

Adolescent realities during covid-19

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Adolescents' experiences of covid-19 and the public health response in urban Dhaka, Bangladesh

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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 effects on young people's well-being in both the short- and long-term. This fact sheet is part of a cross-country series designed to share emerging findings in real time from 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 fact sheet is a rapid snapshot of adolescents' knowledge and attitudes towards covid-19 and presents key findings on the impact of covid-19 across GAGE's capability domains: education and learning; health, nutrition, and sexual and reproductive health; psychosocial well-being; economic empowerment; voice and agency; and bodily integrity.

Context and sample

This factsheet presents findings from GAGE's ongoing longitudinal survey in Dhaka, Bangladesh, one of the most densely populated cities in the world, which follows 780 boys and girls in two cohorts (ages 10–12 and 15–17 at baseline in 2017). These adolescents come from three sites in Dhaka, including two peri-urban slum areas and one low-income settlement in Dhaka.



Box 1: Context

After identifying the first cases of covid-19 in the country in early March, the government of Bangladesh implemented various restrictions on mobility and social gatherings to control the spread of the virus. By 17 March, the government declared a school closure that ultimately remained in place throughout the current academic year. By 24 March, the government declared a 10-day nationwide lockdown to limit the spread of covid-19. This lockdown was extended until 30 May. The major challenge for the slum-dwelling population in Bangladesh was restricted mobility and dramatic shutdown of livelihood options. People were limited in access to food and other necessities within their own community only. Daily labour and ready-made garment factories were extremely limited in operations, dramatically reducing livelihood opportunities for a significant portion of slum-dwellers in Dhaka.²

GAGE's covid-19 survey administration began in early May 2020, when Bangladesh had identified approximately 12,000 cases of covid-19. Throughout the survey administration period – which ended on 28 June 2020 – this number jumped to 137,787 cases of covid-19.³ As of 8 October 2020, Bangladesh has reported 374,592 cases and 5,460 deaths from covid-19. In response, the government has repeatedly extended school closures into October as case counts continue to rise.⁴

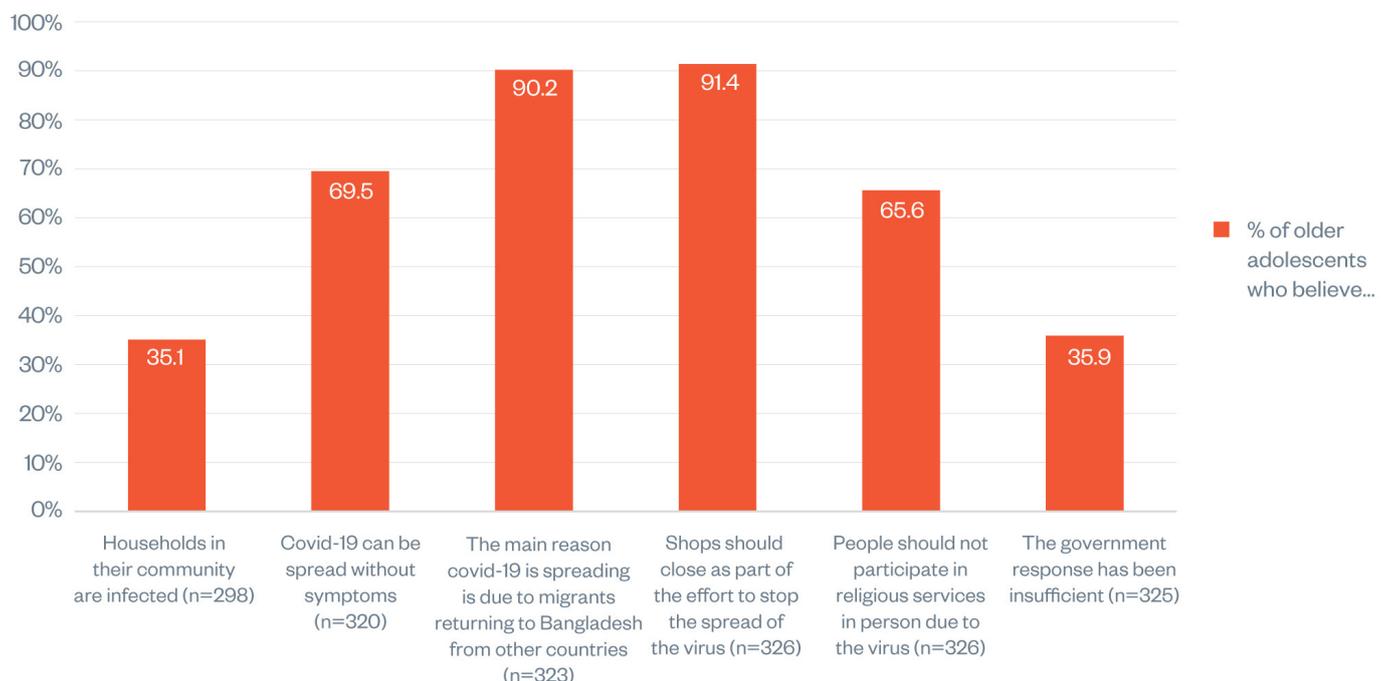
The GAGE covid-19 survey was administered by phone to adolescents and their primary female caregivers between 7 May and 28 June 2020. The survey includes responses from 602 adolescents (77% response rate) aged 12 to 20 (average age 15.6), as well as 637 primary female caregivers or other adult in the household (82% response rate). In addition to presenting an overall descriptive picture of the impact of covid-19 across the six GAGE capability domains, this brief explores differences in experience by age, gender and marital status. Any differences discussed in the text are statistically significant at a p-value of 5% or lower. Box 1 offers more detailed information about covid-19 in Bangladesh and Dhaka.

