Adolescent Well-Being in the Time of COVID-19

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Abstract

The COVID-19 pandemic has had far-reaching impacts on people everywhere, but with divergent impacts across the life-course. Although mortality and morbidity have been disproportionately experienced by older generations, there is growing recognition that adolescents have also faced multidimensional consequences, fuelled by school closures and widespread service disruptions.

This paper reviews emerging evidence on the effects of the pandemic on adolescents, drawing on the United Nations (UN) H6+ Technical Working Group on Adolescent Health and Well-being's conceptualisation of adolescent well-being in terms of five intersecting domains. We complement the secondary evidence review with findings from unique longitudinal data collected by the Gender and Adolescence: Global Evidence (GAGE) programme pre- and post-pandemic with approximately 6,000 adolescents aged 12–21 years in Bangladesh, Ethiopia and Jordan.

Our findings highlight the multiple and intersecting challenges facing adolescents during the COVID-19 pandemic, particularly in low- and middle-income countries (LMICs). Service disruptions (particularly school closures) combined with financial stress, heightened vulnerability to age- and gender-based violence and social isolation have placed unprecedented pressure on young people, taking a toll on their physical and mental health. Evidence that the pandemic has exacerbated existing inequalities – with the most vulnerable adolescents (such as refugees, adolescents with disabilities, and married girls) seemingly worst affected – is particularly salient for policy makers. While many adolescents are finding ways to cope (by relying on family and teacher support, connecting with peers through online networks, or volunteering), understanding how to promote adolescent resilience more effectively – particularly in LMIC contexts – will be essential to ensure a rapid post-COVID-19 recovery.

The paper concludes by recommending five key actions to promote adolescent well-being:

(1) invest in packages of shock-responsive social protection measures that are gender- and age-responsive, by leveraging existing social protection infrastructure but expanding to newly vulnerable households; and with particular attention to adolescents from communities affected by forced displacement;
(2) enhance and scale up programming that supports adolescent connectedness, agency and resilience including via age-tailored community-based mental health counselling, community radio broadcasts and peer (including online) support;
(3) strengthen blended learning approaches during school closures, including promoting active teacher–student interactions during distance learning, investing in no-tech, low-tech and high-tech options and supporting the safe return to schools;
(4) strengthen mechanisms including phone and online helplines, community-based services and social support groups that are adolescent- and gender-friendly, to ensure continuity of reporting, referral systems and programming to tackle gender- and age-based violence to which adolescents are at heightened risk during lockdowns; and
(5) ensure that public policy responses to 'build back' post-pandemic are inclusive of adolescent girls' and boys' diverse and context-specific voices.

1. Introduction

The coronavirus pandemic has had far-reaching impacts on populations in all contexts, with divergent experiences across the life course. Although mortality and morbidity effects have been disproportionately felt among older generations (Ho *et al.* 2020), there is growing recognition that adolescents have also faced multidimensional consequences, fuelled by closure of schools and recreational spaces, and widespread disruption to services (Van Lancker and Parolin 2020). This paper reviews emerging evidence on the effects of the pandemic on adolescents, drawing on the United Nations (UN) H6+ Technical Working Group on Adolescent Health and Well-being's conceptualisation of adolescent well-being in terms of five intersecting domains (Ross *et al*. 2020).

We complement the summary of the literature with specific examples from longitudinal data collected by the Gender and Adolescence: Global Evidence (GAGE) programme pre- and post-pandemic with approximately 6,000 adolescents aged 12–21 years in Bangladesh, Ethiopia and Jordan.[1] We conclude with a discussion on implications for adolescent- and gender-responsive policy and programming.

2. Methods and context

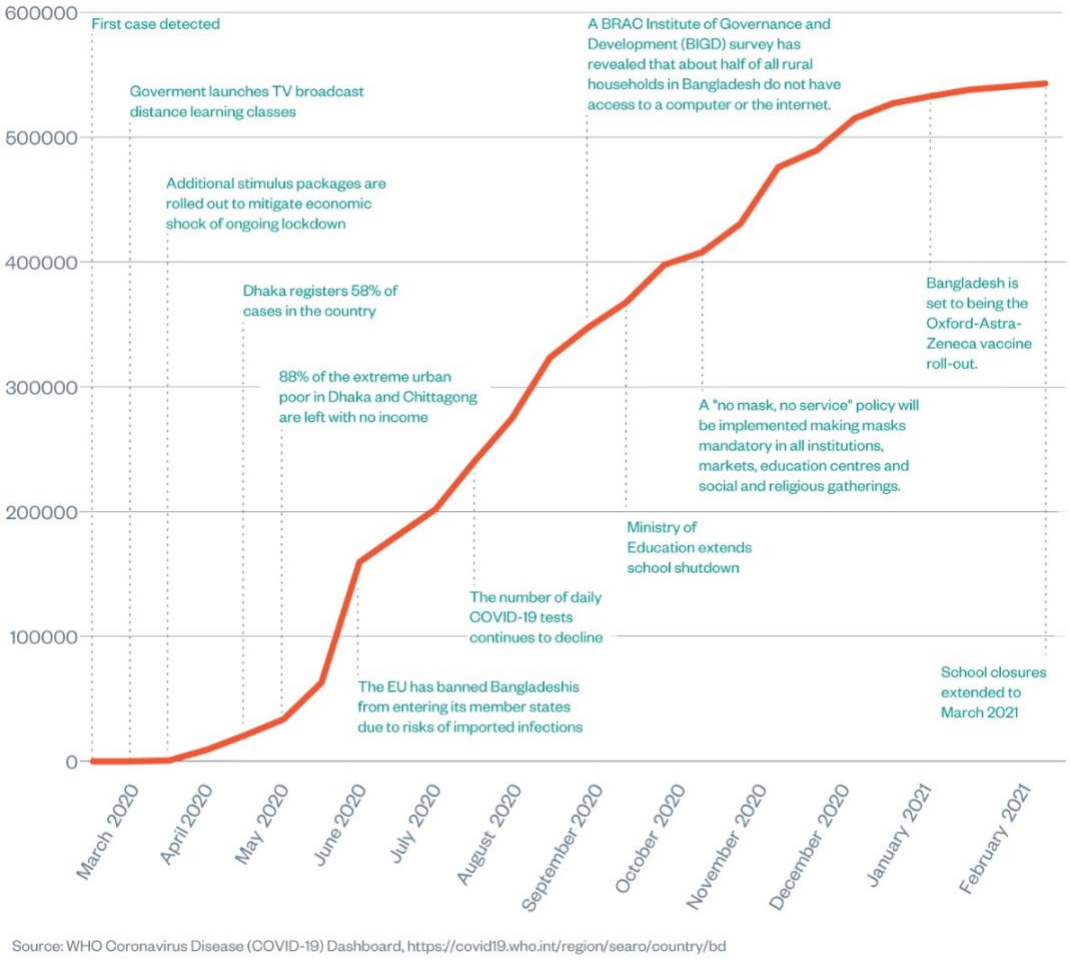
The paper is based on a rapid evidence review of the published literature (both peer-reviewed and grey literature) from high-, middle- and low-income contexts regarding the effects of the pandemic on adolescents in five domains: good health and optimal nutrition; connectedness, positive values and contribution to society; safety and supportive environments; learning and competence; and agency and resilience.

