







REPERCUSSIONS OF COVID-19 ON WOMEN'S AND CHILDREN'S HEALTH FROM THE PERSPECTIVE OF VULNERABILITY

REPERCUSSÕES DA COVID-19 NA SAÚDE DE MULHERES E CRIANÇAS NA PERSPECTIVA DA VULNERABILIDADE

REPERCUSIONES DEL COVID-19 EN SALUD DE MUJERES Y NIÑOS DESDE LA PERSPECTIVA DE LA VULNERABILIDAD

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ABSTRACT

Objective: to describe the impact of COVID-19 on the health of women and children. It is an account of the experience lived by the authors whose interpretation of secondary data occurred through subjectivity and critical reflective analysis based on the theoretical framework of vulnerability. **Description of the experience:** event organized by two academic leagues linked to a federal higher education institution in western Santa Catarina to debate the impact of COVID-19 on women's and children's health. Seven professionals from the fields of Nursing, Medicine and Law and about 250 people participated, mostly academics of Nursing and Medicine. Several vulnerabilities were found involving the individual, social and programmatic dimensions of women and children, with biological, behavioral, emotional, cultural, social, economic and/or political consequences. **Final considerations:** the event provided the possibility to discuss the emergence of a pandemic during the training of doctors and nurses, with the possibility of knowing its repercussions on women's and children's health, leading to significant changes in care practices for these audiences. The reflections raised showed how much COVID-19 brought women and children closer to situations of vulnerability and how these populations lack attention and care, considering the three dimensions analyzed.

Keywords: Child Health; Women's Health; Coronavírus; Social Isolation; Health Vulnerability.

RESUMO

Objetivo: descrever as repercussões da COVID-19 na saúde de mulheres e crianças. Trata-se de um relato de experiência vivenciada pelas autoras cuja interpretação de dados secundários ocorreu mediante subjetividade e análise reflexiva crítica pautada à luz do referencial teórico da vulnerabilidade. **Descrição da experiência:** evento organizado por duas ligas acadêmicas vinculadas a uma instituição de ensino superior federal do oeste catarinense para debater sobre as repercussões da COVID-19 na saúde da mulher e da criança. Participaram sete profissionais das áreas da Enfermagem, Medicina e Direito e cerca de 250 pessoas, majoritariamente acadêmicos da Enfermagem e da Medicina. Constataram-se diversas vulnerabilidades envolvendo as dimensões individual, social e programática de mulheres e crianças, com consequências biológicas, comportamentais, emocionais, culturais, sociais, econômicas e/ou políticas. **Considerações finais:** o evento proporcionou a possibilidade de discutir sobre o surgimento de uma pandemia durante a formação de médicos e enfermeiros, com a possibilidade de conhecer as repercussões desta na saúde de mulheres e crianças, acarretando significativas mudanças nas práticas de cuidado a esses públicos. As reflexões suscitadas mostraram o quanto a COVID-19 aproximou mulheres e crianças das situações de vulnerabilidade e como essas populações carecem de atenção e cuidado considerando-se as três dimensões analisadas.

Keywords: Saúde da Criança; Saúde da Mulher; Coronavírus; Isolamento Social; Vulnerabilidade em Saúde.

RESUMEN

Objetivo: describir el impacto del COVID-19 en la salud de mujeres y niños. Es un relato de la experiencia vivida por los autores cuya interpretación de datos secundarios se dio a través de la subjetividad y el análisis crítico reflexivo basado en el marco teórico de la vulnerabilidad. **Descripción de la experiencia:** evento organizado por dos ligas académicas vinculadas a una institución federal de educación superior en el occidente de Santa Catarina para debatir el impacto del COVID-19 en la salud de mujeres y niños. Participaron siete profesionales de las áreas de Enfermería, Medicina y Derecho y cerca de 250 personas, en su mayoría académicos de Enfermería y Medicina. Se encontraron varias vulnerabilidades que involucran las dimensiones individual, social y programática de mujeres y niños, con consecuencias biológicas, conductuales, emocionales, culturales, sociales, económicas y/o políticas. **Consideraciones finales:** el evento brindó la posibilidad de discutir el surgimiento de una pandemia durante la formación de médicos y enfermeras, con la posibilidad de conocer sus repercusiones en la salud de la mujer y el niño. Las reflexiones planteadas mostraron cuánto COVID-19 acercó a mujeres y niños a situaciones de vulnerabilidad y cómo necesitan atención y cuidado, considerando las tres dimensiones analizadas.

