Abstract---This paper encapsulates the examination of literature setting out the vulnerabilities of children during the pandemic. The literature analysis highlights the gaps that exist, in the failure for protecting children’s rights in South Africa and globally. It is evident that the impairment of children’s rights during the pandemic is a global imbroglio. The gaps exposed are the foundation for the recommendations of engagement with relevant stakeholders, to adopt necessary legal, social, economic, political and health protections for children.

Keywords---pandemic, hype, vaccinations, children, welfare.

Introduction

The focus on the COVID-19 pandemic has caused the shift from routine check-ups, routine vaccinations, and visits to general practitioners as an avoidance, because of the endemic fear that one will contract the virus at the hospital or doctors’ rooms or at the clinics. Paediatrician check-ups are also avoided due to cash constraints, due to the ongoing war between Russian and Ukraine that has contributed to a global economic depression and crisis. Essential commodities are a scarcity with fuel and oil prices that are exorbitantly high. In addition there is the constant fear that a young child may get the virus in the first to the fourth waves. The fifth wave has seen a break away from that fear and hysteria. There are lessons to be learnt as we have seen the consequences of the Delta and Omicron variant in India, Europe and United of America. Fears of severe sickness and long covid, is also contributing to a more severe problem of neglect to routine health checks and vaccinations that are needed for children in their development and protection against polio, hepatitis A, influenza to mention more serious viruses. This neglect of routine health protection is causing more complications to arise. This paper discusses the internal and external factors that are disrupting the normal vaccinations. The paper postulates recommendations to ensure that normal vaccinations and check-ups are conducted for general well-being and health of children.
Method

Font (2021) postulates that new barriers have emerged in relation to children maltreatment in foster care. The recommendation by Font (2021) is for investigating and implementing new technologies for the maltreatment of children are not undetected by school personnel. The amelioration of family court processes and family treatment options during the pandemic. Font (2021) identified that although there has been acclimatization by community-based agencies, the shortcomings that are evident relating to support that is required for data collection and transparency for government. The critical question that is grappled with by Font (2021) is an inquiry into the State Welfare System positioned in America, and what are the steps that are needed to be taken to eradicate the perplexity of neglected and abused children. The practical implication is the active engagement with all the necessary role players.

From a United Kingdom perspective, it has been emphasised that children have been termed as ‘superspreaders’ which triggered a heightened abuse of them. Vaughn unequivocally affirms the positional vulnerability of children due to the pandemic, which is a common narrative, which is deleterious to their well-being. The qualitative research collated exposed the sexual abuse, physical, mental abuse that children have been the nub of during the pandemic that reached a climatic increase. The other pernicious experiences of a child that heightened, were family violence, poverty, loneliness, isolation, and other aggravated stresses. The proposal is to actively engage with the child’s voice to overcome these trends of abuse and detrimental experiences of the child.

To engage actively with a child, will require numerous teams of quintessential role players, such as doctors, sociologists, psychologists, paediatricians, social workers, physiotherapists, teachers to interact in a safe space that protects the child from the abuser and breaks the barrier of silence. Puntis propagates that children are on the frontline of the pandemic, especially children that are categorised as immigrants and asylum seekers, as their health needs are ignored, as they get deported to the countries, which they fled from without basic healthcare services.

It is evident from a paediatric perspective in South Africa, that children are being treated poorly during the pandemic, which has dire consequences. From deprived of school, food shortage as many children suffer starvation and malnutrition and healthcare shortcomings as they are kept at home, even when sick and are not getting their necessary immunisations. It is not in the best interests of the child, to keep them out of school, as physical school, is necessary to form friendships, growth of character and their overall best interests. Mothers are being deprived of care and touch to their newborns, with the aim of preventing the spread of COVID-19. The fallacies of the social presence and hysteria around the virus, has played it part to isolate children from parental and social interaction. There are more deadly viruses that claim more lives such as tuberculosis, influenza and HIV. The immune systems in both the first and second wave have shown to be resilient and that children do not succumb to the virus albeit in rare and complicated cases. The lack of immunisations during the pandemic shall lead to a
measles outbreak. It is apparent that children are the “invisible victims” of the pandemic and their needs are not prioritised.

The limitation and restriction imposed on hospitalised children during the pandemic has potentially negative consequences especially for the neonates. The most important protocols that have emerged since the strict protocols that separated children from their parents. It is important that the requisite infection prevention and control measures were imposed by the hospital together with non-pharmacological interventions such as hand sanitising and mask wearing. For the constitutional protection, namely that it is in the best interests of the child, to have their parents with them, when they are suffering from illnesses, and need all the love and support for them to heal. The hospitals are under an ethical obligation, to ensure that parents have the requisite access to their children. The exclusion of parents from visiting their children in hospital, does not overcome unconstitutionality.

