

# ‘I have nothing to feed my family...’

Covid-19 risk pathways for adolescent girls  
in low- and middle-income countries

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# Introduction

Unlike the H1N1 influenza virus, to which younger people were relatively more susceptible (Roos, 2010), and Ebola, where adolescents were at greater risk than younger children but at lower risk than the most-affected age group (35–44 years), the demographic burden of covid-19 is highly skewed towards older persons aged 70 and over. Age-disaggregated statistics suggest that adolescents are least likely to be hospitalised and to die from covid-19 (Vox Media, 2020). Young people have typically been portrayed in the mainstream media as ‘part of the problem’ – as both vectors of the disease (The Scientist, 2020) and as reluctant to adopt preventive measures (Kobie, 2020), rather than as key actors to be proactively included in the emergency and recovery responses.

So why should we pay attention to the adolescent- and gender-specific effects of covid-19? As the spike in unemployment and predictions of global recession underline, covid-19 is not only an unprecedented health crisis but also a profound economic and social one. We know from previous pandemics such as HIV and Ebola, and shocks such as the 2007/8 global financial crisis, that children and adolescents are likely to face multiple, interconnected and gender-specific risks (Espey et al., 2010; Kobie, 2020), and at a time in the life course that is pivotal in terms of physical, cognitive and socio-emotional development (GAGE consortium, 2019). Potential risks include: reduced access to education, skills-building and basic health services (Harper et al., 2011); compromised nutrition due to declining household consumption and inadequate social protection (Stavropoulou and Jones, 2013); increased care burdens for girls as a result of discriminatory gender norms; and heightened risk of age- and gender-based violence and exploitation due to compounded household and community stressors (Ager et al., 2010).

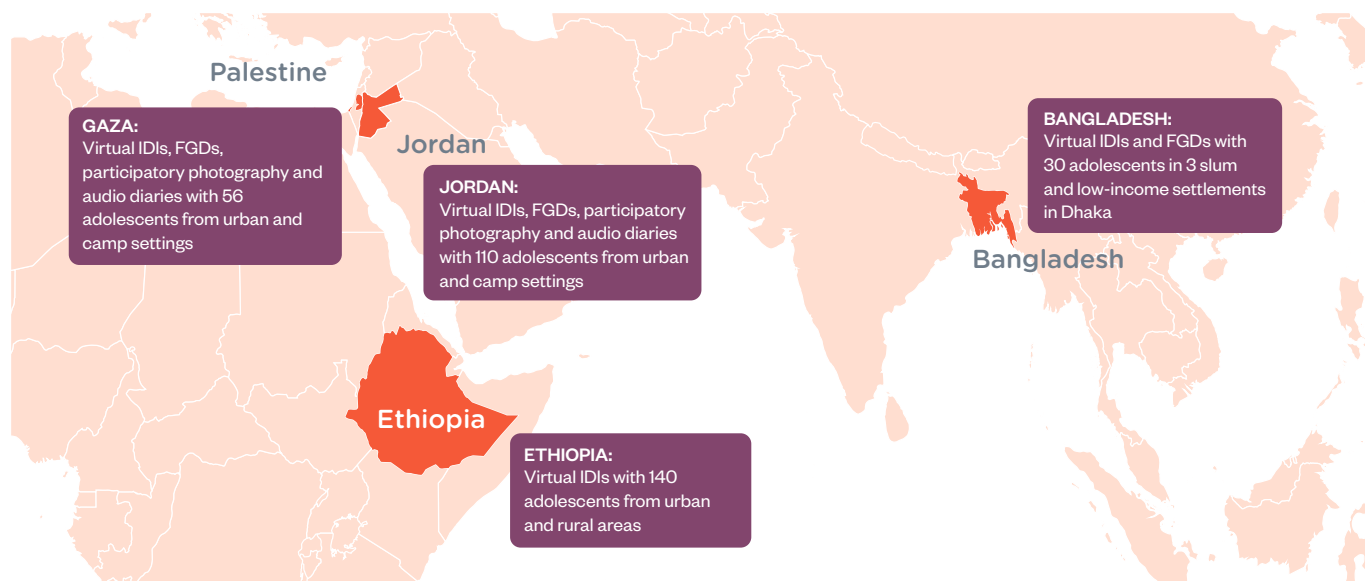
Yet these impacts are likely to play out very differently in the life of a Syrian refugee adolescent girl living in an urban host community in Jordan, compared to a married girl in a remote rural village in lowlands Ethiopia, and a boy with a physical disability working with his father in a small business in Bangladesh. To support timely,

context-relevant and gender- and age-responsive policy and programming, the Gender and Adolescence: Global Evidence (GAGE) research programme, together with the Adolescent Girls Investment Plan (AGIP), is leveraging its longitudinal research sample to engage with adolescent girls and boys in four low- and middle-income countries (LMICs) – Bangladesh, Ethiopia, the State of Palestine (though we focus on Gaza only) and Jordan – in real time to explore how their lives are changing as covid-19 evolves. Through in-depth interviews (IDIs) conducted by telephone, small focus group discussions (FGDs), participatory photography and audio diaries, GAGE captures adolescents’ insights as to the immediate effects of the crisis in each of the four focal countries to inform the design and implementation of tailored support that will help adolescent girls – as well as boys – to emerge from the crisis with resilience.

This is the first in a series of briefs. It focuses on the short-term effects of covid-19 and associated lockdowns on adolescent girls and boys in LMICs. The next brief will focus on the effects of the pandemic six months after lockdowns.

We draw on AGIP’s covid-19 risks and opportunities for adolescent girls framework, focusing on six key domains: health; education and learning; livelihoods and social protection; age- and gender-based violence; water and sanitation; and digital connectivity. In each section we summarise the key findings from participatory research across the four countries, and then provide more detailed overviews of adolescents’ experiences in each setting. Gender and country differences are highlighted as relevant, and where not stated it is because they did not emerge strongly at this point. Perhaps not surprisingly, given that data collection was carried out during the height of the lockdowns, there were very limited findings on the opportunities that covid-19 has presented. We reflect on some of these possible opportunities in the Conclusions section, and would anticipate potentially learning more about opportunities when we carry out follow-up interviews and focus group discussions for the second brief in this series.

**Figure 1: Participatory research sample and qualitative tools used with adolescents**



**Figure 2: Sample size and distribution by country**

Country	Younger girls	Younger boys	Older girls	Older boys	Married girls	Adolescents with disabilities	Key informants	Total
Jordan	21	17	47	25	(15)	(20)	45	155
Gaza Strip	12	6	21	17	(5)	(7)	-	56
Ethiopia	30	22	59	63	(34)	(15)	31	205
Bangladesh	5	3	15	7	(6)	(5)	3	33
TOTAL	67	48	142	112	(60)	(47)	79	449

## Methods

The findings in this report draw on virtual participatory research carried out in April and May 2020 with 120 adolescent girls and 70 adolescent boys. Figures 1 and 2 provide an overview of the four countries, the sample sizes and tools used in our research with adolescent girls and boys. More details about the tools can be found in the [GAGE Covid-19 Qualitative Research Toolkit](#). In each country, in line with the leave no one behind 2030 Agenda for Sustainable Development, we included young people from particularly disadvantaged groups, such as adolescent girls married as children, working and out-of-school adolescents, adolescents with disabilities, adolescents from urban slums and remote pastoralist communities, as well as adolescents from internally displaced and refugee communities. Researchers were selected from partner organisations in the respective countries who had built up prior relationships with participants in the GAGE research. They carried out

the telephone interviews in local languages, and interviews were transcribed, translated and coded.

## Contexts

The four country contexts in which the participatory research was carried out represent a diverse range of geographies, economic and human development levels, and governance – all of which shape national government responses to the pandemic and the environments in which adolescents experience it (see also Figure 3).

In **Bangladesh**, there are considerable concerns that given population density (especially in the megacity of Dhaka), high internal and international migration, chronically under-resourced health services, and belated restrictions on people’s movement, transmission of the virus could continue to increase rapidly in the coming weeks and months. The trajectory of covid-19 in Bangladesh and the government’s responses are presented in Figure 4.

Figure 3: Overview of focal country contexts

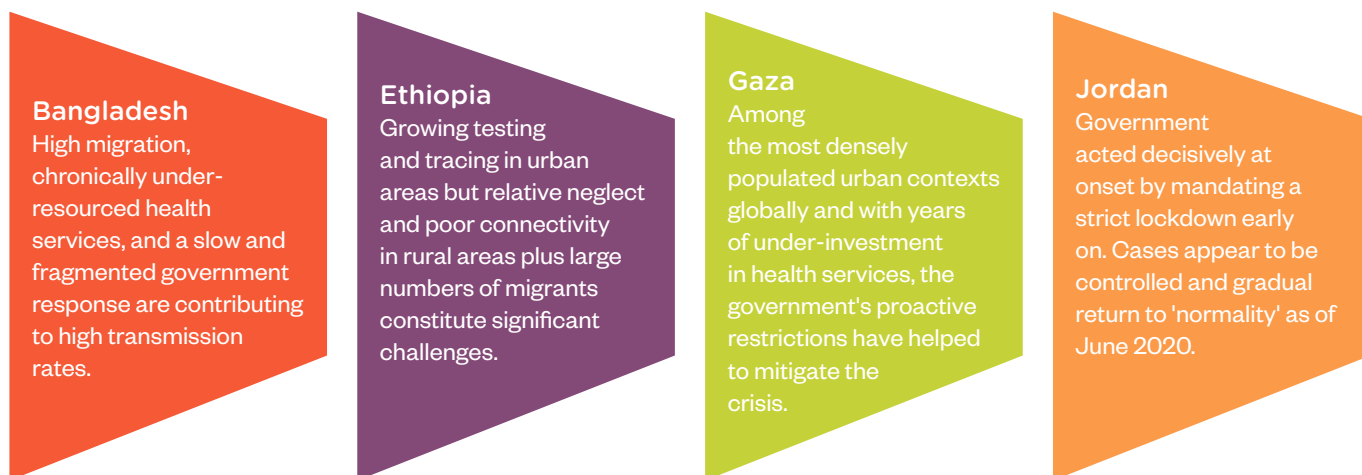
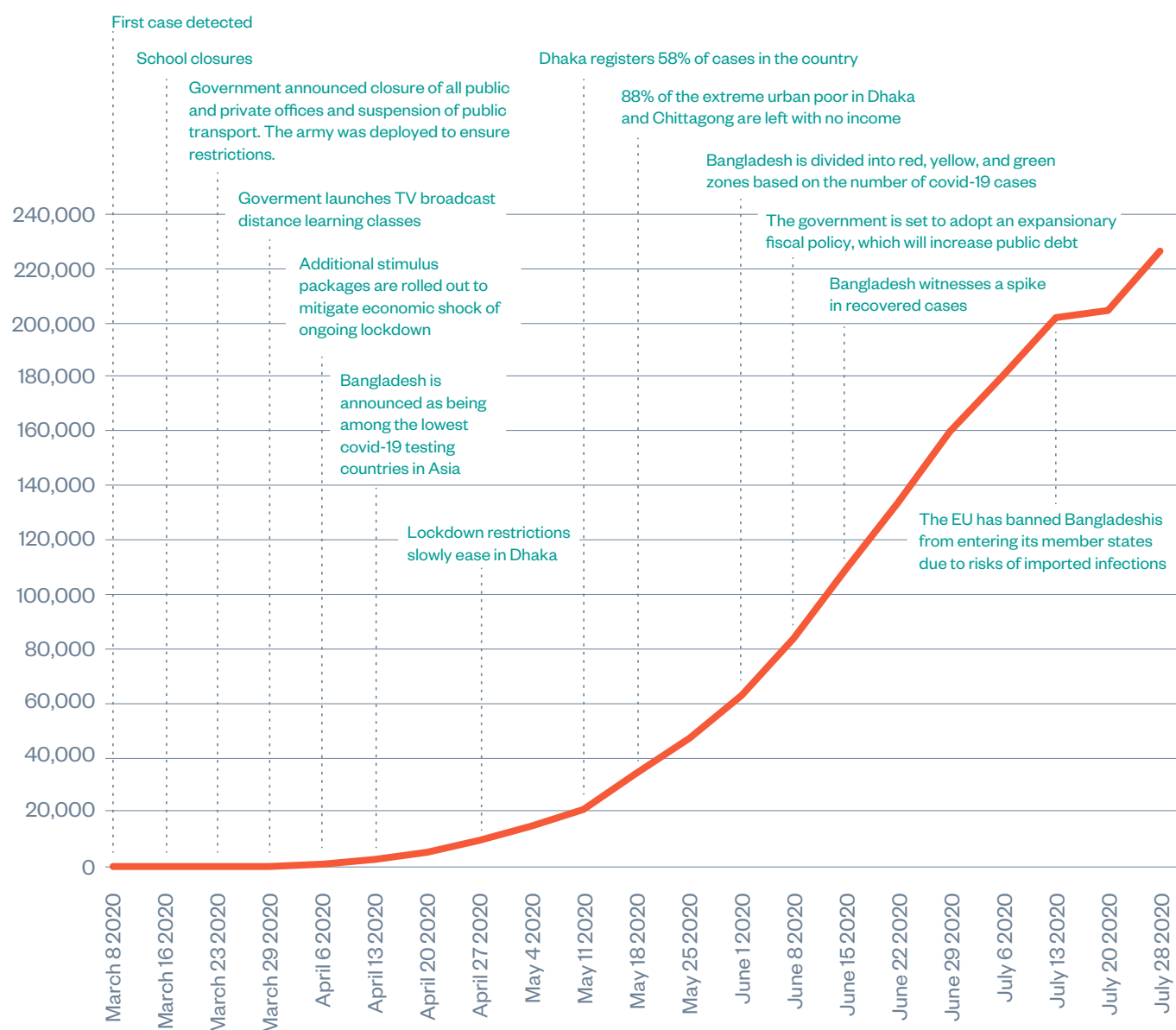


