Infection and Social Dislocation: Wellbeing Impacts of COVID-19 on Children and Young People - Perspectives of Rwandan Leaders

Pamela Abbott [*,§] , Agnes Bingwaho , Eilidh Cowan , Lucia D'Ambruoso [§]

Posted Date: 28 March 2023

doi: 10.20944/preprints202303.0474.v1

Keywords: Covid-19; children and adolescents; Rwanda; structural inequalities; post colonialism

Article

Infection and Social Dislocation: Wellbeing Impacts of COVID-19 on Children and Young People's - Perspectives of Rwandan Leaders

Pamela Abbott [1,2,*,§], Agnes Bingwaho [3], Eilidh Cowan [4] and Lucia D'Ambruoso [1,2,5,6,7,§]

[1] Centre for Global Development, School of Education, University of Aberdeen, Scotland UK
[2] Aberdeen Centre for Health Data Science (ACHDS), Institute of Applied Health Sciences, School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, Scotland, UK
[3] University of Global Health Equity, Rwanda
[4] School of Geosciences, University of Edinburgh
[5] Department of Epidemiology and Global Health, Umeå University, Sweden
[6] MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
[7] Public Health, National Health Service (NHS), Grampian, Scotland, UK
* Correspondence: p.abbott@abdn.ac.uk
§ These authors made an equal contribution to the article.

Abstract: COVID-19, the fear it engendered, and the policy measures to manage its spread have disproportionately impacted the wellbeing of children and adolescents (CAs). We present an intensive critical realist case study of the impact of COVID-19 on the health and wellbeing of CAs in Rwanda, seeing it as much a social and political crisis as a medical and public health one. To do this, we carried out interviews with a purposive sample of 25 leaders with a working knowledge of children and young people; they were more likely than the CAs themselves to observe changes across the CA population within their remit and more likely to be looking for general explanations rather than individual experiences. The findings show that CAs' responses to the changes wrought on their lives by Covid-19 were conditioned by their age, gender, social class and if they lived in urban or rural areas. However, Covid19 has not just revealed the structural weakness of the Rwandan health system but of education, social protection, child protection, employment, family, and financial systems. The pathway to (adverse) impacts of COVID-19 on CAs is conditioned by these institutions and their interactions together with structural socioeconomic inequalities both within Rwanda and globally.

Keywords: COVID-19; children and adolescents; Rwanda; structural inequalities; post colonialism

1. Introduction

COVID-19, the fear it engendered, and the policy measures to manage its spread have disproportionately impacted the health and wellbeing of children and adolescents (CAs) globally (Loewenson et al., 2021; Singh et al., 2020). Across diverse contexts, CAs have become distressed. Levels of anxiety and depression have increased due to massive social upheaval, uncertainty over the future, restrictions on mobility, reduction in quality of life and fear of contracting the disease (Melendez-Torres et al., 2021; Padilla & Bernheim, 2020; Sharpe et al., 2021). Rates of child poverty, food insecurity and violence against women and children have increased, and school closures have resulted in a loss of learning (Division of Communication's Global Content Strategy, 2020; Hope and Homes for Children, 2020; OECD, 2020; Padilla & Bernheim, 2020; Sestito et al., 2021).

As in other settings, in sub-Saharan Africa, there has been a failure to safeguard CAs; a health crisis has become a child rights crisis (Division of Communication's Global Content Strategy, 2020; Green, 2020; UNICEF, 2021). Putting CAs' health and wellbeing under siege from all directions, making what was already a challenging place for CAs even more challenging (Datzberger & Parkes,

 doi:10.20944/preprints202303.0474.v1

2021). Long-term adverse impacts on CAs are likely not least because of deepening inequalities among CAs. Those from poorer homes have been more adversely affected by the socioeconomic impact and lost learning due to school closures than those from more advantaged homes (Araújo et al., 2021; Datzberger & Parkes, 2021; Lee, 2020), with a likely accumulation of lost learning after children return to school (Angrist et al., 2021; Kaffenberger, 2021; World Bank et al., 2021).

Informed by a critical realist paradigm (Archer, 1998; Porpora, 2015), including its commitment to social justice (Sayer, 2011), we present an intensive case study of the impact of COVID-19 on the health and wellbeing of CAs in Rwanda. Seeing it as much a social and political crisis as a medical and public health one (Connell, 2020; Haase, 2020), we offer an *explanation* for some of the observed impacts of COVID-19 on the lives of CAs (7–18 years). To do this, we draw on a series of 25 narrative interviews carried out with 25 local and national leaders possessing a grounded understanding of how the lives of CAs have been affected and how CA have exercised agency (or not) in the context of structural, political, and cultural changes wrought by the pandemic between March 2020 and January 2021. In doing so, we go beyond the existing research, which tells us what has happened, to develop a sociological understanding of *how and why* COVID-19 has had the impact it has (Archer, 2020b; Monaghan, 2020; Tinsley, 2022).

This paper proceeds in five stages. First, in line with a critical realist research process, we consider preconcepts (Belfrage & Hauf, 2017), a possible causal theory for the empirical impacts of COVID-19 on CAs. Second, we consider the Rwandan context, including policy measures taken by Government to mitigate the pandemic's impacts. Third, we discuss our methodology and lay out the research methods used. Fourth, we describe findings setting out participant perceptions of the impacts of COVID-19 on CAs and how and why those impacts were experienced and observed. Fifth, we use *retroduction* to develop an *explanation* for the impacts, developing and refining an initial theory.

2. Pre-concepts: Anomie and COVID-19

COVID-19 is a complex epidemiological and social disaster (Delanty, 2021) that wrought unprecedented changes in everyday lives. While the reality of the crisis is *extra-discursive*, that is, COVID-19 exists independently of our awareness of it, discursive responses shape experiences (Belfrage & Hauf, 2017). The response resulted in what Agamben has called a state of *exception* (Agamben, 2005, 2021). In the name of biosecurity and health, exceptional ('unprecedented') measures were taken that limited people's freedoms. These included lockdowns, prohibitions on international and national travel and on meetings with relatives and friends, closure of workplaces and schools and being required to take precautions to mitigate infections. Justified on claims to scientific evidence, 'follow the science,' wide-ranging restrictions were backed up by coercive laws to enforce staying at home, social distancing and wearing masks in public places.

Combined with these, the reality of COVID-19 created a *social pandemic* of suspicion, fear, uncertainty, a weakening of social bonds, and loss of trust (Pickersgill, 2020; Strong, 1990; Ward, 2021). It made the future indeterminate and shattered shared understandings of the risks we face in our daily lives, with medical science, nation-states and global governance unable to deal with the risks of COVID-19. It left people uncertain about what was safe, what news and what experts could be trusted, an uncertainty heightened by the dissemination of disinformation on social media. As a result, people lost taken-for-granted behaviour repertoires and had to develop new routines in what was described as the new 'normal' (Haerpfer et al., 2013; Strong, 1990).

