

Original Research Article

Alternative care takers for children of health care workers during COVID-19 pandemic in Kashmir valley: a cross sectional study

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ABSTRACT

Background: COVID-19 pandemic forced health care workers to seek alternatives of child care due to strong standard operating procedures (SOPs). Informal child care workers include patrilineal, matrilineal, immediate family members, neighbours, friends and housemaids. The present study tried to explore and highlight the role of Informal child care workers in alternative spaces.

Methods: The present study aimed to reveal new facts about COVID-19 pandemic, its implications in relation to the alternative child care spaces available to the children of health workers in the valley of Kashmir. Total sample size constituted 100 respondents including doctors, Para medicals and other supportive staff chosen through snowball sampling technique. For data collection, a structured questionnaire was constructed and sent to respondents through different social media platforms like Facebook, e-mail ids and WhatsApp.

Results: In the study majority of dual career families especially health workers working as frontline COVID warriors in the valley of Kashmir reported that their children were taken care either by alternative care takers mostly patrilocal or matrilocal family members.

Conclusions: The study reveals that dual career families of Kashmir prefer largely female members as alternative care takers as compared to male members. The immediate family members are the most preferable choice of Alternative care followed by housemaids.

Keywords: COVID-19, Children in care, Dual career families, Informal care, Alternative care

INTRODUCTION

The coronavirus outbreak has disrupted nearly every facet of American life, but parents with children at home, particularly parents with full-time jobs, have been uniquely affected. Many, if not most, of these parents depend on public schools, private schools, and day cares to help educate their children and provide childcare support. But the coronavirus outbreak destroyed this crucial support system by forcing schools and day cares to close or offer remote-only options.¹ Concern regarding access to childcare during increased work hours and

school closures was one of the major reasons for anxiety among health care workers.² Evidence from previous infectious disease outbreaks indicate that existing child protection risks are exacerbated, and new ones emerge, as a result of the epidemic as well as of the socioeconomic impacts of prevention and control measures. Some children are at increased risk in these circumstances, especially those without parental care.³ HCWs-75% of whom are women have been forced to make difficult decisions as they balance unrivaled childcare and domestic demands with unparalleled professional needs. A lack of organizational support for family centered

policies 9 has already contributed to many highly trained women HCWs leaving the workforce.⁴ During the pandemic health care workers were forced to seek alternative care for their children. UNICEF defines ‘Alternative care’ as any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents. Family, friend, and neighbor (FFN) care is the most common form of non-parental child care. Family members are the most common solution for parents seeking child care during the pandemic, grandparents being the most popular choice.⁵ Keeping the above facts in mind, the present study was conducted to emphasize the role of alternative care for children of health care workers during COVID-19 pandemic.

METHODS

Study type

It was of cross sectional study.

Study place and period

Participants were working in different hospitals across two districts of Kashmir i.e districts Baramulla and Kupwara. The study was conducted for a period of two months of May and June 2021.

Selection criteria

The participants were selected by snowball sampling and those who consented to be a part of the study were included.

Procedure

The data for the study was collected from two district of Kashmir division namely Baramulla and Kupwara. The respondents were health care workers working in different hospitals of these districts during COVID-19 pandemic. Total sample size constituted 100 respondents chosen through snowball sampling technique. The duty roster of the concerned hospitals was obtained to trace out the respondents. Majority of them were working at government medical college Baramulla and Sub-district hospital Kupwara.

For data collection, a structured questionnaire was constructed according to the set objectives. Due to strict COVID protocols, Google forms were used for data which was sent to respondents through different social media platforms like Facebook, e-mail ids and WhatsApp.

Statistical analysis

Data was analysed using SPSS version 2020. Results were expressed as percentages.

Ethical approval

It was obtained from institutional ethics committee, GMC, Baramulla.

RESULTS

Table 1 showed 67 participants were doctors, 25 paramedical and rest 8 represents supportive staff working as active COVID warriors. The 32 respondents were in the age group of 20-30, 53 were in 31-40 and 15 in the age group of 41-50. 59 respondents were from rural areas and 41 from urban. The 47 were from nuclear, 39 from extended and 14 from joint families. Overall, 68% were females while 28% were males.

Table 1: Socio-demographic profile of respondents.

