GAGE virtual research toolkit: qualitative research with young people on their covid-19 experiences

Małachowska, A., Jones, N., Abu Hamad, B., Al Abbadi, T., Al Almaireh, W., Alheiwidi, S., Bani Odeh, K., Iyasu, A., Gebre, Y., Gezahegne, K., Guglielmi, S., Mitu, K., Pincock, K., Rashid, S., Saleh, M., Sultan, M., Tilahun, K., Workneh, F., Yadete, W. and Youssef, S.

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Introduction

This toolkit provides an overview of the virtual qualitative research tools that the GAGE programme is using in order to understand young people's experiences under covid-19. The tools focus on young people's knowledge, beliefs and behavioural responses in the context of the covid-19 pandemic and diverse and evolving state responses to the virus. They also aim to explore the short-term impact of covid-19 on six capability areas: education and learning; health, nutrition and sexual and reproductive health; psychosocial well-being, economic empowerment, voice and agency, and bodily integrity (including age- and gender-based violence, child marriage and FGM/C). A complementary set of tools will be used to explore slower onset impacts at a later date.

The covid-19 pandemic has created exceptional circumstances to which research activities have to adapt, both from a methodological and an ethical point of view, including the adaptation of measures and methods to mitigate against limitations of the virtual research methodology. Accordingly, this toolkit also reflects on lessons learned that can inform the efforts of others engaged in virtual data collection.

Evidence on virtual interview approaches

While early research using digital technologies focused predominantly on survey research, there has been increasing interest in the ways that virtual interviewing can generate alternative real-time, interactive settings, particularly with hard-to-reach populations (Turney and Pocknee, 2005). To date, virtual and phone-based research has been utilised largely with adults. Where extant literature has explored the intersection of youth and digital technology, it is in relation to virtual spaces as a setting in which young people can be studied, rather than as a means of undertaking research that is traditionally done face-to-face such as focus groups and interviews (Stern, 2004; Heath, 2010). In the Global North, these methods have been occasionally used in qualitative research with young people with the objective of widening samples and engaging marginalised populations, or to investigate sensitive topics in which anonymity may promote participation. Topics explored have included the experiences of young people undergoing cancer treatment (Tates et al., 2009); the support networks of adolescent parents (Valaitis and Sword, 2005); young women's self-esteem (Fox et al., 2007); youth financial and housing security (Moore et al., 2015); and young people's sexuality (Heah, 2018).

Virtual research in LMICs

Scant virtual research has been undertaken with young people in low- and middle-income contexts (LMICs). Van Heerden et al.'s (2010) research with South African adolescents is a notable exception; they used a phone survey to understand young people's engagement with text-message sexual health communications to assess the impact of an intervention. However, this work did not explore these issues qualitatively, and only briefly considers how ethical issues like consent and privacy are altered through technologised methodologies. Indeed, research in LMICs which uses virtual and phone-based methods consists mainly of market research and consumer surveys (e.g. Slippers et al., 2013; Rudanksy-Kloppers, 2014, both in South Africa).

The absence of qualitative virtual and phone-based research in LMICs may be due to its slow growth as a methodology, as well as assumptions about whether it is practical in these contexts. Familiarity with online communication tools and good internet connectivity will affect the nature of an interview in a way that does not need to be considered in the use of asynchronous methods (Deakin and Wakefield, 2013; Hamilton, 2014), presenting particular challenges to research undertaken in contexts where young people may have lower levels of digital literacy and connectivity (Murthy, 2008).

Methodological strengths of virtual research

Not only have LMICs seen significant growth in youth uptake of digital technologies, potential methodological strengths have been noted in online and phone-based individual and group interviews which may make them well-suited for research with marginalised young populations in some settings. For example, it may be easier to withdraw from virtual and phone-based interviews because it requires no more than pressing a button rather than negotiating an exit face-to-face (Hanna and Mwale, 2017). Participants may also feel more comfortable disclosing sensitive information by not being face-to-face and being able to participate in the interview from a familiar space such as one's home, (Hanna, 2012; Chanakira et al., 2014; Sipes et al., 2019).

Methodological challenges of virtual research

Weaknesses and challenges are, however, associated with these methods, and the literature highlights a range of possible measures that researchers can take to offset these. When devices are shared between young people and family members, unintentional breaches of privacy may happen (Bailey et al., 2015). Reduced visibility can mean that it may be harder to know when to interject, offer comfort breaks or change topics (Mealer and Jones, 2014). Being able to anticipate through familiarity with participants and the research agenda what some of the more challenging questions might be can help researchers in this (Sipes et al., 2019).

It can also be more difficult to retain a participant's concentration during a telephone-based interview (Gillham, 2005) and more targeted questions may therefore be required, which along with time constraints can make it more difficult to explore issues in depth (Irvine, 2011). Concentration of younger participants in phone and virtual interviews may also be more limited (Lobe et al., 2008).

