

# Exploring adolescent experiences and priorities under Covid-19

**Findings from rapid virtual qualitative research**

GAGE, Addis Ababa, May 2020

Presentation to the Child Policy and Research Forum

# Presentation outline

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Virtual research sample and methodology

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Key findings on adolescents' knowledge, attitudes and behaviours related to Covid-19, and risks of HTPs

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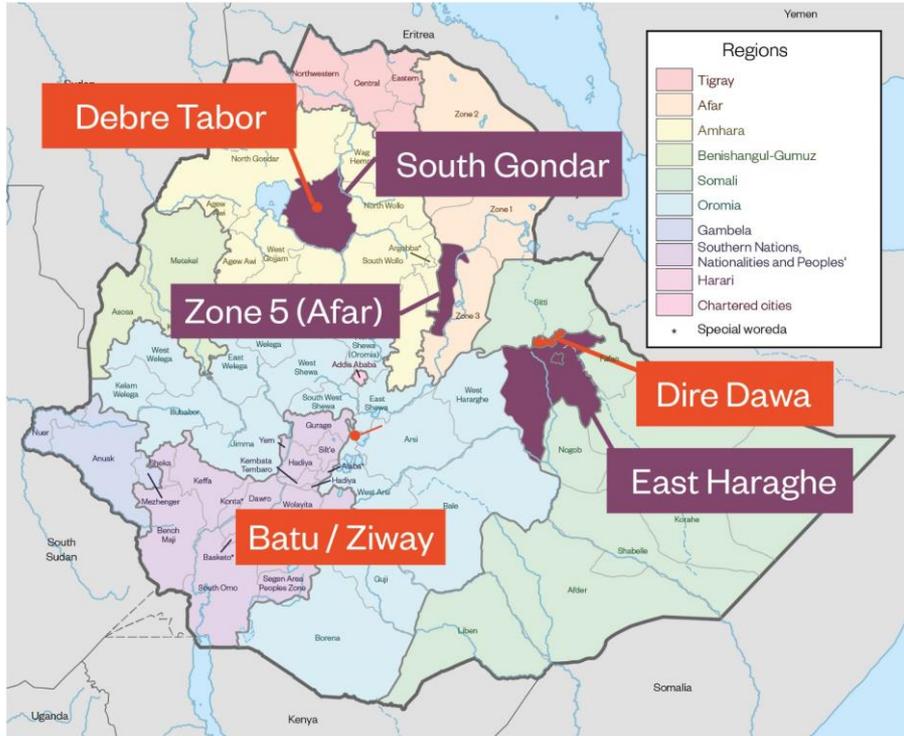
Young people's priorities and policy implications

