

Adolescent realities during covid-19

FACTSHEET SERIES

September 2020



Adolescents' experiences of covid-19 and the public health response in urban Ethiopia

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Introduction

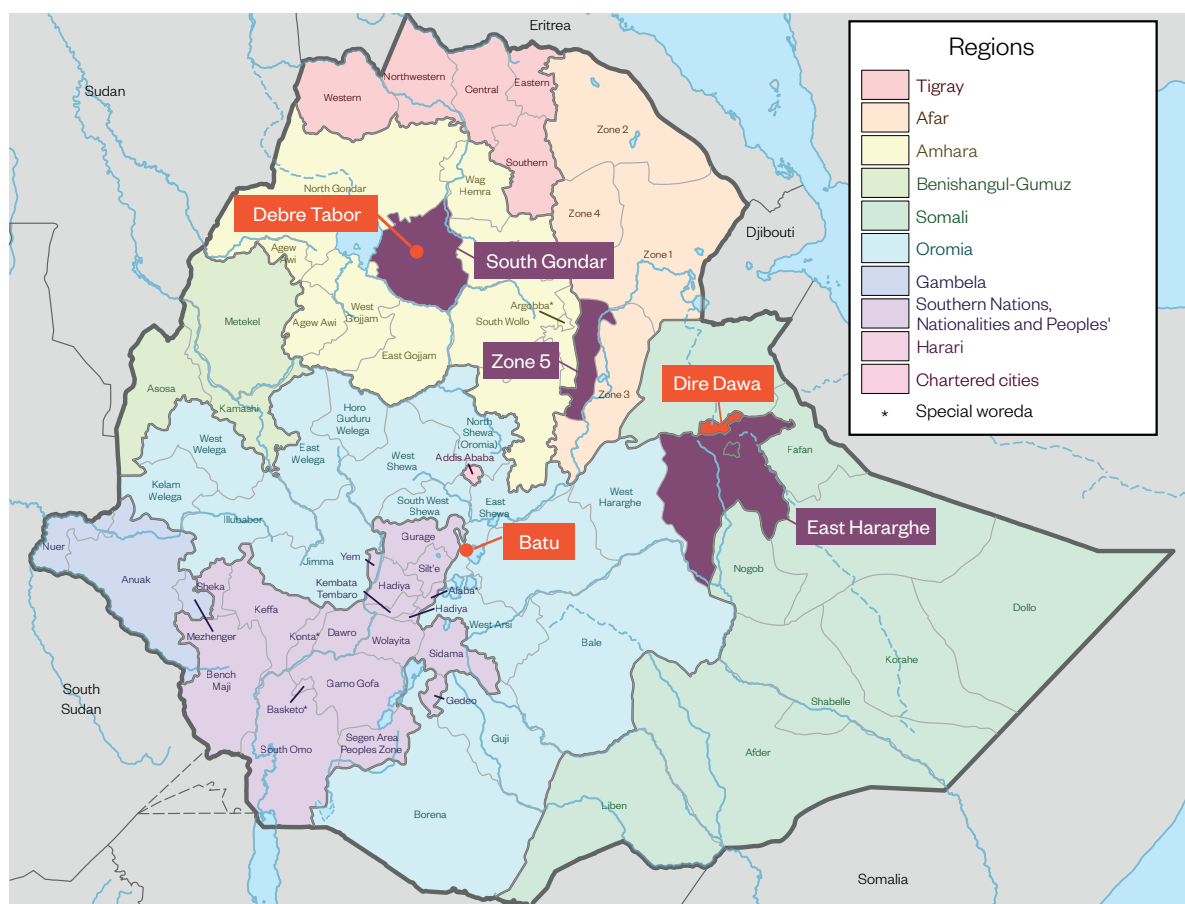
Covid-19 has rapidly disrupted the lives of individuals across the globe. While the direct health effects are largely concentrated among the elderly, the virus will almost certainly have multidimensional impacts on young people's well-being in both the short and long term. This factsheet is part of a cross-country series designed to share emerging findings from recent quantitative interviews with adolescents in the context of covid-19. The young people involved are part of the Gender and Adolescence: Global Evidence (GAGE) programme's longitudinal research in East Africa, the Middle East and South Asia. This factsheet provides a rapid snapshot of adolescents' knowledge and attitudes towards covid-19 in Ethiopia and presents key findings on the impact of covid-19 across GAGE's six focal capability domains: education and learning; health, nutrition, and sexual and reproductive health; psychosocial well-being; economic empowerment; voice and agency; and bodily integrity.

