

Social inequalities and extreme vulnerability of children and adolescents impacted by the COVID-19 pandemic



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The hidden orphanhood pandemic is a global emergency, and we can no longer wait to act. We urgently need to identify the children behind these numbers and reinforce existing monitoring systems.¹ Orphanhood is also a public health issue, and it primarily evidences existing geopolitical tensions. Thus, we emphasize the strong naturalization of social inequalities and the extreme vulnerability of children and adolescents impacted by the COVID-19 pandemic.

COVID-19 continues to tear families apart, leaving the children of deceased parents with even fewer options than before the pandemic.² In Brazil, one child is orphaned by COVID every five minutes. This is an alarming estimate, especially in the most vulnerable and underprivileged regions of the country, such as the North and Northeast. Current evidence emphasizes that at every 3 million deaths due to the pandemic, more than 1.5 million children lose their mothers, fathers, or primary caregivers (usually grandparents). This may be very traumatic for children.^{3,4} In this context, Brazil is the second country in the world with the highest number of COVID-19 deaths, reducing caregiving options among family members.

Evidence from previous epidemics showed that ineffective responses after the death of one of the parents or the caregiver, even when one of them survives, may lead to harmful psychosocial, neurocognitive, socioeconomic, and biomedical outcomes to children.² This could be aggravated by social distancing measures, closed schools, and the impossibility to participate in

grief ceremonies. The physical experience of despondency, lived by orphaned children and adolescents, is permeated with the specificities of their existences: isolation, psychic suffering, and tears of goodbye — psychic disorders call for emergent and transparent actions that may provide children with support and preparation to a situation of loss. Many times, grief may be followed by an increase in poverty and, consequently, higher vulnerability. In this sense, although many children have great resilience, psychic suffering may negatively impact their cognitive capacity due to the lack of attenuating factors to their pain. In orphanhood, losses are biased by memory or what may have remained of it.

Children have been impacted by the pandemic in different ways — including by the psychosocial burden of having lost their parents or caregivers, in addition to the secondary adversities resulting from such loss (for example, poverty, abuse, and institutionalization). Given the risk of negative outcomes among children who mourn the death of their parents, governments and organizations worldwide should focus on identifying and supporting this population of vulnerable young people.⁵⁻⁷ In Brazil's North and Northeastern regions, we observed that the integrity of orphaned children and adolescents is at imminent risk, especially because they introject fear. Furthermore, when a mental health emergency does not consider each individual to have a childhood, gender, race, and a face, children and adolescents end up in very precarious conditions.^{8,9} It is important to emphasize that not all mourning children will have adverse bio-psychosocial outcomes. Resilience in mental and behavioural health should not be forsaken, showing that the devastating impacts of social inequality are intensified when abandonment and neglect are exacerbated.

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Brazil's North and Northeastern regions have the highest number of children experiencing these adverse and enduring situations, which are second-order impacts of COVID-19, with more children experiencing the death of their caregivers than in any other Brazilian region. Amid so many numbers, the tragic stories of these children become invisible because child and adolescent mental health is not properly addressed, which also prevents them from grieving. It is important to emphasize that such vulnerability usually puts these children in need of alternative or supplementary care, such as being taken care of by other family members or adopted [16]. However, public health responses to the pandemic, such as social distancing and restrictions to performing child's protection assessments remotely, have severely decreased the capacity of orphaned children and adolescents to have access to protection systems and services, which would otherwise provide these children with safety interventions and support.¹⁰

Contributors

MLRN and KVCCS have contributed to the initial pilot search, planning the methodology, and writing. AAGM, JGJ and MLS have contributed to planning the methodology, data gathering, and reviewing the draft. RNPA, NNRL and MLS has contributed to planning the methodology and writing. CJMC and NNRL revised the manuscript critically. All authors approved the final version of the manuscript.

Declaration of Competing Interests

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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