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Quarterly Bulletin of the Vienna NGO Committee on the Family

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Vienna NGO Committee on the Family
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Dear Readers of Families International,

The Covid-19 pandemic is still the main global issue and its consequences are not certain. However, it is undeniable that this worldwide crisis has, and will have influences on families' lives, and on the physical and mental health of adults and children. Therefore, the 115th issue of Families International particularly focuses on this topic.

The central part of this issue consists of texts from UNICEF, dealing with various aspects of Covid-19, and also on children's access to health information online, as well as with digital data collection. The article from the International Federation for Family Development (IFFD) discusses whether, due to the school closures, children are the main victims of this pandemic. The text from Make Mothers Matter (MMM) deals with various aspects of Covid-19.

Two other texts from UNICEF, which are also included, deal with adolescents' mental health, and with the question of the protection of children, who participate in housework.

The programme for the upcoming International Forum organized by the Vienna NGO Committee on the Family at the United Nations, Vienna International Centre on October 19th, 2020, on the importance of nutrition in early childhood is also included. Finally, you can find a list of recent and upcoming events.

Sincerely,

Isabella Nening, M.A.
Deputy Editor

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VIENNA NGO COMMITTEE ON THE FAMILY

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FULL COMMITTEE MEETING

UNITED NATIONS
VIENNA INTERNATIONAL CENTRE

Monday October 19th 2020 – Conference Room C0713

INTERNATIONAL FORUM

'Feed the child and save the world' – life-long effects of food and nutrition that support childhood growth and development

Dr. Mary Flynn

13.00 – 15.00
[Including Discussion with Presenter & Participants]

Dr Mary A.T. Flynn has worked for many years in public health, clinical nutrition and academia in Ireland, Canada and the Middle East. Her work includes the development of best infant feeding practices, food-based guidelines for children and adolescents and programs to support families when children's weight growth 'gets ahead' of their height growth. Currently she leads work on nutrient reference standards for infants and young children at Codex Alimentarius [World Health Organisation (WHO) and the Food & Agricultural Organisation (FAO) of the United Nations]; and was an Expert Advisor on the development of Health Canada's new Food Guide (2019). In 2014, Mary was awarded the inaugural medal for excellence in Public Health Nutrition by the Nutrition Society in the UK. She was appointed as a member of the first Healthy Ireland Council by the Minister for Health in Ireland and has been a Visiting Professor at the Ulster University, Northern Ireland since 2012.

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Food and nutrition have profound effects on human development from the moment of conception throughout childhood until growth is completed around 18 year of age. During these years there are critical stages of development where nutrition can have life-long effects. The first three years of life is an exquisitely sensitive period of growth and development. The development of international growth standards by the World Health Organization, describe optimal growth of children during this time. Over the first 12 months of life, well-nourished infants treble their birth weight and double their surface area – a unique feature of development that is never repeated during the human life cycle.

On their first birthday infants become young children – a stage that continues until they reach their third birthday. This age range of 1 to 3 years represents another remarkable phase of development where annually, children grow 7 to 12 cm taller and 2 to 4 kg heavier. These physical manifestations of growth are matched by development of internal organs. For example, at birth the average infant brain is about a quarter of adult brain size and over the first year of life, doubles in size reaching 80% of adult size by the third birthday.

There is a 'plasticity' to the growth and development that occurs during infancy and young childhood, which allows adaptation for survival when food is inadequate. Adverse nutritional experiences during this period of early life can profoundly influence human biology, child growth and maturation, and long-term health and longevity. This is commonly referred to as the developmental origins of health and disease. The first three years of life, therefore, offer a unique opportunity to shape healthier futures. Providing appropriate food to ensure nutritional well-being at this time can have a profound impact on society, playing a critical role in preventing chronic disease.

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Food providing adequate nutrition influences growth and development throughout the older years of childhood. The provision of food to vulnerable children through school feeding programs yields outcomes that can last for a lifetime through positive effects on educational attainment. A second growth spurt occurs as children enter puberty where their 'almost adult size' hides their nutritional vulnerability. At this transitional stage from childhood to adulthood their food needs have never been greater. Food must provide extra nutrients to support this critical period where 40% of bone mineral density is accrued, 45% of adult weight and 20% of adult height is attained. Ensuring adequate nutrition during female adolescence is where the circle of life begins again as well nourished women at conception and during pregnancy, profoundly influence the health and well-being of the next generation.

'Feed the child and save the world' summarises the massive returns to countries – economic as well as health, from investing in food programs that support infant, child and adolescent development.

Dr. Mary Flynn

An Administrative Session of the Full Committee will be held: 15.30 - 17.00

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NGO FAMILIES INTERNATIONAL

Innocenti Research Brief

2020-16

unicef Office of Research – Innocenti

Covid-19 & Children

Impacts of Pandemics and Epidemics on Child Protection

Lessons learned from a rapid review in the context of COVID-19

Shivit Bakrania (UNICEF OoR-Innocenti)

Ramya Subrahmanian (UNICEF OoR-Innocenti)

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 COVID19.

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

Suggested citation for this research brief: Bakrania, S. and Subrahmanian, R. (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.

This brief benefitted from the inputs of: Sandy Oliver (University College London), Hani Mansourian (UNICEF), Priscilla Idele (UNICEF) and Sumaira Chowdhury (UNICEF).

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 be 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/kaaa022

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.

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Innocenti Research Brief

2020-12

unicef Office of Research – Innocenti

Covid-19 & Children

Digital Connectivity during COVID-19: Access to vital information for every child

Daniel Kardefelt-Winther,[i] Rogers Twesigye,[i] Rostislav Zlámal,[ii] Marium Saeed,[i] David Smahel,[ii] Mariya Stoilova[iii] and Sonia Livingstone[iii]

[i] UNICEF Office of Research – Innocenti, Italy
[ii] Masaryk University, Czechia
[iii] London School of Economics and Political Science, United Kingdom of Great Britain and Northern Ireland

OVERVIEW

Children's digital access – or lack thereof – during the COVID-19 pandemic has significantly determined whether children can continue their education, seek information, stay in touch with friends and family, and enjoy digital entertainment. With over 1.5 billion children across 190 countries confined to their homes, active video games or dance videos may also be their best chance to exercise.

The rationale for closing digital divides has never been starker or more urgent.

During the COVID-19 pandemic, access to accurate health information is particularly important, especially for children living in resource-poor communities where access to health care and services may be limited. For these and other reasons, global efforts are under way to expand and support children's digital access and engagement, both during and after the COVID-19 pandemic.

ACCESS TO QUALITY HEALTH INFORMATION

In addition to expanding access, a greater focus is required on the *quality* of accessible information and whether children are able to *use* the information they find.

A flood of health-related misinformation was already at the fingertips of children and adults before the pandemic – and that remains the case. Even for adults, misinformation is difficult to recognize. At a time when everyone needs access to high-quality information – about health; hygiene and sanitation practices; common symptoms; and ways to avoid spreading the virus – being able to verify the truth of online information is vital.

To help children find and use high-quality health information online, the following are required:

Affordable internet access for all: Ideally, internet connectivity in the home and in private, or at a minimum, through devices shared within the family or in community spaces. All children have the right to privacy, and this can be especially important when searching for information on sensitive topics such as health.

Availability and promotion of reliable health information: Children need to know that high-quality health information is available online and where and how to access it.

Ability to navigate misinformation: Children need to know how to recognize possible misinformation, to ensure that they neither use nor share information that may be incorrect or harmful.

Following these themes, this research brief responds to three questions:

Q1: How much do we know about children's basic access to the internet across the globe?

Q2: Do children regularly use the internet to access health information?

Q3: Are children able to verify the truth of online information?

To explore the first research question, data from the International Telecommunication Union (ITU) World Telecommunication/ICT Indicators database are used.

For the second and third research questions, we analyse survey data collected from individual children in their households, generated by the collective work of the EU Kids Online and Global Kids Online research networks.[1] The data used in this brief were collected *before the pandemic*, from approximately 22,000 internet-using children aged 12–16 years (and their parents/caregivers) living in 28 countries across 4 continents.[2]

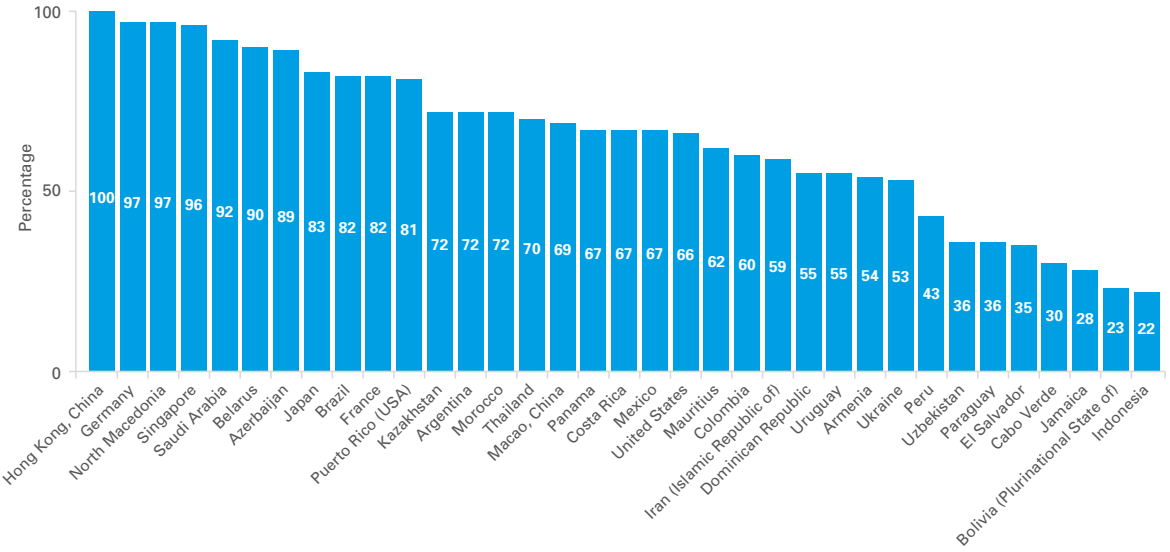
Q1: Is every child connected?

Even though the internet has been considered a critical medium for the better part of two decades, detailed statistics on children's internet access around the world remain scarce. The best available source of global data is the ITU World Telecommunication/ICT Indicators database, which contains data on internet access for children under 15 years of age from 39 countries collected between 2015 and 2019 (*see Figure 1*).[3]

Country wealth is a clear key indicator of children's internet access around the world. Wealthy countries such as Germany, Singapore and Japan report much higher proportions of children online than less affluent nations like Indonesia, Jamaica or Peru, for example. But the statistics also suggest inequalities within countries. For example, large inequalities in access may explain why a wealthy country such as the United States of America is positioned midway.[4]

While these data are valuable, they cover only about one fifth of countries globally. Critically, detailed statistics are unavailable for most countries in Africa, where a large proportion of the world's children live.

