

## Children and Corona

### Basic principles underlying the “Here I can thrive” campaign of the Working Group Pregnancy – Birth – Early Childhood of the Medical and Pedagogical Sections at the Goetheanum

Christoph Meinecke, Karin Michael

Last update: 31.03.2021

---

Many parents, grandparents, educators, teachers and doctors are wondering what impact the current pandemic will have on the health of children.

Here we want to show why it is especially important now to focus on the basic needs of children that are always present, regardless of whether there is a pandemic, and whose fulfillment is a prerequisite for a healthy and successful childhood. By recognizing what many children are suffering from, as well as why others are instead thriving and recovering under the pandemic, we will better understand what our children need, especially today. And this is what we must give them, so that they can grow up to be healthy, empowered, educated and energetic people.

#### Children and Corona

Currently, we cannot assume that children are the drivers of the pandemic. This is evident from the statements of the Robert Koch Institute (1) and various other publications. Infectivity appears to increase with age, matching that of adults from about 12 years of age. It is lowest in infants in the first three years of life (2). The same is true for susceptibility. While teachers and educators have a two to fourfold higher rate of COVID-19-related sick leave than the general population, this does not distinguish them from other professions that inevitably involve close social contact, such as those in other medical, therapeutic, nursing, and educational fields. At the same time, the proportion of adults who have caused infection outbreaks in schools is significantly higher than that of children (2). So, the infections do not primarily originate from children and pupils (3). The German S3 guideline “Measures for the Prevention and Control of SARS-CoV-2 Transmission in Schools” takes this into account and recommends low-threshold hygiene measures that can sufficiently ensure that schools are opened and kept open (4). Although the viral load in children does not appear to differ from that in adults, the course of COVID-19 in children is usually mild. This is associated with a possible immaturity of the immune system that still exists.

Half of childhood infections are asymptomatic. The other half show nonspecific signs of harmless airway infections. Occasionally there is fever and gastrointestinal involvement, very rarely respiratory or sensory disturbances. A large proportion of childhood infections with SARS-CoV-2 are not recorded. Studies show up to 6-fold higher numbers of children with evidence of antibodies in their blood than reported cases (5). This indicates that children, with their many undetected cases, could be significant contributors to the establishment of herd immunity. This is generally seen at 60–70%, meaning that the pandemic is over when 60–70% of all people have antibodies. Whether this estimated proportion will be sufficient for the new virus variants is still uncertain. There are also experts who believe that the goal of establishing herd immunity is unrealistic. They justify this by the fact that, among other things, the virus is in constant flux and that, similar to the flu virus, we could be dealing with a new SARS-CoV-2 variant in each new season, i.e., annually (6). Regardless, once acquired, immunocompetence against SARS-CoV-2 does not appear to reliably prevent subsequent infection. It does appear to significantly reduce the extent and severity of a new infection. Therefore, it seems desirable for children to acquire their own immunocompetence naturally and to offer vaccinations in a resource-oriented and targeted manner only to populations that are at risk.

### **Children's needs and their current health status**

There has been concern about the health of our children and young people for some time. In particular, the increase in allergies and obesity, as well as learning and behavioral disorders, is due to an increasingly unnatural, confining living environment in which many children grow up. Air pollution, lack of exercise, urbanization, sensory overload and screen media are affecting children. The required 1.5 to 3 hours of daily exercise and the five portions of vegetables and fruit per day recommended by the WHO are granted to relatively few children. Experiencing nature, green spaces and gazing into the distance are out of reach for many children. Moreover, the lives of most families today are based on early institutional care with correspondingly little contact time within the family. The basic needs of our children for healthy and regulated life processes, for free spaces for play, movement, exploration and the urge to investigate, as well as secure family ties that provide security, loving interest and recognition, are increasingly being lost from view. It is not for nothing that Remo Largo, the recently deceased highly respected Swiss developmental pediatrician, said back in 2017: "It cannot go on like this." (7) He called for more individual spaces for development for children and for intergenerational living communities. "We are not made to live in an anonymous mass society. We need a stable, viable living community around us. The nuclear family is not enough for that." (7) Contact restrictions, such as those imposed across generations in the current pandemic response, are the opposite of what children need for healthy development. These restrictions must be kept as minimal and as short as possible. In the discourse of society, children's needs must have the same priority as the utilization of intensive care units and age-related mortality rates.