Within virtual group interviews, some voices may dominate, and it can be more difficult for researchers to note why this might be and find ways to include quieter participants. Researchers with strong interpersonal and group management skills, and reflexive self-awareness, are essential to effectively respond to these challenges (Hurworth, 2004; Moore et al., 2015). However, they can also create a space for young people to listen to others with whom they might otherwise not be in contact with, which can be a positive experience, especially for young

Adolescent boys in Amhara, Ethiopia © Nathalie Bertrams/GAGE

people who are socially isolated (Tates et al., 2009). Some scholars have also suggested it can be difficult to build rapport through such methods and that this affects the quality of data generated (Shuy, 2002), though others have contended that this is not necessarily the case (Sturges and Hanrahan, 2004; Trier-Bieniek, 2012). Given the lack of consensus on this, virtual and phone-based interviews may be most effectively used as a complementary method to other modes of research interaction through which a mutually trusting, face-to-face relationship can be developed (Block and Erskine, 2012).

Overview of GAGE virtual research approach

The Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme aims to strengthen the evidence base on adolescents in the Global South, with a particular focus on vulnerable adolescents, including adolescents with disabilities, adolescent mothers and married girls, adolescents in remote rural settings, and adolescent refugees and IDPs.

With the outbreak of covid-19, GAGE needed to quickly adapt its research methods to ensure that we could capture adolescents' experiences in these extraordinary times. As a longitudinal research programme with an established research sample, including young people who are engaged in ongoing participatory research activities, the programme was well placed to carry out social research on the immediate effects of the covid-19 pandemic and diverse government responses (ranging from a strict lockdown in Jordan through to a belated and fragmented approach in Bangladesh). The tools included here aim to capture short-term effects and will be complemented later in 2020 with a second set of tools aimed at capturing slower onset effects (e.g. more permanent school dropouts, child marriage etc.).

While we found that virtual telephone and internet platform-based interviews are not a substitute for face-to-face interactions with respondents, they are still able to generate rich data, especially where researchers already have relations of trust and rapport through prior interactions, and point to an important complementary methodology for contexts where face-to-face interactions are not possible or would put already vulnerable communities at risk.

Our approach differs by country depending on structural limitations, such as internet and phone connectivity, and the level of preventive measures taken by the local governments. For example, whereas our work was supported by local community facilitators in rural communities in Ethiopia where there were limitations on movement to and from localities, but not within, in Gaza and Jordan at the time of the first round of interviews movement was highly restricted, even with social distancing measures in place.

Ethical considerations

The design and conduct of the GAGE programme is informed and fully aligned with core ethical principles that emphasise the rights, dignity, safety and well-being of both research participants and researchers.

Consent and assent: GAGE researchers have established relationships with the qualitative research participants and the written consent and assent had already been secured during previous rounds of data collection. Nevertheless, interviews with adolescents were preceded by conversations with study participants and their caregivers, during which we retook consent and assent orally and made sure that respondents were keen to participate in the virtual interviews or video calls, agreed to the conversations being recorded, were aware of the steps taken by us to ensure confidentiality and understood that their participation was voluntary.

Photo consent: For the adolescents who were part of participatory research activities, as part of the initial consent and assent process, we sought permission to reproduce and display photos shared with us and we continuously make sure that respondents understand that the photos may be displayed during events, on the GAGE website and other social media pages, such as Facebook or Twitter, or in reports we produce both online and in print.

Sensitive topics: We gave great consideration to the topics to be discussed with adolescents over the phone and we went through multiple rounds of review processes to adjust the instruments depending on the context and participants' locations. Sensitive issues, such as married girls' relations with their husbands or violence and tensions within households, were only discussed if GAGE researchers, knowing the participants beforehand, were certain that the adolescents had privacy and were comfortable discussing these topics on the phone. All

virtual data collection activities happened at a time chosen by the adolescents, with the aim of ensuring maximum privacy.

Research team training and debriefing process: Lockdowns in countries where GAGE research is taking place had significant implications for vulnerable populations limiting access to basic services and employment, with many families struggling to meet their basic needs. While researchers involved in virtual interviews were already part of the team trained on GAGE protocols and research ethics and received additional training on virtual data collection approaches, we found that the gravity of young people's situations as a result of the covid-19 outbreak required more opportunities for the research teams to debrief and discuss the challenging experiences of study participants. Whereas debriefings were part of the regular GAGE research process before, their importance was emphasised during the virtual data collection, serving as psychological first aid when even researchers had decreased opportunities to interact with colleagues and other support networks.

Real-time feedback: In order to inform the governments' responses and those of their development partners in the countries in which GAGE is working, it was essential to be able to quickly analyse the voices of adolescents regarding their perceptions and experiences of life under the restrictions. The GAGE programme made adjustments in the analysis process by increasing the interactive involvement of the country research teams in providing preliminary findings presented in rapid policy briefs and bilateral briefings with government and non-government officials – e.g. in Ethiopia where GAGE notified the Ministry of Health about a measles outbreak in a specific region of the country.

