

Listening to young people's voices under covid-19

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Exploring the impact of covid-19 on adolescents in urban slums in Dhaka, Bangladesh

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Introduction

After reporting the first case on 8 March 2020, Bangladesh now has nearly 120,000 confirmed cases of covid-19 and 1,545 deaths (Johns Hopkins University, 24 June 2020). It is 10th on the list of countries that have been worst affected by covid-19 globally, and the high number of new cases – particularly in and around Dhaka – means that the total number of cases could keep climbing (The Daily Star, 14 June 2020). In addition, testing rates are among the lowest in the world. Underreporting of infections and deaths is suspected and the health system is finding it hard to cope with the influx of patients. Starting on 26 March 2020, a state-sanctioned shutdown led to the suspension of public transport and closure of private and public offices all throughout the country, and resulted in people being confined to their homes (Dhaka



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(17-year-old male respondent from Community A)

Tribune, 10 April 2020). The Ministry of Education closed all educational institutions and both the Higher Secondary School Certificate (HSC) and equivalent examinations were postponed indefinitely (Dhaka Tribune, 14 June 2020). According to the most recent announcements, all educational institutes will remain shut until 6 August 2020. However, from 1 June the lockdown has been partially lifted and public transport, public and private offices and business have been reopened, albeit on a limited scale (Dhaka Tribune, 31 May 2020).

In Bangladesh, the total number of slum dwellers accounts for 6.33% of the urban population and 1.48% of the total population of the country (BBS, 2014). Most residents of slums and low-income settlements survive on daily wages, which means they have little or no savings. Moreover, low-income settlements are crowded, and families frequently live in single rooms with shared latrines and kitchens, and lack basic sanitary services. Adolescents living in the slums of Dhaka City who are facing physical, emotional and cognitive transitions are particularly vulnerable during this pandemic. This rapid qualitative research study therefore attempts to understand the impact of the pandemic and countrywide lockdown on the lived realities of adolescent boys and girls, living in slums and low-income settlements in Dhaka.

This brief is part of a cross-country series designed to share emerging findings in real time from qualitative interviews with adolescents in the context of Covid-19. The young people involved are part of the Gender and Adolescence: Global Evidence (GAGE) programme's longitudinal research sample. This report includes findings from 30 in-depth interviews with adolescents (20 female and 10 male) consisting of 8 younger (aged 12–15) and 22 older (aged 16–19) cohort adolescents from three sites, including two peri-urban slum areas and one low-income settlement in Dhaka.² Three key informant interviews were also conducted with education, public health and social services experts to understand the measures taken by the government and NGOs in response to the ongoing pandemic. Data collection took place in 2 phases: the first round of 16 adolescent interviews was conducted in early April 2020 as the lockdown began to take shape. The second round of data collection was finalised in early June 2020, comprising both follow-up interviews with the first 16 adolescents and additional interviews with 14 adolescents and 3 key informants. Respondents were contacted through phone calls, and interviews were conducted following a semi-structured guideline.

What do young people know about covid-19?

Although all the adolescents interviewed seemed to be aware of the coronavirus, self-quarantine and precautionary measures to follow, knowledge and perceptions varied by their age and information sources. The younger cohort respondents were aware of the coronavirus, disease symptoms and preventive measures but they lacked detailed information. A 12-year-old female adolescent from Community B referred to the coronavirus as a 'Chhowache Rog' (infectious disease) and people need to be careful about it. She said, *'We should keep distance from other people, we should not go outside.'*

On average, older adolescents were able to provide more information about how the virus spreads and its specific symptoms. A 17-year-old male respondent from Community A said, *'If I get infected by corona, my family members would also get it. There is no medicine invented for corona as well. If we don't take it seriously, it will harm us badly. That's why we are not going outside.'* Similarly, a 17-year-old female adolescent mentioned, *'If we don't wash our hands after touching anything, and touch our mouth, eyes or nose, then it will spread.'*

Adolescents talked about home remedies such as inhaling steam and drinking hot tea with lemon and ginger, which they believe can make a difference for treating the coronavirus. A 16-year-old female respondent said, *'I just know it stays in our throat ... maybe for four days ... and if we drink water then it might go somewhere else rather than lungs ... That's all I know.'*

