

Listening to young people's voices under covid-19

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Adolescents' experiences of covid-19 in Chittagong and Sylhet divisions, Bangladesh

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Objectives of the study

This study is part of a cross-country series designed to share emerging findings in real time from qualitative interviews with adolescents and school teachers in the context of covid-19. The young people involved are part of the Gender and Adolescence: Global Evidence (GAGE) programme, which is conducting longitudinal research in the Middle East, East Africa and South Asia. Our sample for this study was purposefully selected from an ongoing baseline GAGE impact evaluation study, and includes two cohorts: younger adolescents (10–14 years) and older adolescents (15–19 years), all of whom are in-school (grades 7 and 8). Adolescent respondents were drawn from both urban and rural schools in Chittagong and Sylhet divisions of Bangladesh (see Annex 1 for further details). The objectives of the research are as follows:

- To understand adolescents' experiences of transition from childhood to adulthood, and to identify differences in their experiences by age, gender, disability and geographic location.
- To identify adolescents' knowledge of covid-19, and how the pandemic response has affected adolescent lives across the following domains:



- » education and remote learning
- » incomes and livelihoods
- » nutrition, health and hygiene
- » psychosocial well-being and coping
- » voice and agency related to adolescents' mobility.

To inform the pandemic response, this study aims to understand adolescents' knowledge, perceptions and practices during the covid-19 pandemic, their challenges and worries, and the coping mechanisms they are using to deal with the evolving situation. We explore the impact of covid-19 on the realities and experiences of in-school adolescents in Chittagong and Sylhet who have found themselves out of school since March 2020 until the present, to prevent the spread of the virus. The report also explores the impacts on adolescents in terms of gender and the vulnerability status of the household.

Introduction

Bangladesh's covid-19 crisis began on 8 March 2020 when the first cases were reported (WHO, 2020). As at 28 February 2021, the country had recorded 545,831 cases and 8,400 deaths (Johns Hopkins University, 2021). In response to the pandemic and increasing infection rates, a two-month nationwide lockdown was imposed on 25 March 2020, leading to mobility and transport restrictions, a standstill of income-generating activities (across the formal and informal sectors), and limitations on public gatherings (Mamun, 2020). According to the Asian Development Bank (ADB), Bangladesh's economic growth rate decreased from 7% to 5.2% during lockdown (ADB, 2020) and, as a result, poverty levels – particularly in rural areas – have increased, leading to the emergence of a category of 'new poor' (Rahman et al., 2020). In response to the financial crisis induced by the pandemic, the government has expanded social protection programmes, distributed stimulus packages and supplied relief to vulnerable categories of the population (Bacil and Soyer, 2020). The education sector has also been seriously affected, with the closure of all educational institutions from 17 March 2020. While schools are anticipated to reopen on 30 March 2021 (Dhaka Tribune, 2021), the persistence of school closures has taken a toll on adolescents' education and learning.

There are an estimated 36 million adolescents in Bangladesh (defined as 10–19 years), comprising more than one-fifth of the country's total population (Ministry of Health and Family Welfare, 2016). Some 84% of adolescents aged 11–15¹ (86% in rural districts and 81% in urban districts) are enrolled in secondary school (Bangladesh Bureau of Statistics (BBS), 2019). In the context of covid, adolescents face specific risks related to the loss of access to education for a lengthy period, the effects of personal and household financial crisis, and adverse impacts on psychosocial well-being. According to the Household Income Expenditure Survey (HIES) of 2016, among households with school-going children, 24% (or 8.4 million) were living below the poverty line, even before the advent of covid-19 (BBS, 2019). Post-lockdown, this figure is expected to have risen to 44%, resulting in as many as 7.70 million additional households falling below the poverty line during the crisis, and taking the total number of households with school-going children who are living below the poverty line to 16 million (Raihan and Bidisha, 2021).

As a result of increasing poverty due to the covid-related economic crisis, the re-emergence of higher rates of child labour, child marriage, and transactional sex involving children and adolescents may lead to longer-term impacts, notably higher school dropout rates (Uddin, 2020). Moreover, the closing of schools has brought a sudden and unexpected end to adolescents' face-to-face interaction with their peers, as well as their opportunities for recreation, physical activity, and outdoor mobility. As a result, adolescents' mental health has been adversely affected. Financial pressures within the household and young people's health fears surrounding the virus may also be undermining adolescents' psychosocial well-being (Aresfin and Shafiqullah, 2020). According to a study conducted by GAGE, 75% of adolescents reported feeling scared or worried about covid-19, and 80% reported an increase in household stress since the advent of the pandemic in Bangladesh (Baird et al., 2020).

1 In Bangladesh, the secondary school is divided into two groups: secondary school, which includes grades 6–10; and higher secondary school, which includes grades 11 and 12. The junior secondary school (grades 6–8) consists of students aged 11–15. At the time of data collection, the 39 adolescents interviewed had an average age of 13.31 years.

Methodology

Qualitative data for this study was collected from 39 adolescent interviews and 13 key informant interviews with school teachers. The 39 adolescents were purposefully selected from a GAGE baseline impact evaluation survey conducted between February and March 2020 with more than 2,000 randomly selected adolescents attending grades 7 and 8 in public (government) and semi-private (Monthly Pay Order (MPO))² schools in Chittagong and Sylhet divisions (ibid.).

