

Anxiety and the Politics of Child Well-Being During COVID-19

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Introduction

Over the last few months, there has been a proliferation of discourse concerned with the well-being of the roughly 1.5 billion children globally who are currently out-of-school (Gettleman and Suhasini 2020; Mahara 2020; Strauss 2020). Both governments and non-governmental organizations have discursively emphasized a few key dimensions of child well-being during this period when children are not physically in schools, including access to opportunities to continue learning, digital etiquette, and child safety. However, these broader anxieties around the many millions of "out-of-school" children are keenly reflective of essentialized notions of what it means to inhabit childhood.

As PhD students with long-term research engagements in Delhi, India, we note the ways in which these discourses have proved insufficient within our own research contexts for their inability to attend to the ways in which health and well-being intersect among marginalized child populations that are often deemed 'vulnerable' or 'at risk' (Balagopalan 2012; Dyson 2015; Vasudevan and Campano 2009). We work with populations that are marked for their non-normate subjectivities (Balagopalan 2014; Khoja-Moolji, 2015; Mishra, 2007). Fernandes's fieldwork focuses on how the embodied experiences of disabled children¹ are understood and responded to by the K-12 school system and the state through inclusive educational environments. Garg's fieldwork examines and calls attention to identity explorations—in and outside of school and through digitally mediated social environments by adolescents who are deemed in need of care, protection and rehabilitation by the state and placed with children's homes. Drawing upon our own methodological challenges that have emerged while continuing fieldwork during the COVID-19 pandemic, both from a physical distance and across digitally mediated spaces, we examine here the paradoxical ways in which the focus on continued learning when 'out-of-school' invisibilizes the vital embodied experiences of our research participants.

To frame our work on child populations who are often relegated to the margins by the state, we draw upon Rosemarie Garland-Thomson's notion of the normate child (and by extension the default childhood) as one with "unmarked, normative characteristics" (2002, 10). Across our research sites, these "unmarked" characteristics of the normate childhood privilege include

¹ In recognition of ongoing conversations within disabled communities about the suitability of person-first versus identity-first language, we use both somewhat interchangeably in this article. Where applicable, the language choices of participants and their caregivers have been retained. However, to acknowledge the manner in which person-first language is most often only used to refer to disabled people versus those without disabilities (Gernsbacher 2017), we have prioritized the use of identity-first language.

several intersecting facets of identity such as caste, class, race, gender, and ability. The majority of programming that has aimed to address the needs and well-being of the unmarked child subject during this pandemic assume normativity, thereby disregarding systemic inequities that our participants and their families face. The concept of bodyminds (Price 2015; Schalk 2018) has also enabled us to further unpack the connections between health and well-being in current child well-being discourses. As a framework, the bodymind discards conventional biomedical separations of one's physical body from one's mind, instead intentionally highlighting the ways in which both are inseparably intertwined in their functioning. Bodyminds as a concept has also allowed us to pay careful attention to which marginalities—or parts of marginalities—are not even rendered in dominant discourses about child well-being during COVID-19. Employing both frameworks toward a conceptual framing of the health and well-being of marginalized child populations in India, we now look at two dimensions of these discourses: access and accountability.

Access

India's national guidelines on digital learning (MHRD 2020) and surrounding conversations at our research sites work from the assumption that broader systemic inequities, which existed prior to the pandemic (Singal and Muthukrishna 2014), could be addressed by ensuring access to digital devices during the pandemic. Across the nation, this lack of access to digital devices has been constructed as one of the primary hindrances to child well-being (Bhatt 2020; Sahni 2020). Subsequently, various drives to provide digital devices to households who lack them have sprung up, largely in an attempt to ensure that children are able to keep learning.