### **Impact of the pandemic on children**

Already, children and adolescents are suffering enormously from the pandemic response measures. De facto, they are the ones most burdened by the measures, but least directly affected by the disease (8). The increase in mental and psychosomatic disorders under the pandemic has been demonstrated. Thus, already in the first wave there was an increase in headaches, abdominal pain, dejection, nervousness, irritability and sleep disturbances. Children's self-rated quality of life also declined. In addition, 70% of all children interviewed under the first wave reported being significantly burdened by the corona crisis. After the second wave, it was over 80% (9). Such stress has significant negative effects on a person's lifelong health. It leads to immunosuppression, susceptibility to infection, decreased vaccine effectiveness, increased infectious complications, increased mortality, increased disease burden, shorter life expectancy. In addition, children suffer more from lack of exercise and from weight gain during the pandemic, and there has been a significant increase in aggressive behavior, concentration disorders, depression, anxiety, panic and compulsive washing. As is the case with infection, it is also the case with pandemic measures that socially less advantaged children are particularly affected and suffer more from the consequences.

### **What can we do? What do our children and their families need now?**

What we can do is especially perhaps this: *ensure encouragement for the parents, joy in life for the children!*

Children need the certainty that their needs have a place in life, both in space and in time (10). They need positivity, affirmation, recognition, joy and confidence. They need to experience others, they need to mutually give and receive attention. They need humor and lightness, exercise, nature, green surroundings (11) and air to breathe, they need rhythm and reliability, healthy food and undisturbed sleep. They need – all the more in the face of adverse external circumstances that require a high degree of adaptability – life moments in which they feel: "here I am human, here I am allowed to be, here I am safe."

Parents benefit most from practical advice. The more low-threshold, the more effective the advice is. In our view, parents, grandparents, educators and teachers need encouragement

right now to particularly take into consideration the health implications of the pandemic measures for children. This requires a substantial change in the basic attitude of society: children do not threaten the health of adults, but the corona measures threaten the health of our children!

Such reframing (12) opens up the possibility of finding a way out of the rigidity that has set in from merely complying with the infection control measures, to a new capacity to act. Pure concern for the health of our children, combined with practical assistance, can thus be transformed into confidence and certainty that the children themselves can become active in developing their own well-being and resilience.

The “Here I can thrive” campaign would like to contribute to this. It includes the following recommendations based on what has been stated so far.

#### **What can we currently do for the well-being of our children?**

- Give young children reliable and carefree spaces for development.
- Build their confidence and strength through repetition and rhythm.
- Perceive and overcome fears!
- Sing and dance!
- Give more hugs, warmth and closeness!
- Maintain hand washing as a pleasant ritual and not as an act to eliminate danger.
- Then rub in a “golden drop” of rose oil and notice how wonderful it smells.
- Do meaningful things together: cooking, baking, cleaning, tidying up.
- Rediscover the power of nature:
  - We are freer in the open air.
  - Animals can heal a child’s soul, promote movement, bring joy.
  - In the forest we can breathe deeply and become healthy.
  - Plant flowers and cress and watch them grow.
  - Find “my” places, my tree, my stream, which gives support.
  - Immerse oneself in intense play and sensory perception.
  - Play with mud, sand and water.
  - Laugh a lot.
  - Tell stories.
  - Experience little adventures.
  - Bake campfire bread.
  - Experience tests of courage and overcome resistance.

#### **Child protection requires strong, confident, forward-thinking adults!**