Individual tools

Individual interviews

The virtual interviews aimed to understand the knowledge, attitudes and behavioural changes related to covid-19 of adolescents aged 10–19, and the impact of covid-19 across the six GAGE capability areas. Interviews were conducted with a subsample of adolescents participating in the GAGE longitudinal study and involved 20–60-minute semi-structured conversations by phone, WhatsApp and

on other online platforms. These calls were made at the beginning of the covid-19 outbreak and the questions were adapted to capture changes over time. In addition, selected adolescents who were previously trained and agreed to participate were asked to provide work on photo stories and weekly diaries illustrating their views and experiences of the crisis.

Semi-structured interviews – prompts

First, I wanted to check how are you doing? Are you and your family okay?

Knowledge about covid-19

- What do you know about covid-19? How does it spread? What are the symptoms?

- What is your main source of information about the covid-19 situation? (Family, TV, internet, peers?) What do you learn from these sources? Thinking about what you know now, what would you like to know more about?

- Has covid-19 impacted the way you seek out information/read or listen to the news?

Behaviours in response to covid-19

- Is your community 'social distancing'? What is allowed and what is not in your community? (Where are people allowed? When? Under what rules?) What proportion of people are following the rules?

- Has covid-19 impacted your life? Has your daily life changed? How did you spend your time before and after? How are you feeling about these changes?

- Has covid-19 impacted other members of your family? What has changed about what they do?

- Does your household have enough water and soap/sanitisers to maintain good hygiene?

- Does your family have enough access to food? Is this the same or different from before?

- How has covid-19 impacted the way you interact with your family? How are you feeling about these changes?

- How has covid-19 impacted the way you interact with your friends? How are you feeling about these changes?

- Has covid-19 impacted your schooling? If so, how?

- How has covid-19 impacted livelihoods in your family? How is this impacting you and your family?

Perceptions about government responses to the pandemic and formal/ informal support

- What do you think of the government's response so far? What about your community's response? Your family's response?

- Are you receiving any support from organisations? If so, which organisation? What sort of support?

- What could enhance your situation – and the situation of your family – if the lockdown continues?

Photo essays

Participatory photography as a research tool aims to build participants' capacities in photography as well as digital storytelling in order to provide an innovative format for young people to express their views and experiences. GAGE has been using participatory photography with a subsample of adolescents in Ethiopia, Jordan and Lebanon to complement other research activities and explore the participants' experiences and perceptions around what it means to be an adolescent girl or boy in their communities. We found that during the covid-19 lockdown, this tool allowed the participants to express themselves and to reflect on their realities and the challenges they face, especially for adolescents with whom other virtual research methods proved challenging, e.g. for adolescents with disabilities or those with limited digital connectivity. The process involved asking adolescents to reflect on key changes in their lives, taking photos to illustrate the changes and working on captions that provide the context to the photo and what it represents or symbolises for them. Photos selected by adolescents were also discussed with other participants as part of virtual group discussions.

Possible topics for photos/captions:

- Take photos that show your daily activities and how you are spending your time at home and how you are feeling about these activities.

- Take photos that show how you are feeling during the covid-19 restrictions.

- Take photos that reflect your worries and concerns during these times.

- Take photos that reflect your daily challenges and your response.

- Take photos that reflect your perception of the general situation (self-quarantine and other measures taken to confront the covid-19 pandemic) or that reflect your opinions about the measures taken locally, or how people are responding to these measures.

- Take photos that reflect your perception of the changes that happened in your life and in your community since the outbreak of covid-19 and the lockdown.

Adolescent girls in Bangladesh © Nathalie Bertrams/GAGE

Examples of photo essays prepared by research participants

Figure 1: A 15-year-old in-school Lebanese girl

▶▶ After so many days in quarantine, I felt normal without any gloomy feelings for one day. I heard on the news that the situation is becoming better in Lebanon and life might get back to normal and we might go back to school. That made me feel happy for a day at least.

Figure 2: A 16-year-old married Syrian girl

▶▶ Since the lockdown started, we have had no income because my husband stopped working. We cannot afford bread and food anymore and I with other women in the camp started baking bread at home. This is making me very tired, as I have to bake and do the housework while my children are around me. My infant daughter keeps crying all the time and my son is becoming harder to control. It is becoming very hard to take care of them while they are at home all the time. I am exhausted and I often hit them under this increased pressure.

Figure 3: A 17-year-old married Syrian girl

▶▶ Life has become a prison that is shrinking around us. We have no place to escape to now.

Figure 4: A 17-year-old Syrian boy out of school

▶▶ I have been through many difficult emotions during this period, I now feel that my feelings such as this tree are dead and the curfew does not help me to overcome these feelings easily, but I believe that I will prevail and conquer all difficulties in the future.

Figure 5: A 17-year-old married Syrian girl

▶ I started drawing when I first went to school, I liked it and it made me happy. After I got married I didn't draw as I used to, but because of the lockdown I got bored and now I am back to what makes me happy. I draw but I don't share it with anyone – just my child or other children.

