



Education Policy Brief Latin America and the Caribbean

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Remote Initial Education and Mental Health during the COVID-19 Pandemic

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Key Points and Takeaways

- A survey of 62,837 caregivers of young children in four Latin American countries, documented experiences with emergency distance education and mental health during the COVID-19 pandemic.
- Caregivers from households of low socioeconomic status (SES) report a disproportionate economic impact of the COVID-19 pandemic. Low SES households also report more food insecurity, raising flags about long-term effects of the pandemic on children's brain development and growth. The findings suggest that the crisis will perpetuate and may even worsen existing inequalities in learning: Some children will have the opportunity to continue to progress, while others to lose ground.
- Caregivers report substantial impacts of the COVID-19 pandemic on their own mental health. The levels of distress are particularly elevated among mothers who shoulder most of the burden of supporting children's remote education.
- Caregivers report that the COVID-19 pandemic and associated containment efforts have substantially affected the mental health and well-being of their children. The findings suggest that detrimental mental health consequences are looming for children in Latin America, and on an unprecedented scale.
- Even in the best of times, Latin American educators function as social workers and psychologists. For many students, the pandemic-related social-distancing measures have barred access to school counseling and referrals. In response to the rising distress among children enrolled in Early Childhood Development (ECD) and preschool services, Latin America's policy makers need to take forceful action on two fronts. First, make investments to reduce the stressors for households with young children, such as the provision of food to vulnerable households. Second, invest directly in mental health support for ECD centers and schools.

Introduction

School closures in the wake of the coronavirus disease 19 (COVID-19) pandemic have created an unprecedented disruption to education systems for 1.6 billion learners in 190 countries.¹ Overnight, education worldwide shifted from face-to-face instruction to entirely remote learning environments. Although emergency remote education was launched with laudable speed, the effort harbors a number of challenges for childhood learning and well-being.

Distance learning is uniquely challenging for ECD students. Cognitive development in the ECD and preschool years is built through the senses of touch, vision, hearing, taste, and smell.² So distance learning is difficult. Children in virtual ECD and preschool lose interest in a lesson after 15 to 20 minutes, drastically reducing the hours per day of supported learning during COVID-19-related school closures. They also lose interest if the group of children is too large (more than three to six toddlers, and six to ten preschoolers), giving them fewer opportunities

for adult-child interaction.³ These child-teacher ratios, required for effective virtual instruction, are often lower than those in typical classrooms, complicate the shift to virtual ECD and preschool services challenging. In addition to learning challenges, school closures leave children without the critical services that schools provide, including socioemotional support, nutritional programs, counseling services, and playgrounds. Children kept at home as part of social-distancing strategies are also left without the important social interactions so essential for their development and well-being.

Evidence is scarce on the effects of school closures on young children's mental health outcomes.⁴ Yet mental health experts caution that lengthy shelter-in-place orders may have severe effects on children's physical and socioemotional well-being. The lengthy separations from friends have combined with the loss of everyday interactions with other children. Also lost are daily, health-giving

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routines and structures. Loneliness, anxiety, and depression are on the rise. At the same time, parents face mental health challenges as they find themselves juggling the triple roles of parent, income provider, and teacher. Internationally, the worsening of children's mental health during the pandemic appears to be accompanied by worsening mental health outcomes for parents.⁵ A recent study suggests that the adverse effects of the pandemic on parents' mental health are particularly pronounced in vulnerable families, including those households with young children, in communities of color, and among those caregivers with unstable employment.⁶ Although not previously researched, the mental health of teachers also appears affected by pandemic-related school closures.

To explore the experiences that children and parents are having with emergency remote education, the ministries of education in El

Salvador (MINED), Costa Rica (MEP), and Peru (MINEDU), and the Institute of Family Well-Being in Colombia (ICBF) joined forces with Innovations for Poverty Action (IPA) and the Inter-American Development Bank (IDB) to undertake a regional survey. Respondents from 62,837 households were asked about their experiences with emergency distance education and mental health during the COVID-19 pandemic. Although the full effects of the lockdown on the mental health of children and their caregivers will become apparent over the longer term, these survey findings give us a first window into the crisis and how it is affecting the health of children and youth and their caregivers and educators—an essential first step in designing education and health policy responses.

Respondents from 62,837 households were asked about their experiences with emergency distance education and mental health during the COVID-19 pandemic.

Methodology

Caregivers in Colombia, Costa Rica, El Salvador, and Peru answered surveys about their experiences with programs in distance education of emergency.

Between July and September 2020, caregivers in Colombia, Costa Rica, El Salvador, and Peru responded to survey questions about their experiences with the emergency distance-education programs made available by national education systems. The surveys are part of a regional study entitled *Distance Learning, Parental Involvement, and Mental Health during the COVID-19 Pandemic*, which explores the effects of the COVID-19 pandemic on ECD and preschool-age children. Among the range of research questions are those centered around children's mental health. How do the pandemic and mitigation efforts affect the physical and emotional well-being of parents and young children in Latin America? How does remote learning affect parents, children, and household dynamics?

Participants, Procedure, and Recruitment

The sample consists of 62,837 caregivers of children aged one to seven years enrolled in

ECD services and preschool in four countries. Educators disseminated the online survey to all caregivers of the groups of children under their charge. High proportions of caregivers chose to participate, ranging from 19.1 percent of caregivers of all preschoolers nationwide in Costa Rica and 17.8 percent of all children enrolled in ECD services in the department of Valle del Cauca, Colombia;⁷ to 3.5 percent and 9.1 percent in Peru and El Salvador (see Table 1). Between 90 and 95 of caregiver respondents were women, likely because caregivers, the primary point of contact of educators, were mostly women (see Table 2).

