ARTÍCULO ORIGINAL

Gac Méd Caracas 2022;130(Supl 3):S654-S663
DOI: 10.47307/GMC.2022.130.s3.18

Psychological effects associated with preventive isolation by COVID-19 in early childhood in Colombia

Efectos psicológicos asociados al aislamiento preventivo por COVID-19 en la primera infancia en Colombia

Lesby Johanna Lora Carrillo[1], Deicy Villalba Rey[2], Beatriz Elena Guerra Sierra[3*], Pedro Luis Medina[4]

SUMMARY

Background: *There are enough documented records worldwide to date on the number of infections and deaths from the COVID-19 pandemic, and it is foreseeable that there will be a worsening of psychological health in the entire population, however, there are few studies that have addressed the emotional and psychological effects that preventive isolation has caused in Colombia in early childhood so the objective of this study was to know these effects through a survey carried out with caregivers of children in Colombia from different social strata.*
Method: *Cross-sectional, descriptive, and quantitative study that included 1 006 surveys conducted in the last quarter of 2020.*
Results: *The study mainly showed three psychological dimensions that impacted early childhood in Colombia during social isolation due to COVID-19: changes in an emotional state, behavior problems, and results of difficulties associated with sleep.*
Conclusions: *Our results shed light on the specific groups with a higher risk of emotional and psychological difficulties due to a state of preventive confinement. These results suggest the strengthening of affective relationships at home and psychosocial support by qualified personnel for the good integral development of early childhood.*

Keywords: *Childhood, emotional changes, early childhood, COVID-19, preventive confinement.*

RESUMEN

Introducción: *Hasta la fecha existen suficientes registros documentados a nivel mundial acerca del número de contagios y muertes debidas a la pandemia ocasionada por el COVID-19 y es previsible que haya un agravamiento de la salud psicológica en toda la población. Sin embargo, son escasos los trabajos que han abordado los efectos emocionales y psicológicos que ha ocasionado el aislamiento preventivo en Colombia en la primera infancia.*
Objetivo: *Analizar los efectos psicológicos en los niños y las niñas entre los 3 y 6 años, en el tiempo del*

DOI: https://doi.org/10.47307/GMC.2022.130.s3.18

ORCID: 0000-0003-4809-9954[1]
ORCID: 0000-0002-8579-1379[2]
ORCID: 0000-0002-1830-1974[3*]
ORCID: 0000-0002-5192-193X[4]

[1]Universidad de Santander-UDES, Facultad de Ciencias Sociales, Valledupar-Colombia. E-mail: les.lora@mail.udes.edu.co
[2]Universidad de Santander-UDES, Facultad de Ciencias Naturales, Bucaramanga- Colombia.

Recibido: 4 de marzo 2022
Aceptado: 30 de mayo 2022

[3]Universidad de Santander-UDES, Facultad de Ciencias Médicas y de la Salud -Posgrados de Enfermedades Infecciosas, Bucaramanga- Colombia. E-mail: bguerra@udes.edu.co
[4]Fundación Universitaria del Área Andina, Facultad de Educación, Valledupar-Colombia. E-mail: pmedina10@areandina.edu.co

* Correspondence Author: Beatriz Elena Guerra Sierra, Universidad de Santander-UDES, Facultad de Ciencias Médicas y de la Salud -Posgrados de Enfermedades Infecciosas, Bucaramanga- Colombia. E-mail: bguerra@udes.edu.co

aislamiento preventivo obligatorio por la pandemia del COVID-19, a través de una encuesta realizada a cuidadores de niños y niñas de diferentes estratos socioeconómicos en Colombia.
Método: *Mediante muestreo no probabilístico, llevado a cabo en el último trimestre de 2020, se aplicó un cuestionario a 1 006 personas utilizando un análisis factorial exploratorio para determinar una escala de afectaciones emocionales y psicológicas en los niños.*
Resultados: *El estudio mostró principalmente tres dimensiones psicológicas que impactaron en la primera infancia en Colombia durante el aislamiento social por la pandemia de la COVID-19: cambios en el estado emocional, problemas en la conducta, y dificultades asociadas al sueño.*
Conclusiones: *Nuestros resultados arrojan luz sobre los grupos específicos con un riesgo más alto para las dificultades psicológicas emocionales a causa del estado de confinamiento preventivo. Estos resultados sugieren el fortalecimiento de las relaciones afectivas en el hogar y el apoyo psicosocial por personal calificado para el buen desarrollo integral de la primera infancia.*

