

How are the Girls?

A Study on the Rights of Girls during the COVID-19 Pandemic in six countries, promoted by four International Women Religious Congregations.



This research project has been designed and coordinated by the development offices of four international women religious congregations:

Good Shepherd International Foundation ONLUS, for the Sisters of Our Lady of Charity of the Good Shepherd;

VIDES Internazionale, for the Salesian Sisters of Don Bosco;

Fondazione Comboniane nel Mondo ONLUS, for the Comboni Missionary Sisters;

International Mission Development Office of the Sisters of Notre Dame des Mission.

The project has been implemented in the six target countries by joint teams of the local provinces and programs.

The research activities have been coordinated by a team of experts that has designed the tools for the quantitative and qualitative study, trained local enumerators and analyzed the data to prepare the present report.

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The project has been sponsored by
Misean Cara

Date: October 2022.

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Executive Summary



Background

The impact of COVID-19 on girls and young women

The Covid-19 pandemic which began at the end of 2019, disrupted every facet of our lives. Many communities, mostly in the Global South, have suffered from its impact; among them, children and adolescents, particularly girls, have suffered its impacts more than others.

Upholding the dignity and promoting the well-being of this group of people is at the core of the mission of the four Congregations that promoted the present research.

Based on decades-long experience serving the most underserved in our society, the Congregations were aware that the conditions of many girls and children in the poorest countries were already extremely fragile and that measures such as lock-downs, school closure and interruption of protection services could cause enormous harm.



The Project

The four organizations that have coordinated this research are the “development arms” of four of the largest international women religious Congregations: the Good Shepherd International Foundation ONLUS, for the sisters of Our Lady of Charity of the Good Shepherd, VIDES Internazionale, for the Salesian Sisters of Don Bosco, Fondazione Comboniane nel Mondo ONLUS, for the Comboni Missionary Sisters and the International Mission Development Office of the sisters of Notre Dame des Missions.

All four Congregations have been working for decades to support children and girls in the most vulnerable communities in resource-deprived countries. In the wake of the pandemic’s outburst, they decided to come together to initiate an unprecedented multi-congregational research initiative to respond to a key question: **“How are the girls in our care doing with regard to their basic human rights in this unprecedented crisis?”**.

The hope was to also better understand whether **being in the care of the Congregations’ educational and social programs would have mitigated the negative impacts of the pandemic**. Such understanding was key to review programs and to inform new educational, development and advocacy initiatives. Given the worldwide presence of the four Congregations, it was agreed to narrow the scope of the research to six countries: **South Sudan, Kenya, India, Nepal, Ecuador, Peru**.

The Survey

The project coordinators invited a team of researchers in the fields of economic and social studies, including economists and experts on children and women’s rights, to design and develop a global survey.

The research team proposed to work on a two-level survey: a quantitative study, administered to a larger pool of girls in the six countries, and a qualitative study, administered to a smaller group of girls in the same communities.

3,443+

Adolescents girls and Youth woman participants

Participants were between the ages of

10-20

30

Cities and Communities

6

Countries

The Quantitative Survey: Key Findings

The aim of this empirical study was twofold. On the one hand, to provide a detailed and comprehensive description of the general condition of girls in the target communities in the aftermath of the pandemic outbreak. On the other hand, to get some insights on the impact on the current and future outcomes for these girls.

The quantitative research involved 3,443 adolescent girls in six countries, selected among the participants in the Congregations' programs. The survey included the in-person administration of a questionnaire with the support of enumerators.

The research team initially explored responses to the questions about school participation and school enrolment. This highlighted a slight decrease in school participation for girls over 15 years of age, who have reported to be more likely involved in extra-curricular activities. They also reported difficulty in studying more frequently than girls under 15.

As the research involved girls from both urban, semi-urban and rural areas, the results show that school participation decreased relatively more in rural/remote areas rather than in urban/semi-urban and even more severely for girls living in informal settlements. This could be a consequence of the different school closure policies implemented during the pandemic.

The quantitative research involved 3,443 girls in the six countries, selected among the participants in the Congregations' programs.

In fact, 22% of schools in urban or semi-urban areas versus 9% of schools in rural or remote areas were still closed at the time of the survey, and more than 55% of schools attended by girls living in informal settlements were still closed at the time of the survey.

Girls reported that face-to-face classes were primarily substituted by online classes and secondarily by the use of educational apps or WhatsApp groups. Therefore, access to technology has been key to ensuring the continuity of girls' education. Even though the larger share of girls who report having attended online classes during the pandemic live in informal settlements, girls living in urban areas more frequently report having used the internet for schoolwork. Despite differences in the availability of material resources and internet access, respondents reported having met with friends with the same frequency.

One significant highlight that emerged from the quantitative analysis, is the significant difference in the incidence of child labor by age group. More than 20% of girls under 15 years of age versus 5% of girls between 15 and 18 report having been engaged in child

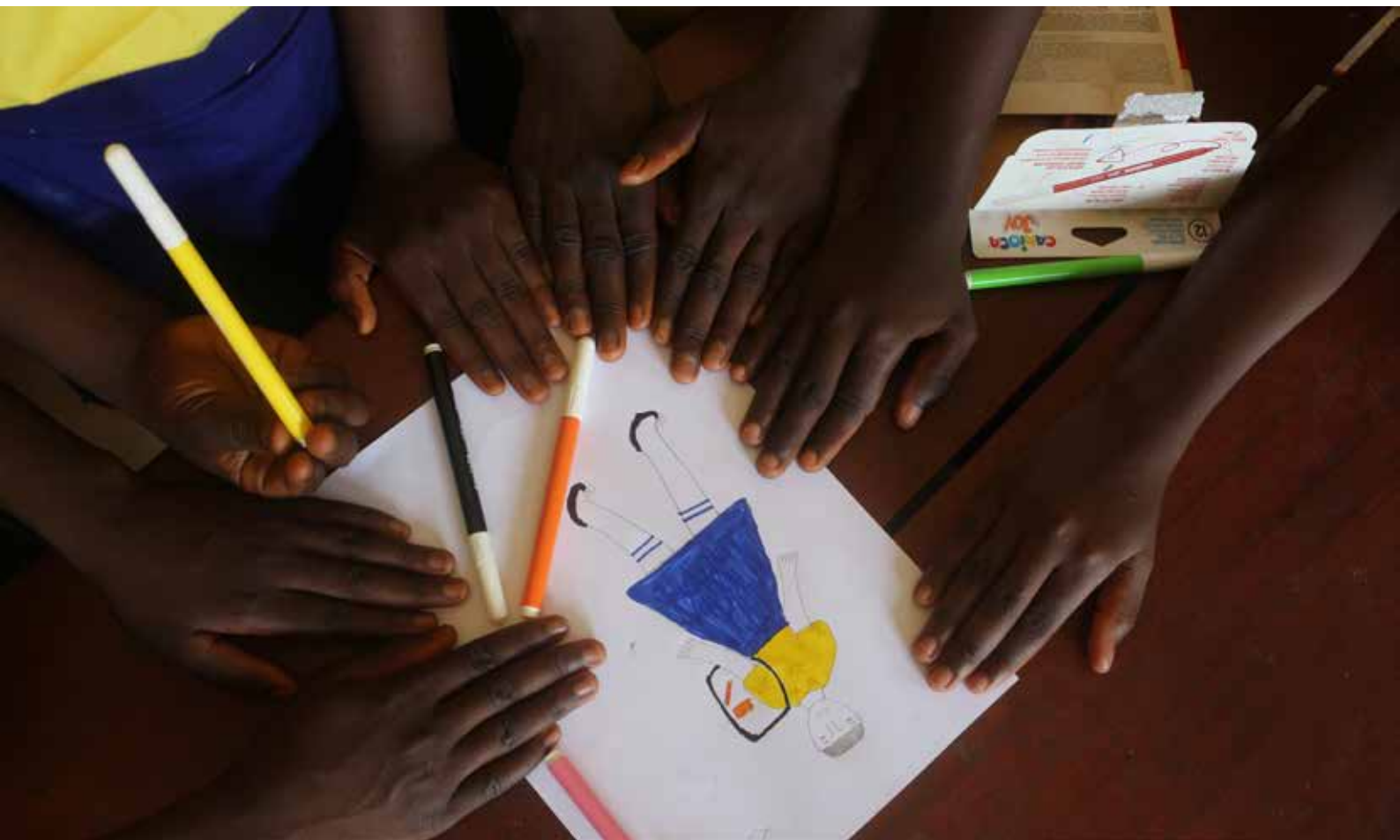
labor (girls 18 years of age or older have not been included in this study). For girls under 15 years, child labor is defined in this report as working more than 14 hours a week for a paid job or doing household chores for more than 21 hours a week. For girls aged between 15 and 18, child labor is defined as working a paid job for more than 43 hours a week.

Almost three out of four girls reported being in good or excellent health, and this figure does not change with respect to age or area of residence. This figure is coherent with the data on disability as the same percentage of girls who report being in good or excellent health is the same as the figure reported for not having any disability.

Substantial differences emerge when we consider access to clean water. This is an

essential condition for personal hygiene and maintaining good health status. Girls in urban/semi-urban areas have more frequent access to clean water at home than girls in rural/remote areas and even more so than girls living in informal settlements. For girls living in rural or remote areas, the discomfort due to this barrier is exacerbated by the difficulty of buying sanitation pads during the lockdown. Actions by the congregations to mitigate the adverse impact of restrictive measures due to Covid-19 have also concerned this aspect. In rural or remote areas, more than a third of girls engaged in programs run by the congregations received a menstrual hygiene kit on at least some occasions.

The consequences of a family bereavement have been different with regard to age. In



fact, almost half of the girls over 15, who have been asked about the impact of the Covid-19 outbreak on their household income, reported that this event had an extremely significant impact.

In general, for one out of six girls, there has been a decrease in the number of daily meals since the beginning of the pandemic. Currently, about 10% of girls live in a situation of food insecurity, i.e., eating less than two meals a day. Food insecurity also seems to be correlated with other vulnerabilities, such as income loss, bad health status and lack of access to clean water.

Less than 30% of girls report having witnessed at least occasional conflicts at home during the Covid-19 lockdown, and more than half of them say that this has changed with respect to before the pandemic.

Obviously, conflicts at home significantly impacted how the girls felt at home, especially if they are were forced to spend most of their time confined at home. More than 60% of girls reported a sense of worry, and half of them have experienced sadness. The most frequently reported feelings are “negative,” and fewer girls reported “positive” feelings, such as feeling “relaxed”, “protected” and “happy”. Each of these emotions have been reported each



by 20% of girls. Household income loss and deteriorated living conditions are the most likely explanation for these negative feelings. In fact, there is a significant association between the severity of household-income loss and the most frequently reported feelings. Similarly, negative feelings are associated with the difficulty girls encounter in studying. Indeed, those who have experienced negative feelings at home during the lockdown are more likely to have found difficulties in studying during the school closure.

When asked how they see their future, the girls expressed a willingness to continue their studies, and only 22% of girls want to keep working. Only 11% expressed the desire to marry.

One of the most common ways to measure well-being is by measuring income poverty. The idea behind such a measure is that if one can determine how much money flows into a household, it is possible to assess whether the household is able to meet basic needs.

Researchers commonly use income as a proxy for material well-being when they analyze trends in poverty and inequality and the antipoverty effects of government programs. Families with low income are less able to meet their basic needs and hence are more likely to experience material hardships, defined as demonstrating unfavorable economic circumstances (Ouellette et al., 2004).

An alternative way to evaluate adolescents' material well-being is by assessing their material hardship. First developed by Mayer

and Jencks (1989), this approach dispenses with proxies like income and instead seeks to directly measure the material well-being of households. The intuition behind material hardship is straightforward: when demands on a household's resources (income, savings, credit, favors, social assistance benefits, and so on) exceed available resources, the result is some form of material hardship (Rodems and Shaefer, 2020). Moreover, while income poverty and material hardship are correlated, most of those who report being in material hardship are found above the poverty line (Rodems, 2019).

There are many advantages to using measures of material hardship. First, the idea of material hardship gets to the core of what most people mean by poverty. Second, material hardship analysis gives the opportunities to tailor aid measures, such as food stamps, housing subsidies, and subsidies for heating, in addition to the geographically varying and non-profit-based direct service provisions. In addition to measuring income poverty, researchers should assess the well-being of the population in the very terms by which it is conceived of by policymakers: material well-being. According to Heflin et al. (2009), four broad categories of hardship have emerged in literature: food hardship, fiscal hardship, health hardship, and housing hardship. Huang et al. (2010) found that food insecurity correlates with less optimal parental health, which in turn can have negative consequences for children. Financial hardship can put a strain on parental relationships, which in turn can lead to antisocial behavior among children (Scaramella et al., 2008). Material hardship is also associated with

social problems, at least in children who live in rural areas (Mosley and Miller, 2004; Kainz et al., 2012; Conrad et al., 2019).

The analysis of material hardship conducted among girls in this study aims at understanding these potentially causal relationships. The three dimensions of the socio-economic life of girls have been taken into consideration. Within each dimension, the analysis measured the level of hardship experienced by girls during the Covid-19 pandemic: social life, family and physical health.

The results show that, in total, more than 35% of girls experienced serious or very serious hardship during the pandemic. This was due mainly to a decrease in well-being in the social dimension. Furthermore, 100% of girls who have experienced serious or very serious hardship are 15 years or older. Among those who experienced very serious hardship, 80% live in Africa (Kenya or South Sudan), and 64% live in rural or remote areas. Among those who experienced serious hardship, 43% live in Africa, 39% live in Asia, and 18% live in South America. Across all the countries, the concentration of girls suffering from serious hardship is the highest in rural and remote areas.

The congregations' school programs might have the most evident beneficial effect on the level of the girls' participation at school.

In fact, 99% of girls involved in school programs are currently enrolled in school, while 91% of girls not involved in school programs are currently enrolled in school.

In order to evaluate the mitigating impact of the congregations' school programs, we considered the same index of hardship introduced in the previous section. The (inverse) hardship index percentages by involvement in school programs. Again, we notice that higher percentages of girls not involved in school programs have suffered serious or very serious hardship. In contrast, girls involved in school programs reported a relatively higher probability of the absence of hardship during the pandemic.

The Qualitative Study

In the qualitative phase of the research project, 314 adolescent girls aged 10-20 years participated in the study from Peru, Ecuador, South Sudan, Kenya, India and Nepal. The objective was to complement the findings to the quantitative study that was carried out as the first phase (December 2021-February 2022). It aimed at illustrating quantitative findings and providing a space for girls to voice out their experience and their concerns in their own words. The aim of the research was to find what was the unique experience of girls during and after the pandemic and how they have adapted to new challenges brought by the subsequent waves of the pandemic and the restart of services after two years.

The aim of the research was to find what was the unique experience of girls during and after the pandemic.

For the qualitative phase, the research team developed three tools: one Focus Group Discussion (FGD) topic guide for girls of both age groups (10 to 14 years and 15 to 20 years), one topic guide for individual interviews (girls aged 10 to 20 years) and one topic guide for service providers (key informant interviews).



All three tools explored the impact of the pandemic on several dimensions including girls schooling, girls' health (including reproductive and sexual health as well as mental health), relationships, decision-making and aspirations.

All participating countries led focus groups with the girls following the above inclusion criteria (age and school status), totaling 34 Focus Group Discussions overall.

In addition, country teams were provided the opportunity to carry out individual interviews with girls and key informant interviews with service providers (8 individual interviews and 10 key informant interviews have been included in this analysis from both India and Nepal) – to enrich and add to the existing data.

Data collection was led by a team of thirty qualitative researchers in June 2022 and lasted about 3 weeks.

Education

As adolescent girls from around the world experienced significant disruptions in their education during the pandemic period, the learning loss has been huge for girls living in LMICs. Not only have they had to face exceptional circumstances but their access to learning was seriously compromised by the lack of access to online education services and technology. This has resulted in an acute sense of learning loss, a declining self-esteem and sense of self-worth, general disillusion and missed opportunities. Inequalities during

COVID were considered particularly harsh as girls shared a lot of concern for their peers living in families and communities with less access to services including online schooling.

As a result of household poverty and sudden unemployment resulting from government restriction measures, girls have had to take charge of parental duties including increased work, household chores and care (taking care of older and sick parents, siblings) which has further compromised the continuity of their education. This shows how gendered are the effects of the crisis on adolescent girls worldwide, especially in the poorest and most vulnerable areas.

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“During the pandemic, studying was very difficult because we did not understand many things, we did not have the necessary measures to protect ourselves at times and we did not have the connections to be able to enter virtual classes.”

Adolescent girl FDG,
Ecuador, Guaranda, 17 years



Health

The pandemic had significant negative consequences on girls' health including mental health and reproductive health. The prolonged lock down led to an acute sense of loneliness, increased stress because of survival needs and intense social isolation.

Many girls from impoverished families and communities experienced menstruation poverty and did not have access to the essential reproductive information and services that would have helped them go through this transition. Many girls shared stories of feeling helpless and unable to take care of themselves in that crucial phase of adolescence, many girls told us that they missed out on sexual education too.

A lack of parental supervision and access to these essential adolescent-focused services meant that many girls fell into the trap of teenage pregnancy. Others felt compelled to engage in sexual and commercial exploitation in order to meet their basic needs, exchanging sex for food, menstruation pads and other basic hygiene items such as soap.

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“Talking about sexual health, many girls got pregnant because nobody told them how to take care of themselves.”

Adolescent girl FDG, Ecuador, CENIT, Educational Institution, 13 years

Violence and gender discrimination

Commonly reported forms of violence that were most cited during and after Covid-19 were online abuse and harassment, and domestic violence (including experiencing violence at home and witnessing violence). This was termed by international media as “the shadow pandemic” and received much attention worldwide. Girls told us stories of parental disputes, conflict between siblings as well as children witnessing parental fighting. They also reported an increased use of physical punishment as a means of discipline. They reported sexual violence and incest within families and online (as girls were more exposed to social media, they became a prey to online predators).

Other harmful consequences of the pandemic that has been widely reported was the surge in child marriages, exploitation and discrimination against girls, which brought significant harm to the lives of adolescent girls worldwide. Girls provided examples of parents marrying off their daughters for economic reasons, or friends who were married off to their boyfriends after getting pregnant. Girls themselves sometimes highlighted that marriage was a way of escaping either a violence or conflicting at home as well as poverty – and sometimes a better short-term alternative to school which was unaffordable.

”

“I think because there was a lack of money to support the girls to go to school. The girls think maybe it’s better to get married.”

Adolescent girl FDG, South Sudan,
Western Equatoria, 15-20 years

Survival and work

A number of girls stressed that the government-imposed restrictions and the subsequent loss of jobs led to decreasing food availability at the household level. In India and Nepal, girls mentioned that although the food was not as diverse and the diet as rich as before Covid-19, which resulted in a lack of vitamin intake. In Kenya and Ecuador, girls revealed the acute need for food that created high tensions and conflict in families. Many girls entered informal employment at the expense of their own education and long-term prospects.

Relationships

One of the highest impacts on the girls' sense of connection to others was the loss of friends during COVID due to school closure. The reality that many girls found themselves in was that they couldn't rely anymore on the practical and everyday support of their peers and that brought them down and contributed significantly to decreasing morale. They also mentioned deteriorating family relationships as a source of stress and pain.

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“Before COVID-19, our parents loved us very much, they tried their best to give us what we wanted, but after COVID-19, they told us to sort ourselves out. There was no money in the house and if the parents got sick, they expected you to work and fend for the house”

Adolescent girl FDG, Ecuador,
Guaranda, 17 years

Agency and decision-making

Progress towards girls' rights including decision-making and agency have been seriously altered as many girls felt they had to give up their education or their dreams. The pandemic has significantly reduced girls' access to opportunities. However, it has also led the way to other ideas

Services

Many girls were deprived of services vital to their health and development, such as reproductive, food and education and social services. However, many also survived on outside support, including community support but also government and NGOs aid. In the Congregations' operational areas, the support that Congregation's programs provided was highlighted as being extremely helpful and contributed to many families being able to cope and survive despite the extreme hardship.

Positive insights

However, the pandemic was not only negative for girls. Among the secondary positive benefits that some girls have highlighted were an increased knowledge of online tools and platforms, a closer relationship to families and loved ones, news interests and new ideas.

“During the pandemic, the RNDM sisters worked hard in many ways like visiting families, providing food kits, counselling and telling them to follow Covid restrictions and take good food etc. I was inspired by them. During lockdown relaxation they took tuition classes for us. We were so happy that we can learn better since there was no school at all.”

(Adolescent girl IDI, Bidar, India 11 years).



Table 7 What girls have to recommend – in short

Education <ul style="list-style-type: none"> • Support girls to getting access to education • Help with removing or supporting school fees and secondary fees (uniforms, stationaries etc) • Provide free education for all • Support girls who missed out with catch up education opportunities and professional skills training • Better educational opportunities and more quality teaching • Better schooling infrastructure including access to drinkable water in schools • Increased support for girls and boys out of school • Advocate for pregnant and married girls to go to school 	Sexual and reproductive health <ul style="list-style-type: none"> • Support to teenage parents, teenage mothers and babies including day care centres • Provide girls with sex education (including in the school curriculum) • Support girls to fight menstruation poverty • Provide routine SRH checks for girls • Brief girls on the dangers of addictions
Health <ul style="list-style-type: none"> • Provide health services free of charge • Support poorest families with basic hygiene equipment 	Mental health <ul style="list-style-type: none"> • Better mental health services for your girls including counselling
Survival and employment <ul style="list-style-type: none"> • Support the food needs of young adolescents • Support vulnerable/poor families • Support job and employment opportunities for girls • Provide career guidance for girls 	Protection <ul style="list-style-type: none"> • Support to girls and boys living at the margins (street involved girls and boys) and their reintegration • Support parenting education (training to parents) including conflict management and relationship building • Support households with disabilities • Make government accountable for violence and abuse against girls • Security policies to prevent violence against women and girls in public spaces
Reaching out to the poorest <ul style="list-style-type: none"> • Support the poorest household to get proper shelter and food and access to basic services • Support vulnerable people and children, especially street children 	Discrimination and space <ul style="list-style-type: none"> • Provide space for girls to express themselves, exert their agency and “have a voice” • Tackle discriminations against women and girls • Advocate against gender discrimination, for instance husbands forbidding young wives to join schools
Safeguarding <ul style="list-style-type: none"> • Support and put in place safeguarding mechanisms at schools and universities 	Digital gap <ul style="list-style-type: none"> • Provide access to digital equipment and wifi to households from the most disadvantaged backgrounds

Conclusions and Policy Recommendations

Based on the insights drawn from the qualitative and quantitative components, it may be concluded that this study can be of guidance for **developing an aid guide aimed at preventing negative impacts on young girls in the event of future pandemics or large-scale health crises**. What emerged from the report, is that the lockdown caused by the pandemic has had major physical and psychological impacts persisting over the medium and long term, such as early pregnancy, early marriages and sometimes physical and psychological violence.

1. Lockdown caused **emotional distress on girls and adolescents**. Uncertainty about the future, not being able to see their friends, and intra-household violence were common consequences they experienced. During the pandemic, students from vulnerable families may have suffered more loss and uncertainty. Adolescent girls were more vulnerable to mental health issues because they found themselves unable to comprehend the entirety of the situation or fully communicate their feelings to adults, in fact many of them suffered anxiety and depression during the pandemic. Adolescent girls are more vulnerable to mental health issues because they found themselves unable to comprehend the entirety of a situation nor fully communicate their feelings to adults, in fact many of them suffered anxiety and depression during the pandemic period. **Recovery efforts must prioritize a new era of investment in robust health systems**

supporting a family-centered model of healthcare and child health programs.

It is important that young girls who have experienced high distress during the pandemic, **receive counselling from psychologists and other mental health professionals**. Their doubts need to be clarified; **they deserve social and psychological support, counseling, compassion and kindness in such a distressful situation.**

2. Although progress has been made in **reducing the prevalence of early marriages**, it still remains a pervasive problem in several countries. The COVID-19 pandemic has greatly influenced and amplified this problem because of the scarcity of aid to young girls and families, especially in remote and rural areas. The **development of additional protection, awareness and development programs involving not only young girls, but parents and relatives close to the girls, is**



extremely important to provide young girls with opportunities for better peer interaction, for support, for participation in various youth engagement activities, skills development and building their social networks to **enable freedom of expression and movement**. Congregations' programs are **particularly well placed to offer age-appropriate and culturally acceptable education about reproductive health and sexuality to young girls**. The disruption in the provision of such programs negatively affected the girls, who felt disoriented and more vulnerable to exploitation. Resuming and further developing this educational work is of paramount importance to empower girls and prevent early marriages, early pregnancies and sexual exploitation.

3. During the Covid-19 lockdown, **girls struggled to meet their hygiene and reproductive health needs in all the countries covered by the study**. Low-income families are reluctant to spend on sanitary pads, which is why few girls resumed their previous practice of managing their periods using cloth pieces or rags. This study's findings may be used to **plan and implement interventions during a future pandemic or such crises to maintain the supply chain of sanitary pads and basic hygiene kits for girls, creating a widespread network of primary healthcare aid**, available especially in the most remote and rural regions.

4. In regions where public budgets are extremely limited for investments in public health and youth care centers, **community-based activities are an important alternative to provide support for young girls and prevent violence and sexual abuse.** Community-based programs designed to create **more equitable gender norms and decrease tolerance of sexual violence and sexual abuse are the most effective interventions in low-income areas.** Popular interventions should include group education, community mobilization, social norm programming, media campaigns, mentorship, and identification of safe spaces. Initiatives targeting both young boys and girls include fatherhood programs that aim to improve gender equality in parenting, build **parenting skills, and increase paternal involvement.** School-based interventions targeting adolescents could increase evidence for improving gender-equitable attitudes and increasing self-reported likelihood to intervene in situations of abuse and partner violence. A multisectoral response should **ensure that the needs of girls and parents/ caregivers are addressed holistically** and that these interventions lead to better outcomes for children. **Actors in the child protection sector should also consider collaborating with religious and traditional leaders** who have access to the most deprived and remote communities and can build on the trust and long-term commitment they have established with the people, and specifically with the girls. **The Congregation's approach to care and services, rooted in compassion, love and empowerment, is key to support the holistic development of girls.**
5. Disparities in access to technological resources among young girls led to an increase educational gaps, and school disengagement across cohorts. Consideration must be given to how modern information technology can be incorporated into places where people interact. For instance, **invest in connectivity at communal hot spots, such as recreational centers, learning centers, and parks frequented by vulnerable children.** The **Educational institutions should be equipped with infrastructure facilities so as to be able to manage the digital learning process during future health emergencies.** There is a need to ensure adequate funding for the **improvement of the education and IT systems and to provide adequate capacity development training to the stakeholders of education institutions.**

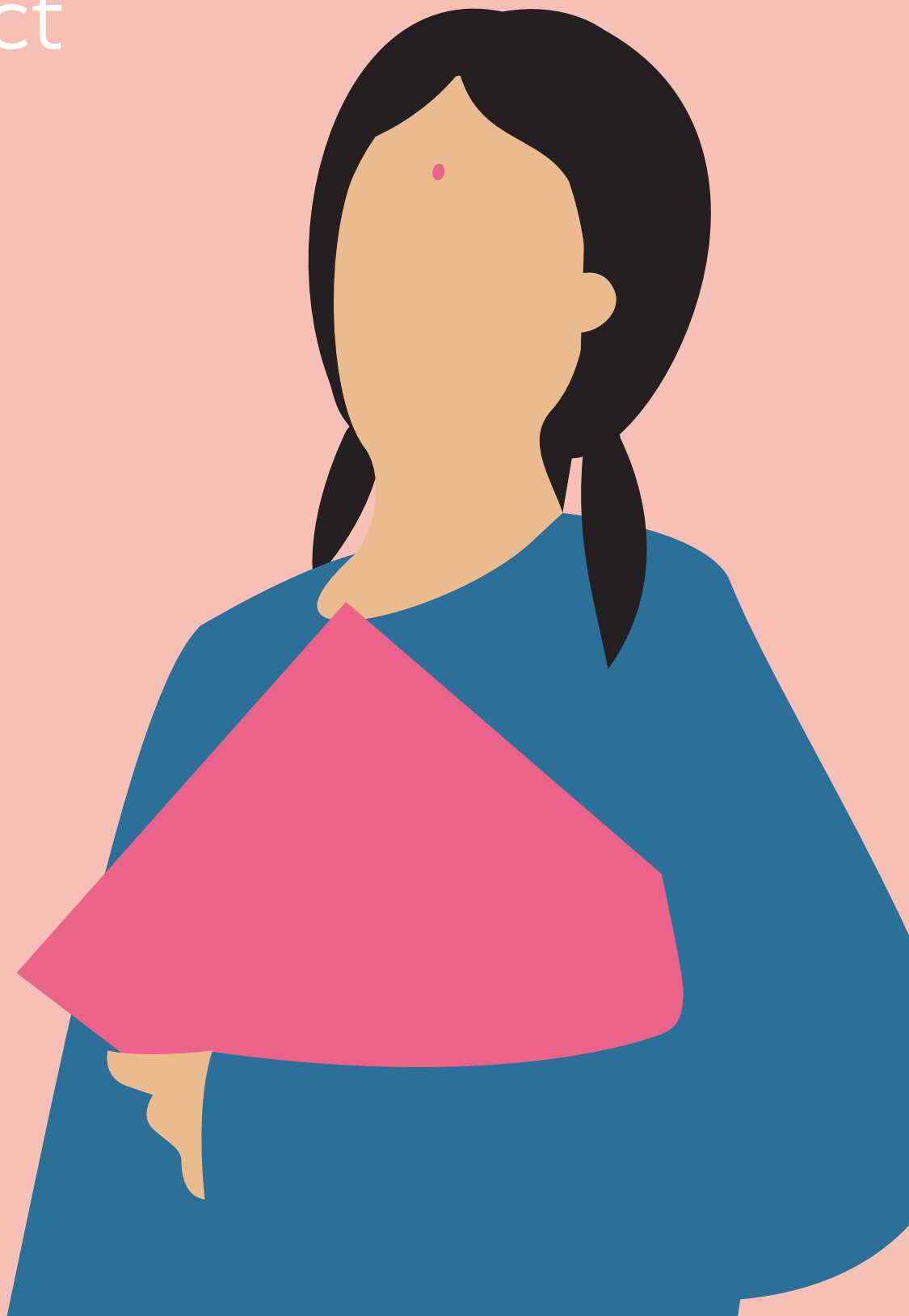


Glossary

Children (according to the UNCRC)	Any person below 18 years of age. Although definitions may be different in different countries, the research protocol used for this project adopts the UNCRC definition.
Congregations	Our Lady of Charity of the Good Shepherd, Salesian Sisters of Don Bosco, Comboni Missionary Sisters and Sisters of Notre Dame des Mission.
Beneficiary	Someone who directly receives a benefit (goods or services) from the Congregations and/or from their programs or projects.
Partner	Any external organization or entity working with the Congregations for a specific project/program.
Program	In this context, we refer to all the organized services and activities, carried out and delivered in institutional or non-institutional settings by the country-level entities of the Congregations. Synonyms are ministries or apostolates. The Congregations' programs in the countries provide services of care, education, protection and empowerment, with a special focus on girls, women and children living in vulnerable conditions and with no specific limits of time. For the purpose of the research, the team considered specifically those programs that provide educational, protection and empowerment services to girls. Programs may comprise (but are not limited to) formal and informal schools, shelters, training activities, outreach activities, awareness-raising activities and projects, residential programs and boarding schools, health services, food supplement activities, soup kitchens, child protection projects, counselling services, day care services, etc.
Project	A set of activities related to specific outcomes over a specific and determined period of time, usually related to a specific grant.
Harm	Psychological, physical and any other infringement of an individual's rights.

01

The Research Project



The Research Project: Methodology and Findings of the Quantitative and Qualitative Study

The Project

In the aftermath of the Covid-19 outbreak, four development organizations affiliated with international women religious Congregations, the Good Shepherd International Foundation ONLUS, VIDES Internazionale, Fondazione Comboniane nel Mondo ONLUS and the International Mission Development Office of the sisters of Notre Dame des Mission, decided to embark on a multi-country and multi-congregational study to investigate the conditions of girls in some of the most fragile countries in the world to understand how the various measures to mitigate the pandemic had affected their lives.

All four Congregations have been working for decades to support children and girls in extremely vulnerable communities in resource-deprived countries. This unique research initiative aimed to respond to key questions such as: “How has the pandemic impacted adolescent girls around the world? What are the specific challenges experienced by girls as they transition from childhood to adolescence and youth during Covid-19?”.

This study aims at exploring the complex and long-lasting effects of the global pandemic amongst girls living in the most deprived areas within the Global South

served by the Congregations. It shows how measures and restrictions trying to deal with the epidemic have increased and exacerbated vulnerability amongst the people most in need, particularly in the lives of adolescent girls.

Collecting robust evidence and hearing the voice of the girls is key for the project promoters to review programs and to inform new educational, development and advocacy initiatives.