Instruments

The caregivers responded to a self-administered online survey, mainly filling it out using smartphones, which are ubiquitous across socioeconomic groups in the participating countries. The survey comprised two parts. First, we collected information to estimate

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the socioeconomic status (SES) based on a composite score of personal (e.g., education and income) and environmental (e.g., quality of the dwelling and access to amenities) factors. Second, the survey included questions about the emergency distance-education strategy in response to COVID-19-related school closures, including parent-teacher communication, means and ease of access, and frequency of use of the distance-education materials. In this note, we identify households as either high or low SES by splitting the sample into “below median” and “above median” groups. Throughout the note we use the two groups to help present the findings by SES. The results do not change when we analyze by quintile or quartile.

The survey used three self-administered online instruments to assess the respondents’ households during the pandemic. First, to assess the mental health of caregivers, we

used the Center for Epidemiologic Studies Depression Scale.⁸ A validated, self-reporting depression scale, CESD-R assesses the presence of depressive symptoms over the previous two weeks in general adult populations, including elderly and vulnerable groups. It is one of the most widely used instruments for the measurement of symptoms of depression, and it allows for quantitative gender comparisons.⁹

Two other instruments were being used to assess children. To measure reported well-being, we adapted the Children Behavior Checklist instrument (CBCL), a widely used clinical and research tool for caregivers to identify behavioral and emotional problems in children.¹⁰ To evaluate the quality-of-care practices and household environments, we used the Family Care Indicators (FCI), an internationally validated instrument for predicting early childhood development.¹¹ The

We identify households as either high or low SES by splitting the sample into “below median” and “above median” groups.

FCI encompasses items related to children’s cognitive and language development. They are structured around five subscales: ‘play activities,’ ‘varieties of play materials,’ ‘sources of play materials,’ ‘household books,’ and ‘magazines and newspapers.’ Finally, to measure the use of physical punishment, we referred to the child discipline module of UNICEF’s Multiple Indicator Cluster Survey (MICS), which measures the use of “violent discipline” such as slapping, hitting, and shouting.

Emergency Strategies for Remote Learning

The COVID-19 pandemic had a simultaneous and staggering impact on ECD and preschool services in Colombia, Costa Rica, El Salvador, and Peru. In the span of one week, the entire ECD and education systems closed in all four countries. Initially, the authorities predicted that ECD and school facilities would reopen after a few weeks, but the shutdowns were extended once it was clear that COVID-19 would require more protracted closures.

Policy measures to safeguard ECD and preschool education services

The guidelines issued in March 2020 reflected rapid policy responses, which with time were expanded with more comprehensive procedures for emergency distance-learning ECD and preschool services. To spread word of the new remote-learning modalities, government agencies launched awareness-raising campaigns and distributed caregiver

guides. Colombia, El Salvador, and Peru have dedicated repositories with guides for caregivers of preschool-age children.^{12, 13, 14} Costa Rica has a repository with guides for parents.¹⁵ All four countries swiftly offered internet repositories with educational content for young children, teachers and their families, as well as televised lessons.^{16, 17, 18} Costa Rica and Peru also offered radio content for preschoolers.^{19, 20} Colombia stands out with systematic phone contacts with families with children three to five years old.²¹ Each child's ECD provider or educator reaches out weekly to caregivers and children to promote experiences and good practices at home around early learning, parenting, and nurturing-care practices that caregivers should engage in with the child. The contacts are documented by educators and reported back to the ICBF. These services are complemented with deliveries of printed materials and pedagogical kits so parents have resources when working with their children.



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Emergency Strategies for Remote Learning

Services to support the mental health and well-being of young children


All four countries have adapted multiple approaches to blunt the social and mental health impacts of the COVID-19 crisis on young children. School-meal programs were reconfigured so that perishable and nonperishable food items—such as milk, rice, fruit, and cooking oil—were delivered to households with children, ensuring they would have the necessary caloric and nutritional intake. In El Salvador, for the first four months of the pandemic, the program was limited to milk distribution. In June, the program was expanded to deliver more complete school-meal packages.²²

Three of the countries complement the education content during the pandemic with phone calls, offering caregivers of young children parenting

advice about health and well-being. In Peru, the Cuna Más program offers personalized guidance on health care, eating, parenting, and COVID-19 prevention through calls, text messages and WhatsApp. In Costa Rica, the Education and Nutrition Centers and the Comprehensive Care Children's Centers (CEN-CINAI) make monthly phone calls to caregivers, providing personalized support about hygiene habits, physical activity, and oral health. In Colombia, the ICBF offers psychosocial, health, and nutrition support to at-risk children and families through monthly calls (see Table 3) and is deploying a series of workshops with families to address psychosocial issues emerging from the pandemic.

All four countries have adapted multiple approaches to blunt the social and mental health impacts of the COVID-19 crisis on young children.

Findings



This survey of households with young children reveals that low SES families are much more likely to face food insecurity during the crisis.

A. Households with young children report income losses and food insecurity

This study of Latin American households with young children highlights that the economic impact of the pandemic appears to hit the below-median SES the hardest: 70.4 percent report loss of employment, compared with 57.4 percent of households at above-median SES. Of all households 65.1 percent report that they lost employment, but the reported loss of income is concentrated among the most vulnerable. Half the respondents from below-median SES households (49.8 percent) report having lost more than half of household income, compared with 44.0 percent of households with above median SES (see Table 4).