Palabras clave: *Aislamiento preventivo, COVID-19, cambios psicológicos, primera infancia.*

INTRODUCTION

The Coronavirus family, contrary to popular belief, is a virus that has affected human beings for several years. The current pandemic, however, is due to a new mutation, SARS-CoV-2, later classified as COVID-19 based on the year in which the first case was reported (1).

The first case of COVID-19 disease was reported in the city of Wuhan, China, in December 2019 (2). The main symptoms described related to the disease are fever, cough, shortness of breath, expectoration, muscle pain, fatigue, throat and chest pain, nausea, vomiting, and diarrhea. However, these can escalate other conditions such as pneumonia, pulmonary thromboembolism, cardiovascular accidents, or death according to the study by Yang et al. (3). Worldwide infections since the first outbreak have been increasing exponentially, not only in China, but in different countries, and on March 11, 2020, the World Health Organization declared the spread of this disease a pandemic, which caused an emergency with implications for the physical and mental health of infected people. Initially, adults were the focus of interest, more than the child population, due to the number of infections and registered cases. However, in the child population, pandemics are associated with an increase in anxious, depressive, and psychosomatic symptoms (4,5).

More than 249 million confirmed cases of COVID-19 have been reported as of November 2021 and more than 5 million deaths (6). South America has been the continent with the highest numbers of infections and deaths from COVID-19 per million inhabitants. The countries with the highest number of reported cases are Brazil, Argentina, and Colombia, and so far in 2021, cases have increased in these regions in proportion to other areas of the world, according to data from the Pan American Health Organization and the BBC World (7,8).

According to measurements from the Colombian Ministry of Health (9), the first case of COVID-19 was registered in the country on March 6, 2020, and the number of infections reported until February 2021 was 2 173 347, with 56 733 deaths: a mortality rate of 2.6 %. In response to the declaration of a pandemic by the World Health Organization (WHO), the Colombian Government declared a state of health emergency on March 17 through Decree 417 of 2020. The Ministry of Health, through Resolution 470, established the mandatory isolation of older adults on March 20, 2020, a measure that would be extended to all citizens days later through Decree 457 of March 22, 2020, issued by the President of the Republic. As of October 2021, in Colombia, an average of 89 378 children have been infected, from babies to children under 9 years of age, of whom 26 have died, while 9,601 have recovered (10).

Children have not been identified as groups at high risk of morbidity and mortality from COVID-19, but there are psychosocial risk factors: isolation, domestic violence, poverty, overcrowding, and the abuse of new technologies that are associated with the COVID-19 pandemic and generate changes in the routine of life. In many cases, some boys and girls do not have enough spaces to carry out adequate physical activity; Coupled with this factor are the fear of becoming infected, the decrease in work and the purchasing power of families, the loss of loved

ones, and grieving processes that can significantly influence the emotions and psychological well-being of boys and girls (4), 15 % in many of the American States.

Considering that early childhood is an essential stage in a person's life —because the experiences that occur in this stage, whether positive or negative, have a substantial impact on the integral development of human life (11)— the possible negative effects on mental and physical health that prolonged isolation can cause in boys and girls. Andreu Cabrera (12) recalls, for example, that several studies have confirmed that the psychological sequelae or traumas following a pandemic can manifest themselves in symptoms of post-traumatic stress, return to previous stages, aggressiveness, and rebellion, and even sleep disorders in boys and girls. In addition to this, children absorb the emotional atmosphere of their parents at home, which is a positive sense It helps children adapt to new circumstances in line with the social environment. However, the effect of preventive isolation denotes children's difficulties with emotional and behavioral regulation because they lack spaces such as sports and games with their peers, which allow interaction with others, a key element for their socio-emotional development. It is also necessary to continue with the habits and routines they had, as they allow them to feel safe and continue with their biological course and understand that the few spaces given for them to develop their movements usually cause irritability, crying, fear and even eating disorders and something of hyperactivity.