Figure 4: Covid-19 infection rates and key developments timeline in Bangladesh



Source: World Health Organization, <https://covid19.who.int/region/searo/country/bd>; Data last updated: 31/07/2020

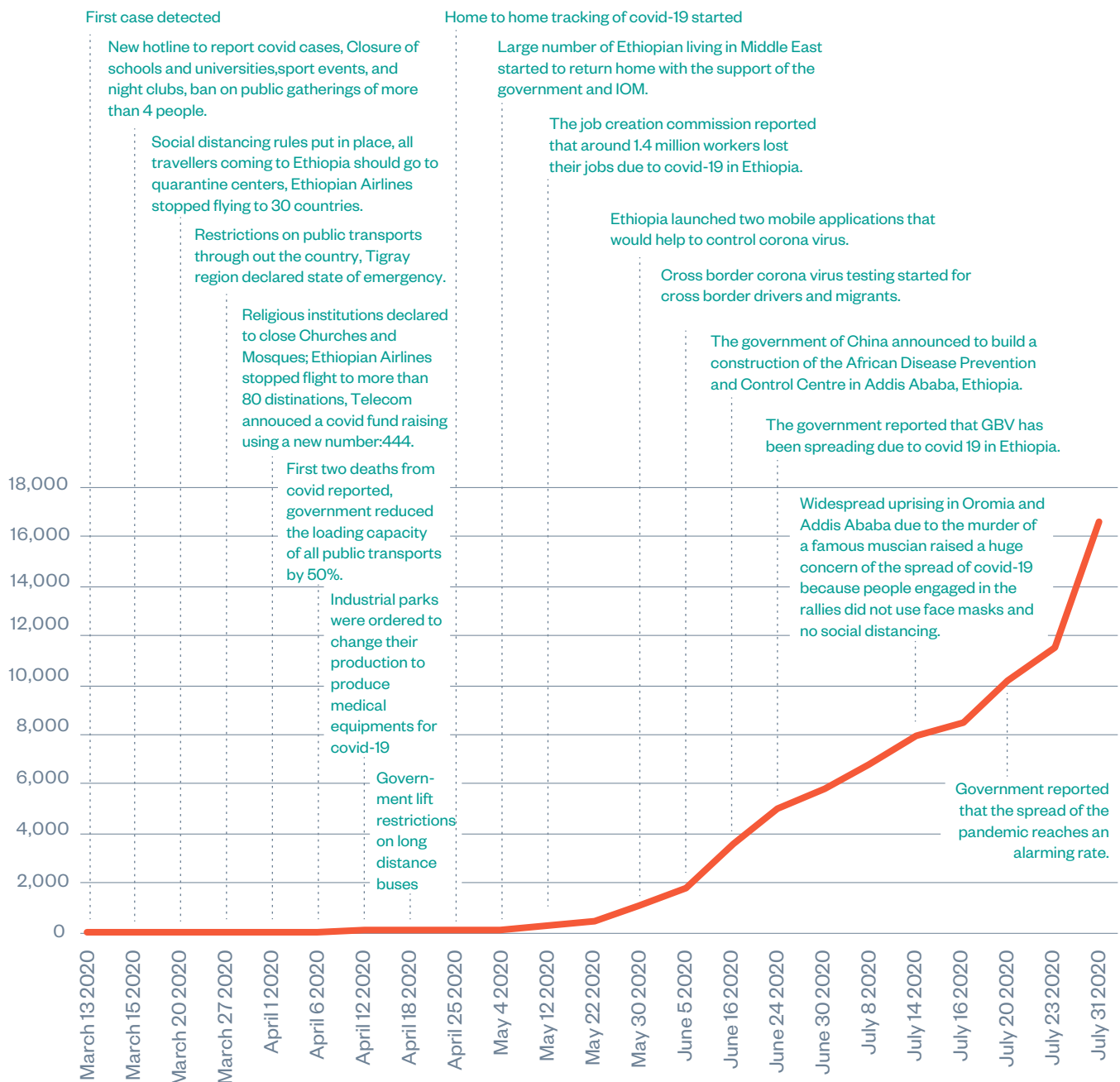
The Ethiopian government has taken various measures, including a five-month state of emergency and mass communication campaigns on social distancing and hand washing. However, this is set against a backdrop of ongoing political unrest, under-resourced health services and high levels of poverty and extreme poverty. The trajectory of covid-19 in Ethiopia and the government's responses are presented in Figure 5.

Gaza is one of the most densely populated urban contexts globally, and has undergone years of under-investment in health and other services due to the

international blockade. The government took proactive measures as early as February 2020 to implement a strict quarantine system at its borders, recognising that the health system could be quickly overwhelmed should there be community transmission of the disease. The trajectory of covid-19 in Gaza and the government's responses are presented in Figure 6.

In Jordan, the government acted decisively to stop the spread of covid-19 by implementing a curfew and nationwide lockdown for the first month and half after the first cases were confirmed in March. Although these

Figure 5: Covid-19 infection rates and key developments timeline in Ethiopia



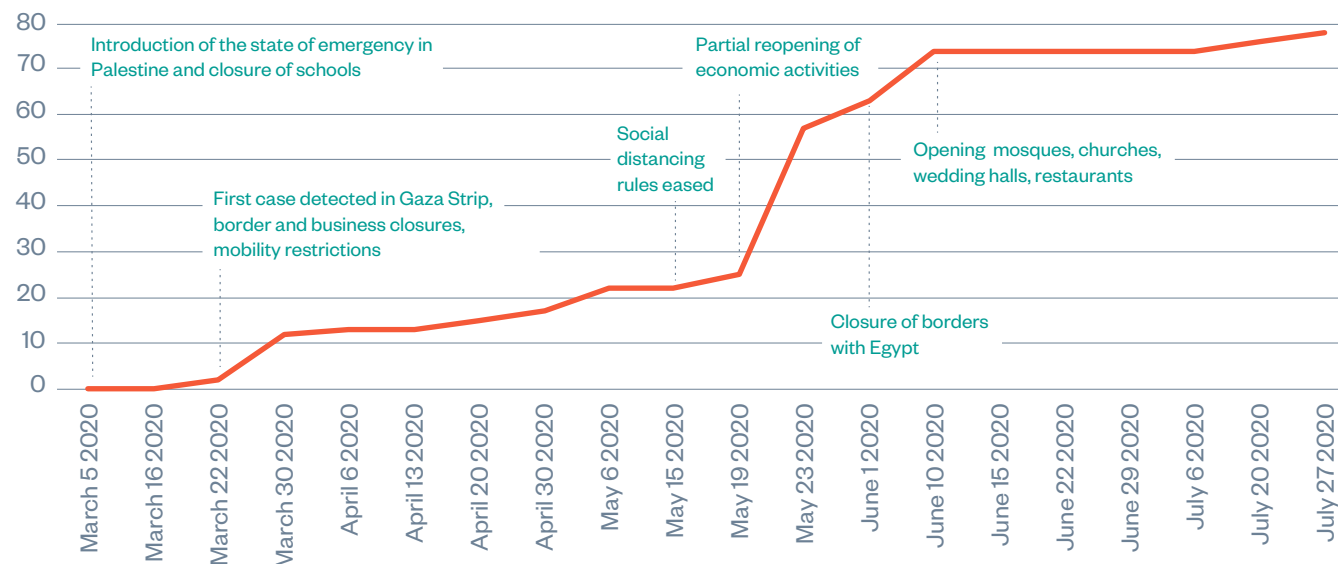
Source: World Health Organization, <https://covid19.who.int/region/afro/country/et>; Data last updated: 31/07/2020



stringent measures have seen the virus stall, young people's lives were interrupted by school closures that are expected to last until September. Public schools – many of which are running double shifts – cannot meet demand, while the country faces severe and escalating

