

What the children tell us: the COVID-19 pandemic and how the world should respond

Rosina Kyeremateng ,¹ Margaret A Lynch,² María Camila Pinzón-Segura ,³ Angela Osei-Bonsu,⁴ Joshua Fortmann,⁵ David Wood,⁶ International Society for Social Pediatrics (ISSOP) Voices of Children Working Group

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¹Community Paediatrics, Sirona Care and Health Community Interest Company, Bristol, UK

²King's College London, London, UK

³Dept of Public Health, Faculty of Medicine, National University of Colombia, Bogota, Colombia

⁴Child Health, Komfo Anokye Teaching Hospital, Kumasi, Ghana

⁵East Tennessee State University, Johnson City, Tennessee, USA

⁶Pediatrics, East Tennessee State University James H Quillen College of Medicine, Johnson City, Tennessee, USA

Correspondence to

Dr Rosina Kyeremateng; dr.rosina@doctors.org.uk

ABSTRACT

While the COVID-19 pandemic and associated mitigation measures have had a devastating impact on children and youth (CY), they were rarely consulted or their views incorporated into the approaches to address the pandemic.

The main objective of this review is to present the voices and opinions of CY relative to the impact of the first year of the pandemic, on their lives and the lives of their families, and to present their recommendations as a call to action to adults and governments.

The origin of this review was an iterative consultation process involving an international collective of Child Health professionals specialising in Child Rights. The recruitment of articles began by soliciting articles written or recommended by members of our international Child Health professional organisation. We then developed search strategies which were conducted in two phases, with the assistance of medical librarians. We limited our search to articles that sought the direct perspectives and experiences of CY in regard to the first year of COVID-19, and published between February 2020 and February 2021.

Two phases of searches identified 8131 studies for screening. Following removal of irrelevant literature, 28 studies were included for the final analysis.

CY articulate the detrimental impact of the COVID-19 pandemic to their health, education, protection and basic needs, clearly and intelligently. They make specific recommendations to address the issues they elucidate.

They state a need for accurate information that is targeted for them. They ask for recognition as stakeholders and social actors in the pandemic response planning and implementation processes.

We assert that the recognition of CY as stakeholders in response planning for COVID-19 and other emerging crises such as climate change, must become a statutory requirement for local, national and international policy-makers. Evidence of CY participation should specifically be reported to and tracked by the Committee on the Rights of the Child.

Girl, age 11 in the Occupied Palestinian territory¹ expresses the impact of COVID-19 'We need love and peace now more than ever.'

Key messages

- ⇒ Children and youth (CY) articulate the detrimental impact of the pandemic to their health, socialisation, education, protection, parents work and to vulnerable individuals in their families and communities.
- ⇒ CY in low-income countries described more impact on their basic needs (eg, access to food and health-care); while CY in high-income countries also expressed concerns about dependence on technology.
- ⇒ CY emphasise the importance of their involvement in all stages of a crisis response, and make specific recommendations to address the issues they elucidate.
- ⇒ The recognition of CY as stakeholders in crisis response planning must become a statutory requirement for local, national and international policy-makers.
- ⇒ We propose that evidence of their participation should specifically be reported to and tracked by the Committee on the Rights of the Child.

INTRODUCTION

It is widely accepted that the COVID-19 pandemic has had a devastating impact on children and youth (CY).² While the initial variants of the SARS-CoV-2 virus were less likely to cause severe disease in children, the indirect effects of the pandemic and the mitigation measures put in place to control it have decimated the services and the social and family security that children need to grow and develop optimally, with a disproportionate effect on disadvantaged children.³ For example, online schooling excluded many poor and rural children who lack access to the internet⁴ and created a dangerous gap in the vital protective element of the regular monitoring of children's well-being by school staff.