Figure 1. Proportion (%) of children under 15 years of age who are internet users, by country



Source: ITU World Telecommunication/ICT Indicators database.

1 London School of Economics and Political Science, 'EU Kids Online', LSE, London, 2020, <www.eukidsonline.net>, accessed 28 May 2020; London School of Economics and Political Science, 'Global Kids Online', LSE, London, 2020, <www.globalkidsonline.net>, accessed 28 May 2020.

2 Reports with details about methodology and findings have been published elsewhere. See, for example: Smahel, D, et al., *EU Kids Online 2020: Survey results from 19 countries*, EU Kids Online, 2020, available at: <www.lse.ac.uk/media-and-communications/research/research-projects/eu-kids-online/eu-kids-online-2020>, accessed 28 May 2020; Livingstone, Sonia, Daniel Kardefelt-Winther and Marium Saeed, *Global Kids Online: Comparative report*, United Nations Children's Fund, 2019, available at: <www.unicef-irc.org/publications/1059-global-kids-online-comparative-report.html>, accessed 28 May 2020.

3 The ITU World Telecommunication/ICT Indicators database includes data from more countries for youth aged 15–24 years. Data are collected nationally by ITU member states. Data collection dates and the populations covered vary by country. Most countries included collect data from children aged 6+ or 10+, with some including children aged 5+ or 3+. The age of the study population was not strongly correlated with access rates.

4 Note that data from Armenia, Cabo Verde, Cambodia, Jamaica, Kenya, Pakistan and the United States are from 2015–2016, which means that access rates are likely somewhat higher today.

Nonetheless, ITU has noted elsewhere that Africa is falling behind the world average in terms of internet penetration rates for adults, which likely makes it more difficult for children to gain internet access.[5]

Even if internet connectivity exists in a household, it should not be taken for granted that children can access it. Considerable gender disparities exist in many countries, especially in parts of Africa and South Asia, where women and girls have less access than men and boys.[6] While infrastructure and cost are sometimes causes of limited or unequal internet access, parental attitudes and reservations about technology use (especially for girls) are also a common barrier to access for children in some countries.[7]

Q2: Do children look for health information online?

During the COVID-19 pandemic, many people are going online to search for health information. A simple Google Trends analysis shows that the popularity of search terms related to COVID-19 has increased dramatically across the globe since March 2020.

We would expect children, as avid users of the internet, to search for health information regularly. EU Kids Online and Global Kids Online data confirm this: In most surveyed countries, more than half of children aged 12–16 years with access to the internet look for health information online at least monthly. The proportion of children seeking health information online varies greatly by country, however – from 72 per cent in Serbia to 30 per cent in Italy (*see Figure 2*).

There are no obvious country patterns to the data presented in Figure 2. But the data do show that among children living in some of the world's *most* affluent countries (France, Switzerland, Norway and Germany), using the internet to look for health information is less common than in other countries. This may be because children in wealthy countries have easier access to alternative, high-quality sources of health information, including through formal life skills or health curricula at school. At the same time, however, looking for health information is also less common for children living in the *least* affluent countries in our sample (the Philippines, South Africa, Ghana), which may be a result of poor connectivity or expensive data costs.

In almost all 28 countries included in this analysis, girls are more likely than boys to use the internet to look for health information. This could be because girls are more often tasked with caring for the health and well-being of family members, or because they may have health needs that are considered taboo or that are overlooked by their parents or school. This follows earlier research showing that women look more frequently at nutrition and eHealth websites compared with men,[8] which may extend to children's usage as well. We found that more boys than girls reported using the internet to look for health information in Chile, South Africa and Ghana, however.

During a public health crisis, it is very likely that the proportion of children using the internet to look for health information will increase substantially. Though we lack data for this, the fact that children regularly use the internet to look for health information – important under normal circumstances and critical during a pandemic – reinforces the call for all children to be provided with affordable access to the internet. Not only will a lack of access undermine children's right to information, but it may also impede their ability to protect their health and the health of those around them.

Q3: Can children verify the truth of online information?

There is an important difference between accessing just any information and accessing high-quality information. On 15 February 2020, the Director-General of the World Health Organization observed: "We're not just fighting an epidemic; we're fighting an infodemic."[9] The United Nations Educational, Scientific and Cultural Organization (UNESCO) notes that mis-information has left almost no area related to

5 International Telecommunication Union, 'Measuring Digital Development: Facts and figures 2019', ITU, Geneva, 2019, available at: <www.itu.int/en/ITU-D/Statistics/Documents/facts/FactsFigures2019.pdf>, accessed 28 May 2020.

6 Sey, Araba, and Nancy Hafkin, eds., *Taking Stock: Data and evidence on gender equality in digital access, skills, and leadership*, United Nations University Institute on Computing and Society/International Telecommunication Union, Macao, China, 2019, available at: <www.itu.int/en/action/gender-equality/Documents/EQUALS Research Report 2019.pdf>, accessed 28 May 2020.

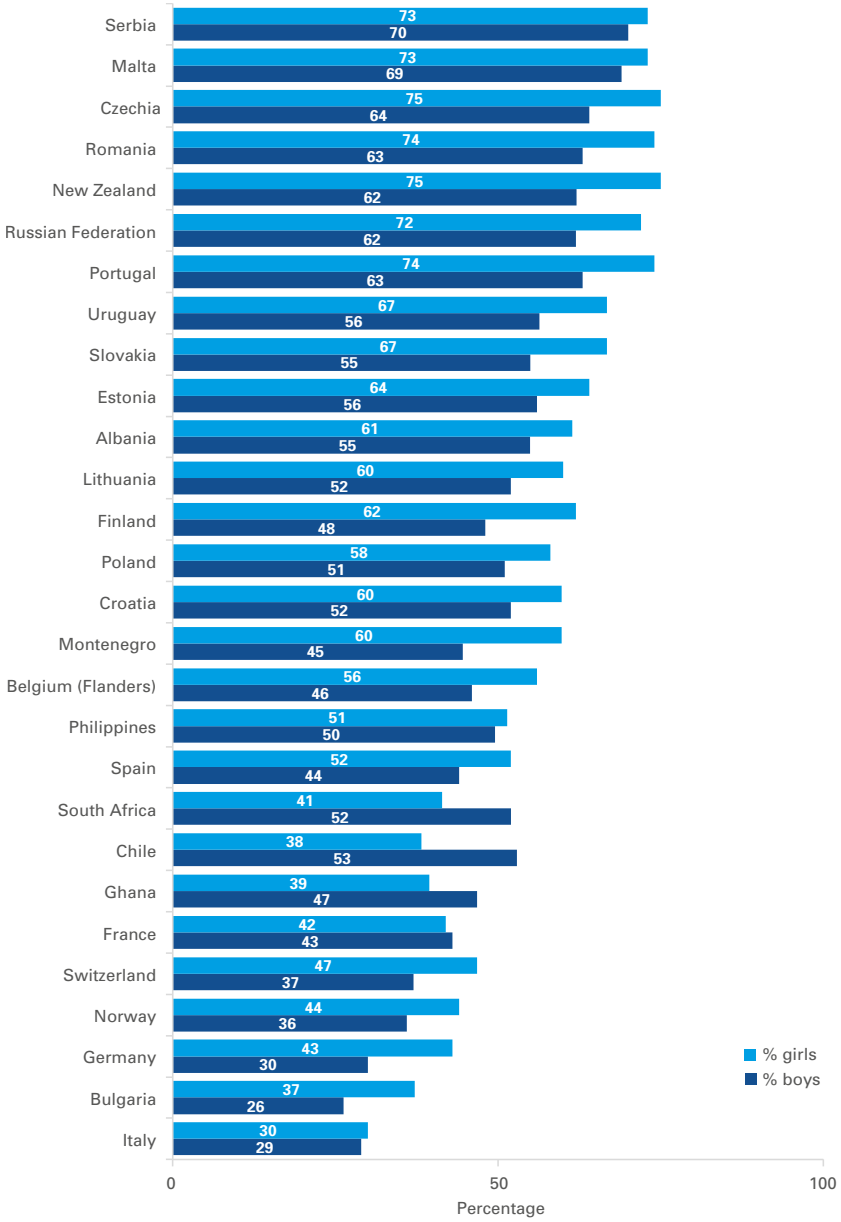
7 Stalker, Peter, et al., *Growing Up in a Connected World*, United Nations Children's Fund, 2019, available at: <www.unicef-irc.org/publications/1060-growing-up-in-a-connected-world.html>, accessed 28 May 2020; United Nations Children's Fund, *Child Online Protection in India*, UNICEF India Country Office, n.d., available at: <www.icmec.org/wp-content/uploads/2016/09/UNICEF-Child-Protection-Online-India-pub_doc115-1.pdf>, accessed 28 May 2020.

8 Almenara, Carlos A., Hana Machackova and David Smahel, 'Sociodemographic, Attitudinal, and Behavioral Correlates of Using Nutrition, Weight Loss, and Fitness Websites: An online survey', *Journal of Medical Internet Research*, vol. 21, no. 4, 2019, e10189, available at: <https://pubmed.ncbi.nlm.nih.gov/30946018>, accessed 28 May 2020; Kontos, Emily, et al., 'Predictors of eHealth Usage: Insights on the digital divide from the Health Information National Trends Survey 2012', *Journal of Medical Internet Research*, vol. 16, no. 7, 2014, e172, available at: <https://pubmed.ncbi.nlm.nih.gov/25048379>, accessed 28 May 2020.

9 World Health Organization, WHO Director-General Speeches, 'Munich Security Conference', WHO, 15 February 2020, <www.who.int/dg/speeches/detail/munich-security-conference>, accessed 28 May 2020.

COVID-19 untouched, from the origin of the virus to unproven prevention measures and cures, with senders encompassing governments, companies, celebrities and others.[10] Social media platforms have fueled the spread of misinformation, now that anyone can curate and share 'news' that goes viral at a moment's notice. This can undermine trust in important institutions such as health authorities, which is dangerous when compliance with their guidance is a public health issue.

Figure 2. Proportion (%) of children who look for health information online at least monthly, by gender



Source: EU Kids Online; Global Kids Online.
Base: Children aged 12–16 years who use the internet.

10 United Nations, UN News, 'During this Coronavirus Pandemic, 'Fake News' Is Putting Lives at Risk: UNESCO', 13 April 2020, <https://news.un.org/en/story/2020/04/1061592>, accessed 28 May 2020.

