



HALTING LIVES

The impact of COVID-19 on girls
and young women



TABLE OF CONTENTS

1. Introduction	3	3.2 Experiences of education during COVID-19	12
Why Girls and Young Women?	4	Setting the scene.....	12
2. Methodology	5	Survey Findings	13
Data collection.....	5	3.3 Sexual and Reproductive Health and Rights	14
Sample Size	6	Setting the Scene	14
Data Analysis.....	6	Survey Findings	15
Research Limitations	6	3.4 Girls' and young women's wellbeing during the pandemic.	17
3. Findings	7	Setting the scene.....	17
3.1 Adolescent girls' and young women's knowledge and experience of COVID-19	8	Survey Findings	18
Knowledge of COVID-19	8	3.5 Access to income	20
Extent of changes to their daily lives and the negative effects of COVID-19	9	Setting the Scene	20
Perceptions of gender-based difference of the experienced negative effects	11	Survey Findings	22
		3.6 Access to technology	23
		Setting the scene.....	23
		Survey findings.....	24
		3.7 The future	25
		Setting the Scene	25
		Survey Findings	26
		Conclusion	28
		Recommendations	29

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Report Authors: Sharon Goulds, Isobel Fergus and Esther Winslow.

Design: Sandra Dudley

Additional contributors: Thanks for their valuable feedback to: Jacqueline Gallinetti, Aisling Corr, Samantha Deb, Leah Moss, Richard Morgan, Lindsey Hutchinson, Zienab Anwar, Janani Vijayaraghavan, Katie Lau, Molly Fitzgerald, Anna Liwander, Julien Beauhaire, Bertille Bertinotti-Proust, Violeta Castaño, Dai Luu Quang, Maria Holsopple, Laura Brazee, Katherine Philipps, Tahlia Clarke, Silvia Elena Moncada, Sam Tembo, Getachew Adamu and Danny Plunkett.

ABOUT PLAN INTERNATIONAL

Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. We strive for a just world, working together with children, young people, supporters and partners. Using our reach, experience and knowledge, Plan International drives changes in practice and policy at local, national and global levels. We are independent of governments, religions and political parties. For over 80 years we have been building powerful partnerships for children and we are active in more than 75 countries.

1. INTRODUCTION

On 31 December 2019, the World Health Organization (WHO) was formally notified about a cluster of cases of pneumonia in Wuhan City, home to 11 million people and the cultural and economic hub of central China. By 5 January, there were 59 known cases and none had been fatal. Ten days later, there were 282 confirmed cases, of which four were in Japan, South Korea and Thailand and there had been six deaths in Wuhan. The virus responsible was isolated on 7 January and its genome shared on 12 January. The cause of the severe acute respiratory syndrome that became known as COVID-19 was a novel coronavirus, SARS-CoV-2.¹ On 30 January 2020, the World Health Organisation declared the outbreak a worldwide public health emergency. At time of writing 188 countries are affected by the virus,² with 25,500,870 confirmed cases and 850,879 global deaths.³

As cases continue to spread worldwide it is becoming very clear that the outbreak of this virus has implications that reach far beyond the direct impact on people's physical health. What started as a health emergency is causing fundamental shifts in society as governments struggle to try and contain the crisis. Responses have included lockdowns, which range from self-isolation to mandatory quarantine with regulated exceptions; closure of international and internal travel; bans on social gatherings; closure of bars and restaurants; schools shut; suspension of religious gatherings; financial loan packages for businesses; financial support for individuals; reduction in transport and retail services and the suspension of non-essential businesses from building companies to leisure centres. At the height of the isolation measures about 3.9 billion people (half of the world's population) were in lockdown.⁴ Restrictions have eased in many countries, but COVID-19 prevention measures such as local lockdowns,

social distancing, meeting only in 'bubbles' and wearing facemasks remain in place.⁵ For communities, particularly those in conflict areas or living in refugee camps, already struggling with overcrowding, poor sanitation and little in the way of social protection, these mitigation measures are largely impossible and the virus continues to be deadly. To date, modelling predicts that the overall COVID-19 pandemic is expected to last for a period of at least 12 to 18 months.⁶

COVID-19 is having an impact on all sectors of society across the world. But its impact does not fall equally: the virus seems to discriminate between rich and poor, young and old, male and female but is in fact taking advantage of pre-existing inequalities.⁷ These intersectional and intergenerational vulnerabilities paint a complex web of inter-connections which impact on various groups dependent on factors like sex, gender, age, race, disability status and income status, to name a few. With this in mind Plan International, in line with its continuing focus on gender equality and girls' rights, commissioned research to look specifically at the impact of the current pandemic on girls and young women, collecting data from over 7,000 girls across 14 countries. The report also includes extracts from interviews with young women, reflecting on the impact COVID-19 has had on their lives, conducted by Plan International in Mozambique, Brazil, Ghana and Nicaragua.

WHY GIRLS AND YOUNG WOMEN?

Over the past months, as the world has sought desperately to deal both with the medical impacts of the virus and to prepare a response to its many secondary effects, research on COVID-19 has accelerated. However, there is limited research on the social impacts of COVID-19 and on the consequences for young people, especially those specific to girls. Adolescence, particularly mid to late adolescence (15-19 years), when numerous overlapping transitions can define the future, is a critical period for all young people. For girls and young women, in many countries across the world, it is a time when they are particularly at risk: decisions are often made for

them that are detrimental to their future, and the expectations and opportunities, for girls, in all their diversity, diverge considerably from their male peers.⁸ In later adolescence decisions are being made for girls about their education, marriage and career paths. The burden of household responsibilities grows heavier and their freedoms may well be curtailed in line with gendered expectations about female behaviour and girls' vulnerability to sexual violence. A global pandemic which pulls girls out of school and has a detrimental impact on family income can only make matters worse.

"In my family, we have always struggled financially, but the uncertainty with the coronavirus and its future effects on our income is making people desperate. If the older generation like my grandmother and my uncle had information about the positives of sending girls to school as opposed to just having them aspire to marriage, the pressure on me and other girls would stop." Angelina, 17, Mozambique⁹

The scale of this pandemic affects girls and young women in all aspects of their daily lives: their safety, wellbeing, education, economic security, health, nutrition and access to technology. All pre-existing inequalities are made worse by COVID-19. Its impact on girls and young women, who face unique vulnerabilities, needs to be acknowledged and it is their experiences and perspectives this research seeks to understand.

2. METHODOLOGY

DATA COLLECTION

Data was collected in the following countries: Australia,¹⁰ Brazil,¹ Ecuador,¹ Egypt,^P Ethiopia^K, Ghana,^P India,¹ Mozambique,^K Nicaragua,¹ Spain¹, United States¹, France,¹ Vietnam,¹ and Zambia.^K

It was collected using a closed-question survey, comprised of 15 questions that asked girls and young women about their knowledge of the COVID-19 pandemic and its consequences on their lives in relation to education, wellbeing, economic security, livelihoods and access to technology. All quoted contributions from girls and young women are interviews from reports conducted by Plan International Country Offices in Mozambique, Brazil, Nicaragua and Ghana.

Data was collected mainly via online surveys: three countries collected data via computer assisted telephone interviews, two countries collected face to face surveys on a tablet while honouring social distancing parameters.¹¹ Ethical approval for the research was granted by two international child rights academics.¹²

In 12 of the 14 countries the survey was conducted by Kantar and Ipsos Mori, in the remaining two, surveys were conducted by Plan International. All were carried out between the 9th June to the 14th July. Respondents were girls and young women between the ages of 15-24.

The survey was delivered through online modalities for Ipsos Mori in nine countries (as indicated above). In addition, Kantar collected data via Computer Assisted Telephone Interviewing (CATI) in three countries (as indicated above). In each country both firms have a large pool of survey respondents who are in the survey demographic which they reach out to. They are typically chosen from a pre-arranged pool of respondents who have agreed to be contacted by a market research service. As the respondents have already agreed to be part of a panel, online samples tend to achieve higher response rates than other methods such as using an existing customer database to conduct research. In Egypt and Ghana, Plan International collected data face to face. This was done with girls who were known to Plan International through their participation in various programmes in the relevant country.¹³

SAMPLE SIZE

Overall, 7,105 surveys were collected across 14 countries.

TABLE 1: SAMPLE SIZES PER COUNTRY

Australia	500	Ethiopia	500	Mozambique	500	Vietnam	500
Brazil	500	France	500	Nicaragua	500	Zambia	500
Ecuador	500	Ghana	500	Spain	500		
Egypt	Regular Monitoring Data	India	500	United States	526		

All girls and young women interviewed were in-between the ages of 15-24 and these were disaggregated into the age groups of 15-19 and 20-24.

DATA ANALYSIS

Before merging of the provided raw data, the datasets were recoded and labeled in order to create identical variables. Data cleaning, merging and analysis has been conducted using Stata and Excel. Data analysis included the creation of basic summary statistics, often disaggregated by country, region,¹⁴ age and country income boundary.¹⁵

All percentages are rounded up when the decimals are .50 or higher and rounded down when the decimals are smaller than 0.50, therefore the figures in some graphs will not add up to exactly 100%.

RESEARCH LIMITATIONS

- The samples of the quantitative survey are not representative of the population of girls and young women aged 15-24 in the specific countries.
- Because data collection has been conducted remotely, only girls and young women who have sufficient access to devices that have internet or phone connection could participate as respondents (with the exception of Ghana and Egypt), which means that girls who do not have access to the internet or phone connections, often the girls who are the most vulnerable, weren't able to share their accounts of how COVID-19 has affected them.
- We breakdown by region but the regional breakdown is not globally representative of the continents mentioned.
- We cannot verify for the Ipsos Mori surveys that every quantitative survey respondent was female as they were online. It might be the case that other family members or friends who were not female have filled in the survey.
- Even though we know that early adolescence (age 10-14) is also a critical period in a girl's life, data collection was with girls and young women between the age of 15-24 due to ethical considerations related to conducting data collection online with the younger age group.

