Covid-19 Pandemic: The Resultant Effect on Child Labour in the Urban Areas of Akwa Ibom State

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ABSTRACT

The study sought to assess COVID-19 pandemic: the resultant effect on child labour in the urban areas of Akwa Ibom State. The research design used for this study was Expost-Facto. The research area for this study was urban areas of Akwa Ibom State. The population of this study comprised all social scientists and journalists. Simple random sampling technique was used to select 40 respondents as the sample size. The main instrument used in this study was an interview schedule titled "COVID-19 PANDEMIC: THE RESULTANT EFFECT ON CHILD LABOUR QUESTIONNAIRE" (CPRECLQ). Cronbach Alpha technique was used to determine the level of reliability of the instrument. The reliability coefficient obtained was 0.94 and this was high enough to justify the use of the instrument. The exercise took about six days. The researcher subjected the data generated for this study to appropriate statistical techniques such as descriptive analysis and simple regression. The test for significance was done at 0.05 alpha levels. The study revealed that governments have a responsibility not only to act urgently to protect children during the pandemic, but to consider how their decisions now can best uphold children's rights long after the pandemic ends. It was concluded that there is significant economic effect of COVID-19 on child labour. One of the recommendations made was that the government should ensure the provision of direct and indirect benefits, such as: essential food security, livelihood and nutrition inputs and services, and cash transfer programs to support vulnerable population groups affected by the pandemic, in order to avoid subjection of children into child labour.

KEYWORDS: Covid-19 Pandemic, Resultant Effect, Child Labour, Remedies

Introduction

The COVID-19 epidemic expanded in early December from Wuhan, China's 7th most populous city, throughout China and was then exported to a growing number of countries. The first confirmed case of COVID-19 outside China was diagnosed on 13th January 2020 in Bangkok (Thailand) (Lu, Stratton, & Tang, 2020). While COVID-19 continues to spread around the globe, it is important that communities take action to prevent further transmission, reduce the impacts of the outbreak and support control measures, and protect the children from any form of abuse.

According to Vally, Murray, Tomlinson, & Cooper (2015), the United Nations declared 2021 the International year for the Elimination of Child Labour, an effort to eradicate this form of abuse and exploitation, a milestone in reaching the Sustainable Development Goal target 8.7. Worldwide, an estimated 152 million children are in child labour, almost half of them, 73 million, work in hazardous child labour. The emergence of COVID-19 places these goals in great peril. The global health crisis is leading to mass disruption with far-reaching consequences. Many children are out of school and economic pressures on families continue to grow. This could push millions of children into child labour and makes child labour an imminent concern. Already working children are likely to be more exposed to the virus (further increasing spread) and face higher risks to falling into worst forms of child labour.

Statement of the Problem

Children who contract COVID-19 appear to have less severe symptoms and lower mortality rates than other age groups. But in myriad other ways, the COVID-19 crisis is having a devastating effect on children, with potentially far-reaching and long-term negative impacts. More than 1.5 billion students are out of school, and widespread job and income loss and economic insecurity are likely to increase rates of child labour, including sexual exploitation, teenage pregnancy, and child marriage. Stresses on families, particularly those living under quarantines, lockdowns and other restrictions on freedom of movement, may increase the incidence of violence in the home. As the global death toll from COVID-19 increases, large numbers of children will be orphaned and vulnerable to exploitation and abuse.

Aims/Objectives of the Study

Mainly, the study sought to assess COVID-19 pandemic: the resultant effect on child labour in the urban areas of Akwa Ibom State. Specifically, the study sought to:

1. Examine the health effects of COVID-19 pandemic on human beings.
2. Determine the economic effect of COVID-19 pandemic in child labour.
3. Find out the remedies to COVID-19 pandemic effect on child labour.

Research Questions

1. What is the health effects of COVID-19 pandemic on human beings?
2. What is the economic effect of COVID-19 pandemic on child labour?
3. What are the remedies to COVID-19 pandemic effect on child labour?

