Adolescents, young people, and women in times of pandemic
Experiences from Latin America and the Caribbean
Acknowledgments

We want to thank the adolescents, young people and women who shared their stories and experiences.

This is a product of the IPPFWHR Youth Network.

Illustrations credits: IPPFWHR Women In Times, Instagram Campaign.

Design: Selva Zabronski.
Introduction

The health of adolescents and youth in general, as well as of women, is a fundamental human right and prerequisite for the social, economic, and political progress of countries and their societies, especially in Latin America and the Caribbean, one of the most unequal regions in the world. However, the rights violations that millions of women, adolescents, and youth, have serious and important implications for their wellbeing and their health, negatively impacting their social development, affecting them, their families, and their communities. Furthermore, the historic violation of women’s rights, even long before the onset of the pandemic, has become exacerbated in the midst of the COVID-19 pandemic in the form of gender-based violence at homes, making women a special group at increased risk and vulnerability during these times.

On March 11th, 2020, the World Health Organization declared the novel coronavirus outbreak (2019-nCoV) as a pandemic. However, the disease landed in Latin America on February 26 when the first case was confirmed in Sao Paulo, Brazil. After that, many countries in the region have taken an array of measures to control the pandemic and safeguard the health of the population. One of the main measures taken by governments have been the lockdowns and/or mobility restrictions, which were meant to control the spread of the COVID-19, but that have also resulted in greater disadvantage for the most vulnerable populations, especially women, girls, adolescents, and youth, who have experienced a significant increase in gender-based violence.3

In time, Latin America became the region with most COVID-19 cases and deaths in the world, lockdowns have been challenging because of different factors: the lack of government capacity to enforce it, especially in remote regions and in regions where there is little trust in government or where poverty and lack of access to services and employment have driven people out of their homes to find earnings.4 Also, the historical underinvestment in the health sector, poverty, and inequalities, have put Latin American countries in a vulnerable position to address this health crisis.5

In consequence, COVID-19 has impacted greatly the lives of women, adolescents, and young people in the region, despite being young people less susceptible to infection. The massive closure of schools to prevent the spread of the virus, along with a new educational format of virtual classes, and the loss of jobs, is already anticipating rising rates of education inequalities, losses in learning and increasing household violence, which will have particularly negative impact in women and girls.6

Therefore, it is key to document the lived experiences and perceptions of these groups, especially women, adolescents, and youth, who are seldom included and invited to discussions, so challenges are identified, and actions can be taken.

This report aims to document perceptions and lived experiences of adolescents, young people and women from Latin America and the Caribbean (LAC) during the COVID-19 pandemic.

3 Idem.
5 Idem.
Methodology

We pulled together two different exercises done by IPPFWHR to create a brief report including the perceptions and lived experiences of adolescents, young people, and women from LAC during the COVID-19 pandemic. These exercises were:

A regional online survey

A regional online survey on the lives and experiences of adolescents, youth and women from the LAC region during the COVID-19 lockdowns, led by the Youth Network of IPPFWHR, inquired information regarding: i) demographics; ii) affectations by the COVID-19 pandemic in relation to mental health, food security, access to healthcare services (including sexual and reproductive health services), and violence (gender based and domestic); and, iii) knowledge and perception about initiatives addressing/mitigating these issues. The online survey collected information from May 28th 2020 until June 5th 2020.