Kusumaningrum discussed the vulnerability and well-being of children in Indonesia. The Indonesian Centre for Child Protection and Wellbeing (PUSKAPA) have a wide definition of child vulnerability as:

“A condition that is disproportionately experienced by children due to a lack of access as a result of poverty, remoteness, mobility limitations, lack of responsiveness of public services, and exclusion based on age, disabilities, and social identities such as gender, religion, ethnicity, and sexuality. These vulnerabilities are often associated with a sudden shock or a gradual shift in social norms or structures.” (PUSKAPA, 2019)

In Indonesia, and similarly to a South African context, marginalised children living in abject poverty are supported by the community. Children that are poor, depend on the community for food, education and their social needs for social cohesion. Isolation, separation and loneliness for these children compromised their well-being and health by upholding COVID-19 protocols. The poor child became a forgotten cause. The low morale and mental health degradation in children and adolescents have catapulted into cause for concern and awareness in Japan. It is evident that the degradation of the social welfare of the child is due to the Covid-19 pandemic and the necessary policy protocols that isolates children from care, support, school, society and their parents.

Discussion

During the precipice of the pandemic, it was difficult to source all vaccinations for toddlers because of the logistics behind it, as well as the international constraints from import and export of medicines to the short supply of employees in the manufacture of medicines. There is not an open communication channel for parents relating to vaccination and its importance. There is very little vaccination media coverage. The focus has been on the pandemic, and children and their needs have become carnage and the victims of the pandemic. For a long time, children were labelled as the spreaders of the virus which was an untruth and was merely simply mass hysteria caused by social media. In the fourth and fifth wave, hospitals and doctors have seen that children can get severely ill from the
COVID-19 variants and in some instances even lead to fatalities. Paediatric pulmonologists have seen more complications in children, stemming from long covid and respiratory disorders in children. Children are a vulnerable group, and are more subject to exploitation, neglect, exclusion and victimisation, due to them not being able to have full knowledge and capacity of all their legal protections and rights. A child is blissfully ignorant to their best interests until it is ameliorated by an adult. In 2022 in Malawi there was an outbreak of wild poliovirus type 1 on a 3 year old girl in the capital city. In 2020, the year of the pandemic, Sudan confirmed two causes of the poliovirus. This is endemic of a neglect of vaccinations, in these third world African countries and there is the shift of focus on the COVID-19 pandemic to the detriment of the healthcare of children, and their best interests is ignored. A child should not suffer paralysis due to the withholding of a quintessential vaccination that ensures they have the full function of their limbs against the poliovirus. Deprivation of basic healthcare means a child is a denied justice, which causes rights violations of their basic rights as enumerated in the Constitution. In the United States the Centres for Disease and Prevention, reported in 2019, that there was the highest number of rubeola (measles) outbreak in 1282 individual cases. In 2020, the number significantly reduced as more children get vaccinated against measles and there were simply only 13 cases to report. In 2021 these was an increase in the number of cases to 49, and during 2022, only 2 cases to report of rubeola. This illustrates a tendency to become complacent, and the reminder of the outbreak of rubeola, causes an active awareness for proactive vaccinations.

**Conclusion**

Schools, government hospitals and clinics, private hospitals and private facilities must prioritise vaccinations for children and ensure that they have a competent stock of vaccinations to supply the necessary demand in South Africa. Children must continue to attend school in their physical presence, virtual schooling should only be allowed in exceptional circumstances, and should not be the normality. A multi-disciplinary approach needs to be adopted with active consultation, engaging the areas of concern of the child to protect their voice of concerns. The various stakeholders of social workers, government, doctors, lawyers, teachers, parents should work together as a cohesive unit to ensure the mental well-being of children are exercised, cared for and nurtured. Children that are poor, privileged, disabled and have special needs desire an individualised attention from a collective body of support that must be made available.

A child's best interests are paramount to their holistic well-being, this is embedded in the Constitution of the Republic of South Africa. At the height of the pandemic, children were even deprived their parents love and care, due to the fear of the unknown virus of covid-19 and its consequences. However, as time passed, children were allowed to be with their parents albeit only one parent was allowed to stay at hospital and the other parent could not visit the child in the hospital paediatric ward, again for the fear of the virus, which was an irrational reaction because all the hospital support staff and professional staff see their families when their shift is over. We have seen that these protocols are irrational and erratic that do not hold medical reasons and mental well-being preservation of a child, who are exposed to mutually bonded nuclear families. During many
knowns of the pandemic nearly 3 years later, the focus needs to be shifted to routine vaccinations, their educational importance for children, neonates and toddlers. Education is paramount to the prevention of serious viruses and illnesses that can be prevented by proactive vaccinations. The preservation of the well-being of a child is securing the good health of future generations.

Acknowledgments

I would like to acknowledge all the health care workers and all the lives lost to the pandemic. Humankind made sacrifices of life beyond their control, in overcoming the pandemic. I would like to thank the journal and the editors for their assistance.

References