Variables	Males		Females		Total
	N	%	N	%	
Designation					
Doctors	21	31.34	46	68.65	67
Paramedical	8	32.00	17	68.00	25
Other staff	3	37.5	5	62.5	8
Age (years)					
20-30	10	31.25	22	68.75	32
31-40	17	32.07	36	67.92	53
41-50	5	33.33	10	66.67	15
Residence					
Rural	19	32.20	40	67.79	59
Urban	13	31.70	28	68.29	41
Family type					
Nuclear	15	31.91	32	68.08	47
Joint	13	33.33	26	66.67	39
Extended	4	28.57	10	71.42	14
Total	32	32.00	68	68.00	100

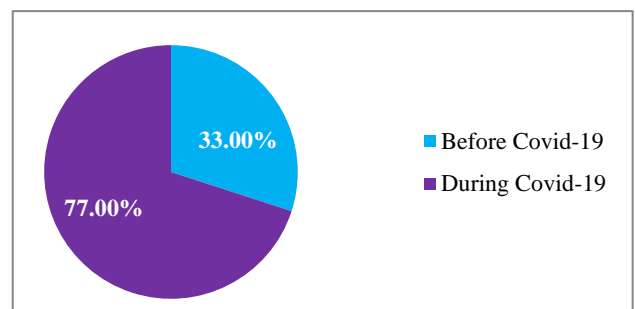


Figure 1: Arrangement of alternative child care before and during COVID-19 pandemic.

Figure 1 represents arrangement of alternative child care before and during COVID-19 pandemic. The data revealed only 33% of the participants had alternate child care before COVID-19 pandemic while during the pandemic 77% of the respondents arranged alternative child care.

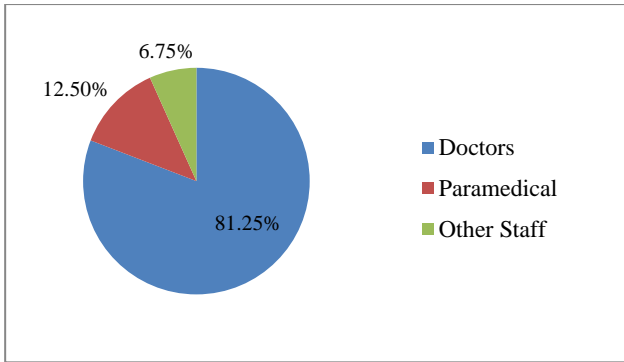


Figure 2: Arrangement of alternative child care before COVID-19 pandemic among different designation groups.

The 81.25% doctors arranged for child care workers, while among para medicals and other staff only 12.50% and 6.75% respectively had opted for alternative child care workers.

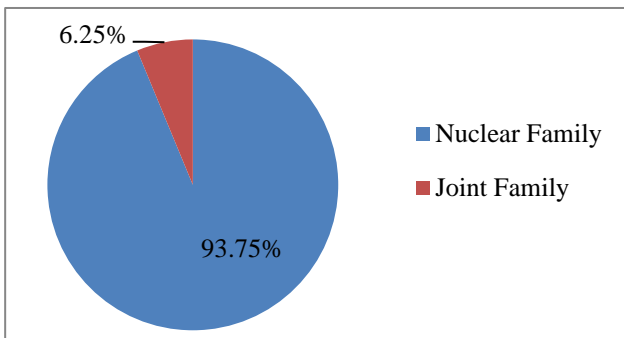


Figure 3: Arrangement of alternative child care during COVID-19 pandemic among different types of families.

Arrangement of alternative child care before COVID-19 pandemic among different types of families. It was seen that majority (93.75%) of those having alternative child care arrangement belonged to nuclear families.

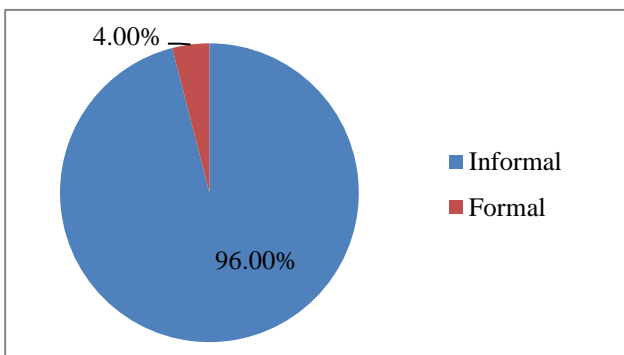


Figure 4: Type of alternative child care.