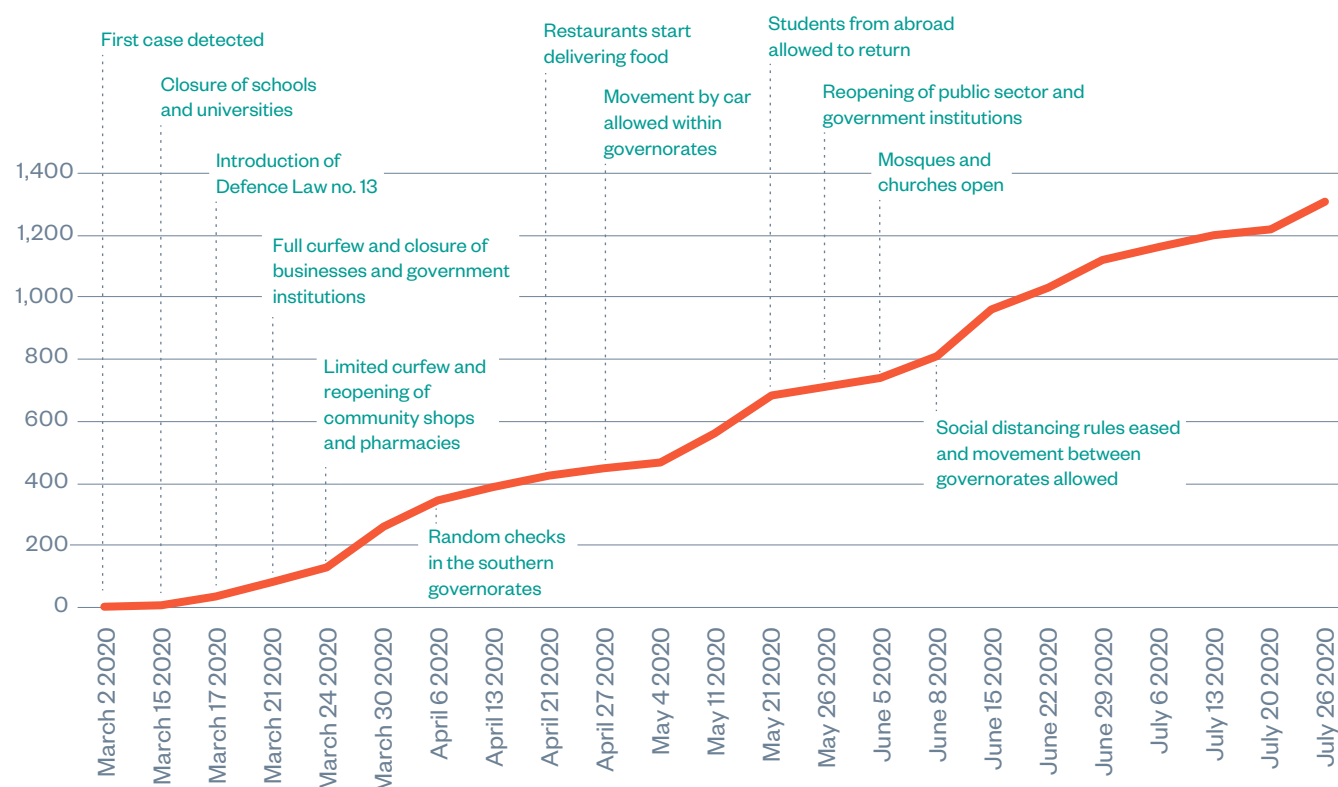
water shortages, especially in refugee camps, which are expected to be exacerbated by the lockdown. The trajectory of covid-19 in Jordan and the government's responses are presented in Figure 7.

**Figure 6: Covid-19 infection rates and key developments timeline in the Gaza Strip**



Source: World Health Organization, <https://app.powerbi.com/view?r=eyJrjoiODJlYWM1YTEtNDAxZS00OTFILThkZjktNDA1ODY2O-GQ3NGJkiiwidCI6ImY2MTBjMGI3LWJkMjQ0NGlZOSO4MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>; Data last updated: 31/07/2020

**Figure 7: Covid-19 infection rates and key developments timeline in Jordan**



Source: World Health Organization, <https://covid19.who.int/region/emro/country/jo>; Data last updated: 31/07/2020



# 1 Health risks

## KEY FINDINGS

- Stigma towards people with covid-19 symptoms, coupled with stretched health services, means that covid-19 patients may be left unattended.
- Routine community-based health promotion and healthcare services have been suspended or become more challenging for adolescents to access, especially adolescents with disabilities.
- Other infectious diseases (e.g. measles) – which also put adolescents' lives at risk – have been spreading relatively unchecked in some contexts due to lockdowns and the focus on covid-19.
- Many adolescents are now facing food insecurity and/or more limited diet diversity as a result of the economic downturn, and there are concerns about resulting health impacts.
- Access to sexual and reproductive health (SRH) supplies and services, including maternal care and abortion services, has become more challenging for adolescent girls.
- While mental health needs have expanded rapidly as a result of the closure of schools, rising poverty and food insecurity, and intra-household tensions, already limited support services have been further curtailed rather than scaled up.
- Some adolescents, especially boys, have increased their substance use as part of negative coping responses.

## Bangladesh

As the number of infections continues to rise across Bangladesh, most adolescents in the Dhaka sample follow covid-19 prevention measures such as hand washing, wearing masks, and maintaining social distancing. Adolescents mentioned that masks and soap were readily available and affordable, although most had reusable/washable cloth masks. The government-mandated lockdown was less stringently adhered to, particularly for some boys in our sample, who admitted to creeping out of their homes to meet their friends in the street, and parents going outside the home to work (to keep money coming in) or attend a place of worship. Although health fears related to covid-19 were pronounced, it was mostly fear of police assault rather than contracting covid-19 that kept families at home, as maintaining earnings took priority over everything.

Although the Dhaka adolescents demonstrated knowledge on the importance of widespread testing, they were worried that there were no such facilities in their neighbourhoods. A 19-year-old girl from Community B<sup>1</sup> explained: *'There is no testing centre around here. You have to go farther away to get tested... In our area, no such services have been given.'* Concurring with the lack of testing available, some adolescents mentioned the stigma and fear that prevails in their community regarding covid-19, and that community members hide their symptoms for fear of being taken away by the police and kept in isolation. Alarming, adolescents also mentioned increased difficulty in accessing non-covid-19 health services in their area, with doctors not attending clinics or hastily diagnosing and sending patients away. Moreover, the lockdown and ensuing financial crisis has hit many homes hard, with adolescents in Dhaka slums commenting that the negative knock-on effects include a reduction in food intake, as one 19-year-old girl from Community C described: *'We've changed our meals. We used to take at least a good meal everyday like fish or something but now we manage with whatever we can afford.'* Lockdown has also led to increased household chores for adolescent girls especially, as a 17-year-old married girl from Community B noted: *'Whole day I do all the household chores... The amount of work has increased after lockdown.'*

## Ethiopia

While Ethiopia is well known for its national health extension service, which provides basic health services to all communities, adolescents and key informants commented that the lockdown meant they had limited access to these services. As a married girl aged 17 from rural East Hararghe, Oromia region, noted:

*The health extension worker has not come since the disease outbreak. She locked down her office and stays put. She does not give any service and stopped her previous activities. She only gives vaccinations now... If the disease breaks out here, we have neither ambulance nor health workers... It will kill us.*

Other adolescents, including those in towns, concurred. As a 19-year-old girl with a visual impairment in South Gondar, Amahara region, explained:

*There is a hospital here. I don't know why, but they are refusing to accept patients... They are refusing to accept patients with other sickness... They don't accept any unknown person, a person without prior corona[virus] test... What can I do? If it is my fate, I try not to pass it onto others. I will die alone.*

Key informants confirmed these challenges and highlighted concerns about access to SRH services, including maternity care, for adolescent girls and young women. As a health official in a pastoralist community in Afar emphasised:

*In this evil situation of the covid-19 pandemic, women are suffering due to childbirth and in our locality are dying due to excessive bleeding after they give birth. Only in two days, three young women died due to childbirth. Two of them died the day before yesterday and one died yesterday.*

Respondents also explained that because of the limited access to health services during the pandemic, other infectious diseases were being left to spread unchecked, including measles (among children in East Hararghe) and Chikungunga disease (in Dire Dawa City Administration).

In terms of mental health services, adolescents reported high levels of mental distress and social isolation due to school closures, rising unemployment, and heightened tensions at home – yet no access to support

<sup>1</sup> We have anonymised the community names to protect the privacy of study participants, and refer to them here as Communities A, B and C.

### Case study 1: “It’s the fear that is killing us”

Aisha is a 19-year-old girl with a visual disability who lives in a small town in rural Amhara. Prior to the pandemic, she was completing 10th grade and preparing to sit for end-of-year exams—a significant accomplishment given that Ethiopian schools only offer special education services to students in first through fourth grade, largely leaving more advanced students to cope on their own.

When the government abruptly closed schools, trying to prevent covid-19 from becoming established in the country, students were sent home without any guidance or materials. Markets soon closed too and the price of food and hygiene supplies rapidly climbed. *“Everything including the price of soap has increased. Peppers used to be 50 birr and now they are 80 or 90 birr,”* she explained.

Aisha feels vulnerable from all sides. She is worried about the virus, because she knows that *“some people died of it.”* She is also worried that *“eventually there is nothing for us to eat.”* While prices have climbed, the stipend she receives from the government has not. Like adolescents around the world, Aisha’s distress is amplified by social isolation. *“We can’t even socialize because of it.... people here are scared. We don’t even greet each other.”*

Aisha’s largest source of anxiety, however, is her education. Having fought so hard and come so far, she feels her dreams slipping away. While other tenth grade students can study at home, Aisha cannot, because she is blind and depends on lectures, given a dearth of materials in braille. As much as she is desperate for schools to re-open, so that she does not fall further behind, Aisha is very much afraid of having to sit an exam for which she is not prepared. *“If we are asked to take an exam when school opens-we haven’t learnt anything.”*

Because she knows that *“it’s the fear that is killing us, not the actual disease,”* Aisha is trying to stay calm, *“trusting our fate into God’s hands.”*

services (see also Case Study 1). As a migrant adolescent girl living in Dire Dawa explained: *‘There are no jobs and school is now closed and I don’t have anywhere to go. The church is closed, which means we only sit at home. We are so stressed.’* Another girl aged 19 with a visual impairment from South Gondar similarly noted: *‘We are spending our time alone, the whole day... We are like prisoners here. We don’t meet with other people.’*

While mental health services in Ethiopia are generally very limited, adolescents and key informants alike underscored that the situation had been exacerbated due to the lockdown, with a dearth of opportunities to meet and socialise with peers. As an official from the Bureau of Women’s and Children’s Affairs in Afar explained:

*As you know, schools are closed, and there is no adolescent recreation centre or wider space for adolescents to spend their time... Adolescents risk getting depressed due to the lockdown... and in rural kebeles [communities] they are suffering a lot due to the lockdown... They even have no television (TV) or radio in their homes... and the dwellings here are so cramped that it is not conducive for adolescents... This may lead to addictions to khat [a stimulant plant that is chewed] or cigarettes or other drugs.*

### Gaza

Our findings from Gaza show that access to health services has worsened due to the lockdown. The situation was already very challenging before, but covid-19 has limited adolescents’ access to both basic and specialised health services. Many adolescents and their families have been forced to seek private healthcare as they were unable to get an appointment at clinics run by government or the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). As a 19-year-old divorced mother from Gaza recounted:

