Save the Children

WINGS 2022
World of India's Girls
Spotlight on Adolescent Girls amid COVID-19

Executive Summary

1 About the Study

WINGS 2014, the first report - explored unequal challenges faced by girls and women despite economic growth and social development. WINGS 2018 examined the underlying gender stereotypes and their implications on girls' safety in public spaces. WINGS 2022, the third in the series highlights the adverse impact of COVID-19 on girls with a focus on inhabitants of urban slums.

The ravaging pandemic has brought an unprecedented loss of lives and livelihoods coupled with catastrophic food insecurity, lack of access to healthcare, quality education, and increased vulnerabilities, adversely impacting the children belonging to the populations living on the fringe worldwide. Gender inequality has perpetuated and aggravated, derailing decades of progress. The once-in-a-century humanitarian crisis has devastated and threatened the rights of millions of girls.

India, which has the world's largest proportion of children of below 18 years is rapidly urbanizing. Never before in history, hundreds of thousands of people have been forced to move to live in unhealthy conditions in these urban settlements. Restrictions and lockdowns have led to a severe blow to their livelihoods. Girls, more than boys in these localities have been severely affected.

Any crisis disproportionately impacts more vulnerable population. The detriments could be stark. Girls have for long suffered gender discrimination. Unfortunately, there is lack of evidence about the impact of COVID-19 on girls, especially those living in urban areas. This lack of evidence impacts all the stakeholders in framing response as well as long-term strategies to ensure that girls are not denied their rights. Considering this gap in evidence, Save the Children (also known as Bal Raksha Bharat) conducted a research study with an aim to generate evidence on understanding impact of COVID-19 on girls.

The study captures the repercussions on girls' access to health, education, and opportunities for play and recreation. It focuses on the changes that have taken place in the overall context of their insecurities. It also includes understanding the coping mechanisms adopted by the families to deal with the increased health and nutritional insecurities, the abrupt decline in learning opportunities, the pressure on early marriages, and limited play and recreation facilities. The study also captures the voices of adolescent girls, to describe the changes that have occurred in their lives. The findings are paramount to framing an appropriate response to build back better by way of formulating recommendations to all stakeholders #allyoupforher. These will enable the policymakers and implementers to take informed long-term strategic measures to safeguard and uphold the rights of girl children.

Methodology

The study was conducted in February 2021 in Delhi, Maharashtra, Bihar, and Telangana representing the four geographical zones (East, West, North and South). The states in each zone were selected using a composite measure including metrics such as incidence of COVID-19 , child sex ratio, women getting married before 18 years, annual dropout ratio and women between the ages of 15-24 years using hygienic methods during menstrual cycle. The sample was selected using the nonprobability sampling technique. Within each state, two districts/cities were selected, hence, eight districts/cities were included in the study.

A mixed methods approach was used involving a combination of quantitative and qualitative tools; primarily a quantitative survey, focus group discussions (FGDs) and key-informant interviews (KIIs). The sample is not meant to represent a pan-India picture but to draw an overall sense of the prevailing perception on the issue of impact of COVID-19 on rights of girls in urban spaces of the selected states. The quantitative survey involved a structured questionnaire survey administered among 1,092 mothers of adolescent girls (aged between 10 to 18 years). Additionally, a subset of the structured questionnaire was also administered on adolescent girls (1092 in number) from the same household (daughters of the respondent mother). A total of 30 FGDs were conducted with adolescent girls (aged 10-14 years and 15-18 years), adolescent boys (aged 15-18 years), and mothers and fathers of adolescent girls. In addition, KIIs with various stakeholders such as front line health workers and school staff were conducted.

The study used recall method to understand their experience and access to services during lockdown period (April to June 2020) and post lockdown situation (November 2020 to January 2021). For some indicators, general experience during the pandemic (since March 2020) was also captured. Lastly, for a select set of indicators, experiences were asked for three time periods - before lockdown (before March 2020), during lockdown (April to June 2020) and post lockdown (November 2020 to January 2021). Key findings that have emerged from the study are as follows:

2 Key Findings

2.1 **The health and nutritional well-being of adolescents has taken a major hit:** In households living in poverty, women and girls are particularly disadvantaged in their access to household resources, including food and nutrition (UNICEF, 2019). Undernourished girls grow up to become undernourished women who give birth undernourished children. As per the study findings:

a) More than four out of five households (81 per cent) suffered from food insufficiency (as reported by mother respondent) during the initial lockdown period as shops were closed, food became expensive, and government relief did not reach all families.

