

Training course in adolescent sexual and reproductive
health 2020

The effects of COVID-19 on the lives of adolescents, and
specifically on their SRH

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Question 1.1

What were the three research methods used by GAGE to study adolescent experiences of COVID-19?

1. Phone surveys (Quantitative survey).
2. Phone/web-based interviews using in-depth interviews, key informants interviews and focus group discussions. Policy and legal analysis were also done. (Qualitative research).
3. Phone/web-based participatory research using peer-based/participatory photography, audio diaries and social network analysis (Annual participatory research).^{1,2}

Question 1.2

Why did Population Council decide to conduct multiple rounds of data collection in each country?

Population Council decided to conduct multiple rounds of data collection (surveys with adapted questionnaire) in each country to better understand how impacts have changed as the pandemic has evolved and also to cover relevant topics.³

Question 1.3

Name one advantage and one disadvantage of conducting telephone surveys.

Advantage: Telephone surveys are remotely conducted and many participants can be reached in a short period which makes it faster than paper surveys. This method is useful in urgent situations and where multiple rounds of the surveys are needed.¹

Disadvantage: Some people, especially those in rural areas, may not have access to telephone or means of charging the batteries or financial means of managing the telephone, thus they are disadvantaged in terms of participation in the telephone surveys.¹

Question 2.1

Give two reasons why learning has been disrupted due to the COVID-19 pandemic.

1. Prolonged school closure and reduced access to home schooling through virtual/online learning; via radio, TV or internet because the adolescent learners lack devices, electricity (especially those in rural areas) or money to afford phone or internet fees(compounded by rising household poverty).
2. Other adolescents are struggling to study at home because the quality of remote learning services is sub-optimal and they lack guidance and mentoring from parents or teachers.³

Question 2.2

List two reasons why girls' education has been especially affected in many places.

1. In communities where there is better general access to digital education, there is often a gender digital divide, with girls having substantially less access than boys due to conservative gender norms.
2. Many adolescent girls are not doing home schooling due to parental pressure to undertake domestic and care work and they are also pressured to get married when schooling stopped.³

Question 2.3

Girls' learning has been more adversely affected than boys' learning in Mexico – true or false.

False, girls' learning has not been more adversely affected than boys due to COVID-19 pandemic in Mexico, boys' learning was affected. In both states studied, more adolescent girls than boys identified having internet access in their homes (26.6% vs. 24% in Yucatan & 30.7% vs. 22.2% in Chiapas), indicated that they continued studying from home (75% vs. 73.9% in Yucatan & 75% vs. 62.5% in Chiapas) and reported receiving more support at home to solve school-related questions (60.7% vs. 47.0% in Yucatan & 44.4% vs. 20% in Chiapas). Similarly, highest drop-out rate (37.5%) was seen among adolescent boys in Chiapas.⁴

Question 3

Name one finding on the impact of COVID-19 on food insecurity; name one group which has been particularly affected; and name one reason for this.

1. Restriction of household food quantity and quality is one of the impact of COVID-19 on food insecurity. With decreased availability of food in terms of reduced ration and reduction of food purchase, households experience food shortages, meal skipping and they have to cut back on the quantity and quality of food they eat, especially protein, as a result of job losses, income loss, rising household poverty and economic contraction.
2. Adolescent girls are more at risk and are particularly affected by food insecurity than boys as more female adolescents reported reduced food intake or skipping of meals.
3. This is because adolescent girls are not of priority in terms of feeding within the household and because of the restrictions on their mobility which result in reduced opportunity to food outside the household.^{2,4,5}

Question 4

Name one finding on the impact of COVID-19 on mental health; name one group which has been particularly affected; and name one reason for this.

1. Poor mental health outcomes such as anxiety, depression, irritability and loneliness are some of the impact of COVID-19 on mental health. Across countries, young people including adolescents, are worried about finances, food security, educational disruptions and lack of access to services as well as formal and informal sources of support for them.

2. Adolescent girls are at higher risk and particularly affected as higher proportions of female adolescents were depressed, lonely and irritable than boys in the surveys conducted. Married female adolescents experienced more acts of violence in the last two weeks of the survey.
3. This is partly due to biological factors as estrogen has been linked to depression and partly due to social factors as adolescent female (especially those that are married) are more isolated.^{1,2,4,6}

Question 5.1

The Guttmacher Institute estimates that 43% of adolescents aged 15-19 years in low- and middle-income countries who want to avoid a pregnancy are unable to obtain contraceptives (in slide 2 of the [Guttmacher Institute Presentation](#)). Name one reason for this.

One of the reasons why 43% of adolescents aged 15-19 years in low and middle income countries who want to avoid pregnancy are unable to obtain contraceptives is the lockdown measures which are disrupting contraceptive supply chains and the ability to travel to health facilities, putting young people at greater risk of unintended pregnancy by reducing their access to information and contraceptive services.

Question 5.2

What is the estimated level of unmet need for contraception for adolescents aged 15-19 years in your country?

The estimated level of unmet need for contraception (which is the percentage of women with unmet need for Family Planning [FP]) for adolescents aged 15-19 years in Nigeria is 12%. The total demand for contraception which is the sum of unmet need for FP and those currently using FP among married adolescent aged 15-19 years is 15%. Twenty-nine percent of them are married while the age specific fertility rate among them is 107. The COVID-19 pandemic has also caused more disruptions in contraceptive needs due to lockdown measures, school closure, gender-based violence and other violation of human rights which threaten young people health and well-being. Reduced modern contraceptive use among adolescents will lead to increased unintended pregnancies and increased demand for abortion services which can result into more complications especially in Nigeria where there are restriction to these services.^{7,8,9}

Question 6

What does the Guttmacher Institute project will happen if COVID-19 causes disruptions in contraception access? In your opinion, is this pertinent to your country?

The COVID-19 pandemic, and the associated economic downturn, may be increasing adolescents' desire to delay childbearing, potentially increasing the overall demand for modern contraception. Guttmacher Institute projected that if COVID-19 pandemic continues to cause disruption of contraceptive access with the average annual disruption of 12% across all methods and with a modest 12% decline in adolescents' use of modern contraception over the year, this would result in 2 million additional adolescent women with an unmet need for modern contraception, and 734,000 additional unintended pregnancies among adolescents.

In my own opinion, this is pertinent to my country Nigeria. This is because the current unmet need of conception among adolescents is already up to 12% and additional decline will increase this to about 24% over the year, which will result in 4million additional adolescent women with an unmet need for modern contraception, and 1,468,000 additional unintended pregnancies among adolescents. With poor access of adolescents to reproductive health services in Nigeria including access to safe abortion, there will be increased morbidities among adolescents.¹⁰

Question 7

WHO conducted an assessment of the impact of COVID-19 on 25 essential services. Name one health service that what was found to be severely disrupted, and one that was found to be partially disrupted due to the COVID-19 pandemic. Name one consequence of the disruption of these services.

Family planning and contraceptive services was one of the essential services found to be severely disrupted (68%) due to COVID-19 with 9% of severe disruption.

Non-communicable disease services was one of the essential services found to be partially disrupted (69%) due to COVID-19 with 64% of partial disruption.

For every 3 months the lockdown continues, up to 2 million additional women may be unable to use modern contraceptives; and an additional 7 million unintended pregnancies are expected to occur if the lockdown continues for 6 months with major service disruptions due to COVID-19. There can be increased school dropout and maternal morbidities among adolescents^{11,12}

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