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A Covid Agenda from the Perspective of Adolescent Girls and Young Women

JUDITH BRUCE

IF I HAD BEEN ASKED to write this commentary a year ago (December 2019), I would have offered the same top-line messages about the demographic agenda, focusing on a core constituency for that agenda—adolescent girls and young women in the poorest countries and communities. Applying December 2020 hindsight—no pun intended—these areas of inquiry hold, even though they are selectively amplified and reshaped by Covid. To understand what is unfolding before our eyes requires an unsparing inquiry from a post-Covid perspective. We must track not only traditional impacts, but ask what strategies and programs/projects mitigated negative impacts and promoted positive ones. The needed research can be very roughly sorted into individual, household, and community levels, with considerable overlaps and linkages among the three. Priority for the research investment should be accorded to the populations most excluded and at risk pre-Covid.

The first impact of the pandemic worthy of study is its effect on the female dependency burden—not the conventional age-structure dependency burden, but the already disproportionate share of food and water provisioning, schooling, and physical-care responsibilities falling on females. Is the pandemic intensifying and redefining the burden? And on which females? A high and rising proportion of females can expect to be sole or majority providers for themselves, their children and grandchildren, and their parents and grandparents. Even when males are present and contributing, female income to a far greater extent than male income is “family income.” If current patterns hold post-Covid, resources and income under female control will have many times the family impact of comparable income under male control and, therefore, increasing females’ economic inclusion should be prioritized.

Girls’ exercise of sexual and reproductive rights requires more than information and service access. They, like male peers, must have viable economic choices and an identity independent of sexuality, marriage, and

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childbearing. Key to this is preparation for decent livelihoods, which can be measured by proxies such as completed schooling, mastery of basic financial and digital skills, incubator savings, and the social networks on which livelihoods often depend. Girls' acquisition of such assets promotes deferred marriage and planned fertility; reduces the risk of STIs, including HIV/AIDS; and increases intergenerational investment in children's health and education. How will the dislocations of the pandemic—not only school disruption, but also girls' visible economic response in this emergency—affect girls' self-identification as economic actors in their life-course and reproductive aspirations? And, just as vitally, will there be a public appreciation of their burden and promise, which translates into increased investment in their economic inclusion? In the poorest communities pre-Covid, girls' completion of secondary school was already at risk. During Covid, an all-girls school drawing students from a deprived rural Tanzanian district reported that the majority of the 300 girls returning to school post-confinement had not had the time nor facilities required to complete their "remote" studies. Most had been absorbed in survival caring and provisioning at home and some were sent to work the land (less true of their brothers). A network of school graduate mentors overseeing "girls' clubs" in home communities feared that mentees in the public system, in which post-confinement had extended school by two hours, would be under pressure to drop out given their role backstopping the family survival strategy.

The pandemic may further alter the "shape" of girls' lives, which is markedly different than that of boys. Girls' biological puberty is earlier (approximately age 12) than that of boys; girls' age of socially constructed "puberty" is often even younger in some traditional settings and many "modern" ones—owing to sexualizing norms promoted by social media. Girls' reproductive health, social, and economic trajectories are largely set by age 15. For males, not only is biological puberty later, but its consequences more favorable—their lives are getting better, their mobility greater, their share of everything (including power) increased. Girls' resilience is tested in early adolescence, and few poor girls have an orderly transition to adulthood as per the policy nostrum life course—have adequate food, have vaccinations, enter school, complete school, find employment, select life partner, start a family, remain securely married. The observance of this script is a privilege for both males and females, but far rarer for deprived females. A longitudinal dataset from Malawi revealed that females were ten times more likely than male peers to undergo a major "transition"—leaving school, sexual initiation, marriage, becoming a parent, moving household, etc., between the ages of 16 and 19. We need to study the impacts of the pandemic on events—leaving school, labor and sexual exploitation, household displacement, etc., that have the potential to move girls off-track permanently. And, from a response point of view, what types of programs—and timing beginning at what age—

can prevent the worst outcomes and offer second chances to those who have already fallen behind?

Females' sexual, marriage, and labor markets are already harmfully intertwined and possibly further complicated by Covid conditions. Females' sexual exposure rises in crisis, when sex may be included in the price of survival goods. Displacement/confinement-driven "marriages" increase the risk of unsafe pregnancy, and for many young mothers solo lifetime responsibility for children. Such marriages, even when they provide a temporary sense of protection, may simply defer risk to the young bride. They can be both unstable and unsafe, owing to a lack of meaningful consent, the haste of their conclusion, and mobility pressures on one or both partners to secure work and food. Campaigns to end child marriage in South Asia and sub-Saharan Africa report setbacks under Covid as destitute parents see marrying off a young daughter as an emergency poverty-alleviation response. Research questions include how the countervailing pressures on families to preserve adolescent females' marriageability and family reputation, while also having an urgent need for survival income, are (were) resolved under Covid. What are (were) the results for girls' marriage timing, partner selection, pressure for children, and marital stability?