When asked about their aptitude for verifying the truth of online information, many children say that they are able to do this (*see Figure 3*). Our data show that internet-using children aged 12–16 years in the Philippines, Spain and Ghana are the least likely to say they can verify the truth of online information, while children in Finland, Uruguay and Lithuania are more likely to claim this. In most countries, however, between half and three quarters of children – the majority – say that they can verify if the information they find online is true. This is an encouraging finding, but the data also highlight that a considerable proportion of children in many countries say that this is something they are unable to do.[11]

While identifying misinformation is an important twenty-first century skill for all, this responsibility should not be left to children alone. UNESCO notes that "access to information from official sources is very important for credibility in this crisis."[12] News media and social messaging platforms continue to play a critical role in the fight against misinformation. The technology sector has a considerable responsibility to moderate misinformation in a manner that is responsible and culturally sensitive. But many of the larger companies have been reluctant to tackle this issue, partly out of respect for freedom of speech but also because it is a resource-intensive and technologically complex task.

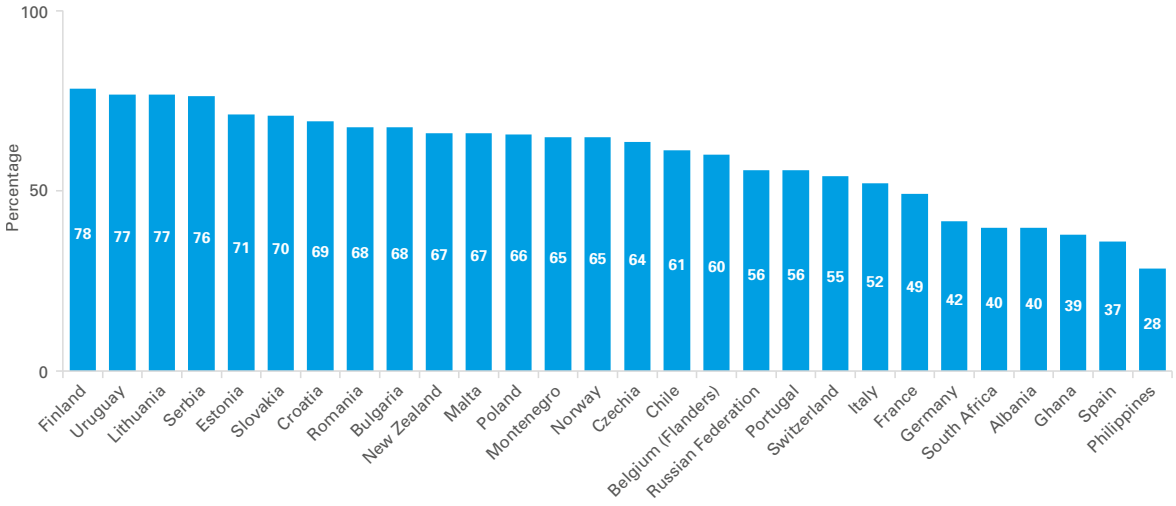
CONCLUSION

It seems likely that a large proportion of the world's children are unable to access the internet as much as they want or need to. For children who rely on school or public networks for internet access, the COVID-19 lockdowns may have cut off their access entirely. This is problematic at a time when access to information, education, friends and entertainment is contingent on internet access, and more important than ever.

Our data show that, among children who usually do have internet access, a large proportion use it to search for health information at least monthly. The data also show that while a majority of children in most countries say that they are able to verify if the information they find online is true, a considerable proportion say that they are unable to do so. The proliferation of misinformation during the COVID-19 pandemic may have made this task even more difficult.

It is time for the global community to ensure that children can access reliable health information in an easy, fair and affordable way. There should be no uncertainty about where to find reliable and up-to-date health information online when so many children need it. This is a necessity that the COVID-19 pandemic has made even more apparent.

Figure 3. Proportion (%) of children who find it easy to check if the information they find online is true



Source: EU Kids Online; Global Kids Online.
Base: Children aged 12–16 years who use the internet.

11 This information was reported by children themselves, rather than from an objective performance test. The true proportion of children who know how to verify the truth of online information may be lower.

12 United Nations, UN News, 'During this Coronavirus Pandemic, 'Fake News' Is Putting Lives at Risk: UNESCO', 13 April 2020, <https://news.un.org/en/story/2020/04/1061592>, accessed 28 May 2020.

Although limited in scope, existing research suggests that children place value on the anonymity of digital health information, resources and support services.[13] Other key features cited by children as important for digital health information are easily comprehensible wording, a clear layout and a reliable publisher.[14] All such features should be accommodated when developing these much-needed resources.

We propose three actions to key stakeholders to ensure that children's health information needs are better supported during the COVID-19 pandemic and beyond:

1. **For the United Nations**: Work with national governments to create and make freely available an online repository of reliable health information, in as many languages as possible. The repository should be light in terms of data usage, and materials should be produced in a way that is easily understandable for all children, irrespective of literacy levels.

   Equally, children need to be able to search for health information in a safe and private way without risk of identification or being subjected to excessive data collection. The United Nations should work with partners to help define global standards to uphold children's right to privacy in a digital age in which data protection is particularly important.

2. **For governments**: Urgently develop plans to roll out affordable internet access to all children. The ongoing pandemic has made it clear that the internet is not a luxury but a necessity. Ensuring comprehensive infrastructure, affordable devices and manageable data costs is the responsibility of governments; enabling and supporting access for all those who live within the household is the responsibility of parents. This requires a mix of hard and soft solutions – infrastructure is crucial, but it is not enough on its own. Parents need better information to recognize the value of the internet to their children; to remove social or cultural barriers to access, especially for girls; and to be able to support children who go online.

3. **For the technology industry**: Increase efforts to tackle the spread of misinformation on digital platforms. The COVID-19 pandemic has renewed the focus on the culpability of social media platforms in disseminating misinformation, which in the long term may undermine children's trust in the internet as a source of useful and reliable information. The technology industry is resourceful and many companies have already taken steps in the right direction in this regard, but other companies can and should do more.

   The technology industry should also partner with reputable organizations to deliver reliable health information to children through the organizations' own digital communications channels. This would increase the likelihood that children receive such information on a more regular basis, through platforms that they enjoy spending time on. This could be particularly useful during a pandemic such as COVID-19, where community transmission is high and the need to rapidly share information with a large part of the population is urgent. Some companies are already engaging in such efforts and it will be important to measure whether this form of outreach is effective.

The global community must not wait for the next emergency to ensure that children's right to information is realized. We should address the challenges of providing children with accurate health information that the COVID-19 pandemic has made apparent, so that next time we face a global health crisis, children know where to find reliable health information and are able to access it online. Access to this life-saving information should be easily available, at no cost, to all children, regardless of the circumstances in which they live.

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13 Best, Paul, Roger Manktelow and Brian J. Taylor, 'Social Work and Social Media: Online help-seeking and the mental well-being of adolescent males', *The British Journal of Social Work*, vol. 46, no. 1, 2016, pp. 257–276, available at: <https://doi.org/10.1093/bjsw/bcu130>, accessed 28 May 2020.

14 von Rosen, Antonella J., et al., 'Sexual Health and the Internet: Cross-sectional study of online preferences among adolescents', *Journal of Medical Internet Research*, vol. 19, no. 11, 2017, e379, available at: <https://pubmed.ncbi.nlm.nih.gov/29117927>, accessed 28 May 2020.

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For every child, answers

Innocenti Research Brief

2020-11

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Covid-19 & Children

Digital contact tracing and surveillance during COVID-19

General and Child-specific Ethical Issues

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INTRODUCTION

The response to COVID-19 has seen an unprecedented rapid scaling up of technologies to support digital contact tracing and surveillance. Accessible, high-quality data, based on a foundation of widespread testing, are essential to support decision-makers in government and development and humanitarian agencies such as UNICEF to better understand the issues facing children, plan appropriate action, monitor progress and ensure that no one is left behind. There is also huge demand from communities for information on how to keep themselves safe and digital technologies offer the potential to provide this information.

Digital technologies to enhance contact tracing and public health surveillance may be useful complementary tools in this context. The more we know about the outbreak, the better we can contain the outbreak and mitigate its impacts.

The collation and use of personally identifiable data may also pose significant risks to children's rights, however. Harm may include:

- misuse of data (by both authorized users and those accessing the data illegally)
- infringement of rights in the collection and use of data (discrimination, stigma, restrictions, and loss of privacy)
- risks to children from changes in the nature of surveillance and the accumulation of data over time – with unknown and potentially long-term repercussions.

Although the digital risks in the current environment are not wholly new, they are unprecedented in terms of speed, scale and invasiveness. There are more and varied players making decisions about how data, including children's data, are used and how related risks are assessed and handled. This means that we need to engage with a broader set of government and industry partners to ensure that children's rights are not overlooked.

Children are subject to many of the same risks as adults when it comes to digital technologies, children also require specific consideration. This is because they are:

- frequently overlooked in discussions about accuracy and impacts of the technologies adopted and the data collected
- likely to be more vulnerable to any public dissemination of information about their status and movements
- likely to experience greater longer-term impacts caused by reductions in privacy rights and other negative by-products of surveillance

The authors declare that there were no conflicts of interest in the production of this summary paper.

- much more likely to be effective carriers of COVID-19 than they are to fall ill from the virus – hence contact tracing and subsequent protections for children may need to be different than for adults.

UNICEF work such as the Industry Toolkit on Children's Online Privacy and Freedom of Expression and the partnership with the GovLab on Responsible Data for Children – which promotes good practice principles and has developed practical tools to assist field offices, partners and governments to make responsible data management decisions – provides an important foundation to understand and balance the potential benefits and risks to children of data collection.

THE TECHNOLOGY

The technologies in use to better understand the nature of the COVID-19 pandemic include mobile phone tracking, biometric technologies and data scraping. These are being used to carry out two main forms of tracing: digital proximity tracing and location tracing.

Digital proximity tracing: Digital proximity tracing involves determining proximity between devices (usually mobile phones) or to the location history of an infected individual. It is used to determine whether an individual has come into contact with potential carriers of COVID-19. These data are primarily used for contact tracing. Proximity tracing involves the use of Bluetooth technology to track signals from the devices of other users in the proximity of the individual.

Digital proximity tracing for current cases can be undertaken without any central collection of data and/or can be achieved through the collection of de-identified data without violating individual privacy. There is, however, currently no robust evidence on the efficacy of the use of proximity tracing to contain the COVID-19 pandemic within various regulatory frameworks and contexts.