Students and teachers in the study were drawn from a sample of 20 schools in the two divisions (11 in Chittagong and 9 in Sylhet) (see Annex 1). Among the 11 schools in Chittagong division, one non-MPO school and two madrasa³ schools were included in order to assess potential similarities and differences between students enrolled in the four types of educational institution: government, MPO, non-MPO and madrasa.

The 39 adolescents were selected purposively on the basis of school grade and gender, while also considering other demographic characteristics such as urban or rural residence, working or non-working status, disability status, and membership of female-headed households. Two adolescents were selected from each school (one from grade 7 and one from grade 8), with attention to gender parity in the sample overall. Among the 39 respondents, 51% were female, 49% male. Just under half (44%) of the respondents were from rural schools and the rest were from urban schools. Four adolescents (10% of the sample) were working, another four have a disability, and six (15%) were living in female-headed households. Thirteen key informant interviews (KIs) were conducted to gain insights into the impact of covid-19 on school-going adolescents. Among the 13 KIs, 69% were male teachers and 31% female. Just over half (54%) of the KI respondents were from urban schools, and 46% were from rural schools. Qualitative data collection took place from 29 July to 15 August 2020 through in-depth, individual virtual interviews with the adolescents and key informants.

Findings

Knowledge about covid-19

In order to assess the vulnerability status of adolescents and their household, it is important to understand their knowledge and access to information about covid-19. This section presents our findings on adolescents' knowledge and understanding of covid-19 – that is, what are its signs and symptoms, how it can spread from person to person, and what are the possible treatment options. We also explore how adolescents acquired their knowledge and what are their sources of information. The findings also highlight adolescents' lack of knowledge and the prevalence of misinformation about covid-19.

Knowledge of covid-19 symptoms

Most of the adolescents had good knowledge about the signs and symptoms of covid-19 infection and how it spreads. Adolescents frequently mentioned fever, cold and cough as the main symptoms, while some also pointed out other symptoms such as diarrhoea, breathing difficulties, body pain, headache, sore throat and loss of taste. Most knew the basics of how the virus spreads, especially as this information is most commonly circulated by the media. '*Coronavirus spreads through sneezing, coughing, touching and by human contact*', said a 14-year-old girl (grade 8, Sylhet urban area). A 13-year-old girl (grade 7, Chittagong rural area) explained that:

Whoever has coronavirus, it spreads through their cough. And you cannot go in front of them [coronavirus patients]. It spreads with their touch. It can spread through many other ways. You cannot use their clothes. You cannot eat rice on the plates they've used. Whichever bed they lay in, you cannot lie there.

2 Monthly Pay Order (MPO) schools are private schools that receive funding for payroll from the Government of Bangladesh and follow the official curriculum.

3 A madrasa is an educational institute specially designed for teaching Islamic theology and culture. The Ministry of Education in Bangladesh runs the Madrasa Education Board and regulates its curriculum.

However, a few of the rural adolescents in our sample had little or no knowledge about the signs and symptoms of covid-19, stating outright that they do not know, or providing vague answers to the question. Other adolescents, from both rural and urban areas, have received misinformation about covid-19 symptoms. For instance, a couple of adolescents mentioned dry eyes and mouth and body rash as signs of infection, while another explained how germs go inside the stomach and cause covid-19. Two of these adolescents seemed to confuse the coronavirus with harmful bacteria or germs, as they kept mentioning dirt and garbage as the breeding ground for the virus. One 13-year-old girl said, *'You will get coronavirus if you stay among trash and dirt'* (grade 7, Chittagong urban area).

Knowledge about treatment of covid-19

When asked about medical treatment for people with covid-19 and what needs to be done once someone becomes infected, many adolescents – mostly from rural areas – could give only vague or unclear answers. A 13-year-old girl suggested, *'You have to take medication for it'* (grade 7, Sylhet rural area). Some respondents mentioned going to the doctor, taking medicine and getting hospitalised if needed, but most were unable to provide specific information about which doctor or hospital they should go to, what medicine they should take, and whom they should contact first. On the other hand, adolescents had clearer ideas about the home remedies one would use to cure and recover from covid-19, frequently mentioning drinking hot water and having citrus fruits such as lemons or oranges. Some mentioned taking painkillers such as Napa (paracetamol) and suggested herbal remedies such as *tulsi* (holy basil), cumin, cloves, etc. As one 15-year-old girl said, *'I heard of a leaf which can cure coronavirus if eaten. There are many medicines. Eating a medicine of a leaf can cure'* (grade 8, Sylhet rural area).

Sources of knowledge about covid-19

Adolescents living in urban areas were found to have more precise knowledge on covid-19 compared to their rural counterparts, with slightly more access to various sources of information such as the internet (e.g. websites and YouTube channels), social media (e.g. Facebook), television (e.g. news reports and advertisements), school teachers, family members, and awareness-raising campaigns in the locality (e.g. posters, placards, 'miking').⁴ An 11-year-old boy in grade 7 said, *'I learned it online and my mother is a teacher. My mother also gives me some information about it and we discuss it in our home. Then I can learn many things from the government website. But most of the information is available online'* (Sylhet urban area). Rural adolescents were mostly found to acquire their knowledge from their family and community; when asked about their sources of information, most replied *'from people around'*. As a 13-year-old girl said, *'Aren't there some people around us who talk about this matter [coronavirus]? They sit together and talk about all these things. So [I heard] from them'* (grade 7, Chittagong rural area).

Protective measures to prevent covid-19

The covid-19 pandemic has brought many changes in people's way of life and daily practices all around the world. To prevent infection, people have been adopting various protective measures and precautions. This section presents our findings on the preventive measures adopted by adolescents and their families during and after lockdown. Common measures include the use of masks and gloves, washing hands with soap and sanitiser, maintaining social distance, and restricting mobility.

