

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. Quantitative: Phone survey.
2. Qualitative Research: Key informant Interview with phone and web based.
3. Annual Participatory Research: Peer research and participatory photography with nodal adolescents and their peer networks to better pinpoint shifts in capabilities over time.

### **Question 1.2**

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

Multiple rounds conducted in each country with questionnaires adapted as the pandemic evolved to cover relevant topics so as to better understand how impacts have changed as the pandemic has evolved over time.

### **Question 1.3**

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

Advantage - Cheaper and quicker than physical presence and reduce risk of Covid19 contamination.

Disadvantage - Telephone surveys may interrupt the personal time of the respondent, thus interviews via phone need to be short. This calls for a single open-ended question needing a lengthy answer to be changed into a few close-ended questions.

### **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, and computers) coupled with lack of connectivity (electricity, Wi-Fi, mobile data).
2. The economic consequences of covid-19 has reduced the likelihood of the most vulnerable young people returning to education (Jones et al. 2020).

### **Question 2.2**

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

1. Adolescent girls in Ethiopia are worried about pressures to marry now that they are not in school and are also uncertain about when schools will reopen.

2. Many adolescent girls are not doing any home schooling due to parental pressure to undertake domestic and care work. Many 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 due to conservative gender norms.

### **Question 2.3**

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

Girls' learning has been more adversely affected than boys' learning in Mexico – FALSE

### **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 employment directly related first to lockdowns and later to economic contraction has resulted in increased poverty and food insecurity. Ok It appears girls are far more at risk than boys, ok in part because they have greater restrictions on their mobility which means they have no opportunity to acquire calories outside of the household (Guglielmi et al. 2020).

### **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.**

It is causing depression and anxiety among Adolescents girls as months of increased stress has taken a toll. This is caused by worry over increasing poverty and food insecurity at household level. Girls are also at higher risk, in part because of biological factors (estrogen has been linked to depression especially that they are in their peak estrogen-producing years) (Population Council 2020a, 2020b).

### **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.**

Lack of enough safe youth friendly spaces where adolescents can receive contraception without judgement.

### **Question 5.2**

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

Unmet need for family planning among young people in Zambia in 15-19 years old is at 21.5%. (Zambia Statistics Agency 2018).

**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?**

According to Guttmacher Institute Project report, there is a: (a) 12% average decline in use of modern contraception ;(b) 2 million additional adolescent women with unmet need; (c) 734,000 additional unintended pregnancies among adolescents.

In the context of COVID 19 in Zambia, there has been disruption of schools, routine health services, and community-level centres. Adolescents are now having a challenge with accessing the right SRH information and services, causing a decline in use of modern contraception thus adolescents with unmet needs remain unattended to. Evidence shows that when schools close, there are not just higher rates of consensual teen sex, but also a higher risk of sexual abuse. This can lead to an increase in unintended pregnancies, and therefore a likelihood of an increase in unsafe abortions.

**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.**

1. Routine immunization in health facilities.
2. Non-communicable disease diagnosis and treatment
3. Reproductive, maternal, newborn, child and adolescent health (RMNCAH) services are critical for women, children and adolescents, and disruptions may lead to unintended pregnancies, sexually transmitted diseases, and increased health risks for mothers and their newborn babies, and for children and adolescents (World Health Organisation 2020).

In Zambia for example, there is an inverse relationship between routine immunization and family planning. The disruption of routine immunization due to COVID-19 has also affected family planning. Mothers especially in rural areas have to walk long distances to access these health services. Consequently, they would seek both immunization and family planning at the same time. With COVID-19, family planning has been treated as a non-essential service. This disruption of services which ideally brings women to the clinic to access other services like family planning has caused an increase in unintended pregnancies, unmet need and unsafe abortions.

## **References**

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