Sample and context

GAGE's ongoing longitudinal survey in Ethiopia follows approximately 7,500 adolescent boys and girls in two cohorts, including those aged 10–12 and 15–17 at the start of the programme in late 2017. These young people reside in urban, rural and pastoralist areas of Amhara, Oromia and Afar regions, as well as in the Dire Dawa city



Figure 1: Map of sample areas



Source: Originally created from File:Ethiopia adm location map.svg by User:NordNordWest and modified to show GAGE research sites.

administration (see Figure 1), and include those in and out of school, married and unmarried, and with and without disabilities. This factsheet presents findings from a virtual survey administered to the subset of GAGE adolescents living in three urban areas, including Batu, Debre Tabor and Dire Dawa, shortly after the onset of the covid-19 pandemic in Ethiopia and the subsequent government response, over six weeks between 19 May and 29 June 2020. Enumerators contacted these adolescents and their female caregivers by phone to participate in the survey, and achieved a response rate of 83% overall ($n=2,058$ adolescent surveys). Seventy-five percent of the adolescents were enrolled in some type of schooling (formal or informal) before covid-19 was detected in Ethiopia. See Box 1 for more information on the covid-19 pandemic in Ethiopia.¹

Box 1: Context

The first confirmed case of covid-19 in Ethiopia was announced on March 13, 2020. The government of Ethiopia quickly initiated widespread mass communication around social distancing and hygiene preventative measures, closed land borders and schools, placed restrictions on public gatherings, and required many employees to work from home. Less than a month later, a five-month state of emergency was formally declared under Article 93 of the constitution in an effort to prevent further spread of the virus.

By 19 May, when the GAGE virtual survey was launched, the country had identified 352 confirmed cases of covid-19; this number had risen to 5,689 cases by the time the survey ended on 29 June. Over this six-week period, more than 90 deaths were attributed to the virus. At the time of writing (September 2020), Ethiopia has had over 60,000 confirmed cases with more than 900 deaths, making it the country with the highest number of confirmed cases in East Africa.

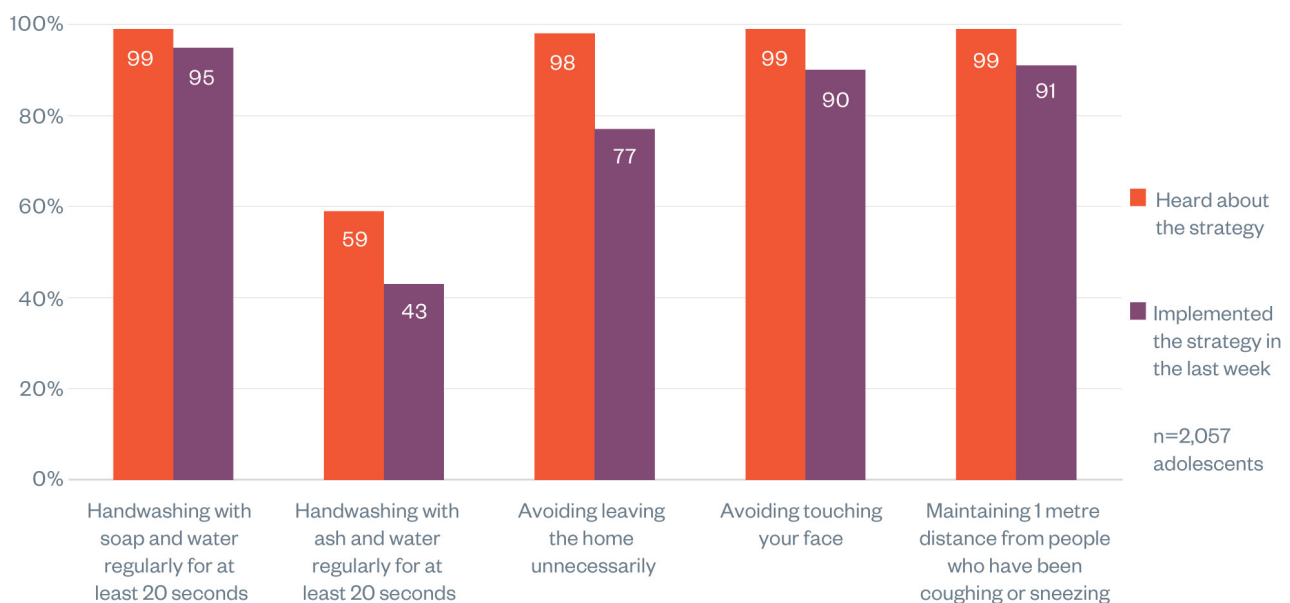
In addition to the covid-19 pandemic, Ethiopia has been disrupted by at least two other large-scale shocks during this period. The desert locust upsurge has concerning impacts for the nation's food supply, and in particular for farming communities in the southern/western areas of the Southern Nations, Nationalities and Peoples Region and Oromia and in the northern/eastern areas of Somali, Dire Dawa and Afar. Furthermore, the killing of a prominent vocal artist from the Oromia region on 30 June exacerbated existing ethnic and religious tensions and sparked protests and riots in Addis Ababa and Oromia towns. In response, the government blocked the internet in the country for two weeks and restricted travel into the capital. Together with covid-19, these shocks are likely to have a sustained impact on economic and social well-being within Ethiopia.

Covid-19 knowledge and attitudes

Survey responses suggest that urban Ethiopian adolescents in GAGE study areas are relatively well-informed about covid-19 and strategies to prevent it, but are not necessarily consistently implementing those prevention strategies. Across the three urban settings, 99.8% of adolescents have heard of covid-19. Furthermore, nearly all adolescents (99%) can identify multiple ways to prevent contracting the virus, including handwashing with soap, maintaining social distancing, avoiding touching their face and avoiding unnecessary trips outside of their home. Eighty-two percent believe that the virus can be spread by those who do not show any symptoms, though males (88%) are much more likely to indicate this than females (77%), and older adolescents in Batu (86%) and Dire Dawa (82%) are more likely to indicate this than their peers in Debre Tabor (76%).