The questionnaire was created in Google Forms, included 29 questions, and was available in Spanish, English, and Portuguese. The questions had three sections: 1) characteristics of participants; 2) affectation perceived by the COVID-19 pandemic and the measures taken by governments; 3) perceptions about the programs and initiatives available to tackle the effects of the pandemic and the government’s measures. These were drafted by youth representatives Emmanuel Tangarife and Rene Gamero, co-authors of this report and members of the IPPFWHR youth network, and revised by Daniel Tobón-García, Program Officer for Youth at IPPFWHR and other volunteers from the Youth Network. Most questions were closed-ended, single or multiple selection questions, and others were open-ended questions, specifically those that were related with the perceptions of participants. After revision and adjustment of the questionnaire, the link was shared widely among youth-led and youth-serving organizations, networks, and groups, via WhatsApp, Facebook, and Email, following a snowball method.
Interviews

An ongoing exercise to collect women’s lived experiences in times of COVID-19 in Latin America and the Caribbean yielded stories that have been posted in the Instagram page @WomenInTimes. As a trilingual (Spanish, Portuguese and English) storytelling platform, Women in Times (WIT) amplifies the voices of women and girls and shares information about the reality of the region. The stories are identified and compiled in two different ways: some are collected directly from the field through IPPFWR’s partner organizations staff, volunteers, and clients, as well as from grassroots activists; and some stories come from reliable local media outlets and regional research reports. Each story is illustrated by different women artists from the region. Most stories are related to women’s and girls’ access to sexual and reproductive health and rights (SRHR).
Results

Description of the participants of the online survey

The regional survey collected information from 1088 adolescents, young people, and women from 25 countries across Latin America and the Caribbean. Regarding the origin of these participants, we observed that 34% (370) were from Colombia, 19% (207) from El Salvador, and 7% (76) from Bolivia. Most entries were made in Spanish (96%; n: 1044), the others were made in English and Portuguese, with 2% (22) of entries each.

In terms of demographics, 74% (805) of participants identified themselves as female, 24% (261) as male, and 1% (11) as non-binary or preferred not to specify. Close to 70% (762) of respondents were between the ages of 15 and 24, 29% (316) were over 25, and only 1% (11) were under 15 years old. As for their living conditions, the findings show that 15% (163) of respondents lived in rural areas and 4% (44) live in overcrowded homes or “tripled up” (over 3 people in average per room). See Graph 1. Lastly, 56% (609) are full-time students, 21% (228) currently study and have a job, and 17% (185) are full-time workers. See Graph 2.

Graph 1. Demographic characteristics

7 The rest of participants were from the following countries (organized according to the level of participation from each country): Guatemala, Ecuador, the Dominican Republic, Chile, Argentina, Brazil, Uruguay, Costa Rica, Honduras, Peru, Suriname, Venezuela, Paraguay, Panama, Trinidad and Tobago, Barbados, Dominica, Nicaragua and Belize.
Around 11% (115) expressed that they, or members of their families, lived with disabilities. Of these 115 individuals, the most predominant type of disability was motor disability, followed by cognitive and sensory disability (Graph 3).
Perceptions of participants living in lockdown

The survey inquired if the COVID-19 pandemic had affected their lives in different levels: i) social or mental; ii) physical; iii) financial; iv) family or social; v) educational; vi) employment. When asked about the levels in which the COVID-19 pandemic has affected their lives, 61% (664) mentioned that the pandemic had affected their life at a mental or emotional level, 50% at an educational level, 42% (457) at a family or social level, and 41% (446) at a financial level. The employment and physical levels were the least selected. It is important to note here that respondents could choose different levels of affectation, so the percentages presented here are a sum of all those who selected each option. In addition to this, almost half of the participants (48%; n: 522) expressed that the control measures taken by countries to control the pandemic disproportionately affected youth and women, 29% (316) were unsure. See Graph 4.

Graph 4. Affectation of youth and women by the pandemic and measures taken by governments.

At what level has the coronavirus pandemic affected your life?

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<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
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<tr>
<td>Educational Level</td>
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<tr>
<td>Employment Level</td>
<td>30%</td>
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<tr>
<td>Family or social level</td>
<td>42%</td>
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<tr>
<td>Financial level</td>
<td>41%</td>
</tr>
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<td>Mental or emotional level</td>
<td>61%</td>
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<tr>
<td>Physical Level</td>
<td>21%</td>
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</table>

At what level has the coronavirus pandemic affected your life?

