

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 mixed methods virtual research (builds on their longitudinal research):

- 1. it includes phone surveys with 9500 young people** (Panel survey with 2000 urban adolescents in Ethiopia, 3500 adolescents in camps/ host communities in Jordan, 3000 urban & rural Bangladeshis & Rohingya refugees and Survey research with 1000 adolescents in West Bank and Gaza).
- 2. It also includes phone/Web-based interviews with 550 adolescents (FGDs and IDIs) + 150 key informants** (IDIs with 30 adolescents in 3 low-income settlements in Dhaka & 30 Rohingya adolescents in Bangladesh, IDIs & FGDs with 110 adolescents from refugee & host communities & 45 service providers in Jordan, IDIs, FGDs with 56 adolescents from urban & camp settings, 8 service providers in Gaza and IDIs with 174 nodal adolescents from urban, rural & pastoralist areas & 154 socially vulnerable youth & 50 service providers in Ethiopia).
- 3. In MENA countries, phone/Web-based participatory research with 140 adolescents;** participatory photography, digital and audio diaries and blogs authored by adolescents to track their experiences (The participants wrote their daily or weekly diaries and took photos to express their experiences during the quarantine).

Question 1.2

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

To better understand how impacts have changed as the pandemic has evolved.

Question 1.3

Name one advantage and one disadvantage of conducting telephone surveys.

The advantage: Logistical conveniences and enhanced access to geographically dispersed participants.

The disadvantage: Participants don't have enough privacy and confidentiality to talk about sensitive and private issues especially the younger who don't use their own phones and when houses are crowded. Also, the interviewer can't observe/respond to visual cues of the participant. So, interviewers become explicit in follow-up questions, rather than relying on non-verbal cues

Question 2.1

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

Closing of schools was immediate response to Covid19 in all GAGE countries, so, learning has been disrupted due to (1) Distance learning is limited by lack of hardware (radios, phones, computers), lack of connectivity (electricity, Wi-Fi, mobile data), lack of human support and the bad economic situation. (2) Competing responsibilities at home (helping to do the house chores).

Question 2.2

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

Domestic responsibilities have burgeoned; girls are responsible for increased domestic and care work (2) they have less access to the technology they need to utilize learning platforms (Ex: The fathers refuse the girls to use social media)

Question 2.3

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

False; the correct: Boys learning has been more adversely affected than girls

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.

The finding: In urban Ethiopia, 45% of households (H.H) lost employment due to covid-19; job losses related first to lockdowns and later to economic contraction have resulted in increased poverty and food insecurity. So, H.H cut back on the quality of food they eat, especially proteins, restricted the quantity. In India: 35% of respondents reported experiencing food shortages & 52% reduced food intake. **The group which has been particularly affected** is Girls. **The reason:** Girls have greater restrictions on their mobility - meaning they have no opportunity to acquire calories outside of the household & they are also de-prioritized for feeding within the household.

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.

The Finding: Of adolescents in Jordan, 59% are afraid about covid-19, 20% report decreased emotional support from family and 32% report providing more support to family. Adolescents are worried about finance & educational disruptions.

The group which has been particularly affected: Girls, **the reason:** in part because of biological factors (estrogen has been linked to depression) and in part because of social factors (they are more isolated).

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.

Adolescents faced vast unmet need for SRH care (Including modern contraceptives); adolescent women face many barriers to obtaining contraceptive care such as fear of exposing that they are sexually active (if they are unmarried) & social pressure to have a child (if they are married). In addition to this context of already unequal SRH care, COVID19 is further impacting adolescents' access to SRH care.

Question 5.2

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

Regarding the FP2020's database, the unmet need level for contraception for married girls aged 15-19 year olds in the State of Palestine is 13%, while regarding the PMICS (2014) report, the unmet need level for girls (15-19) years is 12.5% ^[1].

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?

If COVID-19 causes disruptions in contraception access, this will lead to 12% decline in adolescents' use of modern contraception over the year (This ranged from a 2% decline in female and male sterilization, 4-5% decline for IUDs and implants, 10% decline for pills and condoms, and 20% decline for injectable). This would result in 2 million additional adolescent women with an unmet need for modern contraception, and 734,000 additional unintended pregnancies among adolescent [They Assumed no change in demand for contraception & disruptions assumed to be different by contraceptive method]. **Regarding the situation in Palestine**, there is no data about the estimated numbers related to the impact of Covide19 on the disruptions in contraception access. Generally, regarding my point of view, I think this is pertinent to my country; as a result of the COVID-19 outbreak, family planning services have been scaled down and IUD insertion service has stopped completely among most major providers (MOH, UNRWA, NGOs) ^[2]. This would lead to decline in adolescents' use of modern contraception over the year and thus it would lead to an increase in the unmet need for modern contraception & increase in the additional unintended pregnancies ^[2]. I think the decline for IUDs use will be higher because IUD is the preferred modern method (26.2%) among Palestinian women and girls who access the contraception ^[1].

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. **Severely disrupted:** Severe disruption of outreach routine immunization services was reported by 18% of 91 reporting countries for mobile immunization services and 10% of 105 countries for static routine immunization (facility-based services). **Consequence of the disruption:** Increase health risks for the newborn babies and increase the risk for the communicable diseases, increases in neonatal mortality, and it has been estimated to lead to major excess deaths of children under 5 years old.
2. **Partially disrupted services,** Antenatal and especially delivery care services were rarely severely disrupted; about 53% of countries reported partial disruptions in antenatal care services and 32% in facility-based birth services. **Consequence of the disruption:** Increase health risks for adolescents mothers and their newborn babies, increases in maternal and neonatal mortality & morbidity and it has been estimated to lead to major excess deaths of children under 5 years of age. **Complete partially disrupted:** 31% of the countries partially disrupted antiretroviral therapy services for HIV. For tuberculosis case detection and treatment, 42% of countries reporting partial disruption. **Consequence of the disruption:** The detection and control of these diseases will be affected, may lead to increase the prevalence of HIV in some countries.

References

1. Palestinian Central Bureau of Statistics. Palestinian multiple indicator cluster survey 2014, Final Report. Ramallah (Palestine): PCBS; 2015.
2. Health Cluster oPt. The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine. Palestine: Health Cluster oPt; 2020 Apr.