Similarly, this survey of households with young children reveals that low SES families are much more likely to face food insecurity during the

crisis. Caregivers from below-median SES report a reduction in portion sizes as well as in the number of meals consumed by household members (see Table 5). The increase in food insecurity would likely be much worse had governments not launched remote school meals, and redirected food to families. In Colombia, where the survey included data on school meals being redirected to food-insecure households, 77.3 percent of such households confirmed that they receive monthly food packages. The finding on rising food insecurity is consistent with recent warnings by the World Food Program (WFP) that the COVID-19 pandemic could increase food insecurity among vulnerable populations in Latin America.²³ The prospect of food insecurity raises concerns about the long-term effects on children's health, development, iron deficiency, behavioral functioning, and learning, all strongly linked to the quality and quantity of food consumed by households.^{24, 25} In addition to the likely effects of food insecurity on children's health



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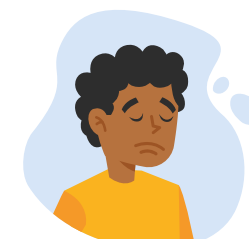
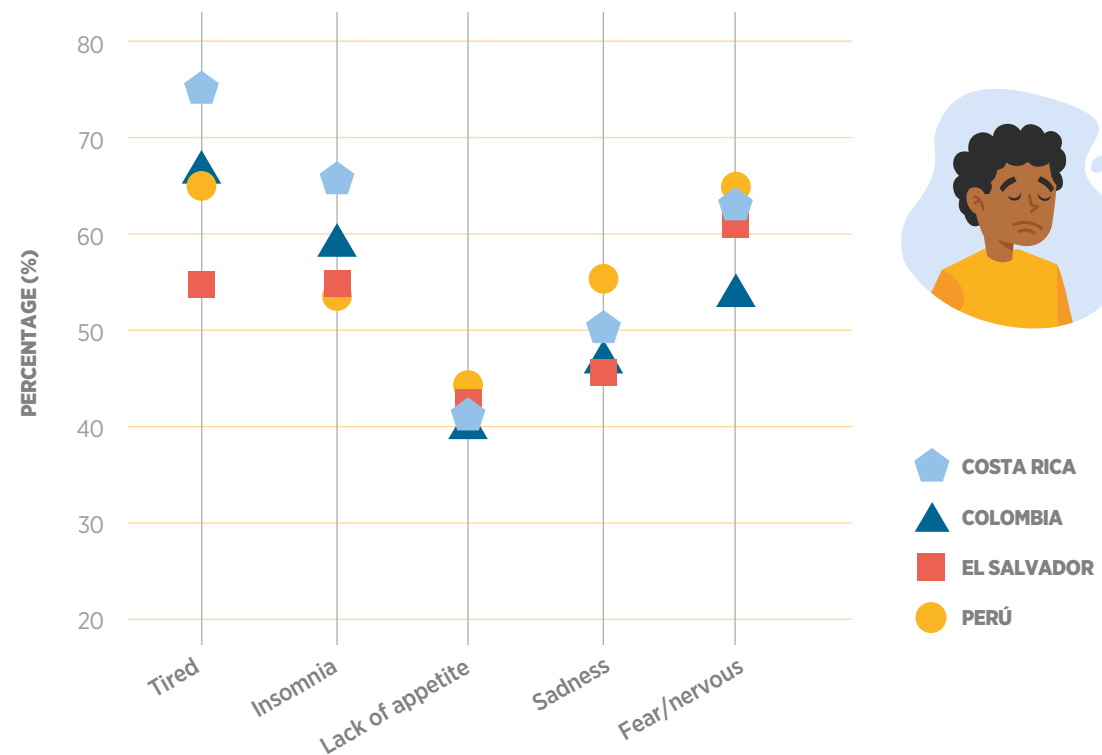
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and development, not having enough food is undoubtedly an additional household stressor. Low SES households are also less likely to report having transitioned to telework during the pandemic, which means that more household members are being exposed to the virus as they find work outside of their homes.

B. Caregivers report deteriorated mental health during the pandemic

As the COVID-19 pandemic ravages, the chaos, for parents, of supervising children's distance or hybrid education in addition to worrying about contracting the disease, losing their jobs, and dealing with everyday stresses can trigger negative mental health outcomes. A vast majority of the 60,837 caregivers (85 percent) surveyed in four countries report at least one symptom of deteriorated mental health during the pandemic. Roughly half the caregivers report feeling sad (48 percent), and around

Figure 1. Caregivers' mental health challenges during the COVID-19 pandemic, by country (%)



Source: IDB-IPA survey of 62,837 caregivers "Remote Initial Education and Mental Health during the COVID-19 Pandemic"

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two-thirds are tired (66 percent), fearful (60 percent), and have insomnia (59 percent). Two-fifths report a lack of appetite (41 percent) (see Figure 1).

The distress levels are higher among households that have lost income during the pandemic

