

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?

The Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme whose aim is was to capture short term effects of the COVID19 on the lives adolescents gathered information using phones to administer surveys involving 9500 respondents. The study also used phone and web based interviews which took advantage of technology to create focus groups discussions. Through this method the study was able to reach 550 adolescents and 150 Key informants (Jones 2020).

Lastly the study engaged 140 adolescents through participatory photography, digital and audio diaries. The adolescent authors were enabled to capture their experiences using creative platforms (Malachowska 2020)

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 in each country to determine the impact of the Pandemic as it evolved over time (Bajracharya 2020).

Question 1.3

Name one advantage and one disadvantage of conducting telephone surveys.

The Advantage of phone interviews is the comfort in anonymity that it gives respondents who are not face to face with the interviewer. The interview is further complemented by a participants responding in a familiar setting with the option of opting out by the press of a button (Malachowska 2020).

Adolescents may not own a phone and resort to using the phones of significant others in their lives i.e. their parents, guardians, or elder siblings. This increases the risk of confidentiality compromise (Malachowska 2020). This is more so during the COVID 19 pandemic lockdowns and other movement restrictions.

Question 2.1

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

The outbreak and global spread of the Coroner Virus Disease (COVID19) is an unprecedented crisis. Measures to prevent, contain and reverse the pandemic have led to the adoption of movement restrictions. In many instances institutions which bring together people in congregate

settings such as schools and churches have been discouraged from operating normally and sometimes forced to close. The closure of schools has severely disrupted learning (Jones 2020).

Education authorities have responded to this challenge by introducing remote learning which depends on technologies such as radio, television, computers and cell phones. These are in turn dependent on technology knowhow, signal availability, electricity and Wi-Fi.

The inequitable access of technology to facilitate remote learning has excluded many young people from accessing education under COVID19 restriction setups. Rural and Poor families are the most affected by this education exclusion (Jones 2020)

Question 2.2

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

The disruption of Education due to COVID 19 has not affected all population segments in the same way. The Gender lens provides a unique perspective of the impact that the pandemic has had. The closure of schools has given birth to remote learning. Learners have to access learning material remotely and from home.

Girls have been negatively affected by this due to the expectation that if they are home, they have to contribute to household chores. In Kenya 37 percent of girls cited helping with chores as a reason for not doing school work. Girls are also not given equal access to technology which remote learning is reliant upon (Bajracharya 2020).

Question 2.3

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

False; Girls are more likely to continue their studies from home and receive support than boys (Population Council 2020).

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.

In Bangladesh COVID19 has impacted food insecurity. This has taken the form of reduced food availability in terms of rations, food purchased and access to protein (Guglielmi 2020).

While Bangladeshi adolescents are more likely to report food insecurity than the Rohingya, Girls have been more adversely affected. The disparity between the girls and boys is related to their likelihood to be engaged in paid work. Boys are four times more likely to be working than girls (Guglielmi 2020). This reduces girl's agency to access food.

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' mental health has been negatively affected by COVID19 due to the mental distress and social isolation that school closures, rising unemployment, and increased tensions at home brought about by measures to contain the pandemic. The situation has been made worse by the lack of access to mental health support services (Bajracharya 2020).

Although this increased stress has affected both girls and boys, the former have borne a bigger brunt because COVID19 has exacerbated their isolation. Lock downs have increased their household chores as more people stay home and create the need for additional domestic work (Bajracharya 2020).

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.

Access to Sexual and Reproductive Health Services has been a challenge for adolescent females when compared with other women of reproductive age. Adolescents had a 43 percent unmet need for family planning compared to other women in the childbearing age. The COVID19 has exacerbated these unequal chances at access to SRH services (Sully 2020).

Girl's mobility, which was already constrained due to norms relating to girls expected conduct before COVID 19, has worsened due to lockdowns. These lockdowns have reduced the autonomy to leave homes without a reason that is valid for significant others. This is one of the reasons why COVID19 has affected SRH outcomes for adolescent girls (Sully 2020).