Research context

According to world leading education institutions such as UNESCO and UNICEF, repeated and exceptionally long school closure in Low-and-Middle-Income countries (LMICs) have led to alarming growing inequalities and alarming learning losses among children and adolescents. In many countries in the Global South, schools have been physically shut down for months or years and have just begun to re-open when data collection for this research started in mid-2022. This means that children from the poorest backgrounds have had to suffer from immense losses in terms of their learning which affected their confidence and ability to resume their education. Distance learning has proved to be exceptionally challenging in contexts

where mobile and internet coverage is low or non-existent.

When schools are closed, children and adolescents miss out not only on their education but also on other outcomes affecting their own development, such as access to basic services that are usually delivered through the school.

Children and adolescents living in poverty prone areas have had to face acute survival challenges as a result of the restrictions imposed in countries during the pandemic. This resulted in a high loss of interest in pursuing education as well as negative coping mechanisms such as child labor and child marriages as a way of surviving the crisis.

This report focuses on adolescent girls to examine the gendered impact of Covid-19. It tries to understand how girls, in that critical phase of their life (adolescence), have coped and how they were affected by the pandemic and government-imposed restrictions. This study aims to explore what has happened in the past two years since Covid-19 hit the global scene and how adolescent girls have managed to get past the immense struggles that were imposed on them.

Girls, in their own words, are telling us about the immense challenges, discrimination violence and economic hardship they faced during the past two years. They are also telling us about recommendations they would like to make to policy-makers, service delivery actors and institutions mandated to defend and protect the rights of children and adolescents.



The Study sites

Given the worldwide presence of the four Congregations, it was agreed to narrow the scope of the research to six countries: South Sudan, Kenya, India, Nepal, Ecuador and Peru. For each country, one of the four Congregations assumed the role of project coordinator. The coordinator has been responsible for implementing all aspects of the research, including selecting the girls, hiring enumerators and managing the budget. The local coordinators have supervised the activities at country level and promoted an effective collaboration between the Congregations.

Religious Congregations are often reluctant to network and collaborate in joint initiatives. This project demonstrated that close coordination among Congregations, with the support of their international offices, can be done effectively and can deliver significant added value in terms of scope and impact of the activities, and for shared learning.

The local partners included:

- In Nepal, Good Shepherd International Foundation Nepal coordinated the data collection. The work has involved different schools and social centers.
- In Ecuador, the Good Shepherd Sisters Province of Ecuador coordinated with the Salesian Sisters present in the country the data collection. The work has involved different schools and social centers as the Educational Institution CENIT
- In Kenya, the Salesian Sisters coordinated with the Good Shepherd sister present in the country the data collection. The work has involved different schools and social informal centers.
- In India, the National Development Forum (NDF) of the Salesian Sisters coordinated the Research. The work takes place in different congregations and provinces of India and it has involved different schools and informal centers. To name a few: Primary and secondary Schools, Social Services Centers, Street- children centers, Boarding Houses for girls, Vocational Schools and TVET.
- In South Sudan, the Comboni Missionary sisters Provincial office coordinated with the Salesian sisters present in the country the data collection. The work took place in different regions of South Sudan and it has involved different schools and social informal centers. Among others, were involved the S. Daniel Comboni primary and secondary school of Nzara, the school, All saints Accelerated learning programme in Cueibet, Bakhita Primary school of Tonj, Loyola Secondary school of Wau and Counselling center at St. Daniel Comboni Hospital in Wau.
- In Peru, the Good Shepherd Sisters Province of Peru coordinated with the Comboni Missionary sisters present in the country the data collection. The work has involved different schools and social centers. Among others, were involved the Social centers and parishes in Lima, Arequipa, Huancayo, Cusco and Chinchalta.



6

Countries

4

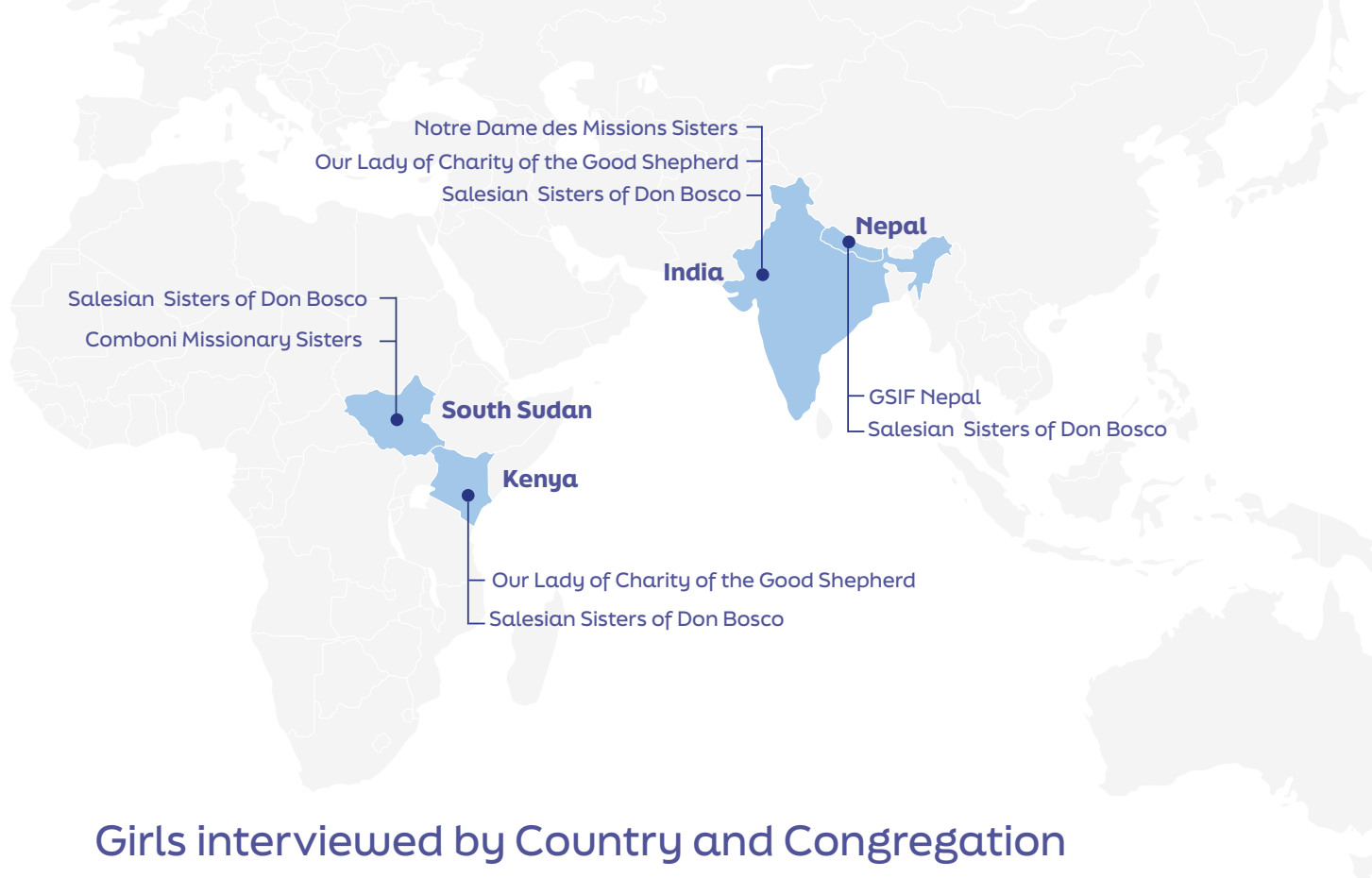
Women Religious
Congregations

94

Sisters and
Lay Partners

12

Partners



Girls interviewed by Country and Congregation

Ecuador

555

Salesian Sisters of Don Bosco 275

Azuay Guayas
Bolívar Loja
Chimborazo Manabí

Our Lady of Charity of the Good Shepherd 280

Esmeraldas
Pichincha
Santa Elena

Peru

556

Comboni Missionary Sisters 288

Arequipa Huancayo
Chiclayo Lima
Cusco

Our Lady of Charity of the Good Shepherd 268

Arequipa Junín
Chiclayo Lambayeque
Chimbote Lima
Cusco Tacna
Huancayo

Kenya

548

Our Lady of Charity of the Good Shepherd 139

Kitale
Ngong

Salesian Sisters of Don Bosco 26

Embu Mutuini
Makuyu Siakago
Masabiti/Karare

South Sudan

565

Comboni Missionary Sisters 268

Cueibet
Nzara
Wau

Salesian Sisters of Don Bosco 297

Gumbo
Tonj

India

605

Our Lady of Charity of the Good Shepherd 149

Andhra Pradesh Maharashtra
Madhya Pradesh Tamil Nadu

Sisters of Notre Dame des Mission 148

Karnataka

Salesian Sisters of Don Bosco 306

Assam Meghalaya
Jharkhand (Shillong)
Kerala Tamil Nadu
Madhya Pradesh

Nepal

613

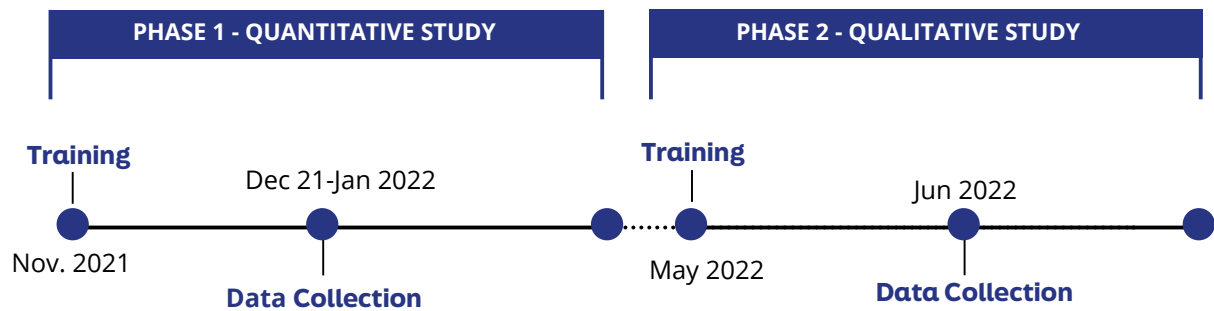
Our Lady of Charity of the Good Shepherd 577

Banke Kathmandu
Dhading Makawanpur
Kailali Morang
Kaski Rupandehi

Salesian Sisters of Don Bosco 26

Kathmandu

1.3 Project Time frame



02

Quantitative Research



The quantitative study

The aim of the quantitative study was twofold. On the one hand to provide a detailed and comprehensive description of the general condition of girls in the target communities in the aftermath of the pandemic outbreak. On the other hand to, get some insights of the impact on the current and future outcomes for these girls.

The quantitative research involved 3,443 adolescent girls in the six countries, selected among the participants in the Congregations' programs. The survey included the in-person administration of a questionnaire with the support of enumerators.

2.1 Study aim: what did we want to learn from girls?

- What is the specific and unique experience of girls to school closures, isolation, and physical distancing measures?
- How has the Covid-19 pandemic affected girls' feelings in the face of vulnerability to infection, health, and sanitation conditions?
- How has the pandemic changed in terms of girls' practical living conditions, such as tensions in family relationships related to household confinement, financial insecurity, and the effects of the social and economic upheaval on future prospects?
- What was the support that girls received from the congregations during the pandemic and which type of support was most helpful to them?

2.2 Study methodology: how did we do it?

2.2.2 The Questionnaire

The data for the quantitative analysis has been collected through questionnaires and compiled with the help of on-site enumerators. Data was collected with individual face-to-face interviews using mobile data collection (Kobo Toolbox). Data cleaning, merging, and analysis have been conducted using Stata. The questionnaire was explicitly developed to assess the stress and conflict perceived by girls during the Covid-19 pandemic. In drafting the questionnaire, we avoided terms such as 'rape,' 'violence,' 'stalking,' or 'forced marriage' because different girls might have various preconceived ideas on the types of violence usually associated with these terms and the types of perpetrators involved and may induce girls not to answer. Therefore, the survey indirectly asked the girls whether they had experienced conflicts or had to drop out of school because of pregnancy. In-person survey data has been collected using two specific questionnaires adapted

for each country included in our study. One questionnaire has been tailored for girls aged 10-14 and the other one has been addressed to girls aged 15-20. The difference between the two questionnaires is minimal, some questions were removed from the younger age group questionnaire (i.e. girls aged 10-14 years).

The questionnaire was divided into seven thematic sections:

- Biographical and Household Data
- Education
- Work and Household Chores
- Health and Sanitation
- Mental Health
- Gender Equality
- Expectation for the Future

2.2.3 Survey participants

In total, 3,443 adolescent girls completed the questionnaire. Participants included girls aged 10 to 20, living in Nepal, India, Kenya, South Sudan, Ecuador, and Peru, and in areas where the congregations operate. More precisely, data have been collected so that two age groups -girls from 10 to 14 years old and girls from 14 to 20 years old- are equally distributed for each country. Girls enrolled in the Congregations' programs have been selected using a "purposive sampling method" within each age group. The Primary Sampling Units (PSU) are the schools/programs where the Congregations operate. The Second Sampling Units (SSU) are the girls selected from a list provided by the congregations. This sampling method was applied separately to both age groups.

Table 1. Number of girls per country (included in the analysis)

COUNTRIES	GIRLS
Ecuador	555
India	605
Peru	556
Kenya	549
Nepal	613
South Sudan	565
Total	3,443

2.2.5 Field Work

In this study, all enumerators, where possible, were woman, in order to ensure the girls would feel more comfortable in sharing delicate personal information. Because interviewers' attitudes can substantially influence respondents' answers, particularly for sensitive questions, preference was given to local enumerators with excellent communication skills (social workers, psychologists, educators), gender-friendly attitudes, strong personal ethics, and excellent interviewing techniques. The survey has been carried out using face-to-face interviews, which took place either in the respondent's home or in another place of her choice. For ethical reasons, girls were interviewed in a visible place. In all cases, the presence of family members or other caregivers has been avoided during the interview to prevent girls from being influenced or receiving any kind of pressure when answering.

2.2.6 Pre-testing the Questionnaire

Enumerators in each country conducted test interviews during research training and provided feedback to their country team. This process led to the adaptation and validation of the survey tool. Interviewers highlighted the following aspects of the pre-test: the relevance of questions, the timing of the pilot interviews, the distribution of the interviews by respondent's age, type of area where they live and level of education, and the number of interviewers used for piloting the survey. In addition to the interviewer training materials, the central research team prepared the following materials for use in all countries: an information letter about the survey, interviewer instructions and questionnaire, instructions about ethics and confidentiality, contact person sheets, and the paper or digital copy of the questionnaire.

2.2.7 Ethics

Because this survey includes sensitive topics and almost all girls who have been interviewed are under 18 years old, all local partners have put in place safeguarding procedures to avoid harm to respondents. During the in-country interviewer training, the Congregations working on projects with girls were invited to give presentations to help prepare interviewers for what they might encounter. Enumerators were trained on ethical aspects of doing research with children, this included safeguarding

procedures (the prevention of abuse and violence against children during Congregation activities), they reflected on a risk matrix to deepen their understanding and ability to adapt to risks posed by the research to the well-being and safety of girls. This also included confidentiality, child consent and assent procedures (how to collect consent and assent and when to interrupt an interview if necessary), and referral procedure (for girls at risk of immediate and threatening harm). Additionally, interviewers were encouraged to consider their own safety and well-being while carrying out the research.

2.2.8 Limitations

The methodology of the study is not designed to provide a representative sample of the population of interest; therefore, only descriptive statistics (no inferential statistics) have been performed from the data generated by the interviews. Thus, the data only provide information about the group included in the current study.

2.3 Quantitative Study findings

2.3.1 Education

This section analyzes girls' and young women's experiences of education under Covid-19, including their ability to access alternative learning options and what kind of options were made available.

Comparison by age

The findings regarding school attendance and enrolment show that there was a slight decrease in school participation for girls over 15 years of age. They also report difficulty in studying during the Covid-19 pandemic more frequently than girls under 15 years of age. Nonetheless, it is worth noting that nearly 60% of girls under 15 years of age also reported difficulty in studying during the period of the pandemic.

Figure 1 - School participation by area before/during the pandemic

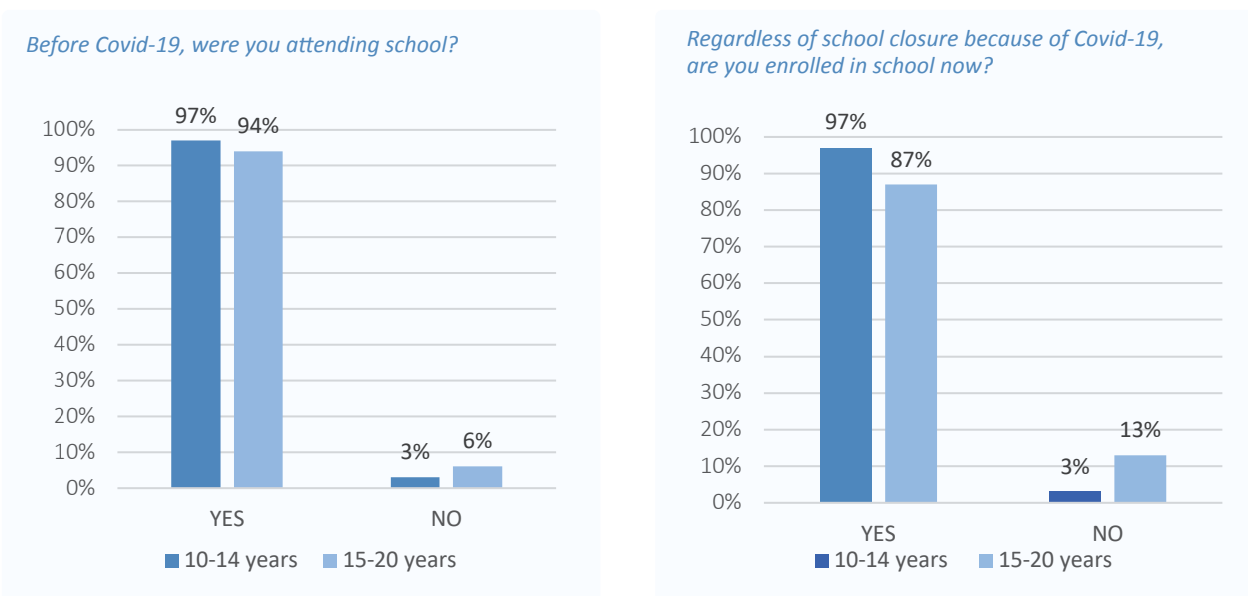
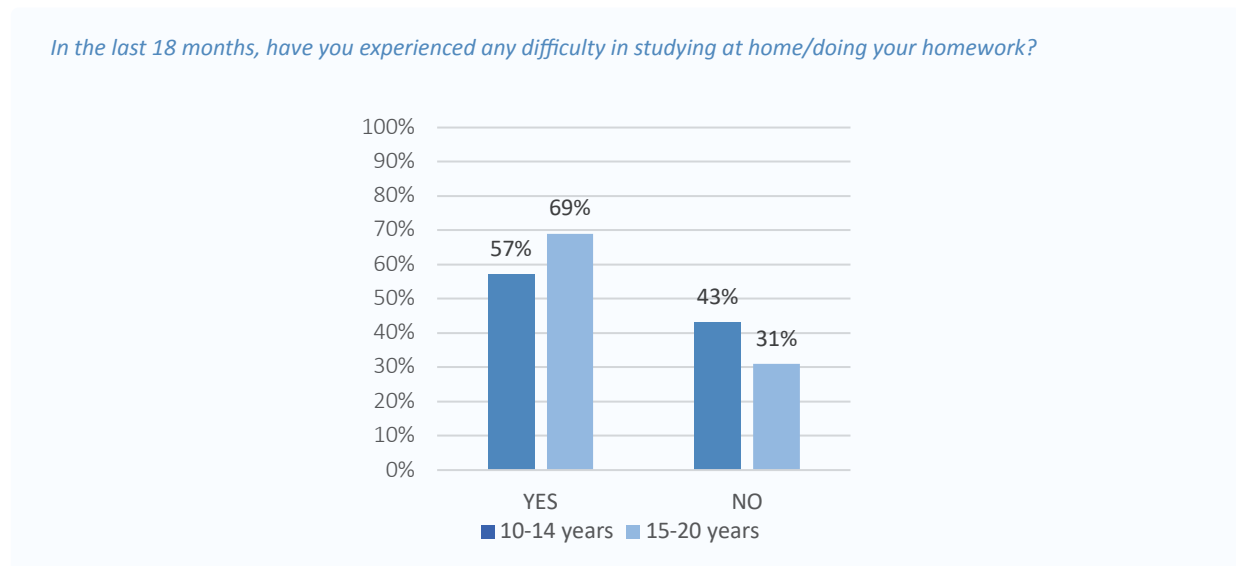


Figure 2 - Difficulty in studying during the pandemic period



Comparison between girls involved in school programs and girls involved in other services

The congregations' school programs might have the most evident beneficial effect on the level of the girls' participation at school. In fact, 99% of girls involved in school programs were currently enrolled in school at the time of the survey, while 91% of girls not involved in school programs were currently enrolled in school. Before the Covid-19 pandemic, the school attendance of the latter girls was as high as girls in the programs. Simply put, this effect might be because a substantially higher percentage of girls not in school programs reported having difficulties in studying during the lockdown.

Figure 3 - School participation by area before/during the pandemic

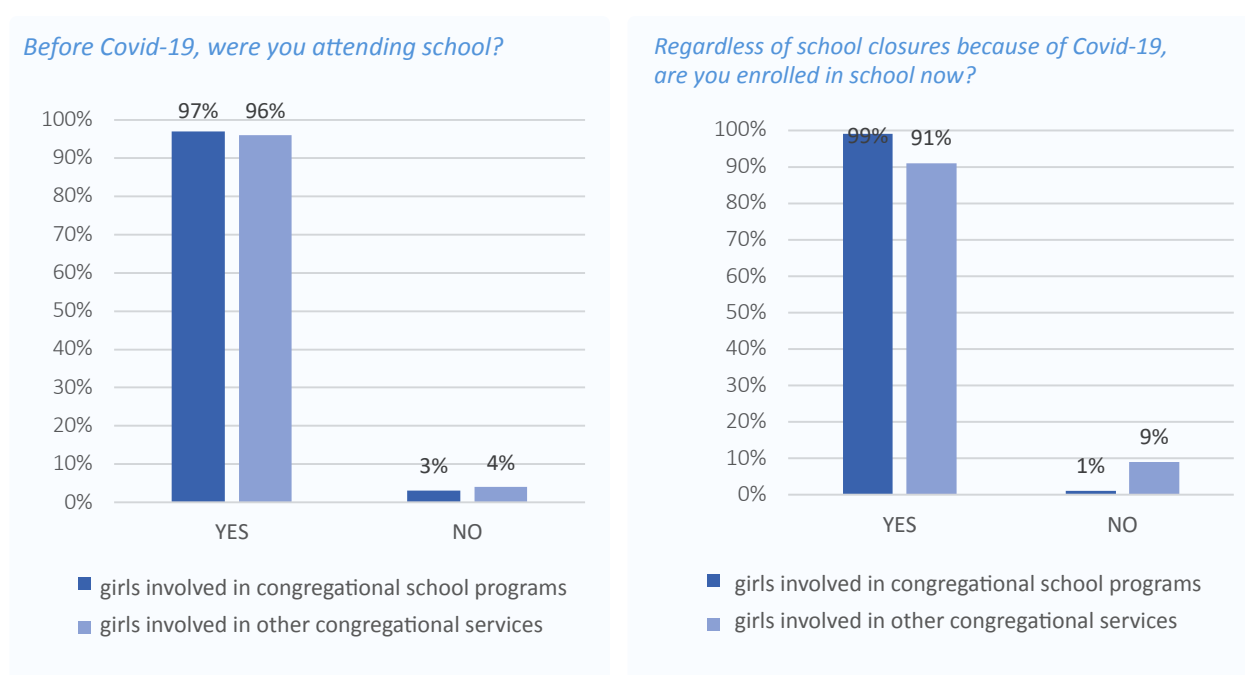
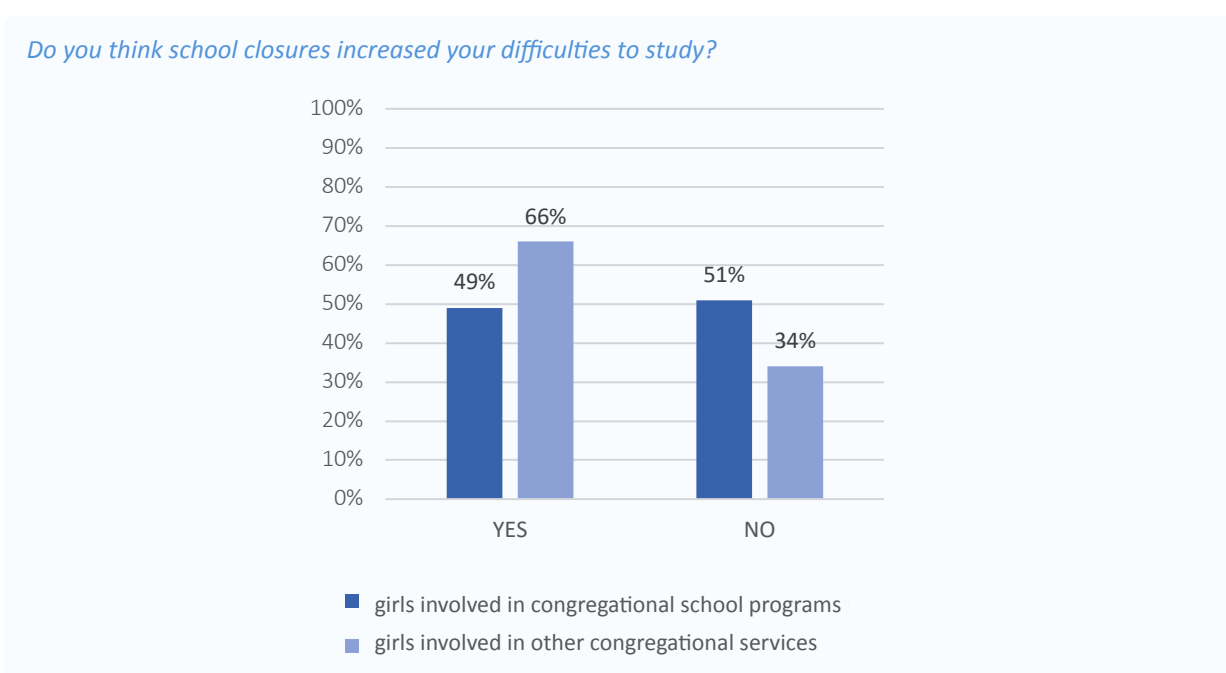


Figure 4: Difficulty in studying in the last 18 months



Comparison by areas

Concerning urban/semi-urban areas, school participation decreased relatively more in rural/remote areas and even more severely for girls living in informal settlements (Figure 5). This could be a consequence of the different school closure policies implemented during the pandemic (Figure 6). In fact, 22% of schools in urban or semi-urban areas versus 9% of schools in rural or remote areas were still closed at the time of the survey, and more than 55% of schools attended by girls living in informal settlements were still closed at the time of the survey. Canceled face-to-face lessons were primarily substituted by online lessons and secondly by educational apps or WhatsApp groups. Therefore, access to technology has been fundamental for the continuity of girls' education.

Figure 5: School participation by area before/during the pandemic

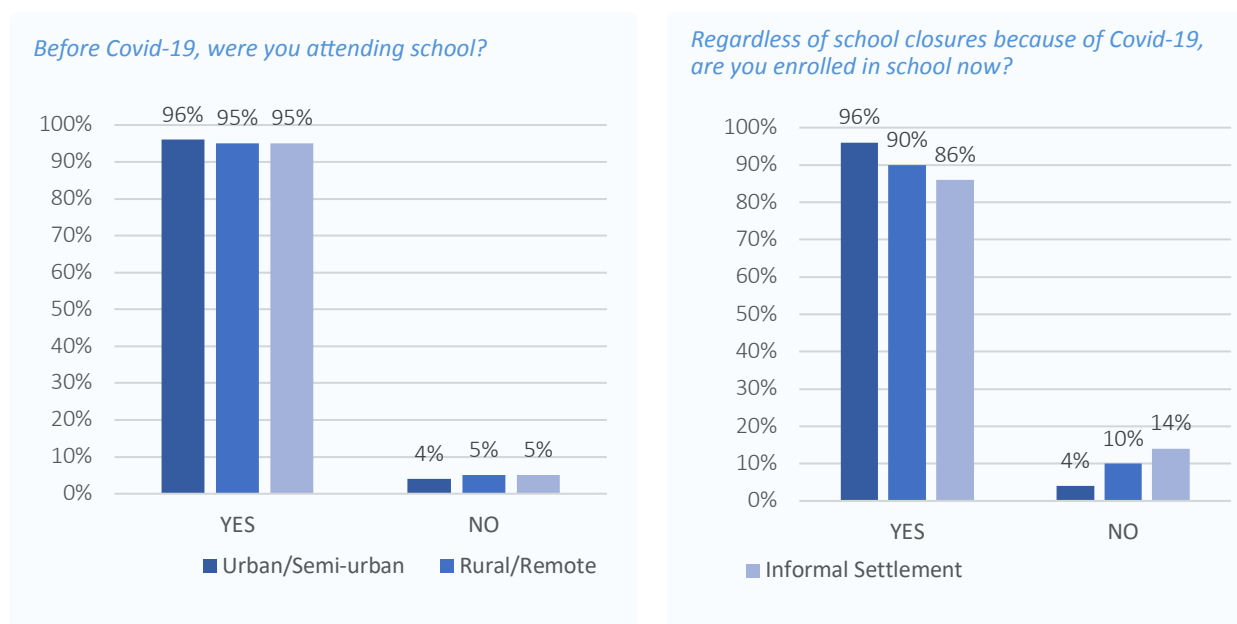


Figure 6: School closure

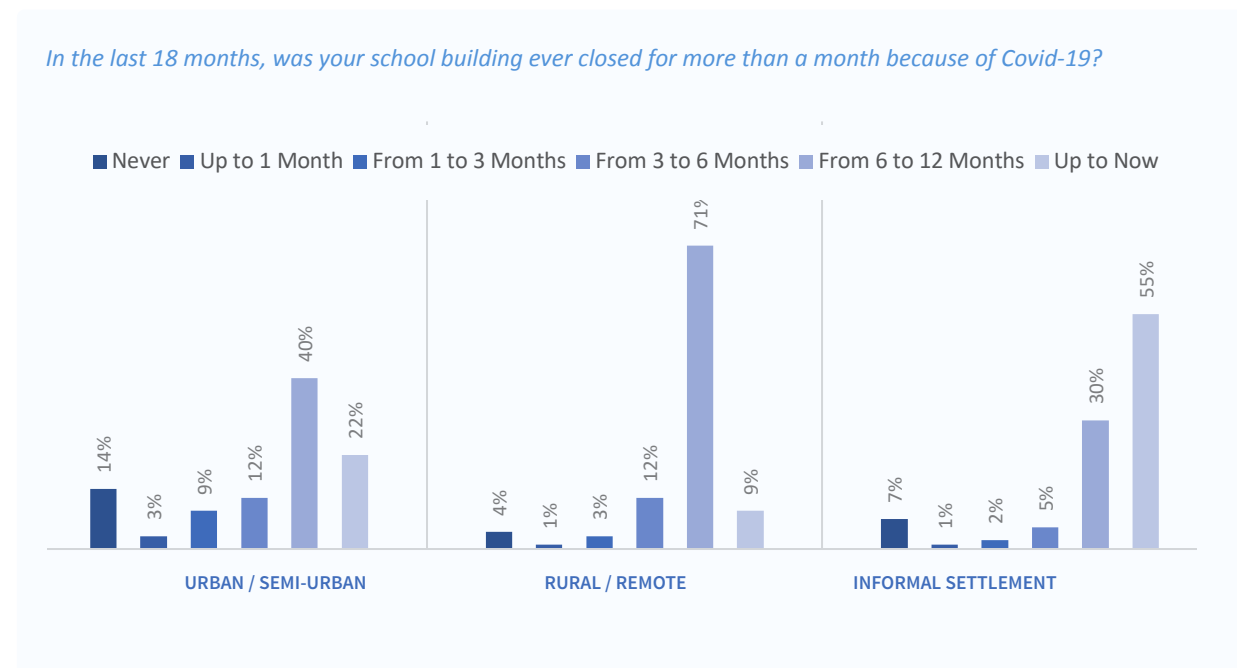
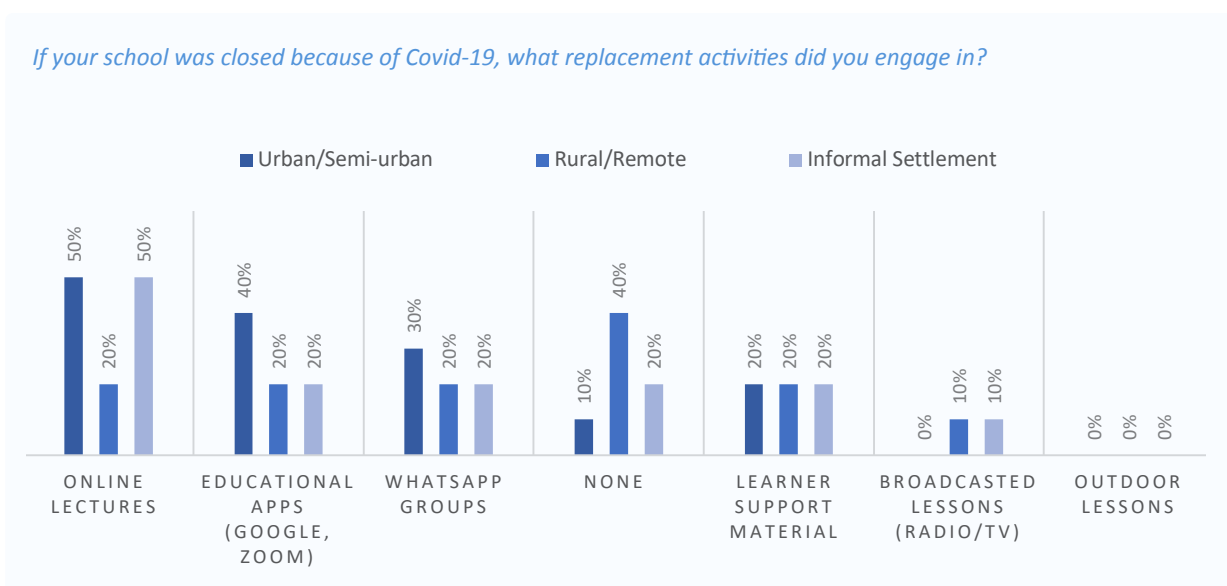


Figure 7: Replacement activities

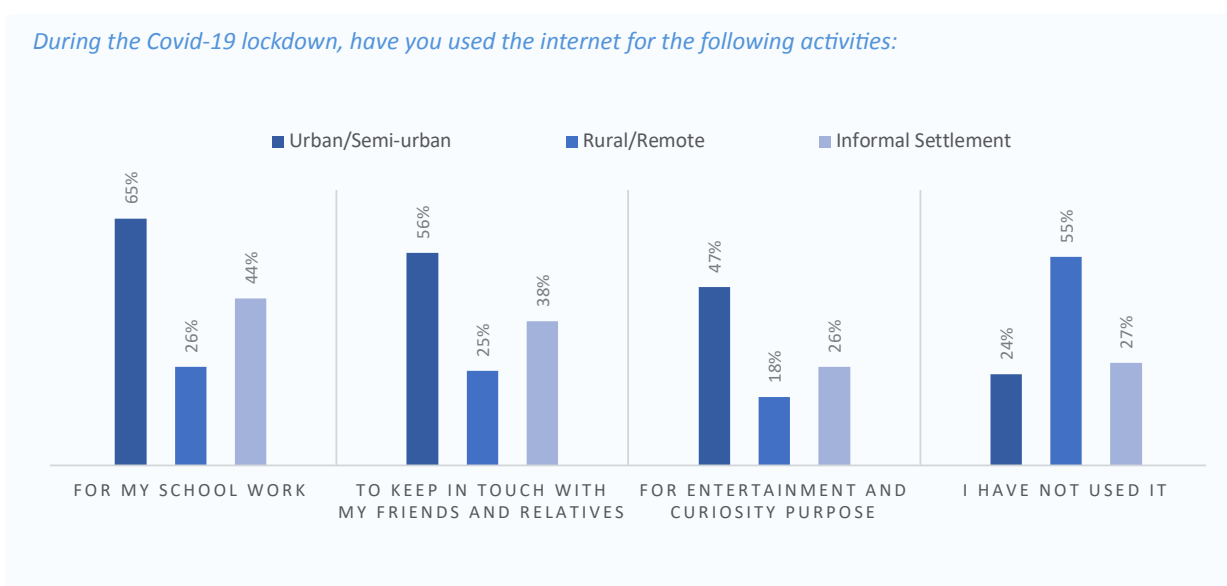


2.3.2 Challenging using technology

Even though the larger share of girls who report having attended online lessons during the pandemic live in informal settlements, girls living in urban areas more frequently report having used the internet for schoolwork. This could be interpreted as a lack of resources in informal settlements.