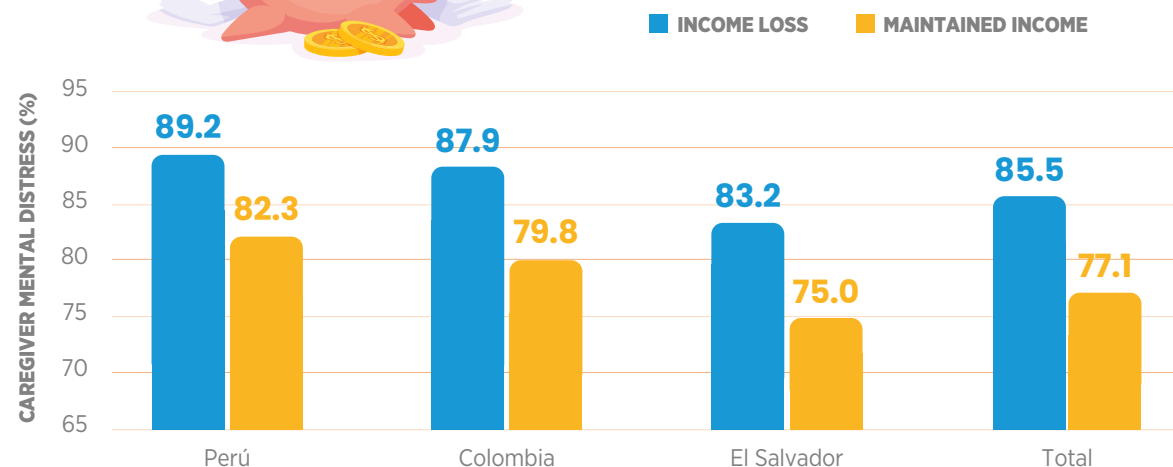
Among households that lost income during the pandemic, the levels of mental distress among caregivers are significantly higher (around 8 percentage points) compared with caregivers in households that maintained income level (see Figure 2).

Women have worse mental health outcomes than men

The levels of distress are particularly elevated among mothers who shoulder most of the burden of supporting children's remote education. This could reflect their supporting most of the distance education conducted at



Figure 2.
Caregivers who display distress, by household income loss (%)



Source: IDB-IPA survey of 62,837 caregivers "Remote Initial Education and Mental Health during the COVID-19 Pandemic"

Note: "Caregiver distress" reflects the proportion that displays at least one symptom of distress. No data are available on income in Costa Rica.

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home (72.0 percent), compared with fathers (4.9 percent). In most families, women are also in charge of communications with school (87.7 percent) compared with men (5.4 percent). The pursuing gender gaps in mental health outcomes are troubling, including gender gaps in sadness (26.10 percent), lack of appetite (27.7 percent), overall distress (20.1 percent), fear (16.3 percent), exhaustion (18.4 percent), and insomnia (15.9 percent).

Close to two-thirds of mothers (61.3 percent) report that they are struggling with their children's distance education and need assistance. Among mothers who report they alone cannot manage the distance education of their children, the level of distress is 12 percentage points higher than mothers who report coping on their own, suggesting that distance education is a stress factor. Fathers' engagement, or lack of engagement, also affects mothers' distress levels. Controlling

for SES, distress is 5 percentage points higher when fathers are not engaged in their children's education. For all caregivers, man and woman alike, the more children under their care, the lower their reported level of well-being. For example, among the 981 households with five or more children, the reported average level of distress is 7.8 percentage points higher when compared with one-child families. In households where the fathers participate in the child's distance education, the gender mental health gap is 16.3 percent, compared with 23.4 percent in households where the father does not support the child's remote learning.

These findings on gender gaps in mental health are aligned with recent research in the United States, which suggest that the COVID-19 pandemic has created new sources of conflicts, exacerbating existing conflicts stemming from insufficient support from fathers. The lack of support from fathers had serious implications

for the health of mothers and other household members.²⁶

C. The poor mental health of caregivers has implications for investment in children

Using the FCI, we find that the higher the distress level of caregivers, the less time invested in their children (e.g., playing, reading, and singing). This extends to the type and quantity of toys, including homemade toys (the correlation is significant at the 5 percent level). The findings are aligned with previous international research, which concludes that parental stress has long-term implications for children's brain development.²⁷ Although higher income-groups report higher levels of investment in children, the decline is consistent across socioeconomic groups (Figure 3).

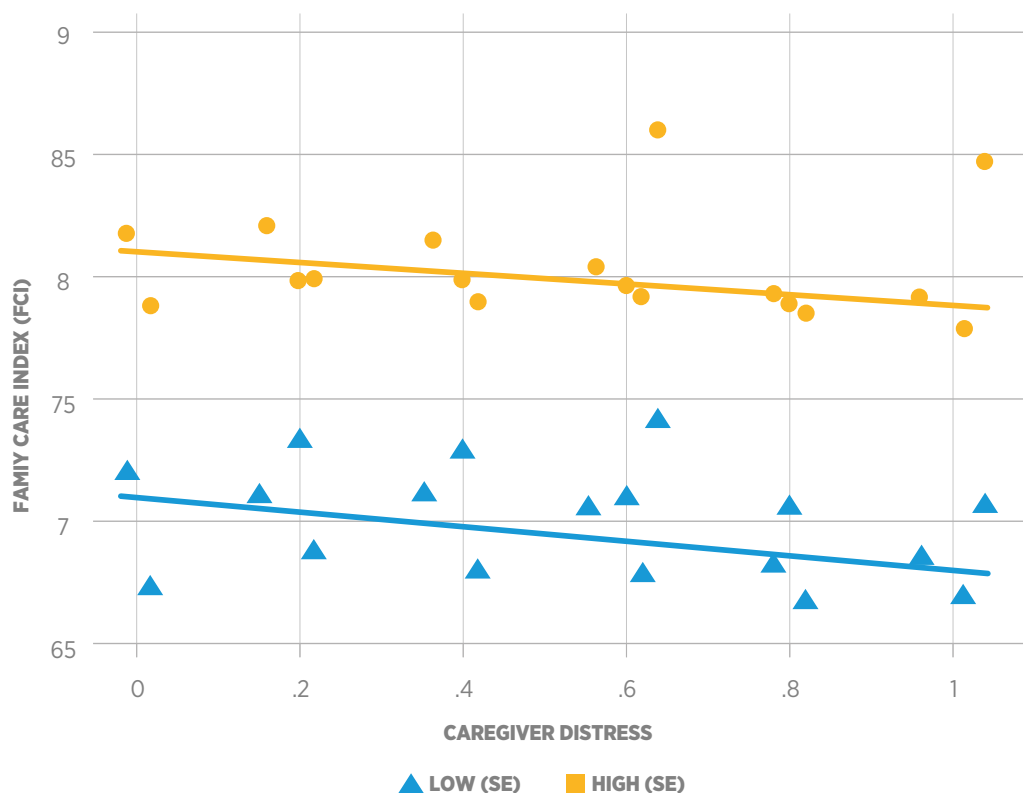
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Figure 3.