3. FINDINGS

This report presents findings from research conducted in 14 countries and these are divided into seven sections or topics. In order to contextualise our research findings, each section, apart from section one, begins with an introductory overview of that topic in relation to the situation of girls and young women and the impact of COVID-19.

- **Section One** discusses girls and young women's knowledge of COVID-19. This includes information on how much government measures to stop the spread of COVID-19 have affected their daily life and what kind of negative changes the pandemic has brought to their lives. It also asked if girls saw these changes as gendered and whether they felt that life under the COVID-19 pandemic was worse for girls than boys.
- **Section Two** explores 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.
- **Section Three** explores girls' and young women's sexual and reproductive health and rights (SRHR), including what kind of SRHR services and information they could access during the pandemic.
- **Section Four** discusses girls' wellbeing. How anxious have they felt as a result of the pandemic and what kind of uncertainties have caused them to worry?
- **Section Five** begins with an overview of the economic effects of girls and young women and their access to income during the pandemic.
- **Section Six** discusses access to technology and whether girls and young women's have increased their social media usage during the pandemic and what consequences (if any) has increased social media usage had on their lives.
- **Section Seven** explores the future. Do girls see the pandemic as affecting their future plans in education and employment and do they think the pandemic is an opportunity to build a better world?

3.1 ADOLESCENT GIRLS' AND YOUNG WOMEN'S KNOWLEDGE AND EXPERIENCE OF COVID-19

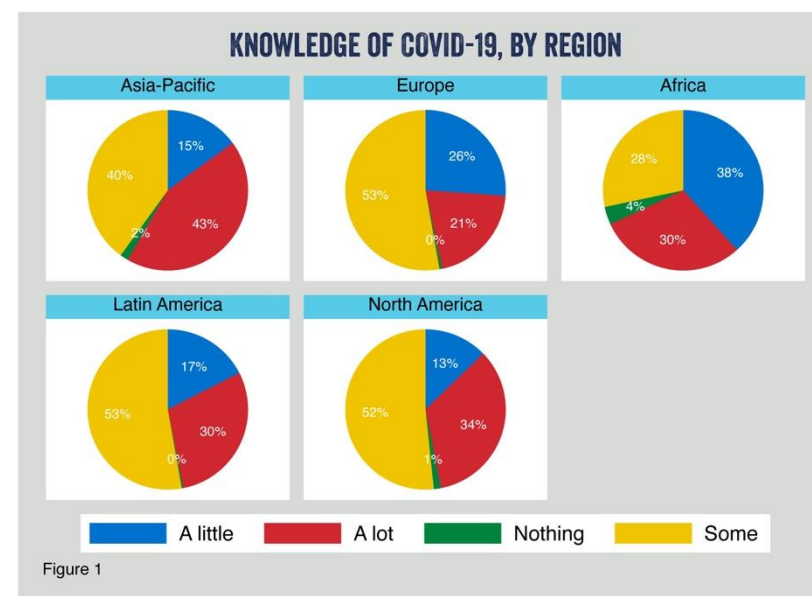
An overview of girls and young women's knowledge of COVID-19: how measures to curtail the virus have affected their daily lives, what kind of negative effects government actions have had on their lives and whether they perceive these as affecting girls and young women more acutely than boys.

KNOWLEDGE OF COVID-19

Girls and young women across the fourteen countries were asked, "how much do you feel you know about the COVID-19 pandemic?" 32 per cent of girls said they knew a lot about the pandemic, 41 per cent and 25 per cent said they knew something or a little about the pandemic. Two per cent said they knew nothing about it.

When looking at the level of knowledge by region, the highest overall self-perceived knowledge of the pandemic was in North America, where 86 per cent of girls and young women reported a lot or some knowledge of the pandemic. The lowest self-perceived knowledge was in Africa, where 42 per cent of girls and young women said they had a little or no knowledge of the pandemic. However, the levels of awareness could correspond with the number of cases in those regions, with North America, at the time the survey was conducted, experiencing a higher number of reported cases than Africa. It may also be linked to information sources, with girls in the more urban areas of North America having better access to the internet.

FIGURE 1: LEVEL OF PERCEIVED KNOWLEDGE OF COVID-19 BY REGION, N=7,097¹⁶

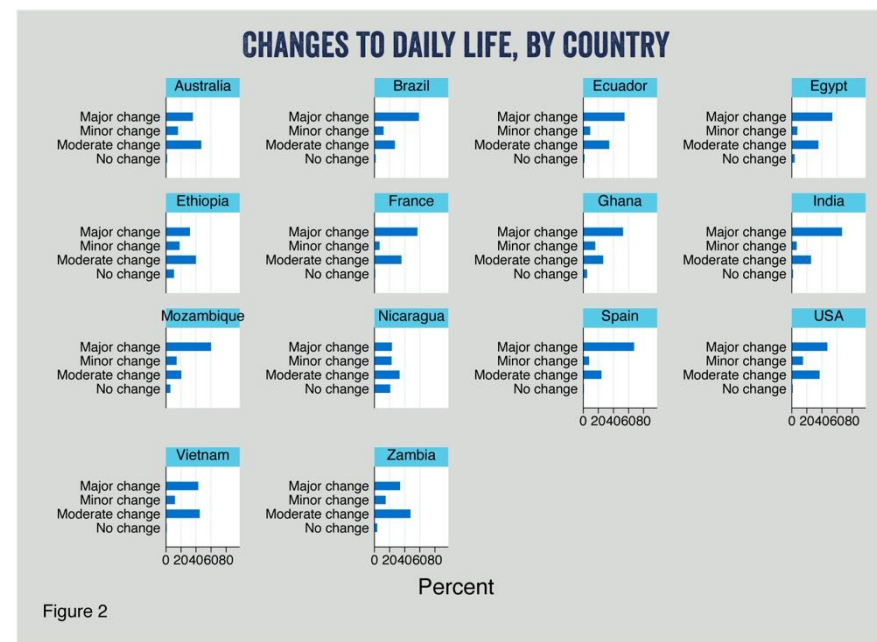


EXTENT OF CHANGES TO THEIR DAILY LIVES AND THE NEGATIVE EFFECTS OF COVID-19

Girls and young women across the 14 countries were asked how much government measures in their country had affected their daily lives. 49 per cent of the girls and young women answered that virus containment measurements had caused a major change to their life, 34 per cent said a moderate change and 13 per cent a minor change. While four per cent said they experienced no change.

Girls and young women in Spain and India reported the highest levels of 'major change' to their lives. This aligns with the reports of lockdowns in both these countries. Spain had the most reported cases in Europe and quickly imposed a nationwide quarantine to stop the spread.¹⁷ India also had one of the world's strictest lockdowns. Both countries scored 82 (on a one to 100 scale) on the University of Oxford Blavatnik School of Government's stringency index, which records the strictness of 'lockdown style' policies that primarily restrict people's behaviour.¹⁸ The severity of the Indian lockdown has not necessarily resulted in fewer cases, with India being third in the world behind the United States and Brazil for the highest number of reported cases.¹⁹ Unsurprisingly perhaps as high levels of poverty and overcrowding in India make social distancing practically impossible. Girls and young women in Nicaragua reported the lowest levels of change to their daily life, with 21 per cent reporting no change and 23 per cent reporting a minor change. Again, this aligns with the government response, with Nicaragua scoring 11 on the stringency index.²⁰ Nicaragua was one of the last countries to adopt strict government measurements to stop the spread of COVID-19, encouraging its citizens to go about their normal daily lives and permitting mass gatherings until late May.

FIGURE 2: EXTENT OF CHANGES TO DAILY LIFE BY COUNTRY, N=7,097



The negative effects experienced by most girls across the 14 countries were not being able to go to school or university (62 per cent), not being able to socialise with friends (58 per cent) and not being able to leave the house regularly (58 per cent). Only five per cent of girls and young women answered 'being at home with no internet access' which is not surprising as the majority of surveys (nine countries) were conducted online and no internet was not an answer option.²¹ In reality, the number of girls and young women across these countries who do not have internet access would be significantly higher.

Only five per cent of girls and young women surveyed said that the pandemic had caused only positive effects in their life: indicating that, in the majority of cases, COVID-19 has been very much detrimental to the lives of girls and young women.

FIGURE 3: NUMBER OF GIRLS AND YOUNG WOMEN WHO RECORDED THE FOLLOWING NEGATIVE CHANGE N=7,097^{22,23}

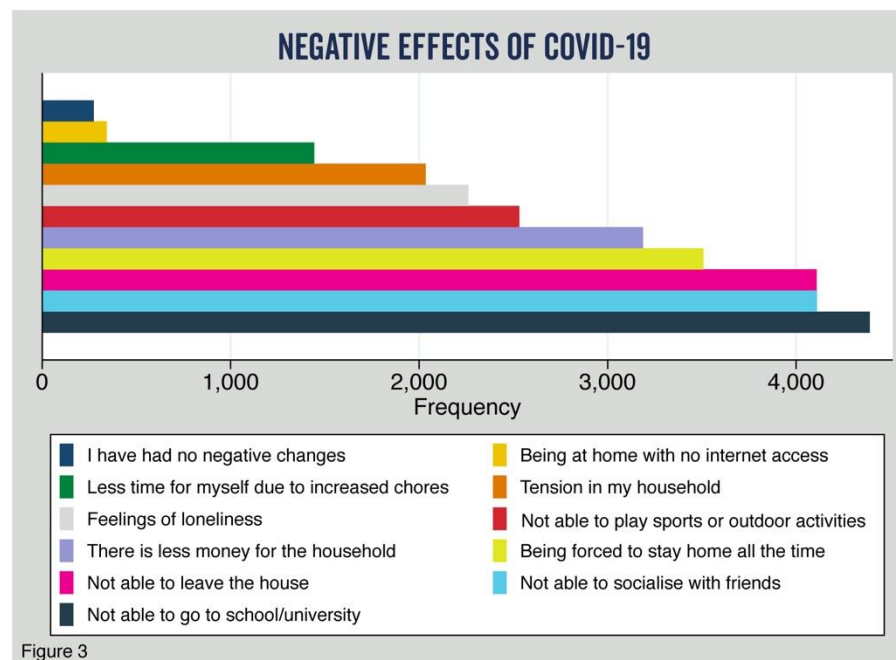


Figure 3

In the Asia-Pacific, Europe and North America regions, the negative effect most cited was not being able to socialise with friends.²⁴ In Africa, girls and young women not being able to go to school or university was the most frequently cited negative effect (20 per cent). While in Latin America, it was split evenly between ‘not being able to go school or university’, ‘not being able to leave the house regularly’ and ‘having less money for the household’, at 14 per cent each.