Audio and written diaries

The 'diaries' tool was designed by the GAGE programme during the covid-19 outbreak to capture adolescents' experiences, feelings and reflections amid the pandemic. Diaries were intended to be either written or recorded according to adolescents' preference and literacy capabilities. The tool consists of prompts that constitute a broad outline for the diaries and aims to help adolescents express themselves and reflect on different issues in their daily lives. These questions were broad and open-ended, allowing adolescent girls and boys in different circumstances to reflect on their particular situation in their diaries. The prompts include questions about adolescents' daily activities, challenges, positive experiences, feelings and interactions with peers, family members or members of their community. These were designed to capture how adolescents' psychosocial well-being has been impacted during the pandemic and their coping strategies during this period. Prompts on adolescents' exposure to media and news about the pandemic and their reflections and perceptions towards the developments of the situation in their community, wider society and globally were also included. The diary tool allowed us to have a unique insight into the adolescents' days as their diaries walk us through their daily activities, and to understand their psychological

state as it evolves over the course of the pandemic. Writing the diaries can also serve as a coping strategy for many adolescents, as it helps them express what they are going through during the pandemic and it became a daily outlet for some adolescents to relieve their stresses and worries, while at the same time providing them with a private space that they might lack at home, especially with all members at home during the lockdowns.

Diary prompts

- How are you feeling today and why are you feeling this way? How does this compare to the previous day/week?
- If you were not feeling good, what did you do to feel better? Did you do an activity or talk to someone? What was the activity and with whom did you talk? How did that help you?
- At what time did you sleep and wake up? How did you spend your day? How does this compare to your daily routine prior to covid-19? How did you feel about these activities?
- Did you meet or talk to someone today/this week? Who was it? What was the interaction like? What did you talk about? Were there any meaningful interactions that highlighted your day/week? Why were these important to you?
- Is there anything specific that you are thinking about today? Is there anything that you are worried about and why?
- Did you face any specific challenge today/this week? What was it and how do you feel about it? What was the hardest thing for you today/this week and why? (For example, family problems, problems with friends, housework, childcare, studying, work, getting basic needs, rent, healthcare, etc.)
- Did you follow national and/or international news today/this week? Did you follow news specifically about covid-19? What is your impression of the news?
- Is there anything new that you learned (on the news, TV programmes, social media, books, etc.)? Was this important for you and why? Did you discuss this with anyone – online or in person – why/why not?

- Did you try anything new today/this week? Or did you plan to do anything new? What are these things and why did you plan or do them? Why are these important to you?

- What would you have liked to do differently today/this week and why?

A 15-year-old in-school Lebanese girl wrote in her diary, '*I spent the day helping with the housework ... when I finished, I watched a lot of news about the coronavirus and that it is spreading ... I feel very sad and worried, but my worries are not about the disease, they are about other issues ... I am worried about people's ability to work and the closure of the stores and about my father who is sad because he is not working ... I am sad because schools are closed and worried that students will never go back to school because of this situation ... I went to my friend to talk to her about my*

feelings of sadness ... but I do not like it when people start asking me questions and want to know why I am sad...'

A 17-year-old married Syrian girl noted '*I used to write my diaries before I got married and it made me always feel better to get out everything on paper ... I stopped because I have children and many responsibilities now ... However, this activity has helped me to get back to writing my diaries, it is a relief to write all my feelings and worries.*'

Another 17-year-old married Syrian girl who had limited access to her husband's phone stated '*I cannot say everything on the phone ... the problems increased at home ... Now that we are writing diaries, I will tell you about it in the diary and delete from the phone after I send it to you.*'

Examples of diary entries

Figure 6: A 17-year-old married Syrian girl in an informal tented settlement (ITS)

نامو والجو برد وبفضل انو ضل نايم مشان مافيق ع الدنيا القاسية وبقوم صلي وادعي الله يسترنا لانو مانعرف شو مخبيتنا الحياة حاسس حالي مخربط مابعرف ليش حاولت ريح حالي قمت لميت البيت حممت الولاد تسليت شوي قلت بلكي ريح شوي حضرت مسلسل حكيت مع رفيقتي ع التيليفون فضفضت شوي ورتحت رحت ع جارتنا بعد مانامو الولاد غيرت جو حكينا عن الحياة ومشاكلها حكتلي عن فيروس كورونا شقد مصابين بلبنان حسيت انو الشي مهم لانو بدنا نعرف لايمتا بدنا نضل بلحجر المنزلي رجعت ع البيت لقيت زوجي جاي من السوق بس معصب سالتو ليش مارد عليي بعدين بس روق حكينا قاللي كل شي صاير غالي مصروف ماعم يلحق صرت ابكي لانو مافيني اعمل شي حتا ساعدو ضايقت ع الحياة الصعبة كل شي مسكر بوجهنا بقول مافي حل حتا اممم مثل العالم ماعنا لتساعدنا شوي بلمصروف اجا الليل

12:33 PM

لتمت كل العيلة وقعدنا شفنا الاخبار ووضع البلد وستفدنا من الشي انو لازم نهتم بكل شي مثل غسل الايدين مثل الوقاية من كل شي شرب السوائل الدافية مانشرب مي باردة بعدين الكل نام وخلص نهارنا