The sociological toolkit provides lenses that can be drawn on to begin to explain the impacts of COVID-19 on society. Here we draw on the work of the Nineteenth Century French Sociologist Emile Durkheim and specifically his theory of *anomie* as developed in his work on suicide (Durkheim, 1952) to explain why people respond to the crisis in the way they did. His work has been used widely to explain people's responses to the sudden changes brought about by the fall of the former Soviet Union and the 2008 Economic Crisis (Bygnes, 2017; Haerpfer et al., 2013; Motyka et al., 2020).

Durkheim argues that sudden social change leaves people without a behaviour repertoire for navigating their daily lives; they become *anomic* – a collective state that weakens social cohesion and

 doi:10.20944/preprints202303.0474.v1

solidarity more broadly. The social norms that have guided lives are no longer appropriate, meaning there is a lack of social regulation and a weakening of social bonds or feeling of belonging. Anomie is *normlessness:* people's detachment from reality, loss of purpose in and ability to navigate upturned lives, uncertainty, anxiety, and stress about the present and future where lives lack meaning outside of fear and without connection – coupled with a feeling of low and no worth, value, and agency – and being helpless to do anything about it.

The Rwandan setting

Rwanda is a least developed aid-dependent country (World Development Indicators, 2021) with poor human development, including that of CAs (Clark et al., 2020; UN Development Programme, 2021). It is one of the most rural countries globally, with over 80% of the population living in rural areas and most household dependent on subsistence agriculture supplemented by casual labouring (National Institute of Statistics of Rwanda, 2018). It remains one of the poorest countries in the world, with poverty mainly concentrated in rural areas (National Institute of Statistics, 2018).

Child poverty is high, with 60% of children living in absolute poverty (less than $1.95ppp a day) in 2017 and less than 10% of children living in households with an income above the $5.50 PPP poverty line (Silwal et al., 2020). The level of violence against children and young people is also high. In 2015/16, 27% of adolescent girls (13 – 17 years) reported having experienced physical and/or emotional and/or sexual violence in the previous year and 42% of adolescent boys (Ministry of Health, 2017). Another study found 58% of boys and 66% of girls between the ages of five and ten years reported that a parent sometimes kicked or punched them, and 46% of boys and 50% of girls that a parent had sometimes hit them with an object (Pontalti, 2013). Corporal punishment in schools is also high, with 47% of boys and 51% of girls reporting that their teacher had physically punished them the week before the survey. School enrolment is almost universal, but educational attainment is poor, with children, on average, attending school for 6.9 years but only learning as much as if they had attended for 3.9 years (World Bank, 2020).

COVID-19 transformed taken-for-granted everyday life for CAs in Rwanda as globally and with little warning. Rwanda implemented a National Preparedness and Response Plan in March 2020 to respond to perceived risks posed by COVID-19 as it first took hold (KARIM et al., 2021). Wearing masks in public places and social distancing were made mandatory, and people were advised to wash their hands frequently. Messages about COVID-19 and mitigation measures were broadcast on radio, delivered to communities by drones, and reinforced by community health workers.[1] A countrywide lockdown was imposed on 20th March 2020 but was gradually lifted from 4th May. However, schools remained closed, and most CAs did not return to school until January 2021 (UNESCO, 2021), meaning that most lost nearly a year of schooling.

The measures left people anxious, stressed, fearful and uncertain about the future. Over 70% of the population were worried about family members and themselves catching the virus (S. Warren et al., 2020). An increase in already high rates of child poverty (Silwal et al., 2020), school closures, the increases in already high rates of domestic violence and child abuse, and the general atmosphere of fear and uncertainty had a negative impact on CAs including on their mental wellbeing (Binagwaho, 2021). Child labour increased, girls were required to do more unpaid care work, teenage pregnancy increased, and CAs became more unruly (Louis et al., 2020; Mueller & Tronick, 2019).

The impact of school closure was profound. Schools in Rwanda, as elsewhere, are an important part of children's and young people's daily routine and where they socialise and meet friends. In Rwanda, most CAs attended school before the lockdown (NISR, 2018). School closures have increased learning inequalities and harmed child wellbeing (Cameron, 2021; Cameron et al., 2021; Cozzolino et al., 2020). While the Government and some NGOs organised TV and radio education broadcasts (H. Warren & Wagner, 2020), most children's and young people's living conditions are not conducive to study. Ownership of TVs and radios and access to the internet are the preserve of the better off, with only 14% of households owning a TV, 39% a radio (authors' calculation from RDHS 2019/20 data), and only 12% having access to the internet (authors' analysis of EICV V data). Many parents struggled to provide any home-schooling, lacking the necessary literacy skills or competency in English, the

 doi:10.20944/preprints202303.0474.v1

language of instruction from primary 1 (Failing Adult Learners: Why Rwanda's Adult Literacy Education Is Not Delivering, 2020). In one study, only a third of parents with school-aged children thought that their children had learnt anything from the radio broadcasts, with children from poorer homes, children with disabilities and girls being the least likely to have benefited (Cozzolino et al., 2020).

3. Methodology

Research question

The research questions were: How has COVID-19 and the public health measures taken to control the spread of the virus impacted the health and wellbeing of CAs in Rwanda? How has the interaction of COVID-19 and the measures taken to mitigate its impact and the nature of the context produced these outcomes?

Theoretical framework

Critical realism combines a *realist ontology*, a philosophical position that sees the world as consisting of natural and social objects and structures that make events occur but cannot be observed and exist Independent of our perceptions, theories, and constructions, with an *interpretivist epistemology* that recognises that all knowledge of these is socially constructed, historically contingent and shaped by our perspectives and beliefs (Danermark et al., 2019; Sayer, 2010). Blending a realist ontology with an interpretive epistemology, critical realism provides an enquiry framework that is evolving and broad but has a common core. It has a 'depth ontology' that distinguishes between the 'real' but unseen structures - powerful, objective, enduring relation and distribution of resources among social positions; the 'actual' things or events; and the 'empirical' observations or observations or experiences of these. Unobservable structures cause observable events, and the social world can be, albeit imperfectly, understood if we understand the causal mechanisms that generate these events, that is, make them happen. We know that the 'real' exists because it has observable effects (Mills, 1959). Changes in the empirical occur when the interaction of knowledgeable agents with their structural context trigger mechanisms that change the structural context in which they live their daily lives.

Around this, critical realism sees social reality as an 'open system' with multiple overlapping and interacting mechanisms that provide the context for each other and which may reinforce or conflict (Byrne, 1998). From this position, meaning, behaviour, and social structure are all real phenomena, and the relationship between them is one of interaction, interdependence, complexity and recursive connection (Archer, 1998; Sayer, 2010). Social structures condition how actors make sense of their social situation and the possibilities to exercise agency (Archer, 2008). Agency can trigger mechanisms that recreate or transform those social structures (Archer, 1998, 2008; Danermark et al., 2019).