The younger cohort of girls and young women struggled the most with not being able to go to school or college (33 per cent), not being able to socialise with friends (27 per cent) and not being able to leave the house regularly (26 per cent). The older cohort also felt the negative effects of not being able to leave the house regularly and not being able to socialize (31 per cent for both) and not attending school or university (29 per cent). Older girls and young women felt the worry about money for the household more acutely, with 27 per cent citing it in comparison to 17 per cent of the younger group.

PERCEPTIONS OF GENDER-BASED DIFFERENCE OF THE EXPERIENCED NEGATIVE EFFECTS

When asked if the negative effects of the pandemic were different for boys and men in comparison with girls and women the majority of the girls and young women, 67 per cent, responded that the negative effects of the pandemic were the same for girls and boys.

These findings could point to worldwide coverage being primarily focused on the primary effects from the virus. The secondary effects from the virus are only beginning to be highlighted by governments and media. It is these secondary effects which are likely to be worse for girls and young women but whether the girls and young women were aware of this is unclear.

This perception is also interesting in as much as studies suggest, as we will see throughout this report, that some of the negative effects cited above – being forced to stay at home and not being able to study for example – do have a greater impact on girls, affecting their mental health, increasing their domestic responsibilities and making them more likely than boys to drop out of school.

FIGURE 4: PERCEPTIONS OF THE EFFECTS AND GIRLS VERSUS BOYS, N=6,854

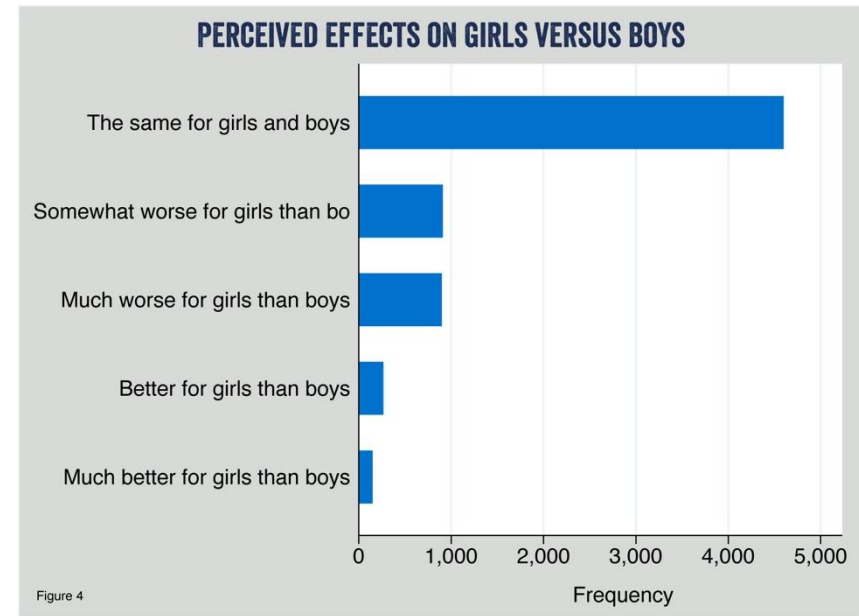


Figure 4

3.2 EXPERIENCES OF EDUCATION DURING COVID-19

SETTING THE SCENE

The pandemic has harmed education in all spheres. UNESCO estimates that about 10 million more secondary school-aged girls could be out of school following the crisis.²⁵ At the height of global lockdowns, there were over 1.5 billion affected learners and 194 country-wide school closures were in place in nearly all of Europe, Africa, Latin America and much of Asia.²⁶ Now, in the majority of countries, schools remain closed until the next academic year. At the time of writing, there are 106 country wide school closures and 1.1 billion affected learners.²⁷

The impact of school closures is liable to be felt most by the world's poorest, who are least likely to have access to alternative distance learning. Many do not have internet access or possess personal laptops or tablets. In terms of non-digital options, radio access, safe and supportive learning environments and their parents' or guardians' ability to home-school are also likely to be more limited than is the case for their more affluent peers. In Ethiopia, only two per cent of households have access to television, excluding the majority of learners from tv based learning options.²⁸ In Africa, more than two-thirds of countries have introduced distance education but in the majority of countries it is only available in one or two main languages, which also excludes a large number of learners.²⁹

"The main change has been my classes which were suspended so we have to study at home. We don't have online classes, the teachers just set us schoolwork, but I have a lot of difficulty in some subjects and can't keep up." Deborah, 18, Brazil³⁰

The gendered difference in educational attainment is common in countries where girls face the greatest challenges. Disparities in re-enrolment are particularly true for poorer and

marginalised families as education becomes unaffordable due to economic hardship or unattainable, due to child and early forced marriage (CEFM), or restrictive admission policies for visibly pregnant adolescents. Once adolescent girls drop out of school, it can be very difficult to return. The loss of even six months of education as a result of COVID-19 will have a proportionally greater impact on girls in low- and lower-middle income countries: in some, they could lose 50 per cent of their total years of education.³¹ School closures will have long-term impacts on girls and young women's educational and economic opportunities.

"My biggest fear is that I will miss on a lot of schoolwork or fall behind everyone else. Repeating a grade is not an option for me. I want to become a medical doctor, so I know I cannot leave school!" Raina, 12, Mozambique³²

Schools also offer important social protection mechanisms including school meal programmes, health programmes, WASH facilities and support for learners with disabilities. For example, in Egypt, the 5.2 million who rely on school meals are now missing out due to COVID-19.³³ Girls with disabilities have been left particularly vulnerable without access to inclusive education services and in many countries, schools also play a significant role in reporting concerns about at-risk children. Overall, school closures have left children at higher risk of neglect, abuse, exploitation and gender-based violence.

SURVEY FINDINGS

Of those girls and young women who could not physically attend their place of education, the majority of those surveyed, 52 per cent, were able to continue their education at home via online resources, for example, YouTube videos, online classes and educational websites (both paid and unpaid options). Others, 37 per cent, practiced self-learning using books and other non-digital materials, while 29 per cent mentioned using mobile applications. The scale of use of these three alternative learning methods was the same across lower, lower-middle, upper-middle- and high-income countries, showing the importance of digital solutions and connectivity in self-led learning across the world.

Despite many being able to study from home it was missing school or university that the girls and young women surveyed reported as having the biggest negative impact on their lives. A finding which emphasises that the role of schools and colleges extends beyond the subjects studied and the exams taken.

FIGURE 5: WAYS GIRLS AND YOUNG WOMEN WERE ABLE TO CONTINUE THEIR EDUCATION AT HOME, N=12,387³⁴

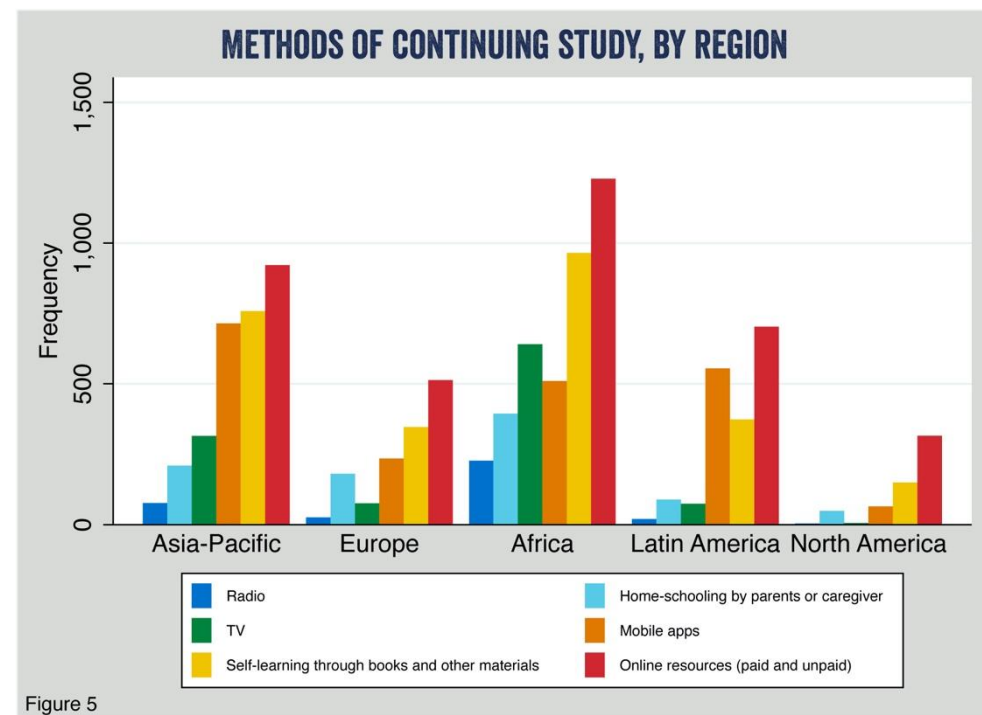


Figure 5

3.3 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

SETTING THE SCENE

Men are more susceptible to the virus and are more likely to die from COVID-19.^{35,36} However, women and girls are more affected by the secondary impacts of infectious-disease outbreaks - including the effects of reduced access to sexual and reproductive health and rights (SRHR) services which is a significant public health issue during epidemics.³⁷ Disruptions in essential and life-saving SRHR and Maternal Newborn and Child Health (MNCH) services, including antenatal care, safe deliveries and postnatal services, menstrual hygiene management, safe and legal abortion, contraception, treatment for sexually transmitted infections, and overall access to sexual health related information and education, have a punitive impact on girls and young women.

