

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?**

GAGE used a mixed methods approach that included phone surveys with 9,500 adolescents, phone and web-based qualitative in-depth interviews with 550 adolescent and 150 key informants, and phone and web-based participatory (photography, diaries, blogs) research by and with 140 adolescents. GAGE included both adolescent girls and boys.

### **Question 1.2**

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

Population Council conducted multiple rounds of data collection to allow adaptations to survey instruments as the pandemic allowed. The multiple waves of data collection also allowed Population Council to understand how the impacts on and needs of adolescents changed over the course of the pandemic.

### **Question 1.3**

**Name one advantage and one disadvantage of conducting telephone surveys.**

Phone surveys are advantageous in the context of COVID-19 because they can be done in a socially distanced manner, and phone access (particularly mobile phone access) has expanded in many low- and middle-income settings. A disadvantage of phone surveys is that during lockdown, it may be difficult for an adolescent to access a phone and speak freely in a crowded household.<sup>1</sup> Given the sensitive nature of some sexual and reproductive health survey questions, lack of confidentiality could impact adolescent responses.

### **Question 2.1**

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

Based on the data from Population Council and GAGE, learning has been disrupted for some adolescents due to limited access to online/virtual learning via radio, TV, or online platforms. Lack of money and internet connectivity are the biggest challenges to accessing remote learning. A second reason learning has been disrupted is limited access to teachers. This has been especially disruptive for poorer adolescents and those dealing with disabilities.

### **Question 2.2**

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

Adolescent girls' educations have been especially disrupted by familial pressure to assume more household work and chores, leaving these young women with less time and support to continue their studies. In addition, girls tend to have less access to the technology (mobile phones, tablets, computers) needed for remote learning.

### **Question 2.3**

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

False. According to the Population Council's report on Mexico, adolescent girls were more likely to continue their studies, more likely to have internet access, and received more support to solve school-related questions than adolescent boys, suggesting that adolescent boys' educations have been more adversely affected than that of girls.<sup>2</sup>

### **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.**

Job losses have contributed to higher rates of poverty and food insecurity, with families purchasing both lower quality/less nutritious food and lower quantities of food. According to GAGE's policy brief, adolescent girls in Bangladesh, particularly Rohingya adolescent girls living in refugee camps, were more likely to report hunger due to COVID-19 than their male peers. Reasons for this gender disparity include limitations on the mobility of adolescent girls (making it less likely they will obtain food/calories outside the household), and gender inequitable norms that prioritize the nutrition of boys over girls.

### **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.**

Adolescents are experiencing higher rates of anxiety, depression, and sadness/isolation due to COVID-19. According to Population Council's data, adolescent girls at their research sites in India have reported higher rates of feelings of loneliness, depression, and irritability than boys. These gender disparities were present at both data collection time points. One reason adolescent girls in India may have poorer mental health could be due to gender inequitable norms that prevent adolescent girls from accessing remote learning and require them to shoulder a higher burden of household work.

### **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.**

As we discussed in Module 2, healthcare providers' knowledge and attitudes can restrict adolescent access to contraceptives, as some providers feel that contraceptives are contraindicated for adolescents or feel that it is inappropriate for adolescents to engage in sexual activities.<sup>3</sup> Restricted access to healthcare facilities due to COVID-19 will likely exacerbate existing barriers to adolescent contraceptive access.

### **Question 5.2**

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

I chose to examine unmet need for contraception for adolescents in India. Based on FP2020's database (accessed from the GFMER course site), the unmet need for sexually active, unmarried adolescents aged 15-19 is 23%. The unmet need for married adolescents aged 15-19 is 22%.

### **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 Guttmacher Institute's modelling projects that COVID-19 disruptions could contribute to a 12% decline in the use of modern contraception, 2 million additional adolescent girls with unmet need, and 734,000 additional unintended pregnancies among adolescents. Given that over 1 in 5 adolescents in India experienced unmet need before COVID-19, additional disruptions to contraceptive access and use (which are likely given India's stringent lockdown<sup>4</sup>) would only worsen this challenge. Thus, Guttmacher's model is very pertinent to the situation in India.

### **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.**

The WHO's assessment found that outreach immunization services were severely disrupted in 18% of countries, and family planning services were partially disrupted in 59% of countries (with an additional 9% of countries reporting severe disruptions to family planning). Disruptions to these services may have serious consequences for adolescent SRHR, by limiting availability of the HPV vaccine and contraceptives. In this way, the WHO's findings support the modelling presented by the Guttmacher Institute.

### **References**

1. Sarah K, Anja S. Best practices for conducting phone surveys [blog on the Internet]. Abdul Latif Jameel Poverty Action Lab (J-PAL); 2020 [cited 2020 Oct 13]. Available from: <https://www.povertyactionlab.org/blog/3-20-20/best-practices-conducting-phone-surveys>.
2. Population Council. Mexico: COVID-19 knowledge, attitudes & practices: responses from the first round of data collection among adults, adolescents, and community leaders in indigenous municipalities of Chiapas and Yucatan, June 1–30, 2020. Population Council; 2020.
3. Engel DMC, Paul M, Chalasani S, Gonsalves L, Ross DA, Chandra-Mouli V, Cole CB, de Carvalho Eriksson C, Hayes B, Philipose A, Beadle S, Ferguson BJ. A Package of Sexual and Reproductive Health and Rights Interventions—What Does It Mean for Adolescents? *Journal of Adolescent Health*. 2019 Dec 1;65(6, Supplement):S41-50. <http://dx.doi.org/10.1016/j.jadohealth.2019.09.014>
4. The Lancet. India under COVID-19 lockdown. *The Lancet*. 2020 Apr 25;395(10233):1315. [http://dx.doi.org/10.1016/S0140-6736\(20\)30938-7](http://dx.doi.org/10.1016/S0140-6736(20)30938-7)