Parental investment in children, by caregivers' level of mental distress



Source: IDB-IPA survey of 62,837 caregivers “Remote Initial Education and Mental Health during the COVID-19 Pandemic”

Note: The higher the level of caregiver distress, the lower investment in children as measured through the FCI. Every dot symbolizes a group of approximately 1,500 households.

Parental distress reduces remote learning opportunities for children

Parental distress is also negatively associated with the use of government-provided emergency remote child development and early learning support provided in the four countries (see Table 6). The more stressed, fearful, and distressed a caregiver is, the less access the child will have to government-provided remote early-stimulation and learning opportunities on radio and television and through printed materials and one-on-one conversations with educators.

Parental distress places children at risk of violence

We find that the level of stress is positively associated with caregivers' reported use of violent discipline as defined by UNICEF. In Costa Rica, families with high levels of stress are two-thirds more likely to resort to discipline like this. In Colombia, Peru, and El Salvador the likelihood of violent discipline roughly

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doubles and is significantly more prevalent in higher socioeconomic groups. Telework is more common among the high SES households, and it appears to add to stress and to increase violent punishment of children in the household. Parents who manage their children's education while teleworking report higher levels of distress than their peers who do not telework. In this group, the likelihood of violent punishment increases by more than a fifth, after controlling for socioeconomic level.

Caregivers report that their children present increased symptoms of distress during the pandemic, with 61 percent of children displaying at least one symptom of mental distress.

D. Children's mental health outcomes deteriorate in tandem with their caregiver's mental distress

For children around the world, extended lockdowns and school closures can be particularly traumatic. In many children, the separation from friends and everyday routines are causing anxiety, grief, anger, and loneliness.²⁸ Many have fears about the virus, have parents who have lost their livelihood, or have lost a parent or grandparent. Also, many countries have seen increases in domestic violence and substance abuse.²⁹

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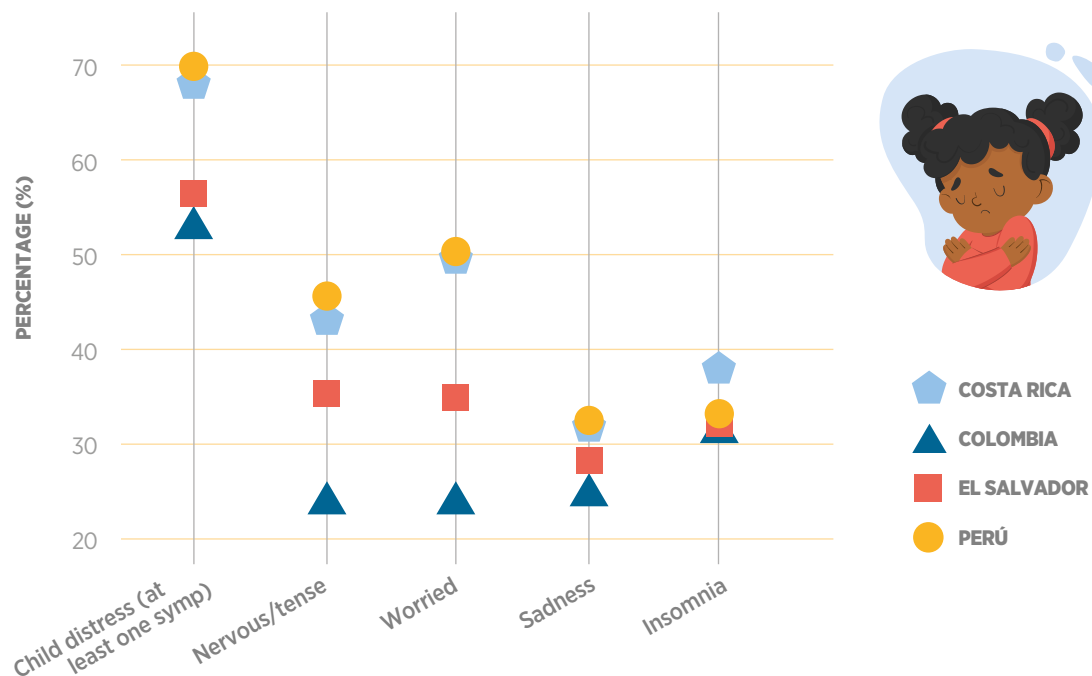
Around a third of children have trouble sleeping and are sad, while two-fifths are nervous and worried (see Figure 4). On average, caregivers report that girls experience more symptoms of mental distress, ranging from a 4.4 percent gap in worry to a 3.3 percent gap in insomnia. This gender gap in favor of boys also holds true when controlling for other factors. The markedly lower level of child distress reported in the Colombia sample holds true after controlling for SES, potentially reflecting an effect of more intense individualized outreach during the pandemic as described above. The caregivers' concerns about children's mental well-being are echoed by the children's educators, who report that they worry about their students' mental well-being, with 9 percent stating that families contact them with concerns about high levels of child distress.

