The Loss of a Generation: A Study on Children Whose Parents Were Victims of the COVID-19 Pandemic in Sleman, Yogyakarta

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Abstract. The COVID-19 pandemic has impacted children's living conditions and quality of life. The present qualitative study investigated the conditions of children whose parents were victims of COVID-19. The project was carried out from July to September 2021 in Sleman regency, Yogyakarta. Data were gathered through interviews, observations, and focus group discussions. At the time of the study there were 614 children in Sleman who had lost their parents. Our study revealed that the pandemic worsened the living conditions of children, particularly those whose parents passed away because of COVID-19. Children had feelings of a bleak future due to the loss of parents, were confused about how to survive and pay for living expenses and school fees, anxious about being abandoned by parents who had been their protectors, worried about their upbringing, and experienced feelings of loneliness and frustration. Hence, further actions need to be taken by both the government and social activists in order to deal with these problems. Based on the research findings, we present policy recommendations for stakeholders in order to deal with the children's conditions.

Keywords: COVID-19 pandemic, children, parents, loss of generation

1. Introduction

This study seeks to analyze the impact of the COVID-19 pandemic on the loss of generations in Sleman, Yogyakarta Special Region (DIY) which is the epicenter of the spread of the coronavirus (COVID-19). Since the first case was discovered in mid-March 2020, new cases have continued to emerge. The exposure curve for new cases of the coronavirus briefly sloped in June-October 2020, but increased since early November 2020 and further in December 2020. The peak of turbulence occurred at the end of December 2020 until January 2021, following the Christmas and New Year holidays as well as a number of agendas in the regions, such as the Regional Head Election on December 9, 2020 and the Election of Head District on December 26, 2020. From February to early May 2021, Sleman was able to flatten the curve. However, from the end of May to August 2021, the outbreak of the COVID-19 attack in Sleman was difficult to control.
As of September 10, 2021, the number of people in Sleman who were exposed was 53,629 people, some of whom died. The victim who died was a parent (father, mother or father and mother) of a number of children so that a large number of children in Sleman became orphans due to COVID-19. This leaves a number of new socio-economic problems, for children who have lost their father or mother or even father and mother at once. They lose their grip or economic support as well as social protection. These children are quite large, 614 children [1]. Therefore, it is necessary to intervene to avoid the threat of the emergence of lost generation.

Extensive research on the lost generation as a result of the COVID-19 pandemic has been carried out. For instance, Watcher (2020) examined the potential long-term effects of large-scale unemployment during the COVID-19 crisis on the labor market on workers vulnerable to job loss and labor market entrants in the United States. The study discusses potential reforms to short-term compensation programs and unemployment insurance, which could help limit the short- and long-term losses from future layoffs.

In the same vein, Tamesberger, et al (2020) that estimates that youth unemployment will increase from 2.8 to 4.8 million during COVID-19 pandemic. The youth unemployment rate will increase to 26%, and the number of young people who do not have education, employment, and training (NEET) will increase from 4.7 to 6.7 million. Policymakers at the national and international level should react as quickly as possible and make great efforts to avoid these negative scenarios.

In addition, Harrop, et al (2021) also conducted research about the lost generation during COVID-19 pandemic[2][3][4]. The goal of this study was to capture the challenges ECRs are facing during the pandemic and the supports that are needed for career development and research. ECRs were invited to complete an online survey that focused on four major areas: 1) the impact of COVID-19 on their research; 2) changes in productivity due to COVID-19; 3) changes to training due to COVID-19; and 4) current mental health. One hundred and fifty ECRs were eligible and provided sufficient data for inclusion. All but one ECRs reported their research had been negatively impacted by the pandemic. Reductions in productivity were reported by 85% of ECRs. The biggest impacts included recruitment of participants, increased needs at home and personal mental health. ECRs reported a 3-fold increase in burnout, as well as increased anxiety. ECR supports, such as funding, flexibility, and tenure extensions, are required to ensure ASD research does not suffer from a “lost generation” of researchers.

Among the existing studies discussed earlier, little is known about children's condition whose parents are victims of COVID-19 pandemic and how such condition impact their lives.
The present study explores the condition of the children in Sleman district whose parents died from COVID-19 pandemic and what impact they may have on losing parents. Specifically, the results are expected to yield policy recommendations to deal with children's loss. While the current literature has partially investigated loss generation from the economic and health aspects, this study specifically examines the impact of COVID-19 pandemic on children who have lost their parents.

