be a measurable index for quality care, and incorporated within the local government's crisis preparedness and response workflows.

The joint report Children: The Hidden Pandemic 2021, prepared through the collaboration of the CDC, WHO, USAID, World Bank, University of Oxford, Imperial College London, Harvard University, and University College London has outlined the importance of ensuring equitable vaccine delivery, avoidance of child institutionalisation, and establishment of family centred care plans for these COVID-19 orphaned children. (2) Together, these steps are proposed to be adopted alongside the locally-adapted key measures summarised in this document, in order to drive sustainable and supportive policies for these orphaned children.

CONCLUSION

Quoting Nelson Mandela's statement during the UN conference in response to the AIDS endemic, "There can be no keener revelation of a society's soul than the way in which it treats its children". We recommend that the establishment of a national bereavement cohort, recognising the needs of the orphans, establishing related support systems, engaging the stakeholders for family-based care, and embarking on further local research on COVID orphanhood which would ensure an ethical response to safeguard our orphaned children. We must respond urgently to uphold their right to thrive with appropriate support in accordance with the United Nations Convention on the Rights of the Child. It is time that we rise as a nation to recognize this emerging pandemic amongst our children and young people by taking bold and unprecedented steps to avert a lost COVID generation.

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