# Virtual research sample and methodology

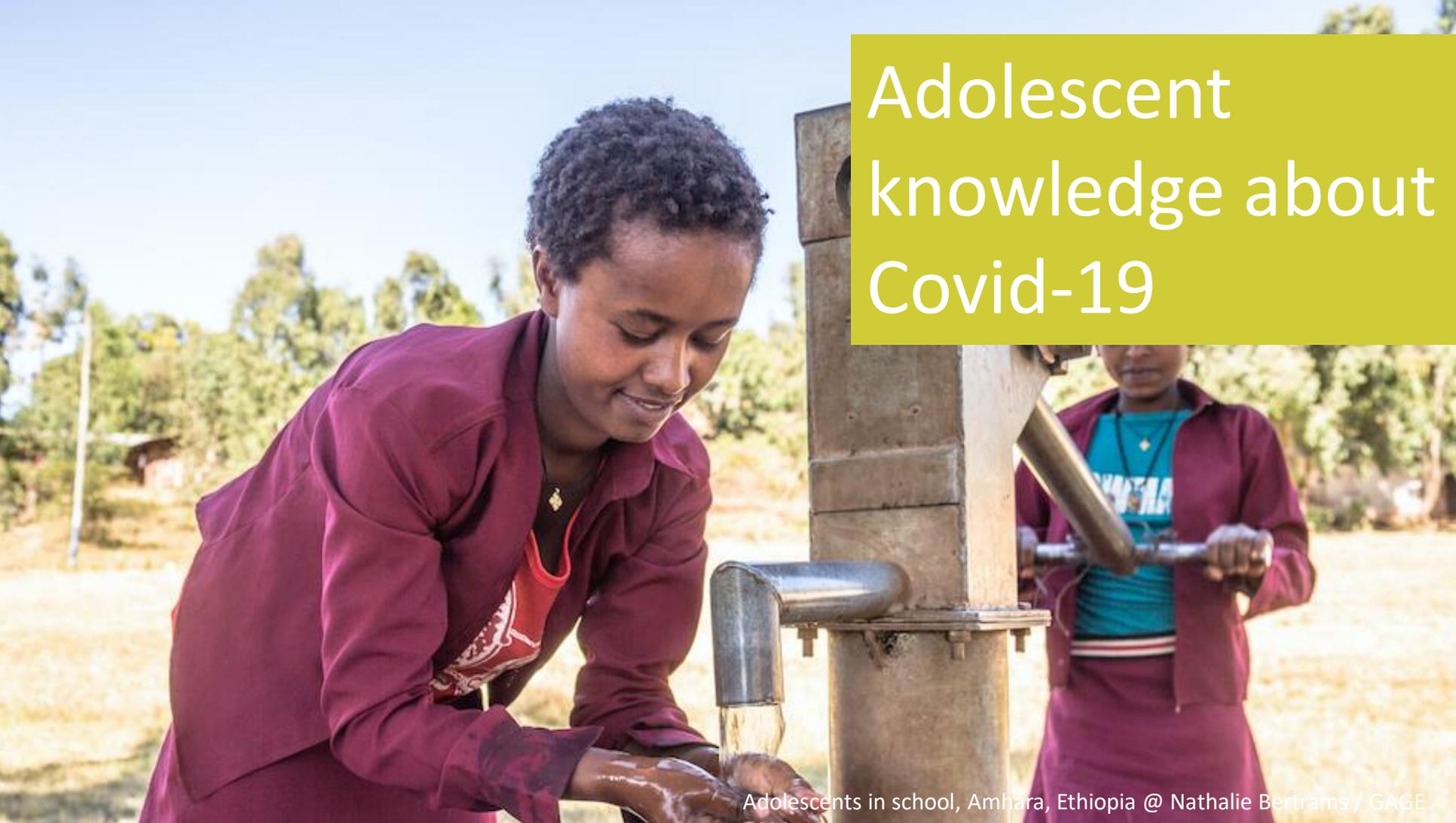


Please note that the photographs of adolescents DO NOT capture GAGE research participants and consent was gained from their guardians for the photographs to be used for GAGE communications purposes.

# GAGE Ethiopia virtual research sites



- 3 regions (South Gondar - Amhara, East Haraghe - Oromia, Zone 5 – Afar) and Dire Dawa City Administration
- 119 phone interviews with adolescent girls and boys aged 15-19 years involved in GAGE participatory research groups
- Research sample includes:
  - Urban, rural and pastoralist adolescents
  - IDPs (East Hararghe, Dire Dawa)
  - Adolescents with visual disabilities
  - Married girls/ adolescent mothers
  - Adolescent migrants (Dire Dawa and Debre Tabor)

A young woman with short, curly dark hair, wearing a maroon school uniform, is leaning over a public water tap. She is smiling slightly as she washes her hands. Water is flowing from the tap into her hands. In the background, another young woman in a similar maroon uniform is operating the pump handle of the water tap. The setting is outdoors, with trees and a clear blue sky in the background.

# Adolescent knowledge about Covid-19

Adolescents in school, Amhara, Ethiopia @ Nathalie Bertrams / GAGE

# Adolescent knowledge of Covid-19

*'We consider it as fierce as lions. I fear [the disease] as much as I would fear a lion. I am so concerned and stressed that the disease can spread to our community and affect people.'*

18 year adolescent boy, East Hararghe

Gender divide/  
especially for  
married girls

Urban/ rural  
divide

Radio, TV,  
mobile phone  
public  
message,  
social media

Mega-phone  
announcements  
by woreda  
officials in some  
kebeles

Knowledge  
esp. limited  
among Afar  
respondents –  
unable to  
name the virus

High levels of  
fear and  
anxiety

Fatalism/  
reliance on  
religious  
protection



# Adolescent behaviours vis-à-vis Covid-19

# Adolescent behaviours in response to Covid-19

Uneven practice of social distancing, esp. in rural areas/*khat* chewing

Adolescent boys continue to socialise e.g. at traditional alcoholic venues

Some praying at home; in other cases religious ceremonies and funerals continue

Challenges in terms of accessing water, to drink and hand hygiene

Over-crowding at water holes, lack of soap/hand-gel/disinfectant

Limited adherence to prevention guidance due to information deficits, poor retention of information, and a belief in divine protection