Yet, we see important variation across different groups of adolescents in the extent to which strategies to prevent transmission of the virus are being implemented. Although 95% of young people state that over the previous week they had washed hands regularly with soap and water for at least 20 seconds, just 34% report that they had washed their hands at least five times the day before. While 91% report maintaining a distance of at least 2 metres between themselves and someone who is coughing or sneezing over the last week, and 91% report avoiding touching their own face, only 77% report avoiding leaving their home unnecessarily (see Figure 2). In particular, older adolescents are less likely to be staying at home than their younger counterparts (72% versus 81%), and boys are less likely to be staying at home than girls (73% versus 81%). Among older adolescents, 73% report wearing a mask when they are not at home, with similar rates across gender. Finally, among older adolescents, reported rates of implementation are substantially higher in Batu and Dire Dawa than they are in Debre Tabor, across all prevention strategies discussed in the survey – likely due to higher infection in larger urban areas.

Figure 2: Prevention measures that adolescents have heard about and/or implemented during the covid-19 pandemic



Regarding their beliefs about local presence of covid-19, just 13% of adolescents think that there are infected households in their community, with no differences by age or gender cohort. But, there are important differences across urban areas, with 23% of older adolescents in Batu suspecting the presence of infection in their community, compared to 15% in Dire Dawa, and just 1% in Debre Tabor – a finding which may explain why reports of implementation of prevention strategies are substantially higher in Batu and Dire Dawa than in Debre Tabor. Adolescents across the three urban areas also have different beliefs about the prevention practices of individuals in their communities, with 28–30% in Batu and Dire Dawa believing that most community members are staying home, versus only 17% in Debre Tabor. Nevertheless, results from the female primary caregiver (PFC) survey indicate similar rates of knowing someone who was diagnosed with, or suspected to be infected with, covid-19 (1.7% overall) across residential locations.

Older adolescents (71%) from all three regions believe that the main reason covid-19 is spreading in Ethiopia is due to Ethiopian migrants returning from overseas (many of whom have been forced to return after being shunned by the

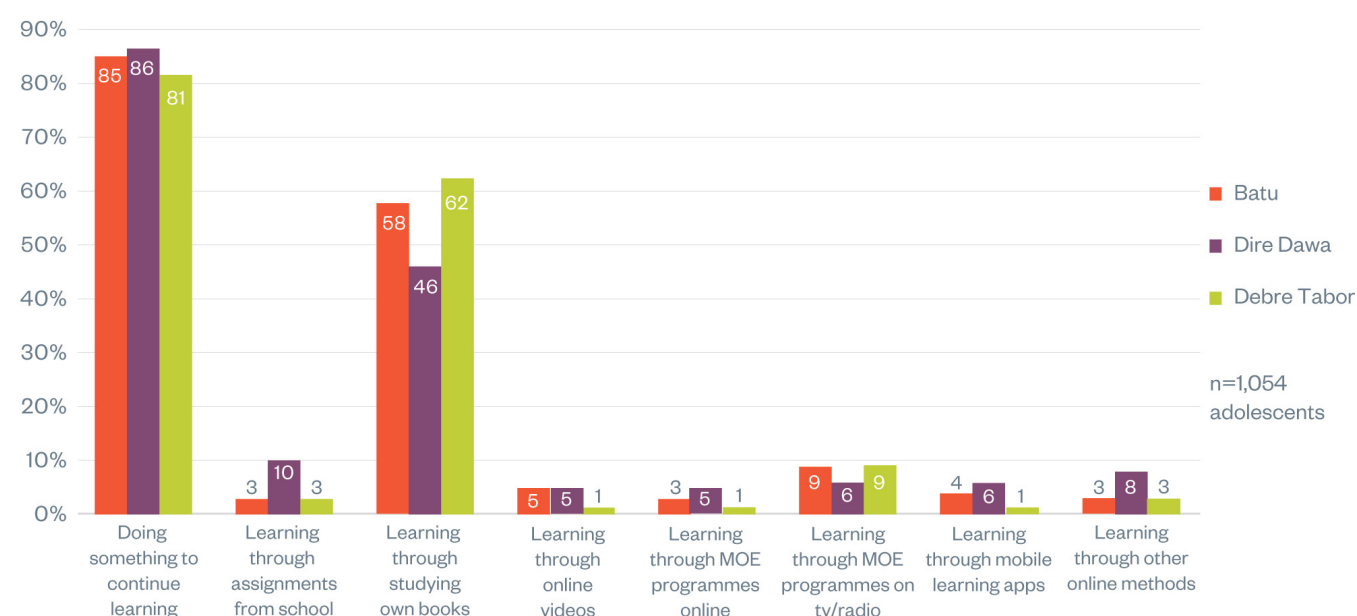
countries where they were living at the onset of the pandemic). While 48% of the older cohort consider the government response to the outbreak to be insufficient, 70% agree that people should not participate in religious gatherings and 37% believe that non-essential shops should close. Interestingly, in light of the perceived infection rates in their respective communities, older adolescents in Debre Tabor (58%) are much more likely than those in Batu (46%) or Dire Dawa (43%) to indicate that they think the government response to the virus is insufficient.