The United Nations Convention on the Rights of the Child (UNCRC) recognises the participation of young people as central to child rights practice. While ratification

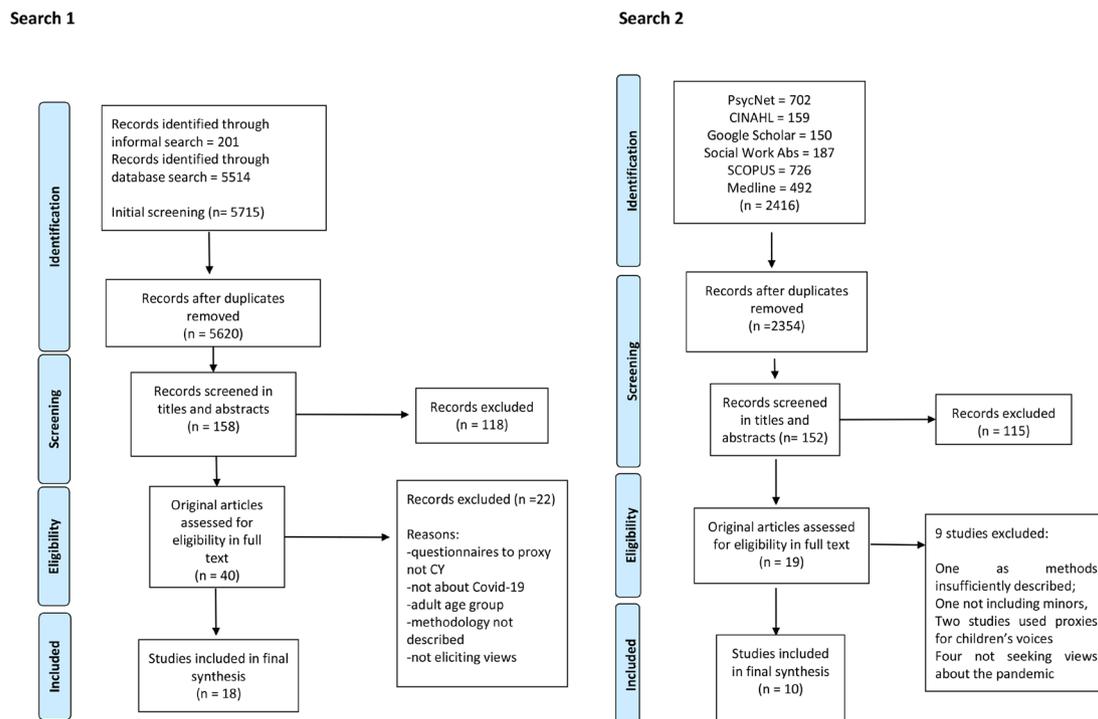


Figure 1 Search Strategy

of the UNCRC implicitly recognises children as active agents in constructing their lives,⁵ in reality children were rarely consulted or their views incorporated into the approaches addressing the multilayered impacts of the COVID-19 pandemic.

As members of the International Society of Social Paediatrics and Child Health (ISSOP), we assert that listening to the voices of CY and involving them in response planning, are essential if we are to better understand the impact of the pandemic on them and develop more resilient systems that will serve them better in the future.

This review summarises published studies from February 2020 to February 2021 that obtain the Voice of Children relative to the impact of the first year of the pandemic on their lives. We evidence, from their own voice, the impact of COVID-19 on CY, and the importance of their involvement in all stages of the response to

a crisis. We present the recommendations made by children, as a call to action to adults and governments.

METHODS

This review is the result of an iterative process through which an international collective of child health professionals with expertise in child rights explored representation of the voices of children during the COVID-19 pandemic.

The inclusion criteria for articles were as follows:

- ▶ Literature that directly sought the views of CY describing the impact of the COVID-19 pandemic on themselves, their friends, their families and communities.
- ▶ Sourced from peer-reviewed literature or grey literature from a respected source such as a national or international non-governmental organisation

Table 1 Studies from Africa

| No of reference | Location of study | No of CYP participants (and subpopulation/group) | Ages of children | Methods and techniques |
|-----------------|-------------------|---------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------|
| 13 | Kenya | 711 children (228 Parents and 140 teachers, caregivers of children and leaders) | 12–17 years | Questionnaires administered to children by a trained local team |
| 14 | Western Kenya | 1386 CYP | 10–24 years | Telephone follow-up survey Patient Health questionnaire-9, Conner-Davidson Resilience Scale |

CYP, children and young people.