Using a mask

Using a mask was the most commonly reported protective measure among adolescents when they leave their homes (very few wear them inside their houses). Most adolescents stated that masks are available and affordable in their community, with prices ranging from \$0.12 to \$0.72, which was mostly affordable, although geographic distinctions emerged. Of those concerned about the price of masks, nearly all were living in urban areas. A 13-year-old girl said, *'Yes, masks are available*

⁴ A system whereby a mobile vehicle carrying a loudspeaker announces information.

▶ My mother has a sewing machine, she sews all day [for commercial purposes] and sometimes makes masks for us. If there is any cloth left, she uses that for making masks.

(A 14-year-old boy from Chittagong rural area)

but a little bit expensive. We can't get these at a cheaper rate. We live in the main city, so we don't face problems with availability but the price is a little higher here' (grade 7, Chittagong urban area).

Due to this expense, some adolescents mentioned reusing the one-time masks after cleaning them with soap and water. Only two adolescents reported that they are using homemade fabric masks. One 14-year-old boy said, *'My mother has a sewing machine, she sews all day [for commercial purposes] and sometimes makes masks for us. If there is any cloth left, she uses that for making masks'* (grade 7, Chittagong rural area). Masks are also available as a form of aid distribution, albeit this was not common. Two adolescents mentioned receiving free masks from community leaders and army personnel.

Washing hands

Washing hands with soap and using hand sanitiser is another protective measure that was mentioned very frequently by adolescents. While use of hand sanitiser was mostly reported by urban adolescents, rural adolescents mostly mentioned using soap to wash their hands. Using hot water regularly was also reported. Some adolescents pointed out the changes that had taken place since the onset of the pandemic in hygiene practices among their community. A 12-year-old boy said, *'People didn't wash their hands with soap, but they are using soap now. They also use hand sanitisers too'* (grade 7, Sylhet urban area).

Almost all of the adolescents mentioned the reinforcement of hygiene practices in their household in response to the ongoing pandemic. They reported that they now wash their hands and clothes and clean their house with soap and Savlon (an antiseptic liquid) more often than they used to do before the outbreak of the virus, as a 14-year-old boy explained:

We wash hands frequently when we are at home and we always wash our hands upon returning home from outside. Upon returning home, we usually wash our mask at first. We even wash our face and arms or we take a shower. After returning home, we put the used clothes aside for washing at a later time. (Grade 8, Chittagong urban area.)

Maintaining social distance and restrictions on movements

Maintaining social distancing was another common protective measure that adolescents mentioned. Most adolescent respondents said they were keeping social distance by not going outside unless it was urgent or important, even after lockdown had been lifted and adult income-earners in the family (primarily men) were returning to work. One 16-year-old boy explained that, *'I have friends in my neighborhood. But I don't meet with them that often. Because you can't tell who is carrying what. We talk over the phone if I want to communicate with my friends'* (grade 8, Sylhet rural area). Prolonged school closures was one factor contributing to adolescents staying at home, but other factors also emerged.

Gender differences were found in terms of mobility restrictions among the adolescents in our sample, with most of the boys reporting going out of their house more often than the female respondents. Boys, mostly from rural areas, reported going to the market to buy groceries and some mentioned that they also sell goods (such as milk) in the market. One 14-year-old boy said, *'I did go out but not that much... Like once in a week or 15 days... I go out only because we have to buy groceries from the market'* (grade 8, Chittagong rural area). By contrast, girls reported occasionally going out of their house for reasons such as visiting someone's house or to spend time with female friends. Out of 20 girls in the sample, only 3 reported that they had started going out for private tuition classes after the lifting of lockdown. One 13-year-old girl explained her family situation: *'We, the girls in the family, rarely go outside of the home. In our family, my father has to go out regularly. He has to go to the market for shopping. Me and my younger siblings and my grandmother, we don't go outside that often'* (grade 8, Sylhet rural area).

Some adolescents noted other changes in behaviour linked to social distancing. One 12-year-old boy noted that, *'People used to sit together before. But they don't sit together now, they are keeping distance from one another... They sit*

► We, the girls in the family, rarely go outside of the home. ... Me and my younger siblings and my grandmother, we don't go outside that often.

(A 13-year-old adolescent girl from Sylhet rural area)

separately' (grade 7, Sylhet urban area). At the same time, some rural adolescents reported that they avoid people who came from towns or cities. One 15-year-old rural boy said, *'Talking about preventive measures, well, you see, we live in a village... Lots of people live in cities, right? We keep a distance from city dwellers when they come to the village'* (grade 8, Chittagong rural area).

Other protective measures

One adolescent mentioned not buying fish from the market, as a newly adopted behaviour to protect against infection: *'We don't eat any fish and only cook chicken from our home because fish are touched by various hands in the market'* (grade 7, Sylhet rural area). Some adolescent girls also mentioned cleanliness of the house as an additional protective measure.