Hypotheses

Ho1: There is no significant economic effect of COVID-19 pandemic on child labour.

Concept of Coronaviruses

According to Ge, Li, Yang, & Chmura (2013), several coronaviruses have caused serious problems in humans and animals in the past two decades. The best known examples are severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV) and porcine epidemic diarrhea virus (PEDV). Urbanization and the increasingly frequent mixing of different animals in densely populated areas may have facilitated

the emergence and re-emergence of some of these viruses. On the other hand, coronaviruses are known to have high mutation and recombination rates, which may allow them to cross species barriers and adapt to new hosts.

The SARS epidemic in 2003 awakened scientists and the world on the ability of coronaviruses for animal to-human transmission. It was one of the worst epidemics in our city's history, with 1,755 people infected and 299 died from the dreadful infection. The animal sources of SARS-CoV was later traced back to civets in wild life markets in China as the intermediate host, and ultimately to horseshoe bats as the primary reservoir (Lau, Woo, Li, Huang, Tsoi, & Wong 2005). Beside SARS-CoV and MERS-CoV which have only emerged recently, the other four human-pathogenic coronaviruses, namely, HCoV-229E, HCoV-OC43, HCoVNL63 and HCoV-HKU1, have been continuously circulating in human for at least decades or centuries (Mackay &, Arden 2016). Although they are often thought to be associated with mild respiratory illnesses, increasing reports have suggested that they may cause severe infections, especially in people at the extremes of age or those with comorbidities.

Concept of COVID-19 Pandemic

At the end of 2019, a series of pneumonia cases of unknown cause emerged in Wuhan (Hubei, China) (Lu, Stratton, & Tang, 2020). A few weeks later, in January 2020, deep sequencing analysis from lower respiratory tract samples identified a novel virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as causative agent for that observed pneumonia cluster. On February 11th, 2020, the World Health Organization (WHO) Director-General, Dr. Tedros Adhanom Ghebreyesus, named the disease caused by the SARS-CoV-2 as "COVID-19", by March 11th, 2020 when the number of countries involved was 114, with more than 118,000 cases and over 4000 deaths, the WHO declared the pandemic status. (WHO, 2020). Corona Virus Disease 2019 (COVID-19) is an RNA virus, with a typical crown-like appearance under an electron microscope due to the presence of glycoprotein spikes on its envelope. The virus might pass through the mucous membranes, especially nasal and larynx mucosa, then enters the lungs through the respiratory tract. Then the virus would attack the targeting organs that express angiotensin converting enzyme 2 (ACE2), such as the lungs, heart, renal system and gastrointestinal tract. The virus begins a second attack, causing the patient's condition to aggravate around 7 to 14 days after onset. (Letko, Marzi, & Munster, 2020).

Health effects of COVID-19 Pandemic on Human Beings

According to Wu, Chen, Cai, Xia, Zhou, Xu, Huang, Zhang, Zhou, & Du (2020), the period from the onset of COVID-19 symptoms to death ranges from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and status of the patient's immune system. It was shorter among patients >70-years old compared with those under the age of 70 years. The most common symptoms at onset of COVID-19 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, haemoptysis, diarrhea, dyspnea, and lymphopenia. The WHO has reported an incubation period for COVID-19 between 2 and 10 days. However, some literature suggests that the incubation period can last longer than two weeks and it is possible that a very long incubation period could reflect double exposure. (WHO, 2020).

The possibility of COVID-19 should be considered primarily in patients with new onset fever and/or respiratory tract symptoms (e.g., cough, dyspnea). It should also be considered in patients with severe lower respiratory tract illness without any clear cause. According to the WHO (2020), although these syndromes can occur with other viral respiratory illnesses, the likelihood of COVID-19 is increased if the patient: (1) resides in or has travelled within the prior 14 days to a location where there is community transmission of SARS-CoV-2 (i.e., large numbers of cases that cannot be linked to specific transmission chains); (2) has had close contact with a confirmed or suspected case of COVID-19 in the prior 14 days, including through work in health care settings. Close contact includes being within approximately six feet (about two meters) of a patient for a prolonged period of time while not wearing personal protective equipment or having direct contact with infectious secretions while not wearing personal protective equipment.