2. Methods

2.1. Design

The present study employed a qualitative approach to data gathering. This approach enables descriptive capturing of the naturally occurring phenomena and excludes the use of statistical calculation[5]. In addition, qualitative research emphasizes the researcher's efforts in describing events or phenomena based on the experiences of researchers and observations. Data for the study were obtained through interviews, observations, and focused group discussions (FGD). This study was specifically designed to reveal children's condition in Sleman regency, Yogyakarta, whose parents are victimized by COVID-19 and the impact of such a loss for them. Findings from this study are expected to inform policy recommendation for related parties.

2.2. Research Contexts

Sleman Regency was chosen because the population is the most densely populated in Yogyakarta, around 1.1 million people. In 2020, DIY was praised by President Jokowi as 1 of 5 regions that were able to control the spread of COVID-19. However, in May-August 2021, Sleman and other city districts in DIY were included in the red zone of the COVID-19 spread zone. New cases emerged, the recovery rate decreased and most patients who were not accommodated in hospitals, emergency health facilities and shelters were advised and forced to self-isolate at home, many of whom were self-isolation patients later died. Based on data from the Sleman Health Office, as of September 10, 2021 at 13.00 WIB, the number of Sleman people who have been exposed to COVID-19 for more than 1.5 years when the COVID-19 pandemic strikes are: 53,629 people. Of these, 45,724 people have recovered and 2,357 have died. And there were 5,548 active cases that day. Among the number of people who died were parents who still had children under the age of 18 years. Data collection until the September 2021 has recorded at
least 614 children who have lost their parents (father/mother or mother and father at once) [6].

2.3. Data Collection

Data collection techniques used in this study include (a) literature study by collecting various data/information published by several offices in Sleman Regency, tracing rules or regulations, news and articles from both online and print media; (b) interviews with a number of Sleman Regency officials who handle COVID-19 and social problems in Sleman Regency by digging up information including the Head and Staff of the Health Service, Regional Disaster Management Agency, Women’s Empowerment Service, Child Protection, Controlling Population and Family Planning [7], Department of Social Affairs; and the Civil Service Police Unit; and (c) Focused Group Discussion by inviting relevant officials and social institutions concerned with social issues and child protection. Field observation activities were also be carried out to get the nuances or context of the situation.

Data Analysis

Data analysis was carried out through data reduction, data presentation and analysis, as well as drawing conclusions and verification. The research was conducted from mid-July to September 2021.

3. Results and Discussion

As of early September 2021, Sleman Regency is still in the red zone position and is in level 4. A number of steps have been taken by both the central government and local governments to eliminate the development of new cases and at the same time to handle existing cases, including increasing 3 T (testing, stressing and treatment) and accelerate vaccination. But in reality it is not easy to do. This is partly influenced by the slow pace of efforts to break the COVID-19 chain from Sleman Regency due to cultural changes that are not easy to do in a short time, the lack of community immunity (herd immunity) so that people are easily exposed; the position of Sleman Regency which is a tourist destination city where there are 53 tourist villages and a number of tourist destinations as well as hundreds of tourist locations, Sleman is also a student city where there are 50 universities which causes a movement of around 250-350 thousand students who enter Sleman every year. This position as a tourist destination and a student city causes high community mobility and is prone to virus transmission between communities as
well as ambiguous and inconsistent policies by the government itself (both central and regional) which causes opening and closing of locations and licensing activities. The things as mentioned above complicate efforts to break the chain of transmission of the COVID-19 in Sleman Regency.

In early September, based on data from the Sleman Health Office, as of September 10, 2021, the number of Sleman people who were exposed to COVID-19 during the number of cases in Sleman for 1.5 years COVID-19 attacked Sleman were: 53,629 people. Of these, 45,724 people recovered and 2,357 people died. On September 10, 2021 the number of active cases was: 5,548 of them were hospitalized as many as 720 people; treated in integrated isolation shelters (isoter) 20 people and underwent independent isolation (isoman) as many as 4,808 people. Of these confirmed: 64 people; healed; 178 people and 3 people died. Among the 2,357 people who died were parents who still had children under the age of 18.

According to the Population and Civil Registry Office of Sleman Regency (2020), the population of Sleman Regency in 2020 is 1,082,754 people, consisting of 536,977 men and 545,777 women. Meanwhile, the number of children was 292,314 or 27% of the total population, consisting of 142,253 boys and 134,552 girls.