Impact of the pandemic and lockdown

Education and remote learning

Most adolescents in our sample felt that the government closure of schools was an appropriate response to the pandemic, but shared that this has had a number consequences for their education and learning. Adolescents reported that before the pandemic, regular schools and private tuition classes used to keep them occupied with studies all day. However, they now get up late and spend most of their day on leisure, leading to fewer study hours and lack of a study routine. As a 13-year-old girl noted:

Previously, I used to wake up very early in the morning and went to private [tuition class]. Then after that I used to go to school. I used to go to another private [tuition class] from my school and came back home in the evening. But now I wake up at 10 in the morning and study for a while. Sometimes I lie on the bed and study a bit again at night. (Grade 7, Chittagong urban area)

Most adolescents mentioned having some form of difficulty accessing remote learning at home, resulting in reduced study hours and a tailing off of interest, leading to discontinuation of their studies. Some adolescents expressed that although online classes are available so that they can continue their education, the virtual class system seems to be not as effective as face-to-face classes in school, especially for young children. Teachers also reported that adolescents were not continuing their education at home properly. One of the key informant teachers said:

As madrasas, schools, and colleges are closed because of this covid-19, the students in our area are not studying. They are staying with their families; they don't study at all and play all the time. Of course, at their age, they will do those activities if they get the opportunity. (Male teacher, aged 53, Chittagong rural area)

Most of the adolescents who reported regularly following government-run lessons broadcast on television (TV) had limited or no access to the internet, did not attend any private tuition classes and had no one to help them with their studies at home. Some of them found the TV lessons difficult to follow. A 14-year-old boy explained:

I can't understand the lessons on TV classes, because the teacher delivers the lecture without taking responses from students. We can't ask the teacher to explain something if we don't understand it. The teachers in TV classes teach in a different style than how our teachers teach us at school. (Grade 8, Chittagong rural area)

Only a few adolescents stated that the closure of schools had led to an improvement in their studies as they now get more

free time to study. One 11-year-old boy, whose father is a teacher, said:

There are not many changes in my study. I think it got better than before. I had to spend a lot of time in school, now I can study more than I did in the classes. My father is giving me Math lessons, my mother giving me lessons for other subjects and my sister is giving me English lessons. That's why I'm doing better. (Grade 7, Sylhet urban area)

Differential impact on learning: urban vs rural adolescents

Data shows differential impacts of school closures on learning according to area of residence. Some adolescents, mostly those living in well-off households in urban areas, were found to have more resources to continue learning (either through remote learning or private tuition) than others who mainly live in rural areas and lack access to the technologies needed for remote learning or who can access TV only.

Adolescents from rural areas in particular were found to have limited access to mobile phones, internet and TV, and noted the risk of dropping out of school completely if the crisis continues. One 13-year-old girl said:

I have stopped studying. How much can one study all by herself? Classes are held on television now. We don't have a TV in our home. Can you always go to someone else's house to watch TV? That's why I don't watch those TV classes. It is possible to watch YouTube [educational] videos on my father's phone but he doesn't stay at home all the time. So, the mobile phone is not available either. (Grade 8, Sylhet rural area)

One teacher also expressed his concern over the availability of technologies (such as TV) to continue remote learning at home, explaining that:

'Amar Ghore Amar School' [Online classes programme run by the Ministry of Education, during the shutdown of educational institutes in Bangladesh] programme has been launched directly on TV. And although it has created a decent opportunity for students to study at home and perhaps inspired them to some extent too, it's doubtful as to how many students out there have televisions in their houses. (Male teacher, Chittagong rural area)

Teachers from rural areas reported being unable to teach in online classes as few students have access to a smartphone, computer or internet at home. Students from rural areas are typically from a lower socioeconomic background than their urban counterparts and cannot afford private tutors at home, with the result that their educational loss during the pandemic is more severe compared to most of their urban counterparts. As one teacher reported:

Since my community is a rural area, it is not possible for everyone to study privately. So they try to make use of the knowledge gained from their schools. So basically schools are the only source of their knowledge. (Female teacher, Chittagong rural area)

On the other hand, most of the adolescents living in urban areas and in relatively well-off households mentioned either keeping a private tutor at home or having private tuition classes, having proper access to the digital mediums (e.g. internet and smartphones) required to participate in online classes, and getting assistance from various learning platforms on the internet and TV. These adolescents reported being able to carry out their studies at home with minimal inconvenience. One 11-year-old boy mentioned the various ways he accesses school lessons:

I visit my school's Facebook page using my mother's Facebook ID and watch the YouTube channel called Amar Ghore Amar School (My School is at My Home). I watch Sangshad TV [a TV channel that broadcasts e-school], Kishore Batayan [an online learning platform] on YouTube. I also use Google where I can search many things about my studies. I also watch 10 Minute School [another online education platform]. (Grade 7, Sylhet urban area)

**▶ I have stopped studying. How much can one study all by herself?
Classes are held on television now. We don't have a TV in our home. ...
That's why I don't watch those TV classes.**

(A 13-year-old adolescent girl from Sylhet rural area)



Family in Chittagong, Bangladesh © Nathalie Bertrams / GAGE

Teachers from urban areas reported contacting their students through mobile phones, Facebook and online classes. But while they are teaching online classes using Facebook, they are not sure whether the students are participating properly or understanding the lessons as they would in face-to-face classes. One teacher stated that, *'We have opened a Facebook ID in the name of our school and we are conducting a few virtual classes through that page. And, at the same time, we are conducting other classes using this platform'* (male teacher, Sylhet urban area). Another teacher said, *'We have to explain a lesson several times before they can grasp it, so it is doubtful how much they can comprehend and absorb from online classes'* (male teacher, Sylhet urban area).