12:38 PM

Today I woke up at 8. Usually I wake up at 7 but I woke up late because the children were still sleeping because it is very cold. I prefer to stay asleep and not wake up to this hard life. I wake up and start praying to help us because we do not know what life is hiding for us. I feel distressed and I do not know why. I tried to make myself feel better by distracting myself with the housework and showering the children. I was distracted a bit, so I decided to take a break and watch a series. Then I talked to my friend on the phone and I felt better. After the children slept, I went to my visit my neighbour to get out of the house and we talked about this life and its problems. She told me how many people are infected with the virus in Lebanon. I felt that is important for me because we need to know for how long we will be staying in confinement at home. I went back home and I found my husband angry after he came back from the market. I asked him why he was angry but he did not answer me. When he cooled down, we talked and he told me that he was angry because everything is becoming very expensive and he does not have enough money for all our expenses. I started crying because I cannot do anything to help him. I felt bad because of this hard life and everything is blocked in our faces. We do not even have the UN [UNHCR] to help us with the expenses. The night came and all the family gathered and watched the news to see the situation in the country, it was beneficial because we learned that we should take care of everything like washing the hands, and protection from everything, and drinking warm liquids and not cold water. Then everyone slept and our day was over.

Figure 7: A 19-year-old in-school Palestinian girl

<div dir="rtl">

ها هو' اليوم الخامس عشر من الحجر المنزلي مثله مثل أي يومٍ مضى مليئ با الملل والئيس و الإحباط ،منذ أن استيقظت وأنا أعمل في المنزل ورأسي مليئ بالافكار السيئة ولا أعلم ماذا سأفعل ،كل ما بفكري أن أنهي عملي وأسرع للنوم لملجئي الوحيد للشيئ الوحيد الذي بأمكاني أهرب أليه من الواقع من المشاكل من العائلة من زحمة الذاكرة ومن كل ما يحصل لحظة بلحظة ،لا أريد أن اسمع شيئاً او اتكلم عن شيئاً ولا حتى أن ارى احد لا من عائلتي ولا من أصدقائي ولا اقربائي لأنَ في داخلي شيئ انطفئ وتزاحم أوجاع فلا روحاً عادت تهوى ولا قلبِ بات يشتاق وكل ما اكتشفته أن الامبالاة هي العلاج فا الامبلاة :تقتل الرغبة في مل شيئ .. ربما تشعر بالموت وأنت تبتسم. لهذه الأسباب ألجأ للنوم وأترك كل شيئ وراء ظهري ، وأبقى طوال اليوم نائمة واستيقظ في اليل وابقى ساهرة لطلوع الفجر والجميع غارقون في النوم والهدوء يعم المكان وأنا جالسة لوحدي صامتة

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This is the 15th day of confinement at home. It is like any other day, full of boredom, despair and depression. From the moment I wake up and even when I'm working, my head is full of negative thoughts and I do not know what to do. All I am thinking about is to finish the housework fast and go to sleep. It [sleeping] is my only refuge, the only place I can run to escape the reality, the family problems, from the vividness of the memory, and from all what is happening moment by moment. I do not want to hear anything or talk about anything or see anyone from my family, friends or relatives because I feel something is broken inside me and the pains are increasing. My soul stopped loving and my heart stopped longing and I discovered that carelessness is the medicine: it kills the desire to fill an empty space … perhaps you feel death while you're smiling. For those reasons, I go to sleep and leave everything behind me. I sleep all day and wake up all night until the sun rise while everyone is sleeping and it is calm, and I am sitting alone, silent.

Small group interviews

For the adolescents who are part of our participatory strand of research in Jordan and Lebanon, we carried out small group discussions with older adolescents who already know each other focusing on the impacts of covid-19 on the six capability domains.[1] The modality of these group discussions differed by community, depending on young people's connectivity and access to devices. Participants were clustered depending on their age, gender, nationality and school status in groups of two to five adolescents, with discussions taking between 45 and 60 minutes. We follow up with participants every two to three weeks to capture changes in their lives due to covid-19, and we are also organising cross-country discussions to encourage young people to compare their experiences with peers in other countries and of different nationalities.

An initial pilot of the small group interviews suggested that interviews were more dynamic when there was just a pair of participants as young people appeared to feel more willing to express a view that did not only mirror the group consensus, and as a result we were able to explore issues in more depth and add value to individual interviews. Follow-up interviews with young people participating in larger group settings suggested that they were enjoyable for participants and these will continue to be included in the participatory research process, but the pair interviews were richer in generating complementary insights.

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1   For more details see the GAGE Conceptual Framework https://www.gage.odi.org/publication/gage-conceptual-framework-second-edition/.

Semi-structured focus group discussions

- What are the key issues affecting adolescent girls and boys according to these six capabilities? Discuss changes in each due to covid-19.