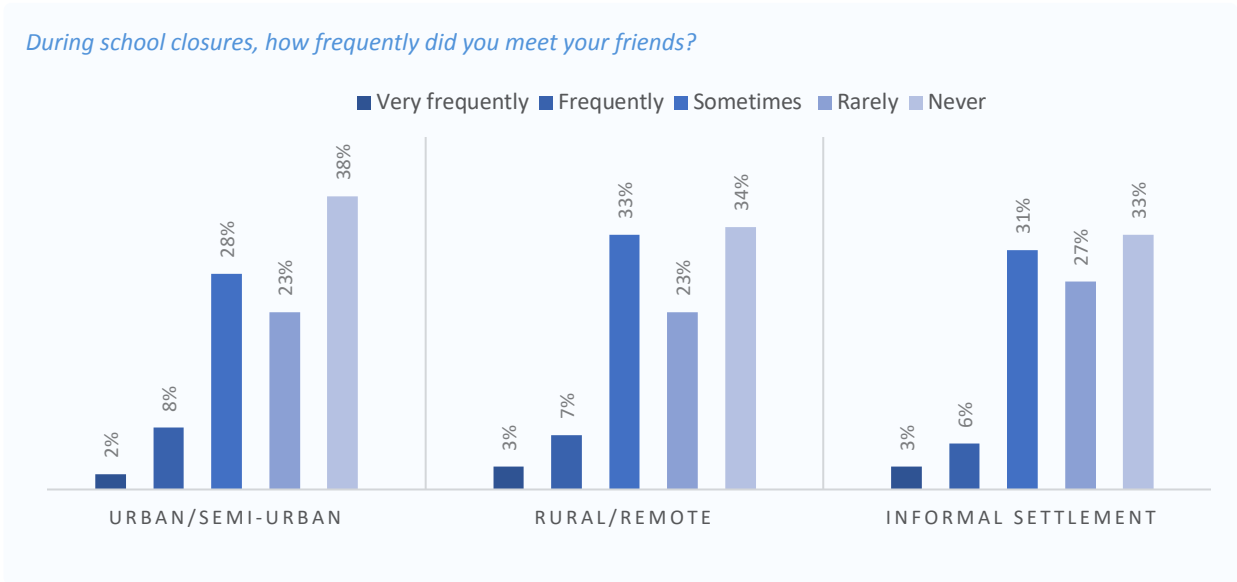
In all the areas where the girls live, the frequency of internet usage to stay connected with friends is the same as that of internet usage for schoolwork. Therefore, as the girls had access to the internet, they used it for both purposes (Figure 8).

Figure 8: Internet usage during Covid-19



Despite differences in the availability of material resources and internet access, during the Covid-19 outbreak, respondents reported having met with friends with the same frequency. However, a concerning percentage of almost 35% of girls in each area reported not having had any contact with friends.

Figure 9: Internet usage during Covid-19



2.3.3 Work and Household Chores

This section explores girls' and young women's experiences of work, including exploitative work (child labor) under Covid-19, including household chores and engaging in child or elder care.

According to the UNICEF's standard indicator, the study has considered child labor:

- Working more than 14 hours a week for a paid job or doing household chores for more than 21 hours a week for girls under 15 years of age;
- Working more than 43 a week for a paid job for girls aged between 15 and 18 years;
- The study excluded girls over 18 years of age at the time of the questionnaire.

Figure 10: Work and Household Chores (15-18 years)

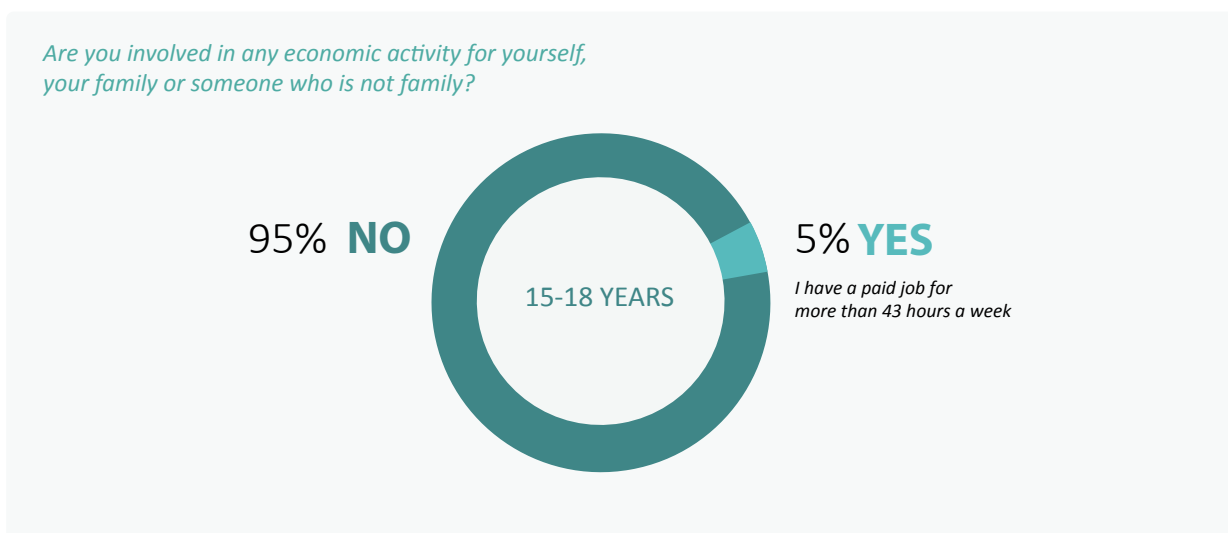
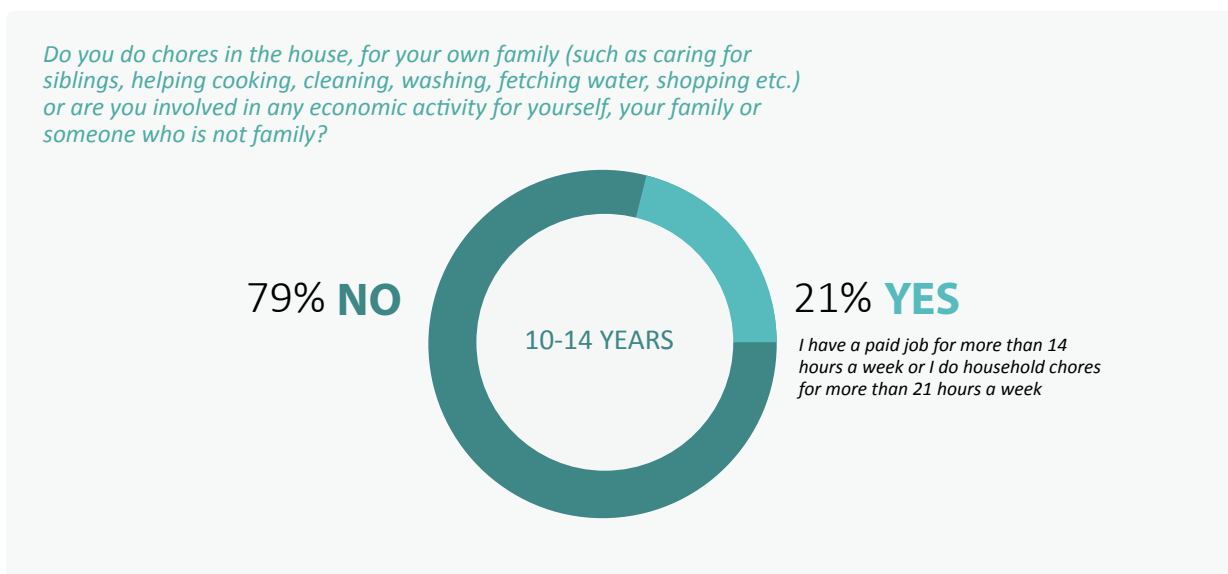


Figure 10b: Work and Household Chores (10-14 years)



2.3.4 Health and sanitation

This section explores girls' and young women's experiences of health services under Covid-19, including hygiene conditions such as water for cleaning, toilet facilities, and access to sanitation pads. In addition, this section explores the girls' experience of Covid-19 cases within the family, including possible consequences such as the death of a family member, effects on family income and food insecurity.

Self-reported health status and girls with difficulties carrying out activities (disability)

The findings showed that almost three out of four girls report feeling in "good" or "excellent" health (Figure 11), and no differences were observed between age or area of residence. Based on the findings, the same percentage of girls reported not having any disability (Figure 12). Using the Washington Group Short Set of questions, the questionnaire measured adolescents' difficulty functioning in six basic, universal actions (capabilities).

Figure 11: Self-reported health status

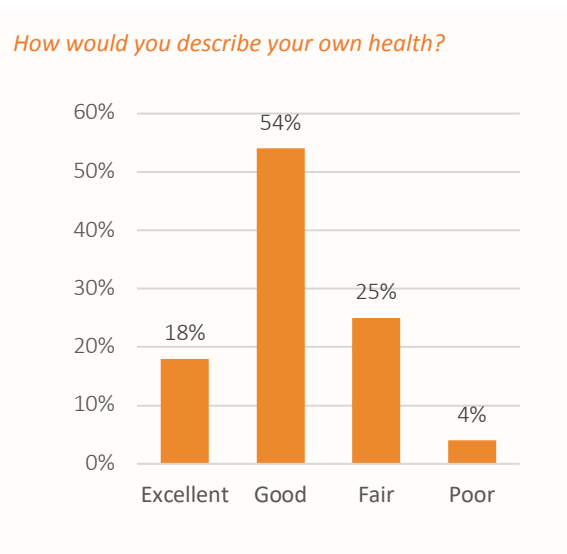


Figure 12: Girls with difficulties carrying out activities (disability)

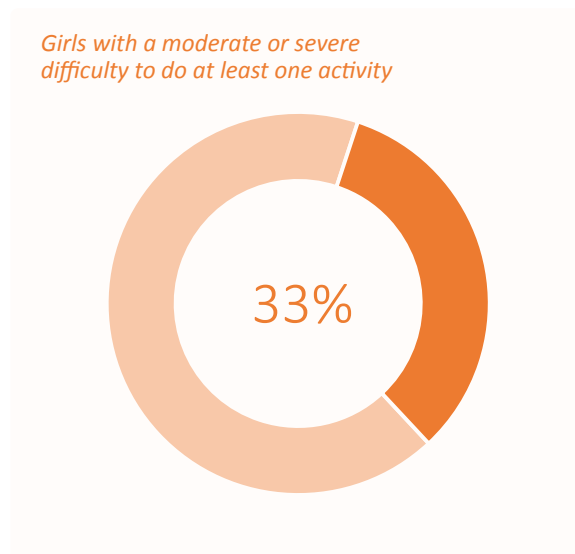
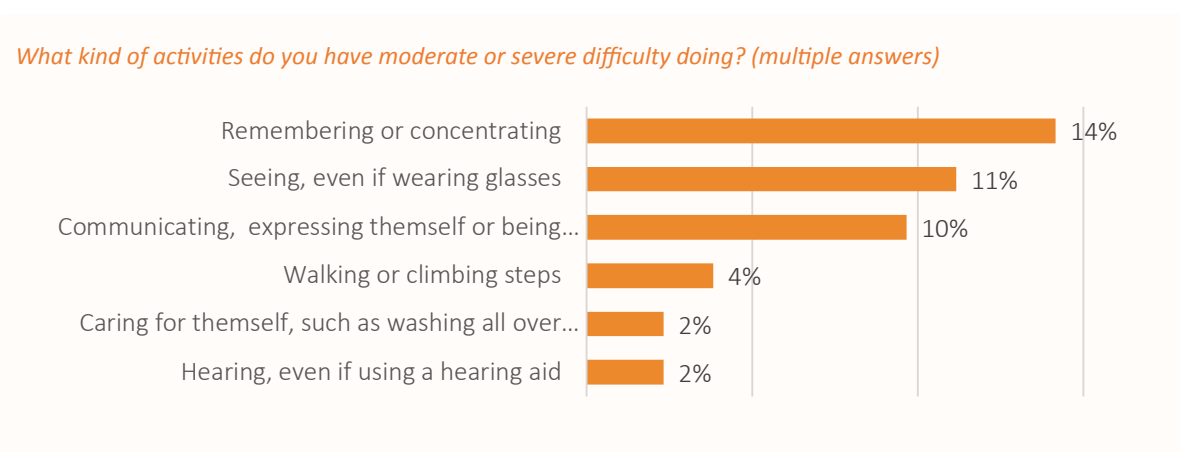


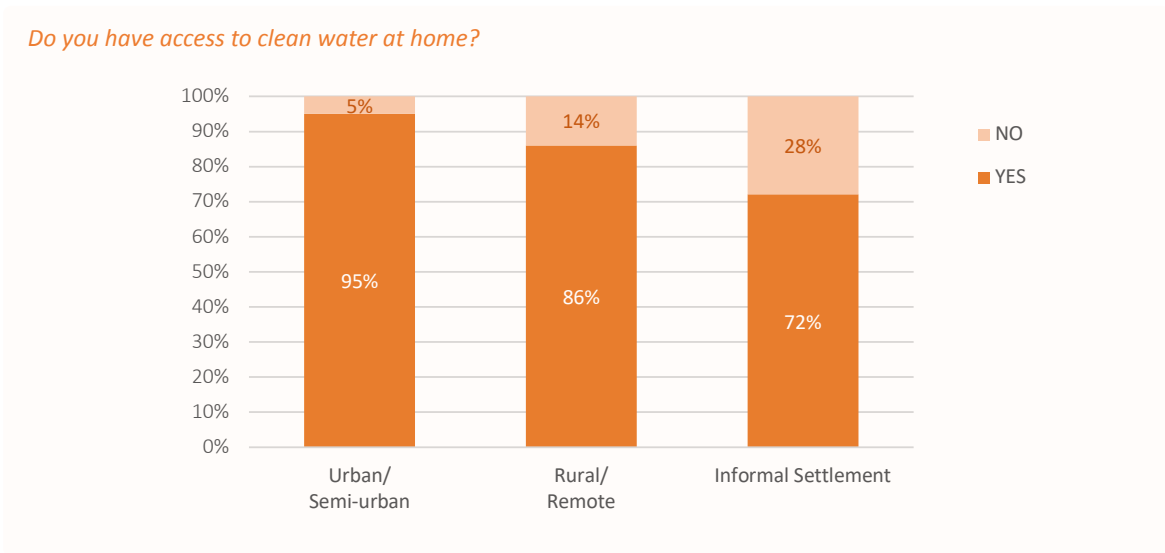
Figure 12b: Girls with difficulty in carrying out activities



Access to clean water at home and menstruation poverty

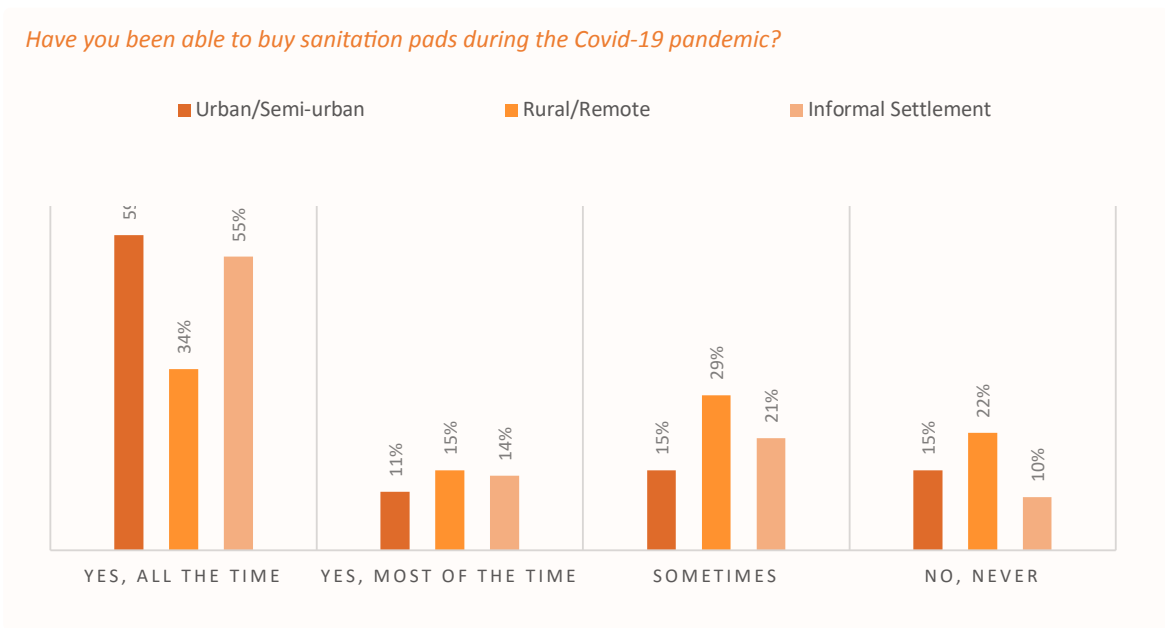
The findings regarding access to clean water at home showed a substantial difference by area of residence. Girls living in urban/semi-urban areas have more frequent access to clean water at home than girls in rural/remote areas and even more than girls living in informal settlements (Figure 13).

Figure 13: Access to clean water at home



Based on the findings, girls living in rural or remote areas have more difficulty buying sanitation pads during the Covid-19 pandemic (figure 14). Actions by the congregations to mitigate the adverse impact of restrictive measures due to Covid-19 may have an impact in this. In rural or remote areas, more than a third of girls engaged in programs run by the congregations received a menstrual hygiene kit on at least some occasions.

Figure 14: Ability to buy sanitation pads during the Covid-19 pandemic



Losing loved ones: a direct effect of the pandemic

The most severe aspect of the Covid-19 outbreak has been related to bereavement. The finding showed that deaths due to Covid-19 are more concentrated in rural or remote and urban or semi-urban areas (Figure 15).

Household income affected by the pandemic

The consequences of a family bereavement have been different with regard to age. In fact, almost half of girls over 15, who have been asked about the impact of the Covid-19 outbreak on their household income, reported it having an extreme or high effect (Figure 16).

Figure 15: Deaths due to Covid-19 among family or friends

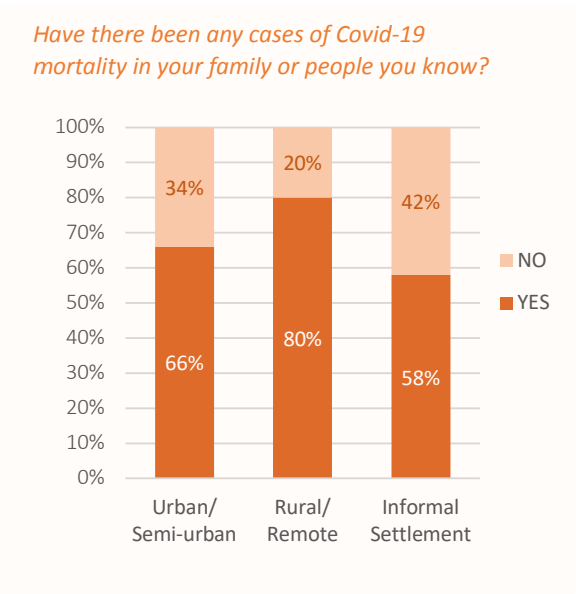
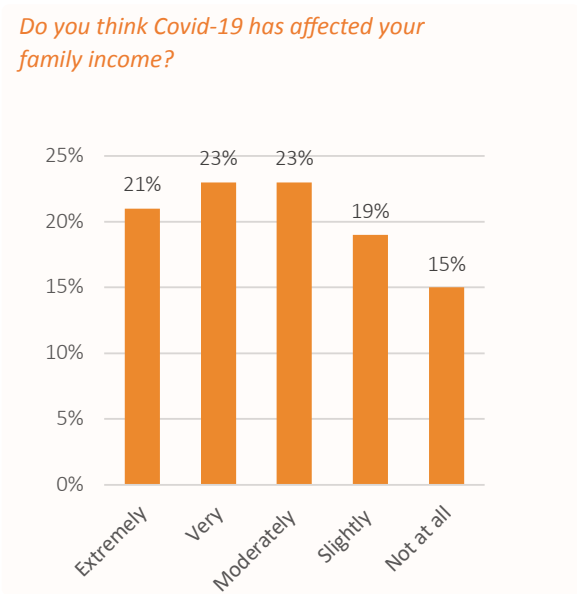


Figure 16: Household income affected by Covid-19



Food insecurity

The finding showed that there has been a decrease for one out of six girls in the number of daily meals since the beginning of the pandemic (Figure 17). At the time of the study, about 10% of girls live in a situation of food insecurity (i.e., eating less than two meals a day) (Figure 18).

Figure 17: Change in the number of daily meals

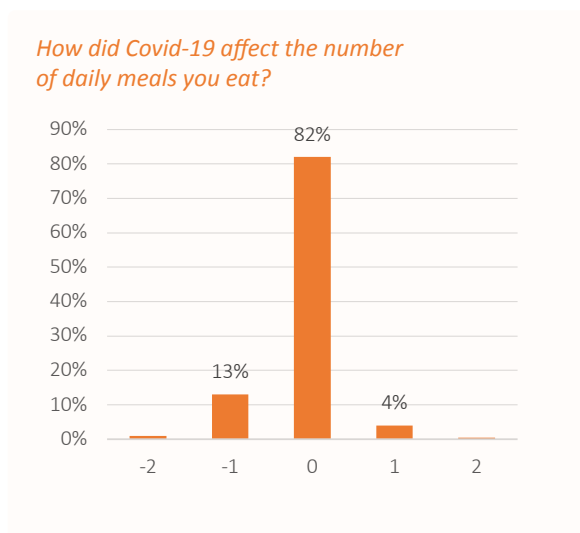
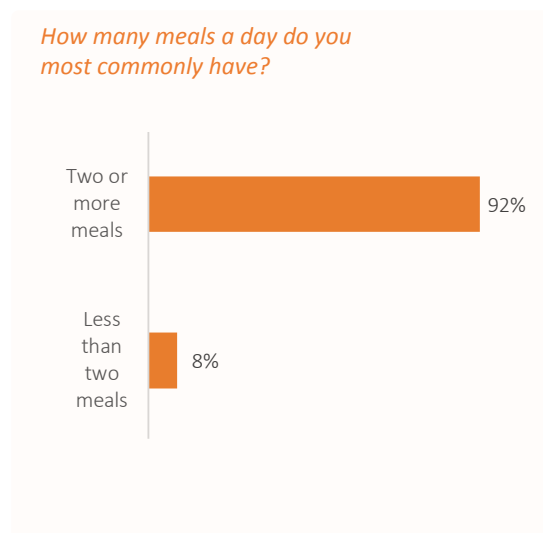


Figure 18: Food insecurity



Further analysis presented in the table below suggests that food insecurity seemed correlated with other vulnerabilities, such as income loss, bad health status and lack of access to clean water.

Table 2: Association between food insecurity and vulnerability : (defined as the family experiencing income loss or the girl reporting bad health status or no access to clean water)

	Food Insecurity	Income Loss	Health Status	No Access to Clean Water
Food Insecurity	1.0000			
Income Loss	0.0870*	1.0000		
Health Status	0.0981*	0.0831*	1.0000	
No Access to Clean Water	0.2715*	0.0664*	0.1115*	1.0000

*95% confidence level

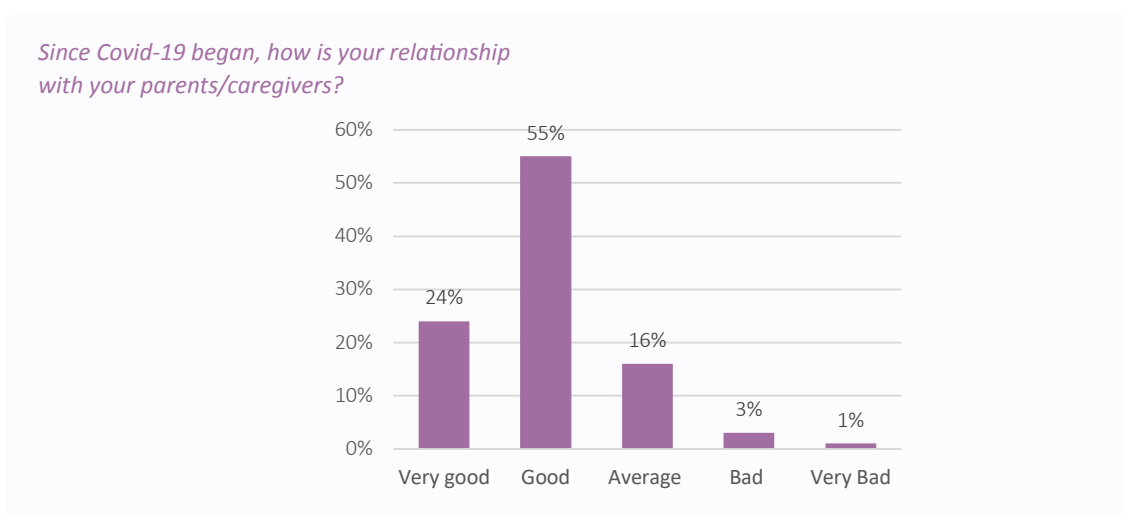
2.3.4 Mental Health

This section looks at girls' and young women's experiences of mental health during the Covid-19 pandemic, including personal feelings (stress, anxiety, fear and isolation), relationships with friends and relatives, and family conflicts.

Family relationships and family conflict

Findings showed that almost 80% of girls had a “good” or “very good” relationship with parents or caregivers, and no differences were observed between age or area of residence (Figure 19).

Figure 19: Relationship with parents/caregivers



Findings showed that less than 30% of girls report having witnessed at least occasional conflicts at home during the Covid-19 lockdown (i.e. very frequently, frequently or occasionally) (figure 20), and more than half of them said that this has changed with respect to before the pandemic (figure 21).

Figure 20: Conflicts at home during Covid-19

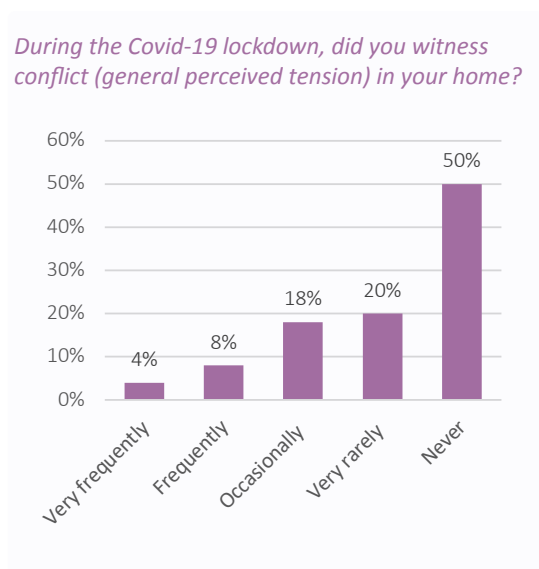
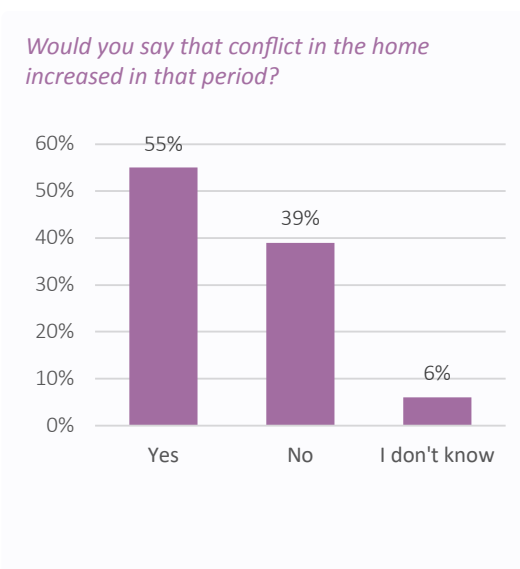


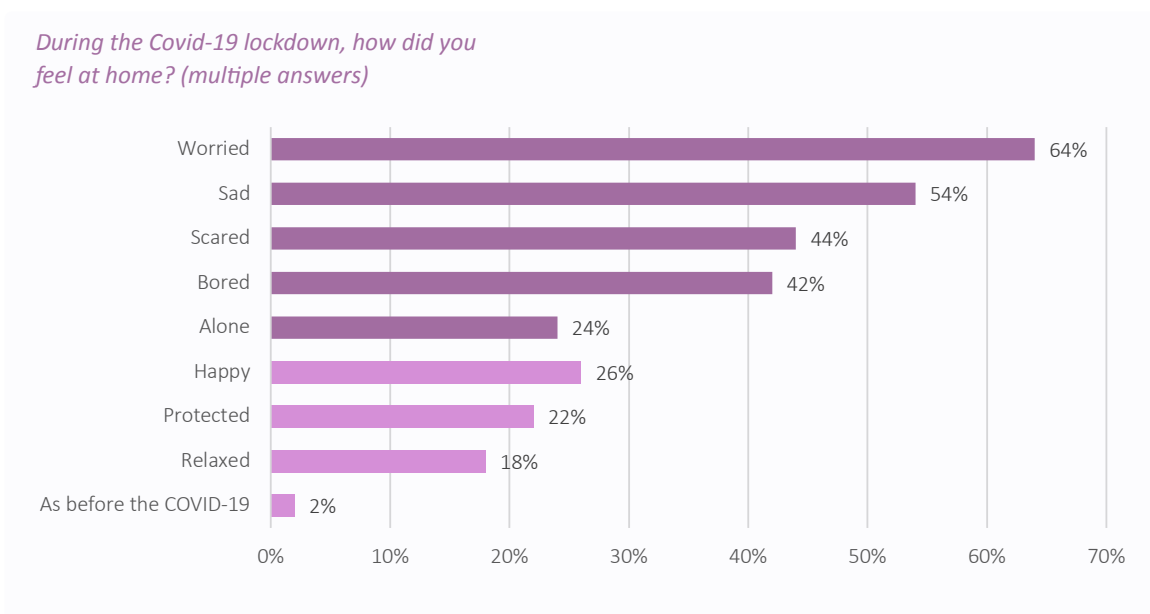
Figure 21: Changes in conflicts at home



Feelings at home

Based on the findings, more than 60% of girls reported a sense of worry, and half of them felt a sense of sadness. The most experienced feelings are “negative,” and few girls shared “positive” feelings, such as relaxation, protection and happiness.