Ironically, therefore, even though every child at Garg's research site received a laptop during the early months of the pandemic, this has not translated to greater access to learning opportunities and environments. Garg noticed that rhetoric around the 'optimal' use of digital devices resulted in the home's strict monitoring of when and how children could use their laptops. Adult caregivers' anxieties around the digital behavior of Garg's research participants, together with idealized cultural notions of childhood as a space free of digital devices, have continued to mediate the access promised by laptops. As Garg collaborates with her participants on an online writing project, caregivers at the children's home have reprimanded participants for spending too much time on projects that are external to their school work, and have continually worried about the ways in which digital interactions have the potential to remain somewhat unmonitored. Although ostensibly well-intentioned, these specific caregiver rhetorics around being mindful of well-being have ironically de-centered the interests and desires that her participants themselves had identified as key to their own well-being.

Across Fernandes's sites, the broader rhetoric of access to devices also does not fully address the concerns of participants with intellectual, developmental and/or physical disabilities, nor the concerns of their caregivers around the accessibility of online education. In particular, despite often needing to work full-time jobs, caregivers are also required to spend several hours assisting children with disabilities as they engage with school curriculum online. As a result, several caregivers, particularly those who are unable to afford additional caregiving support, have expressed their inability to ensure that their children with disabilities continue engaging in activities meaningful to their own learning through the various digital solutions provided. Further, in guidelines for parents, digital etiquette is often discursively constructed through a binary understanding of healthy/unhealthy engagement (from an adult perspective). This in turn leaves little room for wider conversations that center the needs of children and their experiences when engaging extensively with digital worlds since the start of the pandemic.

Accountability

Another dimension of continued child well-being in this moment is that of accountability of parents. As a result of the concerted focus on continuing to learn when 'out-of-school,' the responsibility for both the participation and well-being of child participants falls on parents, rather than being understood as a by-product of larger systemic interactions. This framing entirely sidelines the challenges that the caregivers of participants at our research sites are facing, including a sudden loss of livelihoods. It also does not address the ways in which parental well-being and child well-being can often be intertwined.

In Fernandes's project, these disjunctures are especially apparent with parents of children with disabilities, many of whom have expressed discomfort over feeling ill-equipped to handle their children's education during the pandemic. This discomfort is also indicative of the ways in which other aspects of a child's identity, particularly class, gender and/or caste, come to intersect with impairments. As is the case with disabled children when in school, but perhaps even more so now that children are 'out-of-school,' parents with more disposable income in this moment have paradoxically turned their focus toward a greater pursuit of curricular and extracurricular activities to ensure that the pandemic can also be reframed as an opportunity. These anxieties around making up for lost in-school time have frequently (albeit unintentionally) also de-centered children's responses to the pandemic and their expressions of well-being.

Through these discourses that link access, learning and well-being, the onus of being well in this deeply difficult moment is also disproportionately placed on the child. Several news media outlets have praised children who have shown what is constructed as extraordinary resilience in this moment (Outlook 2020), including a teenager who cycled hundreds of miles to take her father home to their village amidst the abruptness of the lockdown (Livemint 2020). At Garg's field site, children in the care home have not met their friends or families outside for the last 6 months. However, their well-being is measured by the caregivers through specific socioemotional markers of adjustment, including their continued commitment to learning despite the many upheavals of this moment. Discourses of child well-being, in this situation, have necessitated a continued demonstration of well-being, which in turn does not adequately capture the ways in which systemic failure comes to be located in the body of the individual.

Conclusion

As researchers, we remain aware of the need to further nuance our study of the costs to access that are most keenly felt by young, marginalized bodyminds (Balagopalan 2011). At a moment when the well-being of the child is made hyper-visible, we wish to point further to the invisibility of the needs and voices of the non-normate children that we work with in order to ask how they might be (re)centered. In particular, how might our methodological choices continue to pay close attention to our young participants' needs, voices, and lived experiences, while also engaging with the proliferation of global discourses on what it means to be 'well' in this moment? We offer these ongoing, open questions from our own engagements with the intention to re-focus current concerns about child well-being on the needs and experiences expressed by children themselves in this moment.

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To cite this article: Fernandes, K. and Garg, R. 2020. Anxiety and the Politics of Child Well-Being During COVID-19. *NEOS* 12 (2).

To link to this article: http://acyig.americananthro.org/neos/volume-12-issue-2/anxiety-and-the-politics-of-child-well-being-during-covid-19/