

# **FINDING HOPE:** Experiences of women, children and adolescents during the COVID-19 pandemic in their own words



## **Impact on mental health and well-being**

**“I feel depressed because I had many plans and I cannot visit my family.”**

Women and adolescents are bearing a disproportionate burden during COVID-19 crisis. Here we look closer at the experiences related to mental health and well-being. We also highlight the range of solutions and approaches being implemented in different countries as well as the policy asks to address mental health and other significant challenges facing women and adolescents during and beyond the pandemic.

COVID-19 and the ensuing quarantine and social distancing measures have had a range of psychological impacts on people's well-being, including emotional disturbance, depression, stress, low mood, irritability, insomnia, post-traumatic stress, anger, emotional exhaustion and irritability.<sup>[1]</sup>

Partners' reports revealed that many people are suffering mental and psychological symptoms due to the disruption of daily activities, education and work, as well as mobility restrictions.

**“Not being able to work like I used to has stressed me out. It makes me sad. Confinement affects me too.”**

*—28-year-old woman, Colombia*

Lockdown measures have imposed additional burdens on women struggling to work remotely on a full-time basis, while continuing to shoulder their household and childcare responsibilities. Many women, especially those working in the informal sector (e.g. in India and South Africa), reported feeling increased stress, anxiety and tension due to unemployment and having to spend more time at home. The psychological strain of financial hardship and curtailed economic opportunities was telling:

**“Emotionally, I am depressed because I don’t have a source of income. I almost committed suicide because I didn’t know who to turn to or what to do to put food on the table for my children.”**

*— 40-year-old single mother, South Africa*

Mental health is deeply affected by social distancing and mobility restrictions. Adolescent girls in India reported feeling isolated because they cannot meet their friends, and they worry about their future. Sixty-seven per cent (597/886) of women aged 18-29 in Colombia were concerned about the risk of anxiety or depression, and 16% (144/886) reported suffering depression, anxiety or insomnia since the beginning of the pandemic. A survey explored 7,239 adolescents’



feelings about and behaviours during COVID-19 in the Latin America and Caribbean region. The survey found that 18% (1,015/5,641) felt nervous, 18% (1,015/5,641) suffered from anxiety, 17% (959/5,641) felt worried about other people and 15% (846/5,641) felt bored. Thirty-two per cent (1,672/5,971) of respondents were also concerned about the spread and impact of the pandemic, while 28% (1,672/5,971) expressed concern over the unstable economic situation.

The disruption is also causing financial stress and food insecurity, increasing pressure on women and girls in Africa who are often responsible for providing household food and water.<sup>[2]</sup>

**“The pandemic has been very sad for me because I have been working in a family home for one month, one hour away from my house. I feel depressed because I had many plans and I cannot visit my family.”**

*—18-year-old woman, Colombia*

**Figure 1.**

**Summary of solutions to challenges posed experienced by women and adolescents during COVID-19**



## Strategies and solutions

A range of strategies and approaches are being implemented in different countries to address the significant challenges facing women and adolescents during and beyond the pandemic. The figure below summarizes the most common solutions identified by partner organizations to address limits on access to education as well as the other challenges experienced by women and adolescents. These solutions are not exhaustive but reflect the perceptions and experiences of those who participated in the country-specific activities.

### Illustrative examples from partner organizations of solutions and approaches used to address challenges

- Communicating with friends and family; participating in family activities.
- Using digital tools and telephones to provide psychological support.
  - a. In Colombia, the digital platform SOS Sinculpa was used to provide services related to mental health and well-being.\*
  - b. The trans community network in Colombia created support groups which, through WhatsApp and with the help of psychologists of the Red Feministas association, tend to the needs of the trans community throughout Colombia.
  - c. In India, helplines have replaced peer support and community forums which have been helpful in the past in reaching out to women and adolescents needing help and support to counter stress and anxiety.

\* An online platform providing services related to mental health and well-being. Services are also provided via phone or text messages free of charge.

## Policy asks

Supporting the [PMNCH Call to Action on COVID-19](#), and based on the lived experiences of women and adolescents, seven policy asks are put forward. These asks seek to respond to the consequences of COVID-19 in both the medium and long term and will require a collaborative approach by governments and all stakeholders. The action required will need to address mental health and well-being as well as the other challenges experienced by women and adolescents, including related to education, livelihoods, safety and security and access to essential services.

1. Maintain essential SRMNCAN services, products and information, including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention and mental health.
2. Address gender inequality, including gender-based violence, and ensure the safety and security of women and adolescent girls in integrated response and recovery plans.
3. Increase attention to the mental health needs of those, especially women and adolescents, who have been severely affected by the pandemic.
4. Adopt and scale up social and economic relief measures that are gender-responsive and reduce inequities.
5. Address adolescents' needs for education and vocational training.

6. Address the digital divide within countries and between genders.
7. Collect and report disaggregated data (by age, sex, income, disability, geography) and gender statistics.

### Illustrative actions and asks from partner organizations to address challenges

- Increase attention to mental health needs, especially those of women, children and adolescents.
- Allocate resources (financial and human) to ensure proper and equitable provision of psychosocial support and counselling.
- Sensitize training programmes targeting frontline and community health workers to enable them to identify people at risk and in need of help.
- Provide training and capacity building to teachers to enable them identify the emotional needs of schoolchildren and provide guidance and support to help them cope with stressful events and circumstances.
- Invest in online and offline tools for the provision of psychosocial services to ensure equitable and uninterrupted access to support in both stable and unstable circumstances. Examples include toll-free helplines and virtual support groups.

- Conduct awareness-raising campaigns during emergencies on mental health care, healthy lifestyles, recognizing feelings and sensations, managing grief and anxiety and establishing routines during isolation.
- Provide parents with information on how to create a supportive and safe home environment to help children and adolescents cope with isolation and stress.
- Support and promote entertainment, cultural and sporting activities that can be conducted safely during enforced isolation.
- Develop alternative methods for students to engage with peers during school closures and continue accessing informal opportunities for learning and development.

## References

1. Brooks S, Webster R, Smith L, Woodland L, Wessely S, Greenberg N et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020; 395:912–20. ([https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)).
2. Dr Githinji Gitahi, Group Chief Executive Officer, Amref Health Africa. Interviewed by DS Kuria on 2 July 2020.

More information available at:  
<https://www.who.int/pmnch/knowledge/publications/lived-experiences-covid19/>