It is predicted that significant levels of lockdown-related disruption over six months could leave 47 million women unable to use contraception, leading to a projected 7 million additional pregnancies. Additionally, over the next decade, the often-overlooked secondary impacts of COVID-19 could also result in 31 million new cases of gender-based violence, two million more cases of female genital mutilation and an estimated 13 million more child marriages.³⁸

During the Ebola outbreak, women were particularly vulnerable to maternal, neonatal and stillbirth deaths³⁹ as a consequence of both a drop in the availability of health services because of fear of contamination from pregnant women, and of resources being diverted to the response.⁴⁰ The Ebola outbreak also saw a spike in unintended adolescent pregnancies. Likewise, during the Zika outbreak, women found themselves without routine access to SRHR services due to regulatory systems and structural inequalities that fail to prioritise women's sexual and reproductive health.⁴¹ The family planning organisation Marie Stopes International

estimates there could be up to 2.7 million unsafe abortions as a result of the COVID-19 pandemic.⁴²

Women and girls are also at greater risk of gender-based violence. UN Secretary-General António Guterres pointed to the "horrifying global surge in domestic violence"⁴³ and called for an end to it, urging governments to put women's safety first. In France, for example, cases of domestic violence have increased by 30 per cent since the lockdown first began in March and in the United States and Spain, as cases of domestic violence rose, demand for emergency shelter increased. Between March and May, the dates of the strictest period of the lockdown in Spain, calls to gender-based violence emergency services soared by 61 per cent.⁴⁴ In Latin America, where one in three women are affected by gender-based violence, there has been a significant increase in reports of gender-based violence and murders of women and girls, since lockdown orders were put in place.⁴⁵ In Peru alone 606 girls and 309 women were reported missing between the start of the COVID-19 lockdown on March 16 and June 30, 2020.⁴⁶

"Cases of abuse and pregnancies among girls could increase, because the quarantine restrictions will mean their abusers are not be able to leave their homes and could concentrate their energies on abusing their victims." Lixiana, 17, Nicaragua⁴⁷

The UN Special Rapporteur on Violence against Women, has rightly noted that, ***"For too many women and children, home can be a place of fear and abuse. That situation worsens considerably in cases of isolation such as the lockdowns imposed during the COVID-19 pandemic."***⁴⁸

This is an issue that is not going to go away. As the economic impact of the virus produces record unemployment women and girls will be increasingly at risk: a global study by the World Bank in 2019 revealed that just a 1% increase in male unemployment exacerbates gender-based violence, with a

2.5% increase in physical intimate partner violence against women.⁴⁹ In addition, poverty can push girls and young women into risky transactional sex which can lead to further violence, sexually transmitted infections and unwanted pregnancy.⁵⁰

SURVEY FINDINGS

Access to SRHR services during the pandemic

Young women and girls were asked which of the following SRHR services – menstrual supplies, STIs, maternal health, GBV, contraception services or clinics and hospitals - they could access if they needed it. They also had the answer option “I did not require any of these services.” 52 per cent of girls and young women said they could access clinics and hospitals (or other primary health care facilities), followed by menstrual health supplies (51 per cent) and contraception (31 per cent). 18 per cent of girls and young women said they did not need access to any of these services.

Across all regions (except for Africa) girls and young women most frequently accessed menstrual health supplies. In Africa, they needed clinics and hospitals more often, with 32 per cent of girls and young women responding they had used some form of primary health care facility.

FIGURE 6: ACCESS TO SRHR BY REGION, N= 14,014^{51,52}

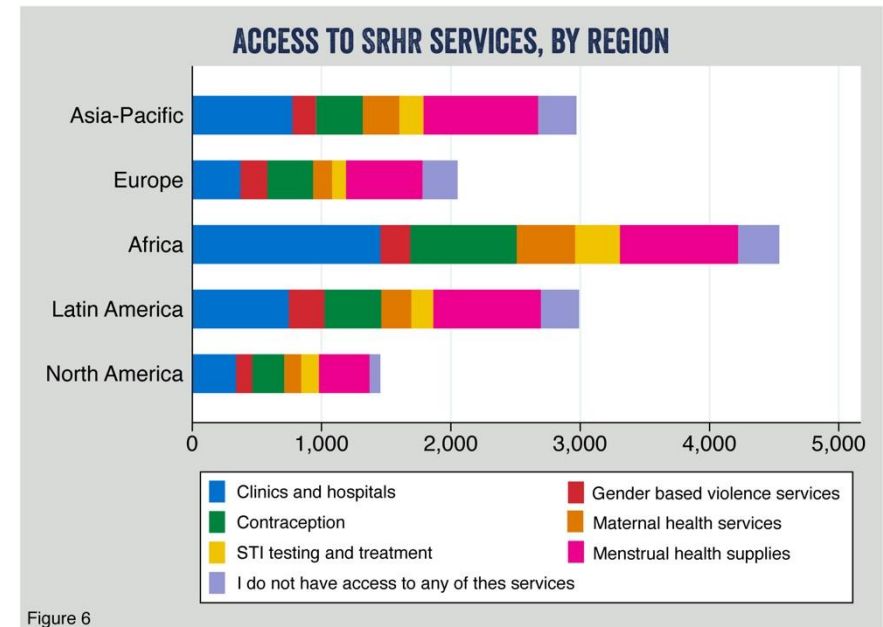


Figure 6

Sources of information for SRHR during COVID-19

Girls and young women find most of their information about SRHR via internet websites or on social media – at 42 per cent each: demonstrating again the advantage access to technology gives in terms of access to important information. However, the survey did not investigate the nature of the internet sites or social media used and therefore there is a risk that girls and young women might be using unreliable or unaccredited sources. Misinformation is especially harmful during COVID-19 when there are fewer opportunities for girls to cross check information from other sources such as in school lessons and from socialising with friends.

“I live with my brother and my parents who have chosen not to talk about such topics as sexual health because they are very traditional. I fear that if the coronavirus does not go away soon, many girls who grow up in families like mine will not be able to have access to useful information we get in school girls’ clubs.” Lucilene, 16, Mozambique⁵³

FIGURE 7: SOURCES OF INFORMATION FOR SRHR, N=19,071⁵⁴

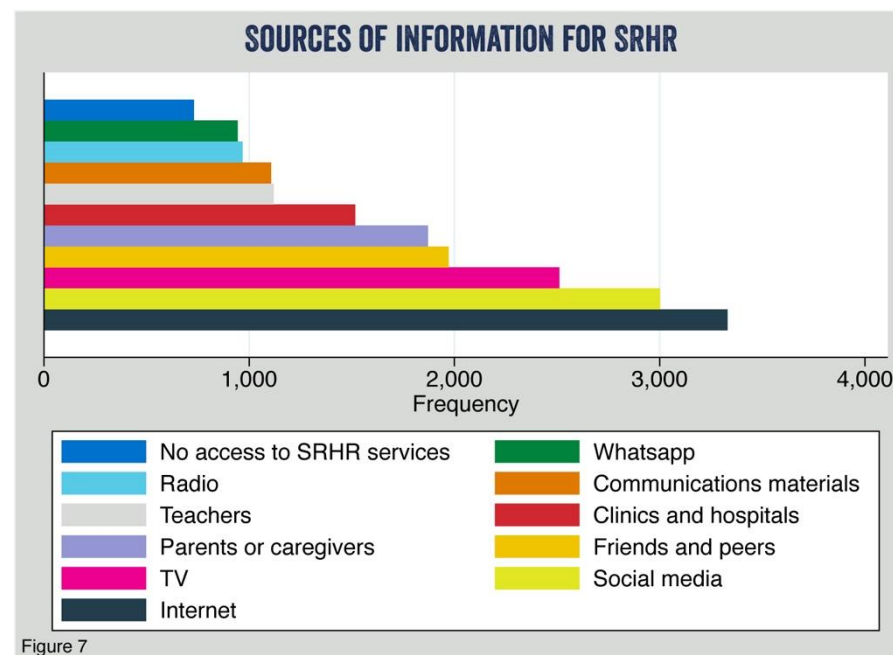


Figure 7

3.4 GIRLS' AND YOUNG WOMEN'S WELLBEING DURING THE PANDEMIC.

SETTING THE SCENE

During an epidemic, the number of people whose mental health is affected by the secondary impacts of the virus is often greater than the number of people actually infected by the virus.⁵⁵ In the early days of the COVID-19 pandemic, the world was bombarded with 24-hour news displaying frightening figures on the number of deaths, the shortage of hospital equipment and protective gear and the number of expected job losses. As people all over the world went into lockdown anxiety levels rose as quickly as infection rates.⁵⁶

Evidence from several studies suggests that individuals may experience symptoms of psychosis, anxiety, trauma, suicidal thoughts, and panic attacks. COVID-19 is novel and unexplored, and its rapid transmission, its high mortality rate, the economic impact of lockdown and concerns about the future can be the causes of anxiety which, if unchecked, weakens the body's immune system and consequently increases the risk of contracting the virus.⁵⁷ In Spain, a study indicated that COVID-19 increased the risk of mental health problems for 46 per cent of Spaniards. There were similar findings for other European countries.⁵⁸

As discussed, social media has been crucially important for connecting people during the pandemic and one of the main channels for accessing up to date COVID-19 information. Social media has also been the channel for disinformation and false news reports about COVID-19 leaving people confused and anxious. A recent study in China found a prevalence of mental health problems which were positively associated with frequent exposure to social media during the COVID-19 outbreak.⁵⁹

Those involved in past epidemics have cited the elevation of anxiety among the general public in times of emergency.⁶⁰

The fear of harm caused by the virus itself, alongside the implications for other societal spheres, such as family, education, work and social interaction can have far-reaching effects. There is a natural increase in anxiety due to the pandemic but when this is combined with extended periods of social isolation it can take a heavy emotional and mental toll, especially on those with underlying mental health issues. This is the case for young LGBTQI+ people who are already at higher risk of mental health problems, and many of their support systems are now unavailable or inaccessible. Since the onset of COVID-19, the volume of young people reaching out to the Trevor Project, the world's largest suicide prevention and crisis intervention organisation for young LGBTQI+ people, has increased significantly – at times double the normal volume.⁶¹ COVID-19, which has undermined society's overall wellbeing and put pressure on already struggling mental health provision, has also exposed the cracks in many countries' approach to mental health.⁶²

We still do not have data on suicide rates and whether there has been an increase during the pandemic. However, in previous disease outbreaks or natural disasters, researchers have not found strong evidence of a correlation with suicides. Conversely the evidence is strong in terms of economic hardship. Job losses, which loom large for most countries in the coming months, can trigger economic stress and anxiety: the suicide rate in the United States roughly doubled among most age groups after the 2008 economic downturn.⁶³

SURVEY FINDINGS

Levels of anxiety during the COVID-19 pandemic

In the 14 survey countries, it is apparent that most girls and young women have experienced high levels of anxiety as a result of the crisis. Of the girls and young women surveyed 88% had experienced some levels of anxiety ranging between high and moderate levels. Only 12 per cent of those surveyed reported not being anxious.