Reliance on traditional medicine, staying away from health posts/ health centres

*This is a disease which is sent by Allah on those who disobey his order, so I don't worry about it. We live with the mercy of Allah. How can we avoid shaking hands as a greeting?'*

17 year married girl, Zone 5, Afar



# Impacts on adolescents of gov't response

Adolescent migrant deported from Saudi Arabia following the

# Impacts of Covid-19 responses on adolescent wellbeing

Disruption of education; limited access to online education

Lack of guidance/mentoring re use of online education

*'Schools were closed 15 days before. Now my friends and I support the family in farming. We have no time to study. We also do not know how long the schools will be closed. Now no one talks about education here. We talk only about our farms and the impact of coronavirus on our economy.'*

18 year old boy, East Hararghe

Fears by girls re pressure to marry while out of school

No access to emergency social protection; concerns about food security

Loss of household and adolescent-specific livelihoods

Concerns by adolescents w/ disabilities re covering costs due to loss of petty trade opportunities

Reluctance to use health facilities for child delivery given covid-19

Psychosocial distress re possible spread of disease and effects on family, community & isolation from peers

# Risks in terms of child marriage

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- In South Gondar and Afar it is currently the traditional wedding season (following Easter for Orthodox Christians and Eid-al-Fitr for Muslims). Our findings suggest heightened risk for adolescent girls – both those who were in and out of school pre-Covid-19.
- Adolescents’ report that parents pressure their daughters to marry given that school is out, and that it is easier to do so given limited presence of local authorities and especially the absence of teachers who are key figures for reporting impending child marriages.

*“Since Easter is a marriage season. People have been married off since then. There are girls who were married off at the age of 15. Most of them are from the rural parts. There is an eighth grader who got married from the town, but it was her decision though”.*

- Somewhat surprisingly in South Gondar we heard that some boys who were attending school in neighbouring towns at grade 10/11 level are also being pressured to marry
- In Afar, adolescents reported that many girls are being prepared for marriage as soon as Ramadan and the Eid-al-Fitr celebrations are over, and again we heard reports of this affecting both in- and out-of-school adolescent girls
- In East Hararghe, however, the wedding season is in winter and we did not hear of the practice being undertaken at this time.

# Risks in terms of FGM/C

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- In East Hararghe adolescents reported that some girls in their communities had been circumcised as mothers took advantage of the lack of local government presence, especially teachers, to carry out the practice
- In Afar, adolescents explained that circumcision ceremonies were not happening at this time ‘because no one is not circumcised here’.
- In Amhara because the practice is carried out typically within the first few weeks of life, adolescents were not aware of any changes at this time

*“FGM/C is practiced widely in the kebele, two girls from my neighborhood 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”.*

# Risks in terms of protection

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- We did not hear direct reports of gbv but that is possibly due to virtual interviews and limited privacy; respondents in East Hararghe also said that Ramadan is culturally a time of reconciliation so risks are currently somewhat mitigated
- We did, however, hear repeated complaints from adolescent girls about excessive domestic work loads.

*“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 close, I work throughout the day, I can’t reject my parents order even if I get tired, because it is not good disobeying to parents” (adolescent girl, Zone 5, Afar)*

- This was compounded in Muslim communities by the fact that mothers’ were relying on girls to shoulder more responsibilities while they fasted
- Adolescent boys reported that they were being expected to work excessively long hours supporting agricultural labour activities for their families, now that they were out of school, and had no time for studies

# Local government actions to date

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- Members of the district cabinet committees appear to have good knowledge, but other **staff appear under-utilised, hampered by clear and practical guidance, limited if any training about the pandemic, a dearth of transportation to visit kebeles, no dedicated budget (having to rely on forgoing their own salaries to cover costs) and limited scope for initiative.**
- **Communication gap between zone and woreda, between woredas and kebeles** have led to having uneven knowledge about the transmission, prevention of the disease, and mitigation measures against the social and economic impacts, at all levels.
- **Limited action by education officials to reach out to pupils**, compounded by absence of teachers in kebeles (returned to home towns), and provide guidance on how to keep studying; how to avoid drop out (e.g. due to marriage pressures or work pressures)
- Dearth of activities to reach out to young people and provide assurances about educational futures, about sources of social protection, about where to seek **psychosocial support** (e.g. through community psychological first aid).