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Figure 4.
Caregiver report of mental health challenges of young children during the COVID-19 pandemic (%)



Child distress increases in tandem with caregiver distress

The higher the caregiver’s distress level, the higher the child’s level of distress. Controlling for socioeconomic level, the distress of the caregiver increases the distress level of children by 55 percent. This finding is consistent with international research, which shows that caregiver distress as part of community trauma is negatively linked with children’s mental health outcomes, including children’s post-traumatic stress in addition to emotional and peer problems.³⁰ In our sample, the higher the caregiver’s education level, the less likely caregiver distress will affect children’s mental outcomes. The data suggests that age is another ameliorating factor, as the link between caregiver and parental distress is found to be weaker in the 0–3 age group than in the 4–7 age group. Although levels of distress are higher among children in low SES households, when controlling for caregiver level of education, use of violence and the number of siblings, the link becomes weak.

Source: IDB-IPA survey of 62,837 caregivers “Remote Initial Education and Mental Health during the COVID-19 Pandemic”
Note: “Child distress” reflects the proportion of children displaying at least one symptom of distress.

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Children who are victims of violence have particularly elevated distress levels

Child distress is 54.0 percent higher among children who are victims of violence compared with their peers, after controlling for parental distress. The finding is consistent with the literature, which shows that exposure to violence is associated with distress symptoms in children.³¹

When sheltering in place, children with fewer siblings in the household appear to fare better

The fewer children a family has under their care, the more well-being is reported for the children. For example, in one-child households, the index we constructed based on CBCL distress indicators is 15 percent, compared with 18.5

percent in households with five or more children. After controlling for families' socioeconomic situation, the distress progressively increases with the number of children in the household. The difference in children's distress is 3.5 percent higher between one-child households compared with households with five or more children. Several mechanisms may be at play. Single children are already used to being flexible and creative,³² which could lead them to finding social isolation less challenging. Big families may have more limited physical space for each child. The finding may also be the result of children receiving less attention from parents who are dividing their time among many children. Also, with fewer siblings, there may be less fighting for screen time and other resources.

Discussion and Policy Implications



While people's physical health is usually the highest-priority concern during a health pandemic, caregivers of 62,837 children enrolled in ECD and preschool services from four Latin American countries report that their mental well-being has deteriorated during the COVID-19 pandemic. The endless COVID-19 tunnel is undoubtedly overwhelming to the caregivers who multitask at work, schooling, and childcare amid concerns about their families' health and finances. We find that women bear the brunt of these added family responsibilities and experience disproportionately high levels of mental distress. We also find that job and income loss are associated with higher levels of caregiver mental distress.

Caregivers' mental distress is strongly correlated with the mental distress of children. Across

income levels, we find that the mental distress of parents translates into lower levels of investment in children, measured by indicators such as play activities, reading, and varieties of play materials. We also find that households with high levels of caregiver distress report lower use of the public remote-education platforms and materials, suggesting that parental distress ultimately may translate into education achievement gaps. Caregiver distress also increases the likelihood of physical abuse and violence. It appears that these decreased-quality indicators for children's caregiver relationships and home environments during the pandemic have translated into mental health challenges for children.

Taken together, our findings suggest that mental health consequences are looming, and on an unprecedented scale, among children.

In Latin America, where teachers function as social workers, even in the best of times (often with limited resources or support), education systems will be facing a number of children with mental health needs.

Policy makers and researchers for early childhood, education, and health will need to raise awareness, develop strategies, and prioritize investment around the mental health distress among young children and their caregivers. Future research based on the data from this and other studies should explore the effectiveness of different government responses to prevent and respond to the distress of young children and their caregivers during the pandemic.

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Table 1.

Children in the sample, by country, age group, and proportion of enrollment

Age of children (years)	COSTA RICA		COLOMBIA*		EL SALVADOR		PERÚ*		TOTAL	
	Number	Prop. of total enrollment (%)	Number	Prop. of total enrollment (%)	Number	Prop. of total enrollment (%)	Number	Prop. of total enrollment (%)	Number	Prop. of total enrollment (%)
0-3	-	-	8,145	11.0	1,991	12.8	192	0.4	10,445	7.14
4-5	16,394	19.1	5,932	17.8	10,680	9.1	3,889	3.0	37,636	10.1
6-7	5,358		-	-	9,398	10.1	858	3.1	14,756	13.0
Total	21,752	25.31	14,077	13.1	22,069	9.8	4,939	2.3	62,837	10.0

Source: Estudio BID-IPA encuesta de 62.837 cuidadores "Educación inicial remota y salud mental durante la pandemia COVID-19"

Note: * Colombia data refer to the Department of Cali. *Peru data refer to the departments of Lima, La Libertad, and Piura. * No official data exist on the number of enrolled students.

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Table 2.

Characteristics of sampled caregivers, by country, age, gender, and level of education

	COSTA RICA	COLOMBIA*	EL SALVADOR	PERÚ+	TOTAL
Age of caregiver (years)					
Below 25	4,234	4,708	4,733	614	14,289
25-35	11,957	6,851	11,626	2,759	33,193
36-45	4,961	2,064	4,785	1,339	13,149
Above 45	600	454	925	227	2,206
Total	21,752	14,077	22,069	4,939	62,837
Proportion female (percent)	95	95	90	91	93
Highest level of education attained (%)					
Primary education or less	49	15	40	16	36
Secondary education complete	31	50	31	45	36
Technical education	5	27	16	24	15
Tertiary education	15	8	13	15	13

Source: IDB-IPA survey of 62,837 caregivers "Remote Initial Education and Mental Health during the COVID-19 Pandemic"

Note: * Department of Valle de Cauca. + Peru data refers to the departments of Lima, La Libertad, and Piura.