Covid-19 knowledge and attitudes

All adolescents and their female caregivers had heard of covid-19 at the time of the survey, and nearly all (98% or more) had heard of prevention strategies like frequent handwashing, maintaining distance from those who are ill, staying home when possible and avoiding touching your face. Among adolescents, implementation of prevention strategies was very high, including washing their hands with soap and water (99%), maintaining a 1-metre distance from those who are coughing or sneezing (98%), avoiding touching your face (91%) and avoiding leaving home unnecessarily (90%). Almost all older adolescents (99%) said that they wore a mask when leaving the house most or all of the time.

About one-third of older adolescents believed that households in their own community were infected with covid-19 (35.1%). Among older adolescents, 70% believed that covid-19 can be spread without symptoms. Notably, 90% of older adolescents expressed beliefs that the main reason covid-19 is spreading in Bangladesh is the return of Bangladeshi migrants.

Figure 1: Older adolescents' beliefs about covid-19



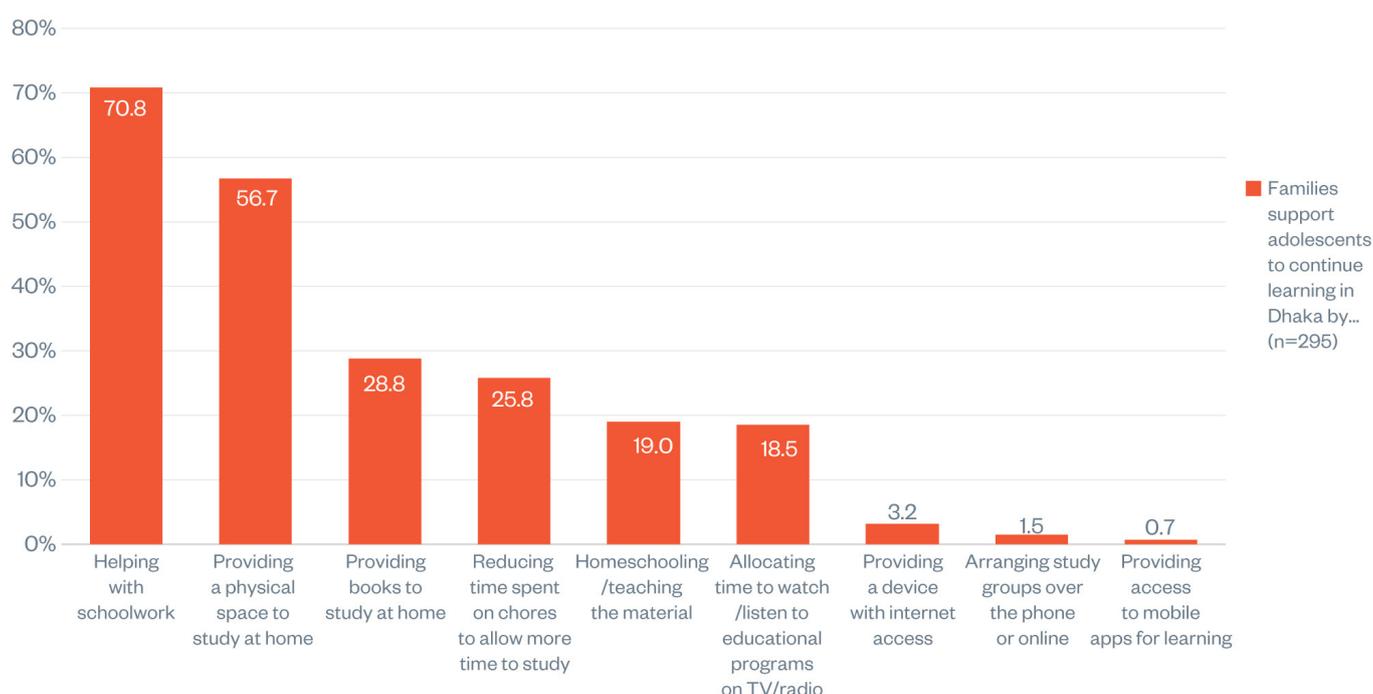
While 91% of older adolescents believed that shops should close as part of the effort to stop the spread of the virus, fewer believed that people should not participate in religious gatherings due to the pandemic (66%). Even so, just 10% of adolescents had actually attended in-person religious services in the last seven days. About one-third (36%) of older adolescents felt that the government response to the pandemic has been insufficient.