- During this period, rising food prices, food shortages, long lines, and limited support from government made it difficult for households to access food.
- Most families had to cope with the situation by taking resort to cheaper or less favored food options, borrowing money or food, reducing the number of meals eaten, and limiting the portion sizes of meals.

b) Four out five mothers (78 per cent) reported that their adolescent daughters faced difficulties in accessing sanitary napkins during lockdown period owing to limited government supplies, lack of money, and closure of shops.

c) Two in three adolescent girls (68 per cent) reported that they did not have access to or receive any health and nutrition services (including interacting with the frontline health workers) during the lockdown.

- During lockdown period, fear of getting infected, closure of schools and health centers, long queues and unavialability of health staff made it difficult for adolescent girls to access health and nutrition services
- During the post lockdown period, more than half (51 per cent) of the adolescent girls continued facing challenges in accessing health services.

d) Three in five adolescent girls (62 per cent) did not have access to information on sexual and reproductive health rights (SRHR) during the pandemic.

- Only one in five girls (21 per cent) was able to access information on SRHR using the digital medium or social media platforms.

2.2 **School closures have caused a major setback to learning continuity:** The COVID-19 pandemic disrupted children's learning around the world. In India, it erased seven decades of progress made through proactive programs and legislations including the Sarva Shiksha Abhiyan or Education for All (2000) and the Right to Education Act (2009). Closure of learning facilities disrupted the lives of over 320 million children majority of which were enrolled at the primary and secondary level (86 per cent). Some of the major findings of the study are:

a) Across the four states, one in three (33 per cent) girls attended online classes during the lockdown.

b) Three in four mothers (73 per cent) clearly indicated that the pandemic had adversely impacted their daughter's learning to a large extent.

c) Since the closure of school, two in five girls (42 per cent) were not contacted by school staff as reported by mothers during the pandemic period.

- School closures severely reduced the learning opportunities for girls.

d) With respect to the support received from external sources during pandemic, more than one in two mothers (55 per cent) reported that their adolescent daughters did not receive any support.

e) One in four (23 per cent) girls did not have access to any type of learning materials at home during the pandemic

- One in two girls (46 per cent) did not have course books, as reported by mothers.

f) Two in five mothers (44 per cent) reported that their adolescent daughters felt agitated and anxious during the lockdown period (April to June 2020).

2.3 **Progress made in ending child marriage could get reversed:** The prevalence of child marriage in India has seen a sharp reduction in terms of the rate and absolute numbers in the recent years. The prevalence of child marriage has declined from 74 per cent in 1970 to 27 per cent in 2015. There has been a decrease in absolute numbers as well in the number of girls being married before 18 years from 12.3 million in 1992-93 to 10.7 million in 2015-16. Findings from the study suggest that:

a) Job losses and reduced household incomes due to the pandemic have increased the likelihood of child marriages.

b) One in seven (14 per cent) mothers felt that the pandemic has increased the risk of early marriage among girls.

c) Girls face greater risk of early marriage than boys as one in two mothers (52.4 per cent) perceive that the chances of girls rather than boys getting married early are higher due to COVID-19.

d) There is lack of awareness about the issue of child marriage. About one in ten mothers (10 per cent) believe that appropriate age of marriage is below 18 years.

e) Nine in ten mothers (92 per cent) shared that they have not come across any awareness building activity around the issues of child marriage during the pandemic.

2.4 **Access to safe and inclusive spaces for play and recreation has diminished during the COVID-19 pandemic:** COVID-19 has further heightened the already restricted access to play and recreation made worse by the closure of schools and restrictions on movement during the lockdown. Physical restrictions due to COVID-19 have severely dented the opportunities for adolescent girls to meet their friends, engage in sports, play and participate in extracurricular and other leisure activities. These circumstances have seriously jeopardized their access to spaces that are traversed on a daily basis to keep them active and playful. The studyshows that:

a) An overwhelming majority (88 per cent), nine out of ten mother respondents, perceive play and recreation to be extremely important for girls between the ages of 10-18 years.

b) Not going to school has reduced the opportunities for play and recreation as schools are the spaces for girls to engage in extracurricular activities and pursue creative pursuits with their classmates. One in two girls (50 per cent) reported that they missed the journey of going and coming back from school with their siblings and friends. Many girls also missed the games period (one in two girls, 46 per cent), library class (two in five girls, 40 per cent), lunch break (one in three girls, 35 per cent) as well as the drawing and painting class (one in three girls, 30 per cent).

c) The mothers shared that the pandemic has reduced the time spent by girls outdoors for playing, recreation and meeting friends as adolescent girls found it really difficult to take out time for outdoor activities during lockdown. More than one in two girls (56 per cent) did not get time to indulge in outdoor play and recreation during the lockdown as responded by mothers.

d) Before the lockdown, streets were the most preferred outdoor space for girls (two in five girls, 40 per cent) followed by school ground (one in three girls, 33 per cent), friend's place (one in three girls, 27 per cent), parks (one in five girls, 21 per cent) and playgrounds (one in ten girls, 10 per cent). Streets remained the second most preferred places for outdoor activities for girls during the lockdown (15 per cent) and this increased to 33 per cent after the lockdown.

e) Lockdowns, imposed on account of the COVID-19 pandemic, seriously limited children's access to spaces for play and recreation.

f) One in two girls (51 per cent) reported that they were watching TV more as compared to pre-pandemic days. This was followed by household chores (two in five girls, 43 per cent), use of mobile phones (two in five girls, 39 per cent), and playing board games (one in three girls, 33 per cent).