Table 2 Studies from Asia

| No of reference | Location of study | No of CYP participants (and subpopulation/group) | Ages of children | Methods and techniques |
|-----------------|--------------------------------|---------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 | India | 989 children (992 caregivers) | 11–17 years | Online Survey of open-ended questions apply by an interviewer. The child answered questions about the child's own experience during the pandemic. |
| 19 | Shanghai, China | 4342 students | 6–17 years | Cross-sectional online survey with the following measures: Depression, Anxiety and Stress Scale (DASS-21), Life satisfaction, prescribed impact of home quarantine and parent-child discussion on COVID-19. Likert scale |
| 21 | Hubei, China | 1784 students | Grades 2–6 primary school | Online survey with Children's Depression Inventory-Short Form (CDI) |
| 22 | Mainland China | 359 children and 3254 adolescents | 7–18 years | Cross-sectional online Survey with Child Anxiety Scale, CDI, Smartphone and internet addiction scale and Copying Style Scale |
| 27 | Tehran, Iran. | Five children | 13–15 years | Phone semistructured individually made interviews about how children living with cancer and their parents experienced the effect of COVID-19 |
| 28 | Chizhou, Anhui Province, China | Initial cohort - 1271 children and adolescents Follow-up - 1241 children and adolescents | 9.3–15.9 years | Survey that evaluates trends in the prevalence of psychological symptoms, non-suicidal self-injury, and suicidal behaviours changes |
| 29 | China | 8079 children and adolescents | 12–18 years | Online survey to assess mental health problems (depressive and anxiety symptoms) |
| 32 | India | 121 children | 9–18 years | Interview based on a preformed questionnaire which assessed adolescents understanding of rationale quarantine, quarantine behaviours and socioeconomic and psychological impacts |

CYP, children and young people.

(NGO), or reputable governmental entity and with detailed published Methods section.

We elected to include reports from NGOs to benefit from their expertise in accessing a wide range of young people.

Search methodology

This was a mixed-methods process which evolved, as the scope and the focus of this article became more clearly defined (figure 1).

First phase

An initial informal search for literature exploring representation of children's voices on the impact of the COVID-19 pandemic on their lives, invited ISSOP members to submit articles for inclusion, and a large section of literature was pulled from an annotated bibliography of related literature provided by the organisation child to child, an organisation which focuses on children's rights around the world (<https://www.childtochild.org.uk/>).

A formal search of the published and web-based literature was then carried out.

With the assistance of a university librarian, the following search terms were compiled: child*, preschool, adolescent, infant, COVID-19, coronavirus, Sars-cov-2, child advocacy, mental health, mental illness, lockdown.

Boolean search strings included: childhood AND COVID-19 (AND pandemic, AND epidemic), children AND COVID-19 (AND pandemic, AND epidemic), youth AND COVID-19 (AND pandemic, AND epidemic); young people AND COVID-19 (AND pandemic, AND epidemic). Databases for these searches included: CINAHL, Socio Abstracts, Cochrane Central, Cochrane Database of Systematic Reviews, PsycINFO, PubMed, Google Scholar, ETSU Electronic Library Database, Elsevier, MAG online library, Sage journals and Jstor. Some specific journals were accessed directly from their sites: American Psychological Association (APA), British Medical Journal (BMJ) and the American Academy of Pediatrics (AAP).

We limited our search to articles dated between February 2020 and February 2021. Following a review of 5715 studies, and removal of duplicates, a total of 18 studies were identified for inclusion.