We complement these findings with GAGE data from Bangladesh, Ethiopia and Jordan, countries with very different public health responses to COVID-19 (see Figures 1a, 1b and 1c). The GAGE data presented in this paper utilises a panel cohort of over 6,000 adolescents who were surveyed in-person prior to the pandemic (in 2017–2020, depending on country), with telephone surveys following the immediate onset of the pandemic and lockdown measures in

[1] The UN H6+ Technical Working Group on Adolescent Health and Well-being´s framework for adolescent well-being (Ross *et al*. 2020) resonates strongly with GAGE '3 Cs' conceptual framework (GAGE consortium 2019) – encompassing adolescents' multidimensional *capabilities*, the diverse LMIC *contexts* in which they live, and the various *change strategies* employed to fast-track social change, thus making it a good dataset to use as a case study. GAGE particular attention to gender differences and the experiences of the most disadvantaged young people, including those who married during adolescence, those living in humanitarian settings and young people with disabilities, allowing for findings that speak to the most vulnerable.

mid-2020 (COVID-R1), and again nine months into the pandemic in late 2020/early 2021 (COVID-R2), to assess the effects of COVID-19 on the well-being of adolescent girls and boys in rural, urban and refugee camp settings. In all contexts,[2] census-style listing was combined with purposeful oversampling of particularly marginalised adolescents, including refugees, those with disabilities and adolescents who experienced child marriage. At enrolment (2017–2020, depending on country), adolescents were aged 10–18, with current ages largely ranging from 12–21 years. Table 1 summarises the sample (further details of the sampling strategy for each country are available elsewhere; see Jones *et al.* 2018).

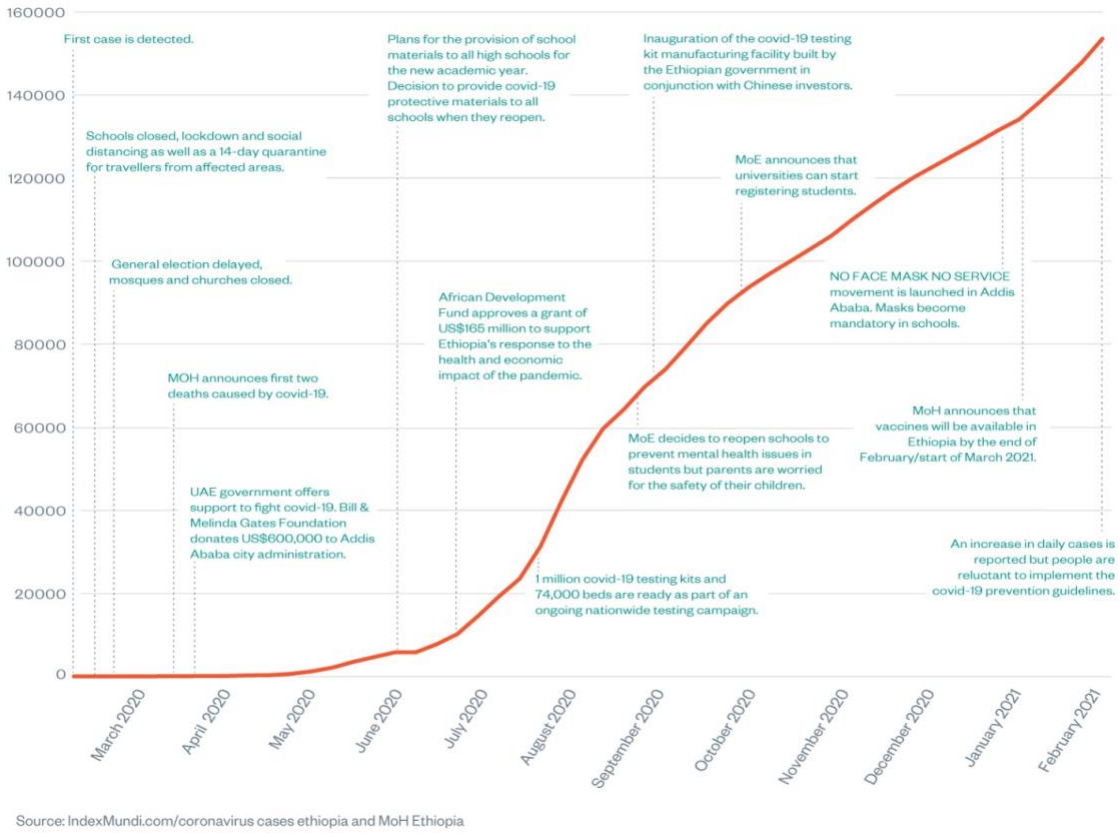
Figure 1a: Overview of trajectory of COVID-19 cases in Bangladesh and key policy moments



Source: WHO Coronavirus Disease (COVID-19) Dashboard, https://covid19.who.int/region/searo/country/bd