The lives of the girls and young women central to this commentary are strongly conditioned by household demands. Household size and composition and how the "family" is socially constructed and its rules for allocating labor and food resources are vital information for demographic assessments and the design of relief and recovery efforts. Local meanings of household "headship" must be closely interrogated, lest this role be mechanically assigned to the oldest male, even if he is seldom home and it is the females who are bringing in most resources. When households are entitled to support, whether in kind or cash or access to services, how is it optimally delivered into complex households? Distribution of food during the rehabilitation phase of the Biafran crisis was encumbered by insufficient understanding of who was responsible for feeding whom. Malnourished children were not always the responsibility of their biological mothers, but of the female partners of their fathers. Households readily adapt when stressed by external shocks. In many deprived settings, new shocks—such as Covid—compound and extend old ones. In the Sahel, afflicted by long-term environmental degradation, drought, and endemic conflict, large nominally male-headed compounds are often composed of multiple female-centered families with each female in charge of provisioning her "cooking pot" dependents.

Household power relations can be disrupted by Covid confinement. Men spending more time at home, accompanied by reports of escalating domestic violence, has turned attention to the relations between adult partners—but there are other power relations to investigate. A field report from Kenya relayed a provisional finding of more shared decision-making over resources

under Covid. Perhaps, but plausibly, female partners permit power-sharing to make peace and compensate for lost control by allocating more work to younger females. An interesting question will be how, under Covid confinement conditions, adolescent girls' labor, fertility, sexuality, and claim on food figure into household bargaining between adult partners. To what extent do females shift the burden of provisioning and caregiving among themselves rather than challenge the privilege and leisure of older and younger males?

On a brighter note, it will be worth examining how Covid can (from the strategy and program/project design point of view) or did (from the lessons learned point of view) open up new livelihood opportunities for young females. Covid has increased likely durable demand for locally available, affordable, nutritious food and potable water; primary health care; safer, more comfortable multipurpose homes; low-cost renewable energy, and reliable digital connectivity for work, technical, and in-person learning aids. But, if these new opportunities materialize, can or will they be seized safely? Increasing home-based work in poor settings accommodates childcare and home schooling, but generates little income, can reduce female control over earnings, and may raise tensions with partners. Traditional work in community fields or marketplaces, though not risk-free, is conducted in familiar locations with some protective mechanisms. Post-Covid, better-paid work in modernizing sectors may entail mobility, new personalities, and places to navigate and skills to master—but also incur high safety and sexual risks.

Finally, it is important to study Covid at the community level as crises illuminate and intensify preexisting divisions. Information about community substructures is vital to craft responses that strengthen social cohesion, channels of communication, and competence in delivering core services. Pre-Covid conventional community-engagement strategies, including “youth mobilization,” convened forums, curated “dialogues,” and delivered resources in ways that tended to reinforce male dominance and formal control over community facilities and grant males preferential access to new technologies. Female leadership (where it existed) was token, and few avenues were provided for the expression of the needs of younger females or poorer households with children.

The learning opportunity—analytic and programmatic—of defining meaningful access to valued resources for different demographic segments cannot be overstated. Neither communities nor girls in the same communities are homogeneous. Rapid Covid responses have assumed sufficient—if not uniform—connectivity to render remote health and schooling support effective. Yet, in urban Ethiopia, girls in domestic service had negligible (and not private) phone access. In contrast, in Mozambique, an adolescent girls initiative with just weeks of experience in a new site had created enough social capital that neighbors lent phones to girls to receive Covid protection instructions and coordinate drop-off of food and hygienic supplies and home-learning lesson plans. In places where girls have more cell phone coverage

they may have enhanced access to protection protocols and remote social support but are also subject to sexual messaging and trafficking.

The delineation of communities into segments may require refinement to see pre- and post-Covid “transitions” more clearly. Standard cohort segmentation may not serve; for example, girls 10 to 14 may be more usefully divided into girls 10 to 12 and 13 to 14 given the demographic significance of puberty and transition to secondary school. In some settings, classifying females not simply by their age but also by the age of the children for which they are responsible might be instructive. Once segmentation has been contextualized, we can explore for each segment what is “their” safe access to core resources (e.g., food security, water, health care), “their” time use, and “their” community of information (how and from whom “they” share information, what information is trusted and actionable). There may be segment-specific mental health impacts of Covid conditions. Psychological traumas may rob the young of their resilience, even when external factors improve. Younger females may be especially subject to depression, withdrawal, and a loss of the confidence needed to resist religious authoritarianism and demeaning gender roles.

That said, and equally worthy of study, there are shining examples in the context of Covid and other emergencies of young female cadres functioning as frontline “social first responders.” Female mentors and their adolescent mentees have provided rapid responses to food insecurity, shaped and updated Covid protection messages, met reproductive health needs with privacy, interceded in medical emergencies and domestic violence, assisted community-wide at-home learning through virtual platforms, and delivered in person, when possible, critical goods, even homemade sanitary supplies and emergency entitlements to the most in-need households. The question is, can the knowledge the Covid pandemic revealed about intracommunity inequalities in access and the disruption it brought to traditional community structures be constructively harnessed? Can this experience bolster the commitment to inclusive communities with accountable plans to reach the most vulnerable, actively solicit young female participation, establish permanent female-accessible platforms through which to deliver health information, mental health, social support, as well as vital commodities including contraception, and increase food security, impart livelihood skills, extend connectivity, and build a wider basis of civic engagement—before the next crisis?

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