Second phase

A parallel study appraising CY participation methodologies⁶ was conducted by other members of ISSOP. This team conducted a second search using terms focusing around children's voices and participation, with the assistance of two librarians. Search terms were aligned with mesh terms from specific databases in order to produce targeted results. Because research methods were

**Table 3** Studies from Europe

| No of reference | Location of Study | No of CYP participants (and subpopulation/group) | Ages of children | Methods and techniques |
|-----------------|-------------------|--------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | UK | 15 young people | 11–18 years | Audiorecorded Focus-Group discussion via Zoom video conference |
| 15 | Portugal | 617 adolescents and youth | 16–24 years | Online questionnaire with open-response questions |
| 18 | Netherlands | 34 adolescents | 11–17 years | Ecological momentary assessment with questionnaire of intolerance of uncertainty and Depressive Symptoms applied via Ethica app |
| 20 | Germany | 1586 children and adolescents | 7–17 years | Online survey with sociodemographic variables, COVID-19 Burden and Health Related Quality of Life (HRQoL) and mental health |
| 23 | Spain | 228 children | 3–12 years | Free association exercise applied by parents (Guided by two questions: When you hear the word coronavirus, what comes to mind, or what do you think? How are you feeling these days because of the coronavirus?). The parents received an explanatory document which explain the free association exercise and that they would take the role of interviewers. |
| 33 | Poland | 2408 adolescents | 11–18 years | Online Nationwide survey with questions referring to implementation of health promotion in the environment of children and adolescents; and five areas related to the functioning of students in self-isolation |

CYP, children and young people.

the focus in this search, search terms included: child*, youth, adolescen*, COVID-19, coronavirus, pandemic, experiences, perspectives, voice*, particip*, methods, play-based, child-based, and ethics. Some of these search terms produced unrelated, little or no results (eg, experiences, perspectives, voice*, particip*, methods, play-based, child-based, and ethics). Keywords, titles and abstracts were scanned using the following Boolean search strings: (child* OR youth) AND COVID-19 AND (research methods); (child* OR youth) AND COVID-19 AND (“children’s rights OR participation”); (child* OR youth OR adolesc*) AND COVID-19 AND “research methods”. Following review of 2416 articles and removal of duplicates, 10 articles were included from this search phase.

Identification of themes

To identify and organise the themes expressed by the children in these studies, we adopted the ‘3P’ framework. This framework consolidates the 42 rights of children under the Convention of the Rights of the Child in to three main groupings: Provision, Protection & Participation. Each domain has an essential role to play in promoting and safeguarding child health and child rights.⁷ This framework allows us to organise the observations by children on the impact of COVID-19 on the lives and well-being of themselves, their families and communities, using a child rights lens. The main subthemes identified within each domain were:

- ▶ Provision of optimal social determinants of health
 - Health, Mental Health and Play.
 - Social connectedness and Culture

- Education and Work.
- ▶ Protection from biological, physical, emotional and developmental harm.
 - Social Protection— family basic income, food and water.
 - Protection from harm.
- ▶ Participation. Planned involvement of children whenever possible across all domains of action.
 - Provision of information.
 - Inclusion of children as stakeholders and social actors in the COVID-19 pandemic and in preparation for future crises.

Within each domain, a representative selection of quotes from individual young people are presented to showcase their opinions and ideas. The quotes were drawn from the NGO reports and qualitative research studies included in this review.^{1 8–12} We also summarise the findings from studies that reported on children’s responses to surveys.^{13–24} A synthesised set of recommendations made by CY from across all studies are presented.

The Preferred Reporting Items of Systematic Reviews Meta-Analyses (<http://www.prisma-statement.org/>) guideline was followed, although some items were not applicable given the characteristics of this study.

RESULTS

In total, 28 articles were identified for inclusion. The articles have been organised in tables (tables 1–6) to reflect geographical location of the CY represented.