Yes: 48%
No: 22%
Maybe: 29%
When asked specifically about their concerns for specific issues, on a scale from 1 to 10 in which 1 is not concerned and 10 is very concerned, people responded the following: 52% (566) of individuals graded their level of concern above 6 on food security. Furthermore, when asked if they were aware of any initiatives undertaken by the country or government to mitigate these negative effects, 72% (783) said yes. See Graph 5.

Graph 5. Food security perceptions and COVID-19

Do you know of any initiatives being undertaken in your country or community to mitigate the effects of the pandemic on food security?

When the question was around perceived barriers accessing healthcare services, again 52% (566) graded over 6 points, which means that more than half of all respondents are concerned, in an important way, about healthcare services. In particular, the services that are perceived as presenting more access barriers are: treatment to chronic conditions (reported by 40% of respondents), emergency care (31% of respondents), modern contraception and GBV prevention and care (21% of respondents). Other services perceived as presenting barriers, with less frequency, were treatment for HIV and other STIs (16% of respondents), safe abortion (14%), and access to condoms (11%).

Despite this situation, 46% (500) of respondents were not aware of any programs or initiatives in their countries aimed at tackling these barriers. Also, when participants were asked particularly about accessing mental health services, which came up as an important effect of the pandemic, 46% (500) expressed they were not aware or did not know if the government or country had any initiative to mitigate the mental health effects of the pandemic. See Graph 6.
Graph 6. Perceptions on access to healthcare services, including mental health

52% answered 6 or a higher scale on perceiving barriers to accessing essential health services in their country.

On a scale of 1 to 10, how many barriers have you perceived to accessing essential health services in your country?

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Do you know any initiatives being undertaken in your country or community to improve access to essential health services?

- Yes: 44%
- No: 39%
- I don’t know: 17%

Do you know any initiatives being undertaken in your country or community to mitigate the effects of the pandemic on mental health?

- Yes: 54%
- No: 34%
- I don’t know: 11%
Finally, when inquired about experiences of violence, it appeared that almost 1 in every 4 respondents had suffered some kind of domestic violence or gender-based violence during the pandemic (See purple bar in Graph 7). Interestingly, around 15% (163) of respondents mentioned that they did not know if they had experienced any kind of domestic violence during the physical isolation times, which brings to the attention the need to generate more awareness and education strategies (See blue bar in Graph 7).

Graph 7. Experiences of violence during the COVID-19 pandemic

Have you or a family member suffered any kind of domestic violence?

- Yes: 61%
- No: 24%
- I don’t know: 15%

Have you or a family member experienced any type of gender-base violence?

- Yes: 59%
- No: 25%
- I don’t know: 16%

The most prevalent type of violence experienced by participants was psychological, followed by physical, financial, and sexual. Around 52% (566) of individuals were not aware of initiatives intended to mitigate these situations. As for the ones that are aware of initiatives on this matter, only 11% (120) perceive that these are effective. Thirty two percent (348) expressed these are not effective and 43% (468) that initiatives can significantly improve.
Interviews conducted as part of the Women in Times Instagram campaign

In addition to the quantitative data provided by the survey, we collected and included some qualitative information from the stories that have been gathered as part of the WIT Instagram campaign. This is an online initiative that started in early May 2020 with the objective to document and showcase some of the lived experiences of women during the COVID-19 times, in Spanish, English and Portuguese. These stories have covered different topics, but all relate to the health and wellbeing of women in Latin America and the Caribbean. Some of the stories that have come out of this exercise are as follow:

Women are tasked with working while they are providing care duties, whether that means taking care of children or a sick family member or serving on the frontlines of the COVID response. At the same time, they can fall victim to gender-based violence if their husbands become unemployed.

