

A Child with COVID-19 Positivity

Melike Yavaş Celik*

Gaziantep University, Faculty of Health Sciences, Department of Midwifery, Gaziantep, Turkey.

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***Corresponding Author:** Melike Yavaş Celik, Gaziantep University, Faculty of Health Sciences, Department of Midwifery, Gaziantep, Turkey.
Tel: 0507 926 56 44
E-mail: www_com_tr@hotmail.com

Abstract

The effects of COVID-19 on children have not yet been clarified. It is reported that some symptoms progress as in adults, but children are more resistant to COVID-19 than adults. The aim of this study is to convey the symptoms of COVID-19, the emotional state experienced during the quarantine, and coping methods of a child patient with COVID-19 positivity. The study is a descriptive qualitative research. Data were collected using in-depth interview technique. From the day he was diagnosed with COVID-19 positivity, a video call of approximately one hour was provided every day during the quarantine (20 days) with the patient. The interviews were recorded. Themes were formed by examining the interviews and translating the patient's expressions as they were. While collecting the data, both observation and interview techniques were used. Content analysis technique was used to analyze the data. The patient had fever, change in voice (thickening), nasal congestion, and cough that could not be explained as a sign of COVID-19. The patient stated that he experienced fear and sadness when he learned that he had COVID-19. She stated that she experienced loneliness, longing for other family members (especially her brother), and restlessness during the quarantine. In addition, according to the observations of the researcher, it was determined that the patient developed stress-related behavioral problems such as pointlessly shaking, eating the waste materials in the nose by mouth, playing with his hair around his finger. COVID-19 had a mild course in the pediatric patient. However, it was observed that the child had difficulties in coping with quarantine and contracting a deadly disease and resorted to coping mechanisms that could be seen as a behavioral problem. In addition, it was determined that the child suffered from separation from family members in this process.

Keywords: COVID-19; child patient; coping with illness.

Introduction

Illness is one of the most common sources of stress in a developing child's life. It is very difficult for a child to deal with this situation. Protecting children from COVID-19 is very difficult. While adults are vaccinated, children under the age of 18 are not yet vaccinated in most countries. Therefore, children are unfortunately vulnerable to contracting COVID-19. It is very important to carefully examine this age group [1]. In recent studies, it has been reported that the survival rate of children with COVID-19 positivity has increased, and even a child with COVID-19 experiences COVID-19 positivity again after the disease and its positivity turns negative [2]. In addition, a new disease [1] in which cardiac involvement is common in children, defined by WHO, has occurred after COVID-19. This disease is observed approximately one month later in children after COVID-19 disease. In this disease, laboratory findings include a decrease in hemoglobin and thrombocyte levels, an increase in troponin BNP, an increase in the rate of

erythrocyte precipitation, and rapid shock, and then cardio-respiratory failure. Studies have shown that fever, myalgia, fatigue, lymphadenoptia, abdominal pain, vomiting, anorexia, conjunctivitis, redness of the lips, cracks, tongue edema, sore throat, dyspnea, shortness of breath, cough, runny nose, nasal congestion, headache, neurocognitive symptoms, It has been reported that symptoms similar to various COVID-19 findings such as skin rash, edema in the extremities are observed [3,4,5]. Many researchers point out that children with chronic diseases are at high risk in terms of emotional, behavioral, cognitive and social aspects [6,7,8]. When adolescents with chronic diseases have negative perceptions of their diseases, depression and anxiety levels are higher [8], mental disorders are common in children and adolescents with epilepsy, and depression, anxiety disorders and attention deficit hyperactivity disorder are the most common [7]. In a study, it was determined that children with chronic diseases experience emotional and behavioral problems and their sense of

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self weakens [9]. It has been reported that the mental health of children and adolescents deteriorates with COVID-19 and that there will be an increase in mental problems in this group [10]. For this reason, the follow-up of children diagnosed with COVID-19 and the follow-up of their emotional states are very important.

Aim

In this study, it was aimed to convey the COVID-19 findings, the emotional state and coping methods experienced during the quarantine, from the mouth of a child patient with COVID-19 positivity.

Scope

In this study, which is a phenomenological research, which is one of the qualitative research types, the study was carried out in August (2021) by using the in-depth interview technique. The sample of the study consisted of a 9-year-old boy with COVID-19 positivity. Sample selection was not made. A virtual interview was provided with a child. During the quarantine period with the participant, data were collected in the chat environment with approximately one hour of interviews every day.

Method

During the interviews with the participants, many topics such as daily activities, symptoms of COVID-19, difficulties due to being at home, how the isolation situation affects him, what he does to cope with this situation were discussed and long conversations were held with the participant. During the interviews, the topics considered important by the researcher were noted and these notes were used while analyzing the data. The data were prepared by content analysis. After each interview, the recordings were watched and the important statements from the interviews were written down by correcting the grammatical errors. Each interview was started as a continuation of the previous interview and ended by discussing what the child experienced on the day of the interview. During the interviews, the child was monitored and followed up in terms of behavioral problems. The follow-ups were transferred to paper.

Results

The participant is 9 years old, a 4th grade primary school student and does not have a chronic disease. The participant's mother is a nurse and her father is self-employed. The participant has a 5-year-old brother. Two days after the participant took a two-hour car ride with his father and a friend of his father, he complained of a severe fever that did not go down, and it was learned that his father's friend was positive for COVID-19. Later, she was taken to the hospital when her fever could not be reduced despite being given an antipyretic. The COVID-19 test is positive. After the participant's positivity, a room in the children's homes is also isolated. Only his mother comes with him to bring food, other family members other than him are completely cut off from his father and brother.