*Treatment before corona[virus] was much better. Before, when I was pregnant, I had an abortion. Now, the doctor did not accept to treat me, he told me that I am not an emergency case, we only receive emergency cases, and told me to go back home.*

A 13-year-old Palestinian girl with a physical disability described her difficulties in getting specialised treatment:

*The thing that worries me the most during the corona[virus] outbreak is the disruption of my treatment plan. Medical delegations coming from Europe are not entering Gaza now. I used to see them twice a month, but they stopped coming and currently, my prosthesis needs maintenance as the silicon has been torn and no one can help me to fix it.*



An adolescent boy in Palestine © Paul Jeffrey

Despite the introduction of a new modality of delivering medications to the homes of people with chronic disease, many medicines are unavailable or in short supply. Also, as a result of social isolation, many adolescents need psychosocial support, and some are turning to negative coping strategies such as smoking hashish. While most adolescent girls turn to their families to discuss their difficulties and to express their emotions, some use social media as source of comfort and

engage with online self-help groups. As an 18-year-old girl from Khan Younis camp explained:

*I used the internet as a tool to find people who can help me to be better psychologically. I watch live videos posted by Gaza Community Mental Health on the organisation's Facebook page. They talk about different topics and the people ask and the doctors answer them. It allows me to release bad emotions.*



### Shoroq, an 18-year-old Palestinian girl in Jordan with a hearing disability

*'I am alone, even though I am locked down with my family. I am deaf and no one at home understands sign language. I sketch to keep myself occupied, remember happier days—when I could take drawing classes—and to encourage others to 'stay at home' by painting messages on my clothes.'*

(Photo taken by a member of the participatory research group)

## Jordan

In Jordan, due to a very strict lockdown early after recording the first covid-19 cases, movement and access to health services was restricted, and many adolescents in our sample expressed worries about not being able to get treatment should they be unwell. This was also the case for married girls in need of maternity care, as a 17-year-old married Syrian refugee girl in Jordan explained:

*Now we cannot leave the house and I can't even go to the doctor because the clinic is closed. I went to the hospital, but they only receive emergency cases. I suffered from severe fatigue due to my pregnancy and I was not able to get my regular check-up.*

Many adolescents reported feeling distressed and anxious, reflecting the impact of lockdown on their social interactions and mobility (especially for girls), combined with worsening economic conditions. Adolescents' nutrition was also affected, with many adolescents in vulnerable communities

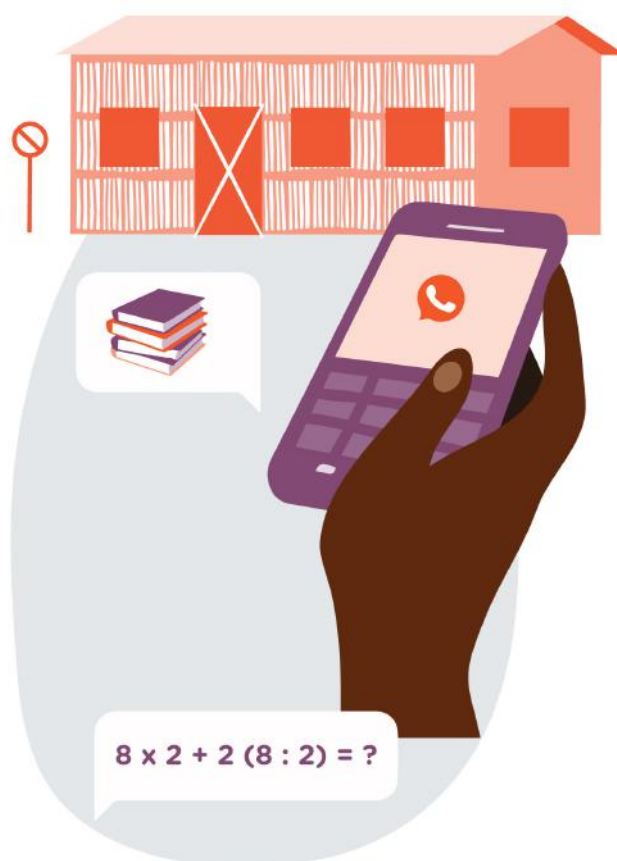
reporting fewer meals and more food shortages at home, particularly for Palestinian adolescents without national documentation, as a 17-year-old girl with a hearing disability from Gaza Camp in Jordan noted:

*It really affected us as we don't have vegetables and bread all the time. My mother-in-law prepares bread at home and shares it with us. We lack fruit – we used to have fruit all the time.*

Girls' mobility – already restricted before the pandemic due to attitudes and norms about how girls should behave – has been exacerbated by lockdown, increasing their isolation and overburdening them with additional household responsibilities, which affects their psychosocial wellbeing. As an 18-year-old Syrian girl living in a host community in Jordan commented: *'I noticed that I have symptoms of depression. I sleep all day, I don't like talking to anyone, I don't laugh, I hate myself and I don't like the things I do. Sometimes I can't sleep until dawn.'*



Young adolescent girl in Jordan © Nathalie Bertrams/GAGE 2020



## 2 Education and learning risks

### KEY FINDINGS

- School closures have disrupted education for adolescent girls and boys, and many are concerned about their educational future due to inability to take national exams, compounded by rising household poverty.
- 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.
- Other adolescents are struggling to study at home because the quality of remote learning services is sub-optimal and they lack guidance and mentoring from parents or teachers.
- Some adolescents are receiving virtual mentoring support from non-governmental organisations (NGOs), and where this is happening (e.g. Jordan's Makani initiative), it is highly valued.
- Adolescent girls in Ethiopia in particular are worried about pressures to marry now that they are not in school, and even some adolescent boys are at risk of marriage due to uncertainty as to when schools will reopen.

## Bangladesh

The indefinite school closures are fuelling anxiety among the school-going adolescents in our sample. Although they are trying to study at home, the lack of help from their families, as well as covid-19-related distractions and difficulty learning on their own, led adolescents to believe that classroom-based teaching is irreplaceable and that lockdown is negatively impacting their education. National Board exam candidates were most worried, as they await official communication on the rescheduling of exams and whether the material covered will be reduced. As an 18-year-old girl from Community B explained: *'I am most worried about my education. When my exam will be held – this is my biggest concern.'*

To mitigate the loss of classroom teaching, the government is broadcasting TV-based classes for National Curriculum students up to grade 10, as well as students of the Bureau of Non Formal Education (BNFE), the Madrasa Education Board and Technical Education Board, offered in different time slots throughout the day. TV lessons were also uploaded onto YouTube and Facebook channels, although most adolescents in our sample were not tuning in. This was either due to technological constraints, *'In our village we do not have any TV. So I can't watch the TV classes'* (a 14-year-old girl from Community C); or due to the content, *'TV classes are hard to understand. It's difficult to understand what they say as they don't repeat'* (a 17-year-old boy from Community B). For older pupils studying in college, televised classes are not provided, and students who can access the internet rely on YouTube tutorials and classes, Facebook interactions (at times with their teachers via the

chatbox feature) and Google searches to assist with their studies. However, intermittent internet connectivity and lack of mobile phones limits access to such platforms. As an 18-year-old boy from Community A explained, *'My problem is that I have no Wi-Fi in my house. So, I need to purchase the internet and therefore I miss classes sometimes... It takes a lot of bandwidth for that one-hour class.'*

## Ethiopia

Schools closed in late March 2020 and will remain shut at least until the new academic year (due to start mid-September). While the government has made some provisioning for remote education via TV, radio and social media (e.g. telegram), key informants and adolescents alike in small urban centres and rural areas emphasised that these channels were not readily accessible. As an education bureau official in South Gondar explained:

*How many people have TV and radio? How many of the students in grades 11 and 12 have access to laptops and read things by saving on memory sticks? Even for us, while sitting in the woreda [town], for how many days do we have access to electricity and water? This [approach] is useful for larger towns. It is not possible for towns like ours... In such circumstances, 'education on television and radio' is unthinkable.*

For many students, the pandemic is exacerbating existing educational deficits, including those due to school closures in some parts of the country on account of ongoing political unrest. As a 17-year-old adolescent girl in Dire Dawa explained:





*Even before the disease we were not learning in Dire Dawa because of the unrest. And now this disease came and we are not learning. Imagine, we laboured on our schooling for a year but without results. But aren't the main things peace and health?*

Older adolescents, and especially girls, who are more vulnerable to family pressure to drop out of school, were concerned about disruptions to their exams, which they need to pass to continue on to preparatory school and eventually university. As a 16-year-old girl from Dire Dawa noted:

*I don't know if the school is going to be opened. We are in a critical time. The year is ending. It is harming us. There are final exams, but if it continues like this, there will be no exam and we are losing this year.*

Students across the research sites highlighted that they had had no interaction with their teachers, many of whom had moved back to their place of origin during the pandemic, and that with generally low levels of parental literacy, they had very limited options to access support with their studies at home. As a 16-year-old girl from rural East Hararghe noted: 'We do not have contact with our teachers. Teachers also consider it as vacation and they went. No one asks or sends questions.' For young people with disabilities, the challenges of school closures are especially difficult. As a 19-year-old adolescent girl with a visual impairment emphasised:

*It is easier for people with no sight problem – they can copy and read any material they want. For us, it is all about listening to the teacher and trying to remember what he has said. Sometimes we ask other students*

*to read to us to study for examinations. Now there are no students to read to us. So if we are asked to take an exam when school opens, we haven't learnt anything... People are scared to touch each other and students went back to the countryside to their families. There is no one.*

## Gaza

School closures in the Gaza Strip have had a profound effect on adolescents' learning opportunities. Despite the authorities' intention to transition to long-distance schooling, implementation had not been well prepared, especially at primary and secondary levels, and most adolescents in our sample had great difficulties accessing online learning due to limited internet connectivity, lack of devices (see also Case Study 2) and lack of electricity. A 14-year-old girl living in Nusairate camp described her struggles:

*I can't follow up on my studies after school closed because we have one mobile phone at home and the internet connection is very weak and limited. We have a package with limited internet speed. School told us to contact them through their Facebook page, but we could not because there is no mobile phone, no computer, no laptop. So my siblings and I can't follow up on Facebook, also because my father does not allow girls to have Facebook accounts...*

Adolescents also expressed anxiety about their future prospects, and many girls were worried that their family's worsening economic situation would result in them either dropping out or having to lower their aspirations and forgo university studies in future, as a 13-year-old girl in Gaza explained:



## 11-year-old girl in Gaza

*'After Corona, I spend much time with my family playing cards and kidding more than before Corona. I am happy because of this.'*

(Photo taken by a member of the participatory research group)

## Case study 2: Endangered future: the limits of online education

Marriam is an 18-year-old refugee girl living with her family of six in Khan Younis camp, in southern Gaza. She considers herself lucky because her parents are working in relatively permanent jobs, allowing Marriam to continue her education and study business administration. In March 2020, with the declaration of a state of emergency, her university closed and since then she has been receiving online teaching. She faces many challenges as the family's internet connection is not reliable, her teachers are not well prepared for this new approach, and she cannot interact with her tutors. She described her situation: *'The online education is not effective and not useful. We receive too many presentations and assignments which we don't understand.'*

Since the pandemic, Marriam has had less time to study, as she is responsible for most of the household chores. She is worried that the pandemic will delay her education and, in the longer term, prevent her obtaining a higher degree. She is also worried that her family's financial situation will deteriorate and affect her future: *'I feel worried... we don't know what would happen in the future... The situation is frighteningly vague.'* Marriam's mobility has been further restricted since lockdown and she is unable to visit her friends, as she used to do. At the beginning, she felt very depressed, but after a while she started to use this time to learn new things: *'I started to find more time for myself, so I can create more. I write poems and thoughts and I post them on social media.'* When Marriam feels unhappy, she prefers not to tell anyone, but works out her frustrations through doing yoga from YouTube videos.