Some adolescents also discussed the stigma and fear that prevails in the community regarding covid-19. They mentioned that people are inclined to hide their symptoms, such as fever and a cold, from others because they are scared of being suspected of having covid-19 and being taken away by the police, kept in isolation and their neighbouring buildings placed under further lockdown. A 17-year-old girl from Community B claimed, *'The people in our area are panicking. If someone has a slight fever, no one goes near them. Everyone stays in fear.'*

Access to safety measures

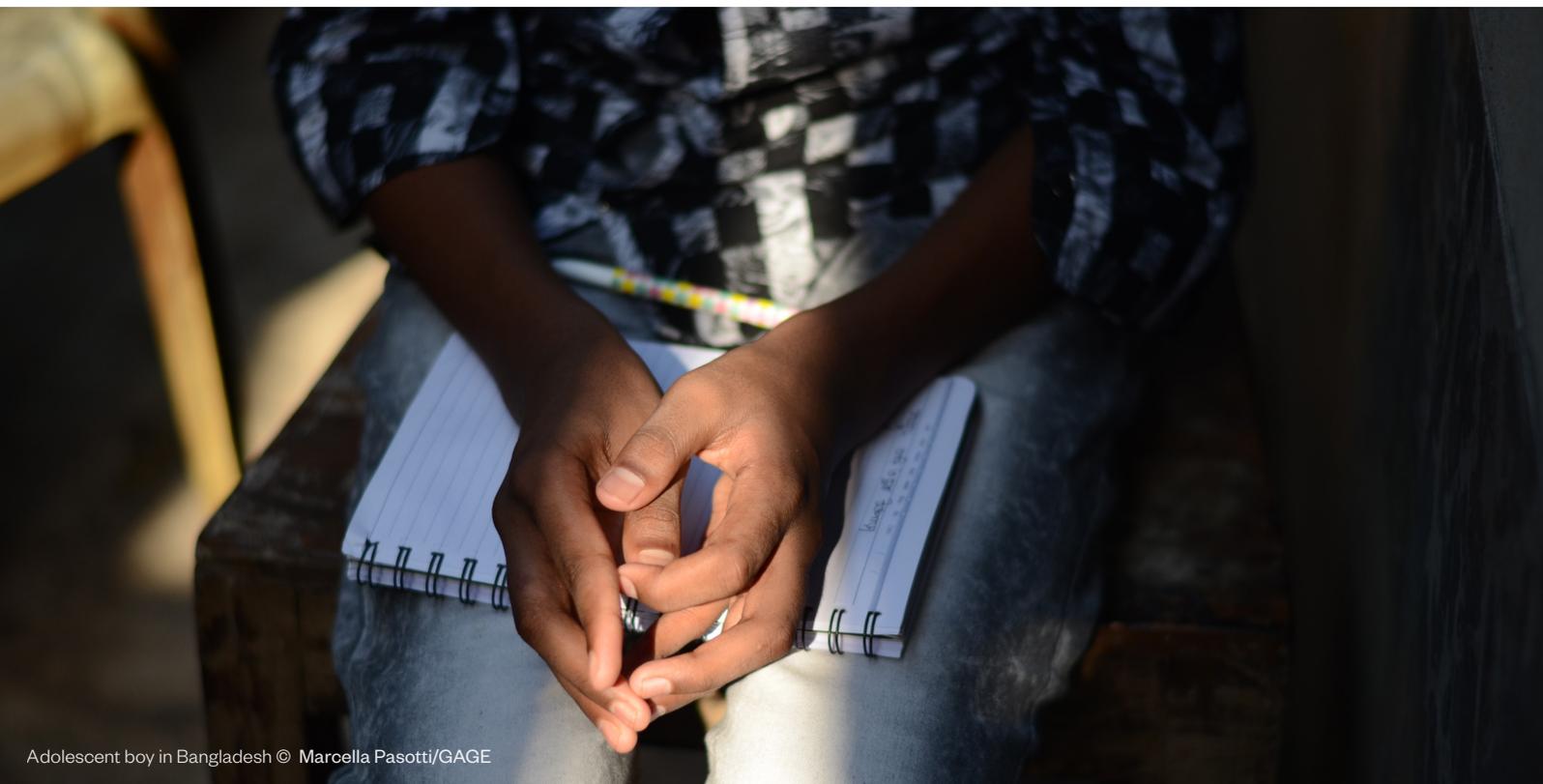
The majority of adolescents stated that their family members follow necessary safety measures such as washing hands, wearing masks and maintaining social distance. They mentioned that masks and soap were easily available and affordable and most were using cloth masks which could be washed and reused (see Box 1). However, some adolescents noted that many people in their area do not abide by social distancing rules as instructed by the government. A 17-year-old boy from Community A said, *'We live in number 5 block which has a small bazar (market), that's why it remains crowded all the time. The risk of getting infected is very high here but many people are careless. Already seven people have been infected, but no one seems to take serious steps to be protected.'*