SESSION 1

1a. Adolescents in school

Part 1: Education and learning

- Has the covid-19 outbreak changed your access to school/vocational training? How?

- What about the time you can dedicate to learning? Did that change? Do you have more or less time? Why?

- If you had a choice, what would be the highest level of education you would like to obtain? Do you think that the covid-19 crisis will affect your chances of going back to school/continuing your education? What about the focus of your education?

- Has the support for your learning (from parents, teachers, local organisations, others) changed as a result of the covid-19 outbreak? If yes, how? What support were they receiving before and after?

- Does your family receive any assistance from the government or international organisations (e.g. UNRWA, UNICEF) (food, cash) or other e.g. Zakat? Has it changed as a result of covid-19?

Part 2: Voice and agency, and psychosocial well-being

- How has covid-19 impacted the way you interact with your friends? What about recreational opportunities? How are you feeling about these changes?

- How has covid-19 impacted the way you interact with your family? How are you feeling about these changes? Did family dynamics change? How?

- This can be a stressful time for many people – how do you deal with your stress or when you are feeling sad? Is there anyone you can talk to in confidence?

- What about your access to internet/devices like mobiles/TV/computer? Do you need to compete with other household members to access these and whose access is prioritised in your family?

- Do you use any online resources to help you cope with the covid-19 situation? If so, what and how?

Wrap up

- What would you recommend to the government and other policy actors as a priority to make the situation less challenging for young people?

1b. Adolescents out of school

Part 1: Time use/economic empowerment

- How does your usual day look like? How does it differ compared to before the covid-19 outbreak?

- In the month prior to the covid-19 situation, were you doing anything to earn money or obtain things for yourself or your family? If you were employed before, was it affected? How? If you are still working, have you been provided with any guidance/protective measures? Have your wages changed since covid-19?

- Did the covid-19 outbreak make you reconsider going back to school? Why?

- Since the covid-19 outbreak, did the way your family manages their income change? Who controls the money and income? Is it different from before?

- Does your family receive any assistance from the government or international organisations (e.g. UNRWA, UNICEF) (food, cash) or other e.g. Zakat? Has it changed as a result of covid-19?

Part 2: Voice and agency, and psychosocial well-being

- How has covid-19 impacted the way you interact with your friends? Recreational opportunities? How are you feeling about these changes?

- How has covid-19 impacted the way you interact with your family? How are you feeling about these changes? Did family dynamics change? How?

- This can be a stressful time for many people – how do you deal with your stress or when you are feeling sad? Is there anyone you can talk to in confidence?

- What about your access to internet/devices like mobiles/TV/computer? Do you need to compete with other household members to access these and whose access is prioritised in your family?

- Do you use any online resources to help you cope with the covid-19 situation? If so, what and how?

Wrap up

- What would you recommend to the government and other policy actors as a priority to make the situation less challenging for young people?

SESSION 2 – for all adolescents

Part 1: Health and nutrition

- Would you say that you are healthy? Was your health affected by the covid-19 outbreak?

- Does your family have enough access to food? Is this the same or different from before the covid-19 outbreak?

- What about access to health services for you and your family? Has that changed as a result of covid-19? How? What about the quality of these services?

- Have you ever smoked cigarettes/argila/vaped (what, how often, with whom)? Has your behaviour changed since the covid-19 outbreak? How?

Part 2: Bodily integrity

- Now that the mobility of most people is restricted, do you have a place where you feel safe? Has it changed as a result of covid-19? How are you coping with those changes?

- Do you think that as a result of the covid-19 outbreak the tensions in your community increased? How do people cope with changes that have affected them? Is it different for adults and adolescents? What about in your household? How did it change? How are you coping?

Part 3: Voice and agency

- Do you feel that you can express your opinion to your family about matters affecting your life? Does your voice matter? What kinds of things can you decide for yourself and what kinds of things do your parents/family decide for you? Has it changed since the covid-19 outbreak? If so, how?

- Has covid-19 impacted the way you seek out information/read or listen to the news?

- Have you heard about any initiatives that allow adolescents to respond to the covid-19 outbreak/ participate in the response? Are there any that you could be part of?

- Do you think there are any ways that we could harness the energy of young people in your community and get them more involved in activities aiming to help people in response to the covid-19 outbreak? What could they be?

- What do you think the priority action should be to help people in your community?

Wrap up

- "Of all the things we talked about, what to you is the most important thing that was said?"