Education and learning

Turning to education and learning, 75% of urban adolescents were enrolled in some type of schooling (formal or informal) before covid-19 was detected in Ethiopia, with younger adolescents (77%) more likely to be enrolled than older adolescents (70%), and older adolescents in Batu (78%) and Dire Dawa (77%) much more likely to be enrolled than those in Debre Tabor (62%). There were interestingly no significant differences across gender (except within Debre Tabor, where girls were much more likely to be enrolled).

First, looking at students enrolled in formal schools, 86% are doing something to continue learning during the pandemic/closures (with boys and younger adolescents much more likely to be continuing their education than girls and older adolescents, though we see no substantial differences across residential location). By far the most common reported method is spending time studying with their own textbooks (58%) although small numbers of adolescents report tuning in to Ministry of Education TV or radio programming (8%) or working on assignments provided by their school (7%). Older adolescents in Dire Dawa report substantially higher accessing of online learning platforms compared to older adolescents in other locations, likely due to better overall digital connectivity in the city (Figure 3). Overall, few formal schools appear to be providing learning support during school closures, with just 25% of adolescents indicating such support (and much higher rates among older adolescents in Dire Dawa (36%) than Batu (21%) and Debre Tabor (14%)), and only 10% of enrolled adolescents reporting formal contact with a teacher in the last week. Many of these adolescents also report that their family is providing support (58%), with again much higher rates for boys and younger adolescents than their counterparts, and higher rates among older adolescents in Batu (65%) than in Dire Dawa (49%) and Debre Tabor (51%). Most often, family support includes giving the adolescent a space to study (reported by 48% of students with any family support), reducing chores (39%) and helping with schoolwork (37%).

Figure 3: Methods used by older adolescents to continue formal learning during school closures



Across all adolescents who were enrolled in either formal or informal school (only 4%, including those in certification trainings or short-term trainings) prior to the pandemic, 97% want to return to school. Fewer than 1% report concern that they will not be able to return to school, with no differences across age cohort, gender or residential location. Of particular concern, PFCs are much more worried about adolescents returning to school: 46% of PFCs are concerned the adolescent will not return to school, with concerns higher for caregivers of males (41%) than females (51%), and higher for caregivers of older adolescents living in Debre Tabor (50%) and Dire Dawa (46%) than in Batu (35%).

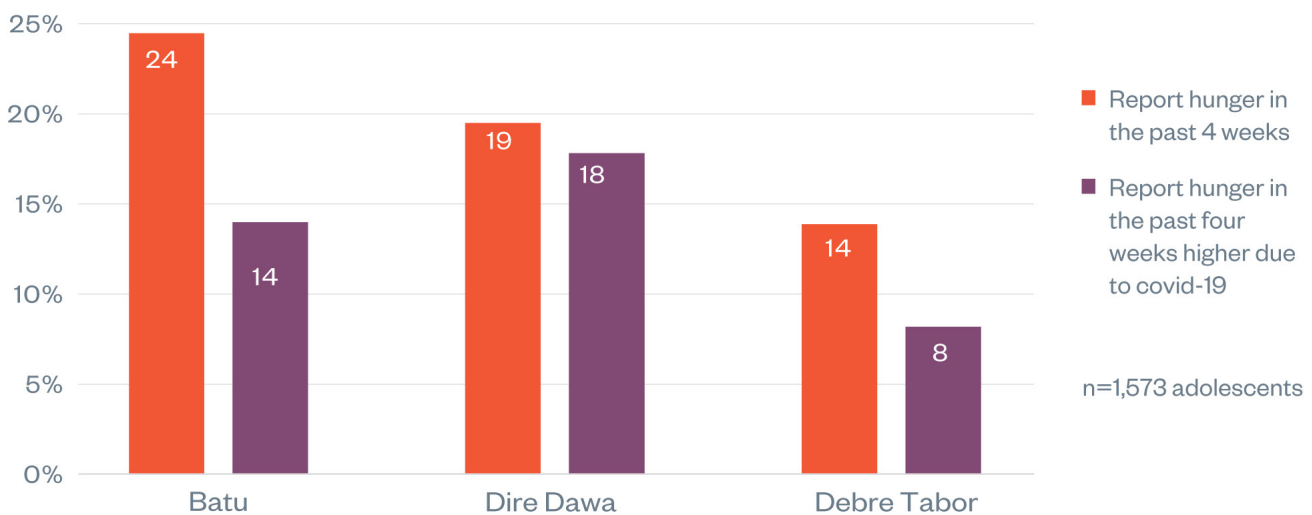


Health, nutrition, and sexual and reproductive health

Across all adolescents, 89% report being in good or very good health, with only 5% reporting worse health since the covid-19 outbreak began in Ethiopia. Just 5% of adolescents report at least one covid-19 symptom in the month preceding the survey, with no significant differences across age cohort, gender or residential location.