Preventive Measures of COVID-19 Pandemic

Noted in Adhikari, Meng, & Wu, (2020), prevention is, so far, the best practice in order to reduce the impact of COVID-19 considering the lack of effective treatment. At the moment, there is no vaccine available and the best prevention is to avoid exposure to the virus. According to CDCP (2020), in order to achieve this goal, the main measures are the following: (1) to use face masks; (2) to cover coughs and sneezes with tissues; (3) to wash hands regularly with soap or disinfection with hand sanitizer containing at least 60% alcohol; (4) to avoid contact with infected people; (5) to maintain an appropriate distance from people; and (6) to refrain from touching eyes, nose, and mouth with unwashed hands. Interestingly, the WHO issued detailed guidelines including: (I) Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water; (II) Avoid touching eyes, nose and mouth; (III) Practice respiratory hygiene covering your mouth and nose with your bent elbow or tissue when you cough or sneeze; (IV) If you have fever, cough and difficulty breathing, seek medical care early; (V) Stay informed and follow advice given by your healthcare provider; (VI) Maintain at least 1 m (3 feet) distance between yourself and anyone who is coughing or sneezing .

Ward, Wessels, & Lachman (2020) noted that regarding the use of face mask, health care workers are recommended by the WHO to use particulate respirators such as those certified N95 or Filtering Face Piece 2 (FFP2) when performing aerosol-generating procedures and to use medical masks while providing any care to suspected or confirmed cases. Moreover, while an individual without respiratory symptoms is not required to wear a medical mask when in public, people with respiratory symptoms are advised to use medical masks both in health care and home care setting.

Economic Effect of COVID-19 Pandemic leading to Child Labour

The COVID-19 pandemic is a major economic and labour market shock, presenting significant impacts in terms of unemployment and underemployment for informal workers. According to Abramson, (2020), in rural areas, the livelihoods of especially the self-employed and wage workers are at risk, because agro-food supply chains and markets are being disrupted due to lockdowns and restrictions of movement. Vulnerable families resort to negative coping strategies such as distress sale of assets, taking out loans from informal moneylenders, or child labour. Along with the health crisis, and the economic and labour market shock that the pandemic has generated, the vulnerability of millions to child labour is another issue that merits serious attention.

Unemployment and underemployment: All over the world, the quantity and quality of employment is deteriorating rapidly because of COVID-19. The subsequent economic shock has increased both unemployment and underemployment. Besides the number of jobs, there is also the possibility of downward adjustment to wages, social security and working hours. The effect is more on informal sector workers, including self-employed, casual and gig workers, and migrant workers who are more vulnerable to adverse labour market outcomes. Estimates show greater percentage of informal workers may not get back their livelihood status for a longer period in the near future. Without adequate credit or savings to withstand financial setbacks, and without adequate governmental support, these households are left with no other option than putting their children in the workforce to aid survival (Abramson, 2020).

The children of farmers, agricultural labourers and home-based industries are at even greater risk. As government restrictions to movement and gatherings have been imposed during harvesting and marketing time, in the absence of helping hands, children has become the fallback option to assist parents in the fields.

Hunger related Violence at Home: Even when countries are not in crisis, children are at greatest risk of violence in their own home. According to the United Nations Children's Fund (UNICEF), three-quarters of young children (ages 2-4) experience either psychological aggression or physical punishment, or both, by their caregivers at home. Exposure to violence, especially at an early age, can impair children's brain development and is linked to lower educational achievement, and higher rates of anxiety, hunger/starvation, depression, substance abuse, and suicide. Added family stresses related to the COVID-19 crisis – including job loss, isolation, excessive confinement, and anxieties over health and finances – heighten the risk of violence in the home, including both violence between partners and by caregivers against children. School closures due to the virus may increase the number of cases of child abuse that go unreported, as teachers are often best positioned to identify children who may be experiencing violence in the home and seek appropriate intervention (UNICEF 2020).

