Training course in adolescent sexual and reproductive health 2020

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

Awalia Murtiana

UNFPA Indonesia

murtiana@unfpa.org

Question 1.1

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

1. Phone Surveys with 9500 Adolescents. Ethiopia - Panel Survey W/ 2000 Urban Adolescents; Jordan - Panel Survey W/ 3500 Adolescents in Camps/ Host Communities; Gaza and West Bank - Survey Research with 1000 Adolescents; Bangladesh - Panel Survey W/ 3000 Urban + Rural Bangladeshis, Rohingya Refugees.
2. Phone/Web-Based Interviews with 550 Adolescents + 150 Key Informants. Bangladesh - Idis W/ 30 Adolescents in 3 Low-Income Settlements in Dhaka, + 30 Rohingya Adolescents; Jordan - Idis and FGDs W/ 110 Adolescents from Refugee and Host Communities, 45 Service Providers; Gaza - Idis, Fgds with 56 Adolescents from Urban + Camp Settings, 8 Service Providers; Ethiopia - Idis W/ 174 Nodal Adolescents from Urban, Rural + Pastoralist Areas, And 154 Socially Vulnerable Youth, 50 Service Providers.
3. Phone/ Web-Based Participatory Research with 140 Adolescents. Lebanon, Jordan, Gaza Participatory Photography, Digital and Audio Diaries, Blogs Authored by Adolescents [1].

Question 1.2

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

The reason Population Council decided to conduct multiple rounds of data collection in each country with questionnaires adapted was to cover relevant topics to better understand how impacts have changed as the pandemic has evolved [2]. The repeated surveys in Bangladesh plan to assess the impact on girls' vulnerability to school dropout and explore program efforts that may contribute to protecting girls [3].

Question 1.3

Name one advantage and one disadvantage of conducting telephone surveys.

Advantage of conducting telephone surveys is representative and unbiased with no statistically significant difference in overall sample characteristics such as age, marital status, and schooling [3].

Disadvantage of conducting telephone surveys: failure to complete the survey was a wrongly recorded or incomplete phone number [3].

Question 2.1

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

1. Distance learning is limited by lack of hardware (radios, phones, computers), lack of connectivity (electricity, Wi-Fi, mobile data) and lack of human support.

2. The economic consequences of COVID-19 reduce the likelihood of the most vulnerable young people returning to education [1].

Question 2.2

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

1. Adolescent girls are not doing any home schooling due to parental pressure to undertake domestic and care work.
2. Girls' education is seen as less important due to conservative gender norms. Adolescents (especially those in rural areas), cannot access online learning via radio, TV or internet as they lack devices, electricity, or money to afford phone or internet fees. In communities where there is better general access, there is often a substantial gender digital divide, with girls having substantially less access than boys [1].

Question 2.3

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

False. Referring to the Population Council's data collection in indigenous municipalities of Chiapas and Yucatan, Mexico, approximately 25% of adolescents in two areas have discontinued their education since the start of the pandemic. Adolescent boys in Chiapas represent the group with the highest drop-out rate (37.5%). In both states, 75% of adolescents do not have internet access in their homes. In Chiapas, 30.7% of adolescent girls identified having access to internet in their homes compared with 22.2% of adolescent boys. In Yucatan, 26.6% of adolescent girls identified having access to Internet in comparison to 24% of adolescent boys [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.

One finding on the impact of COVID-19 on food insecurity was adolescents' nutrition more limited diet diversity as a result of the economic downturn, and there are concerns about resulting health impacts. Many adolescents in vulnerable communities reporting fewer meals and more food shortages at home. In Dhaka, slums commenting that the negative knock-on effects include a reduction in food intake. Households have not only cut back on the quality of food they eat, especially proteins, but are in some cases severely restricting quantity. **One group which has been particularly affected** was adolescent girls far more at risk than boys; and **one reason for this** was in part because they have greater restrictions on their mobility - meaning they have no opportunity to acquire calories outside of the household. The lockdown has also led to increased household chores. In some cases, they are also de-prioritized for feeding within the household [1].

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.