Box 1: Face mask availability

On 31 May, the government declared it was illegal to be seen outside without a face mask and violators could face a three-month prison service, a fine ranging from Tk. 50, 000 to 1 lakh, or both (Daily Star, 31 May 2020). Our rapid fieldwork findings revealed that people are arranging makeshift personal-protection equipment in the face of the stringent law enforcement imposed in the country. A 14-year-old adolescent girl mentioned, *'My father and grandfather wear masks and plastic bags as gloves, before going to work. If they go outside without wearing these then the army and police will beat them.'* Although it is uncomfortable and difficult to wear masks in the hot and humid climate of Bangladesh, people are now bound to take this precaution seriously. A 19-year-old female adolescent said, *'Even when I go to the lane in front of my house I wear a mask. I do not feel comfortable wearing gloves. I just wear a mask, but I don't like wearing it either. But I have to wear a mask.'*

Most of the adolescents stated that masks are readily available and affordable for them. Prices vary according to quality, ranging from TK. 10 to Tk. 120. An 18-year-old female adolescent explained, *'Masks are available but the price is high. A normal mask worth Tk. 20 or Tk. 30 mask is now Tk. 90, 100 or 120. These prices are not always affordable.'* Due to the expense, some respondents tend to use reusable masks, as highlighted by a 17-year-old female respondent, *'We use masks made of cloth. Usually after using a mask for one and a half days we wash them for reuse.'*

Relief supplies, notably food, provided by the government or NGOs are often distributed on the streets or open spaces of the community where people from within the community and nearby communities gather to receive it. Among the respondents, those who were a bit more aware of how the coronavirus spreads from person to person shared concerns about how collecting relief can spread infection, as these distributions often cause huge crowds to gather. *'Whenever someone comes to help us, all the people in the slum get out and make a mess. They start fighting ... It becomes a big crowd and people don't maintain [a safe distance] and become unmindful of the virus,'* complained a 17-year-old girl from Community B.



► Our teachers are our Facebook friends. They now tag us in various posts on Facebook about awareness. They are doing various activities via Facebook.

(An 18-year-old male adolescent from Community A)

Sources of information

The majority of adolescents in our sample reported that television was a major source of information on covid-19, particularly TV news reports. Apart from TV news sources, all the adolescents stated that they also learned about the virus from their parents, school teachers and wider community. Most of the school-going respondents mentioned that before their schools closed for the lockdown, their teachers informed them about coronavirus and instructed them to stay at home and practise personal hygiene. However, there is no mention of whether the information was tailored for low-income settlements that are overcrowded, lack running water and where large numbers of people share sanitation facilities.