Location tracing: Location tracing is primarily about providing surveillance to determine locations of people to ascertain the efficacy of social distancing measures and 'lockdown' orders. Location tracing allows for the use of aggregate data, such Global Positioning System (GPS) location data from a mobile phone network, or analysis of social media posts to identify where people are congregating in real time. Alternatively, it may involve the identification of individuals, for example, through identifiable data from a mobile phone location or using biometric facial recognition. Most location tracing requires centralized storage of and access to data. Aggregate data can, however, be used to determine where people are not adhering to social distancing without requiring individuals to be identified.

Data scraping/collation (artificial intelligence): Data are also being mined from social media posts for mentions of specific symptoms to predict the spread of the disease (surveillance).

Facial recognition may be used to:

- match an unknown individual (such as someone breaking movement restrictions) against a population database to identify her/him (one-to-many matching)
- monitor movement in public of a known set of individuals (such as positive cases subject to a quarantine order) by matching unknown individuals to a 'watchlist' (one-to-few matching)
- require individuals subject to a quarantine order to download a specific application and upload a 'selfie' each day, used to verify identity, which is matched against the device's location data to ensure compliance with the order (one-to-one facial matching with a stored record that does not necessarily require centralized storage).

Facial recognition for surveillance poses a number of privacy concerns as it is less robust in identifying children, may be difficult to contest, and may be difficult to dismantle and easy to repurpose. Bias is also an issue in the use of GPS data and big data in relation to who is captured and how frequently.

KEY MESSAGES

The following key messages, detailed in full in the working paper, are aligned with the Responsible Data for Children principles and highlight recommendations to ensure that children's rights are explicitly considered in the adoption, implementation and decommissioning of such digital tools and mechanisms.

Purpose-driven

1: **Data collection and use should be limited to achieving explicit public health outcomes**.

Proportional

2: **Only the level of identification necessary to achieve the intended public health outcomes should be used** in technologies. As such, aggregate data should be used in preference to anonymized data wherever possible, and de-identified or anonymized data used in preference to identifiable data.

Professionally accountable

3: Digital contact tracing and surveillance are only useful if undertaken in the context of (a) the **availability of widespread and reliable testing**; and (b) **sufficient resources and support** that allow for appropriate care and the capacity to self-isolate.

4: **Governance structures must include obligations of partner organizations and companies**, including the requirement to restrict third party data transfer in the absence of informed consent, and/or a clear legal mandate that is consistent with the original purpose of the data collection.

People-centric

5: The use of digital technology for **contact tracing and surveillance should be driven by the best interests of the community**, informed by an explicit understanding of how specific population groups (including children) may be affected differently by the technology.

Participatory

6: **Community engagement should occur as early as possible** in the design, implementation and review of contact-tracing and surveillance technologies.

7: **A strong, transparent framework of system governance** that seeks to foster and maintain trust within the community and which includes feedback and response provisions is critical.

Protective of children's rights (and those of their communities)

8: **Children need to be explicitly considered** when reflecting on the impacts of digital contact tracing and surveillance.

9: **Contact-tracing or surveillance systems and technologies should adopt a 'privacy by design' approach**, and technologies should maximize individual privacy and agency. Personally identifiable data should only be disclosed to specific individuals who have a justified need for that information, within a clear regulatory or governance framework.

10: Wherever possible, **informed consent should be factored into the design** of digital contact-tracing or surveillance systems.

11: **Access and equity should be explicitly considered in the design** and use of technologies for digital contact tracing and public health surveillance.

12: **Individuals should not be compelled to use applications or systems** unless warranted by legitimacy, necessity and proportionality tests.

Prevention of harms across the data cycle

13: **Data rights and protections should be upheld to the fullest extent possible**. If there is any suspension or relaxation of these as a result of the introduction of digital contact-tracing or surveillance measures, such a change must be:

a) clearly articulated, with justification given for the need for the change

b) considered in relation to the impacts on vulnerable groups and appropriate mitigation strategies put in place

c) time-bound, with the full provisions restored as soon as possible.

14: **Clear terms should be established within relevant regulations in regard to the duration of storage and timing of the destruction of the data**, irrespective of who holds the data.

FURTHER INFORMATION

To find out more about the Responsible Data for Children project, visit: <www.rd4c.org>

UNICEF guidance on the use of biometric technologies is available at: <https://data.unicef.org/resources/biometrics>

Download the UNICEF resource *Children's Online Privacy and Freedom of Expression: Industry Toolkit* at: <www.unicef.org/csr/files/UNICEF_Childrens_Online_Privacy_and_Freedom_of_Expression(1).pdf>

View the UNICEF discussion paper 'Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic' at: <www.unicef-irc.org/publications/1086-ethical-considerations-for-evidence-generation-involving-children-on-the-covid-19.html>

To find out about the UNICEF Manifesto for Good Governance of Children's Data, see: <www.unicef.org/globalinsight/data-governance-children>

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For every child, answers

NGO FAMILIES INTERNATIONAL

Innocenti Research Brief

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Adolescents' Mental Health: Out of the shadows

Evidence on psychological well-being of 11-15-year-olds from 31 industrialized countries

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INTRODUCTION

Mental health is increasingly gaining the spotlight in the media and public discourse of industrialized countries. The problem is not new, but thanks to more open discussions and fading stigma, it is emerging as one of the most critical concerns of public health today. Psychological problems among children and adolescents can be wide-ranging and may include attention deficit hyperactivity disorder (ADHD), disruptive conduct, anxiety, eating and mood disorders and other mental illnesses. Consistent evidence shows the links between adolescents' mental health and the experience of bullying (Due et al., 2005; Juvonen, Graham and Schuster, 2003; Perren et al., 2010) as well as school connectedness, i.e. perceived inclusion and respect within the school environment (Shochet et al., 2006). It is also associated with health-risk behaviours (Freeman et al., 2011) and academic achievement (Sznitman et al., 2011; Wagner and Cameto, 2004), in the worst cases leading to self-harm and suicidal behaviour (WHO, 2015). If left untreated, mental health disorders that emerge before adulthood can impose a health cost 10 times higher than those that emerge later in life (Suhrcke, Pillas and Selai, 2007).

It is the right time to channel more public investment for comprehensive support of children's and adolescents' mental health and well-being. Target 3.4 under Goal 3 of the Sustainable Development Agenda explicitly aims to *'promote mental health and well-being'*, while the WHO Comprehensive Mental Health Action Plan for 2013-2020 emphasises the importance of children 'having a positive sense of identity, the ability to manage thoughts, emotions, and to build social relationships… enabling their full active participation in society' (WHO, 2013). This Brief presents findings on the state of adolescents' psychological well-being in 31 industrialized countries based on data collected from children themselves.

DATA

Due to the complexity of mental health problems, their measurement requires comprehensive and rigorous monitoring. At present, existing international survey data cannot meet these needs. The Health Behaviour in School-aged Children survey (HBSC) provides a non-clinical measure of adolescents' health, based on a range of self-reported symptoms including feeling low, feeling irritable, nervous, and having sleeping difficulties. These are collected directly from children and adolescents aged 11-15 (see Currie et al., 2014 on the design of the HBSC study). While these symptoms might not capture the whole range of mental health problems, they do provide an indication of psychological health in school-aged children across 31 high-income countries. Young people were asked about each of these symptoms with responses ranging from 'About every day' to 'More than once a week', 'About every week', 'About every month' and 'Rarely or never'. The constructed measure presented here is based on a scale of these four items (0-4) validated in a number of studies and qualitative assessments (Gariepy et al., 2016; Elgar et al. 2015; Haugland and Wold, 2001). Responses were coded as a dummy variable for two or more psychological symptoms experienced more than once a week.

RESULTS

The proportion of children and adolescents with mental health symptoms is on the rise

On average across 31 countries with available data, around 1 in 4 adolescent children (23 per cent) reports experiencing two or more psychological symptoms more than once a week. This varies from 14 per cent in Germany, 15 per cent in Austria and Portugal to 33 per cent in Bulgaria and around 37 per cent in Italy (Figure 1). In 13 out of 29 countries with available trend data (Austria, Belgium, Denmark, France, Germany, Iceland, Ireland, Italy, Latvia,

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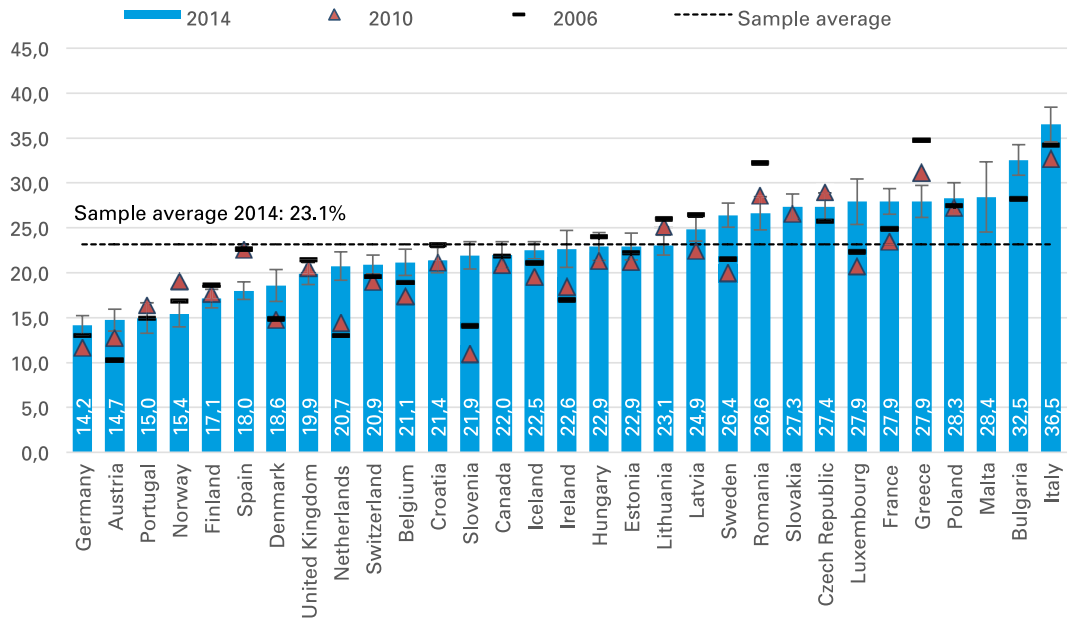
Luxemburg, the Netherlands, Slovenia and Sweden) the reporting of mental health symptoms has increased between 2010 and 2014. The largest rise is observed in Slovenia (by 11 percentage points), Luxemburg (by 7.2 percentage points), Sweden (by 6.5 percentage points) and the Netherlands (by 6.4 percentage points). Overall, the upward trend is in line with a rise over the longer period from 2006 to 2014 where we observe an increase of over 2 percentage points in 12 countries.