Parents' Mortality: The COVID-19 pandemic has infected over 185 countries, resulting in more than 1.7 lakh deaths. This will inevitably leave many children without one or both parents or other caregivers. Orphaned children are particularly vulnerable to trafficking and other exploitation like forced begging, or child labour. In such families, there is also the likelihood of older children dropping out of school to support their younger siblings.

Closure of schools: As an immediate measure to stem the spread of the COVID-19 pandemic, governments around the world have shut down educational institutions. UNESCO estimates that as of April 20, 91.3% of total enrolled learners, that is 1.57 billion learners from 191 countries, were affected by school closures. The bulk of these students are enrolled in primary and secondary schools (86%), followed by tertiary (10%) and pre-primary (4%) level of education. As governments are obligated to respect the right to education of children, UNESCO has recommended that countries adopt a variety of hi-tech, low-tech and no tech solutions to assure the continuity of learning during this period. As of now, mostly private schools and select public schools have started online classrooms. However, most government schools are either not set up to use these platforms, or do not have the technology and equipment to provide online teaching. Moreover, the majority of students do not have access to internet, smartphones or a computer. The closure will disproportionately affect children who already experience barriers in accessing education, or who are at higher risk of exclusion. Thus, where parents are incapable not buying

these gadgets, these children engage in abusive and unfit labour in order to raise money to purchase these technological equipment, to avoid dropping out of school.

Inflation: The economic effect of any outbreak often leads to inflation. Amidst the prevalence of COVID-19, there is persistent rise in the prices of goods and services in most countries due to the closure of boundaries and the cessation of movement. As schools are closed, some children in low income earning families may be asked to support their families in farm-related work, both on the family farm or as wage workers, which could expose them to hazardous or age-inappropriate tasks. Children already engaged in child labour are likely to face worsened hardship and shoulder even more responsibility to meet the food security needs of the family (Macmillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013).

Remedies to COVID-19 Pandemic Economic Effect leading to Child Labour

The millions of children who will be victims of the COVID-19 pandemic need immediate attention from states and communities. According to Rothe, Gallinetti, Lagaay, & Campbell (2020), the starting point should be the parents. First, coordinated policy efforts should be taken to provide employment and income support to all informal sector workers to stimulate the economy and labour demand. These measures will cushion enterprises and workers against immediate employment and income losses and reduce the probability of children being made to enter the workforce. As a direct measure, states should prioritize efforts to continue education for all children, using all available technology. Financial support or relaxation of school fees and other related school expenses should be given to those children who wouldn't be able to return to school otherwise. According to Clark, Coll-Seck, & Banerjee (2020), governments should also enact measures to ensure inclusion of children with disabilities. States can reach out to local NGOs working on children with disabilities and engage with them at every stage of the response. School authorities need to ensure that every student will have free lunches at home until schools open. Special efforts should be taken to identify children orphaned due to COVID-19, and arrangements of shelter and foster care for them should be made on a priority basis.

Both the Central and state governments are already implementing a number of decisive measures to redress the situation of people. These include free ration, food and shelter to vulnerable families; social benefits to informal workers, tax relief to low-income earners and Micro, Small and Medium Enterprises (MSMEs). States are also working on distance learning, food distribution to all school children and fees management. For example, while Kerala and Delhi government are delivering food packets as a part of mid-day meals for government school children at their doorsteps, West Bengal and Andhra Pradesh are providing dry rations to children. The Maharashtra government has ordered all aided and unaided schools not to collect fees during the lockdown. The Delhi government has asked schools to collect only monthly tuition fees (Reuters, 2020). These measures will no doubt respond to the emergency needs that COVID-19 has generated and also ease the life of children directly or indirectly to some extent. However, it is clear that more needs to be done to prevent children from lapsing into child labour.