Over 90 per cent of girls and young women in Brazil, Egypt, Ghana and Vietnam reported being ‘very’ or ‘somewhat anxious’. Zambia, United States and Australia had lower levels, with numbers of girls and young women testifying that they were not anxious at all, at 29 per cent, 25 per cent and 21 per cent respectively.

FIGURE 8: LEVELS OF ANXIETY, BY COUNTRY, N=7,095

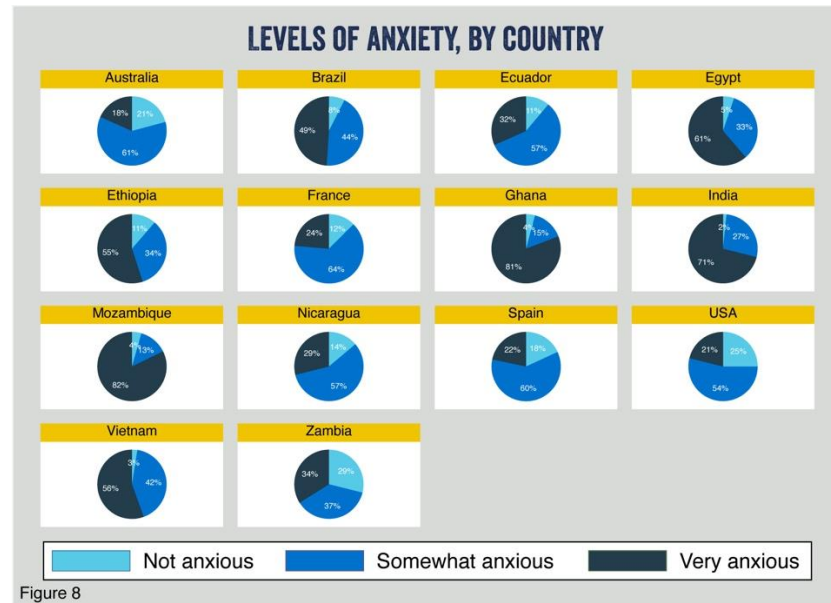


Figure 8

FIGURE 9: LEVELS OF ANXIETY BY INCOME BOUNDARY, N=7,095⁶⁴

There was a correlation between income and levels of anxiety. Girls and young women in high and upper-middle-income countries had lower levels of anxiety than girls and young women in lower- middle and low-income countries. Explanations for this could be related to weaker health systems and less social protection in the low and lower-middle income countries, which in turn leads girls and young women in those countries to worry more about a family member or themselves catching COVID-19. Financial insecurity is also in itself likely to raise anxiety levels.

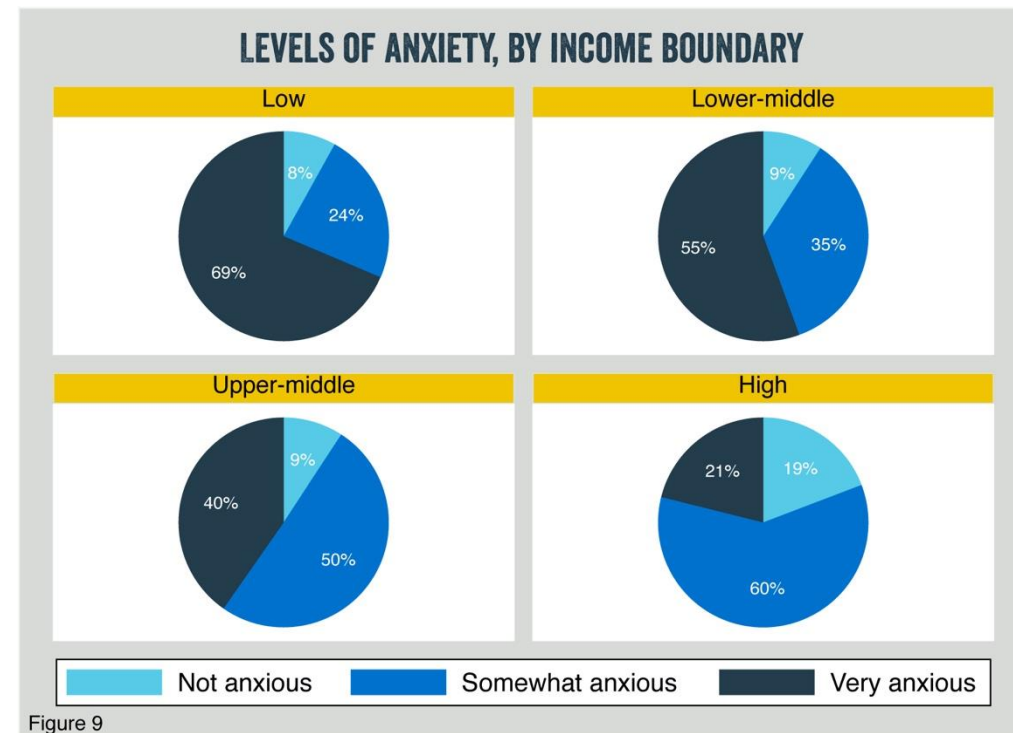


Figure 9

Reasons for anxiety among girls and young women

Overall, the main reason cited for the anxiety among girls and young women across the 14 countries was the fear that their family or friends would get sick from the virus (40 per cent), followed by themselves falling ill from the virus (33 per cent) and the household would have less money than before (26 per cent). These were the most frequently cited responses in Asia-Pacific, Africa and Latin America.

“I feel so scared and worried about the situation. My worry is how to prevent the coronavirus from affecting myself and my family. Also, because of this virus, I am in the house all day. I don’t like being here because I am the only one doing all the housework from morning to evening.” Emma, 14, Ghana⁶⁵

In North America the third most frequent reason was the worry about “the government response to the virus and how it would affect me”. It is important to note that the United States has the highest number of cases and the highest death rate in the world.⁶⁶ In Europe, the main fear was that family or friends would get sick from the virus, followed by uncertainty around schooling and how it would affect their future learning and plans.

FIGURE 10: REASONS FOR ANXIETY, N=10,079⁶⁷

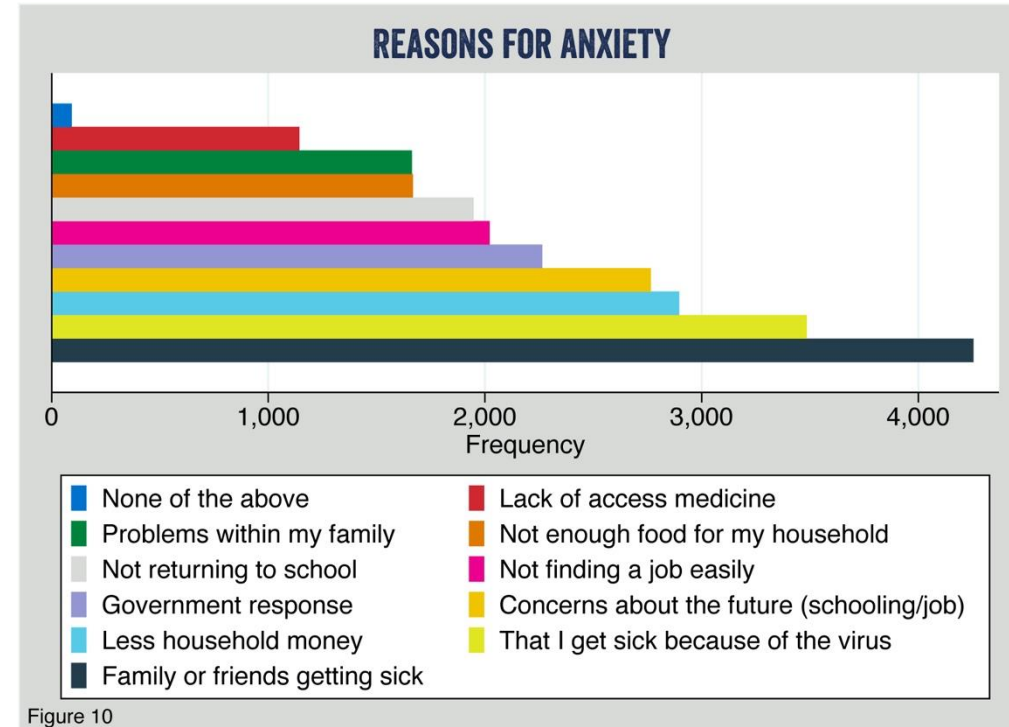


Figure 10

3.5 ACCESS TO INCOME

SETTING THE SCENE

The specific nature of a contagious virus is that it requires countries to shut down much of their economic activity in order to decrease local transmissions. As a result, the world is said to be descending into an economic recession deeper than that of the 2008 financial crisis.⁶⁸ The worst forecasts estimate a total of \$2.7 trillion in lost output and zero global growth in 2020.⁶⁹

This will have a severe impact on the most vulnerable. There is already a wealth divide in many countries. Educated, white collar office workers are able to work from home and largely shield themselves from the virus while low-income and less educated workers are mostly in frontline jobs that make social distancing very difficult if not impossible. In some countries, for example in the United States and the United Kingdom, long-standing social inequalities have put Black, Asian and Minority Ethnic communities at increased risk of getting sick or dying from COVID-19.^{70,71} A 2020 study⁷² using real-time survey data collected in the UK, United States and Germany, found that workers in jobs that cannot be done from home were more likely to either lose their jobs or experience reduced earnings, and that the less educated and women are the most affected.