Some respondents mentioned using Facebook and YouTube to acquire information about the coronavirus. An 18-year-old male adolescent from Community A said that, *'Our teachers are our Facebook friends. They now tag us in various posts on Facebook about awareness. They are doing various activities via Facebook.'* Adolescents with internet access, however, are also exposed to misinformation, rumours or fabricated news through social media or informal sources of information such as community gossip. A 17-year-old female adolescent from Community B mentioned, *'I heard [from unknown source] that Allah also forgave all the Christian, Hindu and Buddhist people of China, because they have started offering namaz (prayer) in the mosque.'* Almost all the adolescents in our sample reported that frequent 'miking' or announcements through loudspeakers by the government and NGOs are prevalent in their community. A 14-year-old girl from Community C, said, *'I just saw that they are canvassing on a rickshaw. Some people also circulated posters and leaflets to create awareness, giving out soap and telling people to wash their hands.'* Another 19-year-old female from Community A reported that she heard the awareness announcement from the mosque, *'There is miking in all the mosques about many people testing positive, and asking us to stay at home.'*

How have adolescents been affected by the government's response to the pandemic?

Forced quarantine and social distancing

Since the declaration on 26 March, lockdown in Bangladesh has not been observed very strictly for a number of reasons. Immediately following the government's announcement, people began leaving the capital for their home towns. A key informant from Campaign for Popular Education (CAMPE) mentioned that the term 'lockdown' was translated as 'shadharon chuti' (general holiday) in all government declarations, which created a lot of confusion. Another key informant from the Bangladesh Health Watch said, *'[The] Government called it a general holiday. So on holidays, what do people do? They roam around. And that's exactly what happened.'*

Our findings suggest that it was mostly the fear of assault by the police that kept slum residents inside their homes. For these adolescents, maintaining social distance is less of a voluntary act and more of a state-imposed obligation. A 17-year-old male from Community B described, *'Whenever the police come, people hastily shut down everything [street side shops] and run to their homes. So at those times, we also close our shop.'* Since most of their families have no fixed income but depend on their daily earnings from activities that require them to *'go out and work'*, it is almost impossible for them to 'afford' to stay quarantined for a long period of time. An 11-year-old girl from Community B described how her father, a rickshaw-puller, failed to bring money home due to the lockdown: *'My father said that when he goes out with his rickshaw, they [the police] stop him and tell him to go back to his house and if he is again seen to pull the rickshaw they [the police] will break his rickshaw.'*

Students mentioned spending more time with their families, watching TV and studying at home during lockdown. Both male and female adolescents mentioned helping their mothers with household chores, although girls seemed to spend

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(A 19-year-old female adolescent from Community C)

more time on this than boys. Those who had access to social media spent a great deal of time on it, although lack of money to buy data limited use for many. Most of them were accessing it on their parents' smartphones, since very few had their own.

Impact of lockdown on education

Of the 30 adolescents interviewed, 21 are school going. When interviewed, adolescents were studying at home to keep up with their lessons following their syllabus, study guides and revising their old lessons. However, according to the respondents, studying with support from school and teachers is significantly different from having to study at home by themselves as they need guidance, instructions and notes from experienced instructors that they no longer have access to. A 14-year-old boy from Community A explained, *'We have a guide book which I am following for my studies. I have difficulties studying at home with math, science and english – mostly math and English.'*

A few respondents stated that their mothers, siblings and in some cases family members such as aunts and cousins were helping them study. However, for adolescents from low-income backgrounds, this type of assistance at home is very rare. In most slum households, parents and family members are uneducated and lack the skills required to help in home studies. A 17-year-old girl from Community B explained, *'Listen, you can study at home but you need someone (educated) like that. You need an educated elder brother or sister to study at home. Or either one of your parents has to be educated. Among us, there is nobody who is educated.'* (An 18-year-old girl from Community C mentioned that she used to study with her friends and she attempted to mimic group work over the phone during lockdown, *'It takes a lot of time to make them [her friends] understand and by this time, half of my phone balance is finished. We are students so we don't have any extra income, then perhaps we could have recharged and talked on the phone.'*

Apart from the obvious difficulties of studying at home, the additional free time coupled with a lack of routine and homework deadlines has led some adolescents to lose track of time and get distracted easily, which is also affecting their education. A lot of respondents also stated that they are not able to concentrate on their studies in such stressful circumstances.