Figure 22: Feelings at home during Covid-19



A possible explanation for these negative feelings can be identified in income loss and deteriorated living conditions. In fact, there is a significant association between the severity of household income loss and the most reported feelings. On the other hand, poor mental health might impact the difficulty girls encounter in studying (see tables below). Indeed, those who have experienced negative feelings at home during the lockdown report a higher likelihood of having difficulty studying during the school closure.

Table 3: Association between income loss and negative emotions

	Income Loss	Sad	Worried	Scared	Alone
Income Loss	1.0000				
Sad	0.1569*	1.0000			
Worried	0.1283*	0.2074*	1.0000		
Scared	0.1347*	0.2680*	0.2776*	1.0000	
Alone	0.1228*	0.1926*	0.1463*	0.1758*	1.0000

*95% confidence level

Table 4: Association between difficulties in studying and negative emotions

	Difficulty	Sad	Worried	Scared	Alone
Difficulty	1.0000				
Sad	0.1222*	1.0000			
Worried	0.1764*	0.2074*	1.0000		
Scared	0.1421*	0.2680*	0.2776*	1.0000	
Alone	0.1441*	0.1926*	0.1463*	0.1758*	1.0000

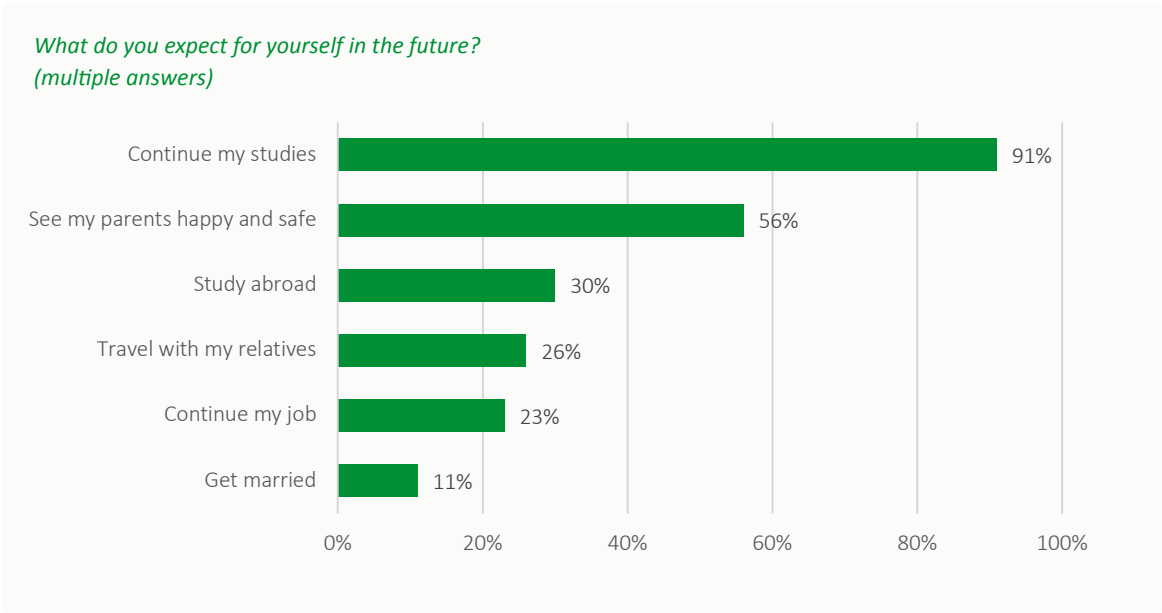
*95% confidence level



2.3.5 Expectations for the future

If we look at the future, more than 90% of the girls expressed a willingness to continue their studies, while 23% of girls wanted to keep working. In comparison, 11% expressed a desire to marry (Figure 23). These figures are not mutually exclusive.

Figure 23: Expectations for the future



2.4 Hardship Measurement and Index

The most common way to measure well-being is through income poverty. The idea behind such a measure is that if you determine how much money flows into a household, you can assess whether or not the household is able to meet basic needs. Researchers commonly use income as a proxy for material well-being when they analyze trends in poverty and inequality and the antipoverty effects of government programs. Families with low income are less able to meet their basic needs and hence are more likely to experience material hardships, defined as demonstrating unfavorable economic circumstances (Ouellette et al., 2004).

An alternative way of examining adolescents' material well-being is from the perspective of material hardship. First developed by Mayer and Jencks (1989), this approach dispenses with proxies like income and instead seeks to directly measure the material well-being of households. The intuition behind material hardship is straightforward: when demands on a household's resources (income, savings, credit, favors, social assistance benefits, and so on) exceed available resources, the result is some form of material hardship (Rodems and Shaefer, 2020). Moreover, while income poverty and material hardship are correlated, most of those who report being in material hardship are found above the poverty line (Rodems, 2019).

There are many advantages to using measures of material hardship. First, the idea of material hardship gets to the core of what most people mean by poverty.

Rather than relying on income as a proxy for the ability to eat, live indoors, and enjoy basic utilities like electricity, heat, and water, it is possible to inquire directly about these matters. Second, material hardship analysis gives us opportunities to develop specific forms of aid, such as food stamps, housing subsidies, and subsidies for heating, in addition to the geographically varying and non-profit-based direct service provisions. Perhaps, in addition to measures of income poverty, we should attempt to assess the well-being of the population in the very terms by which it is conceived of by policymakers: material well-being. According to Heflin et al. (2009), four broad categories of hardship have emerged in the literature: food hardship, fiscal hardship, health hardship, and housing hardship. Huang et al. (2010) found that food insecurity correlates with less optimal parental health, which in turn can have negative consequences for children. Financial hardship can put a strain on parental relationships, which in turn can lead to antisocial behavior among children (Scaramella et al., 2008). Material hardship is also associated with social problems, at least in children who live in rural areas (Mosley and Miller, 2004; Kainz et al., 2012; Conrad et al., 2019).

The analysis of material hardship among girls in this study aims at understanding these potentially causal relationships. We consider three dimensions of the socio-economic life of girls. Within each dimension, we measure the level of hardship experienced by girls during the Covid-19 pandemic.

More specifically:

- The **first dimension** taken into consideration is **social life**, e.g., Covid-19-related school closure, access to the internet to participate in school activities and maintaining of relationships with friends;
- The **second dimension** is the **family**, e.g., the quality of the relationship with parents or caregivers during the lockdown, the potential witness of conflicts at home and household income loss due to Covid-19-related reasons;
- The **third dimension** we consider refers to **physical health**, i.e., we take into account the lack of personal and menstrual hygiene during the lockdown and food insecurity.

We standardized the level of hardship in every single dimension to reflect a low level of well-being, a medium level of well-being or a high level of well-being. According to the level of well-being in the three dimensions, we summarize girls' experiences in the following four categories:

- | | |
|--|---|
| <p>a. Very serious hardship: Girls who have experienced, at most, a low level of well-being in two dimensions and a medium level of well-being in the third dimension;</p> <p>b. Serious hardship: Girls who have experienced a low level of well-being in one dimension and a medium level of well-being in the other two dimensions or a low level of well-being at most in one dimension and a high level of well-being in one dimension;</p> | <p>c. Slight hardship: Girls who have experienced a low level of well-being in one dimension and a high level of well-being in two dimensions, or a medium level of well-being in all the three dimensions, or a medium level of well-being in two dimensions and a high level of well-being in one dimension;</p> <p>d. Absence of hardship: Girls who have experienced at least a high level of well-being in two dimensions and a medium level of well-being in one dimension.</p> |
|--|---|

The following table shows the distribution of the hardship index in the four categories for the girls surveyed in this research.

Girls' Index of Hardship during Covid-19			
Very Serious	Serious	Slight	Absent
5%	31%	40%	24%

In total, more than 35% of girls experienced serious or very serious hardship during the lockdown. This was due mainly to a decrease in well-being in the social dimension. Furthermore, 100% of girls who have experienced a serious or very serious hardship are 15 years or older. Among those who experienced very serious hardship, 80% live in Africa (Kenya or South Sudan), and 64% live in rural or remote areas. Among those who experienced serious hardship, 43% live in Africa, 39% live in Asia, and 18% live in South America. Across all the countries, the concentration of girls suffering from serious hardship is the highest in rural and remote areas.

Girls involved in congregational school programs

In order to evaluate the mitigating impact of congregational school programs, we consider the same index of hardship introduced in the previous section. In particular, we consider the same four levels of hardship intensity: very serious, serious, slight and absent.

The following table presents the hardship index percentages by involvement in school programs. Again, we notice that higher percentages of girls not involved in school programs have suffered serious or very serious hardship. In contrast, girls involved in school programs reported a relatively higher probability of the absence of hardship during the pandemic.

Involved in School Programs			
Very Serious	Serious	Slight	Absent
2%	18%	44%	36%
Not Involved in School Programs			
Very Serious	Serious	Slight	Absent
3%	29%	48%	20%

Quantitative Research Conclusion

The quantitative analysis carried out through of survey-collected data shows that the Covid-19 pandemic has impacted differently on the welfare of girls according to their age group, area of residence, and country. Below we present the factors that have most affected the well-being and behavior of girls.

- Girls over the age of 15 living in non-urban areas presented serious problems in studying and learning activities;
- Girls over 15 have been the most affected by school closures as they have dropped out of school and witnessed family conflict;
- Hygiene and health generally deteriorated during the pandemic, and many girls had a reduced number of daily meals;
- Lack of access to the internet and reduced interpersonal relationships among girls are the factors that have most reduced the level of social well-being;
- In total, more than 35% of girls experienced serious or very serious hardship during the lockdown, mainly due to a decrease in the level of their social well-being;
- Congregational aid programs have contributed to reduce cases of home conflict, child labor, and levels of anxiety;
- It should be noted that results in terms of the negative impacts on girls were significantly higher than those found in the literature review;
- The enrolment rate, both before the Covid-19 pandemic and at the time of the survey, is very high in all the countries;
- Girls in India and Nepal* more frequently reported having difficulties in studying during the lockdown, and this is associated with relatively lower levels of replacement activities;
- Girls in South Sudan and Kenya reported severe limitations in accessing various infrastructures, like access to the internet and clean water;
- In South Sudan and Kenya, girls suffered the most from food insecurity;
- In Ecuador and Peru, girls who were surveyed reported higher levels of suffering from a disability; these countries have also reported the highest levels of mortality due to Covid-19;

* Country analysis is presented in Section 4 below.

- In Ecuador and Peru, girls received more support with their menstrual hygiene and almost always received hygiene kits.

This study doesn't present findings related to child marriages and teenage pregnancy as high non-response rates were recorded. That said, looking at the existing literature, the effects of Covid-19 also increased the harmful traditional practices such as Female Genital Mutilation/Cutting (FGM/C) and Child Forced Marriages (CFM) on girls in some African countries. In a study conducted by Esho et al. (2022) in Uganda, FGM/C cases rose (from 5% to 7%), and CFM cases increased substantially (from 14% to 69%). While in Senegal, the reason most commonly given for the increase in cases of FGM/C was the fact that people stayed at home for more extended periods, including girls who were potential victims (+60%). Another study conducted in Uganda (Sserwanja et al., 2021), using data primarily compiled from government and child welfare organization open-source databases, found that there was a thirteen-fold increase in child abuse during the lockdown. This study also revealed that sexual abuse in Uganda during the pandemic was the third most reported form of child abuse contributing to 20.1% of all cases (98% of the victims being girls and 17% of the perpetrators being family members, including fathers, cousins, and uncles). According to a survey carried out in Uganda by Save the Children (2020), 56% of respondents

reported an increase in child labor since the beginning of the lockdown.

A situation similar to that of Covid-19 occurred in those areas of Sierra Leone most affected by the Ebola crisis and the resulting isolation, where adolescent pregnancy increased by up to 65% (Naylor and Gorgen, 2020). The rise in teenage pregnancy was attributed to several factors, including – increased sexual exploitation and sexual violence, as well as a rise in consensual sexual activity and enhanced barriers to accessing health services (Bruce, 2016; Onyango et al., 2019). In Morocco, Azizi et al., 2020 showed that anxiety and depression increased during home confinement due to Covid-19 by 27.6% among school-age girls and boys, causing unprecedented disruption in their well-being.

The results emerging from this survey show significantly lower rates of child suffering and neglect including child labor compared to the general trend that emerges from this literature review. This difference may be due to the fact that all of the girls interviewed in our sample are involved in congregational aid programs that aim to assist girls who find themselves in very distressed family, economic, and health situations. Therefore, despite several months of school closures, the programs carried out by the congregations throughout the pandemic were likely to be very effective to improve the girls positive coping mechanisms in the face of serious hardship.



02

Qualitative Research



Qualitative Research

In the qualitative phase of the research project, 314 adolescent girls aged 10-20 years participated in the study from Peru, Ecuador, South Sudan, Kenya, India and Nepal. The objective was to complement the findings to the quantitative study that was carried out as the first phase (December 2021-February 2022). It aimed at illustrating quantitative findings and providing a space for girls to voice out their experience and their concerns in their own words.

The aim of the research was to find what was the unique experience of girls during and after the pandemic and how have they adapted to new challenges brought by the subsequent waves of the pandemic and the restart of services after two years.

For the qualitative phase, the research team developed three tools: one Focus Group Discussion (FGD) topic guide for girls

of both age groups (10 to 14 years and 15 to 20 years), one topic guide for individual interviews (girls aged 10 to 20 years) and one topic guide for service providers (key informant interviews).

All three tools explored the impact of the pandemic on several dimensions, including girls' schooling, girls' health (including reproductive, sexual and mental health), relationships, decision-making and aspirations.

All participating countries led Focus Group Discussions with girls following the above inclusion criteria (age and school status), totaling 34 FGDs overall.

In addition, country teams were provided the opportunity to carry out individual interviews with girls and key informant interviews with service providers (8



individual interviews and 10 KII have been included in this analysis from both India and Nepal) – to enrich and add to the existing data.

Data collection was led by a team of thirty qualitative researchers in June 2022 and lasted about 3 weeks.

3.1 Study aim: what did we want to learn from girls?

- What is the specific and unique experience of girls after the pandemic and how have they adapted to new challenges brought by the subsequent waves of the pandemic and the restart of services two years later?
- How has the Covid-19 pandemic affected girls access to basic services such as continued education, health including sexual and reproductive services and mental health, protection from violence and food security?
- What girls have to say about other girls in their communities and how they coped and managed new difficulties they had to face during and after the pandemic?
- What has the pandemic changed in terms of the girls practical living conditions and relationships with others in the family, community and the broader environment with which they interact?
- What recommendations can girls formulate to duty-bearers including service providers that would help them fulfill their basic needs and rights?

3.2 Study methodology: how did we do it?

3.2.1 Study preparation

This study was qualitative in design. The objective was to bring complementary findings to the quantitative study that was carried out as a first phase (December 2021-February 2022). It aimed at illustrating quantitative findings and providing a space for girls to voice out their experience and their concerns in their own words. However, it was neither supposed to be exhaustive nor representative of the communities or countries that were selected for this study.

Quantitative versus qualitative

The quantitative design was useful in trying to understand the magnitude of problems affecting girls: it generates useful statistics to capture general trends and also examines relationships between variables of interest such as the girls' socio-economic profiles and responses. Tools used (questionnaires) have used close-ended questions and findings are based on numerical data. On the other hand, the qualitative method explored what girls provided certain answers and why they did so, it asks open-ended questions. Comparing quantitative and qualitative data is a useful way of triangulating findings and getting richer results. While survey data provides quantifiable data, qualitative data provides an in-depth explanation and reflects on the complexity of girls' realities and multifaceted realities. Combining both methods is likely to offer the study increased explanatory power.

3.2.2 Study tools

Both quantitative and qualitative phases looked at the same research questions but with different tools. For the qualitative phase, the research team developed three tools: one Focus Group Discussion (FGD) topic guide for girls of both age groups (10 to 14 years and 15 to 20 years), one topic guide for individual interviews (girls aged 10 to 20 years) and one topic guide for service providers (key informant interviews). All three tools explored the impact of the pandemic on several dimensions including girls schooling, girls' health (including reproductive, sexual and mental health), as well as mental health, relationships, decision-making and aspirations. One additional participatory tool (body mapping) was used during FGDs to allow for a more visual and engaging way of discussing the impact of Covid-19 on the lives of adolescent girls.

All participating countries led Focus Group Discussions with girls following the above inclusion criteria (age and school status), totaling 34 FGDs overall. In addition, countries were provided the opportunity

to carry out individual interviews with girls and key informant interviews with service providers (8 individual interviews and 10 KII have been included in this analysis from both India and Nepal) – to enrich and add to the existing data.

3.2.3 Study participants

The research spanned over three continents. On the whole, **314 adolescent girls** aged 10-20 years participated in the study from Peru, Ecuador, South Sudan, Kenya, India and Nepal. As the official age bracket for adolescents is considered to be 10-19 years, this research pushed the age limit up to 20 years to enable retrospective analysis about girls' experiences of the last 2 years (since the beginning of the Covid-19 pandemic).

Participants were selected according to their age groups and their profile. All girls involved were already receiving congregational support (either through a school or another institution run by the sisters or partners). Girls were selected purposefully by qualitative researchers from the 4

participating congregations according to their operational areas. Some girls who participated in the first survey were contacted to participate again in this second research round, provided that they freely expressed willingness to participate.

Each country rolled out the study and chose the number of participants according to their own budget and availability of researchers. A minimum of 4 focus group discussions were required of each participating country (one in each age and school group category), however, some countries decided to reach a larger sample size due to various organizational reasons. As India was covering four states (Maharashtra, Tamil Nadu, Andhra Pradesh and Karnataka), it included more participants than other countries. Only a subset of interviews which took place was included in this global report as another country specific report is to be developed.

COUNTRIES	GIRLS
Ecuador	33
India	92
Peru	39
Kenya	64
Nepal	30
South Sudan	56
Total	314

This includes a total of 14 adolescent girls who participated in individual interviews in both India and Nepal. Additionally, a total of 17 service providers were also included in the analysis from India and Nepal.

3.2.4 Research team

The research was initially spearheaded by the four congregations. Oversight of the research was provided by an advisory group composed of different members of the four congregations. An initial consultation across different countries was undertaken to ensure that the research questions were informed by a bottom-up approach. Frontline staff and sisters, advocacy and other technical staff provided input into the initial design of the research. A technical proposal was developed jointly and shared amongst the congregations country teams for validation.

30 in-country qualitative researchers were identified from the initial pool of quantitative enumerators that had participated in the first phase of the study. Qualitative training of enumerators was organized online in May 2022. It lasted 3 days (including tool translation, tool testing and validation) and was organized separately for Spanish-speaking and English-speaking countries following the below timeline. Data collection was rolled out in all 6 countries in June 2022 and lasted about 3 weeks.

3.2.5 Data collection and analysis

All participating researchers were selected on the basis of good performance in stage 1 (survey) of the research. Competencies required included excellent communication, empathy and strong understanding of the ethics required for conducting research with adolescent, including minor girls.

Researchers were trained on qualitative research skills such as interviewing skills/probing, writing transcripts (verbatim), facilitating and note taking. The majority of interviews were recorded with digital recorders/phones and interviewers/note takers paired to transcribe the interview back at their respective offices. Initial training included a half day test where researchers had the opportunity to exercise using the focus group guide and reflecting back to the group on potential difficulties and lessons learnt.

Data collection took an average of 30 days to complete, depending on the countries and the number of FDG/interviews performed. Similarly to stage 1 of the research, a final debrief workshop was organized post data collection to provide researchers with the opportunity to comment and debrief on what they learnt during data collection, gather their thoughts on the impact of Covid-19 on adolescent girls and provide a space to discuss collectively.

After data collection was finished, transcripts were then sent to the data analysts (Mathilde Guntzberger and Miriam Galati) who transferred files into NVivo (Qualitative coding software used in social science to analyze qualitative data). Researchers

systematically coded data into broad categories using thematic analysis (impact of Covid-19 on education; survival, protection from violence; health including mental health, sexual and reproductive health; relationships; services and aspirations). Codes were identified for each main grouping as well as sub-codes that emerged as recurring answers/patterns. Report writing sections were organized following these main themes.

3.2.6 Ethics

Most qualitative researchers had already received comprehensive ethics and risk management training when participating in stage 1 of the research (survey) 6 months before. However, refresher training was included in the qualitative training, which was also attended by and useful for the handful of newcomers. Participants were trained using international guidelines on research with women and children, they received an induction on how to identify safeguarding risks for adolescent girls during the course of the research and agreed on mitigation measures. The training topics included the following subjects and tools: consent/permission for parents and minors, urgent action tool for minors at risk of grave violation, confidentiality, child safeguarding Code of Conduct and confidentiality agreement. Researchers were also supported to identify and manage their own emotions and the negative emotions of girls that could potentially come up during data collection. They were trained on assessing situations where it was relevant to interrupt or postpone a conversation/interview or focus group and when to change topics when heavy and negative emotions came up.



3.2.7 Study sites

The study was conducted in rural, urban/peri-urban and slums/informal settlements contexts. On the whole, this meant that there was a great variation across study sites. Study sites were chosen by the congregations present in the in countries with the aim to represent a wide range of contexts and situations.

3.2.8 Limitations

Study findings are not representative of the study sites. In each country, a minimum sample size was proposed by the technical team which didn't allow for data saturation (when no new information is yielded through qualitative research) but generated good enough data to be able to understand and explore the situation of girls during and after Covid-19.

Sample size and sample allocation was agreed in each country depending on logistics, operational feasibility, security and the budget allocated by each congregation to the study.

Efforts were provided to prevent bias related to researchers' attitudes including leading questions, and respondent bias including social desirability bias. In Focus Group Discussions, researchers were trained to give a voice to all and avoid one respondent taking the lead in responses.

3.3 Qualitative Study findings

3.3.1 Education

As adolescent girls from around the world experienced important disruptions in their education, the learning loss has been huge as girls have pointed out themselves. It translated into an acute sense of loss in adolescents' learning ability, confidence to study again and willingness to restart their studies.

LONGER SCHOOL CLOSURES

The majority of girls consulted in this study have mentioned repeated school disruption as one of their biggest challenges in the past 2 years. Children and adolescents from LMICs have had to endure the longest school closures globally, which further deepened the learning gap and created long-lasting consequences in their lives. The table below shows exceptionally long school disruptions, especially in South Asia and Latin America (compared to global estimates which show that schools were fully closed for about 20 weeks).

Table 6 School closure periods (2020-2022) ²

Country	Schools fully closed	Schools partly open	Total
India	25 weeks	70 weeks	95 weeks
Ecuador	40 weeks	51 weeks	91 weeks
Nepal	40 weeks	46 weeks	86 weeks
Peru	34 weeks	43 weeks	77 weeks
South Sudan	35 weeks	20 weeks	55 weeks
Kenya	28 weeks	9 weeks	37 weeks

Although TV and online channels were available for girls and boys to continue learning in all study countries, these were mostly not accessible by all, especially children from the most deprived or remote households/areas. As this report shows, boys and girls from the Global South had to deal with a “double jeopardy” which is longer school closure and a lack of access to alternative learning /online methods.

² UNESCO Institute for Statistics: Global Monitoring of School Closure caused by COVID-19
<https://covid19.uis.unesco.org/global-monitoring-school-closures-covid19/country-dashboard/>

UNEQUAL ACCESS TO DISTANCE LEARNING DURING SCHOOL RESTRICTIONS

An overwhelming number of girl respondents reported having real trouble learning during the school closure period.

Most importantly, not all girls had access to distance learning and unequal access to online classes (not all schools organized online learning, other adolescent girls were out of school already before the pandemic started). This was typically the case amongst interviewed girls from all 6 countries but seemed more acute in Kenya and South Sudan where many girls mentioned not attending any online classes at all.

As a result, many students rightly felt their education was totally disrupted. In Kenya, girls mentioned that they have had no choice but to repeat their grades after school restarted.

”

“...Corona spoilt my program in the school and I am repeating my class.”

Adolescent girl | South Sudan, Western Equatorial - 15-20 years

”

“The challenge I got after corona restriction I did not learn anymore.”

Adolescent girl | South Sudan, Western Equatorial - 15-20 years

CHALLENGES USING TECHNOLOGY

When they did have access to online classes, a number of problems came up that led to difficulties in learning, ranging from lack of familiarity with technology (computers, apps and phones), connectivity issues (lack of signal), difficulties in understanding teachers through distance learning, no access to technology (phones, tablets or computers), involvement in other activities such as household chores or other work, caring for a family member or lack of adult support for their education in general.

In a lot of households, children and adolescents had to share mobile phones or tablets with each other or their parents and therefore couldn't attend all classes.

”

“In my house we are three children and almost same time for our online classes and it was very difficult to attend through one phone. We missed most of the classes.”

Adolescent girl, India, Bangalore, 15-20 years

”

“We, the teachers, were frustrated because adolescent needed to work and take care of their aging grandparents, siblings etc. and sit for the online classes it was not a cup of tea for them; neither for us the teachers.”

Service provider, India, Bangalore

Despite having access to technology, many girls reported not being able to use it. Girls felt that remote education didn't allow them to clearly understand the explanations and requirements of the teachers. In general, the level of perceived support with using tablet or phone was considered very low to non-existent.

They generally found online education to be ineffective and not helpful:

”

“The students mostly did not understand the classes or fell asleep or were distracted, it was not the best form of education.”

Adolescent girl FDG, 16 years | Arequipa, Peru

”

“We found so difficult to complete our notes (online). It could not download the pdf files. Until exams I could not complete the notes so I just study from the books. At that time if there were services in providing smart phones for those who are in need it would have been great help. In this case there was no help from anywhere.”

Adolescent girl, 15-20 years | Bangalore, India

”

“Sometimes they just sent us the homework, they didn't explain to us how in school in person making drawings on the blackboard, and on their phones, they only talk and write and we didn't understand.”

Adolescent girl FDG, 12 years | Quispicanchi, Peru

Girls living in families where both parents were unable to support or had received no education were put at a further disadvantage:

”

“... many parents were not willing to help them and there was no one to support them because the parents did not study or have only studied until primary school.”

Adolescent girl FDG, 19 years | Quechua, Peru

LEARNING DIFFICULTIES AND CONFIDENCE LOSS

As a result of the above-mentioned challenges, many participants in the study have highlighted that they experienced difficulties in learning properly: *“We have not learned well”* (Adolescent girl FDG, Ecuador, Bolivar, 20 years) and concentrating *“I was bored”*.

Many girls commented that they or their friends lost interest and motivation in their schooling; they felt that they could not properly follow online classes.

”

“I lost my interest in studies and my grades went down, online made me lazy.”

Adolescent girl FDG | Bangalore, India

”

“It affected me emotionally because some online classes were hard for me to understand so I was sad and I cried. Every time I had to enter into a virtual class I was stressed.”

Adolescent girl FDG, 15-20 years | Chincha, Peru

”

“ (...) not everyone had the means or resources to carry out their virtual classes or work, so little by little there was disinterest to perform well academically”

Adolescent girl FDG, 17 years | Arequipa, Peru

DEEPENED INEQUALITIES

Girls were conscious that the pandemic contributed to deepening existing inequalities as many girls commented on the situation of other girls from poorer backgrounds or girls who simply didn't get the chance to access online classes or receive basic services. Girls perceived a high sense of inequality – especially in India and Peru – and felt that it was unfair that not all girls received equal treatment.

”

“As for the students, not all children belong to well-to-do families and so online classes were not possible”

Nepal, service provider

The pandemic created another problematic situation for girls: it increased the level of tasks at home. In patriarchal societies, girls are expected to perform childcare and household tasks which confine women and girls to reproductive roles (as opposed to productive roles associated with men and boys). Gender inequality and discrimination also played an important role in sidelining girls and preventing them from following online classes or returning to school after lockdown. Indeed, a great number of girls shared that the burden of house chores was so high as well as the expectations of their parents to contribute to childcare, family work or chores that many had to stop their education.

”

“Parents make their daughter do lot of housework. They do not support them to study.”

Adolescent girl FDG, 12 years | Quispicanchi, Peru

”

“...we could not study properly because we had to do household chores as well.”

Adolescent girl FDG, 15-20 years | Pokhara, Nepal

GETTING BACK TO SCHOOL

That said, the vast majority of girls interviewed expressed a strong desire to go back to school, and when they had managed to return, they felt hugely relieved and satisfied: “Now I feel like the bird inside the cage is let free” commented a girl from India (10-14 years).

However, they acknowledged that this “return to normality” had not been an easy task. Many girls were quite anxious and worried that they would not cope with their school schedule and routine. Others felt that they had missed out on too much of their on their education and feared they wouldn’t be able to catch up properly. On the whole, however they shared a new enjoyment at being active and focused again:

”

“I think it’s much better now with offline classes. I think I can concentrate better. I am not feeling lazy now. Physical classes keep me active. Before I felt I was not interested in anything but now I feel that I do lots of activities. I think it’s really nice now.”

Adolescent girl FDG, 15-20 years | Bangalore, India

However, some others shared how difficult it had been to resume schooling for a number of reasons. In some cases, girls felt they wouldn't be able to relate to others any more and make friends, and that their previous friendships had changed somewhat over time. They felt shy and wary of finding themselves as part of a group again. In other cases, girls shared about their lack of confidence to learn, they were afraid they had missed too much and would not adapt to the classroom level required.

”

“(…) now that we are going in person, we have not seen each other for a long time we are afraid to speak in public and to be mocked.”

Adolescent girl FDG, 15 years | Kcauri, Peru

”

“I really think that we have lost those two years, the academic and cognitive level of the students was so low that when they entered now to the face-to-face some were uncomfortable, distant, not everyone wanted this presence, it was uncomfortable and different to return to the face-to-face field.”

Adolescent girl FDG, 15 years | Arequipa, Peru

A girl from India also shared a story about her cousin who wasn't allowed to follow online classes and has fallen behind:

”

“My cousin dropped out from school during the pandemic because her parents told her that there may not be regular classes so it's of no use to enroll during the pandemic. Now she continues her studies but she feels so bad when she compare herself with another cousin of the same age but her grade is one step ahead of her. She regrets that she did not continue during the pandemic.”

Adolescent girl FDG, 15-20 years | Bangalore, India

LEFT BEHIND

Not everyone was able to transition back to school. As many girls noted, some of their friends and family members were indeed “left behind”. Amongst the commonly cited barriers for not going back to school were teenage pregnancy, search for survival, being unable to afford school fees and a change of family circumstances.

Girls shared stories of parents who didn’t allow or couldn’t afford their children to continue attending school. In one occurrence, a service provider from India stated that poverty led to gender discrimination against girls: *“Due to the low income of the parents, girls were not going to school. The parents sent only the boys.”* (Service provider, India). In some other cases, girls shared examples of friends who “got used to” working and no longer saw the benefit of an education or fell into “bad habits” (for instance, staying with their friends, earning an income from informal work). Finally, girls also mentioned other girls who had left their family as a result of domestic conflict or to join their boyfriend and had themselves opted out of school.

”

“The re-opening of the school was a very hard moment for me. My academic performance had dropped down properly. Many of my friends got pregnant during the Covid time, they could not come back to school.”

Adolescent girl FDG, 15-20 years | Western Bahr el Ghazal, Sudan

”

“For us, as soon as the lockdown ended the school reopened and we had to buy books, copies and fees. It was not possible for mothers to get the job immediately as well, so we could not get money immediately to buy stationary, so it was difficult.”

Adolescent girl FDG, 16 years | Pokhara, Nepal

“Only few girls are came across the violence, affected girls started to make own decisions to discontinue the education, to run away from the home.”

Service provider, India

In Peru, girls talked about the terrible consequences of orphaned girls and children. In these cases, children who were orphaned by Covid-19 could no longer afford school fees/costs following the loss of a parent and older siblings became responsible for them i.e., they had to work to provide for their younger siblings:

”

Girl 1: “Some children no longer have their parents, they are orphans and now their grandparents or uncles take care of them and they cannot buy cell phones. (...)”