Rates of food insecurity are moderate, with 18% of adolescents reporting being hungry at least once in the past four weeks, and 13% indicating that this has increased since the start of the pandemic. Boys (22%) report higher rates of hunger than girls (16%). Older adolescents in Batu (24%) and Dire Dawa (20%) report higher rates of hunger than in Debre Tabor (14%), and consistent with likely increased transmission in these areas, they also report greater decreases in food security since the start of the pandemic (Figure 4). Of particular concern are high rates of food insecurity reported among older married females (29%) when compared to their unmarried female peers (13%). Moreover, 35% of all adolescents report that their meals are less likely to contain protein compared to before the pandemic, again with larger decreases reported among older adolescents living in Batu and Dire Dawa, and among married older female adolescents.

Figure 4: Food security reported by older adolescents



Among unmarried female adolescents, 29% identify access to feminine hygiene products as a challenge that has increased since the onset of the pandemic for girls in their community, with higher rates noted among older girls in Batu (35%) and Debre Tabor (35%) than those in Dire Dawa (24%), possibly due to the comparative size of these urban areas. Among married adolescent girls, 12% identify access to sexual and reproductive health services as an increasing challenge since the onset of the pandemic for married girls in their community.

There are also disruptions to health services, with 20% of households that needed access to healthcare reporting that covid-19 disrupted their ability to access health services (with higher rates in Debre Tabor than Batu and Dire Dawa), and 22% of households surveyed that needed medication indicating covid-19 influenced their ability to access medication (with higher rates in Batu and Debre Tabor than in Dire Dawa; again, possibly due to the comparative size of the urban areas).



Psychosocial well-being

Approximately half of adolescents are at least moderately scared/fearful about covid-19, with older adolescents more likely to report fear (49%) than their younger counterparts (40%). While there are no gender differences in reporting, older adolescents in Batu are more likely to report fear (64%) than their peers in Dire Dawa (52%) and Debre Tabor (47%).

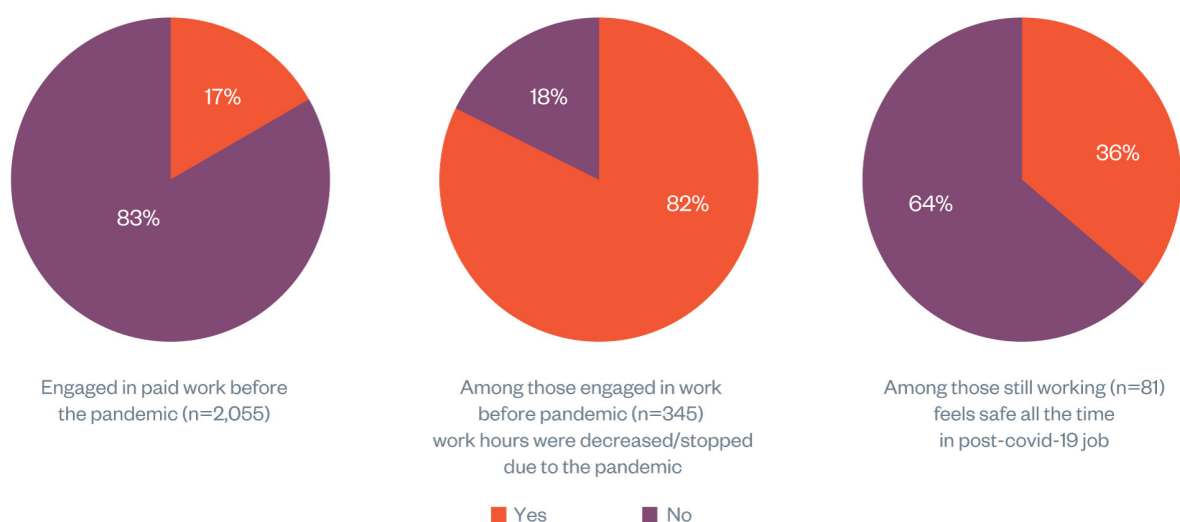
Fewer than 3% of adolescents surveyed score 10 or higher on the Primary Health Questionnaire-8, a score which would indicate moderate to severe depression; and 88% of adolescents show minimal to no depression. Rates of moderate/severe depression are significantly higher among older adolescents than younger (2.5% versus fewer than 1%), and among girls than boys (4% versus 1%). Compounding the impact of covid-19, nearly one-quarter of adolescents are experiencing decreased support from their households, particularly boys (31%).

Economic empowerment

The economic impacts of the lockdown appear severe, with 45% of households reporting that someone in the household lost employment. Rates are higher among older adolescent households in Batu (49%) and Dire Dawa (45%) compared to households in Debre Tabor (40%). In addition, 70% of households report that their household lost some income, and 52% of households that previously received remittances had lost some or all of this support since the pandemic began. Not surprisingly, given this loss in income, 64% of households are worried they will not be able to meet daily household needs. Despite this, just 2% of households have relied on government or NGO assistance, and only 3% took a loan from any source, to cover their basic needs. Instead, 58% of households have used savings for this purpose.