The key informant from CAMPE pointed out that in urban slums it is particularly difficult to find a place to study as the houses are so small. A recent survey conducted by CAMPE with representatives of NGOs and teachers found that most stakeholders were anticipating drop-out rates, absenteeism and irregularities in school to increase due to the economic hardships faced by families during the pandemic, and a possible increase in child labour. One of our female respondents from Community C (19 years old), who was enrolled in college until the covid-19 pandemic had started, is thinking of dropping out, since she knows it will be difficult to pay for her education now given her parents' financial situation.

Financial crisis

The adolescents we interviewed were aware of their households' financial situation and their parents' struggles, which is reason for constant worry. The uncertainty regarding the duration of lockdown makes adolescents even more stressed.

Due to the lack of a steady, regular income, some families have already cut down household food intake and are changing their food habits to minimise expenses. A 17-year-old boy from Community B said *'We are facing difficulties, we can't eat properly now ... We had some savings but they will not last if this home quarantine continues'*. The prolonged lockdown has so far forced some people to borrow money and use up their savings. By the second round of interviews, the financial situation had worsened and some of the respondents' families were experiencing financial crises. A 19-year-old working female adolescent from Community C said, *'Before this lockdown my father could work and I also used to give tuition to school children. But now we cannot go to work and we have no money. This situation makes me feel worried.'* Working adolescents in our sample have had to stop working, adding layers of stress and apprehension to their lives.

Married female adolescents were worried about paying for rent, electricity and other bills for both their in-laws and natal family. An 18-year-old mother from Community C expressed her worries, *'The tension is about food, I have a baby, and then the rent ... three months' rent is left ... and then the money for the cable bill. Most of my tensions are about money and food. And also for the coronavirus.'*

Access to health services

The ongoing covid-19 crisis has taken a toll on the already fragile healthcare system of the country. Some respondents revealed that the fear of getting infected by coronavirus has prevented a lot of people from going to the doctors for health problems unrelated to covid-19. Adolescents mentioned incidences where their relatives did not get treatment due to the unavailability of the doctors. *'Because of fear about coronavirus, doctors are not sitting in their personal chambers. Doctors are also not available at the hospitals. So people are staying at home with diseases,'* said a 19-year-old female from Community C. None of the adolescents interviewed from the three communities reported knowing about kiosks or booths for the testing of covid-19. Therefore, the community people are reportedly going to nearby hospitals for testing.

Impact on adolescents' psychosocial well-being

The covid-19 pandemic and the subsequent government imposed lockdown has affected the psychosocial well-being of adolescents in many ways. Some of these aspects that have surfaced in this study have been discussed below.

Education-related anxiety

The uncertainty of when exams will be scheduled and the possibility of falling behind in their studies and therefore losing this valuable time in their lives were common concerns expressed by the respondents. The fear of exams seemed very common among older adolescents. Many of the school-going respondents were national education board examination candidates and seemed to be worried about their upcoming examinations, results and their future educational progression. A 17-year old female adolescent from Community B said, *'Our exams are coming up. What will I do? I can't get good results in this way, if the school is closed. We are poor. If I don't bring good results in the exam, I won't get a chance anywhere [higher educational institutions e.g. college]'* (On the other hand, younger adolescents mentioned feeling unhappy about not being able to go school and missing their friends. *'I like school. Because I can chat with everyone. We can hang around. I don't like to stay at home,'* lamented a 14-year-old boy from Community A.

The second round of interviews revealed that as covid-19 measures persist and there is uncertainty over when and how schools will reopen, older adolescents are increasingly worried and stressed. A 17-year-old female HSC exam candidate from Community B said, *'I have worries that if the exam date is announced suddenly then what should I do? I have forgotten everything. Even if the authorities give us two weeks for preparation that will not be enough. What should I read? Who will help me? Now I do not have any preparation.'*

The sentiment was echoed by an 18-year-old boy from Community C: *'I think they (the government) will not consider the situation. We are thinking if the government reduces our syllabus a little bit ... It could reduce our tension and we could do the exam well.'* Although the idea of taking the exams is causing stress among adolescents, a few of them also stated that they are afraid of losing an academic year and falling behind if the exams get postponed because of covid-19.