Table 4 Studies from America

| No of reference | Location of study | No of CYP participants (and subpopulation/group) | Ages of children | Methods and techniques |
|-----------------|-------------------|--------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Toronto, Canada | 356 children (356 caregivers) | 6–15 years | Online survey: 50 questions for child or teens to self-report on their experiences and opinions during the COVID-19 pandemic. The findings from the study are being provided directly to government agencies, school boards and other organisations that support child well-being and development. |
| 16 | USA | 683 adolescents | 13–18 years | Survey with 5-point or 7-point Likert scale |
| 26 | USA | 1087 youth | 14–24 years | Two open-ended surveys using mixed-methods text message poll; a national longitudinal weighted sample cohort. |
| 31 | USA | 13002 children and adolescents | 13–19 years | Anonymous online survey followed by three validated instruments used to measure physical activity, mental health and HRQoL in adolescents |

CYP, children and young people.

Health, mental health and play

I am worried and afraid that something will happen to my grandmother! That's why I don't go to her house because if she gets sick, I will feel guilty

(Girl, 12; Spain)²³

We get depressed because of staying home... Maybe some [children] who stay in the rural areas can go out in the garden, but those from an urban area can only stay in their flats.

(Alexandru, 13; Romania)⁹

In general, young people were more afraid about passing the infection on to vulnerable relatives than

being unwell themselves, and this evoked strong feelings of fear.^{12 23 25 26} This contrasted to CY with cancer who expressed fear of dying from COVID-19 infection, and described the negative impact on their emotional well-being of physical separation from relatives trying to protect them.²⁷ Another vulnerable group, adolescents with HIV in Kenya, reported that they could no longer attend clinic for medical care, and 3% could no longer get medication refills.¹⁴

Globally, CY in relatively poor households and communities reported significant barriers in accessing health-care, including basic preventive and curative health and mental health services.

Children expressed increasing intensity of feeling bored, angry, overwhelmed, tired and lonely during lockdown.²³ They also reported psychosomatic complaints

Table 5 Studies from Oceania

| No of reference | Location of study | No of CYP participants (and subpopulation/group) | Ages of children | Methods and techniques |
|-----------------|----------------------------|--------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | Australia | 1007 Adolescents | 13–17 years | National statistically representative Survey and online video consultations about the impact of COVID-19 in young people's day-to-day life. |
| 25 | New South Wales Australia, | 248 adolescents | 13–16 years | Online questionnaires applied: The generalised anxiety subscale, the short mood and feelings, The student's life satisfaction scale and the Social Connectedness scale |
| 30 | Melbourne, Australia | 308 young people | 12–25 years | Anonymous online survey via short message service (Likert scale for service use, service quality, Interest in and clinical considerations of telehealth service provision) |

CYP, children and young people.

Table 6 Transcontinental studies

| No of reference | Location of study | No of CYP participants (and subpopulation/ group) | Ages of children | Methods and techniques |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 37 countries across the regions of Asia, East and Southern Africa, West and Central Africa, Latin America and the Caribbean, the Middle East and Eastern Europe, the Pacific and North America | 8069 children (4302 caregivers) | 11–17 years | Online Survey of open-ended questions. The child answered questions about the child's own experience during the pandemic |
| 9 | 13 countries: Albania, Bangladesh, Bosnia and Herzegovina, Brazil, DR Congo, Mali, Mongolia, Nicaragua, Peru, Philippines, Romania, Sierra Leone, Syrian refugees | 101 CYP | 8–18 years | Interviews apply by young researchers (ages 12–18) through social media, individually or as part of a focus group. While participating in the interviews, the CYP offered the researchers a detailed list of ideas and messages that they would like to share in future awareness campaigns around the COVID-19 crisis |
| 17 | Austria and Turkey | 1240 adolescents and young people | 15–25 years | Anonymous online 'Psychological General Well-being' Survey 6-point Likert |
| 24 | Six countries: UK, Australia, Sweden, Brazil, Spain, Canada | 128 children | 7–12 years | Online Survey that prompted children to draw and label a picture (guideline question 'Can you draw a drawing that explains how we should act during the coronavirus epidemic?') |
| 34 | England, Scotland and New Zealand | 58 children | 2–4 years | Praxeological research, (observation) of children's play narratives via Froebelian approach to storytelling, pedagogic documentation and research methodologies |