Girl 2: “What are you going to do if you don’t have parents, you can’t study because you must be with your grandmother.”

Girl 3: “Work for your little brothers to feed them.”

Interviewer: “I mean, those kids who lost their parents have started to work?”

Girl 2: “Yes.”

Girl 2: “My aunt has died from Covid-19, she went to the hospital, and she has been killed, she had 5 children and now they are living with their grandfather.”

Interviewer: “They have left their studies?”

Girl 2: “Yes”

Adolescent girls FDG, 10-14 years | Kcauri, Peru

Many girls commented that many parents required older adolescent girls to provide for the younger siblings of the family while the parents searched for employment. The support the older girls had been offering at home had become an essential part of the household functioning.

”

“Many dropped out of school because they needed to care for their siblings at home.”

Adolescent girl FDG, 19 years | Barasat, India

”

“...my cousin’s case, she was studying, but she has younger brothers and she stopped studying because she takes care of them.”

Adolescent girl FDG, 12 years |
CENIT educational center, Ecuador

”

“My other cousin also dropped out of school because of her mother, and her siblings couldn’t afford to feed them, so she had to go out to work.”

Adolescent girl FDG, 16 years | CENIT educational center, Ecuador

POSITIVE STORIES

Girls also shared stories of community and family mutual support and assistance. In India for instance, one girl shared a story of a neighbor assisting her in her schooling:

”

“During lockdown, my mother sent me for one month for tuition in my neighbor’s house. A college student took general classes on all subjects for us, not from the school lessons. We were 10 students for tuition.”

Adolescent girl IDI, India, Karnataka, 11 years

3.3.2 Health

LOOSING LOVED ONES: A DIRECT EFFECT OF THE PANDEMIC

Adolescent girls explained how the pandemic hit their families and affected their loved ones. Participants from all countries except South Sudan reported having suffered the death or illness of relatives or having fallen ill of Covid-19 themselves. Girls told us stories of feeling helpless because Covid-19 was taking a high toll on their families:

”

“The pandemic affects me a lot because there were many family members who were infected and sometimes died because there were no medicines in the hospitals, we did not receive help from the government nothing.”

Adolescent girl FDG, 13 years | Ecuador, Guaranda

”

“I got sick the first year of the pandemic. While I was hospitalized my grandmother passed away, she was like a mother to me. I didn’t know anything about that and it was a shock for me when I left the hospital. My paternal family also got sick. After two months after my grandmother died, I went into depression, I gave up my studies, but [after a while] I remembered my grandmother and I continued.”

Adolescent girl FDG, 17 years | Peru, Arequipa

ACCESS TO HEALTH SERVICES

The Covid-19 pandemic compromised girls access to basic health services in many ways. This was because community health centers and hospitals were overwhelmed, dealing with the emergency and, in many cases, it was simply not possible to be admitted to hospital or receive treatment. Girls thus reported that many people suffered serious and sometimes fatal health conditions:

”

“People were becoming sick with other diseases but when they went to the hospital, the doctors gave priority to those with Covid-19.”

Adolescent girl FDG, 10-14 years | A children's home, Kenya

They sometimes felt forgotten or left out:

”

“I feel that there was not much attention to the young people who got sick from covid, they left out the teenagers and cared more about the elderly”

Adolescent girl FDG, 17 years | Peru, Arequipa

Additional barriers to accessing health services included fear of getting Covid-19, fear of quarantine and false ideas about vaccines and treatments. Many girls reported witnessing an increase in traditional medication/herbs by family members or neighbors as an alternative to formal health care:

”

“Traditional medication helped because our parents feared that if they went to the hospital they would get Covid-19.”

Adolescent girl FDG, A children's home, Kenya

MENTAL HEALTH

One of the most cited impacts of Covid-19 on girls was its repercussions in terms of girls' poor mental health. Generally and across the board, it was felt that Covid-19 had slashed girls' sense of self-esteem, that it had led them to a state of loneliness, feeling hopeless for the future and a deep sense of disconnect with others:

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“...many girls faced torture, loneliness and many other personal problems, and they committed suicide. This was really very sad.”

Adolescent girl FDG, 18 years | Maharashtra, India

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“The pandemic affected more than just my education; I could not adapt until the second year of the pandemic. It also affected the relationship I had with my friends, I could not go out, so I really felt locked up and lonely.”

Adolescent girl FDG, 16 years | Arequipa, Peru

Many felt that social isolation was one of the most important factors leading to distress amongst girls:

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“I feel that it has had a big affect, because we have stopped socializing, and the human needs to socialize and meet other people.”

Adolescent girl FDG, 17 years | Peru, Arequipa

As one girl noticed, there is a feeling of a lost or stolen childhood as some girls realized that they somehow have missed out on a lot of things in the last couple of years:

”

“For my part, before the pandemic I was very happy with myself, now I don't know what I have... Now it's like I have to discover more, I've forgotten a lot of things, it's like oh no! the pandemic has passed, I'm already 16... How horrible...”

Adolescent girl FDG, 16 years | Arequipa, Peru

In South Asia and Latin America FDGs, girls and service providers have shared that the level of despair endured by girls sometimes made them think of or even commit suicide. As described below by this girl from Peru, girls were really affected by the distress caused from seeing other people affected by and dying from Covid-19, and from the fear about what might happen to them and their relatives.

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“I think that in the pandemic there were young people who did not know how to control their emotions, that is, to know how to express them and all because they experienced many things. For example, many people lost relatives because so many people died and... it seemed normal for them to die, that is, it was very common and many children and teenagers, especially, didn't know how to handle this, they were obviously not used to this, no one expected a pandemic. I think the number of suicides increased because of this”

Adolescent girls FDG, 16 years | Arequipa, Peru

Media headlines and stories, accessible through TV and online, also caused adolescent girls to feel a great deal of fear, hopelessness and anxiety. It became clear that girls had been exposed to a lot of information that wasn't necessarily processed or explained to them. As parents and families were preoccupied with the immediate survival needs of their households, girls weren't properly explained things and had to come to terms with all sorts of stories brought to their attention by social media, some of which were fake and misleading.

”

“There was a lot of fear in those days. The news on TV was only about Covid and the number of deaths and about how the bodies of patients were not given to the family but rather buried in mass graves. It showed how people were suffering, dying and the lack of beds for patients... they shouldn't have shown this as it only added to our fear. Some fake news also circulated, so there should be policies to control what is shown on TV. It was good that other needs were provided for by the government and by NGOs”

Adolescent girl IDI, 11 years | Karnataka, India

REDUCED ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The pandemic particularly affected the health of women and girls as, among other things, there was restricted access to gynecological treatments, prevention of unwanted pregnancies and ante-natal and post-natal care:

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“I know of a girl who tried to abort, but she, unfortunately, died in the process. Her parents tried to help her but she died.”

Adolescent girl FDG, Kenya, Makuyu, 10-14 years

”

“Some girls gave birth to their first-born child through surgery; others passed away while giving birth. Parents neglected their daughters; they did not take care of them, causing some of them to die while giving birth. Many young girls and women didn’t know how to take care of their baby”

Adolescent girl FDG, South Sudan, Wau, 15-20 years

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“When we were in the pandemic I got tonsillitis, my mom took me to the health center, but the guard wouldn’t let us in and I was very sick. I felt bad because I wasn’t with Covid and they still wouldn’t treat me.”

Adolescent girl FDG, Ecuador, Institución educativa CENIT, 13 years

MENSTRUATION POVERTY

There were many cases of girls telling about their difficulties in getting what they needed to care for themselves during their menstruation cycle. Some experienced irregular cycles, others suffered from period pain and a lack of access to pain killer drugs or contraception pills. Lack of access to basic necessities including sanitary pads amongst the poorest segments of the population meant that girls who were already vulnerable economically also had to face menstruation poverty. This generated a great deal of worry and stress as girls struggled to manage their menstruation and the lack of personal hygiene that it led to in many cases. Among the reasons cited for the lack of access to pads was the closure of schools and shops. Girls had to be very skillful to try and survive this difficulty, some shared how they had to cut their own clothes and sometimes mattresses to make up pads.

”

Girl 1: “After Covid-19, more girls got ulcers.”

Interviewer: “Ulcers? Why do you think there was an increase in cases of ulcers?”

Girl 1: “Because of stress.”

Interviewer: “Stress? What causes you stress that you end up getting ulcers?”

Girl 2: “Stressing about the lack of pads and the life adjustments one had to make.”

Adolescent girls FDG, Kenya, Makuyu, 10-14 years

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“Due to the closure of school, we were unable to get free menstruation pads from the school. Those friends who could afford to could easily buy pads but those who were poor were unable to buy pads.”

Adolescent girl FDG, Nepal, Dhakdhai, 18 years

FALLING BEHIND ON SRH KNOWLEDGE

As many girls reached puberty, there was information they felt they didn't have that would usually be learnt either through school, health outreach services or other informal avenues. This included, for example, how to deal with their first menstrual period, first sexual experience and increased online exposure. There were stories of girls who felt it unfair and stressful for them to deal with the transition to puberty without having proper reproductive health information to inform their choices.

Sometimes talking to parents was not seen as an option because girls struggle to open up and confide to them. In that respect, the pandemic has closed other options that girls resorted to in order to get vital information and advice.

”

Girl 1: “You know when in school, the teachers taught girls how to be clean and maintain cleanliness, but then when they go home, they become shy and can not share their worries with their parents. So this affected their hygiene.”

Interviewer: “So we can say, there was poor menstrual hygiene?”

Girl 1: “Yes.”

Interviewer: “Do you girls know about menstrual hygiene once you get your periods? Do you know how to use and dispose of pads?”

Girl 2: “Yes, we were taught in school.”

Adolescent girl FDG, Kenya, Makuyu, 10-14 years

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“The information was reduced because there was no one to explain it to us during the pandemic and now the doctors of the parish usually go to give a talk and during the pandemic we did not receive any talk about it.”

Adolescent girl FDG, Ecuador, Institución educativa CENIT, 13 years

RISK-TAKING BEHAVIORS AND ADDICTIONS

Amongst respondents, it was felt that the pandemic created new risks for girls due to the sudden lack of activities, school routine, parental supervision and their increased exposure to online activity. For example, it was commonly reported by service providers that girls had increasingly been engaged in addictions including drugs (such as bhang in Kenya) and alcohol:

“Girls had lot of emotional ups and downs during this time. (...) Adolescents did not open up and became aggressive, many addictions came up like smoking, drinking, drugs etc. They did this to relax because parents were not around and they did what they liked.”

Service providers FDG, India, Bangalore

“Because parents were not always at home, children were left by themselves. Some would meet up with friends who are bad company and engage in drug abuse.”

Adolescent girl FDG, Kenya, Makuyu, 10-14 years

In some accounts, girls were thought to engage in increased sexual activity during Covid-19, without understanding the risks related to unprotected sex.

One focus group in South Sudan reported that girls had been exposed to various Sexually Transmitted Diseases (STIs) during the Covid-19 period :

Girl 1: “It happened to my best friend and she was infected by gonorrhea during corona restriction.”

Girl 2: “It happened to my elder sister and she got HIV.”

Girl 3: “It happened to my elder sister that she was infected by gonorrhea.”

Girl 4: “It happened to me that I got syphilis.”

Girl 5: “My neighbor got HIV/AIDS.”

Girl 6: “It happened to my friend who got HIV.”

Adolescent girls FDG, South Sudan, 15-20 years

TEENAGE PREGNANCY

Across all countries, girls told stories of friends or relatives falling pregnant during the pandemic. Some of them thought that it was because of misinformation on the consequences of sexual activity, others shared that since adolescent girls felt pressured at home, they sought comfort outside: *“The boys showed the girls more love than they were getting at home.”* (Adolescent girls FDG, 10-14 years, Makuyu, Kenya). There were also many accounts of girls who engaged in sex as a survival coping mechanism. This situation was described mostly by girls in South Sudan and Peru where many girls shared stories of unwanted pregnancies. Girls had a negative view on the consequences of child rearing at a very young age, they confided that many did not know about how to take care of a baby and felt that they had sacrificed their education and compromised their future as a result of having a child.

”

Girl 1: “You feel rejected”

Girl 2: “Girls let themselves be attached to the first person they meet, sometimes to have money and buy what they want.”

Adolescent girls FDG, Peru, Chincha, 15-20 years

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“Talking about sexual health, many girls got pregnant because nobody told them how to take care of themselves.”

Adolescent girl FDG, Ecuador, Institución educativa CENIT, 13 years

Respondents clearly understood the many risks associated with early pregnancy. Girls saw that it clearly puts a stop to the prospect of continuing their education, that it increases the chance of them having to start work at a younger age and that it can pose a serious and sometimes lethal threat to their health. While boys were generally considered as not taking any responsibility, girls, on the other hand, were thought to carry the burden alone. This is one of the many gender-related impacts of Covid-19 that clearly highlights the negative consequences of the pandemic on adolescent girls throughout the world.

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“I have a cousin who has gone to live with her partner who promised to pay for her studies, but he did not do so. My cousin had to work and she stopped studying.”

Adolescent girl FDG, Peru, Chincha, 15-20 years

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“There are some girls when they conceive a baby and the boyfriend come to know they will abandon them and run away and the girl will suffer alone for long time and that mother will blame herself “had she to know she will continue with her studies.”

Adolescent girls FDG, South Sudan, Western Equatorial, 15-20 years

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“Many of our friends had no ways to come back to school since they got married, got pregnancy, other ran away with their boyfriends. Some of them has died causes by got pregnancy in the very young age.”

Adolescent girls FDG, South Sudan, Wau, 15-20 years

3.3.3 Protection from violence and discrimination

Commonly reported forms of violence that were most cited during and after Covid-19 were online abuse and harassment, domestic violence (including experiencing violence at home and witnessing violence), sexual and commercial exploitation. This was termed by international media as “the shadow pandemic” and received a lot of attention worldwide. Other harmful consequences of the pandemic that were widely reported were the surge in child marriages, child exploitation and discrimination against girls which resulted in significant harm in the lives of adolescent girls worldwide.

CHILD MARRIAGE

Overall, girls and service providers testified that they had seen an increase in child marriage as a result of the pandemic, with many stories coming from India, Nepal as well as South Sudan. In some cases, marriage was considered as a way to cope with the economic downturn brought about by Covid-19. Marrying off girls was seen as a solution in the context of strained household finances (for instance, to pay school fees for the girls). Participants from India came up with comments about how gender discrimination affected girls and their welfare in a country where girls were seen as “a burden”. Finally, it was thought that marrying off girls during the pandemic and the related restrictions was going to be cheaper.

”

“To my knowledge, there were about 19 children who were given in marriage because the parents could not support their children’s education and marriage during lockdown was cheaper because of the restrictions”

Adolescent girls IDI, India, Bangalore, 16 years

When the pandemic happened, the sudden lack of activities for children scared some parents who were afraid that their daughters would become sexually active, as this quote from a service provider suggests: *“Parents saw unmarried girls in the house as a threat”* (Service provider, India). In highly patriarchal societies the sexual activity of girls needs to be controlled, and preserving virginity is highly important as it relates to the family’s honor.

In South Sudan, child marriage was mainly perceived as a way of escaping poverty and as a remedy to teenage pregnancy. Girls provided examples of friends who were married off to their boyfriends after getting pregnant. Girls themselves sometimes highlighted that marriage was a way of escaping either a violence or conflict at home as well as poverty – and sometimes a better short-term alternative to school which was unaffordable. In other words, there is a continuum between getting under the protection of a boyfriend, survival sex and child marriage. In some situations, getting married is a short term and last resort solution for girls.

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“I think because there was a lack of money to support the girls to go to school. The girls think maybe it’s better to get married.”

Adolescent girl FDG, South Sudan, Western Equatorial, 15-20 years

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“When a girl gets pregnant from a boy, the parents of the girl will ask for a dowry from the boy which will force him to marry her and because of this the girl will be unable to return to school because she will be under the command of her husband”

Adolescent girl FDG, South Sudan, Western Equatorial, 15-20 years

Other girls commented on the fact that girls running away did so because they took the wrong advice and followed negative peer influences. It was thought that isolation and confinement contributed to adolescents making harmful choices for themselves.

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“When girls stayed far away from society, they could not get any good advice and spiritual guidance.”

“Most girls followed the advice of their friends, especially from those who got pregnant. Girls wanted to be like them.”

Adolescent girls FDG, South Sudan, Wau, 15-20 years

FAMILY CONFLICT AND DOMESTIC VIOLENCE

Prolonged lockdown also meant that girls had to stay home with their relatives and family for exceptionally long periods of time. This was compounded by heightened stress and anxiety caused by the economic deprivation many families had to endure, the loss of jobs, and the uncertainty about the future. Girls told us stories of parental disputes, conflict between siblings as well as children witnessing parental difficulties.

”

“Constantly being around our parent’s kind” to “our parents kind of irritated them. Some conflicts arose from leaving the house and coming back late. Our parents would, at times, tell us to go back to where we were coming from. So, you are left standing there confused.”

Adolescent girl FDG, Kenya, Western Makuyu, 15-20 years

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“I also felt sad when my parents fought one day because my father used to drink. My mother brought me and my sibling to my uncle’s house in Hyderabad for us to stay there with him. My father asked my mother to forgive him and asked my uncle to allow us to return home – this was before lockdown. My uncle warned my father that if they fought again, my mother and the two of us would stay with my uncle. So, from that day my father never drank again; my family life is peaceful.”

Adolescent girl IDI, India, Bidar, 11 years

In some cases, these tensions led parents to resort to corporal discipline against children, including girls.

”

“Some parents lacked money and this further frustrated them and they transferred the frustration to us. If you try to share an opinion, they do not consider it helpful and you might even be beaten.”

Adolescent girl FDG, Kenya, Western Makuyu, 15-20 years

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“Due to the pandemic, many people became unemployed which directly affected the socio-economic condition of the families. And in this male-dominated society, girls usually become the victims of domestic violence”

Adolescent girl FDG, Kenya, Western Makuyu, 15-20 years

The heightened violence and conflict at home led girls to believe that there was no alternative than to leave home, with some girls sharing that their feelings of despair also led them to have suicidal thoughts.

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Girl 1: “Sometimes, there were suicidal thoughts as well.”

Girl 2: “Sometimes, I had thoughts of running away to the jungle as well.”

Girl 3: “Sometimes, I had thoughts of staying far away from the family too.”

Girl 4: “There were times like that too but then again, there were times, I wanted to stay close to my family too.”

P5: “Sometimes, I also had thoughts of not seeing them ever again, especially when I was hurt. I had negative thoughts too sometimes and if somebody said anything during that time then, it would add up to negative thoughts.”

Adolescent girl FDG, Nepal, Pokhara, 10-15 years

During the many lockdown episodes, girls sometimes struggled when staying with relatives or extended family members who were not necessarily caring and providing for their needs, it affected their immediate safety and sense of self-worth:

”

“During the first lockdown, I stayed at my maternal uncle’s house where everybody had come to stay. There were about 17 or 18 people in the house. With only one breadwinner, it was quite difficult. In addition, I don’t have a father, but all my aunties have husbands. Even before Covid, my maternal uncle used to belittle us, and when we had to live in his house the torture and pressure became too much. During that time, I didn’t have a phone and I thought I would get depressed... it was very difficult.”

Adolescent girl FDG, Nepal, Pokhara, 15-20 years

SEXUAL VIOLENCE

Stories of sexual violence, including rape and incest, also arose during Focus Group Discussions in Kenya, Nepal and India. This phenomenon is very hard to assess and in that sense is very much a “hidden crisis”: as girls tend to not report cases of violence by close family members. It is well documented in literature that gender-based violence at home is often hugely underreported, yet this is usually the first place where such violations occur.

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“I have a friend whose parents are drunkards as per what she shared. If her father got back home and the mom was not there, he would rape his firstborn daughter.”

Adolescent girl, Kenya

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“Girls are at a higher risk of violence from their family and society. Some girls have been raped by their own father and uncle.”

Service provider, Nepal

In some cases, these tensions led parents to resort to corporal discipline against children, including girls.

”

“Many young women faced traumatizing sexual abuse even from their own partners”

Adolescent girl FDG, India, Barasat, 17 years

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“A girl who is sexually abused by family members is invisible and does not reveal this for various reasons”

Service provider, India

With increasing exposure to social media, girls became more vulnerable to online abuse such as sexual harassment and grooming. For instance, one girl in Nepal shared her story of being harassed to do pornography through Facebook.

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“I also met such people when I was using Facebook too much. But I know he was trying to woo me with money. He was saying that we have to go outside the valley and started asking what sort of clothes I wear and all. It was so bad, although I think we should have understood it earlier.”

Adolescent girl FDG, Nepal, Pokhara, 18 years

NEGLECT AND LACK OF PARENTAL CARE

As parents and families were focused on meeting the immediate survival needs of the family, there were accounts of girls who suffered from a lack of care and support, sometimes having to supervise young siblings while parents were working. Other girls told stories of finding themselves in the middle of family conflict, being rejected from home and having no place to go. As a result of the pandemic, girls felt rejected by their own families, in need of care or love and affection, or had their basic needs denied.

“A few girls became very emotional after asking how covid affected the relationship between them and their parents. One girl talked about how depressed her mum was since she couldn’t provide food and other basics for her children. She took out her stress on the daughter by abusing her and even chasing her away from home where the girl sought refuge with her grandmother. Another girl cited how the parents left their toddler under her care even for days since the parents parted ways because of conflict at home.”

Researcher, Kenya

“The death of my daddy I still haven’t gotten over it, and some very bad things happened after he died.

Another challenge I went through was when my brothers wanted to send us away from home. My daddy left us and my mommy was very upset.

I still can’t forget my daddy. I always carry him in my heart and I know I must accept that he is gone.”

Adolescent girl FDG, Peru,
Institución educativa CENIT, 13 years

3.3.3 Survival and work

FOOD INSECURITY

A number of girls stressed that the government-imposed restrictions and the subsequent loss of jobs led to less food being available at home. This was true for all 6 countries, however these were not affected equally. In India and Nepal, girls mentioned that the food less diverse and the diet less rich than before Covid-19, which resulted in a lack of vitamin intake (since there was reduced access to vegetable and fruits). In some cases, families only just about managed to survive thanks to government and NGO support (food rations). Some girls talked about relying on negative coping strategies in order to compensate for the food insecurity, such as resorting to eating junk food (in Peru), biscuits, raw food and even roots (in Kenya).

“...during that time, we were able to eat healthy foods like fruits and vegetables even if not every day, sometimes. But during Covid, it was hard. Some would even eat in the morning and wonder what to eat in the evening. Because of this, one felt weak and unenergetic... some would just stare and sit because one would be tensed during the situation.”

Adolescent girl FDG, Nepal, 17 years

“I came to realize the importance of each grain of rice” (laughingly)

Adolescent girl FDG, Nepal, 15-20 years

In Kenya and Ecuador, girls revealed an acute need for food that created high tensions and conflict in families:

“My parents were constantly fighting because of lack of food and our other basic needs.”

Adolescent girl FDG, Kenya

Girl: “Before COVID-19, we could get more than one round of food but after COVID-19, we stopped going for seconds because the food was not enough, plus we used to eat saltless food. Sometimes we even opted to eat undercooked food.”

Interviewer: “Why would you eat undercooked food?”

Girl: “You had to fill your stomach and not care about the food being cooked because if you waited you might not get your share.”

Adolescent girl FDG, Nepal, 17 years

“When we were in the pandemic we didn’t get along very well because we owed the rent, we couldn’t even go out to the store, we had to hide from the police so we would not get caught, my dad was also worried because there was no food. In my house we didn’t do so well because we didn’t get along with my brothers, we fought over everything, because one ate more, ate less. Besides, my father was upset because we only had \$20 and he had to pay for water, electricity and rent.”

Adolescent girls FDG, Ecuador,
Institución educativa CENIT, 13 years

JOB LOSSES

Many girls commented on the loss of jobs after the pandemic began and the direct impact it had on their family survival. Girls shared situations where families were not able to provide more than one meal a day; service providers highlighted that this situation affected highly precarious workers and daily wagers whose survival depended directly on what was earned on one typical day. Households working in the informal economy have been particularly vulnerable to the pandemic. This led to a cycle of vulnerability and poverty, affecting family health and stability.

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“...a lack of jobs which results in no money, families end up sleeping hungry and this contributes to sicknesses. It is a daily cycle for some.”

Adolescent girls FDG, Kenya

ADOLESCENT WORK

As described above (education section), many girls dropped out of school to continue supporting their parents (looking after siblings). In South Sudan, many girls talked about supporting parents in agricultural work but mostly earn money to return back to school. One girl shared that she didn't get back to school but was working to try to pay school fees:

”

“... it affected us emotionally because seeing the parents sick and without money was sad, so many went to work to financially help their family.”

Adolescent girl FDG, Peru, Kcauri, 17 years

”

“We secured menial jobs to get us by. A friend of mine from home started a small bhajia [coated deep-fried potatoes] business around our neighborhood. The money helped her family get some supper.”

Adolescent girl FDG, Kenya, Makuyu, 15-20 years

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Girl 1: “What I do see happening is that some girls are selling in the market in order to go back to school.”

Girl 2: “Others are brew local alcohol in order to earn money to go back to school. Other are doing casual work all these are happening because their parents are annoyed with their behaviors there are for they must struggle using their hands.”

Girl 3: “The good thing is that now we are in the season of mango fruits some are selling them and getting money and they can pay for their school fees.”

Adolescent girl FDG, South Sudan, Western Equatorial, 15-20 years

In some accounts, girls narrated stories of exploitative work and gender-based violence occurring while girls were working. Some girls talked about working as domestic helpers and experiencing sexual violence and exploitation.

”

Interviewer: “You mentioned that girls were looking for jobs by selling their bodies, what kind of jobs were the girls looking for?”

Girl 1: “Saloonist, washing clothes, house jobs, garden work.”

Girl 2: “Some went to be housegirls in families and when the woman of the house leaves, unfortunately, the husband takes advantage of them and abuses them.”

Interviewer: “What do you mean by abusing them?”

Girl 2: “Maybe the husband considers this girl to be naïve and takes advantage of that and...”

Girl 3: “He has sex with her.”

Interviewer: “And does the girl want sex?”

All Girls: “No”

Girl 2: “She just wants the job.”

Interviewer: “So if a girl does not want sex and someone forces themselves on her, what do you call that?”

All Girls: “Rape”

Adolescent girls FDG, Kenya, Makuyu

Most importantly, girls have taken on the majority of the household work during Covid-19 compared to boys. Not only were they required to help in family businesses or agricultural work but they also had to bear the brunt of domestic chores and child care work which was significantly detrimental to their education. It was perceived as a discrimination by girls, mostly from India and Nepal, who considered that preference was given to boys over girls.

”

“During COVID-19 pandemic situation, Most of the time we spend with our parents so our relation is too close with my parents. But in my society the relation between girls and boys were discriminated. Parents ask girls to do lot of household work then boys. There is inequality between them.”

Adolescent girl FDG, Nepal, Dhakdhai, 15 years

”

“In some of the house there was always fighting between daughter and their parents because parents ask the daughter to do housework all the time. Parents does not give support to their study.”

Adolescent girl FDG, Nepal, Dhakdhai, 15 years

POSITIVE

Girls also shared stories of family mutual aid and other local support which shows how much social assets are important: the mutual support of other family members, neighbors and community members is an important component of recovery and resilience to shocks such as health crises and other unexpected events:

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“ my older brothers helped us”

”

“We took a loan from our neighbor”

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“My daddy’s boss gave us groceries”

3.3.4 Relationships

In focus group discussions, researchers discussed how girls' relationships changed before and after restriction measures. The findings show that their answers were quite heterogenous and revealed a lot of diverse lived experiences.

LOOSING FRIENDSHIPS

One of the highest impact on girls sense of connection to others was the loss of friends during Covid-19 due to school closure. The reality that many girls found themselves in was that they couldn't rely anymore on the practical and everyday support of their peers and that brought them down and contributed significantly to decreasing morale. Many felt that their social competencies decreased during lockdown and felt that they would not be able to reconnect again:

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“I don't think I have close friends anymore, in my house my parents argued a lot, I felt bad, and I missed school.”

Adolescent girl FDG, Peru, Kcauri, 11 years

Some girls felt bad since schools re-opened because they couldn't find the same connection with their peers than before:

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“I became antisocial”

Adolescent girl FDG, Peru, Arequipa, 16 years

”

“Friends have different tastes, and we can no longer agree on anything.”

Adolescent girl FDG, Peru, Kcauri, 12 years

One girl shared about how much she was when she realized restriction measures had been laxed and she would be able to enjoy friendship again:

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“ I remember the first time I was able to go out to a public place or to school I said: Today I'm going to make friends! Today I'm going to be fine! Today I'm going to be happy!”

Adolescent girl FDG, Peru, Arequipa, 16 years

FAMILY RELATIONSHIPS: BEFORE VS AFTER COVID-19 PANDEMIC

In many cases, adolescent girls expressed sadness because their relationship to their close family members had deteriorated because of the external environment due to Covid-19.

The focus groups conducted in **Ecuador** with 10-14 years old revealed that external relations have deteriorated dramatically. One of them states that: *“My experience when there was no pandemic was very good, then when the pandemic came we no longer had the opportunity to meet, to talk, to dialogue but we stayed in touch through the computer.”*

Interviews conducted in **India** (RNDM) with 15-20 years old predominantly indicated that relationships did not improve during the pandemic. One of them states that: *“At first, I was very happy to spend time with them at home, but as the days went by I got irritated and there were arguments and quarrels between us. They are just small problems, but I felt stressed at home. I think it’s much better for me to be at school, at least I can avoid unnecessary discussions, sometimes my mother cries when there are these discussions.”*

«Before COVID-19, our parents loved us very much, they tried their best to give us what we wanted, but after COVID-19, they told us to sort ourselves out. There was no money in the house and if the parents got sick, they expected you to work and fend for the house», this is how a girl from **Kenya** recalls her experience, reporting on the rather difficult situation of the pandemic that has compromised relations with her family.

A girl from **Nepal** from the 15-20-year-old group expressed her discouragement about her relationships with her family members:

“During the time of the pandemic, we spent a lot of time with our family members and had the opportunity to learn how to deal with challenges. But due to the poor economic conditions in the house, quarrels occurred and compromised relationships. Some friends hated us because we came from a poor family.”

A girl in the 10-14 group from **South Sudan** recounted part of her experience with family relationships during covid-19: *“The relationship with our parents was not good. My mother used to scream at me because they had closed the school, but that was not my problem. Most of the girls in the 15-20 years old group from South Sudan recounted that during the lockdown relations outside the family became worse because due to the lockdown it was no longer possible to see each other and meet with friends, and then when the pandemic ended there was a lot of fear among people, for example many refused to shake hands. In the second part of the survey on how the girls felt after the pandemic in their relationships, the girls from South Sudan all reported that they felt happy because they reunited with their friends and started going to school again.”*

In contrast, other girls found that the sudden closeness imposed by “stay at home measures” brought the family together. In an interview with the 15-20 girls from **Peru**, one of them recounted that: *“In terms of family relationships it was a big challenge, because before the pandemic, family members were*

not close, parents worked, children came back from school, ate and went to sleep. But in the pandemic, we shared space, we ate together, we talked. I bonded with my older sister, she gave me advice, she asked me to trust in God to enjoy her prayer. I had the courage to apologize, to ask forgiveness. Even with my parents we realized that communication is important because we used to tell our parents what was bothering us and, in the end, it went well because we now have a good relationship.”

Similarly, another girl from **Kenya** from a mixed group of girls, on the other hand, recounted a more positive experience:

“After Covid-19 hit, it was almost expected that life will never be the same again. There was a restriction on movements. You find that you cannot stay out late, you had to go home early

and the good thing was probably the fact that it helped unify some families. I did not view it negatively, I thought it helped bring families together.”

Both 10-14 and 15-20-years old from **India** (Salesians) reported that they lost many of their relationships with friends during the pandemic, and only maintained some relationships through the Internet. On the contrary, very often the restrictions improved the family aspect and strengthened ties with parents. A girl from the focus group in India (Vellore) reported that: *“After the pandemic it was difficult to recover all relationships with people, e.g. neighbors and friends. We only tried to stay in touch to receive or give advice, not to know how we were.”*



3.3.5 Girls' agency and decision-making

Another area of investigation during this study was to better understand how girls' agency, or ability to make decisions for themselves, had changed at all and if the pandemic had anything to do with it. We asked girls about decision-making at home, who made these decisions and to what extent they were able to either contribute to these decisions or make any choice by themselves.

The answers we got were quite contrasted but on the whole men are considered as the main decision-makers when it comes to the life and future of girls. They are usually the fathers, but can

”

“My father takes the decision in our life. At home there was not much freedom to talk about ourselves and we cannot give opinions for our life.”