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Table 3.

Measures to support the health and well-being children and caregivers during the COVID-19 pandemic

Country	School/ECD Services Meals Programs	Child Mental Health Support
COLOMBIA	School Meals for Learning at Home ³³ ; food rations (for a 30-day period) with locally sourced food ingredients ³⁴	Self-care Guide for Families ³⁹ ; Phone-based psychological first-aid and tools to identify and cope with social, emotional, and behavioral stress or psychological risks ^{21, 34}
COSTA RICA	Distribution of Food to Public Schools ³⁵	Psychological Family Support Guide ^{35, 40}
PERÚ	National School Meals, Qali Warma ³⁶	Socioemotional Family Guide ⁴¹ Cuna Más phone mental health services in early childhood
EL SALVADOR	Milk Distribution ³⁷ Family School Meals Package ³⁸	Phone mental health services in early childhood ⁴²

Source: IDB-IPA survey of 62,837 caregivers “Remote Initial Education and Mental Health during the COVID-19 Pandemic”

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Table 4.

Impact of the COVID-19 crisis on household income, by socioeconomic status and education level of caregivers (%)

	At least one household member teleworks	A member of the household has lost employment	A member of the household has lost income	Proportion of all households that has lost half or less of income (%)	Proportion of all households that have lost more than half of income (%)
Socioeconomic Status					
Below-median SES households	10.0	70.4	78.2	49.8	39.0
Above-median SES households	24.9	57.2	68.1	44.0	30.0
Education level of caregiver					
Primary education or less	9.0	67.3	73.6	29.4	32.9
Secondary education or more	19.8	64.2	74.4	29.5	36.0
Total	16.0	65.1	74.1	29.5	35.4

Source: IDB-IPA survey of 62,837 caregivers "Remote Initial Education and Mental Health during the COVID-19 Pandemic"

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Table 5.

Impact of the COVID-19 crisis on food security (#)

	Days in the past week when the household has reduced the number of meals	Days in the past week when the household has reduced portion sizes
Below median SES households	2.09	2.45
Above median SES households	1.59	1.90
Total	1.89	2.24

Source: IDB-IPA survey of 62,837 caregivers “Remote Initial Education and Mental Health during the COVID-19 Pandemic”

Note: Data include Colombia, El Salvador, and Peru.

Table 6.

Proportion of distressed caregivers, by use of government remote-learning platforms (%)*

	Uses of remote education platform			Does not use remote education platform		
	Below median SES Households	Above median SES Households	Total	Below median SES Households	Above median SES Households	Total
COLOMBIA ⁺	25.5	22.9	24.5	25.6	23.4	24.9
COSTA RICA	29.6	28.3	29.0	35.3	30.1	33.5
EL SALVADOR	22.5	22.7	22.6	25.9	26.7	26.1
PERÚ	24.9	26.9	25.6	30.3	34.5	31.5
TOTAL	25.8	24.9	25.5	28.0	26.6	27.6

Source: IDB-IPA survey of 62,837 caregivers “Remote Initial Education and Mental Health during the COVID-19 Pandemic”

Note: * The education platforms include a range of content by radio, television, online, printed, and conversations with educators.

⁺ Colombia data are from the Department of Valle de Cauca.



Notes and references



- 1 United Nations. (2020). Policy Brief: Education During COVID-19 and Beyond. New York: United Nations.
- 2 Butcher, K., & Plecher, J. (2016). Cognitive development and sensory play. East Lansing, MI.
- 3 Szente, J. (2020). Live Virtual Sessions with Toddlers and Preschoolers Amid COVID-19: Implications for Early Childhood Teacher Education. *Journal of Technology and Teacher Education*, 28(2), 373-380.
- 4 Lee, J. (2020). Mental Health Effects of School Closures during COVID-19. *The Lancet: Child & Adolescent Health*, 4(6), 421.
- 5 Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., . . . Davis, M. M. (2020). Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics: Official Journal of the American Academy of Pediatrics*, 146(3).
- 6 Gassman-Pines, A., Ananat, E. O., & Fitz-Henley, J. (2020). COVID-19 and Parent-Child Psychological Well-being. *Pediatrics Official Journal of the American Academy of Pediatrics*, 146(4).
- 7 En Colombia, los beneficiarios del ICBF son de nivel socioeconómico bajo.
- 8 Dam, N. T., & Earleywine, M. (2011). Validation of the Center for Epidemiologic Studies Depression Scale—Revised (CESD-R): Pragmatic depression assessment in the general population. *Psychiatric Research*, 186(1), 128-132.
- 9 Van de Velde, S., Levecque, K., & Bracke, P. (2009). Measurement equivalence of the CES-D 8 in the general population in Belgium: a gender perspective. *Archives of Public Health*, 67(1), 15-29.
- 10 Achenbach, T. M. (1999). The Child Behavior Checklist and related instruments. . In M. E. (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (pp. 429-466). Lawrence Erlbaum Associates Publishers.
- 11 Kariger, P., Frongillo, E. A., Engle, P., Britto, P. M., Sywulka, S. M., & Menon, P. (2012). Indicators of Family Care for Development for Use in Multicountry Surveys. *Journal of Health, Population, and Nutrition*, 30(4), 472-486.
- 12 Government of Colombia. (2020b). Declaración del Presidente Iván Duque Márquez sobre medidas en sector educativo y primera infancia para evitar propagación de coronavirus. Bogota: Gov.co.
- 13 Government of Costa Rica. (2020). Gobierno declara estado de Emergencia Nacional, impide llegada de extranjeros y se suspende lecciones en todos los centros educativos del país. San José: presidencia.go.cr.
- 14 Government of El Salvador. (2020a). Educación en Línea. San Salvador: sites.google.com/clases.edu.sv. MINEDU. (2020a). Aprendo en Casa. Lima: aprendoencasa.pe.
- 15 MEP. (2020a). Aprendo en Casa. San José: aulavirtualabierta.mep.go.cr.
- 16 Government of Colombia. (2020a). Aprender Digital: Aprende en Casa. Bogota: contenidos.colombiaaprende.edu.co.
- 17 MINEDU. (2020a). Aprendo en Casa. Lima: aprendoencasa.pe.