Palabras clave: Salud del Niño; Salud de la Mujer; Coronavírus; Aislamiento Social; Vulnerabilidad en Salud.

INTRODUCTION

In March 2020, the decree of a pandemic caused by Coronavirus Disease 2019 (COVID-19), caused by the Severe Acute Respiratory Syndrome virus (SARS-CoV-2), announced by the World Health Organization (WHO), arouse a new organization way of personal and professional life. Changes occurred in several areas and reached different audiences due to social distance.

Changes related to the field of higher education generated the need to rethink the ways in which universities operate.¹ An important change that took place involved the availability of teaching, research, and extension activities through digital means, with the use of video calls and apps that can be accessed in different regions, reaching a varied number of people.

Some population groups were affected differently from others and have received more attention in the health field, such as women and children. Children were more exposed to the use of screens, confined to the home environment, vulnerable to mental health problems and subjected to violence, among other exposures.² Women, on the other hand, started to have more exhausting working hours, due to the home office, having that reconciling work with caring for children, the elderly and/or other family members, becoming more subject to different types of violence. And, for pregnant women, the chance of illness and death was also increased, as they are a group of risk.^{2,3}

In this context, the need emerged to discuss and reflect in academia on the impact of social isolation on the daily lives of women and children, as well as the possible repercussions on the health of these populations, in order to think about new ways of care for these groups. To support the reflection, the theoretical framework of vulnerability⁴ was adopted, an approach that articulates three interconnected axes, namely: the individual component that refers to biological, behavioral, and affective aspects that can contribute to exposure to health problems; the social component that includes cultural, social and economic aspects that can influence opportunities to access goods and services; and the programmatic component that analyzes how policies, programs, services, and actions influence situations of vulnerability.⁴

Thus, this study aims to describe the repercussions of COVID-19 on women's and children's health. It is an account of the experience lived by the authors, whose interpretation of secondary data occurred through subjectivity and critical reflective analysis based on the theoretical framework of vulnerability.

Description of the experience and impact of COVID-19 on women's and children's health

Changes in education and health as a result of the COVID-19 pandemic, as well as discussions related to women's and children's health generated in the context of lectures and other academic meetings, prompted two academic leagues to develop a partnership to debate about these issues in depth. Thus, the Academic League of Pediatrics and Hebiatry and the Academic League of Women's Health, both linked to a federal higher education institution (HEI) located in the west of Santa Catarina State, organized, and held an event entitled "Covid-19 in women's and children's health".

The event, consisting of two meetings, was disseminated on the social networks of the respective leagues, linked university, in addition to gaining prominence in academic leagues of other HEIs throughout Brazil. The responsible teachers and collaborators made prior contact with professors and researchers in the areas of women and children, involving health and law professionals, defining themselves by holding meetings on different dates, in the modality of conversation circles that took place on days of week of May 2020, at night, in online format, via Webex Meet platform.

The first meeting was attended by four professionals, including a professor and a nurse with experience in the pediatric area, a professor and pediatrician who works in primary health care, and two lawyers who focus their studies and causes on the discussion of gender. On that occasion, the following topics regarding women's health were discussed: increased exposure of women and children to domestic violence and sexual exploitation, preponderance of women on the front lines in the fight against the pandemic, as well as gender issues. In relation to children's health, issues related to the vulnerable situation in which they find themselves without access to school and food, knowledge gaps about the child's relationship with COVID-19 and social, economic, and cultural factors were discussed, thus contributing to the deepening of reflections on the vulnerability of women and children in this scenario.

The second meeting was attended by a clinical nurse working in a pediatric intensive care unit of a university hospital and two medical professionals working on the front line of health services, one from the pediatric area and the other from the gynecological and obstetric area. At that moment, the main focus of the round table was about the care of the pregnant woman, the parturient, the newborn and the child during the pandemic.

The main topics covered were adjustments in the routine of labor, delivery and postpartum, the Companion Law, newborn care, breastfeeding, possibility of vertical transmission, risk of infection and development of COVID-19 by the child and possible complications, urgency to create specific protocols for the pregnancy-puerperal cycle and imminent need for psychological support for health teams.