Turning to the adolescents, approximately 17% were engaged in paid work prior to the pandemic (17% of older adolescents and 4% of younger adolescents, see Figure 5). Boys (19%) were slightly more likely to hold jobs than girls (15%). And, perhaps unsurprisingly due to the work opportunities provided by the floriculture industry there, older adolescents in Batu were more likely to have a job (26%) than those in Dire Dawa (18%) or Debre Tabor (16%). Following the onset of the pandemic, most adolescents (82%) report that their work had stopped for some time or that they had lost hours, with 66% of employed adolescents reporting that their jobs had stopped entirely and had not restarted by the time of the survey – particularly for older adolescents in Dire Dawa. Among adolescents who were able to continue working in their original jobs, 64% say their job implemented safety measures to prevent covid-19 transmission, but only 39% report that they feel safe all the time in that job. Reports of implementation of safety measures vary enormously by region, with many such reports in Batu and Dire Dawa (over 80% in either location) and comparatively few reports in Debre Tabor (38%).

Figure 5: Statistics on adolescents in paid work



While overall 16% of adolescents had money that they could control in the 12 months prior to the pandemic, there is substantial variation by age (18% of older adolescents versus 5% of younger adolescents) and gender (12% of males, 19% of females). When asked about how this money has been used since the pandemic began, nearly half of adolescents report that the money has been spent on food or non-food essential items. Boys (44%) are much more likely to report still having some of their money than girls (18%).

In terms of expectations for their future economic well-being, the majority of adolescents think their household will be better off next year than they are now (47%), but 20% think they will be worse off.² Levels of optimism regarding the future are much higher in Batu (51% of older adolescents think they will be better off in a year) and Dire Dawa (58%) than in Debre Tabor (32%). Overall, only 29% of adolescents say they are satisfied with their household's current financial situation.

Voice and agency

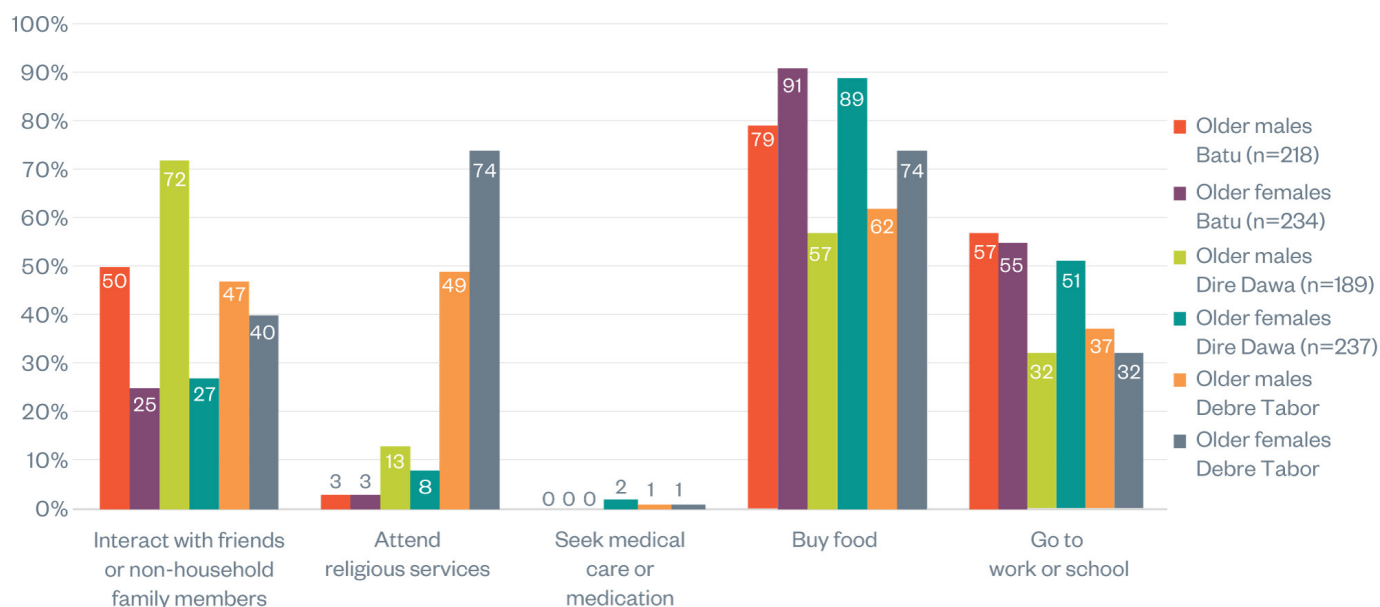
While 60% of adolescents report restricted mobility since the covid-19 pandemic began, there are important differences in the extent of restriction across age cohorts, as well as by residential location. Younger adolescents report being more likely to stay home without any visitors for the last seven days (13% versus 9% of older adolescents), and report staying

home more days on average out of the last seven (2.3 versus 2.8). Although we do not see significant differences across age cohorts in self-reported changes in privacy since the pandemic began (32% of adolescents report a decrease), younger adolescents have less remote access to the outside world when compared to their older counterparts; they are much less likely to have a personal device such as a phone, tablet or laptop (15% versus 60%), and much less likely to have such a device with internet access (10% versus 46%). Reports of increases in technology access since the onset of the pandemic are much higher among older adolescents (40%) than younger ones (20%). Finally, younger adolescents are much less likely to have interacted with their friends in the last seven days (34% versus 41%).