Preventive isolation can also aggravate metabolic diseases during the stay at home. In the United States, for example, 1.27 million new cases of childhood obesity were reported as of December 2020: an increase in its prevalence of around 15 % in many American states (13). A similar increase may have occurred in other countries of the world because the diet is neglected and food is sought as a way to calm anxiety.

Consistent with the above, observing the clinical effects of COVID-19 in boys and girls, the first observations made it possible to establish the invulnerability of this population. However, during the development of the pandemic, both serious clinical conditions in infants and deaths were evidenced (14). Despite this, it is usually stated that the child population is not the main one affected by the virus. This population has been affected in several particularly essential aspects, such as the closure of kindergartens and schools, which affected food security: in countries such as Colombia, a considerable part of this population depended on the food ration provided in educational centers (15).

Additionally, it has been observed that the compulsory isolation of children has affected their mental health with the emergence of psychological disorders such as anxiety, depression, obsessive-compulsive disorder (OCD), and hyperactivity, among others Cifuentes-Faura (16). And there is also concern about the stagnation of the educational process and school desertion since not all boys and girls had access to the technological tools necessary for their continuation through virtual means.

In Colombia, there are few studies with boys and girls that show the mental health effects associated with preventive isolation due to the COVID-19 pandemic. The purpose of this work was to reveal the main emotional and psychological effects in early childhood through a survey applied to 1006 caregivers of children between the ages of 3 and 6, based on an instrument used by Orgilés Mireiaet To (18). The study mainly showed three psychological dimensions that impacted early childhood in Colombia during social isolation due to COVID-19: changes in an emotional state, behavioral problems, and difficulties associated with sleep.

METHODOLOGY

The present investigation is conceived from a quantitative approach with a cross-sectional descriptive scope, since they describe characteristics in a single sample and analyze data of the variable and dimensions collected in a period on the defined population, a non-probabilistic sampling was used, using contacts through social networks, which allowed reaching a sample of 1006 parents or caregivers who answered a questionnaire on the emotional and psychological affectation in children caused by social isolation due to COVID-19. The surveys were answered online during the last quarter

of 2020. The participating sample was made up of adult caregivers or parents residing in 10 departments of Colombia: Antioquia, Atlántico, Bolívar, Cesar, Guajira, Cundinamarca, Norte de Santander, Santander, San Andres and Valle del Cauca.

The instrument used in this study consists of 31 items and was based on one previously used by Orgilés et al. (18) that allows evaluating, through the perception of parents or caregivers, how confinement due to COVID-19 affects children emotionally and psychologically. An ordinal scale was used that assesses changes from 1 - less compared to before the COVID-19 lockdown - to 5 - a lot compared to before the COVID-19 lockdown. 19 items with socio-demographic information were also attached to the instrument.

For the collection of information, a digital version of the instrument was created in a forms-Google application that collects the responses of parents or caregivers with children from 3 to 6 years of age who voluntarily and with informed consent have decided to be part of the study. Both the instrument and the informed consent were applied digitally and asynchronously, taking into account the preventive measures against COVID-19 and confinement given by the National Government of Colombia for the year 2020. Initially, permission was requested from the University of Santander to share the link of the format with workers who met the inclusion criteria, which was also shared on social networks and WhatsApp groups. The proposal was approved by the research committee of the psychology program, in the application of the instrument the objective of the research, the use of information, as well as the principles of confidentiality, beneficence and non-maleficence, voluntariness, were exposed, taking into account ethical principles established by the Deontological and Bioethical Code of Psychology in Colombia, Law 1 090 of 2006 (22), informed consent is used based on the recommendations of the Deontological and Bioethical Manual of the Psychologist in Colombia (23) and was classified as an investigation without risk-based on article 11 of Resolution 8 430 of 1993 (24).