Marriam is a volunteer at a local organisation and she participates in community initiatives to increase awareness about the pandemic. She produces short videos and messages to encourage people to stay at home, and takes part in another campaign to collect money and donations to help the poorest people in her community during the pandemic.

*I'd like to be a doctor and this will be affected if my education stops... We should study hard to be able to achieve it, but if corona[virus] continues, this will be difficult. If it continues, the economy in Palestine will be affected, the salaries will be low or they may cut the salaries, so the chance that our parents will educate us will be low.*

### Jordan

During lockdown, all schools and universities were closed and the Ministry of Education introduced a remote learning programme delivered through an online service (darsak.jo) and two national TV channels. Despite the quick launch

of distance learning, adolescents in our sample described numerous barriers to continuing their education, such as having no access to the internet, having one TV set for the whole household, or not having a computer at home. This was especially the case for adolescents in refugee camps and remote informal tented settlements, where access to devices and connectivity is very limited, as a 12-year-old living in an informal settlement near Amman explained:

*I used to go to school, now I only study at home. They sent us a message, and told us it is now through the internet... In our tent, only my dad has a phone. We do not know how to study alone, and I do not know if they stopped giving lessons or not.*



### Sedra, a 14-year-old Palestinian girl in Jordan with a visual disability

*'The streets in my neighbourhood are deserted due to the pandemic lockdown. Normally, the streets are full. There are children playing and market stalls full of shoppers. Gaza camp is suffering. People have lost their jobs and families do not have enough money to pay for food. I hope God can solve this crisis.'*

(Photo taken by a member of the participatory research group)

### Case study 3: Combining marriage and education: challenges exacerbated by covid-19

Eva is an 18-year-old Syrian girl living in Jordan who was married at age 16. She has always believed that regardless of getting married, she was entitled to be educated. Before her marriage contract was drafted, she convinced her future husband and family to agree to two conditions: that she would be supported to continue her education, and that she and her husband would use contraceptives to avoid falling pregnant before finishing school and completing her final exams (*tawjih*). After Eva married, her in-laws (particularly her mother-in-law) kept pushing for her to drop out of school and focus on getting pregnant, but they were not aware that the newlywed couple had agreed to delay Eva's first pregnancy, and Eva was determined to realise her plans.

With the lockdown, school closures and switch to online learning, Eva found it more and more difficult to resist the pressure from her in-laws. Remote learning is not regarded highly by her husband's family and they keep saying that she now studies for nothing and should just give up and focus on family life. A few days prior to the curfew, she went to a pharmacy to stock up on contraceptives just in case lockdown would continue. Despite needing to spend additional time on household chores and struggling to understand her classes, Eva is determined to continue her education, which is her right, hoping that one day she can become a pharmacist.

Adolescents who were able and motivated to continue their learning reported having many difficulties (e.g. understanding study materials) resulting from lack of interaction with teachers and limited help from family members. Many girls worried about their education prospects as their families did not hold value the new modality of learning (see also Case Study 3), as a 16-year-old married Syrian girl in Jordan commented:

*I am one of the people who do not listen to what others say, but sometimes others' talk can affect one's life... Currently, I do not think of leaving my studies even when people say to me 'this is in vain, it's fake studying'. I try as much as possible not to listen to them or even respond.*

The online learning programme was not disability-friendly, resulting in adolescents with disabilities stopping their

studies, which caused a great deal of anxiety, as a 16-year-old Palestinian girl in Jordan with a hearing disability lamented:

*I feel very sad because we don't go to school and we cannot study. Before the corona[virus] outbreak, my time was full – I was busy studying, spending time with my teachers and friends. Studying was the most important thing in my life. I feel afraid because we may lose the year and we might not be able to go back to the school at all.*

Adolescents who were enrolled in informal classes provided by UNICEF's Makani programme received additional learning support from it during lockdown, which was highly appreciated by young people, especially those in refugee camps, as it gave them the opportunity to interact with facilitators and ask questions about their school assignments.



Young adolescent girl in Bangladesh © Natalie Bertrams



## 3 Economic risks

### KEY FINDINGS

- Adolescents and their families are experiencing heightened household poverty, with many reporting food insecurity and inability to afford rent.
- For adolescents living alone – for example, adolescent migrants – the economic pressures resulting from covid-19 are especially acute.
- For urban adolescents and those living in refugee camps, overcrowded housing and limited access to resources hygiene and social distancing measures have been challenging to implement.
- Many adolescents are being expected to do long hours of unpaid household work during lockdown. Girls and married girls are particularly affected, but rural adolescent boys are also having to undertake long hours of agricultural labour.
- Working adolescents, especially boys, have been suffering from a loss of employment or exploitative working conditions with longer hours and lower salaries.
- Because of the economic precariousness of many families, some adolescents are compelled to work but are not being offered protective clothing, and are working in environments where social distancing guidance is not enforced, putting themselves at greater risk of infection.
- During lockdowns, lack of transportation was a key concern for adolescents in terms of not being able to access healthcare services or markets; after easing of lockdowns, inflated transport prices are an important concern.
- Many adolescents reported not having access to social protection, and for the few young people whose families were receiving social protection support prior to the pandemic onset, there has been little evidence of scaled up support.

## Bangladesh

Five of the 30 adolescents in our sample had been personally affected by lockdown as they had to stop working (see also Case Study 4). The other 25 depended on their family members' livelihoods and all mentioned suffering from income loss and having to adapt their lifestyle to cope, including cutting back on food. Rental payments were mentioned as particularly worrisome for their families, although a few adolescents acknowledged benevolence on the part of landlords, some of whom were waiving payments to help the family cover other household costs. Some families involved in small businesses and day labour had experienced disturbances in their livelihoods as they have been working on and off under police surveillance. As a 17-year-old girl from Community B reported: *'My parents close the shop [roadside fruit shop] whenever the police come. The police come every other day. So whenever the police come, people hurriedly shut down everything and run to their home.'* A few adolescents whose family members work in the garment sector mentioned receiving a portion of their salaries even when factories were shut down, and this was viewed as a lifeline, as a 17-year-old boy from Community A noted:

*My sister who was working in a garment factory before lockdown, she got 65% of her salary before Eid though her factory is not open now. We used her salary to buy*

*grocery items like rice, lentils and oil, also we have borrowed some money as well.*

A significant number of adolescents reported that they have not received any food, relief or cash aid from the government or NGOs, since targeted beneficiaries are the 'extreme poor', while many urban slum dwellers are deemed 'low income'. As the lockdown has slowly eased, adolescents mentioned that some employment sectors were beginning to reopen, and this was very positive for their families' livelihoods, as financial stresses outweigh the fear of contracting covid-19.

As a result of the nationwide lockdown and the ensuing financial instability affecting many families, some have chosen to go back to their home villages to reduce living expenses. As a 14-year-old girl from Community B described:

*My mother worked as a domestic helper but during this lockdown she lost her job. Now we are facing a financial crisis. But still we have to pay the house rent. So my parents decided to go back to the village.*

However, rising transport costs due to social distancing and other preventive measures meant that many people could not afford to go back to their rural home. Some adolescents mentioned leaving the city by foot, or boarding crammed trucks or ferries, where there was no attempt to maintain social distancing.



A community facilitator raising awareness about washing hands and remaining clean amid the coronavirus pandemic, Dhaka, Bangladesh © UN Women Asia and the Pacific

## Case study 4: Economic challenges for migrant girls under lockdown

19-year-old Firdausi, like many other adolescent girls, lost her job because of the lockdown. She used to work as a part-time sales representative in a small electric goods showroom.

Firdausi has lived with a married friend since her parents left Dhaka to return to their village in 2018. She dropped out of school in the same year after her Junior School Certificate exam in grade 8. Recently, she decided to enrol in grade 9 under the Open University (a non-formal educational institute for students wishing to resume their schooling) and chose weekend classes so that she could continue working. Just as her classes started, the school closed due to the lockdown. Firdausi has no information about when or how her classes will start again, and is worried, explaining that: *'There is no one who can help me with my studies. I watch YouTube and search the dictionary if I cannot understand anything from the books I bought for my classes.'* Her father is a teacher and encourages her to study when she calls home.

Firdausi was promised her salary for the month before lockdown but her employer could not afford to pay her. As a result, she could not pay her rent or buy food. She is dependent on her friend now, which makes her uneasy: *'I feel very annoyed and hate being idle. I stay with my friend and her husband, and they are covering my costs. If I were with my parents it would be a different matter. I feel bad about it.'* Her parents send her money when they can, yet she yearns to work again and pick up her life.

## Ethiopia

Adolescents emphasised that the short-term effects of the pandemic on livelihoods (their families and their own) were very serious. As a 19-year-old adolescent girl from Dire Dawa noted, meeting basic needs such as rent and food had become challenging:

*People in the developed world can afford to stay at home for a long time as they have income which enables them to stay without earning for five days or more... But in our case it is so hard to do that. For instance, my monthly earning was 700 birr [\$20] and my mother used to earn 200 birr [\$5.70] per day, which we were using for our living... I am afraid that people could die of starvation if the stay at home order is implemented for an extended period... There are many households who are even poorer than ourselves.*

Married girls emphasised that lockdown meant they were unable to provide food for their families. As a 17-year-old married girl in East Hararghe explained:

*If there is a shortage of flour, what can we eat? The flour mill is locked down... And besides, we do not have any birr to buy the flour... I have nothing to feed my family... If it continues I will need to borrow from the shop owners... I have no other option. We have nothing to eat.*

Many adolescent girls also highlighted that they were expected to do many more hours of household work than prior to the pandemic, in part due to greater needs now that the whole family is at home during the day. As an adolescent girl from Afar noted:

*For me, it is better the school opened, because I spend half of my day in the school and I help my parents after*

*school only. However, since the school closed, I work throughout the day. I can't reject my parents' order even if I get tired, because it is not good to disobey parents.*

Transport also emerged as a significant challenge, especially during the early phase of the lockdown when there were restrictions on movement between urban and rural areas. Young people complained of being unable to reach health centres in the case of ill health or going into labour, and challenges in accessing markets to buy and sell basic goods. For example, a migrant girl living in Dire Dawa explained that her aunt makes a living from selling khat, but that without transportation, she has to walk long distances to market, despite being in ill health:

*Unless she sells khat, we do not get food and die from hunger. If we are afraid of corona[virus] and sit at our house, we will die of hunger. My aunt walks more than an hour one way to bring khat that she sells. She has been doing that though she is sick.*