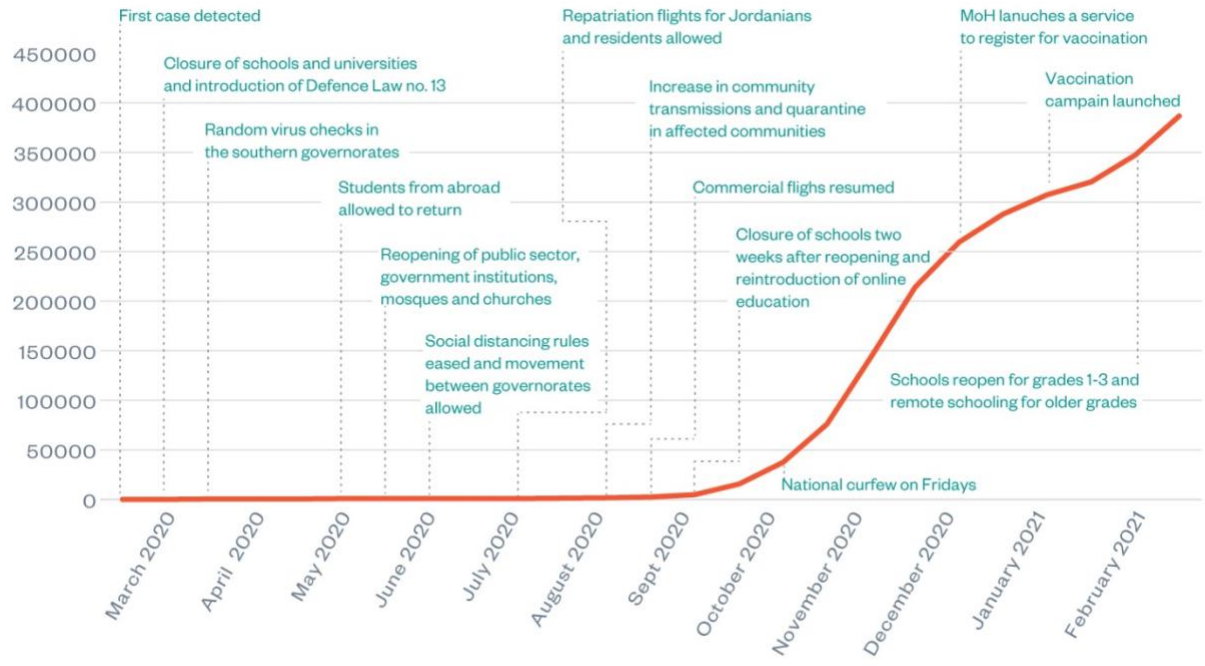
[2] The research sites included: Bangladesh (Dhaka and Cox's Bazar, with Rohingya refugees in camps and Bangladeshis in host communities); Ethiopia (three emerging urban areas: Adami Tulu, Debre Tabor and Dire Dawa); and Jordan (in camps, host communities and informal tented settlements in five governorates – Amman, Irbid, Mafraq, Zarqa and Jerash).

Figure 1b: Overview of trajectory of COVID-19 cases in Ethiopia and key policy moments



Source: IndexMundi.com/coronavirus cases ethiopia and MoH Ethiopia

Figure 1c: Overview of trajectory of COVID-19 cases in Jordan and key policy moments



Source: World Health Organization, https://covid19.who.int/region/emro/country/jo; Data last updated: 2021/02/28

Table 1: GAGE Sample

	Sample			
	Ethiopia	Jordan	Bangladesh-Cox's Bazar Panel Survey	Bangladesh-Dhaka
Description	A random sample of adolescents aged 10–12 and 15–17 at baseline from three urban centres in Ethiopia: Adami Tulu, Debre Tabor, and Dire Dawa. Additional purposeful sampling of adolescents with disabilities and married adolescents.	The sample includes vulnerable Jordanian, Syrian and Palestinian adolescents living in camps (Azraq, Zaatari and Gaza), host communities, or Informal Tented Settlements (ITS) in five governorates of Jordan: Amman, Mafraq, Irbid, Jerash and Zarqa. It also includes subsamples of particularly vulnerable adolescents, namely adolescents with disabilities, married girls and out-of-school adolescents. Adolescents were randomly sampled from databases of vulnerable adolescents maintained by UNHCR and UNICEF, with over-sampling of adolescents with disabilities and those that experienced early marriage.	A random sample of Rohingya and Bangladeshi adolescents aged 10–12 and 15–17 at baseline from random sample of 32 refugee camps and 192 blocks in 6 upazillas in Cox's Bazar. Additional purposeful sampling of adolescents with disability and those that experienced child marriage.	A random sample of adolescents aged 10–12 and 15–17 at baseline from three slums in Dhaka: Duaripara, Mohammadpur and Ershadnagar. Additional purposeful sampling of adolescents with disability and those that experienced child marriage
Baseline Survey Timing	12/2019- 3/2020	10/2018- 03/2019	03/2019 -10/2019	12/2017 -01/2018
COVID-R1 Survey Timing	06/2020- 07/2020	05/2020 – 07/2020	05/2020 – 07/2020	05/2020 – 07/2020
COVID-R2 Survey Timing	11/2020-02/2021	11/2020 – 01/2021	Not yet administered	Not yet administered
Panel Sample Size	1,335	2,618	1,752	597
Relevant heterogeneity	Gender, Baseline Wealth	Gender, Baseline Wealth, Location (Camp, Host, Informal Tent Settlement)	Gender, Refugee Status, Baseline Wealth	Gender, Baseline Wealth

Notes: COVID-R2 is ongoing in Bangladesh. Data reported in this paper are restricted to panel data or those adolescents who were surveyed at all existing survey rounds. Compared to the baseline samples, the panel samples include 56% of respondents in Ethiopia, 64% in Jordan, 77% in the Cox's Bazar Panel Sample (CBPS) and 77% in the Dhaka sample.

3. Emerging findings on the impacts of the pandemic on adolescent well-being

Although a full review of the literature is beyond the scope of this article, Appendix Table A.1 summarises longitudinal research efforts known to the authors looking at adolescent well-being in the time of COVID-19, while Appendix Table A.2 provides details on specific policy briefs, reports and journal articles published as of 28 February 2021. The following discussion summarises key findings, organised by the five domains outlined earlier (Ross *et al*. 2020).

3.1. Good health and optimum nutrition

While adolescents are generally at low risk of severe health complications from COVID-19 itself (Götzinger *et al*. 2020), there is a growing body of evidence that the pandemic is negatively impacting their health and nutrition. This is largely due to the magnitude of the economic shock. In the GAGE data, for example, across countries: 45%–66% of households report losing employment, 68%–94% of households report some income loss, and 32%–66% of households report not being able to buy essential food items in the last week due to the pandemic. Food insecurity is rising (Headey *et al*. 2020; Food Security International Network 2020), as extreme poverty has increased for the first time in over two decades (World Bank 2020). Hundreds of millions of students have lost access to school feeding programmes with the move to remote learning (Swinnen and McDermott 2020; Mayurasakorn *et al*. 2020) (see Box 1). In Kenya, over half of adolescents reported eating less due to COVID-19; 15–19-year-old girls were the most likely to have been receiving at least one of their meals each day at schools which had since closed due to the pandemic (Population Council 2020).