Education and learning

Before the covid-19 outbreak, 68% of adolescents were enrolled in formal school, including 81% of younger adolescents and 52% of older adolescents. Nearly all previously enrolled students (97%) said that they were doing something to continue learning during school closures, with few differences by age or gender. Most often, students said they were learning with their own books at home (80%). Lack of access to the internet appears common among formal school students in Dhaka, limiting opportunities to continue learning online. Among formal school students, just 3% said that their family was supporting their education during school closures by providing a device with internet access.

While the internet is often not available, 81% of students said that their families were helping them to continue learning while schools were closed. Among those who received support from their families, 71% said a family member was helping them with their schoolwork, 57% said their family was providing physical space to study and 29% reported their family was providing books to study at home.

Figure 2: Manner in which families are supporting adolescents to continue learning



In contrast, students are often not receiving support from their schools. Only 15% of students reported that their formal school was providing any support during closures, and just 23% of students had had contact with a teacher in the last seven days.

Although the Ministry of Education (MOE) is providing remote educational programming online and on TV, few students reported engaging with this programming. Overall, less than half of adolescents (47%) had heard about MOE broadcasts on TV at all. Accordingly, a mere 7% of formal school students reported that they were using MOE broadcasts on TV as their primary way to continue learning, and less than 1% reported that they were primarily using MOE programming online.

Nearly all students want to return to school when the pandemic ends and schools reopen (91%), and very few students were worried that they would not be able to eventually return to school (4%). However, while students are optimistic, their caregivers appear to have more concern about their child's ability to return to school. More than a quarter (29%) of primary female caregivers (PFCs) of younger adolescents worried that their child will not be able to return to school, with more caregivers reporting worry about girls not being able to return to school (35%) than boys (23%).