3 Recommendations

3.1 Thematic Recommendations

Education

- **Ensure safe back to schools (SB2S) for girls:** Plans to re-open schools should be gender-responsive and need to ensure a supportive environment for girls to return to schools. School infrastructure must ensure proper water, sanitation, and hygiene (WASH) facilities, especially gender-specific toilets. It is important that teachers, Anganwadi Workers (AWWs) and helpers, limit their role to teaching/ academic work with minimized use of schools and educational institutions for any public health interventions.

- **Equitable access to teaching learning materials** for vulnerable children with special focus on girls should be ensured. There is a need to focus on developing low-tech and no-tech solutions. There is need to map digital content to textbooks to aid the concurrent use. For highly popular platforms like WhatsApp, more immersive content can be created for example quizzes, multiple choice questions and open book questions.

> Save the Children's Guidelines for Safe Return to Anganwadi Centres and Schools have been shared with the State Education Departments of Karnataka, West Bengal, Uttar Pradesh, Telangana and Andhra Pradesh along with safe return protocols including class-wise timetable, duration of sessions, safety procedures (i.e., sanitizing classrooms after each class and provision of personal protective equipment (PPE) kits) to be followed, and re-course steps, if COVID-19 cases emerge.

- **Hold virtual (call/SMS-based) and in-person meetings with parents, and students to ensure re-enrolment in case students have dropped out of school/not re-enrolled:** These meetings can be used to encourage parents to ensure enrolment of girls for the next academic year. An attendance tracking mechanism could be established at school level to identify frequent absenteeism and track children with a focus on girls to bring them back to school. Gender disaggregated data should be collected to check progress on re-enrolment and attendance. Officials at the block and district levels (BEO/DEO/BRC/CRC) as well as School Management Committees, Mothers Groups, and Anganwadi Development Committees can play a key role in these efforts.

- **Ensure psychosocial wellbeing support to combat the impact of COVID-19 for children, parents, caregivers, and educational personnel:** Given that psychosocial wellbeing is a significant concern, states can consider appointing trained counsellors to schools to hold virtual sessions with students in the near term and in-person sessions as schools re-open. States can explore launching community well-being drives to address well-being challenges and make resources available. This can involve district-level training sessions of community 'well-being teams' made of AWWs and school teachers to equip them with counselling skills and well-being resources.

Health and Nutrition

- **Improve equitable coverage of healthcare services:** There is a need to improve equitable coverage of healthcare services by removing financial and non-financial barriers. It is important to prioritize efforts and resources to make services available free at the point of use for vulnerable children, especially girls.

- **Action plan for continuity of services:** Develop a strategic plan of action for continuation of services provided through the anganwadis (reproductive and child health services, routine immunization, menstrual hygiene products, supplementary nutrition, distribution of iron and folic acid tablets, etc.) or alternative modes to deliver them with a specific focus on girls.

- **Strengthen adolescent-specific programs:** Strengthen existing programs such as Adolescent Friendly Health Centres to address issues of young people, especially girls, including their mental health needs.

- **Ensure food security:** Ensuring food security by continuing existing social protection schemes is important (including those announced during the pandemic) so that the most deprived and marginalized (including migrants) families can also provide for healthy development of girl child.

Addressing Child Marriage
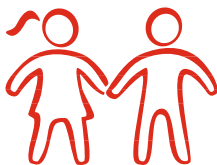
- **Develop community-based monitoring systems to prevent child marriages:** with the involvement of different committees established at the ward/village and gram panchayat level such as Child Protection Committee (CPC), Village Health, Sanitation and Nutrition Committee (VHSNC) and others. These committees should jointly conduct a census of adolescent children, particularly adolescent girls, and protect them from becoming potential victims of marriage and trafficking.

- **Invest in building the agency of girls and women:** There is a need to empower girls and women so that they exercise their life choices. Civil society organizations can play an important role in doing the same. This will require supporting monthly meetings of adolescent girls, advocating with government for improved services and functioning of protection mechanisms for children. It is also important to create opportunities for child and young people-led advocacy and accountability on child marriage through forums such as children's groups and youth groups.