# Key challenges at local level

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- Key informants also highlighted **shortage of hygienic materials** like soap, water, chemicals to use for personal hygiene, and **shortage of protective medical gear** for medical staff at woreda levels especially.
- **Resistance by community members to implement the guidance** due to lack of knowledge, religious and cultural beliefs and norms. Especially acute in Afar, and growing based on recent follow up interviews.
- **Fear of the potential spread of the disease into their communities due to the returnee migrants** crossing the borders ( through volunteer repatriation and forced deportation)
- **The increasing economic impact:** reduction in the price of farm products and increase price of commodities in rural areas; lack/loss of jobs and increasing cost of living in urban areas

# Adolescent priorities and policy implications



# Policy implications

1. Invest in widespread and more tailored public awareness campaigns about infection transmission mechanisms and prevention approaches, especially in rural areas, to help communities better prepare.

Messaging needs to be contextually relevant; e.g. where there are water shortages, clear guidance must be given on how best to maximise scarce resources.

Adolescent girls and married women, given their domestic and care roles, have a vital role to play, but need messages in accessible formats, including face-to-face communication (e.g. via Women's Development Army) given the gender digital divide.

*'For me the best solution is the government should carry out intensive health promotion through face-to-face sessions...the youths don't have the habit of listening to broadcast media...'* (17 year old adolescent boy, Dire Dawa)

# Policy implications

2. Working with young people with secondary and tertiary education to support the communication of messages is a low-cost and effective way to reach communities with poor connectivity.

Many adolescents expressed an interest in supporting their communities, but emphasised need for clear coordination to convince elders, religious leaders, *kebele* officials who may have limited literacy of the importance of prevention measures.

To address current concerns about an information vacuum at the community level, it is critical that district officials visit communities, while observing appropriate social distancing principles themselves, and follow up regularly by phone.

# Policy implications

**3. Given livelihood challenges already emerging from the closure of markets and transportation, it is essential that safety net measures, including cash, food and hygiene kits are rapidly scaled up to reach households, and young people living alone.**

Adolescent migrants, adolescents with disabilities, IDPs and young people from drought-affected and food-insecure areas are especially vulnerable and need to be prioritised.

The Productive Social Safety Net programme provides an important infrastructure in rural and urban areas to build upon, including the public works component, which could be used to distribute hygiene kits and public health information, for example.

*'I do not know how I am going to pay rent. It has been more than two weeks since I stopped working and we do not know when it will open up. I do know what to do.'* (17 year old migrant girl, Bahir Dar)

# Policy implications

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**4. It is critical that young people are supported to resume their education as soon as possible.**

If virtual schooling online, through TV or radio, continues for some time, it is crucial that young people at the community level are provided with guidance on how to access and use these resources, including through access to community mentors to whom they can turn with questions.

In addition, clear communication about the steps that students should take regarding national exams is key.

# Policy implications

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5. Given the high level of stress many adolescents are experiencing as a result of the pandemic-related economic and social challenges, it is important to widely disseminate information to promote psychosocial resilience.

This could include awareness-raising around sources of financial support, support in the case of violence or abuse, positive coping strategies, including avoiding over-reliance on substances such as alcohol and drugs.

Messaging could also include opportunities on how to become involved in volunteer civic participation activities to support the most vulnerable community members.

Provision of psychological first aid, drawing on para-social workers and university students

# Policy implications

**6. Given heightened risks of HTPs in some communities, it is critical that officials take urgent measures to monitor and mitigate these**

Monitoring and reporting efforts need to resumed, and prioritized in areas where it is currently the traditional marriage season

Awareness messages need to be disseminated through local leaders and media channels about the risks of marriage and FGM/C, about ensuring that adolescents have time to study even while schools are closed and the importance of resuming education after the State of Emergency

# About GAGE

- Gender and Adolescence: Global Evidence (GAGE) is a nine-year (2015-2024) mixed-methods longitudinal research programme focused on what works to support adolescent girls' and boys' capabilities in the second decade of life and beyond.
- We are following the lives of 20,000 adolescents in six focal countries in Africa, Asia and the Middle East.

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