Disconnected from friends and peers

It is important to note that for these adolescents, schools, colleges and coaching centres are not just learning institutes but a very important part of their social lives, which they are also being deprived of due to the pandemic. The social impact of school closures cannot be underestimated. Without school, adolescents are unable to meet their friends or contact them, as in most cases they do not have access to a personal phone or internet connection. This is especially bothersome for adolescent boys who rely greatly on their friends as a support system, and are used to being out for 'adda' (hanging out) on the streets, with their friends. On average, girls seemed more content to remain at home among family networks, although upon the lockdown's easing, they too visited neighbours and spent time with friends. Some of the female respondents expressed their wish to have access to an internet connection, which would enable them to connect with their friends and also help them to study.

► **Our exams are coming up. What will I do? I can't get good results in this way, if the school is closed. We are poor. If I don't bring good results in the exam, I won't get a chance anywhere.**

(A 17-year old female adolescent from Community B)

► I worry mostly about my family and about my parents. If someone gets a fever ... Even if we do identify the virus, we won't be able to isolate him/her, we have no choice but to live with that infected family member in close proximity.

(A 17-year-old girl from Community B)

Fear of getting covid-19

The fear of getting covid-19 is also one of the important factors affecting the psychosocial well-being of adolescents. Most of the younger adolescents mentioned their personal fears of getting infected. A 13-year-old boy from Community B said, *'I am afraid that if I sneeze and cough I might have corona.'* With the rising death toll reported on the television news and different kinds of misinformation from different sources, adolescents of both age cohorts often get caught up in the fear of what might happen to them and their families. A 17-year-old girl from Community B mentioned the lack of resources: *'I worry mostly about my family and about my parents. If someone gets a fever, we might think that it's just a regular fever. Even if we do identify the virus, we won't be able to isolate him/her, we have no choice but to live with that infected family member in close proximity.'*

Though not very widespread, some community volunteering schemes have continued in the urban low-income areas and are disseminating good health practice and social assistance, while trying to reduce people's fears of getting covid-19 (see Box 2).

Box 2: Dreaming of helping others: the story of a scout member during lockdown

'I want to help the extreme poor in our society. All of them lost their jobs [during lockdown]. I think about how I can help them by arranging money or food. As I am a student, I've no money or other resources. But I'm very interested in doing something.'

Rafiq (18) is the eldest child in his family of six living in Community A, and is currently studying in college. He was supposed to take his HSC exams this May, but they were postponed due to the pandemic. Along with other activities, Rafiq is spending time during lockdown doing voluntary work as a scout. Since it is not possible for him to go outside for face-to-face interactions with other scouts, they are arranging regular weekly meetings online via Facebook Messenger. *'We used to have a weekly core meeting of about 30 to 60 minutes. But now that meeting is online ... We have a messenger group online. One of our senior rover mates created and shared various leaflets on it. On what to do, what not to do, how can we help people etc.'*

Rafiq has no internet connection at home. He mentioned using his neighbour's Wi-Fi, to which he connects from his rooftop, for his social media activities. *'I make video calls on Messenger and imo using that Wi-Fi. Also chat with them [other scout members] on Messenger and share awareness through Facebook.'*

Rafiq has been engaged with social work, even during the initial week of the covid-19 lockdown. In the last week of March, he went out for various covid-19-related volunteering activities. *'My friends and I sprayed antiseptic, distributed masks with local relief distributors. We also taught people how to wash hands using hand wash and created awareness among them about coronavirus.'* Rafiq may have limited funds and capability to do large-scale social work as a college student from a middle-income family, but he is very eager to help the poor in whatever way possible. When asked about his interest, Rafiq said, *'I've had a dream from a very early age to help people. We middle-class families can do something [about their needs] but poor people can't do anything. I am interested in helping them.'*

What behaviours have adolescents adopted in response to the pandemic?

Support from parents and peers

To deal with the pandemic and massive changes in their lives as a result of the restrictions imposed and countrywide shutdown, the adolescents in this study were coping in different ways. Articulating and discussing their worries with

By looking at the syllabus, we try to do [study] as much as we can. We try to go forward.