CYP, children and young people.

such as irritability, sleeping problems, headaches and feeling low, with children from migrant families, families with low educational levels or with less living space, at higher risk.²⁰

Rates of depression, anxiety and stress, were higher in older students^{19 22 28 29} and associated factors included internet addiction, and the effect of the pandemic on their exams or graduation.^{10 17} Protective factors identified were parent-child discussion about COVID-19 (in an honest and age-appropriate way that addresses children's anxieties), increased time available to spend with parents and on personal activities, and a problem-focused coping style (as opposed to emotion-focused coping style).¹⁹ Interestingly, younger children expressed feeling safe, protected, calm and happy with the increased time at home with parents during lockdowns.²³

Social connectedness and culture

...we can't see our friends anymore. And...I haven't got much family, so my friends are more like my family and I depend on them...not being able to have that human contact in person is really hard.

(Youth; UK)¹⁰

Children cannot play together. It's very harmful for every child's mental and physical health.

(Rejuan, 16; Bangladesh)⁹

Having a variety of ways to connect with peers, such as through sport, dance and the music scene, were reported as important contributors to quality of life by youth in high-resource settings.^{12 25} Contact with friends was repeatedly identified as a protective factor for mental health.^{9–12 25} Some youth expressed concern about their dependence on computers for multiple functions (education, social connection and counselling support) while others reported that the accessibility provided by technology was a benefit,¹⁹ enabling them to socialise in an alternative way. However, they were concerned that less privileged youth in their communities did not have this access. Some CY felt telehealth had a positive impact on the quality of mental health services.³⁰

The inequity faced by children without garden spaces acutely impacted their wellbeing.^{1 11} Teen athletes reported increased mental health symptoms due to pandemic and related sports cancellations, particularly

if they played team sports, were female or from a poor area.³¹

Social protection

We stay at home...and, despite the fact that isolation will help protect us from the virus, this will bring starvation that can still kill us too.

(Anita, 16; DRC)⁹

My father and brother are no longer employed due to corona, and there are a lot more people in the same situation and have households to provide for and they need money

(Girl, 15; Egypt)¹

A big problem is the lack of water...Many houses get water only once a week; so, how are these people going to have good hygiene opportunities? (Lara, 17; Brazil)⁹

Children in resource-poor settings highlight that the basic necessities required to maintain health and hygiene, such as access to food and clean water, are limited in their communities. COVID-19 increased barriers to essential supplies for survival, and young people were starkly aware that this could threaten lives. They spoke of the barrier to working and the subsequent risk of starvation, particularly for informal workers who live hand to mouth.^{1 8 9 11 32}

Youth in Australia many of whom were front-line workers during the pandemic (typically with super-market jobs), felt unrecognised for this in society because they were young people; they spoke of the risks to their families and the difficulties they faced such as abusive customers.¹²

Education

My life and that of everyone in my country has been greatly affected since we have lost classes, and the teachers were not prepared for the online school modality. At this point they have not explained the subjects, they do not give examples, and we do not know much about the subjects we are taking online.

(Angie, 16; Nicaragua)⁹

Mama, Papa are so worried to arrange laptops, tablets for online classes, paying more for internet and full fee to school are too much

(Boy, 12; Pakistan)¹

When in-person teaching in schools stopped suddenly in March 2020, teachers, parents and students were not prepared for the switch to home learning.³³ For the majority of children this was just not an option; only 0.8% of children from poor households use the internet

for distance learning, compared with 19% of non-poor children.^{1 9 13} Access to television and radio for learning was also limited in low-resource settings.¹³ Globally, only 68% schoolchildren could access textbooks while at home (the most common learning material available).¹ CY expressed clearly that home schooling was ineffective because of lack of support for learning. Parents were unable to help, and the contact provided by teachers was inadequate.^{9-12 25 26 32} Many children felt unable to learn at all, and learning methods online were not suitable for children with additional needs.^{11 18}

Provision of information

So, even if it's presented in a different way, you're entitled to the same information in life as an adult should be.