Critical realism uses *retroduction* - what must be 'true' for the event to be possible - to uncover 'generative mechanisms' capable of causing what is observed/experienced by identifying the actual processes that lead to specific outcomes in particular contexts (Sayer, 2010). All explanations (theories) are seen as provisional, partial, and open to change, iteration, and adaption

Research design

We used a qualitative impact evaluation developed by critical realists (Copestake et al., 2019; Maxwell, 2012a) to enable us to address how and why COVID-19 impacts the CAs' lives, that is, to move from description to explanation. As critical realists, we agree that there are causal processes but reject the Humeian successionist theory of constant conjuncture that does not go beyond observable regularities (Maxwell, 2012b; Mohr, 1999). We also argue that it is necessary that causal efficacy is extended to beliefs, values and interactions and not just restricted to physical objects and events (Archer, 2008; Sayer, 2010). We inferred causal explanations through retroduction from participants' accounts of how and why changes had occurred in children's and young people's behaviour since the

 doi:10.20944/preprints202303.0474.v1

outbreak of COVID-19. We ask what must 'the real' be like for the changes in children's wellbeing that have been observed, rejecting the view that COVID-19 and the public health measures taken to contain it provide a sufficient causal explanation by themselves. COVID-19 and the public health measures were introduced into an open system where numerous mechanisms are at work interacting with each other to influence empirical outcomes (Edgley et al., 2016).

To do this, we carried out qualitative research using narrative interviews with local leaders and national experts involved with CAs to uncover what impacts they thought COVID-19 was having on the wellbeing of young people and how and why it was having this impact (Brönnimann, 2022; Danermark et al., 2019; Tikly, 2015). We asked critical realist framing and questions such as "How has COVID-19 impacted CAs living in your community?" and probed to explore how it had impacted different groups of CAs in the community (Brönnimann, 2022).

Sampling

We sampled 25 leaders, 15 local and 10 nationals, with a working knowledge of children and young people as they were more likely than the CAs themselves to observe changes across the CA population within their remit and more likely to be looking for general explanations rather than individual experiences. We were interested in how CAs' behaviour and wellbeing had changed, and how and why these changes had come about. The local leaders were from five communities, three in rural and two in urban areas located across the country, with expert knowledge of what was happening, especially to CAs in their communities. At the national level, we interviewed representatives of four NGOs/INGOs working with CAs and six national stakeholders, including representatives of the Ministry of Health, the Ministry of Education, and a development partner interested in CAs based in Kigali. The context in which CAs live their lives differs markedly between the majority living in rural areas, where most live, and urban areas, especially Kigali (National Institute of Statistics of Rwanda Ministry of Health & The DHS Program, 2021; NISR, 2018). Kigali has all the facilities of a modern city, a low poverty rate, a healthier and better-educated population and higher-quality health and educational facilities.

Tools and Data collection

The interview agenda was designed to understand the impact of Covid-19 on CAs and how and why it had that impact. However, to avoid framing and influencing the respondents' answers, we started by asking them about the impact of non-communicable diseases on CAs and had follow-up agenda items on CAs' wellbeing and the impact of Covid-19 on their wellbeing. Researchers were trained to steer the conversation so that participants talked about CAs' wellbeing and the impact of Covid-19 on their wellbeing if they did not spontaneously mention them.

The research team developed an interview agenda in English, which was translated by a native speaker into Kinyarwanda and checked for accuracy by a second native speaker. Differences were resolved by discussion. Due to COVID-19 restrictions at the time of data collection and safety obligations to data collectors and participants, we conducted audio-recorded telephone interviews. The interviewer was trained in conducting the interviews by the research team and supervised during the interviewing by author 2. Interviews were transcribed verbatim and translated into English. Translated transcripts were independently checked for accuracy.

Ethical approval, data management and handling

Ethical approval for the research was obtained through the ethical review procedures of the University of Aberdeen and the National Ethics Committee, Rwanda. An information sheet for participants was read to all those invited to participate in the research. Those who agreed to participate (none refused) were asked to give informed verbal consent, which was recorded. The data management plan, designed to protect the confidentiality and assure the anonymity of participants, adhered to the requirements of the University of Aberdeen and the National Ethics Committee, Rwanda, and was approved as part of institutional ethical approvals.

 doi:10.20944/preprints202303.0474.v1

Data analysis

We analysed data thematically, looking for narrative causal statements, drivers, outcomes and attribution about the main changes in CAs' lives due to COVID-19 and to what changes were attributed (Barbieri et al., 2017; Salloukh, 1996; Sayer, 2010). This enabled us to trace process causality within the immediate physical and social context that CAs lived their daily lives. We started by describing the causal statements, drivers and outcomes identified by participants. We then used retroduction to identify the causal structures that provided the most plausible explanation of the mechanisms that accounted for the empirical observations.

3. Results

Introduction

We discuss in this section how Covid-19 triggered changes in CAs agency in response to the structural (institutional and cultural) mechanisms triggered by Covid-19 and the impact this had on their lives. The main themes we identified relevant to the impact of Covid-19 on CAs were education, mental health, pregnancy, drugs, accessing health care, spousal violence, parental violence and neglect of children, and stigma.

Causal statements, drivers, and outcomes

Impacts of COVID-19 on the day-to-day lives of children and adolescents

When our participants first discussed the impact of Covid -19, they all started by arguing that the closure of schools for nearly 12 months had harmed the wellbeing of CAs. Most were concerned that not all CAs would return to school when they re-opened. A few were worried that increased poverty would mean that not all parents would be able to afford the direct and 'hidden' costs of their children's school attendance. These costs mainly affect children attending secondary school, but even primary school children require school uniforms, school bags, pens, pencils, and notebooks. Participants also thought that children and young people might not return to school because they felt that they were now too old or, in the case of girls, because they had fallen pregnant:

> *The first impact is that many children lost time because they were not going to school. Many reached an age where they felt they no longer wanted to study and simply dropped out* (male schoolteacher, rural).

Most participants talked about the impact of not going to school on CAs' daily lives. They pointed out that not attending school means CAs no longer have a routine. A school is also a place to which CAs go to socialise - to meet and play with other children:

> *We all know that schools have been social spaces for children and young people that enable them to have routine lives that they are used to and socialise-----. Then there is the psychological impact of COVID-19. It has disrupted everything about children's everyday lives, including not being able to go to school to meet their friends or visit their relatives* (Executive Director of Health NGO, Kigali).

Participants also identified the loss of routine combined with an unknown future leading to many CAs feeling helpless and lacking a sense of direction. Parents found it difficult to discipline their children, and they became difficult and disobedient. When parents went to look for food during the lockdown and returned to work afterwards, children were left unsupervised:

> *It became apparent among the youth because many got into bad habits such as having sex, stealing, and wandering in the streets* (male schoolteacher, rural).