“Ammie works in one of the most famous call centers in Belize. She’d been working from home before the COVID-19 pandemic arrived. For Ammie, there is no privilege or novelty in ‘working from home.’ On the contrary, it makes life harder right now: She lives far from her mother, and since school is closed, she must care for her son and take calls while he sleeps. For Ammie, there is no beginning or end to her days. [...] Ammie’s coworkers are scared that their husbands are unemployed: in addition to becoming poorer, they also feel resentment from their partners for being the main breadwinners during the crisis.” 8

Talking specifically about domestic violence, it appears that, during the pandemic, many women have been locked in their homes with their abusers because of mobility restrictions and curfews. This, coupled with reduced income, can be associated with the spikes in the number of cases of gender-based violence,9 which has been documented by different governments, NGOs, and other organizations.

8 Accessible in: https://www.instagram.com/p/CAVjsLHhPgD/?utm_source=ig_embed&utm_campaign=loading&hl=es
“Ammie works in one of the most famous call centers in Belize...”
“You can call me Rosa. I am 28 and have two small children. I am from Limones, a small town on the border between Ecuador and Colombia. Nowadays, I live in Guayaquil in my husband’s house. Life here with COVID-19 has been very hard. I am afraid of being confined because my husband is very violent. He even tried to hang me a few days ago. I just left home to visit my neighbor who is the pastor’s wife. She knows what I am living through, so she gave me a note on where to get help. She called the number because I don’t know how to use the phone. It is a service to help victims of violence against women. They asked me to take the COVID-19 test to find out if I have the virus. I have to be negative, so I don’t infect other women. Only then can I go to a safe shelter with my two children.” 10

It is interesting to note that many women are not aware of any initiatives or strategies to protect them from gender-based violence, as it was also evidenced in the regional survey conducted by the Youth Network of IPPF/WHR. Not only the programs are not reaching the women who need it the most, but it now appears that the COVID-19 test (and the barriers to access it) is becoming another barrier for women who want to access protection services and care. Here is a story from Consuelo, a lawyer working at CEPAM, providing care for victims of GBV in Guayaquil, Ecuador.

"The COVID-19 test is like a “passport for the freedom of women.” CEPAM-G received a call asking for help for Rosa. There is a waiting period of 4 weeks to get the COVID-19 test in Ecuador. CEPAM works to ensure that women who have experienced violence are prioritized for the test. Rosa and her children were tested and are waiting for the results of the test so they can feel safe. They pray every day with the pastor’s wife. […] Women’s rights defenders are asking why is the number of reported cases lower? Because the barriers in accessing health services have increased. There is little transportation in the country, and police stations operate in shifts. There are few channels of communication with women. Rosa was rescued by the note from her neighbor.”10

10 Testimony from Consuelo, a lawyer working for CEPAM to protect victims of gender-based violence in Guayaquil, Ecuador.
“You can call me Rosa. I am 28 and have two small children...”
Some stories relate closely to the lives of adolescents during the pandemic, which relate closely with the findings from the survey in terms of access to services. Adolescents manifest that lockdowns and curfews have led to the inability of many women and young people to access comprehensive SRHR services, especially to life saving services such as contraceptives and abortion.

“My friends call me Caro. I share my life with some of them. I cannot talk to mom about some stuff. We are in lockdown at home. Maria José is my best friend; we talk on WhatsApp all the time. She sent me the link to the online consultation. She also put data on my mobile to help me communicate. I was desperate. My period was late. I think my mom would expel me from my own home if I told her what happened. It was awful, but I think she would not believe me. In the online consultation, I was told that I could decide not to be pregnant anymore. They talked about several options, even adoption. Only Maria José knows what I went through. I usually lock myself in the bathroom to talk to her, and then I delete everything from WhatsApp.”

In this context, we can see that young people and women see the mobile technologies as a useful strategy to get the information and services they need to maintain their life. In this case, telehealth sessions that provide information and service referrals, with flexible times and hours so young people can access these services during times when they are allowed to be outside of their homes, proves to be of utmost importance.