- **Support girl's life skills education:** This can be done by introducing self-paced learning on life skills and incorporating this in their academic learning.

- **Encourage home visits:** It is important to encourage home visits by frontline workers and committee members to the households having adolescent girls to educate the parents or caregivers with the right message to break the prevailing harmful social and gender norms that make girl child vulnerable.

- **Strengthen law enforcement agencies:** Strengthening law enforcement agencies is critical to make them more effective in (i) spreading awareness about the criminal provisions under different child protection laws including the Prohibition of Child Marriage Act, 2006 (PCMA) and (ii) enforcing provisions in law that punish officers for dereliction of duties.

- **Rapidly scale up inclusive digital and remote learning:** This will require developing programs to support the safe return of the girls to school including access to WASH and SRHR services, introducing tele-counseling and information support services on SRHR and menstrual health and hygiene, as well as information on contraceptives and family planning methods.

Play and Recreation

Several initiatives of the Ministry of Housing and Urban Affairs (MoHUA) including the flagship Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and Smart Cities Mission on refurbishment of parks and playgrounds including tactical urbanism interventions recognize the critical importance of play and recreation for the physical growth and mental well-being of children. However, even before the COVID-19 pandemic, children and girls did not have sufficient spaces for safe play and outdoor recreation activity. The COVID-19 pandemic has made situation worse by causing serious disruptions to girls' access to play and recreation whether indoor or outdoor due to physical restrictions on movement as well as school closures. Considering this, it is important to:

- **Promote active behaviors:** Encourage teachers and parents to engage girls in active behaviors by promoting participation in sports, games or other creative pursuits rather than spending time on sedentary activities such as watching TV, using mobile, or doing nothing.

- **Create new safe spaces:** Impress upon governments and communities to create new safe spaces for children and girls to congregate and play.

- **Raise awareness about available facilities:** Make girls aware about the different facilities for play and recreation in their neighborhoods.

- **Install age-appropriate play equipment in parks:** Urge communities to build separate playgrounds and install age-appropriate play equipment (such as swings and see-saws) in parks.

- **Ensure proper lighting:** Provide proper lighting in the play area including the route traversed by girls for accessing parks or playgrounds from their homes.

- **Child-friendly parks:** Design parks and playgrounds in a creative manner and make them child-friendly in order to improve girls' footfall.

- **Make play equipment available in schools:** Open gymnasiums and make play equipment available in schools for increased engagement of girls in play and recreation activities.

- **Appoint female physical training teachers:** Appoint female physical training teachers to train girls in various sports.

3.2 Cross-Cutting Recommendations

- **Scale-up Investments on Girl Child:**

  Considering that COVID-19 pandemic and its after-effects will continue to impact the lives of girls in near future, there is a need to increase investments on girl child. Hence, it is important to ensure that health, nutrition, education, and protection services are well-resourced and inclusive with a specific focus on girls. Greater importance on Gender Responsive Budgeting is required to address gender inequality.

- **Build Engagement of Multi-Stakeholders:**

  A coordinated and synergized effort is required to have state, civil society organizations, private sector, academia, media, community, citizens, and girls to work together to address the issue of violation of rights of girls and come up with innovative solutions to address this challenge.

- **Listening to Voices of Girls:**

  There is a need to listen to the voices of girls. It is important to ensure that dialogue and interaction with girls captures their experience and the impact of COVID-19. These experiences and interactions should be used to develop response plans to improve girls' access to services.

- **Build agency of girls:**

  Building the agency of girls and empowering them to exercise their life choices by (i) advocating with the government for improved services and functioning of protection mechanisms for children, (ii) creating opportunities for child and young people-led advocacy and accountability on child rights issues including child marriage, and (iii)utilizing children's groups, youth groups and other forums for children to disseminate information about child rights and lead activities for children in their communities.

- **Strengthen the Delivery System:**

  There is a need to strengthen the delivery mechanisms to ensure effective implementation of programs for girls. Ensuring the availability of trained and skilled workforce is also crucial to reach out to girls.

- **Provide Additional Support to the Institutions, Structures, and Frontline Workers**

  in terms of finance, capacity-building, providing incentives to work proactively for by motivating, educating and convincing parents and guardians of girls to advance child rights and promote the best interests of children, particularly girls.

- **Improve and Develop Community-based Monitoring Systems**

  to ensure involvement of different committees established at the ward/village/gram panchayat level such as CPC and VHSNC, among other efforts. Jointly conduct census of adolescent children, particularly of adolescent girls.

- **Generate Evidence on Girl Child:**

  There is a need to invest in building evidence on the impact of COVID-19 on girls. Efforts in generating data on girls in the context of COVID-19 should be directed at all the critical child rights issues including health, nutrition, education, and child protection.

Image Credit: Save the Children, India