A few participants said that some parents gave their children cultivating work to do, and others that it was mainly boys wandering the streets because girls were expected to help their mothers with unpaid care work. Some older boys and girls had started cohabiting, and girls had become pregnant.

 doi:10.20944/preprints202303.0474.v1

A major concern was that CAs had lost learning because of challenges with TV and radio lessons. Participants pointed out that children from poor homes were especially disadvantaged as they could not access lessons. Their parents could not supervise them because they had to look for food and, once the lockdown was lifted, to make a living:

> *First, their discipline has reduced compared to how they were before the lockdown. Secondly, their intellectual level has declined because they have not continued studying. The idea that children could study by following television or radio programmes did not work because many children did not have televisions or radios. Those who had them lacked the proper space as there would be a lot happening around them, and they did not think it was important* (male schoolteacher, rural).

Although health centres and hospitals remained open and village leaders could give permission for people to travel to them, CAs faced challenges accessing health services. Health staff were moved to other roles that were seen as having greater priority leaving local health services understaffed. Parents were also reluctant to take their children to health facilities because they were afraid that if they and their children mixed with other people, especially at health facilities, which are often crowded with long waiting times, they would catch COVID-19, as one local leader explained:

> *It happens that when we ask parents who have a sick child to take him to the hospital, they say that they are afraid to risk exposing themselves to numerous other patients and their caregivers who may have* COVID-19 (local male leader, Urban).

Although rarely mentioned, the lockdown was seen as the trigger for the main negative impacts that participants identified for Rwanda and, more specifically, for CAs. Impacts mentioned frequently included: loss of jobs, increased poverty, school closures and reduced access to health care. Loss of income-generating activities was seen as resulting in an increase in poverty with the outcome of an increase in hunger. Some participants also mentioned the loss of social contact and losing friends and relatives, including not being able to attend funerals. A CHW put the consequences for CAs even more starkly:

> *The effects have been of hunger because, as you can see, things have changed. There is also starvation due to poverty* (female CHW, Rural).
>
> *When you have children and are not working, it is hard to find the means to feed them, look after them, care for them, and give them what is needed; this becomes an issue* (local leader, rural).

4. Impacts on children and adolescent health and wellbeing

Participants told us that parents had also lost direction; they did not understand what was happening and what the future would bring. This left them feeling helpless, which had a negative influence on their children. The sudden change in economic circumstances was also seen as causing an increase in disagreements among parents and an escalation in domestic violence and violence against children. Poverty was also seen as making people desperate and ready to take risks they may not otherwise have done:

> *The pandemic started all of a sudden, and there was panic in general. When the pandemic began, everyone was scared and wondering what would happen* (local leader, rural)
>
> *Previously, everyone was working, and then everyone was at home, which caused conflicts between husband and wife and the children. I can testify that physical punishment has increased against children as well as against women* (male leader teacher, urban)
>
> *COVID-19 has driven us into poverty and has made people fearless and desperate, and ready to take any risks* (male executive director of a national NGO)

Children and young people also felt unsettled and insecure because of the sudden changes in the economic situation of their households. This applied to most children, including those from better-off homes. This, combined with the lack of school discipline and more relationship problems at home, caused anxiety and more young people engaging in risky behaviour, including using cannabis and injectable drugs. As local leaders explained:

 doi:10.20944/preprints202303.0474.v1

Children suffer from a lack of proper care because of family conflicts and relationship problems, which leads them into drug abuse. (Male local leader, rural).

Some take cannabis, others use needles, others are becoming alcoholics, and the alarming consequence is that many become addicted to drugs, and others are disoriented and confused. We are noticing many drug addicts wandering the streets in urban areas and near the border (Female local leader, rural).

Young ones who usually had food and clothes and lacked nothing are unsettled when problems suddenly come about, and they start to feel uneasy and get anxious (female schoolteacher, urban)

Others saw a pathway from lack of care to taking drugs, to becoming mentally ill, and anxiety leading to severe mental health problems via drug use, as key NGO and local leaders, male and female, laid out:

There is evidence showing how what is happening in a family may affect children, including violence within a family and a negative parenting style that will also affect young children's development and functioning, leading to poor mental health (male representative of a mental health NGO, Kigali).

Children suffer from a lack of proper care because of family conflicts and relationship problems, which leads them into drug abuse. Drug abuse, in turn, can result in mental health problems (local male leader, rural).

Suppose CAs are suffering from anxiety, and they start to cope with drug abuse. In that case, they will also develop other mental health disorders such as schizophrenia and psychosis and lose their future (female representative of a national children's NGO, Kigali).

Some participants thought a lack of social mixing negatively impacted children's and young people's mental wellbeing. Being unable to go to school and socialise with their friends was seen as likely to cause depression. Others thought that it was not just a lack of mixing with friends at school but not being able to visit relatives, go to weddings or, more generally, mix with members of their community:

I certainly believe that all these challenges that I mentioned: not attending school and being able to mingle with other children, directly affect mental health for young people and children (representative of Ministry of Education, Kigali).

Others thought it was not just a lack of mixing with friends at school but also not being able to visit relatives, go to weddings or, more generally, mix with members of their community.

Restrictions have affected family visits and gatherings -------, which can make someone feel depressed or lonely (Executive Director, health NGO, Kigali).

Nevertheless, across participants, the major impact on health and wellbeing was said to be an increase in depression. Rising poverty and school closures were said to be the causes of this. Participants expanded, deciphering pathways to mental illness and mental health challenges. A number pointed to a pathway from domestic violence to depression.

I certainly believe that all these challenges I have mentioned, such as not attending school and being unable to mingle with other children, directly affect the mental health of young people and children (Executive Director of Health NGO, Kigali).

Other health impacts included pregnancy in young women. Even in normal times, it is not possible for young women under 18 years to be prescribed contraception in Rwanda, and although abortions are possible if the health of the mother or child is at risk, they are difficult to obtain. When the lockdown started, and schools closed, some young people began to cohabit and start a family. Other young women become pregnant because of casual sex with young men. Others were lured by 'sugar daddies,' older men who seduce girls and young women into having sex with them by promising them gifts and money. This had negative consequences for girls and young women who became pregnant and often dropped out of school and struggled to bring up their children:

 doi:10.20944/preprints202303.0474.v1

> *They are deceived by adults, which causes them to have unplanned pregnancies. The second thing has to do with what I said about the children that became pregnant because they were not in school. We have now reached a time when the children that became pregnant during COVID are giving birth, and it is challenging for them to take care of their newborns* (teacher, rural).