Access to essential services – including for sexual and reproductive health (SRH) care – has also been disrupted. The Guttmacher Institute (Sadinsky *et al.* 2020) estimates that adolescents will experience a 12% reduction in access to modern contraceptives and a 25% reduction in access to maternity care due to COVID-19, with concerns over increases in adolescent pregnancies (Save the Children 2020).

The effects of COVID-19 on adolescents' psychosocial well-being are pervasive and already well-documented. Globally, research has found that young people are exhibiting increased symptoms of depression, anxiety and post-traumatic stress syndrome due to the pandemic (Zhou *et al*. 2020; Kılınçel *et al*. 2020; Islam *et al*. 2020; Bellerose *et al*. 2020; Pinchoff *et al*. 2020; Singh *et al.* 2020). Girls, older adolescents and those with disabilities are

generally at higher risk (Patel 2020; UNICEF 2020a; WHO 2020; Lee 2020). In Bangladesh, for example, Amin *et al.* (2020) found that four out of five girls report depressive symptoms and – based on several waves of data that show rising rates – they appear increasingly likely to do so as the pandemic drags on.

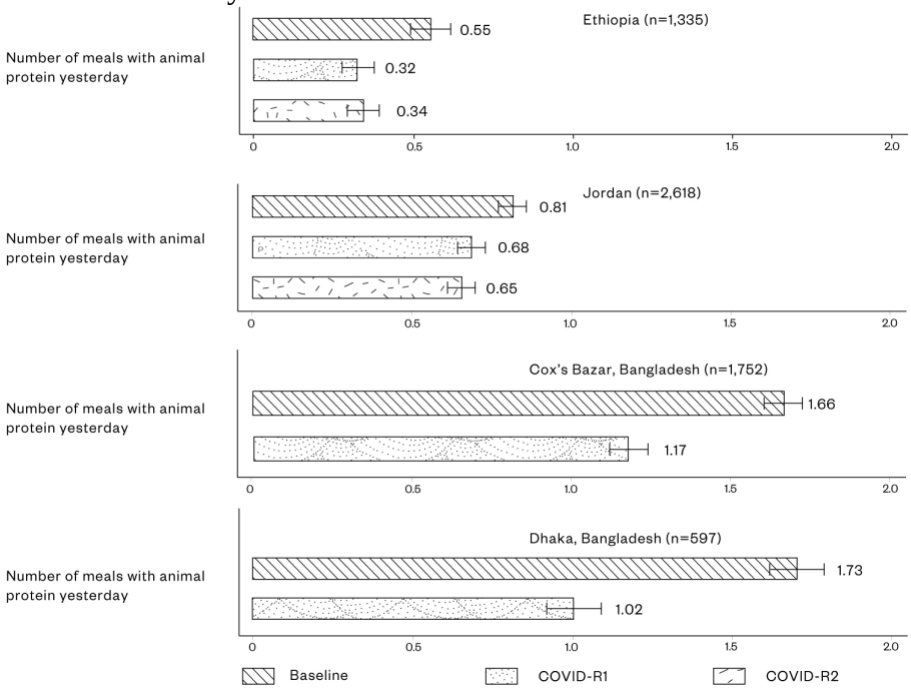
Box 1: GAGE findings on adolescent experiences of heightened food insecurity

While self-reported health is generally good across contexts, both before and during the pandemic, food insecurity levels are high across contexts with no signs of recovery nine months post-pandemic onset. This has translated into poorer nutrition for adolescents. At the pandemic's onset, 41% of adolescents in the Cox's Bazar Panel Survey (CBPS) (Bangladesh) sample, 40% in Dhaka and 30% in Jordan reported going hungry in the past four weeks – sharp increases on pre-pandemic levels. Similarly, the number of meals with animal protein adolescents reported eating the previous day decreased across all samples from 1.07 meals at baseline to 0.77 meals at COVID-R1 (Figure 2). The qualitative findings highlighted that married girls were often at particular risk. A 17-year-old married Rohingya girl noted for example: '*Sometimes we have to eat rice only with salt. We could sell food and buy something for us before. But [now] they give us food like we are beggars.'*

While adolescents in wealthier and poorer households both reported increases in hunger and declines in consumption of meals with protein, wealthier households start from higher levels and experience smaller declines.

Our data also show the protective effects of refugee camps in Jordan, with better health and nutrition outcomes for Syrians in camps than those in hosts. However, the data also highlights the vulnerability of Rohingya refugees in Bangladesh, with many young Rohingya in camps reporting eating less food (and less nutritious food) due to lack of informal work opportunities during lockdown, and a transition from food vouchers to food rations.

Figure 2: Number of meals with animal protein eaten by adolescents the previous day by setting, Baseline and COVID-19 surveys



Note: Baseline responses above are drawn from surveys conducted in 2017–2020 (pre-COVID-19). Percentages for Ethiopia, CBPS and Dhaka samples are weighted to reflect the demographic composition of communities in these areas.

3.2. Connectedness, positive values and contribution to society

Negative impacts on adolescent psychosocial well-being are partially due to how the pandemic has limited peer interactions, which are central to adolescent development (Orben *et al.* 2020). School closures and physical distancing have resulted in unprecedented levels of social isolation – even in high-income countries – and particularly for girls in LMICs, due to restrictive gender norms that limit their access to communications technology and mobility even under normal circumstances (Woldehanna *et al.* 2021; WHO-UNICEF-Lancet 2020; Lee 2020; Fegert *et al.* 2020; Briggs *et al.* 2020) (see Box 2). Interestingly, in Kenya, Bellerose *et al.* (2020) found that adolescents who had relatively higher levels of social support before COVID-19 were experiencing the most distress during pandemic-related closures – perhaps because they had 'more to lose'. In an online survey with respondents from over 60 countries, Varma *et al.* (2021) found that loneliness was connected to higher anxiety symptoms. As Cluver *et al.* (2020) note, although increased family time can provide opportunities to strengthen parent–child connections,

elevated stress levels among caregivers can also make it difficult to provide the responsive parenting that young people need. Indeed, evidence from high-income countries suggests that increased family time has led to less positive parenting of adolescents (Donker 2020).