For data analysis, factorial analysis (based on polychoric correlations, with VARIMAX rotation) was used to determine the latent variables or associated dimensions. The Kaiser-Meyer-Olkin (KMO) sample adequacy criterion was considered before the application of factorial analysis. Once the factors or latent variables were generated, tests of differences between groups were carried out according to some of the sociodemographic characteristics of the population. The Kruskal-Walli's test was used as a non-parametric technique to check the non-compliance with the assumptions of normality and homoscedasticity between the groups. In all the analyses, the R software (version 4.02) was used.

RESULTS

According to the sociodemographic description, the age range of the parents and caregivers was between 18 and 65 years. 72.79 % of the respondents were female. 67.69 % of the surveys were answered by the child's mother and 11.93 % by the father (the rest were uncles, brothers, grandparents, or caregivers). 43.04 % of the surveyed population belongs to socioeconomic stratum 1, 34.59 % to stratum 2, and 14.81 % to stratum 3 (only 7.56 % to higher strata). 60.12 % of those surveyed have university or technological studies and 8.13 % have completed postgraduate studies.

About 5 % reported being unemployed, 18 % said they were studying, 23.7 % are housewives, about 30 % are employed, and 22 % worked informally. Regarding the type of housing, 61.53 % reside at home, 30.81 % in an apartment, and the rest live in a room, farm, or plot. Only 12.72 % of the population lives in rural areas. Similarly, 20.27 % is a population that has suffered forced displacement, around 4 % belongs to indigenous communities, and 6.56 % are Afro-descendant.

From the information referred to the boys and girls, it was found that 51.43 % are female, 31.87 % are three years old, 20.45 % are four years old, 23.23 % are five years old and 24.42 % are six years old.

For the factorial analysis, the 30 items of the survey were introduced. The Kaiser-Meyer-Olkin (KMO) measure of adequacy was evaluated for each item and only those that presented a value greater than 0.8 were left, which reduced the scale to 21 items. The overall measurement (KMO) was 0.9.

The proposed final model contemplates three factors or latent variables, including only those items with weights greater than 0.4, which are the frequency of behavioral problems, difficulty concentrating, being alarmed, difficulty sleeping, sleeping little, waking up at night, having nightmares, being angry, being bored, showing frustration, asking about death, being irritable, crying, feeling nervous, uncomfortable, indecisive, sad, showing anxiety, being restless and showing concern. Globally, the three factors explain 44.6 % of the total variability.

The 3 factors formed contemplated Changes in the emotional state (with 9 items), Behavioral problems (8 items), and Difficulties associated with sleep (4 items). Table 1 shows the factor loadings or weights of each item with the corresponding factor.

Table 1

Factorial weights of each item with the corresponding factor

Item	Factor 1	Factor 2	Factor 3
Is the boy or girl worried?	0.549		
Is the boy or girl more restless?		0.571	
Is the boy or girl more anxious?		0.534	
Is the boy or girl sad?	0.619		
Does the boy or girl have nightmares?			0.485
Does the child feel alone?	0.577		
Does the child wake up more often?			0.725
Does the boy or girl sleep little?			0.722
Is the child very indecisive?	0.461		
Is the child uncomfortable?	0.450		
Is the boy or girl nervous?	0.424		
Does the child cry easily?		0.557	
Is the boy or girl more irritable, irascible?		0.673	
Does the boy or girl ask about death?	0.521		
Does the child feel frustrated	0.737		
Is the boy or girl bored?	0.701		
Is the boy or girl angry?		0.459	
Does the child have difficulty sleeping?			0.742
Is the child easily alarmed?		0.476	
Does the child have concentration difficulties?		0.411	
Does the child have behavior problems?		0.683	

Table 2 shows the goodness-of-fit measures, with a mean square error of approximation (RMSEA) value of 0.085 and a root mean square residual RMSR of 0.04 —considered within the acceptable range for a good fit— and a value of the comparative fit index CFI equal to 0.98 and of the non-normalized fit index NNFI of 0.893. In general, it can be concluded that the fit is good.