Results that compare female adolescents to their male peers are rather surprising. There is no significant difference in the likelihood that boys or girls report staying home without any visitors for the last seven days (8% overall), and boys report staying home more days on average out of the last seven than girls (2.7 versus 1.7). Yet, girls are much more likely to report increases in mobility restrictions since the pandemic began (68% for girls versus 51% for boys). Although we do not see significant differences across gender in self-reported changes in privacy or technology access since the pandemic began, girls have somewhat less remote access to the outside world; in particular, they are less likely to have a personal device with internet access (36% versus 41%). Finally, girls are much less likely to have interacted with their friends in the last seven days than boys (28% versus 48%). Among girls, it is also important to note that while married girls don't have substantially different changes in mobility since the pandemic began, they are much less likely to have remote access to the outside world; 21% of married girls have a personal device with internet access versus 47% of unmarried girls, and only 26% of married girls report an increase in technology access since the onset of the pandemic (versus 43% of unmarried girls).

Differences across urban residential location line up with what we might expect given differences in apparent community reactions to the covid-19 pandemic, with reports of increased mobility restrictions and decreased privacy being higher in Batu (67% and 47%) and Dire Dawa (64% and 31%) than in Debre Tabor (51% and 23%). There are also interesting differences across region and gender in where adolescents who are still leaving the house are going (Figure 6). There are no substantial differences across region in the likelihood of having interacted with a friend in the previous week. Yet, adolescents in Batu and Dire Dawa are much more likely to have a personal device with internet access than those in Batu (48% and 52% versus 40%), and have seen an increased in technology access since the onset of the pandemic (44% and 48% versus 33%).

Figure 6: Percentage of adolescents leaving the house (or receiving visitors) in the last week and their reasons for doing so



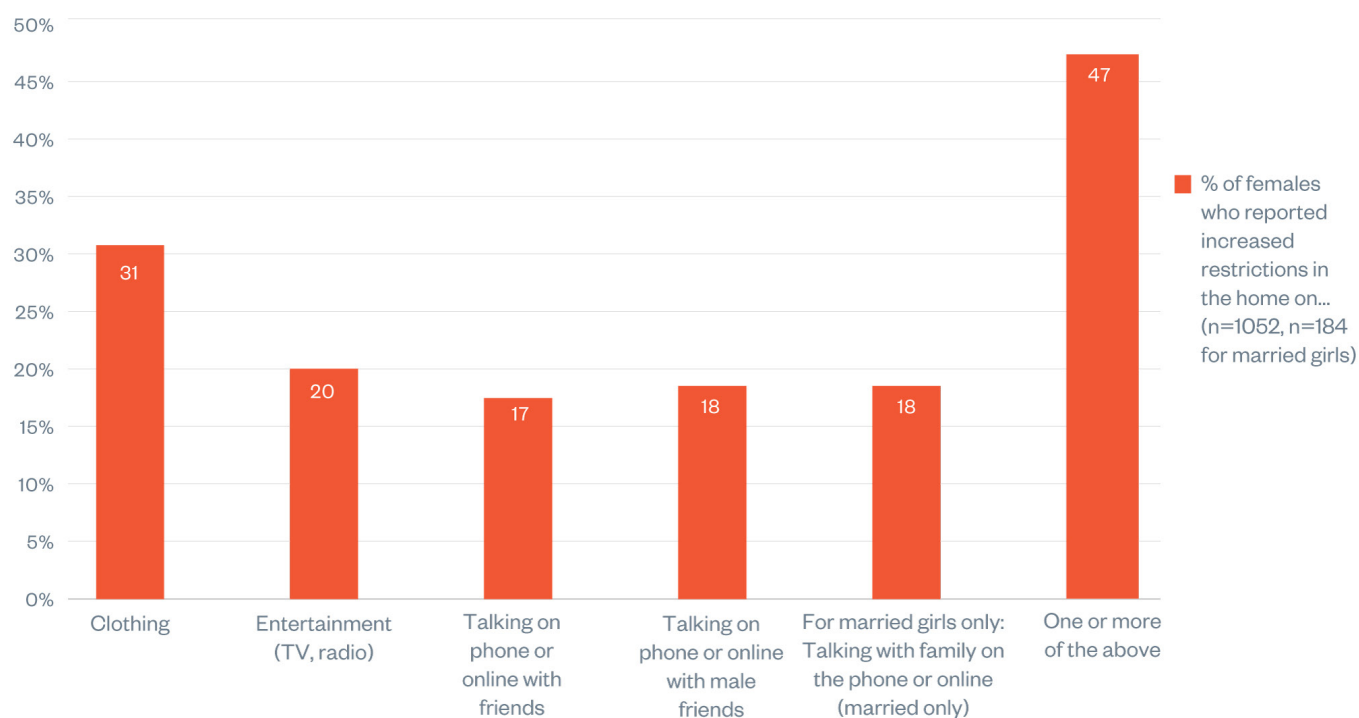


Bodily integrity and freedom from violence

Two-thirds (66%) of adolescents agree that the pandemic has increased stress in their households, particularly older adolescents, males and married adolescents. Over one-quarter report that members of the household are getting angry more quickly and/or arguing more often than before the pandemic, with similar findings across age and gender cohorts. And, particularly concerning, 20% report increased violence against adolescents of their gender in their local community (with no difference by gender or age group), and 35% of boys (16% of girls) report increased violence against adolescents of their gender perpetrated by the police or members of the local militia, military or security services.