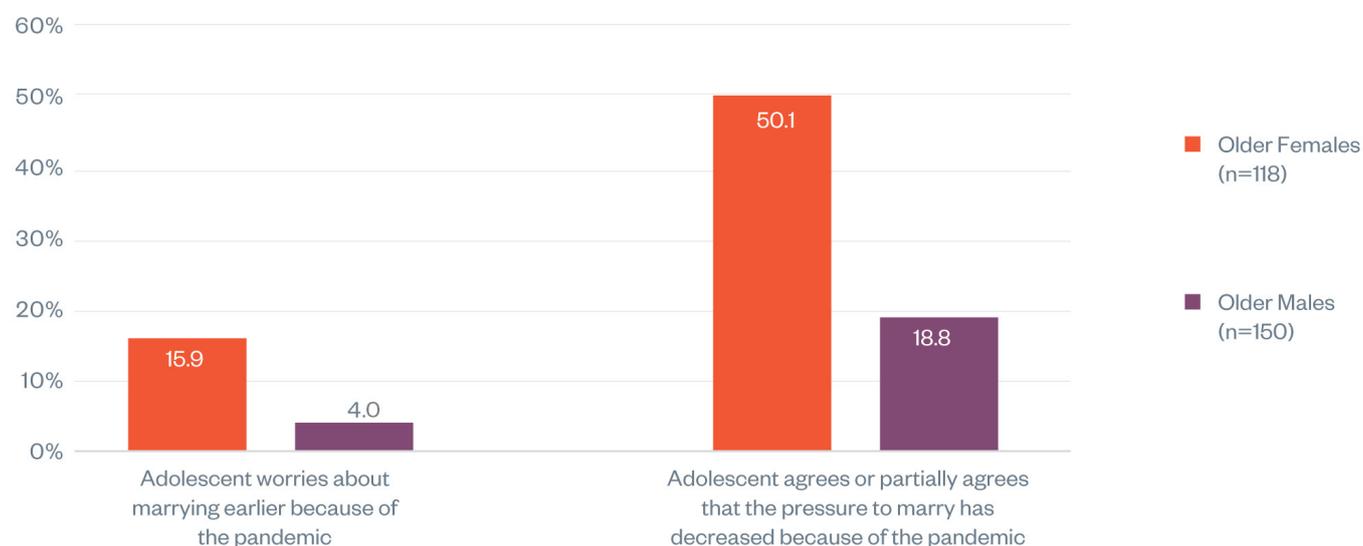
Bodily integrity and freedom from violence

Adolescents reported an increase in violence in the community during the pandemic. Specifically, one in five adolescents said that violence from law enforcement and the military had increased against adolescents of their own gender since the pandemic began. Rates were much higher for boys (28%) than for girls (11%), with the highest rates of perceived increase in violence reported by older male adolescents (30%).

At the household level, 87% of surveyed adolescents agreed that household stress had increased since the onset of covid-19, with higher rates among older adolescents (92% compared to 82%).

Adolescents reported varying effects of the pandemic on the pressure they currently feel to get married. Overall, 9% of adolescents worried that the pandemic would cause them to marry earlier, with much higher rates among older girls (16%) than older boys (4%). However, an even higher percentage of adolescents said that the pressure to marry had actually decreased during the pandemic (27%). Among girls, 50% of older girls and 37% of younger girls who are not yet married reported that they felt decreased pressure to marry – indicating that the pandemic may allow some girls to delay marriage.

Figure 3: Adolescent beliefs about the effect of the pandemic on the pressure to marry



When asked whether male family members being home more often as a result of the pandemic meant altering their behaviour at home, 52% of adolescent girls identified at least one gender-based restriction on behaviour. These restrictions included changing the type of clothing they wore while at home (22%), not being able to watch TV shows or listen to radio programmes that they usually enjoyed (25%), as well as restrictions on being able to speak with friends (29%), or, for married girls, speak with family over the phone or online (23%).