5. Discussion and conclusions

COVID-19 has been likened to a *breach experiment* comparable to the ones that Garfinkel devised for his students to uncover the rules of everyday life (Drury & Stokoe, 2021; Scambler, 2020). COVID-19 and the measures taken to contain it led to a sudden change in taken-for-granted rules and routines of everyday life for CAs in Rwanda as elsewhere. They were expected to obey new ways of behaving, such as not going to school, and adopt behaviours that had not been normative such as wearing a mask, social distancing, and frequent handwashing, in a wider context of fear, existential threat, unease, anxiety and spiralling poverty, violence and drug misuse.

Durkheim's concept of *anomie* helps us to understand why COVID-19 has had the impacts it has had on CAs. The measures taken to control the spread of the virus resulted in the total disruption of the 'taken-for-granted' of everyday lives. Many CAs, like their parents and other community members, were left without a behavioural repertoire for navigating their everyday lives in the 'new normal.' However, it does not enable us to explain how the CAs responded to Covid-19 and how the interaction of their agency with the changes wrought by Covid-19 triggered mechanisms that changed the context (the complex laminated social system) in which they lived their lives. Durkheim's theory remains, however, at the empirical level and does not provide an adequate explanation of *how* CAs handled the crisis (Alderson, 2021; Maxwell, 2012a). It collapses agency into law-like regularities that determine and control individuals' behaviour. There is a lack of attention to relations of inequality and differences; structured ways of acting, thinking, and feeling are seen as general throughout society and acting as external constraints over people. Durkheim emphasises the role of *society in causation* and neglects individual and group agency (Archer, 2020a). In situations where there is no established 'right thing to do,' CAs had to decide what to do, with very little help from established repertoires of norms. What they decided often changed their worldview - their understanding of correct/appropriate behaviour and what their behaviour taught them/said about their own 'nature'. In addition, he does not take into account the complexity of the social world, that the world is a multiplicity of structures, an 'open complex adaptive system' that evolves as a result of mutual interaction (Byrne, 1998).

The participants explained the impact of COVID-19 on CAs from the reality of COVID-19 and the threat it poses to human health through several interacting mechanisms that changed the context in which CAs lived their daily lives. These included an increase in poverty, malnutrition and hunger, a lack of routine because of the closure of schools, a loss of income-generating activities for both parents and some older children, a lack of supervision because parents are unable to take over supervising their children during school closures, and a loss of connection with relatives, friends and the community more generally. Many CAs were left without structure and meaning to their lives, and there was an increase in reports of depression, drug use, early childbirth, and violence among CAs.

However, our data analysis shows that CAs were trying to make sense of the world, exercising agency and making choices, albeit within significant constraints in different structural contexts. Different groups of CAs interacted with the same changes in different ways mainly because of the differences in the context in which they live their lives. These differences were mainly along axes of inequality and differences, age, gender, socioeconomic circumstances of parents and whether CAs lived in a rural or urban area and depended on knowledge, flexibility, and opportunity. Given this, the CAs' behaviour can be seen as a rational and meaningful response to the uncertainty of the situation they found themselves in.

To understand the real and the causal mechanisms triggered by Covid-19 and CAs agency in response to the changes in the context in which they lived, we need to ask what the world must be like for the observable outcomes to have occurred. In Rwanda, as elsewhere. CAs are not a uniform

group; multiple and interacting inequalities divide them. These are not just differences, but hierarchies of power and subordination, overlapping systems of structural inequalities that constrain and enable the opportunities CAs have to exercise agency both nationally and globally (Maestripieri, 2021; Walby, 2007).

COVID-19 and the mitigation measures taken to control it reflected and exacerbated this system of inequalities, exposing existing vulnerabilities and amplifying social differences into the future because of the scaring effects (Maestripieri, 2021; Walby, 2007). CAs are, for example, unlikely to make up for lost schooling, CAs who do not return to school will not fulfil their potential, and some of the CAs who started taking drugs will have become habituated to them. COVID-19 has not just revealed the structural weakness of the health system but of education, social protection, child protection, employment, family, and financial systems. The pathway to (adverse) impacts of COVID-19 on CAs is conditioned by these institutions and their interactions, together with structural inequalities.

While the data revealed a stark picture of the grounded realities of CA lives during the early part of COVID-19, the pandemic has also laid bare and intensified multiple and interacting pre-existing inequalities locally, regionally, and globally (Nolan, 2021). For CAs, their development takes place in a complex web of family, community, peer group and school as influenced by the broader institutional structure and culture and powerful global influences and shifts that differentially influence socioeconomic and cultural conditions in all countries globally (Bhaskar & Danermark, 2006; Hickel, 2017a; Langan, 2018a; Patton et al., 2016).

Rwanda, although politically independent, continues to contend with multifaceted and multi-layered forms of neo-colonialism and economic dependency on the Global North (Mossallem, 2017; Toussaint, 2020). In implementing mitigation measures to fight COVID-19, Rwanda depended on international financial institutions and OECD Development Partners for financial support and donors in the Global North for healthcare resources.

The deep underlying generative mechanisms of the (negative) impact of COVID-19 on CAs in Rwanda are the neo-liberal policies of global governance which perpetuate the maldistribution of resources across the world (Hickel, 2017b; Scambler, 2018) and within Rwanda. The Covid-19 pandemic and the responses to it reproduced and reinforced prevailing inequalities in power and economic inequalities (Mccann et al., 2022; Stein & Rowden, 2022). Since the 1980s, international institutions like the World Bank and the International Monetary Fund and major donors such as the USA, the European Union and the United Kingdom have tied foreign aid, concessional loans and free-trade agreements to countries in the Global South, downsizing the government sector, opening their economies to foreign direct investment from investors in the Global North, and exporting raw materials and low cost manufactured goods to the Global North and importing high value manufactured goods from the Global North thereby building up large trade deficits (Langan, 2018b; Slobodian, 2018; Stein & Rowden, 2022). The finance for development that flows to countries in the Global South is estimated as half the financial flows from countries in the Global South to the Global North (Griffiths, 2015). The consequence has been that many countries in the Global South, including Rwanda, have become locked into neo-colonial patterns of trade and production that have widened economic inequalities and resulted in a failure of development.

Funding: The University of Aberdeen's Global Challenges Research Fund funded the research.

Acknowledgments: Thanks to Joyous Senga, who supervised the data collection, and Roger Sapsford and Claire Wallace, who commented on earlier versions of this paper. The authors alone remain responsible for the content of the paper. The paper does not necessarily represent the views of the Court of the University of Aberdeen or the Board of the University of Global Health Equity. The funders had no role in the study design, data collection and analysis, decision to publish, or manuscript preparation.

Data Sets: Integrated Household Living Conditions Survey (EICV) V, 2016/17, available from Central Data Catalog (statistics.gov.rw); Rwanda Demographic and Health Survey, 2019/20: available from Central Data Catalog (statistics.gov.rw).