We ask female adolescents whether they have had to alter their behaviour at home in any way due to the increased presence of men in the household due to various social containment measures. Close to 50% report experiencing an increase in gender-based constraints on their behaviour in the household, which may include limitations on the clothing they wear (31%), entertainment they watch or listen to (20%), and how often they can speak with friends and family on the phone (18%) (Figure 7).

Figure 7: Gender-based restrictions on behaviours in the home due to increased presence of male family members reported by female adolescents



For never married adolescents, there is some concern that the pandemic will expedite their marriages, with 4% of all adolescents expressing this worry.³ While there are similar rates by gender and across region, concern is higher for older adolescents (5%) than younger adolescents (2%). Ten percent of adolescents report that the pressure to marry actually decreased in the pandemic, again with similar rates by gender but older adolescents (13%) being more likely to express this than younger adolescents (8%). Interestingly, older adolescents in Debre Tabor (17%) were much more likely to agree that the pressure on them to marry may have decreased than those in Batu (9%) or in Dire Dawa (8%). This is possibly because in Amhara there is a practice of 'wealth matching' among couples, and with the economic downturn it may now be more challenging to secure the requisite economic resources for marriage.⁴

Conclusion

Ethiopia is the second largest country in Africa by population and, despite recent improvements, nearly 25% of its citizens continue to live below the poverty line. Economic shocks in the country are frequent and can be quite severe – in addition to the covid-19 pandemic discussed in this brief, many households in the largest urban area studied (Dire Dawa) are living in communities also facing local outbreaks of chikungunya (a virus spread by mosquitos that causes severe joint pain), and of measles, and substantial crop loss due to desert locust swarms. In addition, regions across the country have experienced widespread political and social unrest in recent months. In an environment already plagued by poverty, economic shocks and unrest, the potential impacts of a highly contagious and life-threatening virus like covid-19 may be serious and long-lasting.

Responses from a virtual survey of adolescents in two age cohorts and their female caregivers in three urban areas of Ethiopia, indicate that young people are well-informed about the covid-19 virus and strategies to prevent it. Yet, Ethiopian adolescents are not necessarily consistently implementing the recommended prevention strategies, particularly in areas where local virus transmission is believed to be low. With 60% of them living with a household member at risk of severe complications from contracting covid-19, this finding is concerning.

Furthermore, survey responses indicate negative impacts of the pandemic on Ethiopian adolescents across all six of GAGE's focal capability domains. With regard to education and learning, we find that adolescents who were enrolled in school prior to the onset of the pandemic in Ethiopia are receiving very little support for continued learning from their schools, and instead are attempting to carry on their education through self-study. While we find little in the way of self-reported health impacts after the arrival of covid-19, we do see moderate increases in food insecurity, and fairly substantial decreases in protein intake and access to healthcare and sexual and reproductive health products. Adolescents are worried and fearful about the pandemic, with older adolescents in particular showing higher rates of depression and anxiety. We also see substantial economic losses to households as a result of the pandemic. Mobility and privacy have been substantially restricted for many adolescents, and their contact with friends has been reduced. Girls have seen increased restrictions on their behaviours, and adolescents of both genders report increased stress in their homes and violence in their communities.

It remains to be seen how these negative impacts will evolve as the covid-19 pandemic in Ethiopia continues to worsen. Given that adolescence is a time of important physical and cognitive change, and also a time when important life decisions (such as those relating to education, livelihood, marriage, and fertility) are made, events that affect individuals at this key juncture can have lifelong impacts. The GAGE research team will continue to explore the multidimensional and dynamic impacts of the pandemic on the lives of adolescents in Ethiopia through future planned data collection and analysis.

Endnotes

- 1 Covid-19 infection numbers were drawn from the World Health Organization's Ethiopia covid-19 dashboard.
- 2 Yet, it is important to remember that at the time this survey data was collected, Ethiopia still had relatively few cases of covid-19, and was considered a 'success case' (*Financial Times*, 27 May 2020, 'No lockdown, few ventilators, but Ethiopia is beating Covid-19').
- 3 Relatively low rates of child marriage in urban areas are to be expected: child marriage rates are much higher in rural than urban areas in Ethiopia (UNICEF reports that 48% of rural women aged 20–24 were married prior to age 18, versus just 16% of their urban peers).
- 4 GAGE qualitative research in rural areas, however, suggests that adolescents – especially girls but also some boys – are under heightened pressure to marry during school closures (see Jones, N., Gebeyehu, Y., Gezahegne, K., Iyasu, A., Workneh, F. and Yadete, W. (2020) 'Listening to young people's voices under covid-19. Child marriage risks in the context of covid-19 in Ethiopia.' Policy brief. London: Gender and Adolescence: Global Evidence).

Suggested citation: Baird, S., Hamory, J., Jones, N., Oakley, E., Woldehanna, T. and Yadete, W. (2020) 'Adolescent realities during covid-19. Factsheet series. Adolescents' experiences of covid-19 and the public health response in urban Ethiopia.' London: Gender and Adolescence: Global Evidence.