Incomes and livelihoods

Most adolescents (31 out of 39) reported that their families faced economic hardship during lockdown due to loss of income, loss of jobs or the closure of shops for the sale of their products. Families without formal employment or business faced the most economic hardship, while for those with stable income it was less severe. Most of the adolescents reported that their family members were going back to their workplace at the time of data collection (July-August 2020). Some, however, had lost their jobs and were facing difficulties finding new employment. This section, therefore, lays out the findings on how adolescents and their families from different socioeconomic categories experienced economic hardship as a result of the pandemic.

Impact of economic hardship on families

Families dependent on income sources from agriculture, transportation, garment work, fishing, and immigrant workers faced most of the economic burden during lockdown. One 14-year-old boy studying in grade 8 and simultaneously working on his father's farm explained how lockdown impacted his household income. He said:

Our crops have been wasted. We could not sell those to the market. We cultivated cucumber, eggplants and ladies finger. However, there were no people, no markets... During lockdown, I couldn't go anywhere, no vehicles were running. So they (the vegetables) got spoiled. (Grade 8, Chittagong urban area)

Similarly, a 13-year-old girl said, *'We had to get by with a lot of struggle. During the lockdown my dad couldn't ride his rickshaw. So he couldn't manage our household expenses well'* (grade 7, Chittagong rural area).

A few of the adolescents also mentioned selling their livestock during lockdown to manage money. However, even then, many of their families had to take out loans (from neighbours or relatives) to meet their daily expenses. Some also mentioned buying goods from grocery shops on credit. Paying these loans back also became a burden after lockdown. One 13-year-old girl said, *'Well, we had to borrow a lot of money. The situation hasn't changed much for us. We will need*

► When you don't have anything, you do not have the luxury to choose between whether to die of hunger or to die of coronavirus.... In order to maintain a normal life, to arrange food and clothing for the family, they go out for work, ignoring coronavirus, rendering the lockdown ineffective.

(A male Madrasa teacher from Chittagong rural area)

a long time to pay back the money we borrowed. It might take us two or three months to fully repay the loans' (grade 8, Sylhet rural area).

Eight out of the 30 adolescents reported that they did not face extreme levels of economic hardship during lockdown, as their families have relatively stable sources of income from government jobs and large-scale businesses. It was also found that seven out of these eight adolescents who reported less economic hardship during lockdown were from urban areas. Their families had stable financial conditions and did not have to take loans from others during lockdown. Despite financial solvency, however, they sometimes had to compromise with their daily consumption of food since they were concerned about their health and refrained from going to the market to buy groceries. One 15-year-old girl said, *'Father can't go to the market, or rather less than before. Then we eat less fish and less meat than before. It's not about economic hardship, he can't go to the market because of the lockdown'* (grade 8, Chittagong urban area).

Most teachers who were interviewed acknowledged that the pandemic had gravely impacted the whole community – with the poorest people being worst affected. A 53-year-old male Madrasa teacher from Chittagong (rural area) said: *We must admit that everyone has been affected financially, and especially those who are daily labourers. They have suffered a great loss. And those who belong to the higher class, do not leave their houses that much, and even if they do, they do not have much involvement with people. On the other hand, [the poor people] don't have anything. When you don't have anything, you do not have the luxury to choose between whether to die of hunger or to die of coronavirus. When there is no food in the house, you can't sit still at home being afraid of coronavirus. It does not happen like that. In order to maintain a normal life, to arrange food and clothing for the family, they go out for work, ignoring coronavirus, rendering the lockdown ineffective.*

Impact of economic hardship on adolescents

The economic hardships of the family had direct impacts on adolescents' lives. During lockdown, most respondents reported having to contribute more to household work, which they did not do before. While boys mostly took care of livestock and cut wood for the fire, girls were more involved in household chores such as cooking and cleaning. Some boys also mentioned helping their mothers with daily activities. Adolescents living in the hilly regions⁵ of Chittagong reported collecting water for drinking and cooking purposes as an additional household chore.

Some adolescents reported that they could not afford necessary supplies for their education or clothes. One 14-year-old girl said, *'I used to get pocket money that I don't get anymore. My copies [exercise books] are finished. I told my father, my father doesn't bring it. I need things, clothes. My father isn't able to give me that'* (grade 8, Chittagong rural area).

On the other hand, two adolescents reported that they had started to learn skills like sewing and running a grocery shop while schools were closed, to support their family. However, one 15-year-old who had to move back to his village after the madrasa closed during lockdown, and therefore lost his tuition job, said:

If the madrasa was open, I could have given tuition to students... I don't have any students to teach now as the madrasa is closed. I could earn money at least for my pocket expenses. Now I am unemployed... You can ask for money from your family once or twice or three times. But can you keep asking your family for money like that?'

(Grade 7, Chittagong urban area.)

5 In most of the households in the hilly regions of Chittagong (e.g. Khagrachari, Rangamati, Banderban), it is difficult to get a drinkable water supply near the house. People have to collect water from tube-wells, rivers and streams down the hill away from their houses.

Nutrition, health and hygiene

The pandemic-related economic hardships have forced many families to reduce their daily consumption of food – something that came out strongly in qualitative interviews, as described in the following subsections. Impacts on adolescents' health and hygiene are also described.

Impact on nutritional intake

Adolescents reported that compromising the household's nutritional intake was a coping strategy adopted by their families to reduce economic hardship. One 13-year-old girl explained how they had to eat only twice a day now, to reduce costs: *'We usually ate three meals in a day. But during lockdown we had to take two meals a day. Normally we skipped our breakfast, when we used to eat roti. It was expensive'* (grade 7, Sylhet rural area).