(YP, UK)¹⁰

While some CY described that available information was overwhelming, confusing and not presented in an accessible way for CY,^{10 19} others felt appropriately updated via school staff and reputable media sources.¹⁹ Through play-based research, pre-schoolers showed that they had absorbed information about the pandemic, demonstrating their need for guidance and support with this.³⁴

In Rwanda, the majority of children reported not being aware of the pandemic, as they do not have access to communication technologies.¹

Protection from harm

I feel tired of home chores. I have fear of teenage pregnancy and child marriage; school girls are the most targeted ones in marriage due to school closure

(Girl, 14; Kenya)¹

Globally, violence in the household was reported by children at over double the rate when schools were closed compared with when children were attending in person.¹ In India, a greater proportion of girls reported violence occurring in homes compared with boys.⁸ In Kenya, sexual abuse, physical assault and child labour were reported as more common during the pandemic restrictions.¹³ with perpetrators coming from both within families and from the immediate community. For girls, there was additional concern about increased risk of child marriage.^{1 13}

The children considered that schools provide not only education, but a place of safety with emotional support through regular contact with adults who could intervene if they were struggling with basic needs or at risk. Therefore, the closure of schools had a profoundly negative effect on the well-being of children beyond loss of their education. There were also more insidious gender-based harms. During lockdown, 63% of girls globally, reported an increase in household chores compared with fewer than half of boys. This resulted in 20% of girls reporting

having too many chores to be able to study, furthering the educational inequities faced by girl children.¹

Participation

They're not listening to children, young people much at the moment.

(Youth; UK)¹⁰

I personally don't think we have really had any kind of voice [during the pandemic] ...[we] don't have any sort of representation.

(Female; Australia)¹²

Youth expressed that their views are disregarded and that they are misrepresented in the media. There was frustration at the lack opportunity for youth to play a role as partners in decisions about the pandemic response.^{10 12}

Recommendations by children

We want free dedicated play areas.

(Boy, 11; Occupied Palestinian territory)¹

more opportunities for persons with disabilities. Our life is always in quarantine.

(Girl, 17; Kosovo)¹

Children across many countries consistently ask for decision makers and governments to prioritise:

- ▶ Appropriate communication about risks, to children directly as well as to families.
- ▶ Community engagement, with inclusion and representation of all children, and particular consideration to children affected by disability and poverty.
- ▶ Provision of the basics required for survival: water, food, hygiene and sanitation including sanitary products for menstruating girls, and healthcare that is free and accessible.
- ▶ Supply of freely accessible safety items, such as soap, water, masks and gloves, and vaccines for all.
- ▶ Access to psychological services, in particular for adolescents and young people.
- ▶ Addressing inequities in access to services, particularly for people who are disadvantaged or disabled.
- ▶ A safe way for CY to maintain play and peer interaction, identified as protective factors for mental health.

We ask for governments to spend more money to make sure that we can continue learning while at home by providing radios, TVs and internet learning. They must make sure that children in rural areas and from poor families also get to learn.

(Girl, 17; Zambia)¹

- ▶ Provision of alternative modalities to enable effective education such as radio, TV and internet learning, and innovative solutions such as mobile libraries to ensure that children from poor and rural areas have access to these resources.
- ▶ Reopening of schools with safety measures such as adequate masks, handwashing facilities and adequate ventilation.
- ▶ More hands-on activities, and schooling better equipped for children with additional learning needs.

Children should be protected from violence and beatings everywhere, including at home and school.

(Boy, 16; India)⁸

Protection from gender-based violence, and the prevention of child marriage.