Conflicts of Interest: The authors declare that they have no competing interests.

 doi:10.20944/preprints202303.0474.v1

References

Failing adult learners: Why Rwanda's adult literacy education is not delivering, 79 International Journal of Educational Development 1 (2020). https://doi.org/10.1016/j.ijedudev.2020.102288

Agamben, G. (2005). *State of Exception* (K. Attell (trans.)). University of Chicago Press. https://www.amazon.co.uk/State-Exception-Giorgio-Agamben/dp/0226009254/ref=sr_1_1?crid=1PNCS5HP6H1RH&keywords=state+of+exception&qid=1657007759&sprefix=state+of+exception+%2Caps%2C74&sr=8-1&asin=0226009254&revisionId=&format=4&depth=1

Agamben, G. (2021). *Where Are We Now: The Epidemic as Politics* (2nd ed.). Rowman & Littlefield. https://www.amazon.co.uk/Where-Are-We-Now-Epidemic/dp/1912475359/ref=pd_bxgy_sccl_2/260-0294969-2542315?pd_rd_w=masRN&content-id=amzn1.sym.79b812bf-5c8b-4c0c-851c-784423adaff5&pf_rd_p=79b812bf-5c8b-4c0c-851c-784423adaff5&pf_rd_r=F3N4B8K0BZM53N9FA89E&pd_rd

Alderson, P. (2021). Health, illness and neoliberalism: an example of critical realism as a research resource. *Journal of Critical Realism*, *20*(5), 542–556. https://www.tandfonline.com/doi/epub/10.1080/14767430.2021.1995689?needAccess=true

Angrist, N., de Barros, A., Bhula, R., Chakera, S., Cummiskey, C., DeStefano, J., Floretta, J., Kaffenberger, M., Piper, B., & Stern, J. (2021). Building back better to avert a learning catastrophe: Estimating learning loss from COVID-19 school shutdowns in Africa and facilitating short-term and long-term learning recovery. In *International Journal of Educational Development* (Vol. 84). https://doi.org/10.1016/j.ijedudev.2021.102397

Araújo, L. A. de, Veloso, C. F., Souza, M. de C., Azevedo, J. M. C. de, & Tarro, G. (2021). The potential impact of the COVID-19 pandemic on child growth and development: a systematic review. *Jornal de Pediatria*, *97*(4), 369–377. https://doi.org/10.1016/j.jped.2020.08.008

Archer, M. (1998). *Culture and Agency: The Place of Culture in Social Theory* (2nd ed.). Cambridge University Press. https://www.cambridge.org/core/books/culture-and-agency/D73435BFB89EF16E49E0BFB6BC9F6ACF

Archer, M. (2008). *Realist Social Theory: The Morphogenetic Approach*. Cambridge University Press.

Archer, M. (2020a). The Morphogenetic Approach; Critical Realism's Explanatory Framework Approach. In P. Róna & L. Zsolna (Eds.), *Agency and Causal Explanation in Economics*. Springer.

Archer, M. (2020b). The Morphogenetic Approach: Critical Realism's explanatory framework approach. In P. Róna & L. Zsolnai (Eds.), *Agency and Causal Explanation in Economics*. Springer.

Barbieri, D., Franklin, P., Janeckova, H., Karu, M., Lelleri, R., Lestón, I. R., Luminari, D., Madarova, Z., Maxwell, K., Mollard, B., Osila, L., Paats, M., Reingardė, J., & Salanauskaitė, L. (2017). *Gender Equality Index 2017: Measuring Gender Equality in the European Union 2005-2015*. European Institute for Gender Equality. https://eige.europa.eu/publications/gender-equality-index-2017-measuring-gender-equality-european-union-2005-2015-report

Belfrage, C., & Hauf, F. (2017). The Gentle Art of Retroduction: Critical Realism, Cultural Political Economy and Critical Grounded Theory. *Organization Studies*, *38*(2), 251–271. https://doi.org/10.1177/0170840616663239

Bhaskar, R., & Danermark, B. (2006). Metatheory, interdisciplinarity and disability research: A critical realist perspective. *Scandinavian Journal of Disability Research*, *8*(4), 278–297. https://doi.org/10.1080/15017410600914329

Binagwaho, A. (2021). *Key Note Address*. Global Child Health beyond the Pandemic. https://www.bcchr.ca/global-health-conference/video-library

Brönnimann, A. (2022). How to phrase critical realist interview questions in applied social science research. *Journal of Critical Realism*, *21*(1), 1–24. https://doi.org/10.1080/14767430.2021.1966719

Bygnes, S. (2017). Are They Leaving Because of the Crisis? The Sociological Significance of Anomie as a Motivation for Migration. *Sociology*, *51*(2), 258–273. https://doi.org/10.1177/0038038515589300

Byrne, D. (1998). *Complexity Theory and the Social Sciences: An Introduction*. Routledge. https://www.routledge.com/Complexity-Theory-and-the-Social-Sciences-An-Introduction/Byrne/p/book/9780415162968

Cameron, L. M. (2021). The Impact of School Closures in Crisis-affected Contexts. *NORRAG Special Issue*, 37–41.

Cameron, L. M., Kapur, N., & Nunez, N. A. (2021). *NO EDUCATION, NO PROTECTION: What school closures under COVID-19 mean for children and young people in crisis-affected contexts*. Inter-agency Network for Education in Emergencies.

Clark, H., Coll-Seck, A. M., Banerjee, A., Peterson, S., Dalglish, S. L., Ameratunga, S., Balabanova, D., Bhan†, M. K., Bhutta, Z. A., Borrazzo, J., Claeson, M., Doherty, T., El-Jardali, F., George, A. S., Gichaga, A., Gram, L., Hipgrave, D. B., Kwamie, A., Meng, Q., … Costello, A. (2020). A Future for the World's Children? A WHO–UNICEF–Lancet Commission. *The Lancet*, *395*, 605–658. https://www.thelancet.com/article/S0140-6736(19)32540-1/fulltext

Connell, R. (2020). COVID-19/Sociology. *Journal of Sociology*. https://journals.sagepub.com/doi/pdf/10.1177/1440783320943262

Cozzolino, S., Kamana, D. B., & Kapur, N. (2020). *School Closures in the Context of COVID -19: An Inequity Impact Assessment of Primary 2 and 3 pupils in Rwanda*. Education Development Trust. https://www.educationdevelopmenttrust.com/our-research-and-insights/research/school-closures-in-the-context-of-covid-19-an-ineq

Danermark, B., Ekström, M., & Karlsson, J. C. (2019). *Explaining Society: Critical Realism in the Social Sciences*. Routledge.