To support marginalised and impoverished populations, the government took several initiatives including the provision of in-kind food distribution of rice, lentils, oil and potatoes as well as providing cash assistance. Almost all of the adolescents in our sample mentioned that poor people from the community received aid or support from the government and from the community. One 13-year-old girl shared her father's story of helping people out: *'My father wanted to help the poor. So he gave money [to one of his friends] who then distributed rice, pulses, chicken, biscuits, oil, onions, and other things among poor people'* (grade 7, Chittagong urban area).

As the adolescents in our sample were from different socioeconomic backgrounds, not all reported the need for receiving aid. However, among adolescents from relatively low-income households who mentioned their need for aid and support, five claimed that they did not get any support from the government or from the community, although they would have benefited from this assistance. A few of the adolescents said that taking governmental support is shameful for their family. A 13-year-old girl said, for example:

My father pulls a van. He has a business. Had we asked for that support, wouldn't people have gossiped about it? Wouldn't they have said things like, 'He owns vehicles, and yet he had to ask for that support? He laid his hands on the food meant for the poor!' That would have been embarrassing, so we didn't ask for anything. We managed on our own no matter how difficult it was. (Grade 8, Sylhet rural area.)

Changes in health-seeking behaviour

Most adolescents reported that even after the pandemic, people in their community continued to go to local doctors and pharmacists for non-covid-related health issues. However, some rural adolescents mentioned that, because doctors and hospitals were very far away from their home, it was difficult to access healthcare services during the pandemic. One 13-year-old girl from a rural area explained how it takes a lot of time to get to the nearest hospital due to the inadequate and overcrowded private transportation system as a result of the government's suspension of public transport during lockdown:

People are having trouble finding passenger vehicles. There are not many passenger vehicles here. You see, people here are not rich. Mostly middle-class or poor families live here. Also, you will often find those places crowded with people. And it takes a long time to get visited by a doctor there. (Grade 8, Sylhet rural area.)

A few of the adolescents pointed to the social stigma and suspicion surrounding the people who visit the doctor even for non-covid-related health issues, and how it creates an obstruction in their health-seeking behaviour. As one 15-year-old boy said, *'I stay at home even when I have a cough and cold. I can't visit a doctor. If I say that I need to see a doctor, others doubt me, they think I have caught corona[virus]. Fearing such doubts, I can't go to visit a doctor'* (grade 8, Chittagong urban area). On the other hand, a few adolescents voiced their opinion on how hospital facilities have improved during the pandemic. As one 13-year-old girl said, *'Patients are treated with greater care and attention'* (grade 7, Sylhet rural area).

My father wanted to help the poor. So he gave money [to one of his friends] who then distributed rice, pulses, chicken, biscuits, oil, onions, and other things among poor people.

(A 13-year-old girl from Chittagong urban area)

Psychosocial well-being and coping

The psychosocial well-being of adolescents and their families has been an important concern during the pandemic. This section lays out our findings on the mental health challenges faced by adolescents due to covid-19 and how they have sought different strategies to cope with it.

Most adolescents reported that being isolated from normal life due to the pandemic made them feel bored and exhausted because they could not go to school or meet their friends. A 13-year-old girl said, *'Now it has become intolerable. I have gotten extremely exhausted staying at home for so long. Actually, I miss school. Also, the kind of fun we could have at school, we can't have it at home, like meeting my friends...'* (grade 8, Sylhet rural area). Some of the boys in particular mentioned not being able to go out to play and to go to the market as a reason for their boredom. Atypically, two girls reported that they felt good as a result of the restrictions. One, aged 15, said: *'I stay at home all day long now. I can talk to my parents anytime. I study and eat rice and watch TV. These are not bad actually'* (grade 8, Chittagong urban area).

Adolescents also shared their tensions and anxiety as a result of the pandemic. 'Education-related uncertainty' was reported as the most common source of their anxiety. Educational institutes remained closed for quite a long time, during which there was no government announcement about promotions from one class to another. This created uncertainty among the adolescents about their educational future. One 15-year-old boy said:

Well, if this situation continues and the educational institutions remain closed, then our studies will be hampered even further... If the government announces that everyone will be promoted to the next class then it won't help to grow our knowledge. (Grade 8, Chittagong urban area.)

Teachers have also been affected. Key informants reported that the continuous shutdown of educational institutes affects not just their students' education but also teachers' mental health. A female teacher from Chittagong (rural area) said:

Since I'm a working woman, and I have contributed particularly in the education sector, this time I am sitting inside my home, so the education sector is facing a problem, the education itself is falling behind. And I'm getting mentally sick by constantly staying home like this.

Adolescents also felt tense and anxious because of their family's financial struggles. Lockdown caused economic hardship for many families, with adolescents reporting that family members who worked could no longer do so. One 13-year-old girl explained the situation thus: *'My father used to provide us with food and clothing. Now I also worry about it. Can you live without worries when you see your mother is worrying? You will start worrying about it'* (grade 8, Sylhet rural area).

Coping strategies to improve psychosocial well-being

Adolescents mentioned watching TV and using mobile phones as the most common coping strategies to deal with boredom at home. Using a mobile phone was found to be more common among urban male adolescents than other adolescents. However, most adolescents – male and female, from rural and urban areas – reported that they watched TV when they have free time or feel sad. Connecting with friends was another way of coping, reported mostly by boys, with urban boys reporting more communication via mobile phone compared to their rural counterparts, who mostly met friends in person. Some adolescents, both male and female, also mentioned activities such as drawing, reading story books, and playing with siblings. A few girls mentioned gossiping with relatives or family members and doing handicrafts as a way of passing time.