Meanwhile, other family members are tested and it is negative. The mother has a fever a week later and then she is positive too. The participant gave a COVID-19 test at the end of the 10-day quarantine and it was determined that his positivity continued. Later, when he repeated the test on the 15th day of quarantine, the result was negative. In the meantime, two or three days after the quarantine process, our participant started picking his nose with his hand, taking it to his mouth and eating, and pulling the front of his hair in his hand. These behaviors continued throughout the quarantine. She had to get psychological support after the quarantine was over. During this time, these behaviors gradually decreased and completely disappeared.

Theme 1: Symptoms of COVID-19

Unexplained fever, change in voice (thickening), nasal congestion, cough, red rashes on the skin, especially on the neck, were observed. His fever lasted for a week. It showed a decreasing trend day by day in a week. The cough and thickening of the voice lasted for two weeks. The rashes on the skin lasted for a week. These symptoms showed a decreasing course after two or three days.

Theme 2: Response to COVID-19 positivity

What she experienced while giving a positive test for COVID-19 with her mother in the hospital;

Participant: Aunt, I was very scared at first, three people dressed in white overalls with a visor and a mask in their mouth came to me, I could not see any of their faces and I did not recognize them. They were like aliens. Actually, my mother had told me what would happen, but when they suddenly came to me, I was very scared. I thought they were going to kidnap me. Meanwhile, my mother joined them and they grabbed my hands and tried to stick a stick in my mouth and nose. When they put it in my mouth, it didn't hurt much, but when they put it in my nose, they pressed my head well, so it bled and hurt a lot. At that moment, I thought that my mother never loved me and would leave me. I even attacked my mother when the procedure was over, I spat, I bit her arm.

What they experience when they get the positive result of COVID-19 at home after leaving the hospital;

Participant: When my mom said that I was positive and that I should stay in this room and never go out, I was so scared, I cried. I didn't want to be alone, I'm afraid to sleep alone. Aunt, will I die? I asked my mother the same question. My mom said, "Where did you get it from, nothing will happen." But in the news they say that many people die from this disease. Even a friend of my mom's died?

Theme: Coping with COVID-19 and the Quarantine process

Participant: I miss my mother, father and brother very much, I want to play games with my brother. I want them to be with me...

Observation: His brother came to the door and handed our participant a toy. Then he said don't worry, take this toy, it will

be like I'm with you while playing with him.

Participant: Do you know why I love this toy so much, aunt? He said because he has the smell of my brother on him.

Observation: the participant played with his nose, brought his hand to his mouth and licked his finger. She also had her hair in front of her tangled around her finger and plucked. The front part of her hair is quite open.

Participant: Aunt, I'm bored here now, I don't cough much anymore, I don't have a fever, I'm healed. Can I leave this room now? Please tell my mom to get me out of here. Now I want to be with my parents and my sister. They eat together, they sleep, why am I alone? Only my mother brings me food and leaves. I want you to stay with me.

Conclusion

The pandemic process we live in today continues to change the life of humanity. COVID-19, which is said to have no or little effect on children, is now frequently seen in our children. Children are now experiencing intense symptoms of COVID-19 and hospitalized in intensive care units [11,12]. In addition, it is more difficult for children to cope with the disease than adults. Children may try undesirable coping methods. These unwanted behavior problems can harm children [13,14]. For this reason, it is important to examine the cases seen and to listen to their experiences. With this research, it is aimed to present an in-depth interview with a 9-year-old boy who experienced COVID-19 positivity. Unexplained fever, change in voice (thickening), nasal congestion, cough, red rashes on the skin, especially on the neck, were observed in the participant in the study. In the study presented by [2], the COVID-19 throat swab test performed after 4 days of unexplained fever (up to 39.5°C) in an 8-year-old child patient was positive. It was negative 10 days later on February 16-17 [2]. Our participant also had a negative result on the 15th day after the positivity. In addition to the physiological symptoms, in order to cope with the disease, the participant started to exhibit undesirable behaviors such as playing with his nose, eating the dirt in his nose, and plucking his hair. It is known that children have difficulties in coping with diseases. At the same time, we know that the methods they use to cope with what they experience during the disease process are problematic behaviors. Children may show reactions to anxiety, regression, attachment and dissociation problems, grief, hyperactivity, apathy, withdrawal, and loss of some previously acquired skills due to being sick, hospitalized and the procedures applied [13,15]. Our participant experienced situations such as anxiety, introversion, pessimism, fear of death, and grief during the quarantine process. He also exhibited anger, attacking the mother, swearing and self-harming behaviors, which are seen as some behavioral problems. It can be said that these behaviors are actually expected behaviors in this process, and that the practices that reduce the stress and anxiety experienced by the child will be beneficial for the child to cope with this situation and it is a temporary situation. With the psychological support our participant received after the quarantine process, these behaviors improved and he started to adapt to his normal life. As a result, it should not be forgotten that the COVID-19 virus is also very effective on children and that COVID-19 may cause psychological problems as well as the physiological condition of children. In addition, considering the coping methods de-

veloped by children against diseases, it can be suggested that the problems they may experience in this process should be addressed in more detail and it would be beneficial to support their families in this regard.

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