In a few countries, however, there has been a reduction in the reporting of adolescent mental health symptoms over the same period. A declining trend is observed in Greece, Norway, and Spain (by 3.2, 3.6, and 4.6 percentage points respectively). The largest decline in the reported prevalence rate over a longer term (between 2006 and 2014) is observed in the southen Mediterranean countries of Greece and Spain[1] (by 7 and 5 percentage points), and Romania (by 6 percentage points).

Gender disparity is substantial and grows with age

Consistent with previous research, we find a robust pattern of gender differences in reporting of mental health symptoms among adolescent youth. On average, across our sample of countries almost twice as many girls reported symptoms related to their mental health as boys at ages 13 and 15. In the majority of countries the prevalence of mental health symptoms increases with age, with the highest rate observed among 15-year-olds (Figure 2). Robustness checks using logistic multivariate regression confirmed some interaction between gender and age: in 26 countries girls at age 15 and 13 are more likely to report experiencing two or more psychological symptoms more than once a week than boys of the same age. In Ireland and Portugal, a significant difference between boys and girls is found only in the group of 15-year-olds; in Malta, only among 13-year-olds; and in Finland among 11-year-olds.

Figure 1. Share of adolescents reporting two or more psychological symptoms (feeling low, feeling irritable, nervous, having sleeping difficulties) more than once a week.

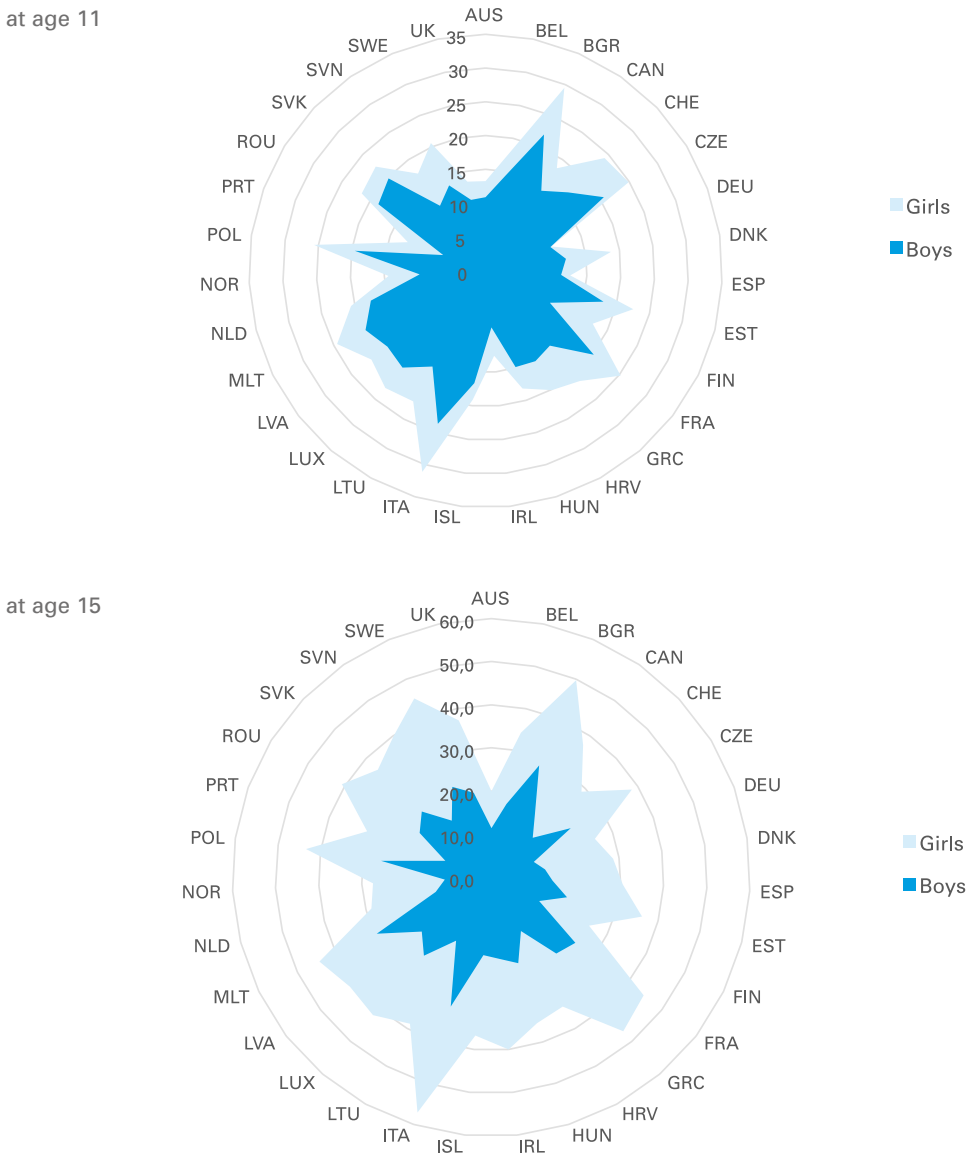


Note: Estimates for Belgium and the United Kingdom are based on population weights for regional samples (excluding the Brussels region for Belgium and Northern Ireland in the case of the United Kingdom). The country average is unweighted. Source: HBSC Study 2013/2014, 2009/2010, 2005/2006.

95% confidence intervals are represented by error bars.

1 The results on Spain should be treated with caution due to a relatively high level of missing values (11 per cent).

*Figure 2. Reporting mental health symptoms by age and gender across 31 countries**



Note: Estimates for Belgium and the United Kingdom are based on population weights for regional samples (excluding the Brussels region for Belgium and Northern Ireland in the case of the United Kingdom). The country average is unweighted.

Source: HBSC Study 2013/2014, 2009/2010, 2005/2006.

* AUS – Austria; BEL – Belgium; BGR – Bulgaria; CAN – Canada; CHE – Switzerland; CZE – Czech Republic; DEU – Germany; DNK – Denmark; ESP – Spain; EST – Estonia; FIN – Finland; FRA – France; GRC – Greece; HRV – Croatia; HUN – Hungary; IRL – Ireland; ISL – Iceland; ITA – Italy; LTU – Lithuania; LUX – Luxembourg; LVA –Latvia; MLT – Malta; NLD – Netherlands; NOR – Norway; POL – Poland; PRT – Portugal; ROU – Romania; SVK – Slovakia; SVN – Slovenia; SWE – Sweden; UK – United Kingdom.

CONCLUSION

Adolescents' mental health is an issue of growing concern. In the majority of countries included in this review, more adolescent children were affected by problems associated with psychological well-being in 2014 than in either 2010 or 2006. The results suggest that diagnosis of children with mental health issues should start early, before the age of 11, when many children already experience symptoms on a regular basis. Further, the findings underscore the importance of gender-sensitive interventions which would take into consideration girls' positive self-image and ability to respond to the pressures of their social environment.

Children's psychological well-being should be taken seriously by parents, as well as educational and medical professionals. They can work together to recognize, prevent and address early signs of psychological distress. Collecting internationally comparable data to measure mental health problems among children and adolescents will provide important evidence and stimulate governments to improve psychological support and services to vulnerable children. This evidence will also feed into policies to build the potential of young people to be more resilient.

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Innocenti Research Brief

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Children's Participation in Housework: Is there a case of gender stereotyping?

Evidence from the International Survey of Children's Well-Being (ISCWeB).

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INTRODUCTION

Goal 5 of the 2030 Agenda for Sustainable Development aims at achieving gender equality and the empowerment of all women and girls. Applied universally, this goal explicitly calls for recognition of the value of unpaid care and domestic work that is disproportionally borne by women. Gender is one of the key characteristics in explaining the variations of input to household work both by adults (Blair and Lichter, 1991; Bianchi et al. 2000; Crompton et al. 2005) and by children (Bianchi and Robinson, 1997; Cohen, 2001; Evertsson, 2006; Gershuny and Sullivan, 2014). A specific feature of children's input is that, to a great extent, adults control its nature and amount (Vogler, Morrow and Woodhead, 2009). Although this control is expected to decline over childhood and adolescence, children's participation in domestic tasks will probably continue to be influenced by the prevailing gender norms and expectations within the family and community.

Evidence from national studies in developed and developing countries suggests that girls spend more time on housework. The most common explanation relates to behaviour modelling as a mechanism of gender role reproduction: children form habits based on parental models (Cunningham, 2001). For example, girls in families with a strong or traditional division of labour may follow their mother's example by taking on more household chores (Evertsson, 2006). Literature generally supports this hypothesis suggesting that gender differences in children's housework are associated with the adult division of labour in the home or its interplay with parents' employment behaviour (Hu, 2015; Álvarez and Touya, 2012, Blair, 1992). Factors that seem to influence boys' housework, much more than girls', are the extent of fathers' involvement in housework and/or having a mother with a higher education (Dotti Sani, 2016; Bonke, 2010; Evertsson, 2006.

This Brief contributes to the literature by providing comparative evidence from 12 high income countries on potential 'gender stereotyping'– assigning gender roles in the family according to sex. We investigate a) if there is a common pattern across this group of industrialized countries indicating that girls are more involved in housework than boys; b) whether we could detect growing gender disparity in children's housework with age.

DATA

The International Survey of Children's Well-Being (ISCWeB) is a survey on children's subjective well-being. It collects representative data from children themselves across developed and developing countries and across three age groups (8, 10 and 12). Using the second wave of the survey (2013/2014) we analyse the extent of gender differences in children's participation in housework in Estonia, Finland, Germany, Israel, Malta, Norway, Poland, Romania, Republic of Korea, Spain, Turkey and the United Kingdom. Children in all age groups were asked 'How often do you usually spend time doing the following activities when you are not in school?'. One activity type was helping around the house. Possible responses are 'rarely or never', 'less than once a week', 'once a week' and 'every day or almost every day'. The constructed dependent variable categorises these responses into 'rarely or never', 'occasional' and 'daily'.

RESULTS

Girls do more housework in all countries

Our data show a very consistent pattern of gender differentials. In all 12 countries, more girls than boys report participation in housework on a daily basis (Figure 1). Meanwhile more boys say that they never or rarely help.