Lessons learned about the virtual research process with young people in LMICs

Build on existing relationships where possible: With ongoing longitudinal data collection with adolescents, GAGE was well positioned to undertake virtual research on covid-19. Over the years, we managed to establish good relationships with respondents and to build trust with both adolescents and their caregivers, which resulted in a timely and generally high response rate and openness to be interviewed by the GAGE researchers. When possible, we attempted to arrange for the interviews to be carried out by the same researchers who had visited adolescents in-person before, so as to maximise the benefits of these relationships. Knowing the respondents and their individual situations was emphasised by the GAGE researchers as key in reaching them by phone, as was explained by one of the researchers from Ethiopia: *'The current political situation is not stable – and there are many political issues to discuss which link to the covid-19 situation … So, unless the adolescents had prior contact with us – I don't think it would be easy to have these conversations,'* and also from Lebanon: *'Knowing the boys from previous activities has removed the awkwardness and the emotional distance during phone interviews.'*

Support young people to express their views through open-ended questions and complementary interactive tools: Participants' lives changed rapidly in the last few months, and while the changes were often disruptive to adolescents' well-being, the newness of the situation compelled them to share and discuss their views and experiences. Participants also expressed that being able to talk to us and participate in interactive activities including digital storytelling and audio diaries was a source of comfort and support for them during challenging times, particularly when many felt very isolated since the lockdown had begun. As one adolescent girl participant in Lebanon noted: *'I am happy we are talking again, I wish we could talk like this every two days. We feel so lonely, we cannot visit our neighbours because everyone is afraid and we cannot leave the camp. I even cannot talk to my mother because they do not have internet … I feel suffocated and I needed someone to talk with.'*

Virtual focus group discussions also helped to break adolescents' loneliness and allowed participants to interact with one another. This was especially evident in the case of girls who would not be allowed to socialise otherwise, as demonstrated by two Palestinian refugee girls living in Jordan: *'We have no internet [at home] but we managed to get access from our cousin. We are so excited to chat and talk to others and someone out of the country. This has never happened before, all our lives we did the same things and especially now it is good to be part of the project.'*

Ensuring privacy requires a multidimensional approach: One of the main challenges we faced was ensuring privacy for the adolescents. Minimising the risks of participation is central in the GAGE Research Ethics Protocol recognising that the protection of confidentiality is critical to ensure data quality. Accordingly, instruments have been adapted to make sure that adolescents are comfortable with the topics discussed over the phone or on video calls, especially when we found the adolescents in our sample were at times supervised by their relatives, girls in particular. Knowing the participants beforehand also allowed the researchers to be more receptive of subtle signs shown by the respondents and to adapt conversations accordingly. The qualitative interviews were also complemented by photo essays and adolescents' diaries to facilitate sharing more sensitive thoughts that adolescents were not comfortable communicating over the phone.

Connectivity challenges require careful planning and flexibility: Issues with connectivity and access to digital technologies were challenging, even in urban settings. GAGE works with particularly vulnerable populations, whose access to phones, electricity and internet is often limited, especially in rural areas. During lockdown, families needed to prioritise access to devices, which resulted in challenges with scheduling interviews and not being able to reach some of the households. Reaching girls was hampered further by restrictive gender norms and families prioritising access for other family members, which was also the case for adolescents with disabilities: *'I faced a difficulty to participate in the interview because I don't have a private phone for myself. So I contacted you through my aunt's phone, who I am living with'* (17-year-old Palestinian girl with a visual disability living in Jordan). Due to these limitations, group discussions worked better in smaller groups, which also allowed researchers to match respondents based on their availability and adjust the

virtual platforms based on their connectivity. Negotiating with families, being very flexible about scheduling interviews to suit the participant's new daily routines and holding conversations in several segments if necessary were key to reaching adolescents successfully.

Careful training, piloting and experience sharing for researchers are essential: All instruments have been piloted and adapted depending on the context, and the researchers have been trained to carry out virtual interviews, including how to establish rapport and recognise subtle cues to know when to pause the interview, and how to allow for multiple calls to cover the core questions if the interviews were interrupted. While we work with trained and skilled researchers, we found that the experience of virtual data collection was largely a new experience also for the research team, which emphasised the importance of regular debriefings to discuss the findings, adjust our methods, discuss referral cases, but also to allow the researchers to share their own experiences and to unload the emotional burden resulting from interviewing particularly vulnerable households.

Syrian women and girls in an informal tented settlement in the Bekaa Valley © Russell Watkins DFID

References

Bailey, J., Mann, S., Wayal, S., Hunter, R., Free, C., Abraham, C. and Murray, E. (2015) 'Digital research methods and optimum research methodology to evaluate digital interventions' in *Sexual health promotion for young people delivered via digital media: a scoping review*. Southampton: Public Health Research 3(13).

Block, E. S., and Erskine, L. (2012) 'Interviewing by Telephone: Specific Considerations, Opportunities, and Challenges' *International Journal of Qualitative Methods* 428–445. https://doi.org/10.1177/160940691201100409

Chanakira, E., O'Cathain, A., Goyder, E.C. and Freeman, J.V. (2014) 'Factors perceived to influence risky sexual behaviours among university students in the United Kingdom: a qualitative telephone interview study' *BMC Public Health* 14(1): 1055

Deakin, H., and Wakefield, K. (2013) 'Skype interviewing: reflections of two PhD researchers' *Qualitative Research* 14(5), 603–616. https://doi.org/10.1177/1468794113488126

Fox, F. E., Morris, M., and Rumsey, N. (2007) 'Doing synchronous online focus groups with young people: methodological reflections' *Qualitative Health Research* 17(4): 539–547. https://doi.org/10.1177/1049732306298754