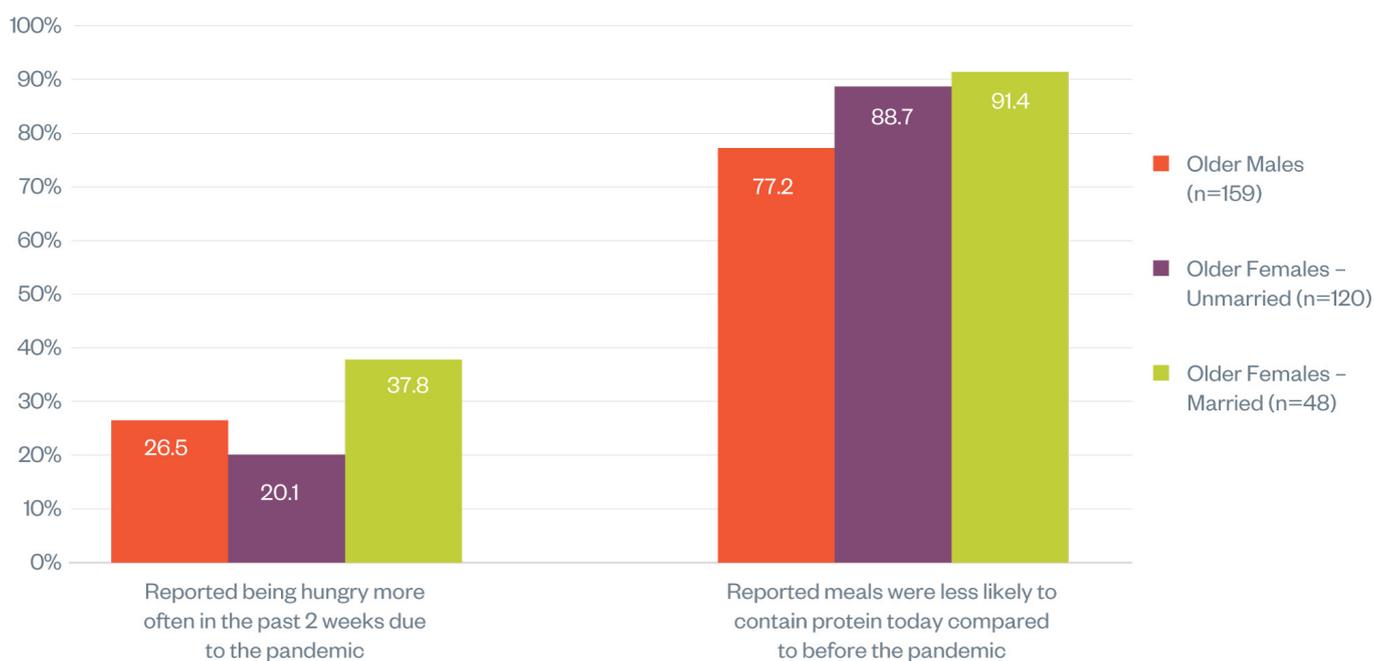


Health and nutrition

While most adolescents described their own health as good or very good (86%), 17% said that their health is worse now than before the pandemic. Eighteen percent reported having at least one covid-19 symptom in the past two weeks and 6% of adult caregivers report personally knowing someone who has been diagnosed with, or suspected to have, covid-19. Just 4% of households reported that anyone in the household had been tested for covid-19.

The economic crisis is already having serious impacts on hunger among the surveyed households. Nearly half of adult female caregivers reported cutting back on food served to boys and girls in their household. Among adolescents themselves, 40% reported experiencing hunger in the past four weeks, with 24% of adolescents saying that hunger had increased as a result of the pandemic. Notably, rates of increased hunger were much higher for older female adolescents who were married (38%) than their unmarried female counterparts (20%). Furthermore, 79% of adolescents said that their meals were less likely to contain protein since the pandemic began. These rates were higher among older girls (89%) than older boys (78%).

Figure 4: Effect of the pandemic on the number and content of meals



Among unmarried female adolescents, 26% identified difficulty accessing menstrual hygiene products as an increased challenge for girls in their community since the pandemic began. Among married girls, about 15% reported the same for access to sexual and reproductive health services among married girls in their community.

Psychosocial well-being

Adolescents reported high levels of fear (76%) and anxiety (75%) around covid. Across adolescents, about 5% scored above a 10 on the Patient Health Questionnaire-8, indicating symptoms of moderate to severe depression, with high scores more common for older adolescents (7%) than their younger peers (3%). Just over 25% of all adolescents scored in a range that indicates some level of depression.