There were as many as 53,629 Sleman residents who were exposed to COVID-19. This data means that until the beginning of September, there were 4.95% of Sleman residents who were exposed to COVID-19, and if from the number who were infected there were 2,357 people who died due to incapacity. Defending against COVID-19 means that as many as 4.395% or 4.4% of residents exposed to COVID-19 died. Observing the daily data released by the DIY Health Office, at the beginning of the pandemic, it appears that most of the victims who died were those who were old and or had comorbidities. However, with the passage of time in line with the increasingly massive COVID-19 virus attack in Sleman Regency, the number of residents exposed to it is also increasing and the backgrounds are increasingly varied, there are children, small children and even babies who are exposed, Some of them are adults as shown in the following graphic image:

The condition of the Sleman community exposed, suspected, probable and confirmed as an explanation from the graph is as follows: There are 3% of children aged 0-5 years who are in close contact with people with COVID-19-19, 9% of children aged 6-17% who have close contact, 29% of adults 18-30 years of age and 23% of those aged 31-45 As for the suspects, there are 4% of children aged 0-5 years; 16% in children aged 6-17 years; 26% in adults aged 18-30 years and 21% in adults 31-45 years. Furthermore, for probable cases, there are 4% in toddlers aged 0-5 years; 8% in children aged 6-17%.
31% in adults aged 18-30 years; and 21% in adults aged 31-45 years. Confirmation of COVID-19 in toddlers aged 0-5 years has reached 4%; 2% in children aged 6-17 years; 29% in adults aged 18-30 years; and 21% in age 31-45 years.

It is also evident that more than 60% of those who are close contacts, suspected, probable or confirmed are still of productive age. Close contact in childhood (0-17 years): 12%; suspect: 20%; probability: 12% and confirmation: 6%. While the rest are people of productive age who are still in school or working and most of them are parents and/or the head of the family. Data in Sleman Regency as of the end of July 2021, it is known that the number of pregnant women who died from COVID-19 were 19 people. The number of pregnant women exposed to COVID-19 were 105 people. There were 145 children whose parents have died due to COVID-19. There were 125 women exposed to COVID-19. The number of children exposed to COVID-19 were 2469 people.

Data collection carried out by the Office of Women’s Empowerment, Child Protection, Population Control and Family Planning in Sleman Regency until the end of September 2021 has recorded at least 614 children who have lost their parents (father/mother or father/mother at once) due to COVID-19. The large number of children who have lost their parents due to COVID-19 needs to get attention and be addressed by various parties (government and other components of society) with various immediate and real actions, considering the impact it will have in the future is quite worrying. As stated by Unicef as follows:
Children’s and adolescents’ mental health has suffered during the pandemic. Worries about the future, loss of education and job prospects, health concerns, and disruptions in peer and social networks have all affected[8].

Meanwhile, before the pandemic, children were one of 7 vulnerable groups that must receive priority protection. This is because before the pandemic even children (including children in Indonesia) their condition was quite alarming, as follows:

Disruptions to healthcare, nutrition, education, water and sanitation, and social and child protections services have been devastating for children and young people. Even before the pandemic, about 45 per cent of children were severely deprived of at least one of these critical needs. There have been steep declines in facility-based care such as childbirth services, immunizations, treatment of children with severe malnutrition and health care for sick children, particularly in several countries in South Asia, the Middle East and Latin America[9].

The pandemic has made the situation worse. The shadow of a bleak future due to the loss of a parent, confusion about how to survive and pay for the necessities of life, paying school fees and the feeling of being anxious about being abandoned by parents who have been protecting him and worrying about his upbringing, feelings of loneliness and so on are other things. things that make children feel anxious and frustrated. Therefore, immediate attention and action to reach children is not only by the government but also by private organizations and other components of society as stated in Law Number 11 of 2009 [10]:

In the implementation of social welfare, it is necessary to have the widest possible role of the community, including individuals, families, religious organizations, social organizations, non-governmental organizations, professional organizations, business entities, social welfare institutions, as well as foreign social welfare institutions for the sake of the implementation of social welfare. directed, integrated, and sustainable'.