Adolescent boys, many of whom in urban areas depend on transportation for an income (e.g. as bajaj [three-wheeler taxi] drivers), were especially concerned about restrictions on movement. When transport resumed, young people complained about price hikes as transport operators passed on the costs of implementing social distancing to passengers. As a 16-year-old married girl in a remote rural community in South Gondar noted: *'The price of transportation is escalating. Previously, it was 20 birr. Now it is 100 birr.'*

Ethiopia has one of the largest social protection programmes in sub-Saharan Africa, the Productive Safety Net Programme (PSNP) (World Bank, 2017), but adolescent



Adolescent girl in Afar, Ethiopia © Natalie Bertrams

respondents underscored the dearth of social protection support available since the lockdown was introduced. For example, a 18-year-old internally displaced adolescent girl in East Hararghe noted that:

*Previously we were getting food aid bi-weekly. But now it has been two months since we got food aid... They [other IDP households] borrow from others and repay their debt when they get aid in future... When they get aid in the form of grain, they sell it and pay back their debt and buy what they need, like soap, with the rest of the money. That is the problem that we have.*

## Gaza

The pandemic has worsened the already dire economic conditions facing vulnerable people in the Gaza Strip, resulting in food shortages and an inability to meet other basic needs such as medicine (for chronically ill family members) and sanitary pads (for girls). A 15-year-old married (and pregnant) girl explained that due to the pandemic, she has not been able to provide medicines for herself and her family:

*Before the corona[virus] I worked with my uncle picking beans... Two days per week, one, three days, it depends – all for 10–15 New Israeli shekels (NIS) (\$3–4), depending on the work. I used this money to buy my medications because I'm pregnant, and also for*

*my father who is sick. I used to buy his medication for diabetes, hypertension... My mother also had a stroke and a heart problem.*

Most adolescents reported that their families were either buying less food, had stopped buying some foods altogether (due to rising prices and loss of purchasing power) or were unable to buy food at all. Many adolescents reported high levels of concern about their family's economic situation as the household breadwinner had lost their job, causing tensions within the households and shifts in gender dynamics. As an out-of-school 18-year-old boy in north Gaza explained: *'When the man works, his wife respects him. But now men sitting idle, useless, and the woman starts shrieking more, men are idle at home just like her. She rules now.'* Adolescents who were doing paid daily work prior to the pandemic reported that they had either lost their job or their salaries were reduced, resulting in increased financial pressure on these out-of-school boys.

## Jordan

Although the lockdown in Jordan was relatively short compared to other countries in the region, the introduction of curfew and movement restrictions prevented people from working and providing for their families. Our interviews show that the financial situation of the most vulnerable



## Layan, an 18-year-old Syrian refugee girl in Jordan who was married at 14

*'This is a photo of sayael, a traditional Syrian sweet made of cream, pistachio nuts and milk. Since the pandemic began, everyone in my family has been out of work. This has meant that we have needed to cut back on expenses, including what we spend for food. We are now making sayael at home, as it is inexpensive and relies only on pantry staples.'*

(Photo taken by a member of the participatory research group)

communities has worsened significantly, as work opportunities shrink and prices have soared, especially for Syrian and Palestinian refugees who mostly rely on day labour. The situation was especially challenging in Gaza camp, given that Palestinians there have limited access to social protection available to other groups, as a community leader in the camp explained: *'The financial situation in Gaza camp is very bad. Poverty is very high. Most people are daily workers. There is a lot of young people here and after the lockdown, daily workers do not have money as they don't have jobs.'*

Families who received food vouchers and cash support emphasised that this was vital in meeting their basic needs, but many adolescents reported that their families were in a dire situation, despite receiving support. Some adolescents who were previously enrolled in school were now forced to work to support their families, as a 14-year-old Syrian girl living in an informal tented settlement described:

*I used to go to school, but since it is closed now, I go to work instead. I leave the house at 6 a.m. and return around 2 p.m. We collect vegetables, cucumber, tomatoes, and similar vegetables, but what I earn does not cover our house expenses.*



A 16-year-old Syrian girl working on farm in Jordan © Nathalie Bertrams/GAGE 2020





## 4 Age- and gender-based violence risks

### KEY FINDINGS

- Adolescent girls, especially married girls, reported heightened tensions within the home, and a small number reported experiencing physical violence at the hands of husbands, brothers or fathers. Because of the virtual nature of the interviews and limited privacy, it is likely that violence was under-reported.
- Our findings on child marriage are mixed. In the Middle East and North Africa (MENA) region, bans on large gatherings appeared to be a protective factor in that girls were reluctant to agree to 'corona weddings', whereas in Ethiopia, in contexts where the lockdown coincided with the traditional marriage season, school closures and the absence of government officials within communities made it easier to conduct child marriages (which are illegal). Girls were especially at risk, but also some boys.
- In Ethiopia, adolescent girls in communities where female genital mutilation/cutting (FGM/O) is practised also noted that they were at greater risk due to absence of government officials who usually play a surveillance role against the practice.
- In Bangladesh, young people noted that adolescent boys were particularly at risk of police brutality if they did not comply with the lockdown and social distancing measures.

## Bangladesh

Our interviews found that the most noticeable change for adolescents were related to police brutality when enforcing lockdown measures. Adolescent boys and girls were fearful of the police, and this compelled them to stay indoors and wear masks, since they would be fined or beaten for not doing so, particularly at the beginning of lockdown. As a 17-year-old girl from Community B explained, *'The police are catching people. So, I am scared.'* Fear of police violence was less pronounced as lockdown restrictions eased, not only due to the relaxation of police surveillance, but also due to the high transmission of covid-19 among the police force which meant officers remained at greater distance from the public.

## Ethiopia

Our findings highlight that adolescent girls in particular, but also some adolescent boys, are at heightened risk of child marriage in parts of the country where lockdown and school closures have coincided with traditional wedding seasons. In Afar, for example, the wedding season is traditionally after Ramadan, and adolescents noted that many girls were at risk of arranged marriage during this

time, and the same was the case with Orthodox Easter among Orthodox Christian communities in Amhara region. Adolescents explained that the pressures for girls to get married following the closure of schools stemmed from deeply entrenched social norms that prioritise marriage over education and the disruption of surveillance and reporting mechanisms carried out by local government officials, many of whom have returned to their hometowns during the pandemic. An additional driver is the cultural taboo against pre-marital pregnancy. As a 17-year-old adolescent boy from Afar explained:

*Oh I can't oppose her marriage because she is not learning, she keeps animals, so she is better to marry and have her own home. In our locality if girls are not learning they can't reject the marriage arranged by their parents... But recently, since the school is closed, many girls who were learning will marry in this season... If she were a student I might help her oppose the marriage and she will not be forced to marry. But since she is not a student, even I prefer my sister marries her absuma [her maternal cousin] for fear that she could get pregnant without marriage in the 'sadaah' [cultural dance that adolescents participate in] place.*



Dire Dawa, Ethiopia © Natalie Bertrams

Similarly, a 19-year-old adolescent boy from South Gondar explained that he was going to marry a 13-year-old girl who had been a student prior to the school closures during the post-Easter marriage season:

*... I am going to marry a girl aged 13 who has temporarily dropped from grade 3 due to school closure amid covid-19... Our wedding will be held after 10 days and we are making preparation for the wedding ceremony, including HIV testing, bridal gifts and food preparations.*

Some (albeit relatively few) boys who were previously attending secondary school in neighbouring towns were being pressured to marry rather than 'sit idle' at home. This was striking given that families had already invested in their sons' education for a significant number of years, underscoring the extent to which households are already having to resort to negative coping strategies. Adolescents and key informants alike explained that many families were taking advantage of the lack of surveillance against child marriage by teachers and other government officials during lockdown and the closure of schools and government offices.

However, in East Hararghe, where the marriage season is not until the end of the calendar year (after the harvest season), there was no evidence of a spike in marriages so far. However, older adolescent boys observed that with school closures, young people were spending more time at the *shegoyeh* cultural dances in the evenings, suggesting the possibility that more school dropouts and marriages may be seen later in the year. A 19-year-old adolescent boy from East Hararghe explained: *!.. what do they do? Both boys and girls now all rush together to shegoye in the evenings. Many of them started love relationships... The school closure has*

*created good opportunity for them.'* Adolescent girls from the same community also noted that there had been a spike in FGM ceremonies, which is a precursor to marriage. As a 16-year-old adolescent girl explained:

*FGM/C is practised widely in the kebele [community], two girls from my neighbourhood experienced it a few days before the fasting season began. There was a female teacher that used to register the names of parents who allowed girls to undergo FGM/C, but since there is no school, they cut girls and there is no one to question them.*

## Gaza

Despite the virtual nature of our research and limited privacy of respondents, adolescent girls and boys described increased tensions at home and heightened conflicts within their communities. Clashes between adolescent boys increased due to heightened stress as a result of lost work opportunities. Tensions at home increased mostly due to the worsening economic situation and families having to stay at home together under lockdown. A 14-year-old boy from Gaza City explained:

*The problems were there before the corona[virus], but people's routine has changed and they are trying to adapt to the situation where they have to stay indoors. So, there are problems inside the houses, especially for the breadwinners who are daily wagers. I mean, how will they provide food for their families? How will they meet their families' needs? This is reason enough to create problems.*

Girls also reported increased family problems when their mobility was further restricted, and with men spending



## Reema, an 18-year-old Syrian refugee girl who married at 17

*'I spend my days taking care of my newborn son, who cannot be vaccinated because UNHCR offices are closed due to the pandemic. When he is asleep, I also cook and clean the house, which we share with my husband's brother and his family.'*

(Photo taken by a member of the participatory research group)

more time at home and taking out their frustration on female family members. As an 18-year-old girl from Khan Younis camp noted: *'Girls during the lockdown are exposed to violence by their parents or older boys because of the authority of men. So they are exposed to physical or psychological violence. Girls need protection!'*

The lockdown has also limited transportation options and increased fears about girls' safety when travelling, as a 14-year-old girl in a remote rural area commented: *'It was difficult to find transportation even before the corona[virus] outbreak because we live in an uninhabited area. We feel scared when walking when there is nobody else who walks on the road.'*

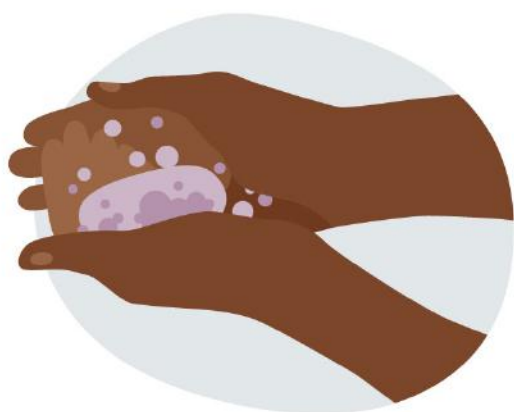
### Jordan

Our interviews found that in some families, increased household tensions caused additional stress for adolescents, especially girls. Despite strict lockdowns, boys

were often allowed to go out and escape family problems, whereas girls were completely confined to the home and therefore more exposed to family fighting, as a 16-year-old Palestinian girl with a visual disability noted: *'People fight a lot... because they spend all the time with each other'*. All community centres, including Makanis, were closed during lockdown, depriving adolescents of safe spaces to meet and socialise; and case management work provided by various organisations has been largely suspended. At the same time, most adolescents felt that due to increased presence of the police and army, they felt safer in the streets and that crime in their community has decreased during lockdown. Discussions with married and engaged girls revealed that the lockdown and restrictions on large gatherings had had an effect on planned marriages – they were often postponed due to reluctance to have a 'corona wedding', limited possibilities to meet the groom, and difficulties in getting bank loans to cover wedding expenses.