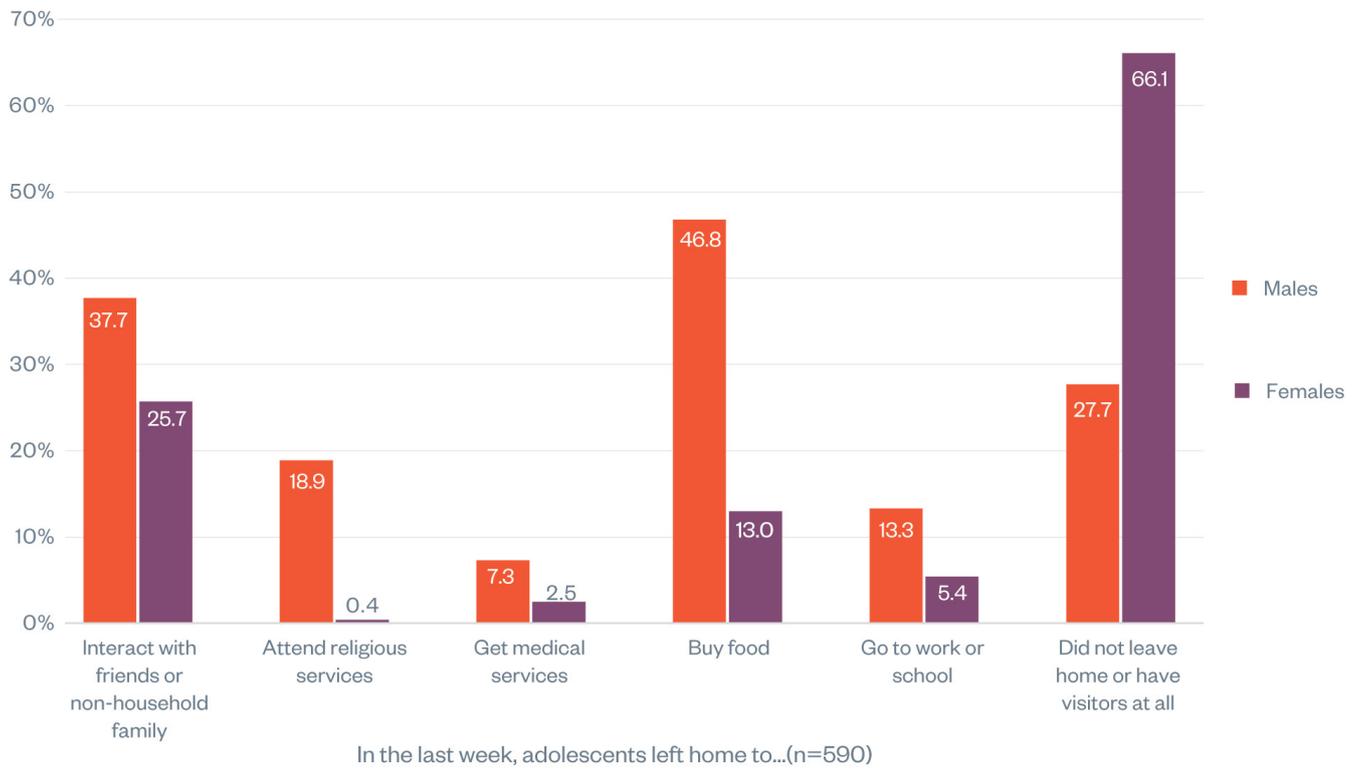
Notably, 40% of adolescents said that they were receiving less support from friends and family during the pandemic, and just 15% said that they were receiving more support. Adolescents diverged somewhat in the amount of social support they are currently giving to others compared to normal times; 35% reported that they were giving less support to their friends and family members during the pandemic, while 22% said they were giving more support to others during this time.

Voice and agency

As a result of government restrictions to curb the pandemic in Dhaka, most adolescents say that their mobility has been completely or moderately decreased (85%). Almost half of adolescents (47%) reported staying at home all day without leaving and without having visitors for the last 7 days, and more than half (54%) say that most people in their community are staying home. Overall, adolescents reported staying home for an average of 4.4 days out of the last week.

Restricted movement appears to be more severe for female adolescents, with two-thirds of female adolescents staying at home for the last week, compared to less than one-third of boys. Subsequently, only 26% of girls had interacted with a friend in the last week, compared to 38% of boys. Boys appear to have more freedom of movement to attend religious services in person; 19% of boys had left home to attend religious services in the last week compared to less than 1% of girls. Furthermore, more than 11% of older adolescent boys reported engaging in volunteer work in their community, compared to less than 1% of older adolescent girls.

Figure 5: Percentage of adolescents leaving the house (or receiving visitors) in the last week and their reasons for doing so



With these restrictions to mobility in place, some adolescents report an increase in access to technology (39%) with increased technology access more common for older adolescents (54%) than younger (26%). Increased technology access is much lower for older adolescent girls who are married (36%) than for those who are unmarried (58%). Overall, just 22% of adolescents had a personal device with internet access, with much higher rates among older adolescents compared to younger adolescents (40% and 8%, respectively), as well as among older males compared to older females (50% and 30%, respectively).