“The telehealth appointment was quick, thankfully, because no one at home heard me. I turned on the shower while I was talking to the doctor. I would need to buy medicine to put an end to all of this. But I was told that a group of doctors would have to give me an authorization so I could take the medicine. I just do not know how I will be able to get out of the house without my mom noticing. There is a curfew in Pucallpa.”

11 Available in: https://www.instagram.com/p/CA5X1btHjQs/
12 Testimony from Caro, a girl from Peru showcased in a Women in Times post available in: https://www.instagram.com/p/CA5X1btHjQs/
“...I cannot talk to mom about some stuff. We are in lockdown at home.”
Reflection

The information presented in this brief report shows that the COVID-19 and the measures to address it has and continues to affect the lives, health and wellbeing of adolescents, young people and women across Latin America and the Caribbean, which aligns with other findings. The perception survey, although not representative of the region’s youth, met the purpose of connecting IPPFWHR with different COVID-19 related experiences that were deemed most relevant to the youth we serve. In turn, those experiences and issues were also found in the interviews conducted with women, which were represented graphically and narratively on the WIT posts. This way, the WIT could be considered as a documentation, communications and access to information strategy used to bring attention to the lived experiences of women during the times of pandemic, among young people and different partners in the region.

This report sheds light on the perceptions of these populations about the programs and initiatives that exist, which -indeed- seem to be appropriate to respond to the problems people are facing, although they seem to lack the dissemination required to be accessible for the most vulnerable. In this line, creating peer networks who have access to information to orient people about their rights and about routes to access services seems to be a strategy continuously mentioned by young women in their stories, as well as mechanisms to access these via phone or digital devices. It is important to make sure these services are designed and implemented using a user-centered approach, which understands the realities young women live, such as time flexibility, privacy, confidentiality, etc., and which has shown efficacy in other experiences.

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This initiative also found the types of services that have presented access barriers for the participating population. The healthcare services for the treatment and control of chronic diseases shows the most barriers in this exploratory study. This situation is in line with other reports which show considerable disruptions of services to address chronic non-communicable diseases, which a potential impact in excess mortality related with these causes could be potentially associated with the increase of non-COVID-19 mortality, which is thought to be due to the lack of access to healthcare exacerbated during the pandemic.\textsuperscript{15,16}

However, access to emergency care and contraceptive services also present barriers, according to this survey, which has the great potential to affect the health and lives of women, children and adolescents, mainly. This is problematic because, apart from a disruption of essential healthcare services, the impact these disruptions can have is great. A report from the Guttmacher Institute says the disruptions in sexual and reproductive health services in low- and middle-income countries (even if the decline is of 10%) could lead to an “increase of 49 million in the number of women with unmet need for modern contraception, and an additional 15 million unintended pregnancies per year”.\textsuperscript{17} Furthermore, UNFPA states that the fall in access to contraceptives in the region of Latin America and the Caribbean, due to COVID-19, is estimated to be of 1.4 to 3.9 million Couple Years Protection.\textsuperscript{18} Also, expresses that COVID-19 could represent a 5-year setback in the process of reducing the adolescent fertility rate for Latin America and the Caribbean, which could go from 61 to 65 live newborns per 1,000 adolescents 15 to 19 years old.\textsuperscript{19}

\begin{thebibliography}{99}
\bibitem{WHO} WHO (2020). The impact of covid-19 pandemic on non-communicable disease resources and services. Available in: \url{https://www.who.int/publications-detail-redirect/ncds-covid-rapid-assessment}
\bibitem{UNFPA LACRO} UNFPA LACRO. (2020). El Impacto de COVID-19 en el acceso a los anticonceptivos en América Latina y el Caribe. Available in: \url{https://lac.unfpa.org/}
\end{thebibliography}
Additionally, the barriers to access emergency care is problematic for the women who experience sexual and gender-based violence, a phenomenon which has increased significantly during the pandemic. A report from UN Women with information collected from 49 countries throughout the world, in mid-April 2020, shows that 80% of the participating countries reported an increase in calls to helplines/hotlines, with increases that range from 40% (in Malaysia) to 79% (in Colombia). Also, the document shows that 50% of countries expressed an increase in reports and calls to the police related to sexual and gender-based violence. Furthermore, the report also evidences that survivors face important barriers to access information and services, including social, health and legal-related related. Another report from UNFPA LAC, also makes an urgent call that these types of barriers can lead to an increase in maternal mortality, especially for black and indigenous women who came with higher rates than their non-black or non-indigenous peers.