Married Syrian adolescent girl with her child in an ITS in Jordan © Nathalie Bertrams/GAGE 2020



## 5 Water and sanitation-related risks

### KEY FINDINGS

- While many adolescents are aware of hand washing as a key covid-19 prevention measure, access to water, soap and disinfectant products (due to availability and cost) emerged as key challenges.
- In rural areas, where water sources are scarce, and in refugee camp settings, where water and sanitation facilities are shared, crowding at water points means heightened risks of exposure to covid-19 for adolescent girls (who are typically responsible for collecting water).
- Awareness about the importance of masks is limited outside of towns and cities, and cost rather than stigma is a concern.



A community facilitator distributing anti-bacterial and disinfecting soap to a family in Dhaka, Bangladesh © UN Women Asia and the Pacific

## Bangladesh

In response to the pandemic, adolescents appear increasingly attentive to personal hygiene. When asked about coronavirus preventive measures, 19 out of 20 adolescent girls and 8 out of 10 adolescent boys mentioned washing their hands with soap and water, mostly for 20 seconds or more. However, most adolescents and their families live in single rooms within a larger house, and share bathrooms and kitchens with other families. An 18-year-old married girl from Community C explained the cramped conditions her family live in: *'There's a lot of people staying at my house. There are 14 families, 14 rooms [and] two bathrooms. Everyone uses the two bathrooms together.'* While personal hygiene was reported to be a high priority, there was much less attention given to surface-level sanitisation inside people's homes.

## Ethiopia

Infrastructure deficits – especially around water and sanitation – emerged as a key factor preventing adolescents adhering to covid-19 preventive measures. As we discuss later, there was a significant divide in terms of knowledge about prevention approaches (with rural adolescents and adolescent girls knowing much less than urban adolescents and boys in general) and adherence to guidance around hand washing, social distancing and use of masks. However,

while some gaps in practice appear to be due to resistance, as well as a fatalistic attitude among some that only divine intervention could protect people from the disease, a more dominant theme was the lack of access to water, masks and gloves. In many communities, water shortages prior to covid-19 were already a major problem. As a 18-year-old adolescent girl in South Gondar noted:

*We didn't have water for two weeks, we got water yesterday... But those of us not living next to the main road, we are in serious trouble even to get water for cooking let alone for washing... But they are saying that we must keep our hygiene to protect ourselves from the disease.*

Other adolescent girls mentioned that fetching water itself was putting them at direct risk because of overcrowding at water points. As a 15-year-old married girl from East Hararghe explained:

*One of our main challenges for this disease is shortage of water. We have only one water point, which is far from us. Everyone from different kebeles comes together to fetch water there... We cannot protect ourselves at the water source. We are going to die en masse at the water point since there are so many people.*

Key informants also noted that many rural people cannot afford soap or hand sanitisers, and even when they can,

these products are often not available in local markets. Health extension workers explained that in such cases they are providing advice to use ash instead of soap, given its disinfectant properties. As a health extension worker in East Hararghe explained:

*That is true, the soap that was sold for 5 birr become 10 birr and every item got expensive. The community complain that they do not have soap to wash. I have been telling them they can wash hands with ash, since I do not have soap to give them.*

By contrast, in towns and cities, there were more coordinated efforts to distribute water and soap, and young people were also mobilised to raise awareness among community members about hand washing and social distancing. However, some young people also noted that there was a growing divide in their community between wealthier people and poorer people, in terms of their ability to respond to the pandemic, with the latter being stigmatised. A 17-year-old adolescent girl in Dire Dawa explained:

*The coronavirus will create chaos for the country, and people will suffer a lot...The rich can afford to buy what they need, and they have a house where they can stay. But most people in Dire Dawa, they work every day to get what they need for the day. They don't save for tomorrow... It is said that we need to keep our distance. We need to do that as the disease is very severe. But people discriminate against others. Especially rich people are discriminating against those who live in the street. They consider street people as dirt... It is very sad. The rich tell the street people not to touch them, and they chase them when they sit near their compound.*

## Gaza

Initially, when the first cases of covid-19 were discovered, adolescents reported that there was a strong commitment to adhere to protective measures. However, as the spread of the virus was contained and remained concentrated among those who came from abroad, people started to feel safer and to relax some of the safety measures. Nevertheless, many adolescents declared that their families practice many preventive measures and increased hygiene standards, despite difficulties accessing water, and buying masks and cleaning products – either because they cannot afford them or because such items are unavailable. Among families in camps, the use of chlorine was common as a cheaper alternative to alcohol.

Scarcity of water was a major challenge even before the pandemic, but since the lockdown it has become worse, as a 14-year-old girl from Nusairate camp explained:

*We can't afford drinking water because we lost our income source. My siblings go to a far place to bring free drinking water and they feel very exhausted when they come back. The corona[virus] outbreak affected this situation dramatically. We use salty water in our daily life for bathing and washing. Before, the salty water was available for a few hours daily, but now it is constantly lacking and we only have it once every three days. Moreover, when we have it, the stream is very weak and it does not reach to the water container because we have no pump.*

## Jordan

Many adolescents faced challenges adhering to covid-19 protective measures. While most understood the importance of washing their hands and using sanitisers,



### 13-year-old girl in Gaza

*'I wash my hand continuously to protect myself against Corona regarding WHO procedures.'*

(Photo taken by a member of the participatory research group)



## Retaj, a 15-year-old Palestinian girl with hearing and speech difficulties

*'My life during lockdown has been reduced to watching cartoons on this TV. I used to spend my time at school and studying, because learning is very important to me. Now my school is closed and classes are cancelled. I am alone, bored, and unhappy.'*

(Photo taken by a member of the participatory research group)

not all had regular access to clean water and soap. This was especially the case in refugee camps and informal tented settlements, where water was already scarce, and the situation has worsened with increased water usage, as a 13-year-old boy living in an informal settlement near Amman reported: *'We don't have water in the tank, so we fill it from the pool. For drinking we purify it using a filter and then we filter it through a scarf.'* In Azraq camp, families have to share bathrooms and bring water from distribution points, resulting in overcrowding and making it difficult or impossible to maintain social distancing, as a community leader described:

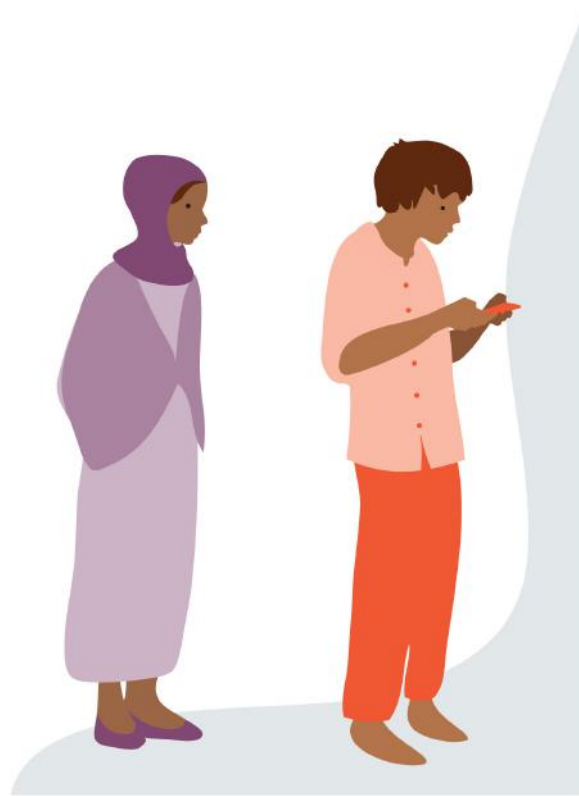
*People gather near water taps, especially since they [the taps] work for a limited period during the day, so during the lockdown, you will find large numbers of people gathered to bring water. We also have shared bathrooms. Three or four families use one bathroom... That helps the virus to spread.*

Many adolescents also emphasised that adhering to the protection guidance is financially challenging, especially when they are struggling to pay for food and rent.



An adolescent girl in Gaza Strip © Paul Jeffrey 2016





## 6 Digital inclusion risks

### KEY FINDINGS

- Access to digital and technological connectivity emerged as a critical source of information about the pandemic and mitigation measures. Adolescents in urban settings and adolescent boys generally had significantly better access to mobile phones, internet and TV than their rural and female peers.
- Connectivity was also critical in terms of accessing online education, which many governments have sought to provide through the internet, TV or radio.
- Many adolescents lack access to devices, cash to pay for phone and internet minutes, or electricity – often having no supply or irregular supply only.
- Misinformation about covid-19 risks and prevention guidance was also evident among some adolescents, especially those with lower levels of education and poorer connectivity.
- In the MENA region, where rates of digital connectivity are significantly higher than in the other study countries, WhatsApp messaging provided an important outlet for young people to interact with peers and to receive public health/psychosocial support messages from NGO and government providers.
- In the case of girls, the use of digital information technologies is more scrutinised compared to boys, and even younger boys are given priority over girls to use devices, whether it is for education or recreational purposes.

## Bangladesh

For those with access, television is the main source of information on covid-19. TV news reports and awareness-raising advertisements are major outlets for adolescents to learn about the symptoms of covid-19, as well as preventive measures, quarantines, self-isolation, and government decrees. As most adolescents in our sample do not own a mobile phone, older adolescents especially use their parents' phone to communicate with their friends and use the internet. Out of 20 female respondents, 7 stated that the internet and social media were also major sources of information on covid-19, compared to 4 out of 10 boys. A 17-year-old from Community A girl stated, *'I saw information about coronavirus on YouTube and Facebook. I also watched TV news about coronavirus.'* The internet is also used for educational purposes during school closures.

When they are able to access their parents' devices, or for the very few who have their own, mobile phones are also readily used as sources of entertainment and to mitigate the social isolation felt by many adolescents. A 14-year-old girl from Community C explained:

*From the beginning of the lockdown I could not meet my friends. Sometimes I just talk with them over the phone. I feel really isolated. I cannot meet anyone. I cannot go to anyone's house. All these things make*

*me feel really bad. I feel I am alone and isolated from society and my friends.*

Whether contacting friends, browsing social media and YouTube, playing mobile phone games or listening to music, mobile phones provide solace for some adolescents during lockdown. For others though, mobile phone use is limited due to inability to afford top-ups, and having to share the phone with other family members.