In addition to being more restricted to the home, adolescents also report that they are spending more time on household chores or taking care of children or the elderly now than before the pandemic (92%). Although rates were high across age and gender categories, older female adolescents reported the highest rates at 97%.

Economic empowerment

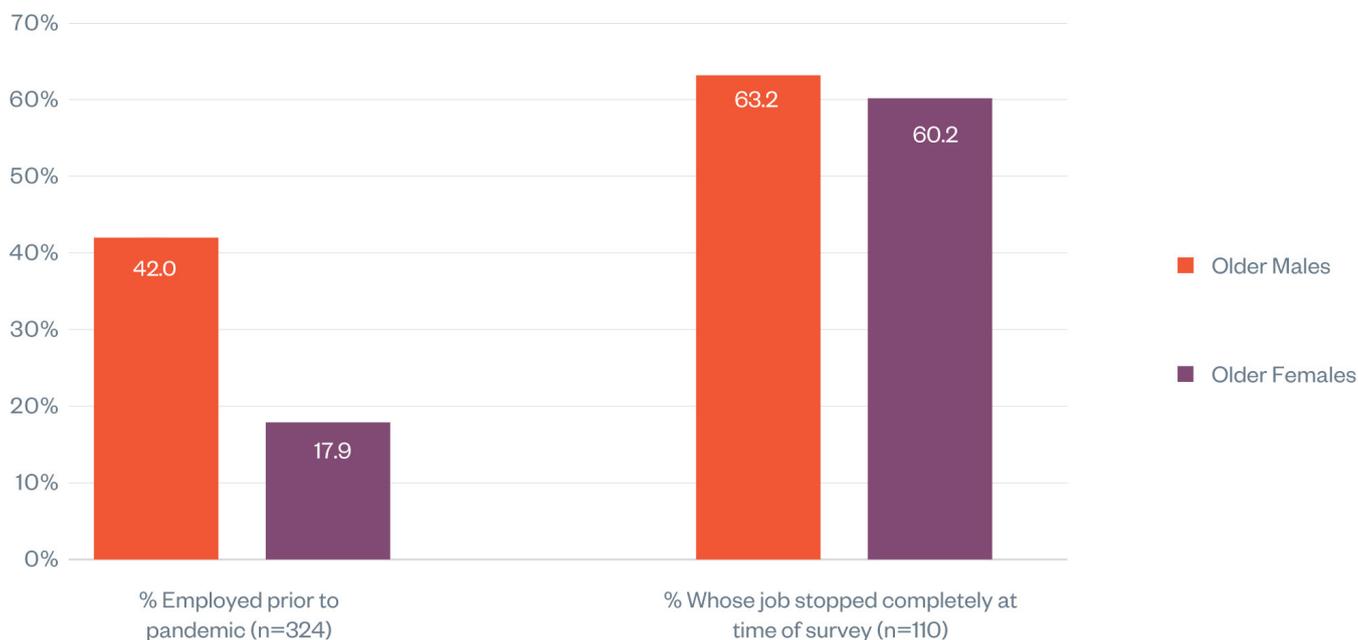
Pandemic control measures in Dhaka have taken a major economic toll on adolescents' households. The majority (94%) of households lost at least some income because of the pandemic. Among households where any member had employment prior to the pandemic, 80% reported that at least one household member temporarily or permanently lost this employment. As a result of increased economic instability, 78% of female caregivers worried about meeting their household's basic needs in the coming week. In fact, more than a quarter (26%) of caregivers reported that they could not buy an essential food item for their household during the week prior to the survey because the item was too expensive.

Despite these economic challenges, relatively few households reported receiving aid as a result of the pandemic; 7% of households reported that they relied on government or NGO support to meet their household's basic needs. Further, only about 10% of households reported receiving a food transfer from the government of Bangladesh, and just 1% reported receiving a cash transfer from the government at the time of the survey.

Among adolescents themselves, 17% were employed prior to the pandemic, including 42% of older boys, 18% of older girls, 10% of younger boys and 4% of younger girls. The majority of those who had jobs in March 2020 had stopped or decreased their working hours following the pandemic restrictions (88%). At the time of the survey, 59% of adolescents' jobs had stopped completely and not restarted. In addition to high losses of paid work, very few adolescents reported getting new employment since the beginning of the pandemic (3%).

