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?

To study adolescent experiences during COVID-19, GAGE used a mixed methods approach which include three research methods: (a) quantitative phone survey involving adolescent boys and girls, male and female caregivers, and community leaders and personnel; (b) qualitative research including [phone and web-based] in-depth interviews, key informant interviews and historical process tracing; and (c) participatory research using photography and blogs with adolescents and their peer network to understand peer youth dynamics (1). In each country, disadvantaged young people were also involved such as adolescent girls married as children, working and out-of-school adolescents, adolescents with disabilities, adolescents from urban slums and remote pastoralist communities, as well as adolescents from internally displaced and refugee communities.

Question 1.2

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

The Population Council decided to conduct multiple rounds of data collection in Bangladesh, India, Kenya, and Mexico on understanding the social, economic, education and health effects of COVID-19 on vulnerable adolescents to obtain a better grasp or picture of "how impacts have changed as the pandemic evolved" (2).

Question 1.3

Name one advantage and one disadvantage of conducting telephone surveys.

Unlike other means of obtaining information, phone surveys are relatively easy to do and organize as there is less waiting time and no logistical travel plan is required. This is particularly useful when participants or data collectors are in lockdown areas. However, not all participants in the sample have access to phones or would be amenable to participate in phone surveys than face-to-face surveys. This could affect the data obtained as the sample in this case becomes less diverse.

Question 2.1

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

The closure of schools and universities led to disruptions of learning. Countries, such as Ethiopia have no means to execute distance learning due to lack of hardware (e.g phones, radio, computer), connectivity (e.g electricity, wifi, and mobile data), and human support. With this, only 7% in Ethiopia were found to study lessons provided by their school; only 6% of students

received learning support from schools in Bangladesh (3); and nearly a quarter of adolescents in Chiapas and Yucatan, Mexico stopped schooling since the beginning of the pandemic (2).

Some adolescents are also finding it hard to study at home because of distractions related to COVID, poor quality of remote learning, and lack of parental or teacher guidance (1). With this, the poorest adolescents are severely affected as they have limited to no access to distance learning platforms and their parents are least prepared to support home schooling (3). School work at home also poses a challenge for adolescents as they are also pressured to help with chores especially for girls (1).

Question 2.2

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

In a number of low and middle-income countries, girls' access to education has been adversely impacted by COVID-19 as they are expected to contribute more to the housework and their families are not setting time aside for their study. In addition, girls have less access to technology and receive less support to continue education due to conservative gender norms which favors males over females (3). In fact, adolescent girls in Ethiopia are worried to be married off now that they are not in school (1).

Question 2.3

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

In Chiapas and Yucatan in Mexico, adolescent boys have lesser Internet access in their homes than girls (22.7% vs 30.7% and 24% vs 26.6% respectively) which may be associated to the lesser number of adolescent boys continuing their studies at home than girls since the beginning of the pandemic. Adolescent girls in both states also reported to receive more support at home to answer school-related questions than boys. While girls express more positive experiences which include cooking, making crafts, and taking care of others, boys have to learn how to sow cornfield, taking care of yard animals, and beekeeping. The highest dropout rate (37.5%) was observed among adolescent boys in Chiapas, Mexico (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.

Loss of jobs due to lockdowns pushed people further into poverty and food insecurity. About 45% in Kenya reported to skip meals a number of times in a week. In addition, adolescent girls in Kenya who received food through schools before the school closures experienced disrupted access to food (2). Likewise, girls are observed to be more vulnerable to food insecurity than boys because they experience more mobility restrictions which means lesser access to their food source. In some cases, girls are not prioritized when it comes to eating within their homes. For

instance, more females in India (56%) reported reduction in their food intake than males (40%) (2). Similarly, in a policy brief in Bangladesh, "87% of adolescent respondents reported that they are less likely to eat meals with protein and while there are no significant differences by location, girls are more likely to report this than boys (92% compared to 82% of boys)" (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.

COVID-19 brought increased levels of anxiety and depression among adolescents because of concerns on the said disease, finances (poverty and food insecurity), educational disruptions, and inaccessibility to services. Adolescents also lost connection with their sources of support (i.e friends, other family members) that help them cope with their highs and lows. Generally, girls are at a higher risk partly due to biological factors (estrogen being linked to depression) and partly because they are more vulnerable to social isolation than boys. This was observed in India where the majority (74%) of adolescent girls reported feeling loneliness or sadness (4).

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.

The Guttmacher Institute estimates that around 43% of the adolescents aged 15-19 years in low- and middle-income countries who want to avoid pregnancy are unable to access contraceptives (6) due to stigma associated with being sexually active if they are unmarried and social pressure of rearing a child if they are married. Subsequently, adolescents in low and middle-income countries have around 10 million unintended pregnancies each year (7).

Question 5.2

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

In the Philippines, the estimated percent of unmet need for contraception is 51% for unmarried adolescents aged 15-24 years old and 20% for 15-24 y.o adolescents who are married (8).

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?

Even just a modest 12% decline in adolescents' use of contraception due to disrupted access over the year might result in an additional 2 million adolescents with an unmet need for contraception

and consequently, an additional 734,000 unintended adolescent pregnancies (6). This could reverse the progress that countries already worked on for the past several years in health, social, and economic outcomes.

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.

Among the services that were affected by COVID-19 crisis, family planning and contraception services were found to be one of those severely disrupted by 9% and partially disrupted by 59% (9). Others were routine immunization services – outreach services (70%) and facility-based services (61%), antenatal care (56%), noncommunicable disease diagnosis and treatment (69%), and treatment for mental health disorders (61%) (10). Disruptions of these services can leave many end-users suffering resulting in increased levels of morbidity and mortality due to inaccessibility of these essential services. The results of WHO's assessment show that even a robust health system can be overburdened by an outbreak and thus, strategies must be adapted to ensure continuity of essential services amid the crisis.

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