After the lockdown, a few adolescents reported that they were now more able to go out and meet their friends or go to market than during lockdown. Worries related to family finances were also reducing as income-earners were beginning to restart their activities. A 13-year-old girl said, *'My tensions have reduced to some extent. Since the lockdown is not there anymore, we will be able to manage one way or another'* (grade 8, Sylhet rural area).

Voice and agency related to adolescents' mobility

Findings reveal a stark gender difference in voice and agency. Due to cultural traditions, adolescent girls have limited mobility compared to their male counterparts, particularly as they progress through adolescence and gender norms

become more strongly enforced. As a result, the pandemic situation has either maintained or increased the mobility restrictions on adolescent girls. While some reported new restrictions imposed by their parents because of the pandemic, others highlighted the pre-existing gender differences regarding going out of the house. As one 14-year-old girl said, *'Boys go out, they always go out, even after the [imposed] lockdown they went out sometimes. But girls don't go out much'* (grade 8, Sylhet urban area).

Adolescent boys were found to have more flexibility and agency regarding their mobility. Some reported going out for a walk down the street or meeting their peers whenever they got bored or exhausted staying at home. One 14-year-old boy stated, *'You see, it doesn't feel good to stay at home every day. That's why I go for a walk occasionally'* (grade 8, Chittagong urban area). Others, whose parents were stricter about not going out during the pandemic, mentioned sneaking out of the house, as a 13-year-old boy confided: *'They [parents] advised me not to go outside but I went secretly'* (grade 7, Sylhet rural area). Some boys were found to express agency through staying at home – not because of their parents' restrictions but because they themselves wanted to.

Adolescents' perceptions of government and community support in response to covid-19

Most adolescents were positive about the government initiatives launched (e.g. imposing lockdown, providing food aid and safety kits, closing educational institutes) and praised the government's appropriate and timely decisions. For more information on the government's response, please see Box 1. One 14-year-old boy said, *'They [the government] did the right thing. If it was not for the lockdown, the coronavirus would have been spread much more dangerously'* (grade 8, Chittagong rural area). Most adolescents felt that the government had utilised its resources to help the people most in need.

Some adolescents had more positive opinions about the government's decisions and responses than about people's civic responsibility. As a 13-year-old girl commented:

Our government is doing whatever they can. Government is providing relief, they are trying to create awareness among people, distributing many things for free. But people don't care about these. Government is forbidding people to go anywhere, but everyone is going now. If the public refuses to maintain these rules, they have nothing to do. (Grade 7, Chittagong urban area)

While agreeing that imposing a lockdown was the right decision, as it was done to keep the public safe from coronavirus, some adolescents also highlighted the adverse consequences that would ensue (e.g. studies would be hampered further, and household economic pressures would worsen) if the lockdown continues much longer. A few adolescents thought that the government needs to find alternative ways to deal with the situation other than restricting people's mobility. Adolescents in urban areas in particular shared how they witnessed people secretly getting out of the house when law enforcement agencies were not present in their area. One 14-year-old boy said, *'Well, I have seen army staff and policemen trying to make people aware of coronavirus. But people secretly do what they need to do'* (grade 8, Chittagong urban area). Similarly, another 14-year-old boy stated, *'People always crowd into those stores. However, when they hear that policemen are coming, they leave the spot immediately. When policemen go away, they return as usual'* (grade 8, Chittagong urban area).

Some of the adolescents mentioned community members being helpful and supportive towards each other during this difficult time by distributing food, masks and lending money to those in need. One 14-year-old girl mentioned how masks and hand sanitisers were being provided by one of her neighbours: *'Masks and hand sanitisers are not easily available in our locality. However, we have a neighbour aunt here, who is a doctor. She brings those items to us and she gives those to us free of cost'* (grade 8, Sylhet rural area).

Conclusion

Our findings suggest that despite the lifting of the nationwide lockdown and covid-related restrictions, adolescents and their families in Chittagong and Sylhet divisions continue to be affected by the consequences of the covid-induced crisis. Some adolescents' households with relatively low incomes did not receive adequate support from the government, and have fallen through the cracks. Moreover, after several months of nationwide lockdown leading to loss of work or a sharp fall in household incomes, families are still struggling every day to regain their financial stability and repay their debts.

The adolescents in our sample had adequate knowledge about the basics of covid-19, its symptoms and how it spreads. However, there was some reporting of misconceptions about how to treat covid, with adolescents getting misinformation from the community as well. The study findings also show rural-urban differences in knowledge about covid-19, with urban adolescents having more specific knowledge about the virus than their rural counterparts.

Most adolescents were found to practice various protective measures such as wearing masks, washing hands and maintaining social distance even after the lifting of lockdown. However, there was a strong gender difference in terms of mobility restrictions, with parents allowing adolescent boys to go out more frequently than girls.

Box 1: Government response to tackle covid-19 impacts

The World Health Organization (WHO) announced a public health emergency of international concern on 30 January 2020 (Sohrabi et al., 2020). On 8 March 2020, the Institute of Epidemiology, Disease Control and Research (IEDCR) confirmed the first three covid-19 cases in Bangladesh.

To combat the impacts of the pandemic, the Government of Bangladesh took some initial measures. It formed a covid-19 Response Committee under the Ministry of Health, closed all government and private offices, closed all educational institutions (from 17 March 2020) (The Daily Star, 2020a), banned all public gatherings and transportation services, suspended all international and domestic flights, and deployed the army and police to ensure social distancing and to motivate people to comply (Islam et al., 2020).