Methodology

The research design used for this study was Expost-Facto. The research area for this study was urban areas of Akwa Ibom State. The population of this study comprised all social scientists and journalists. Simple random sampling technique was used to select 40 respondents as the sample size. The main instrument used in this study was an interview schedule titled "COVID-19 PANDEMIC: THE RESULTANT EFFECT ON CHILD LABOUR QUESTIONNAIRE" (CPRECLQ). The reason for using the interview schedule was on the ground that the researchers needed to adopt phone calls method where the respondents were called and interviewed over the phone due to lockdown in the state. Cronbach Alpha technique was used to determine the level of reliability of the instrument. In the trial test, a total of 10 respondents who did not form part of the main study were randomly selected and the questions in the interview schedule put before them on phone due to lockdown in the state. The reliability coefficient obtained was 0.94 and this was high enough to justify the use of the instrument. The exercise took about six days. The researcher subjected the data generated for this study to appropriate statistical techniques such as descriptive analysis and simple regression. The test for significance was done at 0.05 alpha levels

Research Question 1: The research question sought to find out the health effects of COVID-19 pandemic on human beings. To answer the research percentage analysis was performed on the data, (see table 1).

Table 1: Percentage analysis of health effects of COVID-19 pandemic on human beings.

HEALTH EFFECTS	FREQUENCY	PERCENTAGE
Pneumonia	6	15**
Fever	5	12.5
Cough	6	15**
Sore throat	4	10
Acute respiratory distress	5	12.5
Lung failure	2	5
myalgia	3	7.5
headache	3	7.5
fatigue	2	5
sputum production	2	5
diarrhea	1	2.5*
malaise	1	2.5*
TOTAL	**40**	**100%**

**   The highest percentage frequency
*   The least percentage frequency
SOURCE: Field survey

The above table 1 presents the percentage analysis of the health effects of COVID-19 pandemic on human beings. From the result of the data analysis, it was observed that pneumonia and cough were rated the highest health effects of COVID 19 on human beings 6(15%), while the least health effect of COVID 19 pandemic was diarrhea and malaise 1 (2.5%).

Research Question 2: The research question sought to find out the economic effect of COVID-19 pandemic on child labour. To answer the research percentage analysis was performed on the data, (see table 2).

Table 2: Percentage analysis of the economic effect of COVID-19 pandemic on child labour.

ECONOMIC EFFECT	FREQUENCY	PERCENTAGE
Closure of schools/loss of job by private school workers	13	32.5
Parents' Mortality leading poverty and begging by orphans	7	17.5*
Closure of schools/loss of job by private school worker	9	22.5**
Inflation	11	27.5

TOTAL	**40**	**100%**

** The highest percentage frequency
* The least percentage frequency
SOURCE: Field survey

The above table 2 presents percentage analysis of the economic effect of COVID-19 pandemic on child labour. From the result of the data analysis, it was observed that the tagged "Closure of schools/loss of job by private school worker" 13(32.5%) rated the highest percentage of the economic effect of COVID-19 pandemic on child labour. The least was "Parents' Mortality leading to poverty and begging by orphans" 7(17.5%).

Research Question 3: The research question sought to find out the remedies to COVID-19 pandemic effect on child labour. To answer the research percentage analysis was performed on the data, (see table 3).

Table 3: Percentage analysis of the remedies to COVID-19 pandemic effect on child labour.