“When the state of emergency was announced by the President, I began to panic. We were told that to prevent getting infected from this coronavirus, we must stay at home and not go to school or work. This makes it very difficult for me because I rely on small on the spot jobs, this is how I have been providing for my family.” Deolinda, 19, Mozambique⁷³

The COVID-19 pandemic has led to a global increase in unemployment.⁷⁴ Historically, in previous economic downturns, it was male heavy industries that were hit hardest, such as manufacturing and construction but COVID-19 has seen female dominated sectors hit more heavily, particularly service industries – tourism, hospitality and retail. New national labour force survey and economic data suggest that workers in low- and middle-income countries, especially those in informal sectors have been affected to a greater extent than in past crises.⁷⁵ In these countries the gender gap in the proportion of informal workers in hard-hit sectors is far greater, with 42 per cent of women working informally in these sectors at the onset of the crisis, compared with 32 per cent of men.⁷⁶

Globally, almost 510 million, 40 per cent of all employed women, work in hard-hit sectors, compared with a share of 36.6 per cent of employed men.⁷⁷ Ongoing research in the United States indicates a 0.9 percent increase in unemployment for women, compared to 0.7 percent for men.⁷⁸ Research from Citibank estimates that there are 220 million women worldwide who are potentially vulnerable to job cuts.⁷⁹

Using data on female COVID-19 outcomes, the University of Oxford found that the percentage of female deaths due to COVID-19 is higher in countries in which women comprise a greater share of the full-time workforce.⁸⁰ Thus women’s share of COVID-19 deaths increases when they are subject to greater occupational health risks and greater exposure to the virus.⁸¹

Despite the fact that women are often in the frontline as essential health care workers, research in Spain found that during lockdown women were more likely to be furloughed, unemployed, or working from home.⁸² The same study found that though “men increased their participation in housework and childcare slightly, most of the burden fell on women, who were already doing most of the housework before the lockdown.” In the contexts of disaster, the burden of care is feminised, and women and girls shoulder the majority of the care and domestic work. Oxfam,^{83,84} found that 44-55 per cent of women surveyed are now spending more time on unpaid care and domestic work as a result of the COVID-19 containment measures. A survey of 2,200 adults, conducted in April in the United States, found that even though both fathers and mothers were doing more housework during the lockdown, the burden was still not shared equally.⁸⁵ Another study on care responsibilities during the outbreak in rural and low-income-communities found that women spent up to 14 hours a day doing unpaid care work and it was also girls not boys who substituted for the unpaid care activities done by their mothers.⁸⁶

A large part of gender inequality is driven by unequal division of labour within the household. On a more positive note, the extent to which men take on additional care responsibilities during the pandemic could lead to shifts in societal norms as it becomes less easy for men working from home to ignore the demands of domestic life.⁸⁷

SURVEY FINDINGS

Access to income

The majority of girls and young women surveyed had no income of their own: 37 per cent accessed income through another member of their household, 31 per cent were unemployed with no access to income and 20 per cent were working at the time of the survey. Girls in Asia- Pacific and North America were most likely to be accessing income through work. Girls and young women in Africa and Latin America were more likely to be unemployed with no access to income at 39 per cent and 34 per cent. A small minority – 13 per cent - received income through government grants, school bursaries or through support from friends or family outside their household.

TABLE 2: PERCENTAGE OF GIRLS AND YOUNG WOMEN, WHO HAD ACCESS TO INCOME, N=7,090

Access to income	% of girls and young women
Another member of my household is accessing income	37%
Unemployed with no income	31%
Accessing government grants	5%
Accessing income from another source (school bursaries/ friend or family outside the house)	8%
I am working	20%

As we have discussed, in lower and lower-middle income countries more women than men are employed in the informal sector.⁸⁸ It is these jobs, which often involve social interaction in service industries, ranging from market trading to office work to beauty salons, which have been amongst the first casualties of COVID-19. It has also been estimated that COVID-19 could push nearly half a billion people into poverty. The worst setback for 30 years.⁸⁹

With this in mind it remains alarming that 31% of the girls and young women surveyed had no access to any income at all, but not surprising. It makes the point too that government measures are not always reaching the most vulnerable and need to be better targeted to alleviate the extreme poverty that is often female: women and girls generally earn less, save less and live closer to the poverty line.⁹⁰

3.6 ACCESS TO TECHNOLOGY

SETTING THE SCENE

As we can see from the survey findings about girls' and young women's experiences of education, access to technology is a necessity in the COVID-19 era. Technology is critical to accessing information and services and one of the main ways to continue education as classes and resources were moved online. However, the role of technology extends beyond education: during the height of country-wide lockdowns it was also the primary means of maintaining social interaction, yet almost half of the world's population has no access to the internet.⁹¹ The World Economic Forum notes that billions of people have been going online to stay in touch during the COVID-19 pandemic but still fewer than 1 in 5 people in lower income countries are connected.⁹² Additionally internet penetration rates are higher for men and boys than women and girls in all regions of the world today.⁹³ In 2018, men were 24.8% more likely to have access to the internet.⁹⁴ Boys are 1.5 times more likely to own a phone than girls and 1.8 times more likely to own a smartphone in middle and low-income countries.⁹⁵

Digital inequalities were already high among girls, women and other marginalised groups before COVID-19 but as the pandemic moved many aspects of daily life online, these inequalities have increased dramatically. The current disruption to daily life means a greater reliance on technology and being on the right side of the global development digital divide becomes pivotal. COVID-19 has significantly accelerated digitalisation in all sectors - schools and tertiary level institutions have moved their classes online and many offices have switched to working from home. This seriously advantages those that have digital access: they can work from home and are more likely to stay employed, they have less exposure to public spaces and are less likely to catch the virus, they have better access to information and are more able to understand and apply the recommended protective measures.

SURVEY FINDINGS

Increase of social media usage during the pandemic

"We have a WhatsApp group, we connect, we share, we talk about how we feel, we discuss whether we will continue to go to class and most say they won't continue because the main thing is family." Lixiana, 17, Nicaragua⁹⁶

Girls and young women across the fourteen countries included in the survey were asked if their use of social media had increased since the pandemic began. Overall, 74 per cent of girls and young women said that their social media usage had increased. The highest levels of increases were in Asia-Pacific (89%) and Latin America (86%). In the Africa region 12 per cent of girls and young women did not have internet access.⁹⁷

FIGURE 11: INCREASED SOCIAL MEDIA USAGE BY REGION⁹⁸, N=6,778

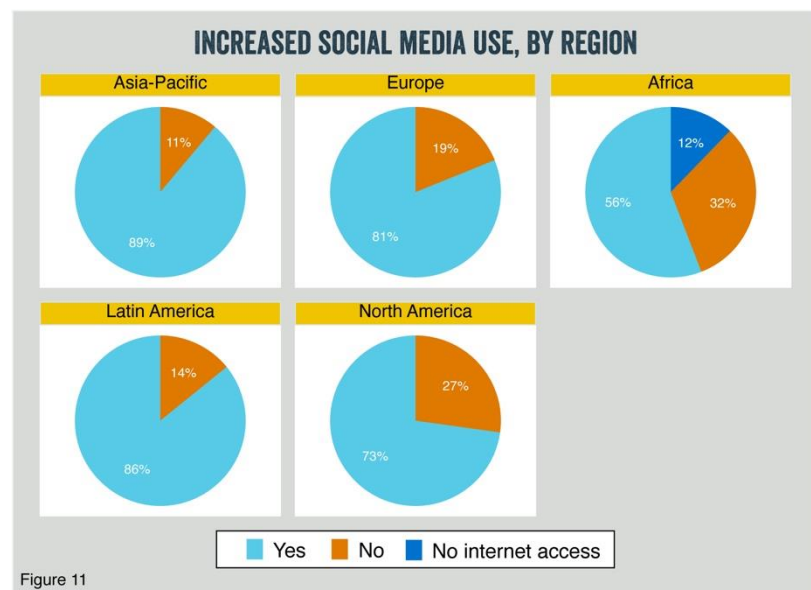


Figure 11

Girls and young women were also asked about the consequences of their increased use of social media. Overall, 59 per cent of responses indicated negative impacts. The most common experiences included spending too much time online (41 per cent), seeing more 'fake news' (34 per cent) and feeling more stressed and overwhelmed by the amount of news about the virus on social media (28 per cent). The most commonly experienced positive impacts included connecting more meaningfully with friends and family (30 per cent), learning more (27 per cent) with a smaller minority, 11 per cent, reporting people being kinder on social media now. Whilst girls and young women in Asia-Pacific, Latin America and Europe displayed equal amounts of positive and negative effects of increased social media use, girls and young women from Africa (71 per cent) and North America (69 per cent) had significantly more negative effects.