The round tables lasted approximately three hours and had a maximum explanation time, for each speaker, of 20 minutes. The audience participating in the two meetings was made up of approximately 250 people. Among these, academics from undergraduate courses in Nursing and Medicine, professors and administrative technicians from a federal university, a university community and health professionals from hospital institutions in Santa Catarina and Rio Grande do Sul.

After the explanations, questions were sent via chat by the participants, enabling a broad discussion of emerging themes in the care practice of health professionals. The coordinators of the academic leagues mediated the activities, forwarding the discussion and organizing the participants' questions. At that time, it was also possible for the guests to present national and international references on the care of women and children, with updates regarding professional conduct.

During the meetings, academics from the leagues recorded collective memory, listing the themes that were addressed by the guests, the questions asked in the chat,

as well as the event's contributions to care practices in Nursing and Medicine.

Given the above, Figure 1 is presented, which systematizes the repercussions of COVID-19 on women's and children's health, according to the dimensions proposed by the theoretical framework of vulnerability, considering the records from the two meetings provided by the event. It should be noted that some of the repercussions found can be considered both in the individual and in the social dimension, as these are correlated.

In the individual dimension, the repercussions reached women and children in the daily personal life, involving aspects of a biological, behavioral and/or affective nature, being demonstrated through mood swings and mental health problems, through the option of consuming more food, alcoholic beverages and/or use more digital technologies. It is also related to aspects that involve knowledge and means that women use to take care of their own and their children health in order to avoid coronavirus infection.

In the social dimension, it can be inferred that cultural, social, and economic aspects have changed the ways of life of women and children, manifested by decreased employment and income, increased hunger and poverty, insufficient basic sanitation and housing, growth of all types of violence, difficulties in attending school or following classes online, as well as the assignment of other roles to women.