REMEDIES	FREQUENCY	PERCENTAGE
parent change of mindset and active engagement in econ activities creation of employment instead of down sizing exercise.	10	25**
Income support to all informal sector	5	12.5
adoption of all available technology for remedy in edu	4	10
adoption of innovative steps by NGO in this direction	3	7.5
free lunch for children until reopening of schools	2	5*
provision of effective palliatives	8	20
involvement of the disable people in every stage of the respons.	3	7.5
utility bill relief	2	5*
social benefits to social workers	3	7.5
TOTAL	**40**	**100%**

** The highest percentage frequency
* The least percentage frequency
SOURCE: Field survey

The above table 3 presents percentage analysis of the remedies to COVID-19 pandemic effect on child labour. From the result of the data analysis, it was observed that the tagged "parent change of mindset and active engagement in econ activities creation of employment instead of downsizing exercise." 10(25%) was rated the highest percentage of the remedies to COVID-19 pandemic effect on child labour, while "free lunch for children until reopening of schools and

utility bill relief" 2(5%) was rated the least percentage of the percentage of the remedies to COVID-19 pandemic effect on child labour.

Hypothesis Testing

Hypothesis one

The null hypothesis states that there is no significant economic effect of COVID-19 pandemic on child labour. In order to test the hypothesis regression analysis was performed on the data, (see table1).

TABLE 4: Simple Regression Analysis of the economic effect of COVID-19 pandemic on child labour.

Model	R	R-Square	Adjusted R Square	Std. error of the Estimate	R Square Change
1	0.82a	0.70	0.70	2.76	0.70

*Significant at 0.05 level; df= 38; N= 40; critical R-value = 0.334

The table shows that the calculated R-value 0.82 was greater than the critical R-value of 0.334 at 0.5 alpha level with 38 degree of freedom. The R-Square value of 0.70 predicts 70% of the economic effect of COVID-19 pandemic on child labour. This rate of percentage is highly positive and therefore means that there is significant economic effect of COVID-19 pandemic on child labour. It was also deemed necessary to find out the extent of the variance of each case of independent variable (economic effect of COVID-19 pandemic.) as responded by each respondent (see table 5).

TABLE 5: Analysis of variance of the economic effect of COVID-19 pandemic on child labour.

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	594.34	1	594.34	78.14	.000b
Residual	289.04	38	7.61		
Total	883.38	39			

a. Dependent Variable: Child labour

b. Predictors: (Constant), Economic effect of COVID-19 pandemic

The above table presents the calculated F-value as (78.14) and the P-value as (000). Being that the P-value (000) is below the probability level of 0.05, the result therefore means that there is significant economic effect of COVID-19 pandemic on child labour.

Discussion of the Findings

The result of the data analysis in table 4 and 5 was significant due to the fact that the calculated R-value 0.82 and F-78.14 were greater than the critical R-value of 0.334 at 0.05 alpha level with 38 degree of freedom. The result implies that there is significant economic effect of COVID-19 pandemic on child labour. The result therefore is in agreement with the research findings of Abramson, (2020), who asserted that in rural areas, the livelihoods of especially the self-

employed and wage workers are at risk, because agro-food supply chains and markets are being disrupted due to lockdowns and restrictions of movement. Vulnerable families resort to negative coping strategies such as distress sale of assets, taking out loans from informal moneylenders, or child labour. Along with the health crisis, and the economic and labour market shock that the pandemic has generated, the vulnerability of millions to child labour is another issue that merits serious attention. The significance of the result caused the null hypotheses to be rejected while the alternative was accepted.

Conclusion

The risks posed by the COVID-19 crisis to children are enormous. Governments have a responsibility not only to act urgently to protect children during the pandemic, but to consider how their decisions now can best uphold children's rights long after the pandemic ends. In conclusion, there is significant economic effect of COVID-19 on child labour.

Recommendations

1. Governments should prioritize efforts to continue education for all children during and after temporary school closures, and make it accessible to all, using all available technology. These efforts should include adapted, accessible material and communication strategies for children with different disabilities.
2. The government should ensure the provision of direct and indirect benefits, such as: essential food security, livelihood and nutrition inputs and services, and cash transfer programs to support vulnerable population groups affected by the pandemic, in order to avoid subjection of children into child labour.
3. The government should ensure adequate monitoring of food prices, food security and needs, health parameters and the economic impact on fragile economies.
4. Parents must never expose their children to child labour, as abused children tend to display psychological and emotional instability.