In terms of the impacts on adolescents' contribution to society, Zhu *et al*. (2020) note that cultural differences shape how adolescents experience agency, with those from collectivist cultures (e.g., China) less likely to feel out of control – and more likely to feel they are contributing to the social good by following disease-control regulations – than those from cultures that emphasise individual freedoms (e.g., USA). That study, alongside other qualitative evidence (Hamad *et al*. 2020; UNICEF 2020b), suggests that adolescent resilience can be strengthened by encouraging volunteerism.

Box 2: GAGE findings on social connectedness, in person and online

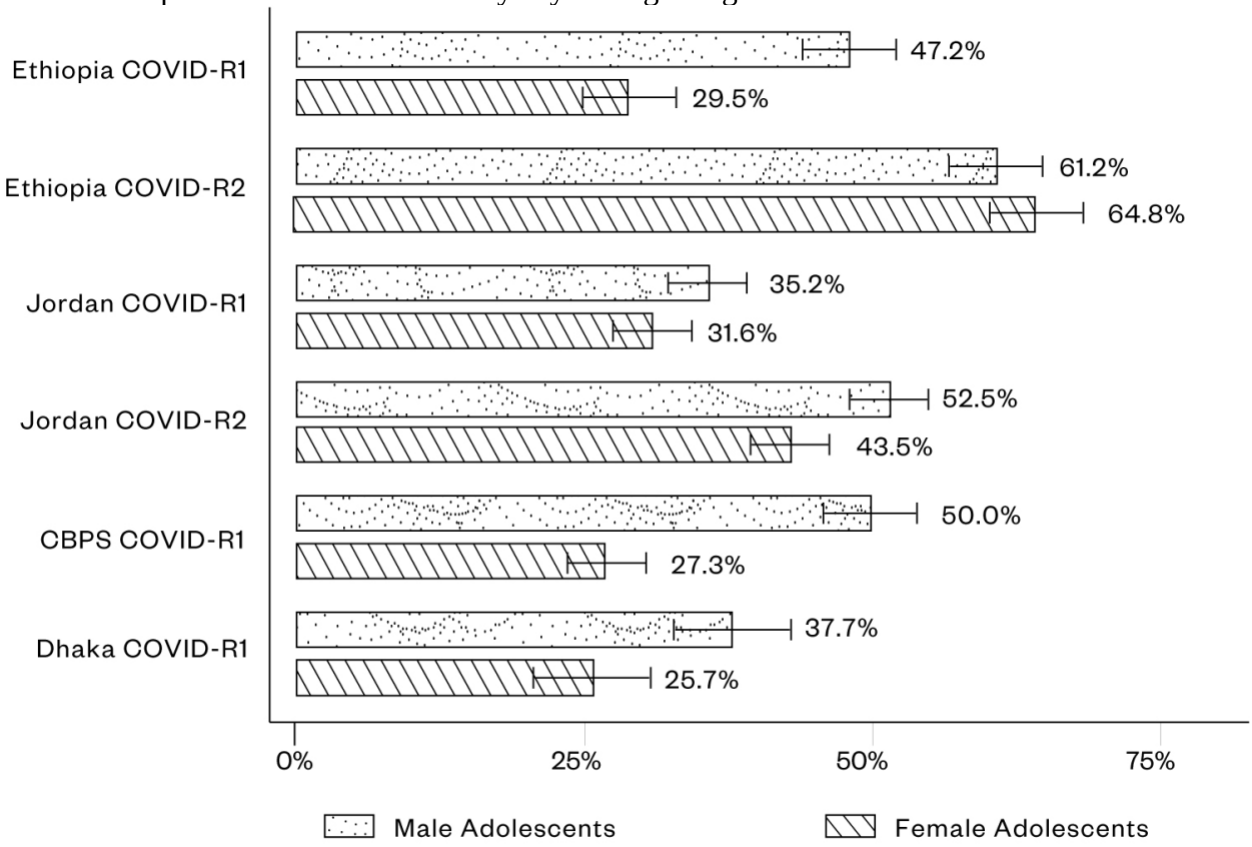
Early in the pandemic, only 37% of adolescents in urban Ethiopia had interacted with friends in person in the past seven days, with similar rates elsewhere: 39% in Cox's Bazar, 32% in Dhaka, and 33% in Jordan. However, these figures hide stark gender differences in most contexts, particularly females' lack of interaction with friends (Figure 3). As a 17-year-old Syrian girl from Jordan explained: '*I feel suffocated. Before corona[virus], we used to go out and see friends, but now there is no going out. There is nothing.'* Across all three countries, while many adolescents reported receiving less support from family and friends during the pandemic, some reported actually receiving *more* emotional support from family and friends. This dichotomy is worth attention as it may be one factor promoting adolescent resilience and recovery.

Adolescent and youth volunteerism as a way to foster social connectedness is being actively promoted by policy makers in Ethiopia and Jordan. Rates of volunteerism vary across contexts: at the pandemic's onset, only 4.5% of adolescents were volunteering in Jordan compared to 26.9% in Ethiopia (where qualitative data showed that many older boys were involved in water and soap/hand sanitiser distributions in cities). There are also sharp increases in rates over time (in Jordan), though rates are declining in Ethiopia, probably due to the national state of emergency. Boys are significantly more likely to volunteer than girls, across contexts, linked to discriminatory norms that restrict girls' mobility. As a 16-year-old Jordanian girl explained, '*I*

would love to do something to help as I see from the increasing number of people now begging in the streets that there is a lot of suffering. But I fear my father would not allow me to go anyway if the volunteer activities are far from our house.'

Access to technology has been a critical factor for maintaining connectedness during the pandemic. While many adolescents reported moderate or complete increases in access to technology (39% in Dhaka, 28% in Cox's Bazar, 36% in Ethiopia and 61% in Jordan), rates of access to a personal device with internet connectivity remain low: 22% in Dhaka, 11% in Cox's Bazar, 37% in urban Ethiopia and 29% in Jordan, especially in households with multiple school-aged children. Moreover, these rates are significantly lower for girls and for adolescents from poorer households, highlighting the pandemic's likelihood of exacerbating existing inequalities.

Figure 4: Percentage of adolescents who interacted with friends or non-household family members in person in the last seven days by setting and gender



Note: Responses above are drawn from the COVID-R1 and, where available, COVID-R2 surveys, conducted between May and July 2020 and November 2020 through February 2021, respectively. Percentages for Ethiopia, CBPS and Dhaka samples are weighted to reflect the demographic composition of communities in these areas.