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Remote Initial Education and Mental Health during the COVID-19 Pandemic

References & biography

- ¹⁸ Government of El Salvador. (2020b). Circular Ministerial No. 7 Año 2020 Suspensión de Clases por Emergencia de COVID-19. San Salvador: mined.gob.sv.
- ¹⁹ MEP. (2020b). MEP lanza nuevo recurso de aprendizaje por radio. San José: mep.go.cr.
- ²⁰ MINEDU. (2020b). Aprendo en casa difundió más de 700 programas en lenguas originarias. Lima: gob.pe.
- ²¹ Bernal, M. G., Cerdán-Infantes, P., Ochoa, L. C., & García, J. F. (2020). Education Continuity during the Coronavirus Crisis - Colombia: Mis Manos te enseñan (My Hands Teach You). Bogota: Instiuto Colombiano de Bienestar Familiar.
- ²² Government of El Salvador. (2020c). MINED entregará alrededor de 320 mil paquetes de Alimentación Escolar Familiar. San Salvador.
- ²³ WFP. (2020). COVID-19: Millions at risk of severe food insecurity in Latin America and Caribbean. Rome.
- ²⁴ Yoo, J. P., Slack, K. S., & Holl, J. L. (2009). Material hardship and the physical health of school-aged children in low-income households. 99(5), 829-836.
- ²⁵ Cook, J. T., & Frank, D. A. (2008). Food security, poverty, and human development in the United States. *Annals of the New York Academy of Sciences*, 1136, 193-209.
- ²⁶ Calarco, J. M., Meanwell, E., Anderson, E., & Knopf, A. (2020, September 23). "My Husband Thinks I'm Crazy": COVID-19-Related Conflict in Couples with Young Children. Retrieved from SocArXiv papers: <https://osf.io/preprints/socarxiv/cpkj6/?s=08>
- ²⁷ Schonkoff, J., Levitt, P., Bunge, S., Cameron, J., Duncan, G., Fisher, P., . . . Ill, C. N. (2014). Excessive Stress Disrupts the Architecture of the Developing Brain. Boston, MA: Center on the Developing Child, Havard University.
- ²⁸ Crawley, E., Loades, M., Feder, G., Logan, S., Redwood, S., & Macleod, J. (2020). Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults. *BMJ Paediatrics Open*, 4(1).
- ²⁹ Bradbury-Jones, C., & Isham, L. (2020). The Pandemic Paradox: The consequences of COVID-19 on Domestic Violence. *Journal of Clinical Nursing*, 29, 2047-2049.
- ³⁰ Kerns, C. E., Elkins, R. M., Carpenter, A. L., Chou, T., Green, J. G., & Comer, J. S. (2014). Caregiver distress, shared traumatic exposure, and child adjustment among area youth following the 2013 Boston Marathon bombing. *Journal of affective disorders*, 167, 50-5.
- ³¹ Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: a review of the literature. *Journal of Child Abuse and Neglect*, 32(8), 797-810.
- ³² Yang, J., Hou, X., Wei, D., Wang, K., Li, Y., & Qiu, J. (2016). Only-child and non-only-child exhibit differences in creativity and agreeableness: evidence from behavioral and anatomical structural studies. *Brain Imaging and Behavior*, 11(2), 493-502.
- ³³ Gobierno de Colombia. (2020c). Decreto Legislativo 533. Bogota, Colombia.
- ³⁴ ICBF. (2020, April 20). Anexo del Manual Operativo para la prestación de servicio de atención de la modalidad territorios étnicos con bienestar, ante la declaración de emergencia sanitaria establecida por el gobierno nacional de Colombia por causa del COVID-19. Bogota, Colombia: Instituto colombiano de Bienestar Familiar.
- ³⁵ MEP. (2020c). RESOLUCIÓN N° MEP- 0555-03-2020 . San José, Costa Rica.
- ³⁶ SPIJ. (2020, April 17). Programa Nacional de Alimentación Escolar Qali Warma: Decreto Supremo N° 072-2020-PCM. (S. P. (SPIJ), Ed.) Lima, Peru.
- ³⁷ MINED. (2020a, March 27). Ministra de Educación verifica la segunda entrega de leche escolar para los centros de contención y comunidades más necesitadas. San Salvador, El Salvador.
- ³⁸ MINED. (2020b). Paquete de Alimentación Escolar Familiar. San Salvador, El Salvador.
- ³⁹ Mineducación. (2020). *Aislamiento preventivo: Juntos en Casa lo lograremos muy bien!* Bogota.
- ⁴⁰ MEP. (2020d). Guía de Primeros Auxilios Psicológicos para Familias en Tiempos del COVID-19. San José, Costa Rica.
- ⁴¹ MINEDU. (2020c). *Acompañamiento Socioemocional a las familias en el periodo de cuarentena*. Lima.
- ⁴² Oficina de la Primera Dama de El Salvador. (2020, August 5). Despacho de la Primera Dama habilita número de teleasistencia médica 131. San Salvador, El Salvador.

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