Adolescent girl FDG, India, Bijapur, 15-20 years

According to this adolescent girl from India, men make the decisions because they are males and because they are the breadwinner of the family:

”

“Naturally in the family we give priority to father's decision for he is the wage earner in the family”

Adolescent girl IDI, India, Srikrishnapur, 14 years

In many instances, girls consider themselves to have no say at all in decisions affecting their lives. They sometimes even didn't see any meaning to the question “how do you make your own choices”. It seems that the pandemic has made worse a phenomenon that was actually prevalent before: girls are voiceless and stay in their place as dictated by their culture. This is causing intense suffering as girls long to emerge and thrive. As one service provider states:

”

Interviewer: “Are there invisible/less visible forms of violence against girls that have emerged (during Covid-19)?”

Participant: “Girls have become silent and voiceless. Their whole social life has been affected”

Participant: “One of the main issue is girls do not come out and speak about the issues and problems affecting them.”

Participant: “Girls are subordinate to men/ boys/traditional girls should not raise their voices in the family.”

Participant: “Girls should be the service provider to her family.”

India, service provider, Maharashtra, GSS

DECISION MAKING AND EDUCATION

Overall, girls from South Asia and Sub-Saharan Africa mentioned decision-making was mainly the responsibility of parents/fathers whereas girls from Latin America seemed to take responsibility themselves about decisions affecting their lives. When it comes to education, adolescent girls from South Asia and Sub-Saharan Africa talked about parents forcing girls to quit education altogether, while girls from Latin America felt that their parents sometimes forced them into educational and career choices that may not have been their first choice.

3.3.6 Gender equality and positive insights

Girls are very much aware of the unequal situation that culture and tradition have put them into. However, they sometimes thought that it was something of the past and that norms were changing towards more equal and less discriminatory relationships :

”

“Yes, but in Nepali culture, it’s always parents who make the decisions for us. They think we are too young to make decisions. And, also what amplifies this practice is because our society works that way only.

[...] And, if we don’t conform, society will talk about this person’s daughter and so all parents are very cautious that way.

For instance, when I took a decision for myself once around the time my uncle had

come home from the village, he was the first one to raise the voice, “okay! You are allowing her to do this? Are you allowing her to leave by herself? What if tomorrow morning something happens, who will bear the burden of it?”

... so I told my uncle that in today’s world, we are educated and we know what we like and what we don’t, so we are aware.”

Adolescent girl IDI, India, Srikrishnapur, 14 years

”

“I recently saw my paternal grandmother yesterday and she told me that she likes the thinking of this generation. Clearly not everything, but she not everything, she likes that men and women can already fulfill the same roles, because she felt alone, she felt stressed and exhausted by everything she had to do as a woman. So, then it has to be progressive to teach other generations that men and women should have the same rights and the same responsibilities, because I believe that both genders should have the same opportunities.”

Adolescent girl FDG, Peru, Arequipa, 13 years

3.3.7 Services

Girls are very much aware of the unequal situation that culture and tradition have put them into. However, they sometimes thought that it was something of the past and that norms were changing towards more equal and less discriminatory relationships:

SERVICES RECEIVED DURING THE PANDEMIC

Evidence from other pandemic and emergencies around the world show that informal support networks such as neighbours, extended family and religious actors play a vital role in providing short- and long-term support to people in need. This has proven true in this context with many girls testifying that they received help from their relatives and close neighbors, for instance, loans, exchanging food, advice and mental support, health assistance etc.

”

“During lockdown, my mother sent me for one month tuition in my neighbor’s house.”

Adolescent girl IDI, India, Bidar, 10-14 years

”

“My health is good. But my brother was not well that at time. He had an operation. It was difficult for the family. We took a loan from our neighbor for his operation.”

Adolescent girl IDI, India, Bidar, 10-14 years

”

“We didn’t have rice but, in my case, we had a lot of quinoa. We started eating a lot of quinoa, and the family contributed a lot; we exchanged food with the neighbors. For example, a neighbor had onions and we did not so we gave him quinoa and they gave us onions.”

Adolescent girl FDG, Peru, Kcauri, 15 years

”

“Yes, my sister and I were frightened every time an ambulance passed by our house. Sometime our neighbor a, Christian girl, used to come with her Bible and we all prayed together for the healing of all.”

Adolescent girl IDI, India, Bangalore, 10-14 years

The vital role that congregations played during Covid-19 was also highlighted by the girls who recalled how much commitment religious sisters were able to provide in the middle of the pandemic, providing material comfort directly to families in need. The sisters especially helped the young girls in collecting food supplies and got those who had dropped out of school off the streets.

”

“During lockdown, my mother sent me for one month tuition to my neighbor’s house [...] During the pandemic the RNDM sisters worked hard in many ways, like visiting families, providing food kits, counseling and telling them to follow Covid restrictions and eat good food etc. I was inspired by them. During lockdown relaxation they took tuition classes for us. We were so happy that we can learn better since there was no school at all.”

Adolescent girl IDI, India, Bidar, 11 years

”

Interviewer: “Did you have enough food to eat during the pandemic?”

Girl: “Yes, we also got rations from the sisters and also from the government at a very low price. Sister Helen also gave concession for my school fees. We are very happy.”

Adolescent girl FDG, India, Bijapur, 17 years

Overall, many commented that they lived out of government and NGO food rations and material support:

Respondents from India (RNDM) in the 15-20 years old age group commented on the state of services during the Covid-19 pandemic saying that more or less evenly that they received food rations from NGOs and the government. The greatest difficulties were encountered in access to general medical services. In comparison, from the 15-20 years old group in Kenya, the greatest difficulty experienced in services during the pandemic was the lack of clean water in the home.

The group of 15-20 from Nepal told that they received food rations such as rice, oil, salt, beaten rice and even soap from the government and the Church. Help was also given among the families themselves who were often in need. Both the 10-14 years old and the 15-20 years old respondents from South Sudan said that during the pandemic all schools and public hospitals were closed and most people were forced to stay at home sick without medication.

Other information reported by the girls in the focus groups conducted in India (Salesians) concerns the external help provided during the lockdown. For example, one of them stated that: «Some institutions and NGOs provided counseling and stress management sessions and offered the girls accommodation, providing them a safe environment».

THE POINT OF VIEW OF SERVICES PROVIDERS

Service providers participating in this study shared how their interventions helped girls during the pandemic: teenage girls in India (salesians) received moral support through mobile phone calls, especially in cases of loss of relatives through Covid.

Service providers from Nepal shared their challenges in delivering aid to adolescent girls during the Covid-19 pandemic as girls were afraid and felt ashamed to disclose their needs. The local government, the Red Cross and other NGOs supported girls in need in Nepal with sex education and counselling services. In India (RNDM), on the other hand, the service providers responded by saying that: *“After the pandemic, more online support services should have been available for girls to feel comfortable interacting, expressing and safeguarding themselves. There should have been 24-hour services available for them, but they still remain under observation.”*

Service providers in Nepal said that during the pandemic, health personnel increased and health care was provided in the homes of the inhabitants, providing them with PCR tests, oxygen cylinders and medical care.

Service providers from Nepal and South Sudan both said that they had particular difficulties in supplying girls with sanitary towels. Before the Covid-19 pandemic they did not suffer from this problem, but due to the health crisis sanitary towels were no longer distributed in schools, and the girls had no money and could not buy them.

Providers of services such as personal hygiene for girls in India (Salesians) stated that services during the pandemic were lacking, e.g. concerning reproductive health. One of them stated that: *“girls had no idea about gender roles, and they had a lot of confusion in interpersonal relations.”*

BARRIERS TO SERVICES: ACCESS TO KEY SERVICES AND EXTERNAL SUPPORT

The answers provided by the adolescent girls on the topic of “services” concerning the barriers they encountered during and after the Covid-19 pandemic revealed that the main barriers were economic, physical (such as access to online education), social (with reference to future prospects) and health (with respect to sexual education).

Respondents from Ecuador 15-20 years old

age group compared to the barriers to services encountered during the pandemic from Covid-19 claimed that the assistance they receive from the government is not sufficient to guarantee services such as water, food and health. Moreover, due to the high prices of services, the respondents claim that they have not been able to use them and have been restricted, especially during the pandemic. On the other hand, with respect to the situation

of teenage street girls, a 15 years old girl from Ecuador replied: “Greater attention would be needed for the street girls, for the poorest girls who cannot go to school. If they were listened to, they would not feel so alone.”

Most of girls in the 15-20 years old group from South Sudan answered that they did not get enough support from the school and government. Parents did not have enough money and did not even enroll the girls for the next year or buy their uniforms. For this reason, some girls reported that they were even willing to work to get money and drop out of school. Several of the girls also reported the serious problem of being excluded from educational services, such as online education, because they did not have tablets, computers or internet available to them, and their level of education seriously deteriorated.

Girls in the 15-20 years old group from Kenya responded that they needed more water, food, houses for the homeless and health clinics. In indeed, one of them replied by saying that: “There is only one functioning dispensary that offers health services to the whole community, even those who come from far away. If they could build more dispensaries it would definitely help.”

Many of the girls between the ages of 15-20 from India (Vellore) stated that the greatest difficulties faced by the girls in India related to the pandemic restrictions, because physical distance made it difficult for the girls to access services that protect women. India’s youngest girls (Salesians) in the 10 to 14 age group were asked what improvements would be needed in services to better meet their needs; their responses revealed a need to create free training courses and vocational programs aimed at job placement.

Girls between 15-20 in India (salesians) stated during interviews that due to isolation and lack of counselling services, domestic abuse has increased. In many cases, some of them were forced to leave school because their parents had lost their jobs and could no longer pay taxes. So, they were forced to take up domestic work, which is unpaid.

A ward representative from Nepal commented on the difficulties encountered in the services: «At the moment, what I feel is that natural disasters and pandemic is not something that happens with warning so it actually needs proper preparedness to address the issue. For example, if there are no proper facilities of education then facilities like free Wi-Fi and mobile phone. It will be easier. Even health wise, providing appropriate medicines would also help. Like, distributing ORS ahead of the monsoon, Zing tablets and different medicines need to be kept and prepared. Besides this, what I would like to say for the civil society is not just the children belonging to certain category but providing it to general public would also help in order to address the concurrent issues of the public and not be constrained with their budget activities. And, if these NGOs and INGOs could keep an extra budget so whenever the need is felt, they could use it to address the concurrent issue because often time, civil societies are late to address the issues».

What girls have to recommend

Some of India's 10-14 years old girls have made some suggestions to the government for improving services in the country, such as: opening more schools, scholarships and more job opportunities for girls. On the other hand, a girl from the group of 15-20 said that "there should be a government programme for girls' higher education abroad and a school curriculum that does not teach gender discrimination."

In Kenya, girls have recommended that government and other actors provide help with basic services: school fees, reproductive health (sanitary pads). When asked "What message do you want to say to our authorities, institutions?", a girl in the 15-20 years old group from Peru responded by saying: "The service that urgently needs to improve is education. The quality of education in the country is terrible, at the time of wanting to apply to the university or institute, you cannot achieve the goal. The message that would give the governance would be that they should take seriously that issue."

Most state colleges don't have a good level of teaching."

Another girl from the same group in Peru replied as follows: "They should put greater emphasis on problems in adolescence, since some girls fall into early pregnancies, drop out school, especially in the most affected areas, which would be the mountains and the jungle, which do not have enough educational material in their localities, so they have to be migrating to the main cities, such as Lima or Arequipa, and since they don't have a good basic education, they end up spending more money on training in academies and being able to apply to a university."

Instead, those who appeal to NGOs claims: "They must support the people who really need help. Some people ask for help but they do not really need it. They should help those who do not know where to go. There are people who live in high areas and do not know where to go, they must go there to help them."



Table 7 What girls have to recommend – in short

Education <ul style="list-style-type: none"> • Support girls to getting access to education • Help with removing or supporting school fees and secondary fees (uniforms, stationaries etc) • Provide free education for all • Support girls who missed out with catch up education opportunities and professional skills training • Better educational opportunities and more quality teaching • Better schooling infrastructure including access to drinkable water in schools • Increased support for girls and boys out of school • Advocate for pregnant and married girls to go to school 	Sexual and reproductive health <ul style="list-style-type: none"> • Support to teenage parents, teenage mothers and babies incl. day care centres • Provide girls with sex education (incl. in school curriculum) • Support girls to fight menstruation poverty • Provide SRH routine checks for girls • Brief girls on the dangers of addictions
Health <ul style="list-style-type: none"> • Provide health services free of charge • Support poorest families with basic hygiene equipment 	Mental health <ul style="list-style-type: none"> • Better mental health services for your girls including counselling
Survival and employment <ul style="list-style-type: none"> • Support the food needs of young adolescents • Support vulnerable/poor families • Support job and employment opportunities for girls • Provide career guidance for girls 	Protection <ul style="list-style-type: none"> • Support to girls and boys living at the margins (street involved girls and boys) and their reintegration • Support parenting education (training to parents) including conflict management and relationship building • Support households with disabilities • Make government accountable for violence and abuse against girls • Security policies to prevent violence against women and girls in public spaces
Reaching out to the poorest <ul style="list-style-type: none"> • Support the poorest household to get proper shelter and food and access to basic services • Support vulnerable people and children, especially street involved children 	Discrimination and space <ul style="list-style-type: none"> • Provide space for girls to express themselves, exert their agency and “have a voice” • Tackle discriminations against women and girls • Advocate against gender discrimination, for instance husbands banning young wives to join schools
Safeguarding <ul style="list-style-type: none"> • Support and put in place safeguarding mechanisms at schools and universities 	Digital gap <ul style="list-style-type: none"> • Provide access to digital equipment and wifi to households from the most disadvantaged backgrounds

3.4 Qualitative study conclusion: Two years on....growing up during the pandemic

At the time of data collection (mid-2022), most education institutions had resumed working although some schools/universities were still operating online. We have yet to learn about the long lasting and devastating consequences of the last 2 years on this generation's youth. One of the main challenges of the current education systems around the world is to catch up for the millions of children and adolescents worldwide who have missed up on their learning and development.

Adolescent girls in LMICs settings have paid a high price for the long periods of school closures and other government restrictions during the pandemic as they faced multiple discrimination based on gender and age and other vulnerability factors. The health crisis have indeed exacerbated existing inequalities and injustice.

As many girls highlighted, being a girl, from a poor family or living in a deprived area, from a disadvantaged ethnic background, uneducated parents or a dysfunctional/violent domestic background condemned girls to increased marginalization and suffering. In many situations, adolescent girls' future options and prospects have reduced significantly as an after-effect of the pandemic.

Girls have been forced to give up school following early pregnancy or marriage, they have taken caregiving roles to provide for siblings or relatives who have either fallen sick or unable to work. They also have been exposed to multiple forms of violence, abuse and neglect in their homes or outside their home that are likely to have long term effects on their development, surviving chances and

their future. In particular, this study shows how the compounding effects of income loss and domestic violence has led to increased levels of stress and domestic violence, which mostly affect women and girls.

Girls are telling us that growing out of childhood during COVID-19 has led to a lot of missed opportunities and lost dreams. Girls have been forced to make the wrong choices (ie. negative coping mechanisms such as (child marriage, child work, child unsafe migration) in order to ensure their immediate needs - but this came at a price: there is a feeling of a sacrificed or lost generation". According to a service provider in India: "their childhood has been robbed".

"School closure during pandemic, loss of parent's job, poverty, Restriction of movements, have caused severely to the little ones. Millions of them have already been dropped out of school and are engaged in earning their living. Their childhood has been robbed, they may never aging return to the school." (Service provider, home for girls, India, location?? State? Providence home Rocktala India???)

"When I look at my childhood, I just want to grow up faster and be a grown up. I did not want to remain as a child." (Adolescent girl, India, Bangalore, 16 years)

However and despite the many challenges faced, girls remained hopeful, insightful and inspired by the future as they shared their future desires and wishes.

04

Country Analysis



4. Country specific findings

This study contributes to the recent and growing literature examining the impacts of the Covid-19 pandemic on adolescent including girls in the global south by zooming on six different countries in South Asia, Sub-Saharan Africa and Latin America.

Few international studies have actually examined the effects of the pandemic on underage children and adolescents by asking adolescents directly: many studies have used household and caregiver surveys to generate data about children and adolescents. This study aims at bringing the voice of adolescent girls to the fore, bringing duty bearers

accountable for what needs to be done to make up for the huge losses generated by the pandemic. This section zooms in specific findings generated by the quantitative, qualitative data and from a literature review looking at similar studies.

The above literature review included empirical studies focusing on COVID-19 and its effect on domestic violence, sexual abuse, increased child labor exploitation and mental health outcomes in children and adolescents in the last 2 years.



India



India



NUMBER OF RESPONDENT

605 GIRLS

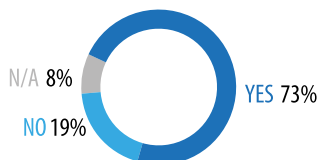
EDUCATION



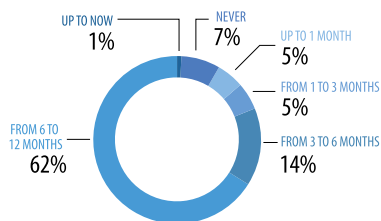
School attendance before Covid-19



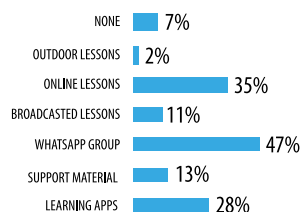
School Enrollment post Covid-19



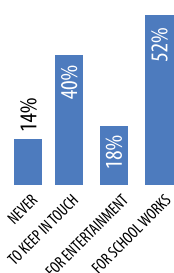
Difficulties in studying 18 months



School Closed



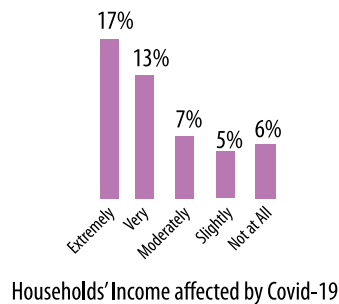
Alternative education measures



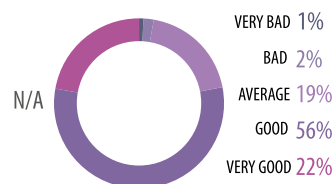
Internet usage during Covid-19



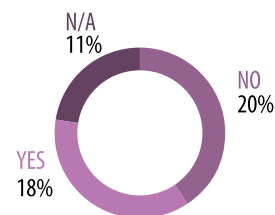
MENTAL HEALTH



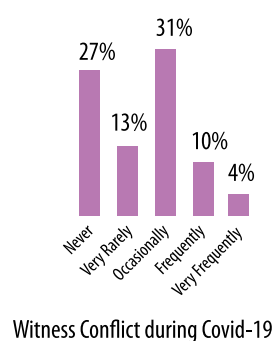
Households' Income affected by Covid-19



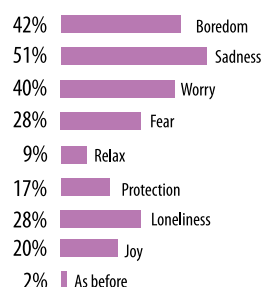
Relationship with parents/caregiver during Covid-19



Reported Conflicts at home



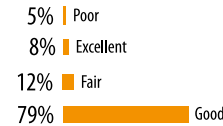
Witness Conflict during Covid-19



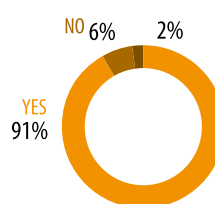
Feelings at home during Covid-19



HEALTH AND SANITATION



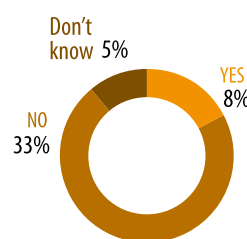
How would you describe your own health



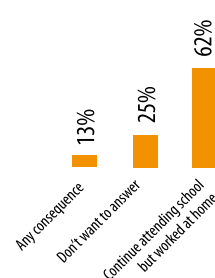
Access to clean water



Able to buy sanitation pads during Covid-19



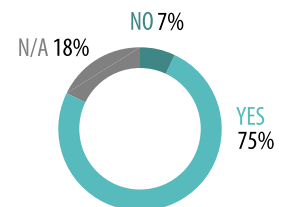
Covid-19 mortality in family or known people



Death of a family member from Covid-19 contribute to



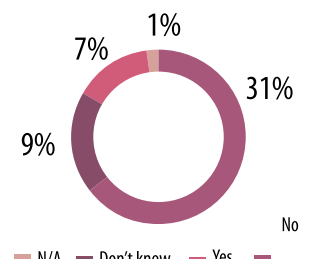
WORK AND HOUSEHOLD CHORES



Girls Engaged in Work and Household chores



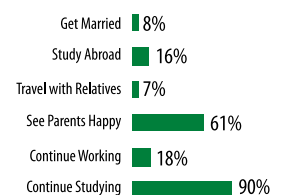
GENDER EQUALITY AND GIRLS RIGHTS



Girls under 18 engaged in a relationship



EXPECTATIONS FOR THE FUTURE



Perspectives on the Future

Quantitative data summary

The quantitative data collected from the 605 girls interviewed show a fairly colorful picture of the issues faced by girls during the covid-19 pandemic. As the graphs show, the effects of the pandemic were not particularly relevant in school participation. In fact, only 13% of the girls stated that they had not been included in any school programme after the pandemic. However, the data on the difficulties encountered by girls in the last 18 months should not be underestimated, with 73% answering yes.

The responses to the technological impact in India were quite positive, as not only were the girls able to use alternative means to traditional education during the pandemic, but 52% of them also stated that they used the Internet mainly for school work.

In the human rights sphere, we were able to understand that only 19% of the girls were subjected to labor exploitation (in the household

or other jobs outside home). On the other hand, fortunately, only 7% of them answered that they had left school due to being involved in a forced relationship or marriage.

In the area of relationships, there were quite positive responses, as 78% of the girls stated that they maintained a good/very good relationship with their parents during the lockdown. Although family conflicts increased during the pandemic, 27% of the girls answered that they had never witnessed them. Regarding health, 79% of the girls stated that they had good health and 91% that they had access to clean water. Thirty-four per cent of them also stated that they had been able to buy sanitary towels during the pandemic. Regarding their expectations for the future, 90% of them expressed a desire to continue their studies.

Qualitative data summary

In the qualitative study, girls from India had a lot of issues in common with the remaining 5 countries. When schools closed down, they faced many challenges including greater engagement in domestic chores, fear of losing on education and learning, difficulty in getting nutritious food, lack of access to health services, greater risk of being married as well as relationship and mental health issues resulting from the repeated school closures and other restriction measures.

In India, one of the greatest difference with other countries was the remarkably high number of girls who voiced concerns over a rise in child marriage in the country as a result of COVID.

Girls were also more aware about gender inequalities and the prevailing son preference

culture. There was a high consciousness that other girls were worse off than they were, didn't have access to the same resources and support and that sometimes made them sad and hopeless.

In India, girls more frequently reported having access to mobile technologies which certainly contributed to support their schooling during repeated school closures. That said, they also faced many constraints in using mobile technologies and this affected their learning.

Similarly to Nepal and Peru, girls from India were particularly vocal about the impact of increased exposure to online technologies on girls including cyber bullying, cyber-addiction and girls online dating.

Literature supporting the data collected

In India, Hitanshu and Priyang (2020) showed that during the lockdown, approximately 300,000 calls were received to CHILDLINE between 20th and 31st March alone, around 30 % of the calls were reported as cases of child abuse, an increase of almost 50% compared to the pre-pandemic period. Shuvabrata and Mukherjee (2020) estimated that around 53% of children in India reported experiencing different kinds of abuse during the pandemic, which included being forced to do nude photography, being assaulted, inappropriate touching, and sexual abuse.

According to Shuvabrata and Mukherjee (2020), quarantined children and adolescents also experienced more significant psychological distress than non-quarantined children and adolescents. Worry (68.59%), helplessness (66.11%), and fear (61.98%) were the most common feelings experienced under quarantine.

In India, job losses, pay cuts, and psychological problems induced by isolation and restrictions on movement have increased overall frustration and anxiety. These are often directed toward children, who are subject to physical, mental, and sexual assault; around 15 million more cases were estimated in the three months of the lockdown (Kumar et al., 2020). The incidences and data on physical and sexual abuse of children during the lockdown have doubled in India (Nigam, 2020; Rajan et al., 2020).

In a study conducted in four states of India (Jharkhand, Chhattisgarh, Odisha, Bihar) among adolescents (10-19 years), 8% of the respondents have heard of an incidence of child marriage in their neighborhood since the beginning of the pandemic, and two-thirds of adolescents reported that their family members were planning for their marriage and that their likelihood of early marriage has increased (Centre for Catalyzing Change, 2020).



Nepal

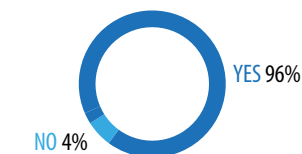


Nepal

NUMBER OF RESPONDENT

613 GIRLS

EDUCATION



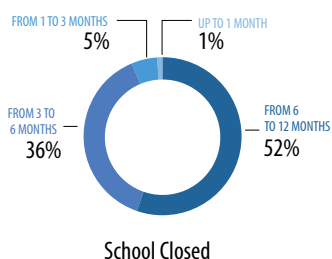
School attendance before Covid-19



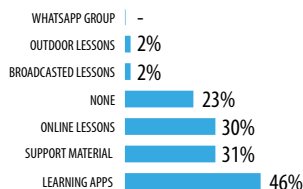
School Enrollment post Covid-19



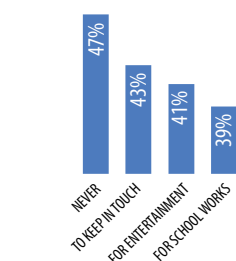
Difficulties in studying 18 months



School Closed



Alternative education measures

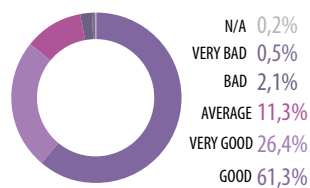


Internet usage during Covid-19

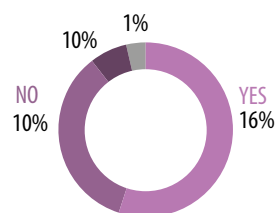
MENTAL HEALTH



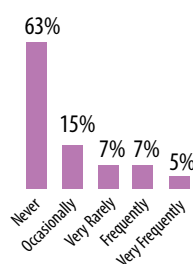
Households' Income affected by Covid-19



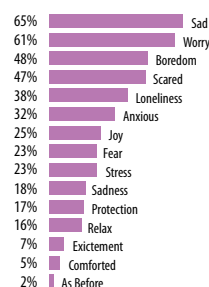
Relationship with parents/caregiver during Covid-19



Reported Conflicts at home

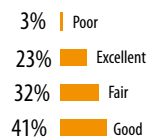


Witness Conflict during Covid-19

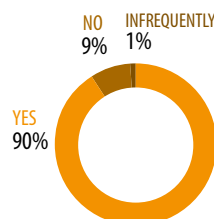


Feelings at home during Covid-19

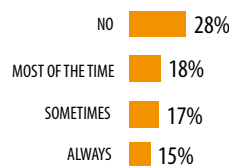
HEALTH AND SANITATION



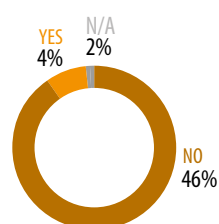
How would you describe your own health



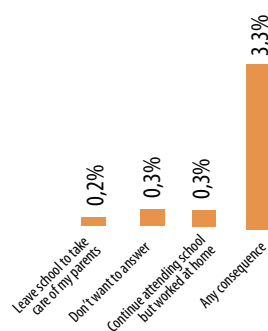
Access to clean water



Able to buy sanitation pads during Covid-19

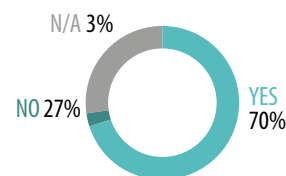


Covid-19 mortality in family or known people



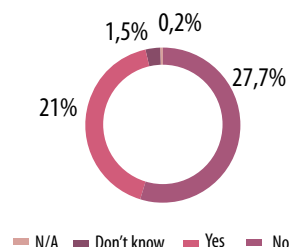
Death of a family member from Covid-19 contribute to

WORK AND HOUSEHOLD CHORES



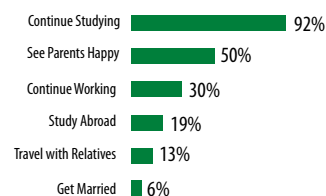
Girls Engaged in Work and Household chores

GENDER EQUALITY AND GIRLS RIGHTS



Girls under 18 engaged in a relationship

EXPECTATIONS FOR THE FUTURE



Perspectives on the Future

Quantitative data summary

The data collected from the 603 Nepalese girls interviewed again show a fairly heterogeneous picture for the answers given in the different areas of research.

Although the data on school drop-out is more than positive, the difficulties encountered in studying during the pandemic show another reality, as 69% of the girls claimed to have had problems. Even though various technological applications were then used to study as a response to the pandemic, 47% of them said they never used the Internet during the covid.

Regarding girls rights to be protected from violence and exploitation, 89% of the girls answered that they had not been involved in domestic work or extra work, while 21% of them answered that they had heard of child marriages around them.

Relationships were preserved, because 61.3% of the girls said they had a good relationship with their parents and 63% said they had never witnessed family conflicts.

Despite the access to clean water being absolutely good, only 23% of the girls said they had excellent health. And the data on the purchase of sanitary towels is also not very reassuring, as only 15% of the girls stated that they had had this possibility.

In general, girls' health and access to technology are the areas to look out for in Nepal.

Qualitative data summary

In the qualitative study, girls from Nepal had a lot of issues in common with the remaining 5 countries. When schools closed down, they faced many challenges including greater engagement in domestic chores, fear of losing on education and learning, difficulty in getting nutritious food, lack of access to health services, greater risk of being married as well as relationship and mental health issues resulting from the repeated school closures and other restriction measures.

In Nepal, many girls voiced concerns over a rise in child marriage and increased parental reliance on girls for household chores in the country as a result of COVID.

In Nepal, girls more frequently reported having access to mobile technologies which certainly contributed to support their schooling during repeated school closures. That said, they also faced many constraints in using mobile technologies and this affected their learning.

Similarly to India and Peru, girls from Nepal were particularly vocal about the impact of increased exposure to online technologies on girls including cyber bullying, cyber-addiction and girls online dating.

Literature supporting the data collected

Baranov et al., 2021 analyzed the impact of Covid-19 on the mental health of adolescents in Nepal in a sample of 903 children. The results show that, on average, 36% of children reported that their mother seemed more stressed than usual, while 17% responded that during the lockdown she seemed angrier than usual. The authors also estimated the mental health of children surveyed through life satisfaction scores, using a *hope score*³. Levels of mental health were lower among children in households that suffered job loss – consistent with existing evidence that children of the most economically vulnerable households display worse mental health.

In Nepal, Larmar et al. (2021) found that more than 12,000 children could not return to their home villages due to the closure of brick kilns and the lack of transportation, and who remain working in the carpet industry. Singh et al. (2020) noted that these problems in Nepal are exacerbated by the fact that healthcare services and associations for the protection of the rights of young people are unequally distributed in hard-to-reach rural areas.



³ To capture the hope index, Baranov et al., 2021 developed a questionnaire for children, both at baseline and during the pandemic, to assess the following statements: (i) they feel positive about their future, (ii) if they try hard, they can improve their situation in life, (iii) they like to make plans for their future studies and work, (iv) they have opportunities to develop job skills.