Table 2

Factor analysis fit measures

X2 (p value)	RMSEA (90%, lo-hi)	CFI	NNFI	RMSR
1242.23 (p < 3e-171)	0.085 (0.081-0.09)	0.98	0.893	0.04

Once the goodness of the factorial model was evaluated, the respective scores or weights were assigned to each of the 1006 observations under study: three indices were created —from the normalization of the scores—, whose range goes from 0 to 1.

Normalization= (Xij-Xmin)/(Xmax-Xmin)

As the items are directly correlated with the factors, it can be interpreted that high values in any of the indices are associated with a higher frequency observed in the evaluated items that make up the factor.

Table 3 shows the descriptive results of the indicators created.

Table 3

Results of the created indicators

Indicator	Mean	SD	Median
Index of changes in emotional state	0.28	0.14	0.25
Behavioral Problems Index	0.25	0.14	0.21
Index of difficulties associated with sleep	0.30	0.16	0.29

The descriptive results show that, in general, the values of the indices are low. Around 33 % of the observations presented values less than or equal to 0.2 in the Index of changes in an emotional state, 46 % in the Index of behavioral problems, and 27 % in the Index of difficulties associated with sleep. 17 % of the observations presented values above 0.4 in the Index of changes in an emotional state, 14 % in the Index of behavioral problems, and 21 % in the Index of difficulties associated with sleep. In other words, the greatest changes in children, according to the perception of adults, are related to difficulties in sleeping.

To analyze whether the value of the indices is associated with any of the sociodemographic variables studied, contrasts of differences between groups were proposed using non-parametric Kruskal-Wallis contrasts (when evaluating non-compliance with assumptions of normality and homoscedasticity). Table 4 shows the results of the variables that presented significant differences.

Table 4

Factor analysis fit measures

Characteristic	Index of changes in emotional state (p-value)	Index of behavioral problems (p-value)	Index of difficulties associated with sleep (p-value)
Child sex	0.0265	0.478	0.285
child's age	<2*10e-16	0.281	0.924
Community	0.789	0.366	0.03322
Socioeconomic	4.66*10e-8	0.07577	0.02097 (higher in strata 4 and 5)

In the Index of changes in an emotional state, significant differences were observed according to the sex of the child: girls present higher values than boys. In relation to age, it was found that older children have higher values of this index. According to socioeconomic status, higher values were found in children belonging to high socioeconomic status. In the Index of difficulties

associated with sleep, significant differences were found according to the community to which they belong, and higher values were found in the displaced and indigenous population and socioeconomic stratum —higher index values in children belonging to socioeconomic stratum 4 and 5.

DISCUSSION

The three factors resulting from the applied scale were related to difficulties associated with sleep, changes in the emotional state, and behavioral problems, which constitutes a measurement of the psychological effects in early childhood in Colombia caused by social isolation due to COVID-19 (19).

The older children presented high indicators of changes in their emotional state and behavioral problems, while it is assumed that they have a clearer perception of the world around them because they can understand, according to their life cycle, the situation which that happens. This does not indicate that younger children do not understand it, but rather that for them it is the reality they are perceiving —it has not changed, as it has for older children— and, therefore, they have not established differences that there is a different one. A similar study in Germany also used an online questionnaire and parents reported their children's stress levels, well-being, and problem behaviors: it showed the same pattern of behavior in older children, who had high indicators of behavior problems and hyperactivity compared to younger children (25).

Likewise, other research indicates that older children who managed to have the school experience perceived a strong change in their life habits with the closure of educational institutions, which has limited not only their learning and recreation activities, but the strengthening of interpersonal relationships, since the school provides an important space for the socialization process in boys and girls that strengthens their socio-emotional skills (16,26,27).

Similarly, in the data obtained, it was observed that the girls presented higher indicators of the changes in emotional effects, a result that may be subject to sociocultural gender stereotypes that establish the roles and norms of behavior within Latin American societies. Therefore, it can be said that girls in early childhood were more emotionally affected than boys according to the perception of their parents or caregivers, especially because a patriarchal political system has been determined in Colombia; In addition, the regions where the greatest source of information was extracted was the coastal zone, characterized by a profoundly sexist cultural system, where children are taught that "men do not cry", as confirmed by a UN Women report (28) carried out in Colombia. It must be taken into account that the information was provided by the parents, which somehow represents one of the limitations of this study, as the emotional experiences of the boys and girls were not directly evaluated. This data also suggests opening lines of research on the psychological effects on boys and girls during social isolation due to the pandemic from a gender perspective, especially in Latin American countries where the inequality gaps towards women are quite wide and few scientific sources can confirm the assessment.