3.3. Safety and supportive environment

Elevated stress levels, along with decreased household privacy (due to movement restrictions and lockdowns) and growing food insecurity, are reducing adolescents' safety and access to supportive environments (WHO-UNICEF-Lancet 2020; Fegert *et al*. 2020; Lee 2020). The risk of emotional, physical and sexual violence at home has increased (see Box 3), especially for girls and young women (Marques *et al*. 2020; Peterman *et al*. 2020; Mlambo-Ngcuka 2020; CARE 2020). There are also concerns around child marriage spiking in many LMICs – including Ethiopia and Bangladesh – as girls (especially in rural areas) have lost the protective effects of being in school, and as parents struggle to maintain their livelihoods (Jones *et al*. 2020; Amin *et al*. 2020). Save the Children (2020) estimates that COVID-19 will lead to an extra 500,000 child marriages in 2020 alone, while the United Nations Population Fund (UNFPA 2020) predicts as many as 13 million additional child marriages between 2020 and 2030 due to the economic and social disruptions caused by pandemic and efforts to control it (see Box 3). In high-income countries, a combination of financial pressure, social isolation and controlling behaviours deployed to cope with trauma and stress in the wake of a crisis have been identified as risk factors for increased violence within the home since the onset of the pandemic (Campbell 2020; Pereda and Diaz-Faes 2020).

Box 3: GAGE findings on elevated household stress and adolescent experiences of violence

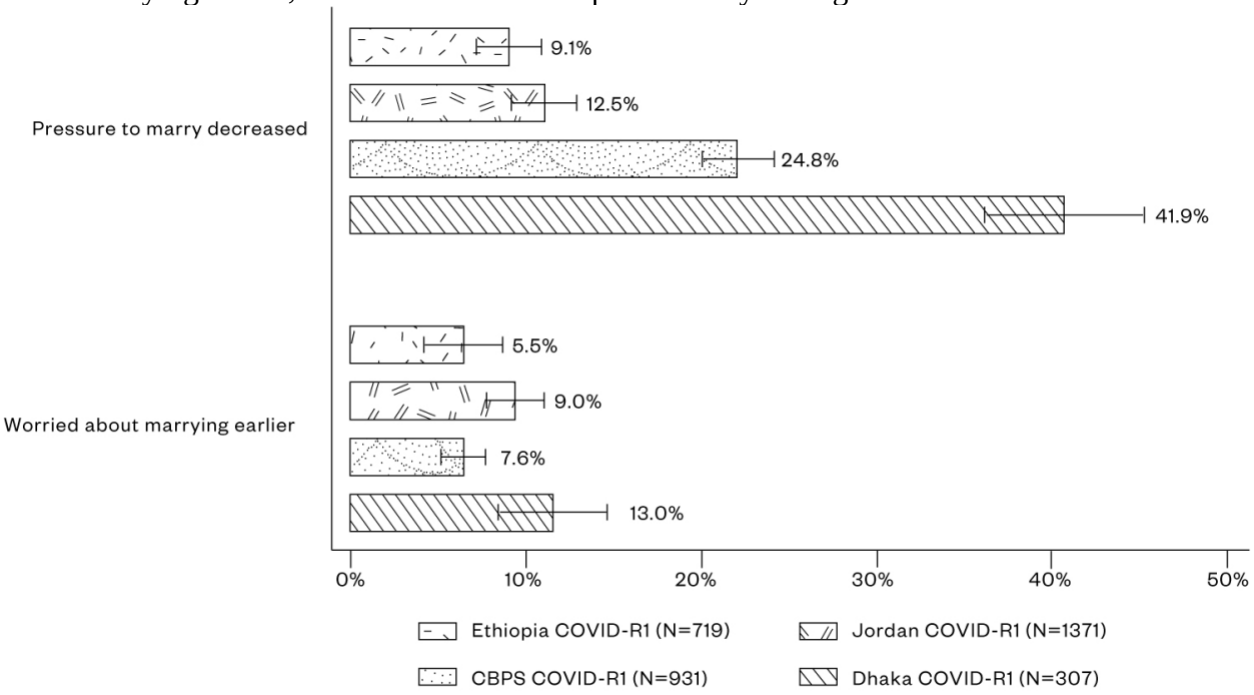
Across countries, 78% of adolescents report either that household stress has increased or that household members are getting angry quickly or arguing more often (although in Ethiopia, rates of reported stress have fallen from 66% to 51%, coinciding with schools reopening and lifting of restrictions).

Increased stress and anger is one likely reason for increased risk of violence. Across contexts, 13% of adolescents report that physical violence experienced by adolescents of their same gender has increased. Rates are similar for boys and girls. Boys, however, are much more likely to report increased violence from police, local militias, military or security services, even 9 months from the onset of the pandemic. This was particularly the case in Cox's Bazar

(Bangladesh), as a 14-year-old boy explained, '*If we hear soldiers are coming, we leave the spot instantly… We don't go out… We don't want to risk the beatings.'*

Child marriage is another key concern, particularly for girls. It is too early for our quantitative data to detect a change in trends, but our qualitative data suggests that whereas in rural areas, adolescents (mainly girls but also some boys) are under greater pressure to marry before legal adulthood (see Jones *et al.* 2020), in urban areas (where young men are expected to be able to afford not only the wedding ceremony but also the costs of setting up home), the financial fallout of the pandemic appears to be a protective factor. This is echoed by our quantitative findings, which suggest that while some girls worry they will have to marry earlier, a similar proportion feel that pressure to marry has decreased (Figure 4).

Figure 4: Percentage of female adolescents reporting decreased pressure to marry, or worries about marrying earlier, due to the COVID-19 pandemic by setting



Note: Responses above are drawn from the COVID-R1 survey, conducted between May and July 2020. Percentages for Ethiopia, CBPS and Dhaka samples are weighted to reflect the demographic composition of communities in these areas.

3.4. Learning and competence

The effects of the pandemic on adolescents' access to learning cannot be overstated: nearly 95% of the world's students were sent home in the first quarter of 2020, and by November that year, schools in 30 countries – educating a third of the world's children, mostly in the Global South –

were still closed (or had reopened but closed again) (UN 2020; UNICEF 2020a). With 500 million children unable to participate in remote learning because they lack access to digital devices, online connectivity or family/teacher support, concerns are growing that tens of millions of young people will leave school permanently (UNICEF 2020a; UN 2020; WHO-UNICEF-Lancet 2020; Favara *et al.* 2021). This gap in educational learning opportunities is likely to result in long-term welfare and human capital losses, particularly for younger learners (Fuchs-Schündeln *et al.* 2020) and for girls on account of entrenched inequalities and digital divides (Matthias *et al.* 2020; Elanki *et al.* 2021).