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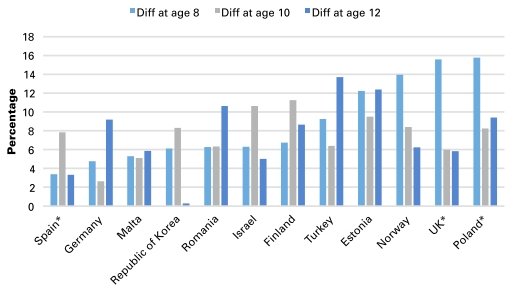
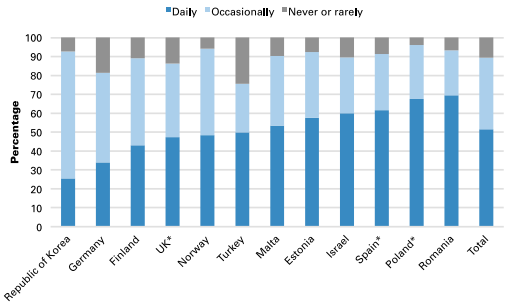
Figure 1. Absolute gender difference in girls' and boys' share of daily participation in house-work by age



Note: In some countries, only one region or administrative area was sampled as follows: Poland – Wielkopolska region; Spain – Catalonia; Turkey – Istanbul; United Kingdom – England.

Source: Children's Worlds, the International Survey of Children's Well-Being (ISCWeB) 2013/2014.

Figure 2. Proportion of children reporting 'Helping around the home' at the age of 8



Note: Unweighted average across the sample of 12 countries. In some countries only one region or administrative area was sampled as follows: Poland – Wielkopolska region; Spain – Catalonia; Turkey – Istanbul; United Kingdom – England.

Source: Children's Worlds, the International Survey of Children's Well-Being (ISCWeB) 2013/2014.

The largest gender difference overall is found in Norway (14 percentage points), Poland and the United Kingdom (16 percentage points) at age 8. Yet, there seems to be no common pattern in gender differences across the three age groups. In four countries (Germany, Malta, Romania and Turkey) the gender gap peaks at age 12, in another four (Israel, Finland, Republic of Korea, and Spain) at age 10. In Norway, Poland and the United Kingdom the gap substantially narrows for older children (age 10 and 12). We do not observe any significant difference between boys and girls at age 12 in the Republic of Korea. This seems to be driven by substantial reduction in girls' participation rather than an increase in boys' engagement.

The majority of 8 to 12-year-olds help with household chores either occasionally or on a daily basis

Figure 2 compares 12 countries on the intensity of children's help in the house at age 8. The results suggest that the majority of children become actively involved in housework from a very young age. On average, across 12 countries about 52 per cent help around the house every day, about 38 per cent of children in this age group help the family 'occasionally', and 11 per cent of 8-year-old children report helping with household tasks 'rarely or never'. The extent of 8-year-olds' engagement in household chores varies substantially across our sample of countries. In the Republic of Korea less than 8 per cent report no participation in housework, but the great majority of those who help around the house do so only occasionally (67 per cent). Meanwhile in Poland and Romania 68 per cent and 69 per cent respectively of those who help in the house do so on a regular, daily basis.

We find that on average across 12 countries, the proportion of 12-year-olds who report daily housework is lower than among 8-year-olds. This seems to be compensated by an increase in participation on an occasional basis. But the observed pattern does not vary by gender. It is possible that factors such as schooling affect the change in boys' and girls' participation in housework equally over the life-course. For example, at age 12 all children are likely to be in secondary school and will therefore spend more time on other activities including schoolwork assignments. Reallocation of their time to other activities can reduce their contribution to household chores.

Encouraging children to help with work around the house may be seen as a way to socialize or have 'family time'. Using multivariate regression we find that in Estonia, Poland and the Republic of Korea the more strongly children agree that they 'have a good time together in my family', the more likely it is that they engage in helping with housework, controlling for deprivation, gender and family structure.

CONCLUSION

This brief has shown that participation in household chores is an essential part of children's lives. There is a common pattern of a gender gap between boys' and girls' daily participation in housework across a diverse range of socio-economic and cultural contexts in 12 high-income countries. The persistence of this gap points to gender stereotyping – a form of gender role reproduction within a family that potentially can reinforce inequalities over the life-course. Meanwhile, we find no consistent pattern of the

gender gap widening with age, suggesting complex interactions between children's participation in housework and other types of activities within and outside the family home.

Helping parents is a valuable process for learning and socializing. But children exercise less choice in this type of activity as their actions are likely to be motivated and guided by adult members of the family. Further comparative research would help to understand the dynamics within the family and the impact of gender stereotyping on child well-being.

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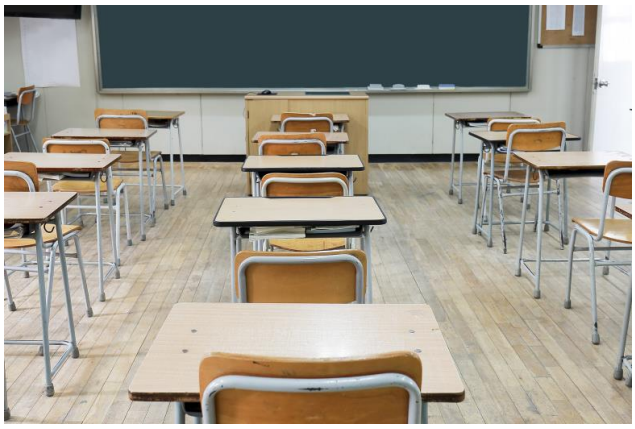
Learning from the present, looking to the future

Why children will be the main victims of the pandemic

1 July 2020



During times of great damage, children are most likely to endure harmful consequences on a wide range of aspects: health development – both physical and mental –, social integration and so on. Researchers from the Research on Improving Systems of Education program studied how disasters were affecting children, investigating the consequences of the earthquake that hit Pakistan in 2005. They found out that children who were younger than 3 –included foetuses– at the time of the earthquake were significantly smaller in height than non-affected children (3 cm on average) in 2009 [4], highlighting the long-term consequences on health that great natural disasters could have on children.

The COVID-19 crisis has led many governments to close schools. The scope of consequences is yet to be observed but it is already obvious that many children will bitterly bear those costs. Was it necessary to close school? Probably. Closing schools in the past slowed the spread of epidemic diseases, and thus saved lives. [5] But the effectiveness of such measures ultimately depends on how deadly the virus turns out to be in the future and the actual accessibility of an internet connection.

Forthcoming consequences are inevitable. But even as of now the virus is affecting children in many ways. Most of the problems raised here are intertwined, and their intensity depends on how

"Children are not the face of this pandemic. But they risk being among its biggest victims", says a policy brief launched by the Secretary-General of the United Nations. [1]

While children are not the main vectors of the pandemic, it affects them in an unprecedented way. However, they somehow seem to be excluded from the main concerns that invade all media: immediate health impact (they are less prone to catch the coronavirus), economy and labor market (which they have not entered yet). In fact, the world is going through its worst recession since the Great Depression from the 30s. [2]

"The hidden paradox of disasters, often missed in the immediacy of the Covid-19 pandemic, is that even if those who suffer today are the elderly, those who will pay throughout their lives will be the youngest." [3]

François Jung.
Project Manager, International Federation for Family Development.

much those factors are gathered. In spite of that two situations might help sketch the rationale of the concerns for children: school closures and family care.

Education and school closure

There has never been a consensus about the best approach to take on schools throughout this pandemic, specially at its beginning, when nobody had a clear opinion on whether schools should close or not. [6] But as of March 31st, the United Nations Educational, Scientific and Cultural Organization estimated that 91.3% of total enrolled learners – 1,5 billion students over the globe – were affected by those measures. [7]

Children's right to education is recognized by most countries. Article 28 of the Convention of the right of the child states that "States Parties recognize the right of the child to education." Undisrupted education made therefore distance learning compulsory. Technology offers tremendous opportunities for it, so that it goes way beyond a rescue option. Intelligent online learning systems can adapt to every child, making the learning experience fit to their personal needs. State institutions and non-governmental organizations have been very creative in dealing with those new and unprecedented challenges. UNESCO published a list of applications and websites, [8] created to face said challenge in matter of education using internet, but also, in a broader way, of all distance learning platforms, including non-internet-based resources (like radio or television) for people who would not have sufficient internet coverage.

"That being said, the Covid-19 crisis strikes at a point when most of the education systems covered by the OECD's latest round of the Programme for International Student Assessment (PISA) are not ready for the world of digital learning opportunities." [9] People across the globe do not have equal access to distance learning resources for many different reasons, and the pandemic has highlighted those inequalities and deepened them. Mainly there are great differences among countries on the availability of information and communication technology (ICT) at home, which mainly relies on income issues but also sometimes on the number of children at home using such devices. To overcome those difficulties, the UK and other countries decided to provide laptops for most disadvantaged children. [10], but these policies are not always feasible. Access to internet is not equally available everywhere either. This is the reason why some alternative non-internet-based solutions had been set, but, at a broader scale, access to and availability of effective-distance learning platforms is not well and equally spread around the world. [11]

People across the globe do not have equal access to distance learning resources for many different reasons, and the pandemic has highlighted those inequalities and deepened them.

There is therefore a great work of monitoring children to be provided on the part of both state institutions and teachers. UNESCO gave some recommendations to make this task more homogeneous. [12] First of all, remote supervision has to be provided — distance learning does not mean alone learning.

This implies that assessments have to be upheld and adjusted. Assessments can obviously not be carried out the way they used to, but they give children both an aim to keep learning during those tough times and "information about. [their] progress for families and teachers. The loss of this information delays the recognition of both high-potential and learning difficulties and can have harmful long-term consequences for the child." [13]

Regular supervision is essential to the learning process of children. In the above-mentioned study about the consequences of the Pakistan earthquake in 2005, researchers found out that affected children scored worse at tests than unaffected children in 2009. "Children lost between one point five and two years of learning as a result of the earthquake at all school-going ages." [14] If we take into account the fact that "the percentage of children who cannot read and understand at age 10 – stood at 53% of children in low- and middle-income countries — before the outbreak started." [15], we might rightfully dread the forthcoming education outcomes of the crisis if no fast measures are taken. This emphasizes the need for public policies – and for teachers on a smaller scale – to endeavor-supporting disadvantaged groups (children with no access to household ICT, children with disabilities, children already at risk of dropping out of school, etc.). Finally, UNESCO encouraged collaboration among teachers, a necessity that arises from the disparity in both the knowledge of the teachers on how to use ICT and children's access to such technology. In some countries, now that the crisis seems to be cooling down, some schools have implemented a system where usual classes are divided in half, each one alternatively going to school while the other is being home schooled. This makes collaboration among teachers a priority.