Question 5.2

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

The unmet need for contraception for sexually active unmarried Zambian women aged 15 to19 years' old stands at 12.5 for spacing pregnancies, and 0.4 for limiting. The Unmet need for Contraception for currently married women aged 15 to19 years, is 20.4 for spacing and 1.2 for limiting (Zambia Statistics Agency 2019).

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 projects that the COVID19 pandemic will cause a disruption in Family Planning uptake across all methods. The Institute projects an annual disruption of 12% across all methods. It projects the highest disruption for injectables at 20 percent, followed by pills and condoms at 10 percent; 4 to 5 percent for Intrauterine Devices (IUD) and condoms and lastly a 2 percent decline in female and male sterilisations (Sully 2020).

The institute also assumes no changes in demand for contraception despite the expectation that the economic downturn expected to accompany and outlast the pandemic will trigger a desire to delay child bearing among adolescents (Sully 2020).

The Guttmacher study does not include a consideration for other non-scientific family planning methods which are characterised as traditional methods and how their uptake would fare under COVID19 conditions. The weak supply chain systems that characterise developing countries such as Zambia will be characterised with stock outs as countries which manufacture FP commodities go into lockdown and global supply chains are disrupted and prioritise COVID19 supplies. These stock outs will lead to desperation for contraception, thereby creating a fertile ground for the increase in traditional methods, thus reversing the gains made in increasing modern contraceptive method uptake in Zambia. The unreliable nature of these methods will contribute to increasing fertility rates. This goes without considering the challenge of convincing women to return to modern contraceptives after normal supply of contraceptives is restored.

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.

COVID19 has caused disruptions to health service. Routine Outreach Immunisation services are the most affected with a partial disruption of 53 percent and a severe disruption of 18 percent bringing the total picture of disruption to 70 percent (Baltag 2020)

The Health services with the least disruption were Anti Retro Viral Therapy (ART) services with a partial disruption of 31 percent and One percent severe disruption score (Baltag 2020).

Access to essential antiretroviral medications and services for young people living with HIV may cause challenges in ensuring adherence to treatment and contribute to not attaining viral suppression goals which are central to positioning treatment as a prevention strategy.

References

1. Jones N (Gender and Adolescence: Global Evidence). The impacts of covid-19 on adolescents: evidence from Gender and Adolescence: Global Evidence (GAGE). Geneva Foundation for Medical Education and Research; 2020.
2. Malachowska A, Jones N, Abu Hamad B, Al Abbadi T, Al Almaireh W, Alheiwidi S, Bani Odeh K, Iyasu A, Gebre Y, Gezahegne K, Guglielmi S, Mitu K, Pincock K, Rashid S, Saleh

M, Sultan M, Tilahun K, Workneh F, Yadete W, Youssef S. GAGE virtual research toolkit: qualitative research with young people on their covid-19 experiences. London: Gender and Adolescence: Global Evidence; 2020.

3. Bajracharya A (Population Council). Adolescent health and wellbeing during the covid-19 pandemic: evidence from the population council's global cohort surveys. Geneva Foundation for Medical Education and Research; 2020.
4. 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. Population Council; 2020.
5. Guglielmi S, Seager J, Mitu K, Baird S, Jones N. 'People won't die due to the disease; they will die due to hunger': exploring the impacts of covid-19 on Rohingya and Bangladeshi adolescents in Cox's Bazar. London: Gender and Adolescence: Global Evidence; 2020 Aug 20.
6. Sully E (Guttmacher Institute). From bad to worse: the COVID-19 pandemic risks further undermining adolescents' SRHR. Geneva Foundation for Medical Education and Research; 2020.
7. Zambia Statistics Agency; Ministry of Health (MOH) Zambia; ICF. Zambia Demographic and Health Survey 2018. Lusaka (Zambia): Zambia Statistics Agency; 2019. Co-published by Ministry of Health; ICF.
8. Baltag V (World Health Organization). The effects of COVID-19 on the lives of adolescents Module 3. Geneva Foundation for Medical Education and Research; 2020.