While research on the impact of school closures educational achievement is thin due to the continued nature of the school closings, at least one study of Flemish students in Belgium has found a reduction in test scores of .19 and .29 standard deviations in maths and Dutch, respectively, in comparison to previous cohorts, with more disadvantaged adolescents suffering larger losses (Maldonado and DeWitte 2020). Evidence suggests that that these gaps in attainment are likely to be larger in LMICs due to additional challenges in delivering online learning alternatives, such as low-quality streaming, poor interaction with instructors and poorly adapted materials (Al-Balas *et al.* 2020; Hadullo *et al.* 2018), and consistent evidence that more disadvantaged students in both high- and low-income settings are faring worse during the closures (Maldonado and DeWitte 2020; Asanov *et al.* 2021; Andrew *et al.* 2020). Moreover, girls in LMICs may fare worse than boys because they are often expected to spend time at home doing domestic work rather than studying, and are at greater risk of child marriage if out of school (see Box 4; Asanov *et al.* 2021). Evidence suggests that adolescents with special learning needs have been most affected (Amin *et al.* 2020; Bellerose *et al*. 2020; Akmal *et al*. 2020; UN 2020).

Box 4: GAGE findings on disparities in learning continuity during the pandemic

While most students enrolled in formal school pre-pandemic report that the family is providing support for schooling during the pandemic (76% in Bangladesh-CBPS, 81% in Dhaka, 60% in Ethiopia and 87% in Jordan), contact with a teacher (either virtually or in person) in the seven days prior to the survey lags behind: 16% in Cox's Bazar, 23% in Dhaka, 10% in Ethiopia and 49% in Jordan, with sharp disparities by baseline wealth.

Across contexts, quantitative findings indicate that adolescents were not overly worried at the onset of the pandemic about being able to return to school when they reopened (only 2.7% in Cox's Bazar, 4% in Dhaka, 0.3% in Ethiopia and 8% in Jordan were concerned). However, concerns among adolescents' primary female caregivers were much greater: 21% in Cox's Bazar, 29% in Dhaka, 49% in Ethiopia and 65% in Jordan were concerned that the adolescent they cared for would not return to school when it reopened, with signs that these numbers are increasing over time. In Ethiopia, where schools had reopened at the time of writing, however, approximately 95% of students enrolled pre-pandemic had returned, with no differences in gender or wealth.

That said, qualitative data further unpacks this finding, underscoring that older girls often face excessive demands on their time from domestic and care work responsibilities, exacerbating discriminatory gender norms that do not permit them leisure and study time. As a 17-year-old girl in Ethiopia noted: '*I used to have rest time when there was school. Now I am working until night. I only spend my time cleaning, cooking, taking care of my younger brothers and sisters*.'

3.5. Agency and resilience

There is scant evidence on the effects of the pandemic on adolescents' agency and resilience, particularly in LMICs, where research has focused on more immediate and easily measured outcomes such as health and education. Some research with adolescents in high-income countries (HICs) such as Italy finds a widespread sense of uncertainty about the near future, with rules introduced to curb the pandemic creating an unpredictability about what their lives would look like in the coming months (Commodari and de Rosa 2020). Other research from Italy finds that early lockdowns deprived adolescents of autonomy – but also gave them more time to explore their own interests (Fioretti *et al*. 2020). Research from southern Europe (Orgilés *et al*. 2020) and the USA (Hussong *et al*. 2020) suggests that problem-focused coping strategies and higher self-efficacy are associated with post-pandemic resiliency. Research with young adolescents in a diverse mix of contexts including the UK, Lebanon and Singapore finds young people see themselves as more resilient and self-aware as a result of the crisis (Day *et al.* 2020). However, it is important to note that young people in countries where there is weaker

institutional social protection infrastructure may pursue negative coping strategies in the face of the pandemic's impact, for example, by dropping out of education in order to work (Young Lives 2021).

Box 5: GAGE findings on adolescent agency and resilience

Findings suggest important roles for schools, families and broader support networks in fostering agency and resilience, both during and after the pandemic. In Jordan, 66% of adolescents believe they are coping well with pandemic-induced stresses, with 91% seeking comfort and guidance from religion. Many adolescents of both genders (89% of girls and 88% of boys) report that one of the ways they are coping with the pandemic is by spending time helping family members with chores and other household tasks. While inter-household connections are strong (84% say their family is helping them cope), outside connections are weaker, particularly for girls: only 64% of adolescents report that their friends are helping them cope and 46% report receiving support from an adult outside the home.

Notably, adolescents in some contexts are more likely than others to report optimism that their lives will be better in the future than others. The majority of adolescents believed that they would be better off one year from now in Cox's Bazar (76%), Dhaka (69%) and Jordan (59%), while less than half believed that they would be better off one year from now in urban Ethiopia (46%). However, it is worth noting that this survey finding for Ethiopia pre-dates the return to school in Ethiopia in late 2020. Our qualitative findings suggest that adolescents were feeling much more optimistic once schools had reopened. As a 13-year-old girl explained: '*When the school was closed I was stressed and unhappy. But currently, the school is reopened and I am continuing my education. And that makes me happy*.'

There were significant gender differences in beliefs about the future; more boys than girls thought they would be better off in one year in Dhaka (74% vs. 64%), while more girls than boys expected to be better off in Cox's Bazar (89% vs. 61%) and Jordan (61% vs. 55%).

4. Conclusions and recommendations

Our findings highlight the myriad challenges facing adolescents in LMICs during the COVID-19 pandemic. Service disruptions – particularly access to health services and education – alongside financial stresses and social isolation have taken their toll on adolescents' physical, emotional and mental health, with growing fears about the longer-term impacts, too. However, despite these immense challenges, many adolescents are finding ways to cope with these challenges, by relying on family and teacher support, connecting with peers online or volunteering. Understanding how to further promote adolescent resilience will be essential in ensuring a rapid post-COVID-19 recovery. Given the multidimensional nature of well-being and the way in which COVID-19 has impacted on each and every dimension of well-being, consideration needs to be given to how to address these issues in a coordinated and cross-sectoral way, in the short and longer term. Our findings suggest some priority actions for adolescent- and gender-responsive policy and programming interventions.