FIGURE 12: CONSEQUENCES FROM INCREASED SOCIAL MEDIA USAGE

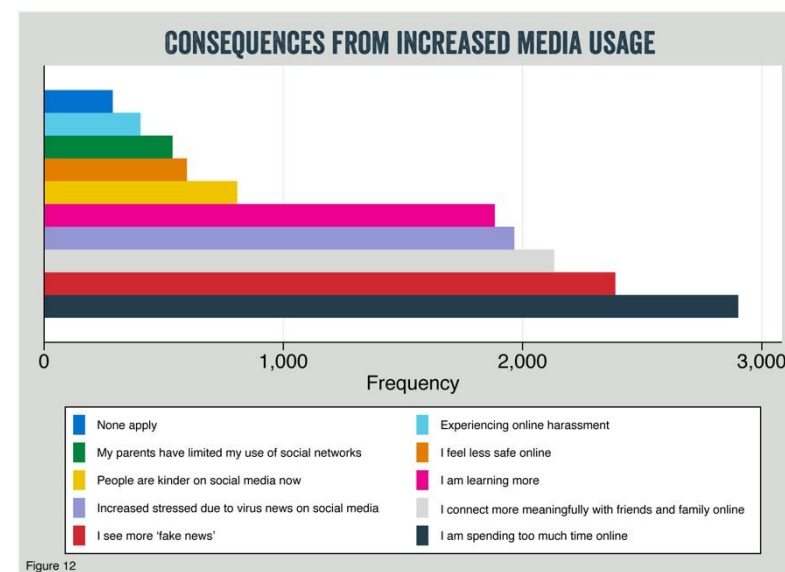


Figure 12

3.7 THE FUTURE

SETTING THE SCENE

The future is uncertain. We may have to learn to live with COVID-19, rather than expect to overcome it. Economic insecurity will have a global impact, pushing parts of Sub-Saharan Africa towards its first recession in 25 years, while India has also recorded its lowest economic growth rate in the past three decades.⁹⁹ The mounting financial burden faced by all countries puts progress towards the Sustainable Development Goal at risk as aid budgets come under pressure.¹⁰⁰ Increased poverty will, as always, have a detrimental impact on the lives of girls and women.¹⁰¹ As the virus lingers the trend towards digital education will continue with blended learning, a mix of classroom and online teaching, being the new normal.¹⁰² There are opportunities here, as there are with new curriculum developments, but not for the vast numbers of female students who struggle with connectivity. For many it will be too late as, faced with poverty and lacking the ability to feed themselves, family coping mechanisms will mean that girls will be married off rather than educated further and will be shouldering a greater domestic burden as their parents look far and wide for work.¹⁰³

There are causes for optimism and plenty of voices envisaging a better world and the opportunity to build back better: “**Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.**”¹⁰⁴ The opportunity for global solidarity in face of a global pandemic is there. There are calls for a people’s vaccine to be made available for all, for renewed action on the climate emergency, for consultations with young people whose futures depend on the international community’s response to the current situation, and for the rights of children to be put at the heart of recovery.¹⁰⁵

This section explores girls’ and young women’s perceptions of the future both from a personal perspective in relation to their future plans and from a wider perspective: will COVID-19 create an opportunity to build back a better world?

SURVEY FINDINGS

Implications for the future

Girls and young women were asked whether they think the COVID-19 pandemic would affect their plans for the future. The majority, 33 per cent, said it would affect their future employment opportunities, 25 per cent said it would affect their future income and 19 per cent responded that they would have to put their education temporarily on hold.

FIGURE 13: HOW THE PANDEMIC WILL AFFECT FUTURE PLANS, N=10,943¹⁰⁶

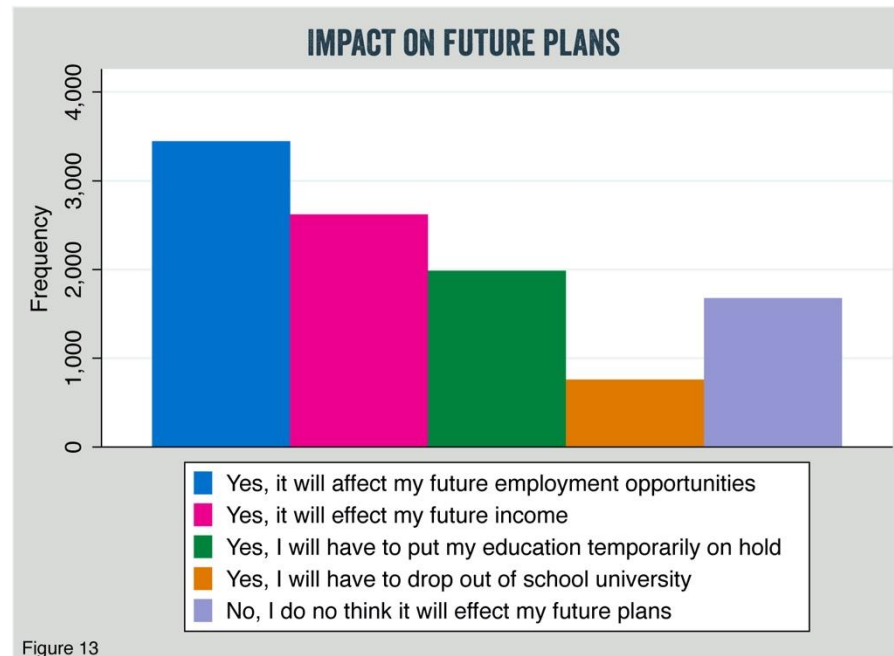


Figure 13

FIGURE 14: HOW THE PANDEMIC WILL AFFECT FUTURE PLANS, BY REGION, N=10,943¹⁰⁷

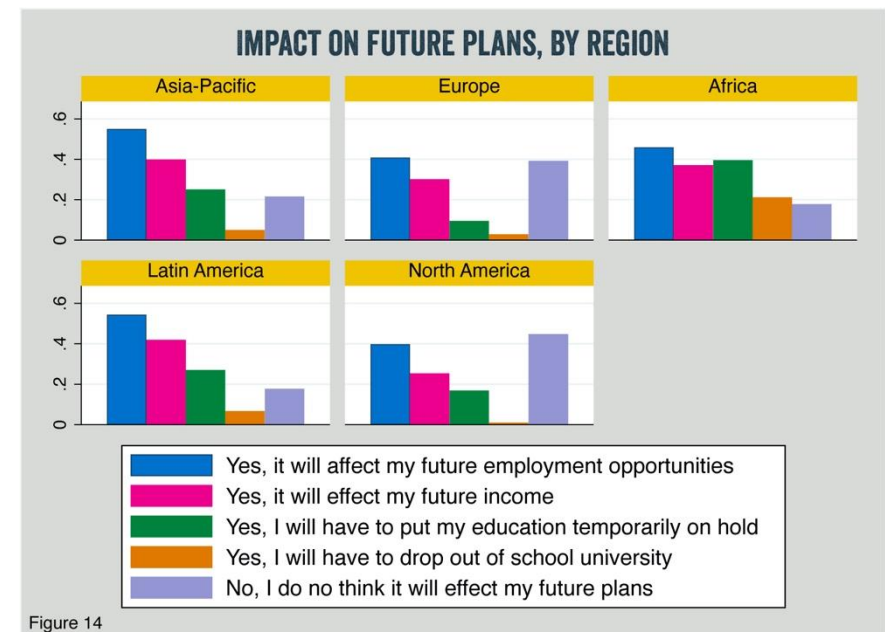


Figure 14

When reviewing the regional breakdown, North America was the only region where the most frequent response was that COVID-19 would have no effect on their future plans (35 per cent). All other regions cited most frequently that it would affect their future employment opportunities, followed by future income, except in Africa where having to put education temporarily on hold was participants' second most frequent response.

Vision for a better world

We asked the girls and young women how much they would agree or disagree with the following statement "I believe the pandemic will provide us with an opportunity to create a better world".

Overall, responses were varied: agree, 29 per cent agree, neither agree nor disagree, 25 per cent and disagree - 21 per cent. Reviewed by region, Asia-Pacific and Latin America were the most optimistic about the post COVID-19 world whereas in Africa, girls and young women were the most likely to disagree or strongly disagree with the statement, at 34 per cent and 12 per cent respectively. It is possible that these findings were also due to individual personal circumstances.

TABLE 3: VISION FOR A BETTER WORLD, BY REGION, N=7,098

Region	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Asia-Pacific	22%	34%	25%	13%	5%
Europe	10%	26%	36%	20%	9%
Africa	14%	29%	10%	34%	12%
Latin America	22%	29%	37%	8%	4%
North America	5%	28%	42%	17%	8%

CONCLUSION

Since the setting up of the Millennium Development Goals in 2000, followed fifteen years later by the Sustainable Development Goals, there have been some welcome gains for girls and young women. Girls' enrolment in primary school and their overall access to education has improved; early and child marriage has declined, as have maternal mortality rates. While there has been little change anywhere in the world in terms of gender distribution of domestic chores, women's participation in the workforce has increased. This greater financial clout has helped raise the status of girls and women. There have been determined, though not entirely successful, efforts to combat gender-based violence. And all over the world activists campaign for girls' rights and young women fight to be heard. Much of this progress, including workplace participation as women lose their jobs in greater numbers than men,¹⁰⁸ has been put in jeopardy by COVID-19.

It is significant that, despite the famed optimism of youth, the girls and young women surveyed for this report recognise that, post COVID-19, their education, employment prospects and future economic status are under threat. Once girls drop out of school it is hard for them to return. Families who have begun to realise the value of girls' education will be forced by escalating poverty into making decisions for their girls that involve early marriage rather than attending school. We know that the burden of household chores will weigh heavily and that depression and anxiety have, during COVID-19, hit girls and women harder.¹⁰⁹ Families have become pressure cookers and gender-based violence has been on the increase everywhere.¹¹⁰

People have been told that "we are all in this together" but beneath this togetherness lies inequality. Poverty puts millions of people in greater jeopardy. Women and girls shoulder a greater economic and emotional load and they work harder. The message from the girls surveyed about the negative

impacts of COVID-19 on their lives was bleak. There were tensions at home, they felt lonely, they missed their schools and colleges, their friends and the easy freedoms of going out and about. All these are crucial components of a young person's academic, social and personal development: crucial to their health and wellbeing and laying the foundation for their future. It is going to be very difficult to make up for this lost time. The digital divide means girls, particularly in low income countries, find it hard to access the information they need for their education and their health. The opportunities so hard fought for are disappearing.

"I am thinking about dropping out of school...Some of my friends have suggested websites to help with my studies, but I didn't see any results and I don't always have good access to the internet. The truth is that I'm also very discouraged. I don't think I'm the only one who feels this way." Deborah, 18, Brazil¹¹¹

With determination there is a better way forward and much that governments and policy makers can do to progress gender equality in a post COVID-19 world. The unequal burden shouldered by girls and women in this pandemic must be acknowledged and the progress made through the determined efforts of so many, and captured in the Sustainable Development Goals, must not be lost. The efforts and dreams of young women like Lixiana must continue to be supported.