As the voices of some women in the region say, it is important to strengthen the support of community groups and networks, who can play an important role in disseminating information about initiatives, services, programs routes. Moreover, the availability of telemedicine and teleconsultation is central amid mobility restrictions in countries. These initiatives could also respond to the level of affectation expressed by adolescents, youth and women in the perception survey, who say that the helplines to address mental health issues were an important tool for those who suffer anxiety and depression. However, it is worrisome that more than 50% of the participants of the survey expressed they were unaware of initiatives taken by their government to address these situations.

Participants of the survey also expressed that the lockdowns affected their educational projects greatly. Although this is not the central focus of the work IPPFWHR and its partners, it certainly is to guarantee access to comprehensive sexuality education. It is key to deploy CSE strategies by prioritizing a youth-centered approach not only to design relevant SRHR content, but also to ensure access to information and to youth-friendly services, including SRHR.

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22 Testimony from Ammie for Women in Times.
The survey also showed that participants recognize food aid as one of the most important initiatives taken by governments during lockdowns. As many participants also express their unawareness of the other government initiatives and programs to address the other effects of the population, the delivery of food and financial aid could be used to communicate these and ensure broader access, as is recommended by the Toolkit for Adolescent Sexual and Reproductive Health in Humanitarian Settings.23

IPPFWHR’s ongoing work responding to youth and women’s SRHR needs

IPPFWHR has continued to document and respond to adolescent, youth and women’s needs during the pandemic, some of these initiatives are:

- The WIT Instagram campaign continues to function as a digital mechanism to report on the lived experiences of women in the region during the times of COVID-19, by amplifying their voices and connecting them with information.

- Internally, IPPFWHR and ANIS have conducted a series of country profiles, which aim to document the latest news and circumstances of each country where we work. This has allowed IPPFWHR and partner organizations to communicate impact, identify gaps and focus resources.

- IPPFWHR, in collaboration with its partner organizations in countries, other regional partners, and youth-led networks and organizations, continues to engage with adolescents and young people throughout the region. At the end of 2020, with UNFPA, Plan International and Oxfam, IPPFWHR was a co-convener for the Juventudes Ya! third camp for youth leadership. This camp was, for the first time, virtual and reached over 300 youth with trainings, mentoring and opportunities for social innovation.

As a response to the experiences lived by adolescents, youth and women, IPPFWHR has also accelerated its strategies that focus on digital channels:

- Community mobilization to support SRHR demands in the region, like the decriminalization of abortion in Argentina.

- Comprehensive Sexuality Education:
  - IPPFWHR has supported its partner organizations in the adaptation of CSE content into virtual and digital platforms.
  - IPPFWHR has prioritized the development of digital content that includes infographics, social media posts, blogs, and podcasts.
  - Along with our partners, we have provided training to teachers and peer-educators throughout the region on the use of TICs as a key strategy to guarantee access to CSE.
  - IPPFWHR has deployed some communications’ campaigns led by young people in the region that include not only the development of CSE resources, but also their participation in FB and IG lives, and Webinars on different SRHR.
  - IPPFWHR is currently evaluating the effectiveness of WhatsApp as an educational App, given the use it has had in the context of the COVID-19 pandemic.

- Counseling: supporting and scaling platforms like VAMOS, Decido Yo, Viva te quiero, Tienes opciones to provide access to information and counseling on SRH and abortion for women.
WHAT IS THE FUTURE YOU WANT?