For those adolescents who had continued working in their original jobs, 86% reported that their job implemented at least some safety measures to prevent covid-19. At the time of the survey, about 53% of adolescents who had continued working said that they felt safe all the time in their current job.

Figure 6: The effect of the pandemic on adolescents in paid work



Overall, about 45% of adolescents reported that they were satisfied with their household's current financial situation. However, when asked about their future career aspirations, 42% of adolescents said that financial constraints would interfere with achieving the career they wanted. One-third of adolescents had money that they could control in the last year, with higher rates among older adolescents than younger (42% vs 25%), but relatively few differences by gender. Among those adolescents who had their own money prior to the pandemic, 34% reported they had given the money to family members and 27% reported they had spent the money on food since the pandemic began.

Conclusion

The covid-19 pandemic and government efforts to contain the spread of the virus have had far-reaching impacts on adolescents in Dhaka. Over all, adolescents and their caregivers are aware of the virus and of various individual-level strategies to prevent its spread. Nearly all respondents who were asked about wearing a mask reported doing so most or all of the time when leaving home. As the number of cases identified in Bangladesh continues to climb, continued school shutdowns and restrictions on mobility meant to stop community transmission appear likely.

Our survey suggests that large subsets of surveyed adolescents are experiencing increased economic insecurity as a result of the pandemic, with caregivers reporting high levels of lost employment and income resulting in increased food security in many households. Additionally, adolescents face major challenges in continuing their education remotely since they have low levels of access to the internet. While nearly all adolescents – supported by their families – continue to learn during the pandemic by studying at home with their own books, they report relatively low levels of support from their schools as the shutdown stretches on for months. Among those adolescents who had paid work prior to the pandemic, the majority had not been able to return to work by the time of the survey – between May and June 2020 – after restrictions were put in place beginning in March.

The majority of adolescents report higher levels of household stress in the time since the covid-19 pandemic began. Adolescents themselves are experiencing high levels of fear and anxiety surrounding the pandemic, contending with restricted mobility, increased household responsibilities, and limited opportunities to interact with friends. Clearly, the pandemic and efforts to control the spread of the virus in a highly populated city are taking a toll on the well-being of adolescents across multiple dimensions.

Across some dimensions, the pandemic appears to have different effects for adolescent girls and boys in Dhaka. Boys are more likely to perceive an increase in violence from law enforcement against boys in their community compared to their female peers. Meanwhile, girls are more likely to be experiencing high levels of restricted mobility and social isolation, with the majority of girls reporting that they had not left the home or interacted with friends in the last week. Critically, adult caregivers are more concerned about their female adolescent children being able to return to school after the pandemic than their male adolescent children, suggesting the pandemic could have a negative educational impact on adolescent girls specifically.

Adolescent girls who are already married are experiencing particularly acute consequences of the pandemic, with this vulnerable group reporting high levels of increased hunger and reduced protein in meals. Married girls were also less likely to have increased access to technology during the pandemic, which may reduce their access to social support and information during this time.

Adolescence is a critical period of development, during which social connectedness and educational opportunities are all vitally important. In addition to the direct health impacts of covid-19, the pandemic also poses a threat to adolescent development by increasing economic stress as well as disrupting social connections and educational support that may have long-lasting impacts on this cohort of adolescents, even if disruption is only temporary. As the GAGE study continues, the research team will continue to follow these adolescents coming of age during the global pandemic.

Endnotes

- 1 Alam, F., Rashid, S. F., Camfield, L., Sultan, M., Farzana, M., Zafar, A., Hossain, R. and Muz, J. (2019) 'Adolescent education and learning in Dhaka, Bangladesh.' Policy Note. London: Gender and Adolescence: Global Evidence.
- 2 Hassan, Z. and Sari, M. (2020) *Covid-19: Impact on ready-made garment workers in Bangladesh*. Report. Dhaka: United Nations Children's Fund.
- 3 Figures taken from Johns Hopkins University Coronavirus Dashboard: <https://coronavirus.jhu.edu/map.html>.
- 4 Menon, S. (2020) 'Coronavirus: How the lockdown has changed schooling in South Asia.' BBC News, 21 September. <https://www.bbc.com/news/world-south-asia-54009306>.

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