Figure 4 depicts type of alternative child care and shows 96% of the respondents had arranged for informal care and only 4% had formal care.

Figure 5 shows that 60.42% of families preferred immediate family members as caretakers. The 31.25% preferred housemaids and 8.33% had both immediate family members and housemaids to care for the children.

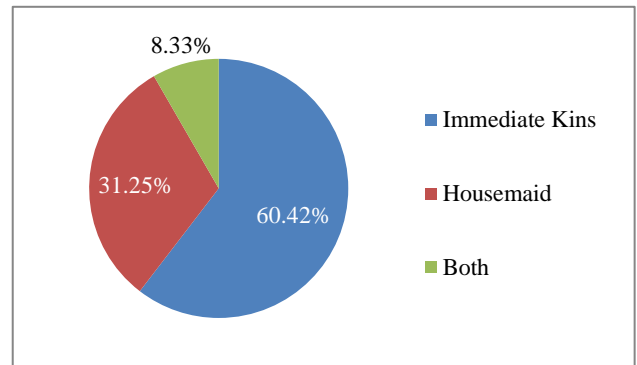


Figure 5: Preference of informal alternative caregivers for children.

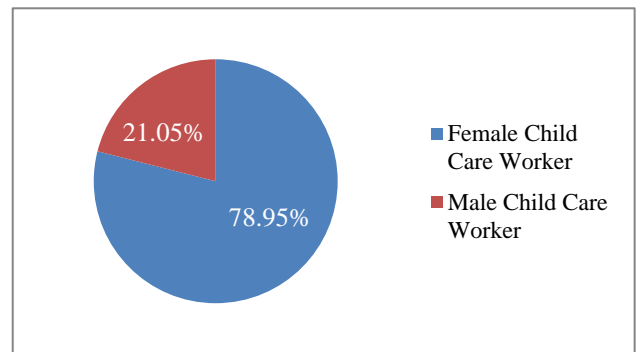


Figure 6: Gender preference for arranging alternate care for children.

In Figure 6, 78.95% respondents preferred female child care workers while only 21.5% preferred a male child care worker.

DISCUSSION

The data revealed only 33% of the participants had alternate child care before COVID-19 pandemic while during the pandemic 77% of the respondents arranged Alternative child care. Evidence from previous infectious disease outbreaks also indicate that existing child protection risks are exacerbated, and new ones emerge, as a result of the epidemic as well as of the socioeconomic impacts of prevention and control measures. Some children are at increased risk in these circumstances, especially those without parental/family care or those at risk of separation from family.³

The 81.25% doctors had arranged for child care workers, while among para medicals and other staff only 12.50% and 6.75% respectively had opted for alternative child care workers. Healthcare workers have difficulty finding child care at the same rates as national estimates. About

50% of households had difficulty finding or could not find satisfactory child care.⁶

It was seen that majority (93.75%) of those having alternative child care arrangement belonged to nuclear families.

The 96% of the respondents had arranged for informal care and only 4% had formal care.

The 60.42% of families preferred immediate family members as caretakers. 31.25% preferred housemaids and 8.33% had both immediate family members and housemaids to care for the children. Similar to this, FFN care is the most common form of non-parental care in the U.S., with estimates of the proportion of children with employed parents using this care ranging from one-third to over one-half (33-53% for children under 5, and 48-59% for school-age children).⁵ Family members are the most common solution for parents seeking child care during the pandemic and some states are formalizing the idea that grandparents are responsible for child care.⁷

The 78.95% respondents preferred female child care workers while only 21.5% preferred a male child care worker.

Limitations

Due to COVID related restrictions it was not possible to conduct face to face interviews of the respondents. Google forms were used for data collection. Also, study was conducted only in two districts which are largely rural but there was almost an equal number of participants from urban areas working in selected hospitals.

CONCLUSION

In order to meet the unprecedented and indeterminate demands of parenting during COVID-19, parents must actively plan new caregiving. This can include informal foster care by family and friends as well as formal care in the form of centres for alternative care for children of front-line workers during pandemics run by NGOs and other organisations. This will help in reducing anxiety among these workers regarding their children and would also ensure adequate quality care for the children.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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