Another of the most relevant data is that there was a similarity in difficulties associated with sleep in boys and girls displaced by violence and in boys and girls who belong to indigenous communities. In general, this population shows risk or vulnerability factors associated with traumatic situations caused by armed conflict, poverty, and social exclusion (29,30). The effects of the armed conflict on childhood have left significant impacts on the mental health of early childhood; many ethnic communities in Colombia were also victims of the armed conflict due to the geographical position in which they found themselves and went through situations of confinement by illegal armed groups, who adopted measures very similar to those taken by COVID-19 as ratified by Arias-Campos and Roa-Mendoza in a study carried out in 2015; Hiller et al., in 2017; Sepúlveda and Garavito, in 2019 (31-33). The effects of post-traumatic stress caused by the violence experienced by the parents or caregivers of these children may have a generational impact on the mental health of the children, even though they were not direct victims of it (34,35).

CONCLUSION

There are external psychosocial factors that increase the risks of vulnerability in emotional and subjective development in early childhood in Colombia that has gone through the confinement of COVID-19, such as ethnic minorities that in a country like Colombia tend to be invisible and with low presence of the state, these populations being the most marked by the internal armed conflict, which increases the probability of having greater psychological effects in social isolation (28). On the other hand, the child population, especially girls, were the most affected according to the results, which suggests carrying out studies focused on gender, considering that Latin America has been marked by a male chauvinist patriarchal political system that has generated establishing gender roles where I have allowed girls to express their emotions, while boys are often denied the possibility because they are men (28,31,33).

Likewise, according to Palacio-Ortiz (36), the imposition of restrictions on the freedom given by the COVID-19 measures embodies risk factors for a greater psychological impact and exerts pressure that ultimately affects the family nucleus. The context in which the boy and girl develops has a great influence on their behavior, while the personal protective factors are strengthened with a network of support and values that are acquired not only with the family group but also with the exercise of their interpersonal relationships (34).

Regarding the limitations of this study, it is considered necessary that it was necessary to collect the narratives of the boys and girls, their voices recounting the experience and their perceptions of social isolation, it was a highly relevant fact that could not be carried out by the situation of mandatory confinement and low economic resources that did not make these meetings possible. However, in the present investigation, it is possible to show some indicators in the psychological affectations presented in early childhood that must be taken into account to create lines of action and opportune psychological interventions, in addition to management thought from public policies that must be included by the pandemic effect. According to UNICEF (37), the pandemic has left significant damage on the indicators related precisely to childhood, while the new normality has been devastating, which has generated poorer families and has worsened the mental health of children, it also anticipates that this type of socio-economic alterations tends to increase.

In this sense, various options are proposed to mitigate these effects, as well as actions designed to strengthen affective relationships at home, manage emotions and improve coping skills as psychological skills in early childhood, which can serve as a resource for situations that have left mandatory confinement, in addition, that public policies establish programs in emotional education for boys and girls that allow them to develop executive functions, which not only enhance academic performance (34), which was affected during the pandemic (37) but also provides resources to regulate emotionally, which will boost comprehensive development in early childhood. Finally, he wants to highlight that there are programs designed for early childhood with early intervention strategies to equalize opportunities for cognitive-emotional development despite being in situations of poverty and social inequality (38), which is considered an alternative proposal to these risky situations.