"My dreams haven't changed. What has changed is the time I have to achieve them. Because of COVID-19 I had to stop going to classes, and as it was my first year of university, I really had many things I wanted to do such as learning English and accounting, they are the things I'm going to have to delay. But I always have in mind that I'm going to do them." Lixiana, 17, Nicaragua¹¹²

RECOMMENDATIONS

Authorities everywhere must:

- **Prioritise** a just recovery from COVID-19, once the virus is under control, which addresses those most in need. The transition to a more sustainable, climate-responsive and gender-equal future **must focus in particular on girls and young women** in all their diversity, and must include targeted support for their families and communities. This should be at the core of all response strategies from governments, global and regional institutions and resourced accordingly.

Global, regional and national authorities must:

- **Recognise** when planning and implementing measures to prepare for and respond to the COVID-19 outbreak **that disease outbreaks affect girls and boys, women and men differently**. They should ensure that policies and interventions are equitable, gender-transformative, protective of human rights, inclusive of the poorest and most vulnerable people in society, and responsive to the different needs and risks faced by individuals.
- **Promote and ensure** the involvement of girls and women, as well as their wider communities – including local leaders, families and caregivers - so that **they are part of the response and solutions** to protect lives, prevent the spread of the virus and plan for the

future. The needs and rights of girls and young women, especially those from marginalised communities, including refugees and migrants, and those with disabilities, who may be particularly affected by the secondary impacts of the outbreak, are in danger of being ignored.

National governments must:

- **Ensure** that all families have an adequate income and basic necessities, including food supplies and essential medicines. This may involve **the rapid expansion of existing social protection** (cash, food and other transfers) and humanitarian support and working in tandem with international aid organisations. All forms of assistance must be properly targeted to those who need it most, including in countries with limited economic resources, weak national health systems, family food insecurity and experiencing humanitarian and climate-related crises.
- **Take** robust measures to safeguard all children, and particularly to protect girls and women from gender-based violence. Quarantine measures imposed as a response to the COVID-19 outbreak are, in some cases, putting girls and women at heightened risk of violence in the home and cutting them off from essential protection services and social networks. Protection and social welfare services must be adequately funded and adapted where needed, including by switching to remote forms of provision.
Mechanisms for reporting gender-based violence

must be in place and safe spaces provided for girls and women at risk.

- **Recognise** that sexual and reproductive health and rights are **essential life-saving services**, crucial to young women's wellbeing, and need to be protected as part of the critical response to this crisis.
- **Provide** counselling and increase mental health services, recognising the **psychological impact of the pandemic, particularly on girls and young women**. Ensure information and services, which should include helplines and digital access, are accessible, non-discriminatory and stigma free.
- **Ensure** that responses to the outbreak include **targeted measures to protect and support young women's economic security** including: access to training and skills development, childcare and flexible working and encouraging paid apprenticeships in workplaces and vocational training in college curricula.

Education ministries must:

- **Prioritise** learning continuity during school closures and take measures, including investing in appropriate low-tech, affordable and gender-responsive distance education methods, so that **distance education is accessible to all**.
- **Fund and enable** a safe return to school for all students. COVID-19 school closures have interrupted the education of over 767 million girls across 188 countries who are at risk of dropping out of school permanently. It is imperative that **back to school planning addresses the particular situation of girls**

and young women in a way that is inclusive and gender-responsive, involving families and communities and individual monitoring of vulnerable adolescent girls.

UN agencies, international donors and implementing partners must:

- **Pay particular attention** to the critical needs of low-income countries, as well as fragile states and those facing humanitarian crises: **including rapid, flexible funding, additional grant funding and technical cooperation**. The protection, care and economic needs of girls and young women and other vulnerable groups - homeless and displaced people, refugees, asylum seekers and others who are lacking family and community support - must also be identified and prioritised.
- **Encourage** national governments to **protect aid budgets** to ensure that the health, economic and social burden of the COVID-19 pandemic does not fall on the poorest countries and the most vulnerable populations.

ENDNOTES

¹ Chaplin, Steve. "COVID-19: a brief history and treatments in development." *Prescriber*, 21 May 2020, vol.31, no.5, 2020, pp. 23-28., <https://onlinelibrary.wiley.com/doi/full/10.1002/psb.1843>, accessed 20 August 2020.

² "COVID-19 situation update worldwide" *European Centre for Disease Prevention and Control*, 28 August 2020, <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>, accessed 28 August 2020.

³ "Global Map," *John Hopkins Coronavirus resource centre*, 28 August 2020, <https://coronavirus.jhu.edu/>, accessed 23 August 2020.

⁴ "Education: From Disruption to Recovery" *UNESCO*, no date, <https://en.unesco.org/covid19/educationresponse>, 28 August 2020.

⁵ Bubbles are defined as a group of people which you can have close physical contact with outside your household. They must be exclusive and once in one you cannot switch to include another household.

⁶ Taylor, Tegan. "How long will the COVID-19 pandemic last?" *ABC News Australia*, 20 March 2020, <https://www.abc.net.au/news/health/2020-03-20/coronavirus-covid19-pandemic-how-long-will-it-last/12043196>, accessed 26 August 2020.

⁷ "Coronavirus vs. inequality: How we'll pay vastly different costs for the COVID-19 pandemic?" *UNDP*, 2020, <https://feature.undp.org/coronavirus-vs-inequality/>, accessed 27 August 2020.

⁸ "How investing in adolescent girls can change the world" *Plan International Australia*, 2020.

⁹ Interview with Angelina, 17, *Plan International Mozambique*, 28 April 2020.

¹⁰ Countries marked with ^l signify that Ipsos collected the data for the respective country, countries marked with ^k signify that Kantar collected the data and ^p signifies that Plan International Country offices collected the data.

¹¹ Computer assisted telephone interviews were carried out in Ethiopia, Zambia and Mozambique. Ghana and Egypt carried out face-to face surveys. In respect of Egypt's data regulations, the sample was collected from beneficiaries currently participating in ongoing projects' activities related to adolescents' girls' empowerment as part of Plan's standard monitoring practices. Ghana had difficulty accessing high number of adolescent girls and young women without going into communities and doing face to face data collection.

¹² Academics were from the Faculty of Law at the University of Western Cape in South Africa and University of Leiden in the Netherlands

¹³ The Egypt sample was collected from beneficiaries currently participating in ongoing projects' activities related to adolescent girls' empowerment as part of Plan's standard monitoring practices.

¹⁴ The regions are Asia-Pacific (Australia, India, Vietnam); Europe (France, Spain); Africa (Egypt, Ethiopia, Ghana, Mozambique, Zambia); Latin America (Brazil, Ecuador, Nicaragua); North America (USA)

¹⁵ World Bank definitions were used for country income boundary: **Low income:** (GNI/Capita USD) <1,035: Ethiopia and Mozambique. **Lower-middle income:** (GNI/Capita USD) 1036-4045: Zambia, Ghana, India, Vietnam, Nicaragua and Egypt. **Upper-middle income:** (GNI/Capita USD) 4046 -12,535: Ecuador and Brazil. **High income:** (GNI/Capita USD) >12,536: France, Spain, United States and Australia.

¹⁶ We have discounted participants respondents who refused to answer this question or responded 'don't know' in all questions

¹⁷ "COVID-19 Coronavirus Pandemic." *Worldometer*, 2020, <https://www.worldometers.info/coronavirus/>, accessed 12 August 2020

¹⁸ "Coronavirus Government Response Tracker." *Blavatnik School of Government*, University of Oxford, 2020, <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>, accessed 12 August 2020.

¹⁹ Worldometers (2020). Available at: <https://www.worldometers.info/coronavirus/>, accessed 12 August 2020 "COVID-19 Coronavirus Pandemic." *Worldometer*, 2020, <https://www.worldometers.info/coronavirus/>, accessed 12 August 2020

²⁰ "Coronavirus Government Response Tracker." *Blavatnik School of Government*, University of Oxford, 2020, <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>, accessed 12 August 2020.

²¹ Countries that had this as an answer option were Brazil, USA, Nicaragua, Ecuador, India, Vietnam, Spain, France and Australia.

²² The girls and young women could choose more than one answer option for this question

²³ We differentiated between 'not being able to leave the house regularly' and 'being forced to stay at home all time' to account for the different types of lockdowns across the different countries. In some countries like Spain or India, lockdowns were very strict with only being able to leave the house once a day, which was actively policed. While in other countries the advice to stay as home as possible but staying at home was not actively enforced.

²⁴ 15 per cent of girls for Asia Pacific, 17 per cent for Europe and 18 per cent in North America.

²⁵ "Conflict-affected, displaced and vulnerable populations. COVID-19 Education Response: Education sector issue notes". *UNESCO*, 2020. Issue Note 8 (1), <https://unesdoc.unesco.org/ark:/48223/pf0000373330>, accessed 4 August 2020.

²⁶ "COVID-19 Impact on Education." *UNESCO*, 2020, <https://en.unesco.org/covid19/educationresponse>, accessed 30 July 2020

²⁷ Ibid.

- ²⁸ "In Ethiopia: Keeping children learning during COVID-19." *UNICEF*, 9 June 2020, <https://www.unicef.org/ethiopia/stories/ethiopia-keeping-children-learning-during-covid-19>, accessed 30 July 2020.
- ²⁹ "Under Siege: Impact of COVID-19 on Girls in Africa." *Plan International and African Child Policy Forum*, 14 August 2020, <https://plan-international.org/publications/under-seige-impacts-covid19-african-girls>, accessed 4 August 2020.
- ³⁰ Story Interview with Deborah, 18, *Plan International Brazil*, 3 May 2020.
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ABOUT PLAN INTERNATIONAL

Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. We strive for a just world, working together with children, young people, supporters and partners. Using our reach, experience and knowledge, Plan International drives changes in practice and policy at local, national and global levels. We are independent of governments, religions and political parties. For over 80 years we have been building powerful partnerships for children and we are active in more than 75 countries.

Plan International

Global Hub

Dukes Court, Duke Street, Woking,
Surrey GU21 5BH, United Kingdom



Tel: +44 (0) 1483 755155

Fax: +44 (0) 1483 756505

E-mail: info@plan-international.org

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