COUNTRY ANALISYS

Kenya

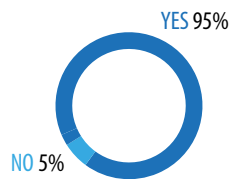


Kenya

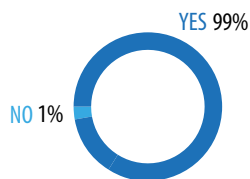
 NUMBER OF RESPONDENT

549 GIRLS

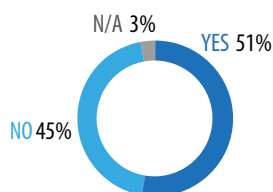
EDUCATION



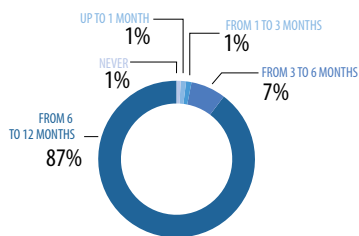
School attendance before Covid-19



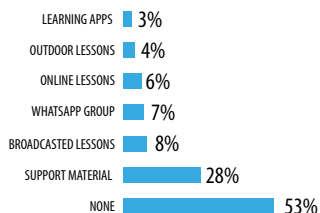
School Enrollment post Covid-19



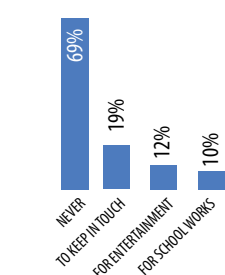
Difficulties in studying 18 months



School Closed

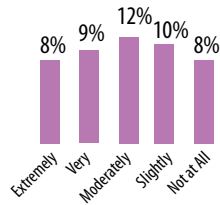


Alternative education measures

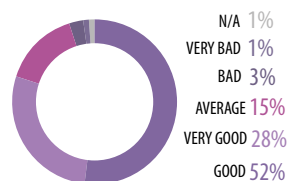


Internet usage during Covid-19

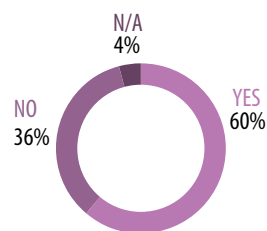
MENTAL HEALTH



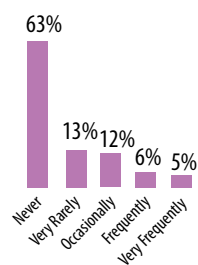
Households' Income affected by Covid-19



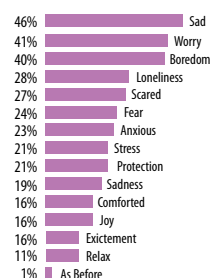
Relationship with parents/caregiver during Covid-19



Reported Conflicts at home

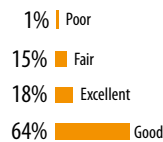


Witness Conflict during Covid-19

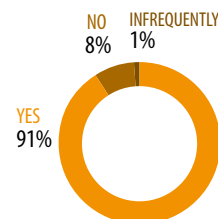


Feelings at home during Covid-19

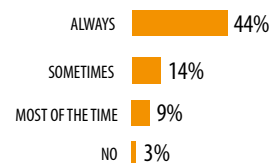
HEALTH AND SANITATION



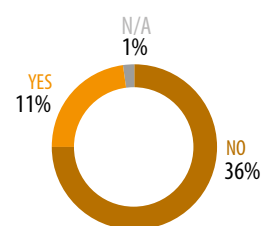
How would you describe your own health



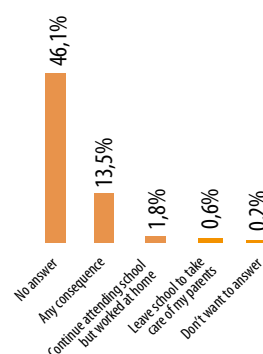
Access to clean water



Able to buy sanitation pads during Covid-19

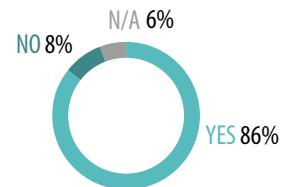


Covid-19 mortality in family or known people



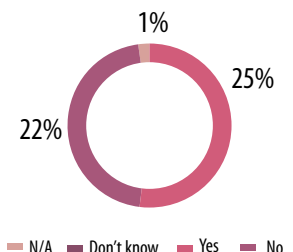
Death of a family member from Covid-19 contribute to

WORK AND HOUSEHOLD CHORES



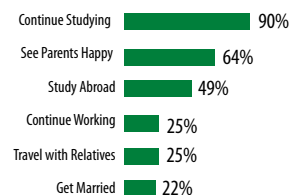
Girls Engaged in Work and Household chores

GENDER EQUALITY AND GIRLS RIGHTS



Girls under 18 engaged in a relationship

EXPECTATIONS FOR THE FUTURE



Perspectives on the Future

Quantitative data summary

Several important insights into the areas investigated by the research are obtained from the 549 interviews conducted in Kenya. In particular, girls did not abandon school, if we compare the data before and after the pandemic.

During school closure, it was indeed possible to note that more than 50 per cent of the girls found it difficult to study. On the other hand, it is very worrying to note from the data the technological gap in Kenya, as 53% of them claim not to have used alternative means to traditional education and 69% of them never used the internet during the lockdown.

Regarding girls rights to be protected from violence and exploitation, 22% of girls reported having been subjected to labor exploitation at home or outside, and 25% reported dropping out

of school for forced relationships or marriages.

Family relationships during the lockdown were reported as good, as the data show, however 60% of the girls say that conflicts in the family increased.

Regarding girls' health, 64% of the girls say they had good health and 91% had access to clean water. However, nearly half of the girls answered that they had been able to buy sanitary towels.

In general, it can be stated that in Nepal the most problematic areas in Nepal have been those of technology, relationships and human rights.

Qualitative data summary

countries. When schools closed down, they faced many challenges including greater engagement in domestic chores, fear of loosing on education and learning, difficulty in getting nutritious food, lack of access to health services, greater risk of being married as well as relationship and mental health issues resulting from the repeated school closures and other restriction measures.

Similarly to other countries from Sub-Saharan Africa, girls from Kenya showed lower access to mobile technology and in many focus group discussion, girls shared that all learning had actually stopped as no virtual classes was organized and almost no one of the respondents had access to mobile technology or network. Therefore education losses were alarming.

Incredibly high concerns were raised for child marriage and teenage pregnancy levels amongst girls participating in the study. Similarly to South Sudan, girls shared that many girls were compelled to sell sex in exchange of goods in order to survive.

Also, lack of access to basic services felt more acute when listening to girls from both countries situated in Sub-Saharan Africa. Reports of girls suffering from hunger, menstruation poverty and other services were more frequent and examples of coping mechanisms (commercial sexual exploitation or child marriage) too.

As a contrast to South Asian and Latin American countries, there were less concerns about COVID related deaths or illnesses, either within the immediate family or as a result of girls exposure to the news.

Literature supporting the data collected

In Kenya, Ahmed et al. (2021) indicated that the number of cases of sexual violence against girls recorded between January and June 2020 increased by 92.2% compared with those between January and December 2019. Another study conducted by Zulaika et al. (2022) in Kenya showed that as a result of 80% of national schools being closed during the pandemic, girls reported an increase of 49% in cases of undesired sex activities, increased working hours by 3.3 hours a day and that the risk of school dropout was 3.4 times higher.

In Kenya, in the first two weeks of April 2020, there was a 35% increase in gender-based violence cases and a 50% increase in violence against girls (World Vision, 2020). More specifically, during the lockdown, Decker et al. (2022) analyzed the change in intensity of violence against underage girls in Nairobi and found an increase in cases of 48.6% compared to the previous year.



South Sudan

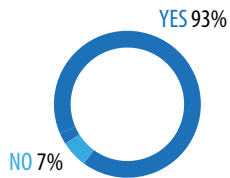


South Sudan

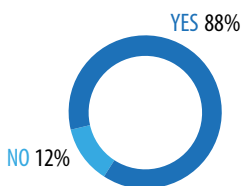
 NUMBER OF RESPONDENT

565 GIRLS

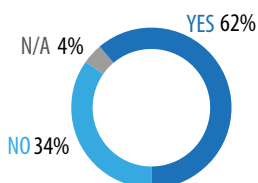
EDUCATION



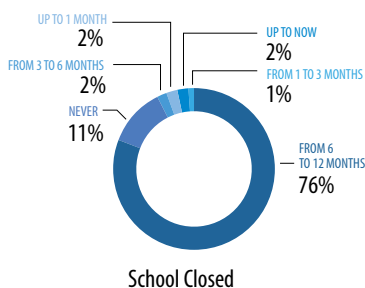
School attendance before Covid-19



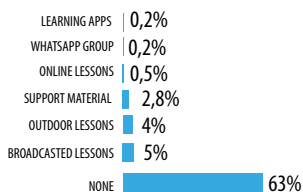
School Enrollment post Covid-19



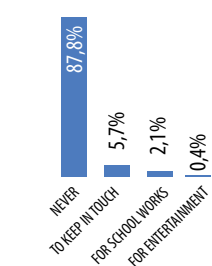
Difficulties in studying 18 months



School Closed

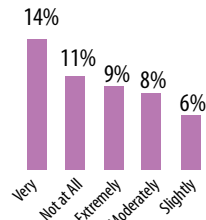


Alternative education measures

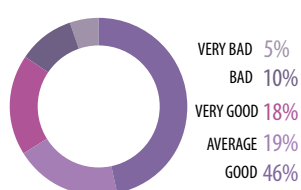


Internet usage during Covid-19

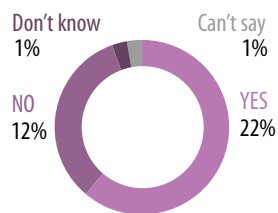
MENTAL HEALTH



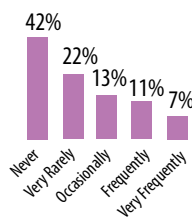
Households' Income affected by Covid-19



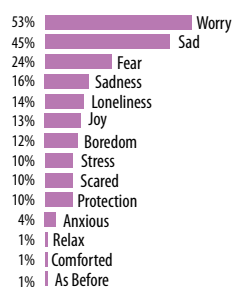
Relationship with parents/caregiver during Covid-19



Reported Conflicts at home

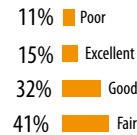


Witness Conflict during Covid-19

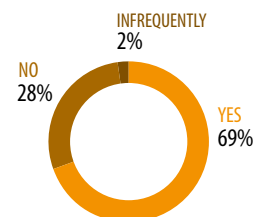


Feelings at home during Covid-19

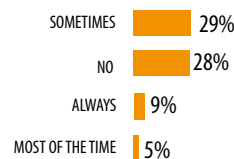
HEALTH AND SANITATION



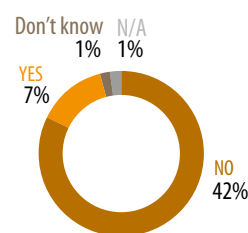
How would you describe your own health



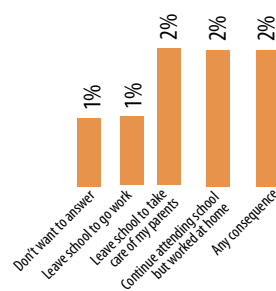
Access to clean water



Able to buy sanitation pads during Covid-19

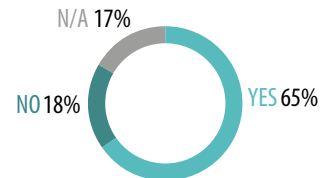


Covid-19 mortality in family or known people



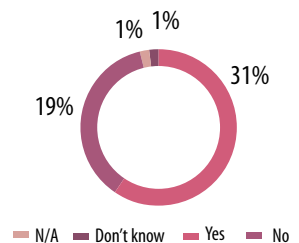
Death of a family member from Covid-19 contribute to

WORK AND HOUSEHOLD CHORES



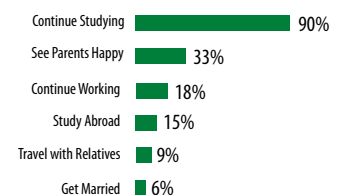
Girls Engaged in Work and Household chores

GENDER EQUALITY AND GIRLS RIGHTS



Girls under 18 engaged in a relationship

EXPECTATIONS FOR THE FUTURE



Perspectives on the Future

Quantitative data summary

South Sudan has the lowest number of studies on the impact of Covid-19 on girls. However, quite interesting data were collected in this study. As far as school drop-outs are concerned, we know that girls in South Sudan reacted well during the pandemic because only 12% of the girls did not attend any school programs. The most alarming data, on the other hand, concerns the alternative means of schooling implemented during the pandemic, because 63% of the girls in the lockdown responded that they had never had access to any of the distance tools offered by schools. The use of the Internet during the lockdown also gives us pause for thought, because 87.8% of the girls had no Internet connection.

The rights of girls in South Sudan have also been compromised by the effects of the pandemic,

as 32% of them responded that they had heard of other adolescent girls getting married during COVID. On the economic front, in fact, more than 14% responded that they had experienced major problems with family wages. Although 42% of the girls said they had not witnessed family conflicts, more than 53% of them said they had been worried during the pandemic.

The health of the girls is not described positively, in fact 41% of them responded that they were in poor health until today, despite the fact that 69% had access to clean water. Besides that, only 29% of the girls answered that they had sometimes had the opportunity to buy sanitary towels. The data as a whole portray a worrying reality that needs more attention.

Qualitative data summary

In the qualitative study, girls from South Sudan had a lot of issues in common with the remaining 5 countries. When schools closed down, they faced many challenges including greater engagement in domestic chores, fear of losing on education and learning, difficulty in getting nutritious food, lack of access to health services, greater risk of being married as well as relationship and mental health issues resulting from the repeated school closures and other restriction measures.

Similarly to other countries from Sub-Saharan Africa, girls from South Sudan showed lower access to mobile technology and in many focus group discussions, girls shared that all learning had actually stopped as no virtual classes were organized and almost no one of the respondents had access to mobile technology or network. Therefore education losses were alarming.

Incredibly high concerns were raised for child marriage and teenage pregnancy levels amongst girls participating in the study. Similarly to Kenya, girls shared that many girls were compelled to sell sex in exchange of goods in order to survive.

Also, lack of access to basic services felt more acute when listening to girls from both countries situated in Sub-Saharan Africa. Reports of girls suffering from hunger, menstruation poverty and other services were more frequent and examples of coping mechanisms (such as child marriage) too.

As a contrast to South Asian and Latin American countries, there were less concerns about COVID related deaths or illnesses, either within the immediate family or as a result of girls exposure to the news.

Literature supporting the data collected

Interesting research was carried out by Oxfam in collaboration with the University of Juba (2020). The Covid-19 pandemic and the resulting closure of South Sudan's schools in March 2020 exacerbated many of the challenges female students face in pursuing an education. In particular, female underage students in South Sudan faced numerous barriers to accessing education during the pandemic.

These barriers include poverty, inadequate educational institutions and a lack of female teachers, in addition to social norms that prioritize marriage, dowries, and domestic work over education. Many relayed anecdotes of female students who got married or pregnant or engaged in livelihoods and relationships that made them vulnerable to exploitation. Both female students and key stakeholders in all locations observed an increase in gender-based violence, early and forced marriage, and teen pregnancy compared with 2019.

In the Torit region, there has been a significant increase in the number of girls who had begun to engage in sex work while others were pregnant, some were victims of rape, and others were forced to marry (Oxfam, 2021).

About 52% of girls in the country are married before their 18th birthday, and previous to the pandemic, 9% were forced to marry before 15 years of age (UNICEF, 2021). In the first five months of the lockdown alone, it has been reported that as many as 1,500 teenage girls in South Sudan have either been forced to marry or have become pregnant (Huaxia, 2020).




COUNTRY ANALYSIS

Peru

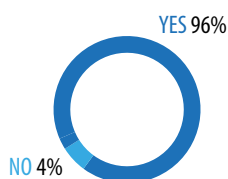


Peru

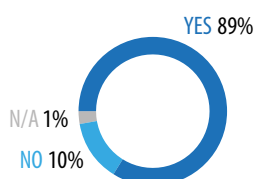
 NUMBER OF RESPONDENT

556 GIRLS

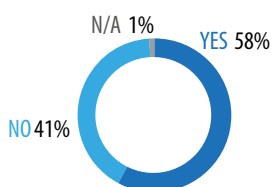
EDUCATION



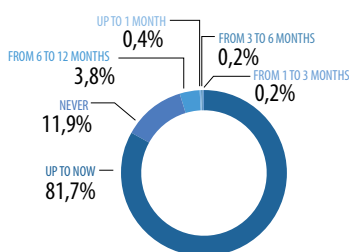
School attendance before Covid-19



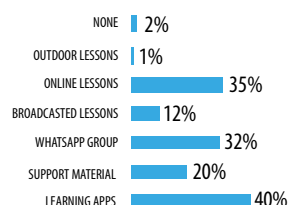
School Enrollment post Covid-19



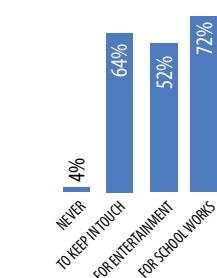
Difficulties in studying 18 months



School Closed

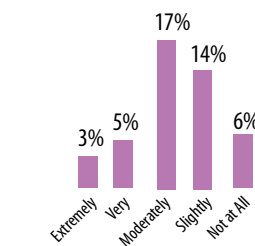


Alternative education measures

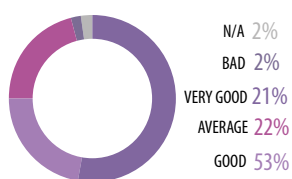


Internet usage during Covid-19

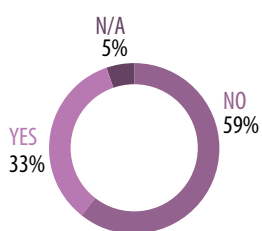
MENTAL HEALTH



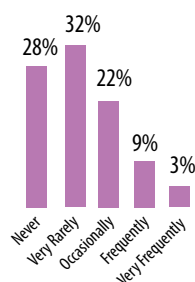
Households' Income affected by Covid-19



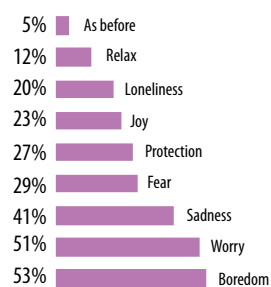
Relationship with parents/caregiver during Covid-19



Reported Conflicts at home

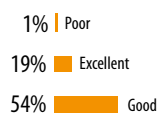


Witness Conflict during Covid-19

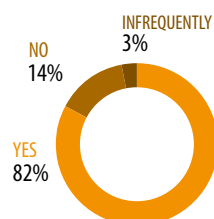


Feelings at home during Covid-19

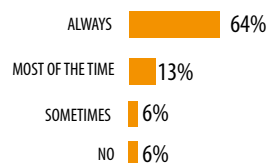
HEALTH AND SANITATION



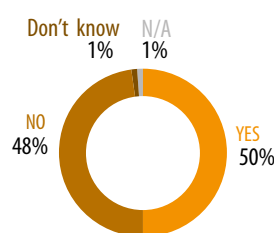
How would you describe your own health



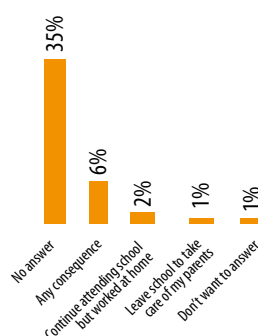
Access to clean water



Able to buy sanitation pads during Covid-19

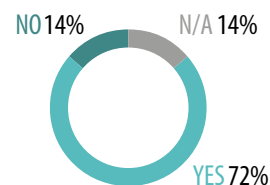


Covid-19 mortality in family or known people



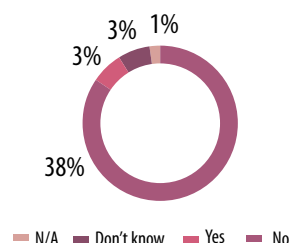
Death of a family member from Covid-19 contribute to

WORK AND HOUSEHOLD CHORES



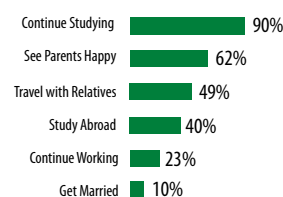
Girls Engaged in Work and Household chores

GENDER EQUALITY AND GIRLS RIGHTS



Girls under 18 engaged in a relationship

EXPECTATIONS FOR THE FUTURE



Perspectives on the Future

Quantitative data summary

The data collected through the research provide some considerations with respect to the issues that were being researched. It is indeed possible to understand that before the pandemic, only 4% of girls in Peru were not enrolled in school, while after the pandemic, 10% answered that they were not enrolled in school. That said, more than half of the girls continue to go to school.

A somewhat more alarming fact concerns the difficulties encountered in studying. In fact, about 41% of the girls replied that they had had problems studying from home. In fact, as the data above show, alternative school tools were not used very frequently by the girls during the lockdown.

In the sphere of 'Gender equality and Girls rights', only 3 they had heard of other adolescent girls getting married during COVID. Indeed, with regard to the economic sphere, 17% stated that their family salary had been affected by the effects of the pandemic. Concerning the sphere of relationships, 32% of the girls stated that they rarely witnessed family conflicts during the lockdown, and 53% had a fairly good relationship with their parents.

In the health sphere, more than 50 per cent of the girls in Peru responded that they were in good health after the pandemic. 82% of them also responded that they had no problems accessing water during the lockdown and 64% were able to buy sanitary towels.

Qualitative data summary

In the qualitative study, girls from Peru had a lot of issues in common with the remaining 5 countries. When schools closed down, they faced many challenges including greater engagement in domestic chores, fear of losing on education and learning, difficulty in getting nutritious food, lack of access to health services, greater risk of being married as well as relationship and mental health issues resulting from the repeated school closures and other restriction measures.

Similarly to India and Nepal, girls from Peru were particularly vocal about the impact of increased exposure to online technologies on girls including cyber bullying, cyber-addiction and girls online dating. They were also concerned by other

addictions that increased as a result of lockdowns such as alcohol addictions amongst adolescent friends/peers. Pregnancy featured quite high amongst raised concerns as well as conflict and changing relationships within the home.

In Peru, girls more frequently reported having access to mobile technologies which certainly contributed to support their schooling during repeated school closures. That said, they also faced many constraints in using mobile technologies and this affected their learning.

Adolescent girls' sense of agency, decision-making and choice seemed higher in Latin American countries than in other countries.

Literature supporting the data collected

In Peru, a study conducted by Porter et al. (2021) showed an increase of 23.6% in physical violence against girls during the Covid-19 lockdown when compared to the pre-pandemic period. Williamson et al. (2022) investigated whether there is a correlation between social resilience and intra- and inter-personal resources and if there is a correlation between the relationship with the caregiver and changes in internalizing feelings during five stressful weeks of Covid-19 lockdown in Peru. At week six, the authors revealed that 40.5% of adolescents showed moderate levels of self-reported feelings of anxiety, and 6.7% indicated severe levels of feelings of anxiety. At week six, feelings of anxiety were significantly higher among girls than boys.

Favara et al. (2022) conducted an empirical analysis on the impact of the Covid-19 pandemic on adolescents in low-income countries, including Peru. From their survey, 63% reported a job or income loss during the pandemic, and nearly 80% of adolescents in Peru reported an increase in domestic work compared to the pre-pandemic period (58%). In addition, 65% of adolescents felt nervous about their general circumstances at the time of the interview.



COUNTRY ANALYSIS

Ecuador

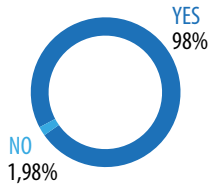


Ecuador

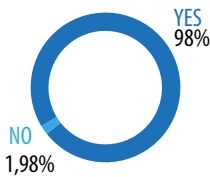
 NUMBER OF RESPONDENT

555 GIRLS

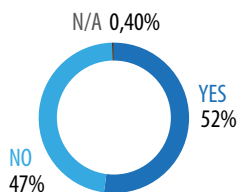
EDUCATION



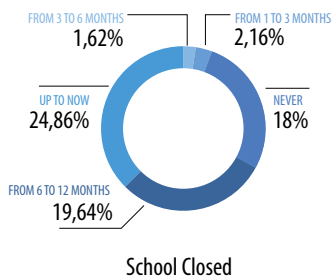
School attendance before Covid-19



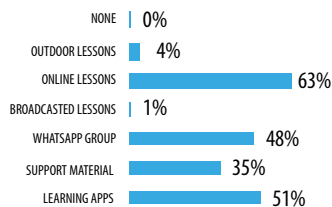
School Enrollment post Covid-19



Difficulties in studying 18 months

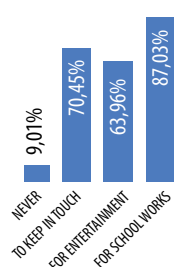


School Closed

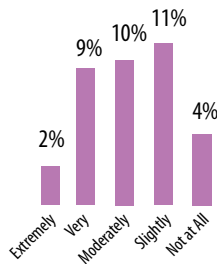


Alternative education measures

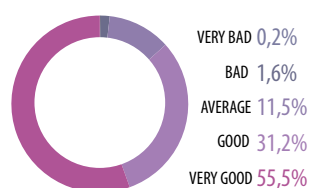
Internet usage during Covid-19



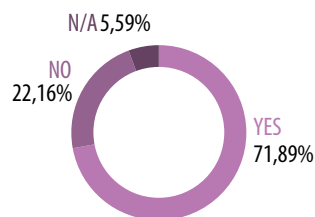
MENTAL HEALTH



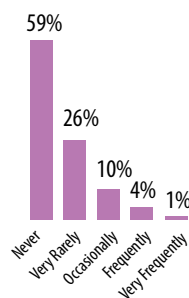
Households' Income affected by Covid-19



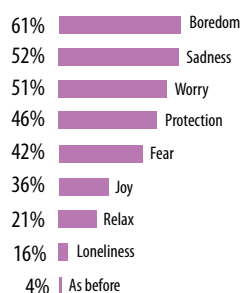
Relationship with parents/caregiver during Covid-19



Reported Conflicts at home

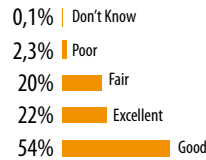


Witness Conflict during Covid-19

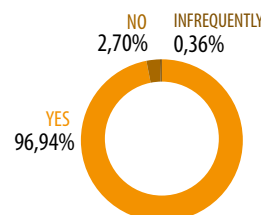


Feelings at home during Covid-19

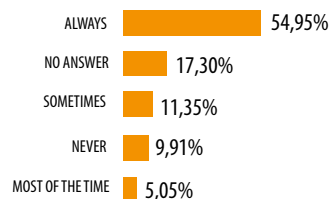
HEALTH AND SANITATION



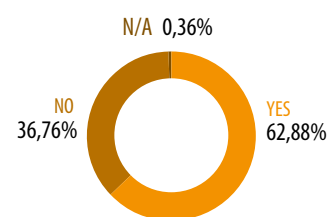
How would you describe your own health



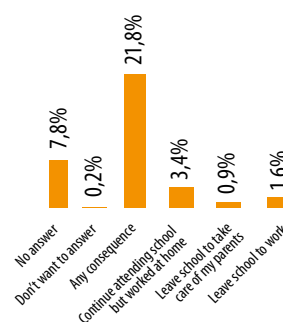
Access to clean water



Able to buy sanitation pads during Covid-19

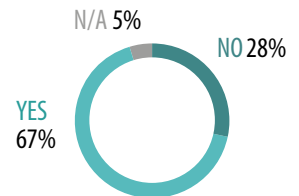


Covid-19 mortality in family or known people



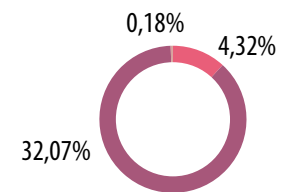
Death of a family member from Covid-19 contribute to

WORK AND HOUSEHOLD CHORES



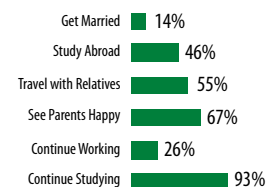
Girls Engaged in Work and Household chores

GENDER EQUALITY AND GIRLS RIGHTS



Girls under 18 engaged in a relationship

EXPECTATIONS FOR THE FUTURE



Perspectives on the Future

Quantitative data summary

The data collected through the research provide some considerations with respect to the issues that were being researched. Regarding girls education before the pandemic, only 1.9% of girls did not attend school programmes, and stays at the same level post- pandemic. 63% of girls said they had participated in online classes as an alternative method of schooling, however 52% of the girls said they had had difficulty studying in the past 18 months,.

Only 4.32% girls dropped out of school due to engagement or forced marriage and 32% answered that they had not had this experience. Economic dispersions seemed to have been fairly limited, as only 2% of the girls stated that their household income was affected by the effects of the pandemic.

On the topic of relationships, more than 50% of the girls said they had a very good relationship with their parents, while almost 60% said they had never witnessed family conflicts during the pandemic. With regard to health, 54% of girls reported their health as being “good”. Indeed, almost 97% claimed to have had no problems with access to clean water. As shown in the graph above, during the pandemic more than 50% of the girls were also able to buy sanitary towels. 21% of them stated that although they had had a family member die from covid they had not experienced any consequences.

Qualitative data summary

In the qualitative study, girls from Ecuador had a lot of issues in common with the remaining 5 countries. When schools closed down, they faced many challenges including greater engagement in domestic chores, fear of loosing on education and learning, difficulty in getting nutritious food, lack of access to health services, greater risk of being married as well as relationship and mental health issues resulting from the repeated school closures and other restriction measures.

In Ecuador, girls more frequently reported having access to mobile technologies which

certainly contributed to support their schooling during repeated school closures. That said, they also faced many constraints in using mobile technologies and this affected their learning. They were particularly vocal about the impact of increased exposure to online technologies on girls including cyber bullying, cyber-addiction and girls online dating.

Adolescent girls’ sense of agency, decision-making and choice seemed higher in Latin American countries than in other countries.

Literature supporting the data collected

The implementation of unprecedented social isolation measures due to Covid-19 in Ecuador has negatively impacted on the mental health of children. Mautonget al. (2021) conducted a study of adolescents and children, where most were females (60.5%) and observed that 30.7% of the respondents had very severe levels of depression. A possible explanation was that isolated children who live in challenging economic conditions in Ecuador perceived themselves as being more vulnerable than they actually were.

Chicaet al. (2022) analyzed the phenomenon of child labor in Ecuador, involving children aged 5 to 14 years old, during the Covid-19 pandemic of 2020. The survey showed that 57.20% of the children who attend classes have no internet connection at home, and 11.85% are no older than 10 years old. The 90.74% of children aged 5 to 14 years old who are engaged in child labor do not possess a computer to carry out their daily activities. Children aged 5 to 14 years residing within a rural area have a 1,024.1% higher risk of leaving school for work. In comparison, children aged from 5 to 14 years of age who are of indigenous background have a 760.2% higher risk of being engaged in child labor than children not of indigenous background.



References

- Ahmed S.A., Changole J., and Wangamati C.K. (2021). Impact of the COVID-19 pandemic on intimate partner violence in Sudan, Malawi and Kenya. November 2021, Reproductive Health Vol. 18: 222.
- Azizi A., AchalD., Aboudi K., Saad E., Nejari C., Noura Y., Hilali A., Marfak Y. and Marfak A. (2020). Health-related quality of life and behavior-related lifestyle changes due to the COVID-19 home confinement: Dataset from a Moroccan sample. Data in Brief, Vol. 32 (2020), 106239.
- Baranov V. Grosjean P., Khan F.J. and Walke S. (2021). The Economic Impacts of COVID-19 on Household Mental Health: Panel Evidence from Pakistan. UNSW Business School Research Paper Forthcoming, Available at: <http://dx.doi.org/10.2139/ssrn.3939587>
- Brown D., Doom J.R., Lechuga-Peña S., Watamura S.E. and Koppels T. Stress and parenting during the global COVID-19 pandemic. December 2020, Child Abuse & Neglect, 110 (2) (2020).
- Bruce, J. (2016). The Difficulties of ‘Living While Girl’. Journal of Virus Eradication, Vol. 2(3), 177.
- Centre for Catalysing Change, “Assessment Of Issues Faced By Adolescent Girls & Boys During Covid-19 And The Lockdown”, September, 2020, Available from: [https://www.c3india.org/uploads/news/Youth_survey_\(low_Res\).pdf](https://www.c3india.org/uploads/news/Youth_survey_(low_Res).pdf).
- Chica J.I., Stefor E., Corbi R.G. and Stefor P. (2022). Child labour and education in Ecuador during the Covid-19 Pandemic. Sociedad & Tecnología 2022 Vol. 5 N.3.
- Conrad, A., Paschall, K. W., & Johnson, V. (2019). Persistent economic insecurity and harsh parenting: A latent transition analysis. Children and Youth Services Review, 101, 12-22.
- Decker M.R., Bevilaqua K., Wood S.N., Ngare G.W., Thiongo M., Byrne M.E., Williams A., Devoto B., Glass N., Heise L., Gichangi P. (2022). Gender-based violence during COVID-19 among adolescent girls and young women in Nairobi, Kenya: a mixed-methods prospective study over 18 months. January 2022, BMJ Global Health 2022;7: e007807.
- Esho T., Matada D.J., Abuya T., Abebe S., Hailu Y., Camara K., Mouhammed B., Kapsandui T., Kamazi L., Wabwire A., Kagurusi P., Nankanja M., Gitimu A., Kawai D., Kogada J., Ondigo M., and Osur J. (2022). The perceived effects of COVID-19 pandemic on female genital mutilation/cutting and child or forced marriages in Kenya, Uganda, Ethiopia and Senegal. March 2022, BMC Public Health Vol. 22:601.
- Favara M., Freund R., Porter C., Sanchez A. and Scott D. (2022). Young Lives, Interrupted: Short-Term Effects of the COVID-19 Pandemic on Adolescents in Low- and Middle-Income Countries. The Journal of Development Studies Vol. 56 2022 Issue 6.
- Fórum Brasileiro de Segurança Pública (2020). Violência doméstica durante a pandemia de covid-19. Available from: <https://forumseguranca.org.br/wp-content/uploads/2020/06/violencia-domestica-covid-19-ed02-v5.pdf>
- Garcia de Avila M., Filho P., Jabob S., Alcantara S., Berghammer M., Nolbris J., Olaya-Contreras P

References

- and Nilsson S. (2020). Children's Anxiety and Factors Related to the COVID-19 Pandemic: An Exploratory Study Using the Children's Anxiety Questionnaire and the Numerical Rating Scale. *International Journal of Environmental Research and Public Health* (2020), 17(16), 5757
- Geven K. and Hasan A. (2020). Learning Losses in Pakistan due to COVID-19 School Closures: A Technical Note on Simulation Results. October 2020, The World Bank. Available from: <https://openknowledge.worldbank.org/bitstream/handle/10986/34659/Learning-Losses-in-Pakistan-Due-to-COVID-19-School-Closures-A-Technical-Note-on-Simulation-Results.pdf?sequence=1&isAllowed=y>
- Government of Pakistan (2018). National Education Policy Framework 2018. Available from <http://planipolis.iiep.unesco.org/en/2018/national-education-policy-framework-2018-6524>.
- Heflin, C., Sandberg, J., and Rafail, P. (2009). The structure of material hardship in U.S. households: An examination of the coherence behind common measures of wellbeing. *Social Problems*, 56(4), 746-764.
- Hitanshu D. and Priyang Y. (2020). Psycho-social impact of COVID-19 pandemic on children in India: The reality. Elsevier Public Health Emergency Collection, Child Abuse Neglect, October 2020, Vol 108: 104663.
- Huang, J., Matta Oshima, K. M., & Kim, Y. (2010). Does food insecurity affect parental characteristics and child behaviour? Testing mediation effects. *Social Service Review*, 84(3), 381-401.
- Huaxia X., 2020. South Sudan registers over 1,500 cases of child marriage in five months:survey. Available on: http://www.xinhuanet.com/english/2020-09/04/c_139343001.htm
- Iftikhar M., (2021). The State of Children during Pandemic: An Alarming Situation for Pakistan. March 2021, *International Journal of South Asian Education* Vol. 02: 17-24.
- Kainz K., Willoughby M.T.,Vernon-Feagans L., and Burchinal M.R. (2012). Modeling family economic conditions and young children's development in rural United States: Implications for poverty research. *Journal of Family and Economic Issues*, 33(4)(2012)
- Lamar S., Sunuwar M., Sherpa H., Joshi R. and Jordan L. (2021) Strengthening community engagement in Nepal during COVID-19: community-based training and development to reduce child labour. November 2021, *South Asia Pacific Journal of Social Works and Development* Vol.31 Issue1-2.
- Mayer, S., & Jencks, C. (1989). Poverty and the distribution of material hardship. *The Journal of Human Resources*, 24(1).
- Mosley J. and Miller K.K. (2004). Material Hardship Across Place, Rural Poverty Research Center PRC Working Paper No. 04-10.
- Naylor, R. & Gorgen, K. (2020) Overview of emerging country-level response to providing educational continuity under COVID-19 - What are the lessons learned from supporting education for marginalised girls that could be relevant for EdTech responses to COVID-19 in lower- and middle-income countries? Education Development Trust and Ed Tech Hub.