REFERENCES

1. Baj J, Karakuła-Juchnowicz H, Teresiński G, Buszewicz G, Ciesielka M, Sitarz E, et al. COVID-19: Specific and Non-Specific Clinical Manifestations and Symptoms: The Current State of Knowledge. J Clin Med. 2020;9(6):1753.
2. Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. Lancet. 2020;395(10228):945-947.
3. Yang W, Cao Q, Qin L, Wang X, Cheng Z, Pan A, et al. Clinical characteristics, and imaging manifestations of the 2019 novel coronavirus disease (COVID-19): A multi-center study in Wenzhou city, Zhejiang, China. J Infect. 2020;80(4):388-393.
4. Paricio R, Pando MF. Salud mental infanto-juvenil y pandemia de Covid-19 en España: cuestiones y retos. Rev Psiquiatr Infanto-Juvenil. 2020;37(2):30-44.
5. Azim D, Kumar S, Nasim S, Arif T Bin, Nanjiani D. COVID-19 as a psychological contagion: A new Pandora's box to close? Infect Control Hosp Epidemiol. 2020;41(8):989-990.

6. OMS. Nuevo coronavirus 2019 [Internet]. 2020 [cited 2021 Feb 11]. Available from: https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019?gclid=Cj0KCQiAyJOBBhDCARIsAJG2h5cKiR80yOBp8tpNankv0HVFSBboH2U01pfS0Ts07-XhSHdY2P89ShoaAs2UEALw_wcB
7. BBC. Coronavirus: 8 gráficos que muestran el número de casos y muertes por covid-19 y qué países están vacunando más en América Latina y el resto del mundo - BBC News Mundo [Internet]. 2021 [cited 2021 Oct 15]. Available from: https://www.bbc.com/mundo/noticias-58436227
8. OPS. Aumentan los casos de COVID-19 en muchos países de las Américas - OPS/OMS | Organización Panamericana de la Salud [Internet]. 2021 [cited 2021 Oct 15]. Available from: https://www.paho.org/es/noticias/14-7-2021-aumentan-casos-covid-19-muchos-paises-americas
9. Minisalud. CORONAVIRUS (COVID-19) [Internet]. 2021 [cited 2021 Feb 11]. Available from: https://www.minsalud.gov.co/salud/publica/PET/Paginas/Covid-19_copia.aspx
10. Gobierno Nacional de Colombia. Medidas tomadas para el Aislamiento preventivo [Internet]. 2021 [cited 2021 Oct 12]. Available from: https://coronaviruscolombia.gov.co/Covid19/acciones/acciones-de-aislamiento-preventivo.html
11. UNICEF. Desarrollo de la primera infancia [Internet]. 2017. Available from: https://www.unicef.org/es/desarrollo-de-la-primera-infancia
12. Andreu Cabrera E. Actividad física y efectos psicológicos del confinamiento por covid-19. Rev INFAD Psicol Int J Dev Educ Psychol. 2020;2(1):209-220.
13. Bueno MG. Obesidad infantil en tiempos de covid-19. Rev Españ Endocrinol Pediát. 2021;12(1).
14. Morand A, Fabre A, Minodier P, Boutin A, Vanel N, Bosdure E, et al. COVID-19 virus and children: What do we know? Archives de Pediatrie. 2020;27:117-118.
15. CEPAL. Informe sobre el impacto económico en América Latina y el Caribe de la enfermedad por coronavirus (COVID-19) | Publicación | Comisión Económica para América Latina y el Caribe [Internet]. 2020 [cited 2021 Feb 15]. Available from: https://www.cepal.org/es/publicaciones/45602-informe-impacto-economico-america-latina-caribe-la-enfermedad-coronavirus-covid
16. Cifuentes-Faura J. Consecuencias en los Niños del Cierre de Escuelas por COVID-19: El Papel del Gobierno, Profesores y Padres. Rev Int Educ para la Justicia Soc. 2020;9(3).
17. Orgilés M, Morales A, Delveccio E, Mazzesch C, Espada J. Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain. J Mater Process Technol. 2020;1(1):1-13.
18. Origelés M, Morales A, Delveccio E, Mazzeschi C, Espada JP. Efectos psicológicos inmediatos de la cuarentena COVID-19 en jóvenes de Italia y España. Minist Cienc e Innovación España y el Fondo Eur Desarro Reg (PSI2017-85493-P). 2020:1-13.
19. Baena Paz G. Metodología de la Investigación. Metodología de la investigación. 2017:48-103.
20. Hernández-Sampieri R, Fernández-Collado C, Baptista-Lucio P. Metodología de la investigación. Sexta. México: McGraw Hill Education; 2014.
21. López P, Fachelli S. Metodología De La Investigación Social Cuantitativa [Internet]. Metodología de la Investigación Social Cuantitativa. 2015;35
22. Congreso de la República de Colombia. Ley 1090 de 2006 [Internet]. 2006 [cited 2022 May 3]. p. 1–180. Available from: https://eticapsicologica.org/index.php/documentos/lineamientos/item/37-ley-1090-de-2006
23. COLPSIC. Manual deontológico y bioético del psicológo septima version. 2019.
24. Ministerio de Salud. Resolucion 8430 de 1993. 1993:1-19.
25. Christner N, Essler S, Hazzam A, Paulus M. Children's psychological well-being and problem behavior during the COVID-19 pandemic: An online study during the lockdown period in Germany. PLoS One. 2021;16(6):e0253473.
26. Gutierréz L. Salud Mental En Niños Y Adolescentes Relacionado a La Cuarentena ocasionada por COVID-19. J Chem Inf Model. 2021;53(9):1689-1699.
27. Silveria A. Salud Mental en niños/adolescentes en tiempos de distanciamiento social por el COVID-19. Rev Cubana Enferm. 2020;36:1-8.
28. ONU Mujeres. Mujeres y Hombres. Brechas de Género en Colombia [Internet]. Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres, 2020. 2020. Available from: https://www2.unwomen.org/-/media/field office colombia/documentos/publicaciones/2020/11/mujeres y hombres brechas de genero.pdf?la=es&vs=5814
29. Salcedo M, Vásquez, Rafael CM. Niños, niñas y adolescentes sus derechos prevalecen. 2015;40. Available from: https://www.unidadvictimas.gov.co/sites/ default/files/documentosbiblioteca/ninez.PDF
30. Save the Children Canada (SCC). Colombia Huellas del conflicto en la primera infancia -Save the children-. Revista N. En: Mejía AC, González Uribe G, editors. Bogotá; 2009.p.290.
31. Sepúlveda E, Garavito C. Conflicto armado y sus implicaciones en la salud mental infantil. Univ Pilot Colomb. 2019:1-10.
32. Arias-Campos RL, Roa-Mendoza CP. Implicaciones del sufrimiento en niñas, niños y adolescentes víctimas