## Ethiopia

Our Ethiopian sample underscores stark contrasts in terms of digital connectivity and access to information on the pandemic, between urban and rural adolescents, and boys and girls. While many urban adolescents (especially boys) had in-depth knowledge of the pandemic's origins and transmission mechanisms, and were (in some cases) sharing information online (including with friends and relatives in neighbouring countries such as Djibouti), their rural peers had much more limited access – not only to internet but also to radio and TV. As a 19-year-old married girl in South Gondar explained:

*I don't have Facebook. I heard about the remedy against the disease – drinking a mix of honey, ginger and garlic – since there is no transport to the town from others. I*



A girl receiving relief aid in Dhaka amid the coronavirus pandemic © UN Women Asia and the Pacific

*forget the media. It was in the neighbour's house that I watched it... I have a small phone and I cannot use Facebook... I don't have access to radio or television. I have a phone and sometimes I have time to listen to FM radio by the phone.*

In pastoralist Afar, access to information from a trusted source during lockdown was even more limited, as a 15-year-old adolescent boy commented:

*I don't have any source of information except those people who might give me information about the disease when they come back from Komami [the town] or if they got information through a phone call from others who are in another place. I don't even have a mobile phone. So I don't have an adequate source of information and also I don't have a trusted source of information, except what I have heard from those people who were announcing using a megaphone at the market, because they are the government officials and also health professionals.*

Others noted that even when they did have access to a phone, because of the economic fallout of the pandemic, they were struggling to buy phone cards and/or to pay the small fees needed to charge their phone battery in nearby towns.

## Gaza

Adolescents primarily relied on TV broadcasts, followed by social media like WhatsApp, Facebook and YouTube to get information about the latest situation on covid-19. Similarly to Jordan, there were clear gender divides in access to (and freedom to use) devices, with girls' usage of the internet closely supervised by their families. A 13-year-old girl from Deir Al Balah camp in Gaza noted:

*I keep fighting with my siblings to change TV channels. The access is prioritised for males. When I have a remote or my sister has it, our father asks us to give it to him. After he finishes watching TV, he does not return the remote to us in case our older brother wants to watch TV.*

Girls who were allowed to use social media appreciated opportunities to socialise, as otherwise they would be completely cut off from any social interactions, as a 14-year-old girl from Nusairate camp explained:

*I miss my friends, but I can't contact them because I don't have a mobile phone or a Facebook account. If I had it, I would have contacted my friends... I miss my friends and my teachers, and I wish I could contact them, but my father does not want girls to use Facebook. He said that only males can use it... because it may affect girls' morals badly. Also, my mother does not agree for girls to use it.*

## Jordan

Our interviews found that adolescents used social media, TV and the internet as their main sources of information about the virus and preventive measures implemented by government, though girls had less (and more superficial) knowledge, reflecting the gender digital divide. Some adolescents expressed interest in conspiracy theories about the virus disseminated through social media, such as the sources and reasons for its spread.

Girls in our sample had less access to technology and the internet compared to boys, and at home, boys were prioritised when it came to using devices. Ownership of mobile phones was more limited in camps and informal tented settlements, where families typically had access to fewer devices, and where gender norms heightened the scrutiny of girls' phone use. As a 13-year-old girl living in an informal settlement in Irbid explained: *'I do not have a mobile, but my brothers do. We as girls are not allowed to get a mobile. We also do not have money to buy them.'*

Unequal access to digital technologies, combined with unavailability of internet and devices, were among the main barriers preventing girls continuing their education through remote learning. Also, as a result of the worsening economic situation, many families needed to prioritise other expenses over internet fees, effectively shutting down adolescents' chances of continuing their education. Adolescents with disabilities had more limited access to information in general.

# Conclusions and implications for policy and programming

The broader AGIP framework on possible impact pathways of covid-19 on adolescent girls maps out seven key clusters of potential risks and opportunities. Our participatory research findings from interviews, focus group discussions, participatory photography and audio diaries during lockdowns highlight that adolescents' experiences are dominated by the risks identified in the framework. As yet, few opportunities have emerged for adolescent girls, probably because government and development partners have primarily been in a reactive mode to what is a rapidly evolving landscape in each country context. There are some exceptions though, including instances where young people have been self-organising to raise awareness about the pandemic and prevention measures, in person and online. There have also been adolescent empowerment programmes, which, due to a combination of strong community linkages and relatively high digital connectivity in Jordan, were able to adapt and provide online support to refugee participants (see Box 1 on the Makani programme). Some adolescents also spoke about improved communication patterns with their families, especially with fathers who are spending more time at home. Also, younger adolescents and some adolescents with disabilities felt that during lockdown their families were able to give them more time and attention.

Our findings underscore the following risks and opportunities:

- Rural adolescents are significantly disadvantaged compared to their urban peers during lockdowns in terms of access to services and digital connectivity.
- Adolescent girls are significantly disadvantaged across a range of domains compared to their male peers. At the household level these include greater domestic work pressures during school closures, and poorer access to distance learning opportunities and risk of school dropout and truncated educational futures due to conservative gender norms. Girls also appear to be at heightened risks of gender-based violence stemming from aggravated household tensions and face elevated risks of child marriage and FGM/C in some contexts. At the community level, these gendered differences include risks associated with responsibilities to collect water, greater social isolation during the lockdown due to more mobility constraints than boys and the gender digital divide.
- Adolescent boys are also at risk in terms of pressures around finding paid work, child marriage (in some cases), truncated educational futures, poverty, and food insecurity.
- Adolescent mental health is a cross-cutting concern, but support services are very scarce.
- Covid-19 risks are often compounded for the most disadvantaged groups of adolescents, including married girls, who emphasised heightened domestic

## Box 1: UNICEF Jordan's Makani one-stop child and adolescent programme and covid-19 virtual response

Before the covid-19 outbreak, Makani ('My Space' in Arabic) provided a safe space for vulnerable children and young people to access learning opportunities, child protection, psychosocial services, and encourage adolescent and youth engagement and participation. With the government's decision to lock down the country, Makani's community centres located across Jordan needed to be closed, but the programme quickly adapted and revised its mode of operation to continue providing services to vulnerable populations. Makani staff via a network of community-based facilitators, utilised links in their communities and focused on dissemination of information about protective measures against the virus, distribution of hygiene kits and school materials, spreading messages and videos for children and parents on how to deal with the lockdown, and provision of remote learning support through social media and phones for the virtual school provided by the Ministry of Education. The response to the changing situation has been swift, and adolescents living in refugee camps who received support from Makani during lockdown emphasised how helpful it was to them and their families.

and caring workload, greater risks of tensions at home, and of violence (including intimate partner violence), as well as mental distress about their ability to support their young children.

- For adolescents with disabilities, the pandemic and lockdown exacerbated communication and service access barriers, and in some cases led to heightened stigma.
- For refugees and internally displaced families, already highly precarious living situations were rendered more fragile as a result of the pandemic, but social protection responses have been slow to scale up to provide a meaningful safety net.

To date opportunities for adolescent girls and their male peers during the pandemic have been limited but will be important to monitor as the crisis evolves, and especially once recovery plans start to be developed. Our findings identified the following opportunities:

- Some evidence of shifts in some contexts in terms of the intra-household gender division of labour, with boys starting to recognise the volume of unpaid and usually invisible domestic and care work of mothers and sisters, and to contribute to these tasks.
- Some evidence of improved communication among family members, especially in the case of adolescents with disabilities and in particular with fathers who may traditionally less emotionally involved in their offspring's lives due to social norms.
- Some evidence of emerging opportunities for young people to participate in community outreach activities as part of the emergency response.

Implications for policy and programming stemming from our findings point to the following key priorities for action, which will require strategic partnerships between governments, development partners and the private sector:

## 1. Health and mental health

- a. Ensure that adolescent girls, including married girls, have access at all times to essential SRH supplies and services in crisis contexts.
- b. Provide meaningful and age-responsive opportunities for adolescents to volunteer to support the pandemic response in their communities, through in-person or virtual activities, especially since in many contexts young people have higher education levels and can support public health messaging across communities.

- c. Invest in low-cost psychosocial first aid and mental health programming that can be delivered both in-person, through lay providers, and online, in contexts where digital connectivity is better, to address adolescents' significant psychosocial challenges.
- d. Develop low-cost and easily scalable programming – whether socially distanced in-person or virtual options – for young people to connect with peers while schools are closed. A (temporary) reduction in internet and data costs would allow some adolescents to connect with their peers and log on to remote learning platforms.

## 2. Education and learning

- a. Tackle access barriers to online education by expanding access to low-cost devices and providing mentoring either in person (socially distanced) or online, through platforms such as WhatsApp. It will also be important to twin this with training for teachers and investments in adjusting curriculum to be suitable for online delivery.
- b. As schools reopen, establish a recovery plan for the medium-to-long term to address the educational gaps created by the pandemic, which are adversely affecting the most vulnerable girls and boys, who may have disengaged from education altogether during lockdown. Simultaneously invest in outreach efforts to reenroll vulnerable adolescents at risk of drop out as a result of economic hardships.

## 3. Livelihoods and social protection

- a. Using existing social protection platforms where possible, rapidly scale up to deliver gender- and adolescent-responsive social protection to tackle the economic, food security and hygiene/sanitation vulnerabilities facing adolescents and their families due to covid-19. Ensure that such initiatives also include migrant adolescents, who often have no access to family support.

## 4. Age- and gender-based violence protection

- a. Ensure that adolescents have access to online and phone-based reporting mechanisms and hotlines to expand opportunities to report age- and gender-based violence, including harmful practices such as child marriage and FGM/C.



A social worker in Ethiopia interviews a young girl who was recently deported from Saudi Arabia amid the covid-19 crisis © UNICEF Ethiopia/Nahom Tesfaye, 2020

- b. Provide support to parents, including around positive disciplining approaches, given heightened household tensions during lockdown. This could be through existing networks and online platforms in urban contexts where internet connectivity is better, and via TV informative broadcasts.

## 5. Infrastructure – water and sanitation and transportation

- a. Address barriers to safe water sources given their critical importance to daily survival as well as to virus prevention, and in order to reduce the associated time burden on adolescent girls.
- b. Ensure that young people, and especially adolescent girls, have access to affordable and safe transportation (e.g. compulsory use of masks), including during the pandemic

## 6. Digital inclusion

- a. Engage with private sector providers to ensure that vulnerable populations have expanded and affordable access to internet so as to access online education resources and health prevention information.

- b. Simultaneously ensure that outreach around the pandemic and distance education is communicated through non-digital channels so that the digital divide does not further exacerbate education and informational inequalities

## 7. Adolescent girls' voice and agency

- a. Ensure that adolescent girls' perspectives and experiences are accorded priority in the development of policy and programming responses to the pandemic, and that programme design is evidence-based, adequately financed and addressed both life-saving immediate needs as well as promotes longer-term resilience.
- b. Meaningfully engage adolescents and young people in emergency and recovery responses through partnerships, funding, and leadership positions, and ensure that adolescent girls from diverse backgrounds and social groups are equitably represented and supported in these roles.
- c. Engage with girl- and youth-led organisations to shape the pandemic emergency and recovery responses.

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## **About GAGE**

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