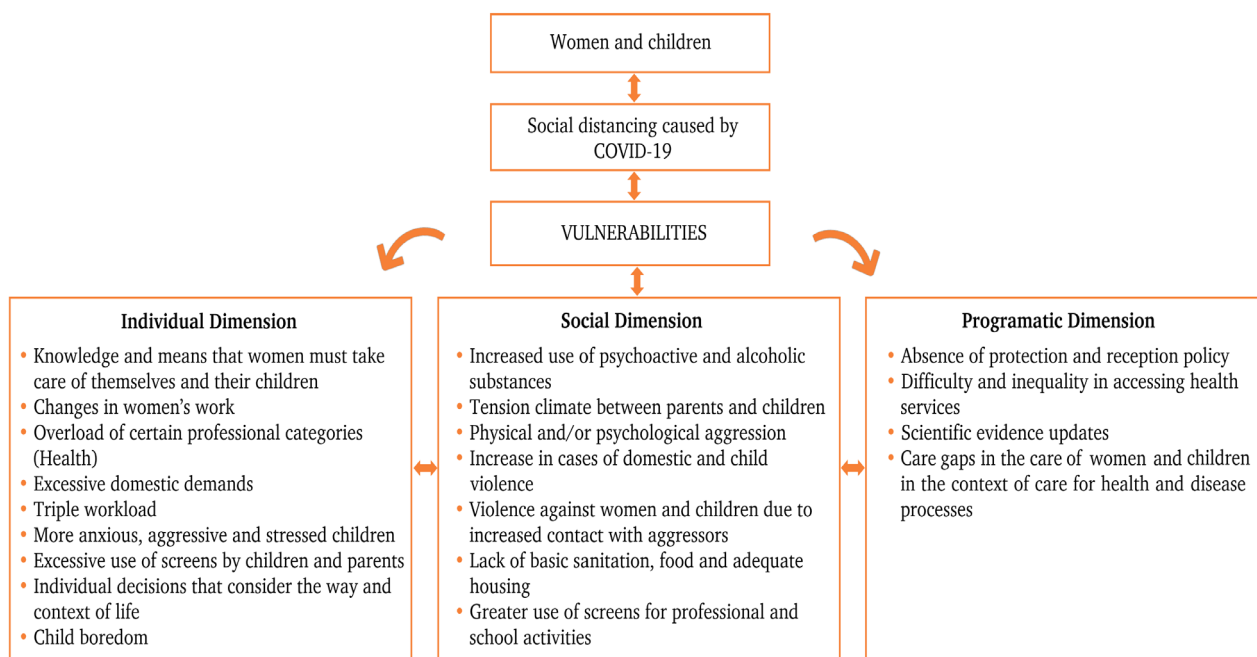


Figure 1- Dimensions of vulnerability of women and children during the pandemic

Finally, in the programmatic dimension, there were changes or insufficiencies in policies, programs, services, and actions that directly or indirectly influence situations of vulnerability experienced by women and children. These are perceived when there is difficulty in accessing and welcoming users to health services, lack of social programs and income distribution, insufficiency of protection and shelter services for women and children, schools that are unprepared to receive children safely in the pandemic, crowded public transport, among other aspects.

Discussion of the experience in light of the theoretical framework of vulnerability

Women and children can become vulnerable during pandemic situations due to various conditions, especially due to social distance or isolation. The structuring of the dimensions of composition of the theoretical framework used must be understood as a conceptual construction that helps to understand that women and children may be more prone to various processes that involve individual, social, and programmatic vulnerabilities.

It was found that, in the individual dimension, both women and children were affected by the context of the COVID-19 pandemic, with repercussions in their biological, behavioral, and emotional aspects. These involve not only coronavirus contamination, but physical and mental health disorders that can have repercussions in the short, medium, and long term.^{2,3}

With specific regard to women's health during the pandemic, emphasis is placed on the impacts related to modified, altered or non-existent jobs in this period. In the area of health, 70% of the professional staff are women (Nursing, Medicine, Physiotherapy), with up to 90% in categories such as Nutrition and Social Work; 84.7% are Nursing technicians and assistants⁵; and 85% are nurses working directly in the care and management of health services.⁶ Many professionals report a lack of personal protective equipment (PPE) and training to dress and undress, in addition to describing the absence of breaks and professionals with adequate quantity in health services.⁶

In housework, women at home take care of children and the elderly, being also housewives and having a triple workload, when all their activities are added together. Unemployment may have significantly affected women, black and slum dwellers, who already had fragile employment relationships and who were unable to negotiate with their employers.⁷

Children constitute a group of less vulnerability to illness and death and therefore, less addressed by COVID-19 prevention and control policies. The data show that, so far, SARS-CoV-2 infection rarely occurs in children and, when they manifest symptoms of the disease, they are most often mild.^{8,9}

The excessive use of screens by children, at the same time, constitutes an individual vulnerability, but also a social one, making it impossible to dissociate them. Still on the excessive use of screens, the impact on children's health is observed, as they have been used as educational strategies by schools and also as support for parents during work.¹⁰ The WHO guide COVID-19 recognizes that the use of the internet for children and teenagers is essential to their sociability but suggests that the contents be knowledgeable and even monitored by parents. Through this, a survey draws parents' attention to the excessive internet habit and the occurrence of anxiety and self-inflicted violence by adolescents and children.¹⁰

In the social dimension, several markers of differences that are intersectional and overlapping in the analysis of vulnerability to illness of women and children can be analyzed. These are age, ethnicity, education, gender roles, income and social class, housing conditions and access to basic sanitation, food, and work.

In Brazil, data made available by the Call 180 (Ligue 180) show that there was a 36% increase in the rates of reporting violence against women until the month of May 2020.¹¹ In April, there was an increase of 22.2% in cases of femicide and 37.6% of intentional bodily injury when compared to the same period last year (April 2019).¹²

Social isolation increases the time that victims and aggressors live together, which in many cases entails the prohibition and social and financial restrictions, verbal and physical aggressions, food and personal hygiene restrictions.¹³ In addition to the longer time of interaction, there is also the difficulty in reporting cases of violence, due to the lack of devices or the changes that have occurred in these structures, making it difficult to report and/or welcome women and, often, their children.¹³ Other devices, such as support groups, churches, schools and social protection services are closed due to isolation, making it difficult to seek help and, consequently, aggravating situations of violence.¹⁴

The increase in the number of cases of violence may also be related to the high level of stress and financial instability. In addition to the impossibility of social interaction, the uncertainties regarding the disease also lead to an increase in the use of psychoactive and alcoholic substances.¹⁴