An end to war and a focus on bringing about peace.¹

Work with children more. We are the future, and how you treat us now, is how the future will look too.

(Girl, 12; Kosovo)¹

Recognition of CY as stakeholders in the pandemic response with their opinions and knowledge sought and included.

How CY can contribute to the pandemic response

I am volunteering in my community to battle the coronavirus pandemic and raise awareness about the risks the virus brings to the population... I feel this is an opportunity to help others.

(Jomarie, 17; Philippines)⁹

Kids can talk on live radio programmes. We can invite a specialist physician who can talk about solutions and guidance.

(Sanjidul, 15; Bangladesh)⁹

We are conducting storytelling for children to keep them entertained and occupied. This helps children to stay at home and not go out to the streets.

(Lara, 17; Brazil)⁹

CY offered many creative ways to help improve information sharing about the pandemic with their communities such as using newer forms of communication, such as WhatsApp. They also expressed a desire to be personally involved in implementing programmes with a youth-driven approach to address the important gaps in services CY have experienced during COVID-19.

DISCUSSION

The COVID-19 pandemic has altered the life trajectory of hundreds of millions of CY. It is clear from our review that CY can clearly articulate the detrimental impact of the COVID-19 pandemic on their health, education, protection and basic needs. They are also perceptive of the needs of underrepresented groups, such as children in rural locations with no internet access, families in poverty who may starve due to lockdown, children with disabilities and additional needs, and refugees and children in internally displaced communities. They have expressed the importance of seeking representation of all such groups, and they ask for their voices to be recognised and acted on.

We did not see any differences in CY expressions of the impact of COVID-19 by regions per se, however, we did see differences in CY observations by economic strata. CY from lower-income countries described much more severe impact of COVID-19 on their basic needs, negatively impacting their ability to attend school, access food and basic healthcare, and for their parents to continue to work. The CY from upper income countries expressed some overlapping themes about not attending school, lack of ability to socialise with peers and impact on health-care provision. But they also expressed how dependence on technology affected social isolation and connection to friends.

CY articulate concrete solutions to the crisis, demonstrating that they have the energy and ideas to ameliorate and overcome many of the problems they face. Young people in marginalised groups who have lived challenging experiences must be recognised and engaged with to develop solutions to their difficulties. Communities and governments must ensure they have the space to do so.

Ensuring effective mechanisms for eliciting and responding to CY's views and suggestions is vital, and there must be a clear route by which CY can express their perspectives and suggestions to governments at all levels; as well as ways to measure their involvement and to evaluate and feedback on their interventions. There have been many technical reports and guidance for local, regional and national governments on how to officially incorporate the voices of youth in decision-making.^{35–38}

Young peoples' councils, youth parliaments and youth networks are all valuable mechanisms for expressing young people's views.

This ISSOP review provides evidence, from their own voice, on the impact of COVID-19 on CY and the importance of their involvement in all stages of the response to a crisis. All governments that have ratified the UNCRC are required by international law to listen to the voices of children. We; therefore, assert that the recognition of young people as stakeholders in response planning for COVID-19 and other emerging crises such as climate change, and clear accountability of the implementation of their recommendations, should specifically be

reported to and tracked by the Committee on the Rights of the Child.

Strengths and limitations

We may have missed important papers, particularly from NGOs or other advocacy organisations, although our thorough search strategy in a comprehensive array of databases and networking with colleagues intimately familiar with this literature, mitigated this. The ISSOP social paediatric lens built from scientific theories including social determinants of health and child development forming a 'health in life context', was a strength which provided the framework for our analytical process, and enabled us to ensure the child rights focus remained central. While this may also introduce potential for bias, we hope the input of many individuals globally in this iterative process has limited bias.

Twitter Angela Osei-Bonsu @mz_angy1

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ORCID iDs

Rosina Kyeremateng <http://orcid.org/0000-0002-1821-6913>

María Camila Pinzón-Segura <http://orcid.org/0000-0002-4191-7435>

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