Datzberger, S., & Parkes, J. (2021). The Effects of COVID-19 on Children and Young People in Sub-Saharan Africa. In W. Raza, M. Obrovsky, & M. Langthaler (Eds.), *COVID-19 and the Global South – Perspectives and Challenges*. Österreichische Entwicklungspolitik. https://www.oefse.at/fileadmin/content/Downloads/Publikationen/Oepol/Artikel2021/Article4-effects-of-COVID-19-on-education.pdf

Delanty, G. (2021). *Pandemics, Politics and Society: Critical Perspectives on the COVID-19 Crisis*. De Gruyter. https://www.degruyter.com/document/doi/10.1515/9783110713350/html?lang=en

Division of Communication's Global Content Strategy. (2020). *Averting a lost COVID generation: A six-point plan to respond, recover and reimagine a post-pandemic world for every child*. United Nations Children's Fund.

Drury, J., & Stokoe, E. (2021). The interactional production and breach of new norms in the time of COVID-19: Achieving physical distancing in public spaces. *British Journal of Social Psychology*, *August 2021*, 971–990. https://doi.org/10.1111/bjso.12513

Durkheim, É. (1952). Suicide: A Study in Sociology. In *Suicide: A Study in Sociology* (1952nd ed.). Routledge and Kegan Paul. https://doi.org/10.4324/9780203994320

Edgley, A., Stickley, T., Timmons, S., & Meal, A. (2016). Critical realist review: exploring the real, beyond the empirical. *Journal of Further and Higher Education*, *40*(3), 316–330. https://doi.org/10.1080/0309877X.2014.953458

Green, P. (2020). Risks to children and young people during the COVID-19 pandemic: A shift in focus is needed to avoid an irreversible scarring of a generation. *BMJ*, *369*(m1669).

Griffiths, J. (2015). *The State of Finance for Developing Countries, 2014: An Assessment of the Scale of All Sources of Finance Available to Developing Countries*. European Network for Debt and Development. https://eurodad.org/files/pdf/54f98666925bf.pdf

Haase, A. (2020). Covid-19 as a Social Crisis and Justice Challenge for Cities. In *Frontiers in Sociology* (Vol. 5). https://doi.org/10.3389/fsoc.2020.583638

Haerpfer, C., Wallace, C., & Abbott, P. (2013). Health Problems and the Transition from Communism in the Former Soviet Union: Towards an Explanation. *Perspectives on European Politics and Society*, *14*(4), 460–479. https://doi.org/10.1080/15705854.2013.772751

Hickel, J. (2017a). *The Divide: A Brief Guide to Global Inequality and its Solutions*. Windmill Books.

Hickel, J. (2017b). *The Divide: Global Inequality from Conquest to Free Markets*. W W Norton and Company.

Hope and Homes for Children. (2020). *COVID 19 – The Lockdown Diaries*. Hope and Homes for Children.

Kaffenberger, M. (2021). Modelling the long-run learning impact of the Covid-19 learning shock: Actions to (more than) mitigate loss. *International Journal of Educational Development*, *81*. https://doi.org/10.1016/j.ijedudev.2020.102326

KARIM, N., JING, L., LEE, J. A., KHAREL, R., LUBETKIN, D., CLANCY, C. M., UWAMAHORO, D., NAHAYO, E., BIRAMAHIRE, J., ALUISIO, A. R., & NDEBWANIMANA, V. (2021). Lessons Learned from Rwanda: Innovative Strategies for Prevention and Containment of COVID-19. *Annals of Global Health*, *87*(1), 23,1-9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7908927/pdf/agh-87-1-3172.pdf

Langan, M. (2018a). Neo-Colonialism and the Poverty of "Development" in Africa. In *Neo-Colonialism and the Poverty of "Development" in Africa*. Palgrave Macmillan. https://doi.org/10.1007/978-3-319-58571-0

Langan, M. (2018b). *Neo-Colonialsim and the Poverty of "Development" in Africa*. Pulgrave MacMillian.

Lee, J. (2020). Mental Health Effects of School Closures During COVID-19. *Lancet.Com Child-Adolecent*, *4*, 421.

Loewenson, R., D'Ambruoso, L., Duc, D. M., Hjermann, R., Lichuma, W., Mason, E., Nixon, E., & Rudolph, N. (2021). Equitable recovery from COVID-19: bring global commitments to community level. *BMJ Global Health*, *6*, e004757.

Louis, E. F., Ingabire, W., Isano, S., Eugene, D., & Blanc, J. (2020). Rwanda's response during COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*, 565–566.

Maestripieri, L. (2021). The Covid-19 Pandemics: why Intersectionality Matters. *Frontiers in Sociology*, *6*(March), 1–6. https://doi.org/10.3389/fsoc.2021.642662

Maxwell, J. A. (2012a). *A Realist Approach for Qualitative Research*. Sage. https://www.amazon.co.uk/Realist-Approach-Qualitative-Research/dp/0761929231/ref=sr_1_1?crid=2RBUET2HKAGY6&keywords=A+Realist+Approach+for+Qualitative+Research&qid=1657040422&sprefix=a+realist+approach+for+qualitative+research+%2Caps%2C129&sr=8-1

Maxwell, J. A. (2012b). The Importance of Qualitative Research for Causal Explanation in Education. *Qualitative Inquiry*, *18*(8), 655–661. https://doi.org/10.1177/1077800412452856

Mccann, G., Mishra, N., & Carmody, P. (2022). *COVID-19, the Global South and the Pandemic's Development Impact*. Bristol University Press. https://doi.org/10.51952/9781529225679

Melendez-Torres, G. J., Warren, E., Viner, R., Allen, E., & Bonell, C. (2021). Moderated mediation analyses to assess intervention mechanisms for impacts on victimisation, psycho-social problems and mental wellbeing: Evidence from the INCLUSIVE realist randomized trial. *Social Science and Medicine*, *279*(May), 113984. https://doi.org/10.1016/j.socscimed.2021.113984

Mills, C. W. (1959). *The Sociological Imagination*. Oxford University Press.

Ministry of Health. (2017). *Violence Against Children and Youth Survey*. Republic of Rwanda.

Mohr, L. B. (1999). The qualitative method of impact analysis. *American Journal of Evaluation*, *20*(1), 69–84. https://doi.org/10.1177/109821409902000106

Monaghan, L. F. (2020). Coronavirus (COVID-19), pandemic psychology and the fractured society: a sociological case for critique, foresight and action. *Sociology of Health and Illness*, *42*(8), 1982–1995. https://doi.org/10.1111/1467-9566.13202

Mossallem, M. (2017). *Egypt's DebtTrap: The Neoliberal Roots of the Problem*. Committe for the Abolition of Debt. http://www.cadtm.org/Egypt-s-debt-trap-The-neoliberal

Motyka, M. A., Al-Imam, A., & Aljarshawi, M. H. A. (2020). SARS-CoV-2 Pandemic as an Anomie. *Przestrzen Spoleczna*, *20*(2), 111–144. https://doi.org/10.13140/RG.2.2.33884.67205

Mueller, I., & Tronick, E. (2019). Early life exposure to violence: development consequences on brain and behaviour. *Frontiers in Behavioural Neuroscience*, *13*, 156.

