

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. Phone surveys;
2. Phone/web-based interviews;
3. Phone/ web-based participatory research which included participatory photography, digital and audio diaries, blogs authored by adolescents.

Question 1.2

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

Multiple rounds of data collection were carried out in order to cover newer issues and concerns arising out of changing and evolving nature of the pandemic.

Question 1.3

Name one advantage and one disadvantage of conducting telephone surveys.

Advantage: Neither the interviewer nor the interviewee has to travel which takes care of the travel restrictions in places where lockdowns are still on and also adheres to the physical distancing norms to prevent spread of COVID-19

Disadvantage: Might exclude the most marginalised ones who may not have access to or ownership of a phone.

Question 2.1

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

Learning has been disrupted as schools world over have remained closed since the lockdown was announced and have migrated to digital/online teaching. But it is marred with multiple challenges: digital disparity (not everyone has access to phones, computers, TVs), limitations of internet connectivity, regular power supply, and proper space and environment required for concentration and attentive listening. On top of it, since children are not going to schools, many parents expect them to take care of household chores or even go out to work to support the family as the lockdown has cut many jobs and shut many businesses leaving many families with no regular source of income.

Question 2.2

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

One primary reason is the prejudicial attitude towards girls' education. In many countries, especially the under developed or the low- and middle-income countries (LMICs), girls' education is not considered important and significant. In addition, due to them being at home (lockdowns, schools closed), there has been an increase in the household workload on the

girls giving them less or no time to study and out of those who are not subsumed in household chores, many don't have access to a phone or a laptop to be able to access the online classes.

Question 2.3

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

It's not true to say that girls' learning has been more adversely affected than boys' learning in Mexico since the difference between the two is very small.

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.

COVID-19 has resulted in a steep rise in food insecurity. There is a significant drop in the quantity and quality of food that people could manage during the lockdowns. Even after the lockdown is over, economic hardships due to loss of jobs and closure of businesses remain responsible for the same condition.

Adolescent girls are particularly affected and the reason is gender disparity. Data from countries like India and Mexico clearly show that more girls reported reduced intake of food or skipping meals than boys.

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 has resulted in a considerable amount of anxiety around the pandemic, depression as a result of isolation due to lockdowns, uncertainty about education, employment, family income and future in general among everyone, especially adolescents. This has had a debilitating effect on the mental wellbeing of adolescents.

Once again it is the girls who have been affected more than others. Adverse socio-cultural and biological factors are responsible for this. Girls are more sensitive and attentive to other family members' needs, have lesser avenues for talking, sharing and releasing frustrations, do not have access to mobiles or other sources of communication and information, have no privacy as a growing up girl, have no private space to manage menstrual issues, etc.

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 unmet need for contraception is already high among adolescents in the low- and middle-income countries.

Question 5.2

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

The estimated level of unmet need for contraception for adolescents aged 15-19 years (sexually active unmarried and married) in India is in the range of 22% to 23%.

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 projections predict a 12% decline in adolescents' use of modern contraception over the year, resulting in 2 million additional adolescent women with an unmet need for modern contraception, and 734,000 additional unintended pregnancies among adolescents.

The trend predicted by the study holds true for India. Although there are no data from a national study as yet. But I say this on the basis of the following evidence generated at local level by a couple of organisations including Population Foundation of India where I work.

From HMIS data available on the NHM-HMIS portal, Population Foundation assessed the impact of COVID-19 on SRHR service uptake during lockdown period (Apr to Jun 2020) by comparing with the same period last year and found that there was a drop in adolescent health and family planning uptake ranging from 20% to as high as 60%. A crucial finding was a 21% drop in condom and OCP distribution as compared to the same period last year.

In a survey conducted by the 10to19 Community of Practice to study the impact of COVID-19 on adolescent-focused programs, Dasra reached out to 111 organizations across India and found that 15% organizations reported limited access to contraceptives. 12% of organisations reported that at least one girl in the areas they serve had experienced an unintended pregnancy that she desired to terminate, yet had difficulty in acquiring abortion services.

Changes in search trends like spikes in searches for tampons/sanitary pads, abortion clinics and abortion pills, and a drop in searches for male condoms and female birth control suggest that contraceptive use has also declined. While searches for risky withdrawal methods increased (+20%) in cities, indicating unavailability of contraceptives (*Quilt.AI study to understand how COVID-19 has impacted digital engagement across issues of sexual and reproductive health (SRH)*).

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.

Routine immunization services were the worst hit and family planning and contraception services were partially disrupted.

The impact of a slight drop in the coverage of these essential services can be huge considering India's population size. There could be higher under-5 child morbidity and mortality due to infants missing essential vaccinations. Similarly, disruption in family planning and contraception services could lead to an increase in unintended pregnancies, unwanted children and unsafe abortions.