One finding on the impact of COVID-19 on mental health was increased substance use as part of negative coping responses; **one group which has been particularly affected** was adolescent girl with visual disability. **The reason for this** is feeling vulnerable from all sides. The worried about the virus and social isolation [1].

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 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). **One reason for this is** because unequal SRH care – that COVID-19 is further impacting adolescents' access to SRH care [5].

Question 5.2

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

According to Indonesia Demographic and Health Survey (IDHS) 2017, the data available for the unmet need for family planning for adolescents aged 15-19 years is 8.5% among currently married women [6].

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?

Referring to the Guttmacher Institute presentation, COVID-19 causes disruptions in contraception access; if even just 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 [5].

This is a pertinent issue in my country Indonesia. The root of the causes is the National Population Development and Family Planning Board (BKKBN) are apparent in two national laws, numbered 52/2009 and 36/2009. Both laws outline the legal basis for the provision of access to and quality of family planning information, education, counselling, and contraceptive services. Law 52/2009 on Population Development and Family Planning defines the boundaries of what can and cannot be delivered by the BKKBN, which clearly

states that family planning should be provided to married couples only. Article 23, paragraph 1, states that central and local governments are required to improve access to and quality of information, education, counselling, and contraceptive services by providing contraceptive methods in accordance with the choices made by a husband and wife, taking into account age, parity, number of children, health condition, and religious norms. Noticeably, most BKKBN policies are defined with an additional statement that concludes they "...must be in accordance with religious norms". Many non-government organisations or civil society organisations identify this closing clause as a barrier to a rights based approach to family planning as it discriminates against unmarried sexually active people [7].

The Health Law 36/2009, Article 73, mandated that the government "shall ensure the availability of information and resources for safe, quality, and affordable reproductive health services, inclusive of family planning". Article 78, paragraph (2) states that "the government is responsible to ensure the availability of human resources, service facilities, equipment, and medicine in providing safe, quality, and affordable family planning services for the community". However, Article 72 specifically states that entitlements for "everyone" is limited to those who are: (1) entitled to undergo a healthy and safe reproductive and sexual life [but must be] with a legally married partner; (2) entitled to be free of discrimination, coercion, and/or violence in making decisions about her/his reproductive life [but must] respect the moral values of not degrading human dignity, as in agreement with religious norms; (3) entitled to self-determine when and how often to reproduce as medically appropriate, [but must] not in conflict with religious norms; (3) entitled to receive information, education and counselling on reproductive health that is true and verifiable [8].

As a result, the sexual and reproductive health needs of adolescents and unmarried young people have continued to be ignored and unmet. In the last two decades, sexually active adolescents and unmarried women and men were disproportionately subjected to discriminatory behaviour from health providers when compared to their married counterparts. They refuse to provide family planning information and services to a client in the name of religion or beliefs [9].

With limited access to contraception, when the adolescent girls were getting unwanted pregnancy, they tend to choose the unsafe abortion such as to drink grated young pineapple mixed with soda drinks and *arak* (homemade distilled alcohol) or drank large amounts of herbal medicines in order to terminate or to abort the fetus [10].

Unwanted pregnancy also a reason for getting married at a very young age. With other factors of the child marriage's background. In 2018, 1 out of 9 girls in Indonesia was maried. The number of girls aged 20-24 who were married before age 18 in that year was estimated to reach 1,220,900, placing Indonesia as one of 10 countries with the highest absolute number of child marriage in the world [11]. During the Covid-19 pandemic (from March-September 2020). In the records of the Religious Courts there are 34,000 applications for marriage dispensation for children under the age of 19 [12].

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.

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1. The survey results show that most countries reported some disruption in Reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition services. Family planning services were disrupted in 68%of countries, with 9% reporting severe/complete disruption.
2. Antenatal and especially delivery care services were rarely severely disrupted, but 53%of countries reported partial disruptions in antenatal care services and 32% in facility-based birth services.
3. One consequence of the disruption of these services is may lead to unintended pregnancies, sexually transmitted diseases, and increased health risks for mothers and their newborn babies, and for children and adolescents. For instance, the breakdown of such services has been estimated to lead to major excess deaths of children under 5 years of age and increases in maternal and neonatal mortality [13].

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