Due to isolation, children and adolescents are also more vulnerable to mistreatment, abuse, and aggression, being more exposed to aggressors at home. The growth of remote jobs, added to the time spent helping children with online homework, changed the family dynamics. Children, due to social immobility, tend to become more restless and disobedient, leading to an atmosphere of tension between parents and children, which can end up in physical and/or psychological aggression.¹⁴

In this scenario, children seem to be the group most affected by the psychosocial impact of this pandemic. And, considering the current scenario, the economic crisis will affect children from low-income families much more, contributing to the increase in existing inequalities.⁹

It is also known that many Brazilian homes are maintained by women. In the meantime, there is an implication regarding the work dimension, especially due to the absence in their workplace and the repercussions of this fact on families and their financial situations. Added to this finding is the care related to the use of alcohol gel and masks and the uncertainty of the proper use of these items by women and children who live in households without access to basic sanitation, for example.

When reflecting on the programmatic dimension, women and children become more vulnerable, due to the absence of protection and reception policies. With the pandemic, schools canceled their activities, police stations reduced their service shifts, temporary and non-formal jobs were reduced, health units and hospitals changed the focus of their actions and some public services started to serve only in the online format, which limits reach to those without internet access.

Difficulty and inequality in accessing services need to be minimized and policies need to be able to accommodate, for example, women who are victims of violence through housing and income devices, with guaranteed services and professionals to provide care. The law that supports women who experienced situations of violence was changed during the pandemic, and care for women is now considered an essential service that cannot be interrupted while the state of public calamity caused by the new coronavirus lasts.¹²

The new law also requires, in all cases, the prompt assistance to demands that imply a risk to the integrity of women, the elderly, children and adolescents, with the requirement that security agencies create free interactive communication channels for assistance virtual, accessible by cell phones and computers.¹²

The rise of the pandemic caused by SARS-CoV-2 led to adaptations in terms of care involving the health of pregnant women, parturient, postpartum women and newborns.

The lack of robust scientific evidence required adaptations by health professionals to an as-yet-unknown scenario. With regard to child health, it was possible to understand the initial difficulties of professionals involved in care in exercising practices based on scientific evidence.

Routines in the delivery rooms and in the care of pregnant women with suspected or confirmed coronavirus were changed. In the delivery rooms, isolation, clothing to attend the birth, hygiene care of the woman before skin-to-skin contact with her newborn and before breastfeeding were prioritized, with the recommendation of the use of a protective mask by women, and maintenance of rooming-in.¹⁵ It is understood that such measures are adequate for the protection, especially of the child, from the possible risk of contamination by SARS-CoV-2.

FINAL CONSIDERATIONS

The interprofessional focus of the activity organized by the Academic Leagues was necessary, in view of the complexity of the moment that society is experiencing. Furthermore, it is believed that the realization of the aforementioned event gave students different approaches that can be given to the same subject, considering the resolution of situations as dynamic as those raised by the pandemic.

One of the main aspects to be highlighted concerns the possibility of discussing the emergence of a pandemic during the training of doctors and nurses, with the possibility of knowing the repercussions of this on the health of women and children, leading to significant changes in care practices for these audiences, in addition to the need to rely on clinical behaviors and based on scientific evidence.

The reflections raised during the event showed how much COVID-19 brought women and children closer to situations of vulnerability and how these populations need attention and care considering the three dimensions analyzed. In relation to health professionals, the vulnerability regarding decision-making is understood amid gaps in scientific evidence that guide their actions. In this sense, the organization of care protocols has become essential for all professionals to carry out the same conduct, with constant updating of information that considers new knowledge published nationally and internationally, on a daily basis.

One of the limitations of this experience may be linked to people's difficulty in accessing the internet and digital media, difficulties in managing the platform used and in interacting with other participants. The use of digital media for holding online events is recent and can, in many cases, still lead to difficulties in accessing and/or interacting.

However, even with these limitations, it is believed that activities that use this type of teaching have provided positive experiences in the academic sphere, with expansion of possibilities for teaching, research, and extension.

Finally, original research can be carried out in the future with the aim of deepening the repercussions of COVID-19 on women's and children's health and, thus, expanding the theoretical and practical possibilities in the academic and healthcare areas.

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