References

Available from: <https://edtechhub.org/wp-content/uploads/2020/05/marginalised-girls.pdf>

Nigam S. (2020). COVID-19, Lockdown and Violence against Women in Homes (April 28, 2020). Available from: <https://ssrn.com/abstract=3587399>

Observatorio Mujeres (2020). Décimo cuarto boletín sobre la atención de líneas de atención telefónica a mujeres en el contexto de medidas de aislamiento preventivo por CovSar2 en Colombia. June 2020, available from: <http://www.equidadmujer.gov.co/oag/Documents/linea-155-boletin-14.pdf>

Onyango M.A., Resnick K., Davis A., and Shah R.R. (2019). Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak. January 2019, Pregnant in the time of Ebola, Springer ed. pp 121-132.

Ouellette, T., Burstein, N., Long, D., & Beecroft, E. (2004). Measures of material hardship final report. Prepared for U.S. Department of Health and Human Services, ASPE.

Porter C., Favara M, Sanchez A., and Scott D. The impact of COVID-19 lockdowns on physical domestic violence: Evidence from a list randomization experiment. June 2021, Population Health, Vol. 14: 100792.

Rajan S.I., Sivakumar P., and Srinivasan A. (2020). September 2020. The COVID-19 Pandemic and Internal Labour Migration in India: A 'Crisis of Mobility' The Indian Journal of Labour Economics (2020) 63:1021-1039.

Rodems R. and Shaefer L., (2020). Many of the kids are not alright: Material hardship among children in the United States, Children and Youth Services Review 112 (2020) 104767

Save the Children (2020). Protection Assessment on the Impact of COVID-19 in Uganda. London, UK: Save the Children International; 2020. Available from: https://resourcecentre.savethechildren.net/node/17885/pdf/Save%20the%20Children%20Child%20Protection%20Survey%20Report%20-%20June%202020%20Final_web.pdf

Scaramella, L. V., Sohr-Preston, S. L., Callahan, K. L., & Mirabile, S. P. (2008). A test of the family stress model on Toddler-aged children's adjustment among hurricane Katrina impacted and nonimpacted low-income families. Journal of Clinical Child & Adolescent Psychology, 37(3), 530-541.

Sserwanja Q., Kawuki J., and Kim J.H. (2021). Increased child abuse in Uganda amidst COVID-19 pandemic. February 2021, Journal of Paediatrics and Child Health Vol. 57: 188-191.

Oxfam, 2021. Covid-19 and Female Learners in South Sudan. The impact of school closures in Juba, Rumbek, Kapoeta, Torit and Pibor. Available on: <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621230/bp-covid-19-school-closures-female-learners-south-sudan-270821-en>.

Shuvabrata P. and Mukherjee M. (2020). Ascending Child Sexual Abuse Statistics in India During COVID-19 Lockdown: A Darker Reality and Alarming Mental Health Concerns. August 2020, Indian Journal of Psychological Medicine Vol. 42: 493-494.

Singh D. R., Sunuwar D. R., Adhikari, B., Szabo, S., and Padmadas, S. S. (2020). The perils of COVID-19 in Nepal: Implications for population health and nutritional status. *Journal of Global Health*, 10(1), 010378.

Kumar R., Bharti N., Kumar S., and Prakash G. (2020). Multidimensional impact of COVID-19 pandemic in India—Challenges and future direction. December 2020, *Journal of Family Medicine and Primary Care* Vol. 9(12): 5892-5895.

Unicef, 2021. Child Marriage in the Context of Covid-19. Available on: [https://www.unicef.org/mena/media/11956/file/Child%20Marriage%20in%20the%20context%20of%20COVID-19-%20MENA%20Regional%20Analysis_High%20Res%20\(1\).pdf](https://www.unicef.org/mena/media/11956/file/Child%20Marriage%20in%20the%20context%20of%20COVID-19-%20MENA%20Regional%20Analysis_High%20Res%20(1).pdf)

UNICEF (2021). COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures: newly released technical guidance aims to help authorities strengthen protection measures for children during pandemic. Available from: <https://www.unicef.org/press-releases/covid-19-children-heightened-risk-abuse-neglect-exploitation-and-violence-amidst>

University of Juba. (2020). Gender and Socio-Economic Impact Assessments of COVID-19 Pandemic in Juba Municipality, South Sudan. Available on: <https://www.undp.org/south-sudan/publications/gender-and-socio-economic-impact-assessments-covid-19-juba-municipality>

Williamson V.G., Berger E.L., Barendse M.A., Pfeifer H.H., Dahl R.E. and Magis-Weinberg L. (2022). Socio-ecological Resilience Relates to Lower Internalizing Symptoms among Adolescents during the Strictest Period of COVID-19 Lockdown in Perú

Research on Child and adolescent Psychopathology, June 2022 <https://doi.org/10.1007/s10802-022-00928-y>

World Vision (2020b) COVID-19 Aftershocks: A Perfect Storm - Millions more children at risk of violence under lockdown and into the 'new normal'. Available from: https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION_0.pdf

Zafar N., Naeem M., Zehra A., Muhammad T., Sarfraz M., Hamis H., Enam K., Moaz M., Shah B., Ishaque S. and Muhammad N. (2021). Parenting practices, stressors and parental concerns during COVID-19 in Pakistan. November 2021, *Child Abuse & Neglect*, n. 105393.

Zulaika G., Bulbarelli M., Nyothach E., Van Eijk A., Mason I., Fwaya E., Obor D., Kwao D., Wang D., Mehta S.D., Phillips-Howard P.A. (2022). Impact of COVID-19 lockdowns on adolescent pregnancy and school dropout among secondary schoolgirls in Kenya. December 2022, *BMJ Global Health* 2022;7: e007666.

Appendix 1

Ethical Research Principles Involving Children

Research involving children and young girls is vital for understanding children's lives. This study on the pandemic girls' rights in the global south conducted by the Congregations ensures their experiences and perspectives closely inform the study, providing accurate and culturally specific information, which consequently enhances the value and validity of the findings. Systematic information obtained from children can contribute to strengthening laws, policies and practices that advance their human dignity, rights and well-being. Children's involvement in this research is vital in ensuring their right to participate in matters that affect them, as recognised in the United Nations Convention on the Rights of the Child (UNCRC), is upheld. Recognising the methodological significance of involving children in research, the potential impact that research findings may have on their lives, and the importance of upholding children's rights to both protection and participation, underpins the need to have internationally agreed ethical guidelines and principles that can be applied across multiple contexts.

Respect for the dignity, well-being and rights of all children, irrespective of context, is central to the philosophy that underpins the Ethical Research Principles Involving Children project. Such respect is integral to researchers' decisions and actions concerning the nature and conditions of children's involvement in research, regardless of sector, location or methodological orientation.

High quality, ethical research requires close attention to the principles and practices that reflect the highest respect and regard for children in any given research context. The development of ethical guidance specifically for children highlights the growing recognition that, while the ethical principles underpinning research are consistent, the issues, considerations and nuances are conceptualised and experienced differently between child and adult populations, with differing implications and outcomes.

In particular, this quantitative research involves disciplined inquiry that examines children's lives, experiences and behaviours, and the stories and meanings individuals ascribe to them. It can also investigate organisational functioning, relationships between individuals and groups, and social environments. This approach to research involves the study use and collection of a variety of empirical materials such as questionnaires, personal experience, life stories, interviews, observations and photographs. It may bring new insights into the experiences of individuals, groups or communities, or into issues such as environmental change, public policies and planning. The relationship between researchers and research participants is the ground on which human research is conducted. The values set out in this section – respect for human beings, research merit and integrity, justice, and beneficence – help to shape that relationship as one of trust, mutual responsibility and ethical equality.

Each Congregation has its own Safeguarding Policy and Procedures to protect and promote the fundamental human rights of children especially the most vulnerable. Robust procedures are aimed at ensuring that each congregation and their organizations prevent, report and respond to any incidents or concerns of abuse. All four concerned Policies are underpinned by the fundamental principles of the UNCRC and its Optional Protocols.

Procedures outlined in each Policy will be applied when interviewing and interacting with girls at local, national and international level. These will mainly be those referring the use of data, pictures, testimonies for the survey and media materials. Notably:

- Safeguarding children also refers to private data of the child as well as pictures, texts, sms etc. about children which are produced for publicity purposes with the objective of protecting the child's identity to prevent revictimization or reprisal.
- Any information about a child's history, medical condition and family background has to be stored carefully by each Congregation involved at several levels: community, Provincial, International. These data are to be handled confidentially and with discretion.

The shared guidelines ensure the safeguarding of the children's privacy while at the same time will prevent and raise awareness on any violations of that privacy.

Based on these guidelines, Sisters, collaborators, researchers and volunteers who are directly involved with beneficiaries have the right and obligation to protect the children from any attempted violations of their privacy.

Key ethical principles

The study on pandemic girls' rights in the global south is underpinned by five core ethical principles that will likely be familiar to researchers undertaking research involving children. These principles require that researchers attend to the relational as well as the procedural dimensions of research: Respect, benefit, justice privacy and confidentiality and consent.

Respect

For our purposes, respect means more than tolerance. It implies valuing children and the context of their lives, and recognition of their dignity. Obtaining informed consent for research involvement is an important means of demonstrating this respect for children's dignity. Respect in research tends to be a principle with which everyone agrees, but which is rarely explicitly articulated in relation to undertaking research involving children.

This involves the subjective and relational experiences of children within their communities, including family, congregations and social structures. Respectful research is situated in the lives of children and founded on the assumption that children's experiences and perspectives will be, and should be, taken into account.

Such consideration envisages that researchers acknowledge the unequal relationships of power between researchers and children, between children and their communities, and between children.

These unequal relationships require negotiation with the children involved, as well as with potential gatekeepers or other adults participating in the research process. This takes place within the cultural context in which the research is situated and requires reflection on the positioning of children in the local ecosystem, particularly when the researcher brings an 'outsider' perspective to the local context. Respectful research involves acknowledgement and careful consideration of societal emphasis on collective and individual rights in the negotiations of the research process. Respect also extends to research that impacts on children even if they have not been directly involved as participants in the research process. It requires researchers to pay close attention to the broader ethical implications for children of conducting such research, including the balance between the best interests of individual children directly participating in research, as distinct from children as a social group who may be impacted by the research. Researchers and the institutions involved in this project should respect the privacy, confidentiality and cultural sensitivities of the participants and, where relevant, of their communities.

Benefit

There are two components to the ethical principle of benefit: non-maleficence and beneficence.

Non-maleficence. The principle of non-maleficence, doing no harm, requires researchers to avoid harm or injury to children, both through acts of commission or omission. It reminds researchers that research

that is likely to do harm to children is unethical and should not proceed. While involving children and young people in research holds many possibilities for enhancing research, practice and policy, researchers have a clear responsibility to ensure that no harm comes about from their inclusion. To this end, research should be methodologically and ethically sound, rigorous, relevant and likely to have impact.

In addition, harm as a consequence of exclusionary research practices must be avoided. Researchers must consider potential negative impacts of research for children's lives, sense of identity and belonging. This responsibility includes later consequences of the research, after the researcher has left, as well as during recruitment and the course of data collection, information gathering, interpretation and analysis of the data collected. Researchers have an obligation to ensure that protecting children is an integral part of the planning, implementation and dissemination of all research.

The principle of non-maleficence has particular resonance in research involving children as a consequence of the disparities in power between adults and children, and the responsibility of researchers to ensure that children's rights to protection. There are further nuances, in ensuring that no harm is done, with the tension that arises between children's protection and participation rights. Engaging in dialogue with children, in recognition of their status as rights-bearing citizens and authorities in their own lives, as well as potential research participants, provides opportunities to bridge the tension and respect children's capacity for meaningful involvement in research

Beneficence. The principle of beneficence refers to actions that promote the well-being of children.

It refers to a researcher's obligation to strive for their research to improve the status, rights and/or well-being of children. Beneficence is understood as more than acts of kindness and charity and envisages that both the research process and outcomes include positive benefits. Put simply, gaining information from children should result in children, their families and/or local community receiving something in return for this information. Benefits also accrue to children as a social group (who have not been research participants) through the implementation of evidence-based policy-practice. Such benefits may take a diverse range of forms, from undertaking research in caring, attentive and responsible ways so that children feel they are heard, and that their experience is validated and respected, through to providing children and communities with tangible benefits, such as payment or provision of resources, appropriate policies or programmes. The principle of beneficence requires researchers to identify clear benefits likely to arise from research involving children and to reconsider proceeding if these cannot be articulated

Researchers have the responsibility to ensure that children are not in jeopardy if members of the local community are consulted for research purposes. When research topic is particularly sensitive, additional care is required with regards to the pre-existing relationships between community members.

Justice

The principle of justice is foundational to a number of dimensions of research involving children. Justice arises in the relationship between researcher and child and in any dialogue and conversation that takes place between them. The

principle of justice requires researchers to attend to the power differences inherent in the adult/child research relationship. Respectful listening to children's views, giving due weight to these and responding to what they have to say is part of facilitating just outcomes from research.

The principle of justice requires researchers to find a balance between the perceived benefits of the research and perceived burdens placed on the participants. Children should always be treated fairly and the benefits of research distributed equitably. The concept of justice must also underpin decisions made by researchers about which children will be included and which children will be excluded from research, always ensuring that selection is consistent with a clearly stated research purpose and methodological choice, and not driven by discriminatory intent. All these issues are as relevant to the relationship between the research project and the wider political and social world as they are to the relationship between each child and the researcher.

Justice also concerns the (re)distribution of burdens and benefits of research, including consideration of the allocation of material and social resources to support the respectful and ethical involvement of children. Justice requires that children participate in public discussion and processes of decision-making not only as objects and subjects of research but also, wherever possible, as advisors and consultants in research and the policies it informs.

Research should never be unjust. In research involving children this means children should not carry an undue burden of research nor should they be denied benefits of research. Justice thus

requires researchers to consider whether and how research potentially dominates children and places constraints on their self-determination, and how oppression renders particular perspectives of children invisible or stereotypical of childhood. The question of whether someone is treated fairly or unfairly is relevant not only in face-to-face encounters. A research project may, for instance, indirectly help uphold unjust institutions, as well as unjust policy choices and practices, whether or not there is any direct contact between the child and the researcher.

Finally, justice is as relevant to the relationships that exist between children involved in research as it is to the researcher-child relationship. Power also affects the relationships between children and it is important to ensure that the views and interests of more than merely a powerful and/or articulate few children, whether they are participants or child-researchers, are represented in the process and dissemination of research.

Privacy and Confidentiality

Children participating in this research may wish certain information to remain private and not want to share this with the researcher or others. Privacy and the right to be free from intrusion or interference by others is a basic human right, articulated for children in the UNCRC (Article 16). This right underlies the importance of respecting that children share only the information that they wish to when participating in research activities and, if necessary, ensuring that they understand that in some circumstances it may be preferable to keep certain information private. In this study, privacy means entrusted information received and collected through questionnaires from

children must be respected and safeguarded. Other people, including parents, may be interested in the information that has been collected, but the researcher is ethically obliged to treat the information carefully and retain confidentiality. The location and methods used in collecting data impact on the privacy of the participant and the confidentiality of the research information collected. To ensure confidentiality, the setting should allow children involved in research to impart information privately and freely.

Children being interviewed should be able to speak without being overheard and children providing written or visual materials should be able to do so without it being seen by others. Sensitive topics, such as conflict in the household, fear and anxiety during the lockdown period because of Covid-19, early marriage must be maintained private and confidential.

Privacy includes ensuring that research participants are anonymous and not identifiable in research reports, presentations and other means of disseminating findings. Particular attention needs to be given to the use of photographs containing images of children. While anonymity is the norm, it is also important to acknowledge that in some contexts children want to be identified, also through photographs taken during the survey, in relation to the research and this should be considered if it does not pose any threat to them or provides recognition of their involvement.

Consent

Obtaining consent from parents and or cares and children is a usual part of the research process. It is the cornerstone of the research relationship and reflects important underlying ethical considerations, including demonstrating respect for the individual research participant's dignity. Such respect underpins researchers' responsibility to uphold children's right to dissent, that is, to refuse participation and to withdraw at any time. A requirement of ethical research is that participants are informed and have an understanding of the research activity, whatever research methodology is being used. Therefore, children must be provided with information that is appropriate to their age and competencies, bearing in mind the environmental context, differing experiences and evolving capacities of each child. An approach to research (that is informed by children's rights) children are given information and assisted by researcher in determining and expressing how the survey questionnaire will be conducted. Children must understand what the research involves, including the risks and potential benefits. Given children information allows them a meaningful choice about participation, preserves their trust in researchers and demonstrates respect.

Other people giving consent for children's participation must also be provided with information about the research. Parents and/or gate-keepers may need and welcome guidance about their child's role in research and their own role and responsibilities. Information can be provided which underlines children's capacity to be involved in the research and helps parents to assist children to make decisions about taking part. The requirement for the consent have to be given freely and without coercion.

Appendix 2

Questionnaire

Thank you for taking part in our important study. This survey is being conducted to help us learn more about young girls' experience, hopes, as well as challenges and concerns during the Covid-19 pandemic period.

This study aims to assess the difficulties you have encountered in this period to improve our support. It is important that you answer all the questions truthfully and completely, sharing what you have experienced during the pandemic lockdown and afterwards. However, participating in this interview is not

mandatory and you can stop any time if you wish to. Your name will not be associated with any information you give which will remain confidential. Questions are about very personal matters and you may not wish to answer them. You may skip any question that makes you feel uncomfortable. This is not a test and there are no right or wrong answers. School personnel or other local member of your institution will access the personal data that you will provide.

SECTION A | Survey Details

A1. Country: _____

A2. Location name: _____

A3. Institution name: _____

A4. Date: _____

A5. Name of enumerator: _____

SECTION B | Biographical and Household Data

B1. Your age:

10	11	12	13	14	15
16	17	18	19	20	

B2. Which of the following best describes the area where you live?

- ☐ Urban
- ☐ Informal settlements
- ☐ Rural
- ☐ Remote or desert

B3. Does your home have an electricity connection (government provision)?

(If your answer is 'NO' please specify in question B4)

- ☐ Yes
- ☐ No

B4. If no, which source of power is your household using? (Multiple choice)

- ☐ Solar
- ☐ Generator
- ☐ Kerosene
- ☐ Wind
- ☐ Nothing
- ☐ Other, please specify

B5. If your home has no source of power, please indicate which one of the following statements is more accurate to describe your situation

- ☐ Electricity is not available in my area
- ☐ Electricity is available in my area, but my household can't afford the cost
- ☐ Not applicable

B6. Which of the following do you use more often at home for studying?

- Tablet
- Mobile Phone
- Computer
- Other
- None

B7. Who do you currently live with?

- With my husband/partner
- My biological parents (father or mother)
- Extended family members (eg. grand mother)
- Other individual caregiver
- With my friends
- Independently
- Other.....

B8. Where do you currently live?

- In my village
- At a congregation boarding school (please specify...)
- At shelter or residential care structure
- In the city/ or town
- Not applicable
- I do not know

B9. How many rooms does your household have (back at home)?

B10. Including yourself, how many people live in your household (back at home)

- 2
- 3
- 4
- 5
- More than 6
- Other

B11. What is your marital status?

- Married (customary)
- Married (official)
- Unmarried
- Engaged
- Divorced
- Separated
- Widowed
- Other
- Don't want to say

B12. How many children do you have?

B13. If applicable, please specify your religion

- Christian (catholic)
- Christian (others)
- Muslim
- Traditional
- None
- No answer
- I do not know

B14. What kind of activities do you have moderate or severe difficulty doing? Read a-f aloud. Tick as many as apply

- Seeing, even if wearing glasses
- Hearing, even if using a hearing aid
- Walking or climbing steps
- Remembering or concentrating
- Caring for themself, such as washing all over or dressing
- Communicating, either expressing themself or being understood

B15. During the COVID-19 lockdown/or school closure, have you moved house?

- Yes
- No
- I do not know
- Not applicable

B16. If you answer YES to the above question, where did you move (during COVID) to? (multiple answer)

- In another house with cheaper rent??
- In my village with my parents
- In my village without my parents
- In the city/town to find work
- Moved in with relatives
- Other.....
- I do not know
- Not applicable

SECTION C | Education

C1. Before COVID-19, were you attending school?

- Yes
- No (If no, skip to C3)
- I do not know

C2. Which level?

- Informal education or informal school (eg. literacy programmes)
- Primary
- Secondary
- Professional/vocational school
- Other, please specify.....

C3. Regardless of school closures because of the COVID-19, are you enrolled in school now?

- Yes (skip to C5)
- No (go to C4)

C4. If not, why are you not attending school now? (tick all that applies) after this question go to C8

- Marriage
- Pregnancy
- Engagement in work
- Sickness
- Disability
- School fees/costs

- Distance to school
- Reasons related to cultural norms/beliefs
- Others?

C5. What level of education are you currently in?

- Informal education or informal school (eg. literacy programmes)
- Primary
- Secondary
- Professional/vocational school
- Other, please specify.....

C6. Did you have to repeat a grade as a consequence of COVID?

- Yes
- No

C7. How long does it take you to go to school everyday?

- Under 10 minutes
- 15 - 30 minutes
- 30 mins - 1 hour
- 1 - 1.5 hour
- More than 2 hours
- Boarding (staying the night)

C8. In the last 18 months, was your school building ever closed for more than a month because of COVID-19

- No
- Yes, up to 1 month
- Yes, 1 to 3 months
- Yes, 3 to 6 months
- Yes, 6 to 12 months
- Yes up to now (it hasn't re-opened)

C9. If your school was closed because of COVID -19, what replacement activities did you engage in? (You can select more than one option)

- None
- Outdoor lessons

- Online lectures/ e-learning
- Media broadcasted lessons (radio/TV)
- Educational apps (eg. google class, zoom classes etc)
- Learner support material / Paper textbooks or workbooks
- Whatsapp groups
- Other, please specify.....

C10. Who provided this to you?

- Government (MoE)
- Congregational school (Comboni sisters, Good Shepherd sisters, Salesian sisters)
- Other school
- NGOs
- Caregiver
- Other
- I do not know
- Not applicable

C11. During the COVID-19 lockdown you have used internet to entertain relations with friends and/or relatives or for any reasons of leisure and curiosity? (You can select more than one option)

- Never
- I only kept in touch with my friends and relatives
- I've been surfing the internet only for entertainment and curiosity purpose
- I've been on the internet for my school work
- Other.....

C12. Do you think school-based aid programs helped you during the pandemic period (only if C9 other than "none")?

- Yes
- No
- Unsure
- Don't want to respond

C13. During the school closure/lockdown, please tell us which other following aid programs you have benefited from: (You can select more than one option)

- Food kits
- drinking water
- Hand washing points
- Menstrual hygiene kits (sanitary pads)
- Hygiene kits (soaps, face masks, buckets etc.)
- Hygiene sensitization
- Cash and vouchers support
- Medical care and medicine
- Hosting in boarding school
- Hosting in shelter
- Remote counselling with tutors, psychologists or social workers
- No I didn't benefit
- Other, specify.....

C14. Since the last 18 months, did you experienced any difficulty in studying at home/ doing your homework?

- Yes
- No

C15. Do you think school restrictions/COVID-19 increased your difficulties to study at home?

- Yes
- No
- Other
- Don't want to respond

C16. Why? (multiple choices) only if "yes" to previous question

- Lack of electricity/power
- Lack of parental support (motivation/support)
- Lack of IT equipment to study (smartphones, laptop etc)
- Lack of internet access
- Difficulty understanding school expectations
- Increased in house chores or house related duties
- Lack of personal motivation
- Economic difficulties
- Other

SECTION D | Work & Household Chores

I am now going to ask you about any type of work you may be doing. Now think of a normal week (7 days), how long do you spend doing each of the activities below? For example, if you normally go to school, then think of a week when you are in school.

D1. Do you do chores in the house, for your own family? Enumerator to explain: (such as caring for siblings, helping cooking, cleaning, washing, fetching water, shopping etc)

- Yes
- No
- Not applicable
- I don't know

D2. Each week (7 days), how long do you spend in these house chores (number of hours per week)? Enumerator: to help child by asking hours per day and number of days to make up total number of hours per week

- _____(record number of hours)

D3. Has this work increased because of COVID?

- Yes
- No
- Not applicable
- I don't know

D4. Are you involved in any economic activity for yourself, your family or someone who is not family?

Enumerator: to explain economic activity is any work paid in cash or kind such as helping a parent or relative or anyone else with a business or agriculture work

- Yes
- No
- Not applicable
- I don't know

D5. What types of work do you do?

- Farming in own family
- Farming in another family
- Cows
- Own small business (eg. Hawking on the streets)
- Family business
- Domestic work (in other household)
- Cafeterias, tea shops,
- Hotels, motels
- Begging
- Working in exchange of favours
- Other specify _____
- Not applicable
- I don't know

D6. Each week, how long to do you spend in these economic activity (number of hours per week)?

Enumerator: to help child by asking hours per day and nb of days and make up total nb of hours per week

- _____(Record number of hours)

D7. Has this work increased because of COVID?

- Yes
- No
- Not applicable
- I don't know

D8. Since the COVID-19 started, have you been responsible for looking after a child (eg. sister or brother) at home?

- No
- Yes
- There is no child in my household

D9 Since the COVID-19 started, have you been responsible for looking after a dependent adult (sick and/or elderly) at home?

- No
- Yes
- There are no sick or old people in my family

SECTION E | Health and Sanitation

(Enumerator to emphasize that all information given is confidential and will not be linked to any names and personal information). Some of the information I will now ask you some personal questions about your own health.

E1. How would you describe your own health?

- Excellent
- Good
- Fair
- Poor

E2. Do you have access to clean water at home?

- Yes
- No
- Infrequently

E3. Where does the water available in your home/ where you currently live come from?

- Piped water into dwelling
- Water from river, stream, dam or irrigation system
- Rainwater harvesting system
- Tube well pump/ hand pump
- Other specify.....

E4. Can you please describe where do you most often wash their hand and body? (multiple choice)

- Fixed facility in dwelling
- Facility observed outside the house
- No handwashing or bathroom shower available inside the dwelling
- Workplace
- At school
- Other (specify).....

E5. What kind of toilet facility do you usually use?

- Flush to piped sewer system
- Dry pit latrine
- Composting toilet
- No facility (bush or field)
- Other (specify).....

E6. During your last menstrual period were you able to wash and change at home?

(don't ask if answer to question B1 was from 10 to 14, i.e age is less than 15 years old)

- Yes
- No

E7. Since COVID started, were you able to buy sanitation pads?

- Yes all the time
- Yes most of the time
- Sometimes
- No, never

E8. Since COVID started, have you ever received a menstrual hygiene kit from any kind of association?

(don't ask if answer to question B1 was from 10 to 14, i.e age is less than 15 years old)

- Never
- Very rarely
- Occasionally
- Frequently
- Every month

E9. Has there been any cases of COVID-19 mortality in your family or people you know? (sensitive question. Please, pause if necessary and provide comfort to the girl.) SKIP FOR 10-14 years (if YES, please answer the following question E13)

- No
- Yes

E10. Has the loss of a family member because of COVID-19 has contributed to one of the following causes? (You can select more than one option) SKIP FOR 10-14 years

- ☐ I had to leave school to go to work and support my family
- ☐ I had to leave school to look after my parents
- ☐ I kept going to school but worked at home to help my parents
- ☐ Did not cause any change
- ☐ I don't want to answer

E11. Before COVID-19, how many meals a day did you most commonly have (your usual typical day)?

- ☐ 1
- ☐ 2
- ☐ 3

E12. During the COVID-19 school closure, how many meals a day did you most commonly have (your usual typical day)?

- ☐ 1
- ☐ 2
- ☐ 3

E13. What about now, how many meals a day do you most commonly have (your usual typical day)?

- ☐ 1
- ☐ 2
- ☐ 3

SECTION F - Mental Health & Psycho-social impact of the COVID pandemic

We are aware that the Covid-19 pandemic has affected all of us in different ways and we want to better understand how it has affected you and other girls your age.

F1. During school closure, how frequently did you meet your friends?

- ☐ Very frequently
- ☐ frequently
- ☐ Sometimes
- ☐ rarely
- ☐ Never
- ☐ Not applicable
- ☐ N/R

F2. Since COVID-19 started, how is your relationship with your parents / caregiver?

- ☐ Very good
- ☐ Good
- ☐ Average
- ☐ Bad
- ☐ Very Bad
- ☐ Not applicable
- ☐ N/R

F3. Do you think the COVID-19 had affected your family income? ONLY 14years older

- ☐ Extremely
- ☐ Very
- ☐ Moderately
- ☐ Slightly
- ☐ Not at all

F4. During the COVID-19 lockdown, how did you feel at home? (multiple answers)

- ☐ Sad
- ☐ Worried
- ☐ Anxious
- ☐ Scared
- ☐ Relaxed
- ☐ Protected
- ☐ Comforted
- ☐ Loneliness
- ☐ Boredom
- ☐ Stress/anxiety
- ☐ Fear
- ☐ Sadness
- ☐ Excitement
- ☐ Joy/happy
- ☐ Other pls specify

- As before the COVID-19
- Other.....

F6. During the COVID-19 lockdown, did you witness conflict (general perceived tension) in your home?
(If the question is too sensitive, you may not answer it)

- Very frequently
- Frequently
- Occasionally
- Very rarely
- Never

F7. Would you say that conflict in the home increased in that period?

- Yes
- No
- Cannot say
- Other

SECTION G | Gender and health

G1. During the pandemic, do you know any friends/ relatives (less than 18 years) who got married? (OVER 14 YEARS ONLY) (If you don't feel comfortable with this question, please feel free to skip)

- Yes
- No
- DK
- I don't want to answer

G2. If yes, how many?

- -----

G3. Has this increased as a result of the pandemic?

- ☐ Yes
- ☐ No
- ☐ DK
- ☐ I don't want to answer

G4. During the pandemic, do you know any friends/ relatives (less than 18 years) who got pregnant? (OVER 14 YEARS ONLY) (If you don't feel comfortable with this question, please feel free to skip)

- ☐ Yes
- ☐ No
- ☐ DK
- ☐ I don't want to answer

G5. If yes, how many?

- -----

G6. Has this increased as a result of the pandemic?

- Yes
- No
- DK
- I don't want to answer

SECTION I | Perspectives on the Future

I1. What do you expect for yourself in the future?
Multi choice possible (You can select more than one answer)

- ☐ Continue my studies
- ☐ Continue my job
- ☐ See my parents happy and safe
- ☐ Travel with my relatives
- ☐ Study abroad
- ☐ Get married
- ☐ Other.....