4.1. Invest in shock-responsive social protection that is gender- and age-responsive, including in conflict-affected settings

Given the widespread effects of the pandemic on household livelihoods and employment, and high levels of reported food insecurity and hunger among adolescents, investments in shock-responsive social protection should be scaled up quickly, informed by a mapping of gender- and age-specific vulnerabilities to ensure that the specific needs of adolescent girls and boys and their caregivers are met. This is in line with recommendations by multilateral, UN agencies and international non-governmental organisations, acknowledging the inadequate and tardy response by social protection systems to the multidimensional vulnerabilities laid bare by the pandemic

(Marcos Barba *et al.* 2020; Parekh and Bandiera 2020; Hidrobo *et al.* 2020). It is important where possible to leverage existing social safety net infrastructure where it exists but also to expand this support to households that have become newly vulnerable as a result of the pandemic.

Given already precarious livelihoods, it is especially important that refugees and stateless young persons are provided with expanded social protection support during crises. While camp environments may offer some degree of protection due to greater ease of outreach to vulnerable populations, young people in host communities seem especially precarious and should be targeted for both emergency and longer-term assistance (Easton-Calabria 2020). As well as multi-purpose cash assistance, gender- and age-responsive social protection packages must include: (1) food security support and mechanisms to maintain continuity of supplementary nutrition (e.g. take-home rations, food coupons); (2) menstrual health and sexual and reproductive health supplies; (3) support for free internet/phone cards and low-cost or subsidised devices for extremely vulnerable adolescents; (4) support or service vouchers for violence and mental health counselling; (5) tailored support for adolescents with disabilities; and (6) linkages to adolescent-friendly services, including skills training for sustainable livelihoods.

4.2. Enhance and scale up programming that supports adolescent connectedness, agency and resilience

Emerging evidence suggests that adolescents' psychosocial well-being has been significantly affected by heightened household stresses, closure of schools and clubs, and resulting social isolation (Banati *et al.* 2020; Baird *et al.* 2020; Bhutta *et al.* 2020). There is a need to develop low-cost, shock-responsive interventions, including options for age-tailored, community-based mental health counselling. Promising examples include Tanzania and Malawi's Integrated

Approach to Addressing the Challenge of Depression Among the Youth, which uses interactive radio programming and social media to raise awareness about mental health challenges and link adolescents to services (Kutcher *et al.* 2019). A similar programme in India's conflict-afflicted Kashmir Valley paired training for lay health workers with short TV and radio dramas aimed at promoting adolescents' service uptake (Malla *et al.* 2019). Zimbabwe's Friendship Bench[3] model, which is the largest integrated mental health programme in Africa (Chinoda *et al.* 2020), has been found so successful at reducing symptoms of depression that it is being scaled up globally – including in HICs (Chibanda *et al.* 2016a, b). Peer counselling, including online, also shows promise. Evaluations of programmes in Brazil and Iran suggest for university students struggling with mental health issues due to the pandemic, support from peers may be more effective than other types of community-based interventions (Arenas *et al.* 2020; Kazerooni *et al.* 2020). Given evidence that adolescent girls (and married girls in particular) face elevated levels of social isolation, care should be taken to ensure that programmes are inclusive and include outreach components (Baird et al. 2020; Harper *et al.* 2018).

4.3. Strengthen blended learning approaches during school closures and support the return to school

Experiences of remote learning highlight the importance of teacher–pupil contact and interactions, with students who are able to maintain a degree of personalised communication with their teachers reporting generally better educational experiences during the pandemic (see also Barron *et al.* 2021). Investments in outreach by teachers should be considered, based on a recognition that schools provide not just learning content but also emotional support and counselling. There is also a need for investments in no-tech, low-tech and high-tech approaches to distance education to ensure that adolescents with differing levels of access to digital

[3] See https://www.friendshipbenchzimbabwe.org/ for further details.

connectivity can be optimally supported; including through teacher training and support in digital pedagogical approaches. Unless carefully planned, distance education can exacerbate educational inequality between learners and designing multi-modal programmes that blend no-tech (including print-based material), low-tech (including radio, television, basic mobile phone programming) and high-tech approaches (including online, smartphone and tablet learning) will best account for barriers learners may face in accessing distance education and maximise learning continuity, especially for the hardest to reach (UNICEF and ODI 2021; Naylor and Gorgen 2020; Webb *et al.* 2020; Winthrop and Barton 2018; Dahya 2016). Regardless of modality, distance education design should intentionally include a variety of successful pedagogies that improve learning engagement, including group work as applicable, real-world learning and project-based learning (Naylor *et al.* 2020; Abbott *et al.* 2007). Although distance-learning interventions will necessitate an adaptation of what are considered best practices in in-person teaching pedagogies, many of the same principles will apply including differentiation based on individual student needs, timely use of assessment, gender-transformative approaches and maintaining a high degree of teacher presence (McAleavy and Gorgen 2020; Anderson *et al.* 2001). Finally, as schools reopen, targeted outreach to girls and socially and economically disadvantaged adolescents to promote re-enrolment is essential (McAleavy and Gorgen 2020; UNICEF and ODI 2021), as is supporting adolescents to attend school in COVID-safe ways, including through the distribution of face masks and hygiene materials to students where poverty may preclude such investments.

4.4. Strengthen mechanisms to ensure continuity of programming to tackle gender- and age-based violence

There is growing – although not uniform – evidence of adolescents' heightened vulnerabilities to age- and gender-based violence and child protection violations during the pandemic, stemming from increased household stress, closure of services, family members being confined to the home during lockdowns, and reduced access to avenues that would be used to report violence during normal times (Peterman and O'Donnell 2020). It is therefore essential to invest in strengthening gender-based violence and child protection-related phone and online helplines, community-based services and social support groups that are adolescent-friendly, and that can ensure continuity of reporting and responsiveness to the needs of adolescents even during crises.

4.5. Ensure that public policy responses for 'building back' post-pandemic include young people's voices

Young people's perspectives and experiences must take centre stage in efforts to rebuild economies and services if the worst effects of the pandemic are to be mitigated. As Henson *et al.* (2020: 14) argue, 'weak social and legal rights and lack of voice become compounded in and of themselves and exacerbate marginalisation and deprivation in the case of a large covariate shock like COVID-19'. It is therefore essential to invest in a diverse range of responses that are adequately informed by the context- and gender-specific experiences, voices and aspirations of diverse adolescents in LMICs.

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