However, despite most good will and best intentions, research has repeatedly found that fully virtual classes are much less effective than traditional face-to-face instruction. [16], due to the inherent limitedness of that environment with regard to interaction between teachers and students, and to the latter's capacity to focus during a long period behind a screen. This makes more likely school dropouts

and lesser work in the process of learning, which is going to have an impact on test scores. [17]

Moreover, school closure may not only impact learning outcomes, but also child development. "School is not only about instruction [...] the role of schools is actually far richer and more complex, and involves developing a wider set of knowledge, so young people learn about the society they are part of, their culture and develop a sense of self. This cannot be achieved solely through the delivery of digital content." [18] Teenagers are at an age where their development depends on the relationship they have with their peers, more than that with their family. Therefore, many of them live the crisis as "an injunction to regression." [19] And even where schools reopened, sanitary prevention measures make social relationships somewhat harder. [20]

There are also mental health issues to be faced as a result of the lockdown, as another report of the United Nations has shown. Many children's emotional state and behaviour has been affected during confinement according to reports by Italian and Spanish parents. [21] Moreover, children, including adolescents, are at particular risk of abuse during the pandemic. Children with disabilities, children in crowded settings and those who live and work on the streets are particularly vulnerable. A UN Policy Brief on the impact of COVID-19 on children has been published specifically on this topic with recommendations on how to address children's risks and needs. [22]

Adolescents and young people are also an at-risk group in the present crisis, as most mental health conditions develop during this period of life. Many young people have seen their futures impacted. For example, schools have been closed, examinations have not been held, and economic prospects have diminished. A study carried out with young people with a history of mental health needs living in the UK reports that 32% of them agreed that the pandemic had made their mental health much worse. [23] The main sources of distress included concerns about their family's health, school and university closures, loss of routine and loss of social connection. Provision of mental health services must include specific actions tailored for this population. [24]

Families under pressure

From the results of the study in Pakistan, researchers drew a simple conclusion: "we must make governments and aid agencies recognize that the trade-off between investing in human capital and immediate aid is a false one." [25] Responses to the crisis cannot exclusively rely on cash transfers or other kinds of immediate-effect policy. They have to take into account the primary environment of children: families.

The pandemic crisis highlighted the crucial role of families in dealing with disasters. Families have proven to adapt wonderfully to this unprecedented situation. They are the place where people look for shelter because they have the ability to mitigate the negative impacts of crises. However, some obstacles might alter this capacity.

The first thing families have had to do is reorganizing their time and schedule. Parents were told to stay home and some of them could while others couldn't, because their job was an essential one. In any case, the closing of schools made things a lot more complex for parents. In fact, for those who had to work outside, nobody was there to look after their kids. [26] And homeworking has not been a family picnic either.

Family has a great role to play in the instruction of children and provides major inputs into a child's learning. However, they often rely on schools for

The pandemic crisis highlighted the crucial role of families in dealing with disasters, and families have proven to adapt wonderfully to this unprecedented situation.

this; families usually only provide additional support. Home schooling can be a good experience, but only if families are prepared to it, which is not the case in most of them. Here again, the crisis has deepened inequalities. Reorganization of parent's time had to be very logistical too: 9% of 15-year-old students do not have a quiet place to study in their homes. [27] Moreover, the share of ICT might have been an additional difficulty, especially in large families. [28]

Effective distance learning also depends on both non-cognitive skills of the parents and of their amount of knowledge. The Pakistani aforementioned study, it has been found that children with educated mothers did not feel losses on educational outcomes, but children whose mother had not completed primary education did.

But education was not the only challenge families had to face. They were put under a tough financial pressure. Some low-income families relied on school to provide their children with free meals. [29] Many creative ideas have been set to mitigate this negative outcome of the crisis. [30], but once more it was not the case equally everywhere.

Actually, many childcare services could not be carried out anymore because of the lock down, with harmful consequences on children's health and well-being. Special emphasis was put on physical and emotional maltreatment at home (abused children

were locked home with their abuser), on gender-based violence and on psychological distress (due to lack of social interaction, anxiety, death of relatives, etc.). [31] Also lack of internet monitoring exposed children to online sexual predators.

Sometimes, in low-income countries, children were put under the pressure to drop out of school, [32] to support financially the family. [33] "As the pandemic wreaks havoc on family incomes, without support, many could resort to child labour," [34] said ILO Director-General, Guy Ryder.

Conclusion

The current crisis is affecting children in an unprecedented way. If no specific measures are taken, the burden of those consequences is going to rely on children. This is why it is essential to plan policies ahead, [35] so that the lessons learnt are taken into account to promote news ways to improve learning, but without increasing the burden of parents or, at least, helping them to bear it in better conditions.

This words of the Secretary-General's statement on the effect of the COVID-19 pandemic on children can be a good conclusion to reach this objective — "we must commit to building back better by using the recovery from COVID-19 to pursue a more sustainable and inclusive economy and society in line with the Sustainable Development Goals. With the pandemic placing so many of the world's children in jeopardy, I reiterate my urgent appeal: let us protect our children and safeguard their well-being." [36]

[1] *https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf; cf. https://data.unicef.org/topic/covid-19-and-children/*
[2] *http://www.oecd.org/economic-outlook/june-2020/*
[3] *https://www.riseprogramme.org/publications/we-have-protect-kids*
[4] *https://www.riseprogramme.org/sites/www.riseprogramme.org/files/publications/RISE_WP-039_Adrabi_Daniels_Das_0.pdf*
[5] *https://jamanetwork.com/journals/jama/fullarticle/208354 on the Spanish flu of 1918 and 1919.*
[6] *https://www.theguardian.com/australia-news/2020/mar/24/clear-as-mud-schools-ask-for-online-learning-help-as-coronavirus-policy-confusion-persists*
[7] *https://en.unesco.org/covid19/educationresponse*
[8] *https://en.unesco.org/covid19/educationresponse/solutions*
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[23] Young Minds, 2020.
[24] *https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19*
[25] Op. cit.
[26] *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298323/pdf/09-1827_finalD.pdf*
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[28] *https://news.err.ee/1068223/large-families-need-computers-to-help-with-homeschooling*
[29] *https://www.worldbank.org/en/data/interactive/2020/03/24/world-bank-education-and-covid-19*
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[32] *https://www.nytimes.com/2020/04/06/us/coronavirus-schools-attendance-absent.html*
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MMM partners with the Save Our Future campaign

MMM is proud to be partnering with the Save Our Future[1] campaign, a global education movement supported by, amongst others, UNESCO, UNICEF, the African Development Bank and the World Bank, that aims to "protect and reimagine education in a post-COVID world".

The innovative campaign brings together "a global coalition of diverse voices – from CSOs to the private sector, youth to researchers, media to multilaterals, foundations to influencers and more – to amplify the voices of children and young people as they deliver a simple yet loud and powerful message: Save Our Future".

Recent figures suggest the pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in all countries and all continents.

According to the campaign organisers, we are witnessing the greatest education emergency of our lifetime. "The COVID-19 pandemic has disrupted the education of over 90% of the world's students. It has exacerbated already existing inequalities and magnified the global learning crisis. The future of an entire generation is at risk. But while education is clearly a victim of the pandemic, it is also the solution to the longer-term recovery."

MMM is committed to the right to education, especially for women and girls who are particularly at risk of dropping out of school: it is the key to reducing growing inequalities in these pandemic times, and to building a fairer world. Mothers dedicate themselves on a daily basis to ensuring that their children can go to school providing them with the opportunity to lead a dignified life, realise their dreams and reach their full potential. We also know that educated mothers have healthier and more educated children.

MMM Voices #Covid-19

Since the beginning of the COVID-19 crisis, MMM created a COVID-19 response tab on its website with resources, best practices and testimonials ("MMM Voices") from our members.

MMM Voices Covid-19 is a substantial video series featuring MMM grass roots members around the world. These interviews highlight their very concrete and practical experiences and challenges during COVID-19 as well as their messages for decision makers for the post-COVID-19 times.

The rationale behind the series:

- To understand from our members what they want, what they are going through, what their priorities are during this health crisis, to help us realise their specific challenges so that we can highlight their needs when advocating on their behalf.
- In the long term, to put in place a collection of member testimonials to create the bigger picture post-COVID-19 assessment and analysis – to help us potentially adapt our own approach for the future.

To date, 16 interviews[2] were conducted with grassroots member organisation in Bangladesh, Cameroon, Colombia, Madagascar, Morocco, RDC, Romania, Rwanda, South Africa, Spain, UK and Uruguay.

[1] https://saveourfuture.world/
[2] https://makemothersmatter.org/mmm-covid-19-response/mmm-voices-covid-19/

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Here a selection of their messages:

- Decentralisation of health care centres for mothers with a lot of options: midwives' practices, birth centres and birth houses, which are not part of a hospital. To take off from the hospital the load of medical care for mothers to local small care points. (**Mame pentru Mame, Romania)**
- Work on inequalities. "Medical experts tell us that those most vulnerable to the coronavirus are people with pre-existing conditions. Well, inequality, especially gender inequalities, is the mother of all pre-existing conditions… No lasting global recovery can be achieved without living wages and social protection for all workers, redistribution of women's unpaid care and domestic work and a significant strengthening of public services and institutions." (**Rozaria Memorial Trust[3], Zimbabwe**)
- Everything is linked. Respect for human beings, for all beings and for the nature. "There is justice and there are rights. Not only for human beings… And the pace of human rights, wants, greed, power, money has totally not cared about others who have rights on this planet." (**Friendship, Bangladesh**)
- Back to basics: importance of local, national and global **Solidarity** and importance of the **family**
- Investing in women, especially in mothers, is a profitable investment because it results in development. The mother is a multiplier in her family, in her neighbourhood and around her. A woman who achieves results through her efforts, transmits such values to her children. And also it generates a culture of peace. **(Ceprodih, Uruguay)**

MMM High-Level Political Forum side-event calls for new economic system that places care and education at its heart, and calls governments to action in their response to COVID-19 and its economic devastation

On 16 July 2020, MMM organised a virtual side-event to the HLPF on Sustainable Development on "Care and education – Cornerstones of just and sustainable economies" to discuss the economics of care and education. This webinar aimed at contributing to the current discussions on "building back better" by

- spotlighting the failings of our current economic system in recognising the essential role of care, especially unpaid care work;
- making the case for a paradigm shift in our economic thinking: spending on care and education must be seen as investments, not expenses;
- calling governments to action: COVID-19 and its economic devastation offers a unique opportunity to move beyond GDP and prioritise care for well-being, sustainability and equity in our economy.