Gillham, B. (2005) *Research interviewing: the range of techniques*. Maidenhead: Open University Press

Hamilton, R. J. (2014) 'Using Skype to conduct interviews for psychosocial research' *Computers, Informatics, Nursing* 32(8): 353–8

Hanna, P. (2012) 'Using internet technologies (such as Skype) as a research medium: a research note' *Qualitative Research* 12(2): 239–42

Hanna, P. and Mwale, S. (2017) '"I'm not with you, yet I am...": virtual face-to-face interviews', in Braun, V., Clarke, V. and Gray, D. (eds.) *Collecting qualitative data: a practical guide to textual, media and virtual techniques*. Cambridge University Press, Cambridge, pp. 256–74

Heah, R. (2018) 'Using online focus groups to research with young people.' Socio-Legal Studies Assocation Blog. Available at: http://slsablog.co.uk/blog/blog-posts/using-online-focus-groups-to-research-with-young-people/

Heath, S. (2009) *Researching young people's lives*. London: Sage

Hurworth, R. (2004) Telephone focus groups. Social research update. University of Surrey. Available at: http://sru.soc.surrey.ac.uk/SRU44.PDF

Irvine, A. (2011) 'Duration, Dominance and Depth in Telephone and Face-to-Face Interviews: A Comparative Exploration' *International Journal of Qualitative Methods* 202–220. https://doi.org/10.1177/160940691101000302

Lobe, B., Livingstone, S., Olafsson, K., and Simões, J.A. (2008) *Best Practice Research Guide: How to research children and online technologies in comparative perspective*. London: EU Kids Online (Deliverable D4.2)

Mealer, M. and Jones, J. (2014) 'Methodological and ethical issues related to qualitative telephone interviews on sensitive topics' *Nurse Researcher* 21(4): 32–37

Moore, T., McKee, K. and McLoughlin, P. (2015) 'Online focus groups and qualitative research in the social sciences: their merits and limitations in a study of housing and youth' *People, Place and Policy* 9(1): 17–28. doi: 10.3351/ppp.0009.0001.0002

Murthy, D. (2008) 'Digital Ethnography: An Examination of the Use of New Technologies for Social Research' *Sociology* 42(5): 837–855. https://doi.org/10.1177/0038038508094565

Rudansky-Kloppers, S. (2014) 'Investigating factors influencing customer online buying satisfaction in Gauteng, South Africa' *The International Business & Economics Research Journal* (Online) 13(5): 1187. doi:http://dx.doi.org/10.19030/iber.v13i5.8784

Shuy, R.W. (2002) 'In-person versus telephone interviewing' in: Gubrium, J. F. and Holstien, J. A. (eds.) *Handbook of Interviews*. Thousand Oaks, CA: Sage, pp. 537–555

Sipes, J.B.A., Roberts, L.D. and Mullan, B. (2019) 'Voice-only Skype for use in researching sensitive topics: a research note' *Qualitative Research in Psychology*. doi: 10.1080/14780887.2019.1577518

Slippers, J.Y., Grobler, A.F. and van Heerden, N.,H. (2013) 'Urban Afrikaans-speaking consumers' attitudes, preferences and assertiveness regarding mother-tongue marketing communication' *Management Dynamics* 22(3): 2–12

Stern, S. (2004) 'Study adolescents online: a consideration of ethical issues' in: Buchanan, E. (ed.) *Readings in Virtual Research Ethics: Issues and Controversies*. University of Wisconsin: Milwaukee

Sturges, J.E., and Hanrahan, K.J. (2004) 'Comparing telephone and face-to-face qualitative interviewing: A research note' *Qualitative Research* 4(1): 107–118

Tates, K., Zwaanswijk, M., Otten, R., van Dulmen, S., Hoogerbrugge, P. M., Kamps, W. A. and Bensing, J. M. (2009) 'Online focus groups as a tool to collect data in hard-to-include populations: examples from paediatric oncology' *BMC Medical Research Methods* 9(15). doi:10.1186/1471-2288-9-15

Trier-Bieniek, A. (2012) 'Framing the telephone interview as a participant-centred tool for qualitative research: a methodological discussion' *Qualitative Research* 12(6): 630–644. https://doi.org/10.1177/1468794112439005

Turney, L. and Pocknee, C. (2005) 'Virtual focus groups: New frontiers in research' *International Journal of Qualitative Methods* 4(2): 32-43. https://journals.sagepub.com/doi/10.1177/160940690500400203

Valaitis, R. K. and Sword, W.A. (2005) 'Online Discussions With Pregnant and Parenting Adolescents: Perspectives and Possibilities' *Health Promotion Practice* 6(4): 464–471. https://doi.org/10.1177/1524839904263897

Van Heerden, A., Norris, S. and Richter, L. (2010) 'Using Mobile Phones for Adolescent Research in Low and Middle Income Countries: Preliminary Findings From the Birth to Twenty Cohort, South Africa' *Journal of Adolescent Health* 46(3): 302-304

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