National Institute of Statistics. (2018). *Rwanda Poverty Profile Report, 2016/17*. Republic of Rwanda.

National Institute of Statistics of Rwanda. (2018). *The Fifth Integrated Living Conditions Survey: Main Indicators Report*. Republic of Rwanda.

National Institute of Statistics of Rwanda Ministry of Health, & The DHS Program. (2021). *Rwanda Demographic and Health Survey 2019-20*. National Institute of Statistics of Rwanda and ICF.

NISR. (2018). *The Fifth Integrated Household Living Conditions Survey EICV*. Republic of Rwanda. https://www.statistics.gov.rw/publication/eicv5thematic-reporteducation-0

Nolan, R. (2021). 'We are all in this together!' Covid-19 and the lie of solidarity. *Irish Journal of Sociology*, *29*(1), 102–106. https://doi.org/10.1177/0791603520940967

OECD. (2020). *Combatting COVID-19's effect on children*. OECD.

Padilla, K., & Bernheim, R. (2020). *ACT NOW: Experiences and recommendations of girls and boys in East Africa on the impact of COVID-19*. World Vision International.

Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A. H., Patel, V., Petroni, S., Reavley, N., Taiwo, K., … Viner, R. M. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, *387*(10036), 2423–2478. https://doi.org/10.1016/S0140-6736(16)00579-1

Pickersgill, M. (2020). Pandemic Sociology. *Engaging Science, Technology and Society*, *6*, 347–350.

Pontalti, K. (2013). *School Violence: A Global Preventable Epidemic*. Plan Rwanda.

Porpora, D. (2015). *Restructuring Sociology: The Critical Realist Approach*. Cambridge University Press.

Salloukh, B. F. (1996). State Strength, Permeability, and Foreign Policy Behavior: Jordan in Theoretical Perspective. *Arab Studies Quarterly*, *18*(2), 39–65. http://www.jstor.org/stable/41858165

Sayer, A. (2010). *Method in Social Science: A Realist Approach* (2nd ed.). Routledge. https://www.amazon.co.uk/Method-Social-Science-Revised-2nd/dp/0415582474/ref=sr_1_8?crid=36VCTDY04BZQP&keywords=andrew+sayer&qid=1646414830&sprefix=Andrew+Sayer%2Caps%2C58&sr=8-8

Sayer, A. (2011). *Why Things Matter to People: Social Science, Values and Ethical Life*. Cambridge University Press. https://doi.org/10.1017/CBO9780511734779

Scambler, G. (2018). *Sociology , Health and the Fractured Society: A Critical Realist Account*. Routledge. https://www.routledge.com/Sociology-Health-and-the-Fractured-Society-A-Critical-Realist-Account/Scambler/p/book/9780367271732

Scambler, G. (2020). Covid-19 as a 'breaching experiment': exposing the fractured society. *Health Sociology Review*, *29*(2), 140–148. https://www.tandfonline.com/doi/full/10.1080/14461242.2020.1784019

Sestito, P., Velásquez, S. R., Orel, E., & Keiser, O. (2021). The COVID-19 pandemic and child malnutrition in sub-Saharan Africa: A scoping review. *MedRxiv*.

Sharpe, D., Rajabi, M., Chileshe, C., Joseph, S. M., Sesay, I., Williams, J., & Sait, S. (2021). Mental health and wellbeing implications of the COVID-19 quarantine for disabled and disadvantaged children and young people: evidence from a cross-cultural study in Zambia and Sierra Leone. *BMC Psychology*, *9*(1), 1–15. https://doi.org/10.1186/s40359-021-00583-w

Silwal, A. R., Engilbertsdottir, S., Cuesta, J., Newhouse, D., & Stewart, D. (2020). *Poverty and Equity. Global Estimate of Children in Monetary Poverty: An Update*. World Bank. https://openknowledge.worldbank.org/bitstream/handle/10986/34704/Global-Estimate-of-Children-in-Monetary-Poverty-An-Update.pdf?sequence=1&isAllowed=y

Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations. *Psychiatry Research*, *293*(113429).

Slobodian, Q. (2018). *Globalists: The End of Empire and the Birth of Neoliberalism*. Harvard University Press.

Stein, H., & Rowden, R. (2022). Global Finance and the COVID-19 Pandemic in Africa. In G. McCann, N. Mishra, & P. Carmody (Eds.), *COVID-19, the Global South and the Pandemic's Development Impact* (pp. 38–55). https://doi.org/10.2307/j.ctv2x8v634.10

Strong, P. (1990). Epidemic psychology: a model. *Sociology of Health and Illness*, *12*(3), 249–259.

Tikly, L. (2015). What works, for whom, and in what circumstances? Towards a critical realist understanding of learning in international and comparative education. In *International Journal of Educational Development* (Vol. 40, pp. 237–249). https://doi.org/10.1016/j.ijedudev.2014.11.008

Tinsley, M. (2022). Towards a Postcolonial Critical Realism. *Critical Sociology*, *48*(2), 235–250. https://doi.org/10.1177/08969205211003962

Toussaint, E. (2020). *Theoretical lies of the World Bank*. 1944-2020, 76 Years of Interference from the World Bank and the IMF. https://www.cadtm.org/spip.php?page=imprimer&id_article=2190

UN Development Programme. (2021). *Human Development Index (HDI) Ranking*. Human Development Report.

UNESCO. (2021). *COVID-19 Education Response*.

UNICEF. (2021). *Growing up in crisis in a world of opportunities*. United Nations.

Walby, S. (2007). Complexity Theory, Systems Theory, and Multiple Intersecting Social Inequalities. *Philosophy of the Social Sciences*, *4*, 449–470. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1071.5849&rep=rep1&type=pdf

Ward, P. R. (2021). A Sociology of the Covid-19 Pandemic: A Commentary and Research Agenda for Sociologists. *Journal of Sociology*, *56*(4), 726–735. https://journals.sagepub.com/doi/full/10.1177/1440783320939682

Warren, H., & Wagner, E. (2020). *Save Our Education: Protect Every Child's Right to Learn in the COVID-19 Response and Recovery*. Save the Children International. https://www.savethechildren.org/content/dam/usa/reports/ed-cp/save-our-education-report.pdf

Warren, S., Parkerson, D., & Collins, E. (2020). *RECOVR Rwanda: Tracking the Effects of the COVID-19 Pandemic*. Innovations for Poverty Action.

World Bank. (2020). *The World Bank Human Capital Index 2020 Update*. World Bank.

World Development Indicators, Data Bank (2021). https://datacatalog.worldbank.org/dataset/world-development-indicators

World Bank, UNICEF, & UNICEF. (2021). *State of the Global Education Crisis: A Path to Recovery*. The World Bank, UNESCO, and UNICEF. https://www.worldbank.org/en/topic/education/publication/the-state-of-the-global-education-crisis-a-path-to-recovery