EFERENCES

Abramson, A. (2020). *How COVID-19 may increase domestic violence and child abuse*. Retrieved from https://www.apa.org/topics/covid-19/domestic-violence-child-abuse

Adhikari, S.P.; Meng, S.; Wu, Y.J.; Mao, Y.P.; Ye, R.X.; Wang, Q.Z.; Sun, C.; Sylvia, S.; Rozelle, S. & Raat, H.; (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review. *Infect. Dis Poverty,* 9(3) 29-30.

Centers for Disease Control and Prevention (2020). *Novel Coronavirus, Wuhan, China*. Available online: https://www.cdc.gov/2019-ncov/prevent-gettingsick/prevention .html.

Clark H, Coll-Seck A. M. & Banerjee A. (2020). A future for the world's children? A [WHO-UNICEF-*Lancet Commission. Lancet;* 395 (30): 65–58.

Ge X.Y, Li J. L, Yang X. L, Chmura A. A, Zhu G, & Epstein J. H, (2013). Isolation and characterization of a bat SARS-like coronavirus. *Nature.* 50(3):5–8.

Lau S. K, Woo P. C, Li K. S, Huang Y, Tsoi H. W, & Wong B. H, (2005). Severe acute respiratory syndrome coronavirus-like virus in Chinese horseshoe bats. *ProcNatl Academic Science USA.* 102(14) 04–05.

Letko, M.; Marzi, A. & Munster, V. (2020). Functional assessment of cell entry and receptor usage for SARS-CoV-2 and other lineage B beta coronaviruses. *Nat. Microbiol.* 5(9) 562–569.

Lu, H.; Stratton, C.W & Tang, Y.W. (2020). Outbreak of pneumonia of unknown etiology in Wuhan, China: The mystery and the miracle. *J. Med. Virol.* 92 (2) 401–402.

Mackay I. M. & Arden K. E (2016). *MERS coronavirus: diagnostics, epidemiology and transmission*. Virol J. (In press).

Macmillan, H. L., Tanaka, M., Duku, E., Vaillancourt, T., & Boyle, M. H. (2013). Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. *Child Abuse & Neglect*, 37(1), 14–21. Retrieved from https://www.sciencedirect.com/ science/article/abs/pii/S0145213412002244.

Reuters, H. (2020). COVID-19: *Global economy already in recession*. Retrieved: https://www. nst.com.my/business/2020/03/576332/covid-19-global-economy-already-recession

Rothe D, Gallinetti J, Lagaay M, & Campbell L. (2015). *COVID-19: Beyond the Health Emergency*. Monrovia, Liberia: Plan International.

UNESCO (2020). *Combat covid-19: Keep Learning*. United Nations Educational Scientific and Cultural Organization. https://iiHe.unesco.org>combating-covid-19.

Vally Z, Murray L, Tomlinson M, & Cooper P. J (2015). The impact of dialogic book-sharing training on infant language and attention. A randomized controlled trial in a deprived South African community. *J Child Psychol Psychiatry;* 56(3): 65–73.

Ward C. L, Wessels I. M, & Lachman J. M, (2020). Parenting for Lifelong Health for Young Children. A randomized controlled trial of a parenting program in South Africa to prevent harsh parenting and child conduct problems. *J Child Psychol Psychiatry;* 61(9): 03–12

World Health Organization (2020). Director-General's Opening Remarks at the Media Briefing on COVID-19–11 March 2020. Available at: https://www.who.int/dg/speeches/ detail/who-director-general-s-openingremarks-at-the-media-briefing-on-covid -19

Wu, C.; Chen, X.; Cai, Y.; Xia, J.; Zhou, X.; Xu, S.; Huang, H.; Zhang, L.; Zhou, X & Du, C.; (2020). *Risk factors associated with acute respiratory distress syndrome and death in patients with coronavirus disease 2019 pneumonia in Wuhan, China.* JAMA Intern. Med.