del conflicto armado para pensar la memoria y la reparación en clave intergeneracional: apuestas conceptuales. Prospect Rev Trab Soc e Interv Soc. 2015;(20):115-140.

33. Hiller RM, Halligan SL, Tomlinson M, Stewart J, Skeen S, Christie H. Post-trauma coping in the context of significant adversity: A qualitative study of young people living in an urban township in South Africa. BMJ Open. 2017;7(10).
34. Cherewick M, Doocy S, Tol W, Burnham G, Glass N. Potentially traumatic events, coping strategies and associations with mental health and well-being measures among conflict-affected youth in Eastern Democratic Republic of Congo. Glob Heal Res Policy. 2016;1(1):1-18.
35. Denov M, Fennig M, Aude M, Shevell MC. Resistencia intergeneracional en familias afectadas por la guerra, el desplazamiento y la migración : "Eso es de familia". 2019;22(1):17-45.
36. Palacio-Ortiz JD, Londoño-Herrera JP, Nanclares-Márquez A, Robledo-Rengifo P, Quintero-Cadavid CP. Psychiatric disorders in children and adolescents during the COVID-19 pandemic. Rev Colomb Psiquiatr (English ed). 2020;49(4):279-288.
37. UNICEF. Los estragos que la pandemia de COVID-19 ha causado a los niños del mundo [Internet]. 2021. Available from: https://www.unicef.org/es/coronavirus/estragos-pandemia-covid19-ha-causado-ninos-mundo
38. Carboni A, UNICEF. Neurodesarrollo y pobreza en la primera infancia: estrategias de intervención temprana para equiparar las oportunidades de desarrollo cognitivo-emocional [Internet]. [Uruguay]; 2016 [cited 2021 Dec 13]. Available from: https://cibpsi.psico.edu.uy/node/82