Article 34 paragraph (1) of the 1945 Constitution and Law Number 11 of 2009 concerning Social Welfare require the state to be present to provide protection for neglected parents and children. The state is obliged to take care of the poor and neglected children. The realization of the state's obligation to guarantee the fulfillment of the rights to the basic needs of poor and underprivileged citizens is that the government and local governments provide social rehabilitation, social security, social empowerment, and social protection.

The amount of coverage that must be addressed related to the impact of children losing their parents due to COVID-19 requires collaboration and synergy from various components of society. The government’s financial condition and performance in
general does not appear to be in good condition. The economy of Sleman Regency seems to be dominated by services and trade activities. The first tourism slump. As a leverage sector, tourism contributed about 25% of Regional Original Income before COVID-19 attacked the area. The policy of restricting mobility and closing a number of tourist destinations has had a number of impacts, including many hotels and restaurants reducing their employees (PHK) and or reducing employee working hours so that it has an impact on people’s purchasing power, the ability of business actors to pay taxes and user fees decreases and the contribution of the tourism sector in enforcing the economy in Sleman has declined considerably. Likewise, the contribution of other service sectors to the economy of Sleman Regency has also decreased.

The policy of restricting mobility directly or indirectly has also affected other sectors of the Sleman economy, such as the education sector. but seeing the situation and financial condition of Sleman Regency itself, which is currently struggling, it is necessary to help other community components, First because the Sleman Regency Government faces limited funds (budget), human resources and time. Second, looking at the breadth of fields that must be worked on, the existing condition of limited supporting facilities and related to time, namely the risk impact is greater/worse if the current problems are not handled quickly, commitment and support from many parties is needed. Right now we are racing against time to reach out and prevent this bad impact in order to prevent a worse impact from happening to children whose parents died due to COVID-19. There is no other choice but collaboration and synergy is the key to this. Collaborative governance and collaborative action are solutions that need to be done.

4. Conclusion and Policy Recommendations

Based on the study’s findings, COVID-19 pandemic has worsened the condition of children in Sleman, Yogyakarta, particularly those whose parents are passed away because of COVID-19. The shadow of a bleak future due to the loss of parents, confusion about how to survive and pay for living expenses, paying school fees and feeling anxious about being abandoned by parents who had been their protectors and worried about upbringing, feelings of loneliness and others are things that make children feel anxious and frustrated. Hence, the immediate attention and action to reach children not only by the government but also by private organizations and other components of society are important to do. Based on these research findings, we present policy recommendations for stakeholders in order to deal with the children’s condition.
| No | Problem              | Short Term                                                                 | Medium Term                                                                 | Long Term                                                                 | PIC                                                                 |
|----|----------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1  | Data Collection      | Data Collection Conducted by the P3AP2KB Office assisted by the Social Service and Health Office Data verification and validation | Data Collection Conducted by the P3AP2KB Office assisted by the Social Service and Health Office Data verification and validation | Data Collection Conducted by the P3AP2KB Office assisted by the Social Service and Health Office Data verification and validation | PIC: P3AP2KB Office, Social Service and Health Office Information: dynamic data, other activities run parallel |
| 2  | Cost of Education    | Enter in the BOS Program (Central/Provincial or Regency)                    | Enter in the BOS Program (Central/Provincial or Regency)                    | Enter in the BOS Program (Central/Provincial or Regency)                    | Education authorities, NGOs in Education                            |
| 3  | Life necessities     | Include in the Family Hope Program (PKH) Ministry/Social Service Enroll in the JPS Program and/or Register for Poor Families Beneficiaries of Social Assistance | Include in the Family Hope Program (PKH) Ministry/Social Service Enroll in the JPS Program and/or Register for Poor Families Beneficiaries of Social Assistance | Include in the Family Hope Program (PKH) Ministry/Social Service Enroll in the JPS Program and/or Register for Poor Families Beneficiaries of Social Assistance | The Office of Social Services                                      |
| 4  | Parenting            | Closest Family or a social home                                             | Closest family or a social home                                             | Closest family or a social home                                             | The Office of Social Services Child Protection NGO, orphanage managed by NU, Muhammadiyah, Church, etc |
| 4  | Mental Stability     | Outreach and Mentoring                                                     | Outreach and Mentoring                                                      | Outreach and Mentoring                                                      | PIC: P3AP2KB Office: Puspaga, UPTD P2A, Health Office (Puskesmas GPA (Clinical Psychology Association of Sleman Regency) |

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