Speakers

- Nancy Folbre, Feminist Economist, Professor Emerita of Economics, and Director of the Program on Gender and Care Work, Political Economy Research Institute, University of Massachusetts Amherst
- Rima Salah, Chair, Early Childhood Peace Consortium
- Valentina Urreiztieta, Psychologist, Empreintes Humaines
- Rutger Hoekstra, Founder, MetricsForTheFuture.com
- Susan Himmelweit, Feminist Economist and Emeritus Professor, Open University (UK) and coordinator of the Policy Advisory Group of the Women's Budget Group
- Amanda Janoo, Knowledge and Policy Lead, Wellbeing Economy Alliance

Key takeaways

1. Like other commons, care must be a collective concern and responsibility. It's time to widen the discussion beyond academics and policymakers to include the general public, by translating the research and advocacy into ordinary language and make them as compelling as possible. The COVID-19 crisis

[3] https://www.rozariamemorialtrust.org/

provides us with an opportunity to wrap up and be more proactive.

2. Care for children must be considered as an investment, and the time spent on raising children by parents, families and community must also be factored in. In particular, Early Childhood Development (ECD) strategies and services have the transformative power to reduce poverty, inequity and violence, and thus build a strong foundation for peace and security, resilience, social justice and cohesion. Supporting mothers/parents/families for ECD is a high return investment and more important than ever.
3. At the company level, promoting the well-being of people at work through simple policy and dialogue is also cost effective – it improves performance and also positively impacts life and health at home, especially for working mothers.
4. Moving beyond GDP and profits as drivers of our economies has become a necessity. Among the hundreds of alternate indicators or dashboards, a few are important and could be identified as interesting for an organisation like MMM to focus on and try to influence so that care and education are part of a new economic system. However, Time Use Surveys, which provide key data on care and well-being, remain a bottleneck.
5. The unequal distribution of unpaid care work is at the centre of the spiral of gender inequalities. "Building back better" must prioritise care and education, i.e. social infrastructure over physical infrastructure. Investing in care is sustainable, generates jobs and reduces the gender employment gap. Care should be mainstreamed in all policymaking.
6. Care is at the heart of well-being. The governments of Iceland, New Zealand, Scotland and more recently Wales are showing us a way towards well-being economies, with new narratives and visions about how the economy can work to serve human and ecological well-being. Each country has developed its own framework for monitoring national progress in aligning economic policy with culture, value and well-being goals. These frameworks are the result of a participatory process to assess what matters to people.

Full report: Care and Education – Cornerstones of sustainable and just economies[4]
Recording: https://www.youtube.com/watch?time_continue=8&v=asTM977ZJe4&feature=emb_logo
Additional information:

- https://sustainabledevelopment.un.org/index.php?page=view&type=20000&nr=7113&menu=2993
- https://makemothersmatter.org/placing-care-education-at-the-heart-of-a-new-economic-system/

MMM participates in COVID-19 statement on maternal mental health

On 7 April and in celebration of International Health Day, MMM together with the other members of the multidisciplinary EU-funded network of researchers and professionals on perinatal mental health, COST Action Riseup-PPD, issued a statement raising awareness of the impact of COVID-19 on the need to better research the impact of COVID-19 on maternal mental health.

In light of the unprecedented crisis brought on by the COVID-19 pandemic, protocols for prenatal care and childbirth have been changing all over Europe. In the interests of safety, new practices are being adopted by perinatal health care services that seem to contrast with respectful and supported birth and postpartum period, negatively impacting new mothers' mental health and consequently their newborn. For instance, some countries are banning partners from accompanying women to the hospital and being present during labour, imposing restrictions on postnatal visits and separating women from their newborns.

Therefore, Riseup-PPD decided to create a new Task Force called "Perinatal mental health and COVID-19 epidemic" in order to promote best practices in maternal mental health that may mitigate the impact of COVID-19 management in women's mental health.

[4] https://makemothersmatter.org/wp-content/uploads/2020/07/2020-HLPF-SE-Care-Economics-Report.pdf

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The anxiety and isolation resulting from the COVID-19 pandemic increases the probability of postpartum depression while the shortage of staff and the need for social distancing may make diagnosis and treatment more difficult. The statement illustrates how COVID-19 is a challenge in itself for mothers but also highlights how it impacts maternity care around the world and the risks involved in terms of postpartum depression. The work done by a multidisciplinary team also provides a list of simple recommendations in order for carers to promote good practices and thus reduce the incidence of anxiety, but also to be vigilant in these difficult times to identify and maintain a vital relationship with the most vulnerable mothers.

One of MMM's goals is to promote maternal health. Being pregnant and adjusting to motherhood can be challenging and sometimes lead to mental health issues. Maternal anxiety and depression have been shown to impact the entire family unit at multiple levels if left untreated. For this reason, MMM is involved in promoting mothers' voices in a European research project on postpartum depression (Riseup-PPD) and aims to disseminate an axis of good practice in the coming years.

For more information, please access the full statement[5].

MMM statement on support for children and families at risk of poverty during COVID-19

On 16 April, MMM together with 20 other partners of the EU Alliance for Investing in Children, issued a statement calling on EU Member States and the European Commission to support children and families at risk of poverty during COVID-19.
The joint statement[6] underlined the fact that the actual pandemic further exposes vulnerable children and their families to poverty and exacerbates pre-existing inequalities. The EU must adopt measures that support the most affected children and their families, and also, in the long term, bolster all those families living in vulnerable situations.

On 8 May 2020, together with the other partners of EU Alliance for Investing in Children[7], MMM participated in a video conference with the EU EPSCO Council where the following topics were discussed:

- The COVID-19 impact on children and families in the EU
- The urgency to adopt the European Child Guarantee
- The need for a social and sustainable Europe 2030 Strategy

1 in 4 children in the EU lives in poverty – situation exacerbated by COVID-19 crisis

On 2 June 2020, Make Mothers Matter, along with its partners of the EU Alliance for Investing in Children, and with the support of the Social Platform and SDG Watch Europe, issued a Call for Action to the EU to ensure that the Council Recommendation on the Child Guarantee is launched in 2020. The statement was also shared through letters to Commission President Ursula von der Leyen, Executive Vice-Presidents Timmermans, Dombrovskis and Vestager, Vice-President Šuica and Commissioners Schmit and Gentiloni.

In our joint statement, we called for the need for a sustainable Europe 2030 Strategy with a strong social dimension. The Europe 2020 Strategy is coming to an end this year and a new 2030 Strategy should incorporate the principles outlined in the European Pillar of Social Rights in alignment with the UN Sustainable Development Goals. With one out of four Europeans already at risk of poverty and social exclusion and with

[5] https://makemothersmatter.org/wp-content/uploads/2020/06/RISEUPPPDSTATEMENTCOVID19April7th2020.pdf
[6] http://www.alliance4investinginchildren.eu/joint-statement-on-protecting-children-and-their-families-during-and-after-the-covid19-crisis/
[7] http://www.alliance4investinginchildren.eu/

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the catastrophic consequences of the COVID-19 pandemic, the EU needs an ambitious, comprehensive and overarching strategy that would encompass the short- and long-term challenges it is currently facing.

We called on EU institutions and Member States to adopt the ambitious EU budget 2021–2027 and social funding programmes to tackle social and employment challenges proposed by the European Commission on 27 May 2020. Measures need to be put in place that allow for access to adequate resources and benefits, as well as affordable, quality and inclusive services to support those at risk. We are grateful for the commitment of the European Commission, as expressed in its announcement on 27 May, to include a 5% earmarking for the implementation of the Child Guarantee to tackle child poverty in the updated European Social Fund Plus (ESF+) proposal. However, we are aware that 5% of ESF+ is not enough to combat child poverty across the EU. This should be part of the financial response, and further EU funding resources should be made available.

There is an urgent need for a Council Recommendation on the Child Guarantee that must guide the EU's future budget spending and ensure the programming of these financial resources by the EU Member States.

COVID-19 has further highlighted the importance of strong social, child and family protection systems. Europe needs to guarantee that no family is left behind, that children and their families in the most vulnerable situations have access to key social rights, and that parents are able to receive adequate support to exit poverty.

For more information, see the full statement 1-in-4-children-in-the-eu-lives-in-poverty[8].

MMM teams up with non-profits for Symptom Survey

COVID-19 has highlighted the global need for health systems to be better prepared. For this, it is important that healthcare professionals really understand what matters most to us when we or our loved ones are experiencing flu-like illness.

During the summer, MMM is conducting a survey, together two non-profit organizations, the Vienna Vaccine Safety Initiative[9] and Families Fighting Flu[10].

The survey aims at providing a voice for patients, families, and caregivers, on flu-like illness symptoms, to help improve the response of the public health systems, for them to be better prepared and to offer efficient and rapid intervention.

The survey will be open until the end of September. There are no right or wrong answers, but these answers can help governments around the globe to act better and to improve their health care systems.

To take part in the survey **Access the SymptomSurvey**
Our members-only password is: SymptomSurvey2020

About Make Mothers Matter – MMM

Make Mothers Matter believes in the power of mothers to make the world a better place, advocating for their recognition and support as changemakers.

[8] https://makemothersmatter.org/1-in-4-children-in-the-eu-lives-in-poverty/
[9] https://www.vi-vi.org/
[10] https://www.familiesfightingflu.org/

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Created in 1947, MMM is an international NGO with no political or religious affiliations, transparently voicing the concerns of mothers at the highest level: the European Union, UNESCO and the United Nations (general consultative status).

Compiled by Irina Pálffy-Daun-Seiler, MMM Representative to the United Nations in Vienna, with input from Valérie Bichelmeier, MMM Representative to the United Nations in Geneva, and Johanna Schima, Head of the European Delegation of MMM.

Recent & Upcoming Events

September

- Sep 17-18: ICFS 2020: 14. International Conference on Family Studies
(Amsterdam, Netherlands, digital)
https://waset.org/family-studies-conference-in-september-2020-in-amsterdam

- Sep 17-18: ICCP 2020: 14. International Conference on Child Protection
(Amsterdam, Netherlands, digital)
https://waset.org/child-protection-conference-in-september-2020-in-amsterdam

- Sep 24-25: ICEECD 2020: 14. International Conference on Elementary Education and Child Development
(London, United Kingdom, digital)
https://waset.org/elementary-education-and-child-development-conference-in-september-2020-in-london

October

- Oct 01-02: ICCED 2020: 14. International Conference on Childhood Education and Development
(Dubrovnik, Croatia, digital)
https://waset.org/childhood-education-and-development-conference-in-october-2020-in-dubrovnik

December

- Dec 03-04: ICECET 2020: 14. International Conference on Early Childhood Education and Teaching Systems
(Sydney, Australia, digital)
https://waset.org/early-childhood-education-and-teaching-systems-conference-in-december-2020-in-sydney

- Dec 10-11: ICMFT 2020: 14. International Conference on Marriage and Family Therapy
(Rome, Italy, digital)
https://waset.org/marriage-and-family-therapy-conference-in-december-2020-in-rome

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