The government reduced the price of rice from \$0.36 to \$0.12 per kg under the Open Market Sell (OMS) programme at all city corporations of Bangladesh for the urban poor during the countrywide shutdown (Byron and Mahmud, 2020) and also allocated 5 lakh tonnes of rice and 1 lakh tonnes of wheat to distribute to low-income households for free (The Daily Star, 2020b). However, due to corruption and mismanagement, the government issued a card system for low-income families so that they could buy rice at \$0.12 per kg. Through this card system, people could buy 20 kg of rice per month (Roy, 2020).

The government subsequently offered cash aid to poor families who had been affected by lockdown and coronavirus. It provided \$24 per month for three months period (April to June 2020) to 40 lakhs vulnerable families, including rickshaw-pullers, transport workers, construction workers, street-hawkers, agricultural and day labourers, porters and domestic helps (Byron and Alamgir, 2020). The government declared multiple stimulus packages, a total of \$11.90 billion (3.3 per cent of the total GDP) which also included loans for the business industries and agricultural sectors, at very low interest (Byron, 2020).

The findings also show that, despite various measures taken by the government through distance learning and televised lessons to mitigate disruptions to education, study time has reduced for most school-going adolescents, and some lack access to the technologies needed for remote learning. Their education and learning has, therefore, been greatly affected. According to our findings, rural adolescents have less access to distance learning modalities (e.g. mobile phone, internet connectivity and TV) than their urban counterparts; for some, this might lead to the risk of dropping out of school altogether if school closures continue for a long time.

It was evident from our findings that the families of adolescents from poorer backgrounds have suffered the most economic hardship as a result of the pandemic. In order to cope with the financial constraints, they have had to cut down their nutritional intake and reduce their daily expenditure. The long-term shutdown of educational institutes, combined with this household financial crisis, may lead to increased dropout rates among adolescents.

As a result of the continuous shutdown of schools, all the adolescents in our sample, regardless of gender, had become stressed and bored as they have not been able to meet and spend time with their friends at school. Worries about their

education and exam results are another cause of stress and anxiety. Our findings show that it is not just adolescents but also teachers that are facing mental health challenges as a result of the long-term school closures.

Although our findings highlight differences among the sample by gender and socioeconomic background, as well as between adolescents in rural and urban areas of Chittagong and Sylhet, we found no heterogeneity in experiences in terms of disability status, female-headed household, or school type.

Policy implications: Key policy priorities for adolescents

In the light of our findings, we propose some key priorities for policy and programmatic responses to help the most vulnerable adolescents and their households recover from the covid-19-induced economic crisis, as follows.

1. **The ministry of education and private organisations working in the education sector should urgently develop a plan and strategy to identify and address the educational gaps created by the covid-19 pandemic in order to help adolescents from rural and poor families who had limited access to distance learning in this academic year.** There is a need to review and restructure online study materials, distance learning modalities and teacher training. The differences in access to and affordability of digital modalities across socioeconomic groups and genders risk further exacerbating the existing inequalities between different groups in the community.
2. **There needs to be greater awareness among policy-makers and service providers of the impacts of the pandemic on adolescent psychosocial well-being and needs, recognising that they may be experiencing depression and anxiety.** This involves reinforcing the importance of recreation opportunities and scope for adolescents to engage with their respective communities and their studies. Community leaders and authorities should plan initiatives to create opportunities and infrastructures for adolescents to get involved as volunteers and active participants in their community. Counseling programmes at school and community levels should be prioritized, for adolescents, families and teachers.
3. **The government, NGOs and other stakeholders should act swiftly to mitigate the immediate potential nutritional risk faced by the adolescents due to the ongoing crisis.** Our findings show that many adolescents and their families have become vulnerable to reduced nutritional intake as a result of economic hardship.
4. **Online-based health services that existed since pre-COVID need to be further promoted at grassroots level by the government and local NGOs as a complementary health service during the pandemic** as our findings show that adolescents, particularly those from rural areas who tend to live far from services, have faced difficulties in accessing healthcare due to unavailable and overcrowded public transport systems.

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Annex 1: Respondents' demographic characteristics

Table A1: Adolescents' demographic characteristics (Total 39 adolescents)

Characteristics of respondents	Number	Percentage
Female adolescents	20	51%
Male adolescents	19	49%
Rural adolescents	17	44%
Urban adolescents	22	56%
Adolescent from Chittagong	21	54%
Adolescents from Sylhet	18	46%
Total working adolescents	4	10%
Total adolescents with disabilities	4	10%
Total adolescent from female-headed household (FHH)	6	15%

Table A2: School teachers' demographic characteristics (Total - 13 KIIs)

Characteristics of respondents	Number	Percentage
Male teachers	9	69%
Female teachers	4	31%
Teachers from urban areas	7	54%
Teachers from rural areas	6	46%
Teachers from Chittagong division	7	54%
Teachers from Sylhet division	6	46%

Table A3: Respondents by locality and gender

	Chittagong urban	Chittagong rural	Sylhet urban	Sylhet rural	Total
Nodal girls – grade 7	3	3	1	3	10
Nodal girls – grade 8	2	3	2	3	10
Nodal boys – grade 7	2	3	2	2	9
Nodal boys – grade 8	3	2	2	3	10
Female teacher	2	1	0	1	4
Male teacher	2	2	3	2	9
Total	14	14	10	14	52

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