(An 17-year-old girl from Community B)

parents seemed to be a way of dealing with pandemic-induced stress for the adolescents in our sample, and parents play an important role in helping adolescents deal with the fear and the anxiety surrounding covid-19. For instance, a 17-year-old girl mentioned how her father consoles her by saying, *'There's no reason to worry about this virus. If we are careful about how we live, it will not be able to touch us.'* However, a gender difference in this type of sharing was observed. Female adolescents seemed more inclined to speak openly with their parents compared to boys. Boys, on the other hand, tend to rely more on their friends for support, although contact has been severed by containment measures. Married female adolescents are more likely to share their worries with their husbands.

Most respondents mentioned relying on the television for entertainment and distraction during the pandemic. A 17-year-old girl stated that she liked to read books and write in her diary, *'When I feel anxious. I write in my diary and sometimes read story books.'* A few respondents stated that playing family board games such as 'snakes and ladders' during the lockdown made them feel better. An 18-year-old male respondent also mentioned that he played online games with friends and cousins and watched YouTube videos. Apart from this, he recounted how he would go to the rooftop and spend time taking care of his plants whenever he felt upset.

Adolescents have also adopted religious practices, particularly praying, as a measure to combat the fear of the virus. A 15-year-old boy highlighted, *'I never used to pray before, but now I do, 5 times a day.'* A 17-year-old girl from Community B mentioned, *'I heard that if you pray to Allah, he will forgive you and the virus will be cured.'* Adolescents also mentioned that many people in their community started going to the mosque to pray out of fear. On the one hand, people are aware that public gatherings increase the risk of spreading the virus, but they find it hard to accept that it will not spare the most sacred place – the mosque. A 17-year-old girl from Community B expressed, *'The government has declared a ban on offering prayer in the mosque. I felt really bad after hearing this ... If no one goes to offer prayers then Allah will bring down his wrath on the Earth even more.'* An increased intake of 'kaalijeera' (black cumin seed) has emerged in people's recent food habits as they believe, from a religious perspective, that it works as an antidote to all diseases.

Dealing with the disruptions to education

As for coping with the gap in their education due to the lockdown, the adolescents were trying to study on their own on a limited scale. A 17-year-old girl from Community B said, *'By looking at the syllabus, we try to do [study] as much as we can. We try to go forward.'* The older adolescents due for the National Board exams in particular, are preparing for their upcoming exams with whatever resources they have. Most respondents seemed to be studying at least one to two hours a day. They followed their study guides, while some had sheets from their coaching classes. An 18-year-old respondent



from Community A even had a study plan set out. He said, *'The first part of my chemistry syllabus will be completed within two to three days. We've already covered that completely in our college. So, if I complete my revision for this now, I can start the second part when my college will open again. If my target is complete then I can't start anything new. I need to revise those topics again.'* Most of the adolescents were not tuning into the TV classes, nor did they have the opportunity of following online classes from their schools, though some respondents did mention using the internet to help them to understand difficult topics. A 17-year-old boy from Community B said, *'Sometimes I watch YouTube videos. When I don't understand any math, I watch YouTube lessons on that.'*

Education through online/digital platforms

After the shutdown was announced, the education authorities and other sectoral stakeholders began thinking of alternative methods to facilitate learning, using TV, phones, community radio channels and the internet (see Box 3). Although many families do not have access to these facilities, the goal was to start with something and gradually make it more inclusive (taken from an interview with a key informant from CAMPE).

Box 3: School lessons on TV

The government introduced TV lessons on 29 March 2020 on a state-owned television channel, the Sangsad TV. School lessons take place daily from 9am to 11am for pre-primary to fifth grade students, 11.05am to 2.30pm for secondary-level students, 2.30pm to 3.30pm for technical students and 3.30pm to 4.30pm for Madrasa students. An online platform called EduHub has also been created, where different private education providers like Jaago Foundation, Agaami Foundation and Teach for Bangladesh upload their lessons for free. The aim of this platform is to make a variety of lessons available to students in the form of ebooks, audio lessons or visual lessons, giving them the freedom to choose whatever they are comfortable with.

Most of the adolescents in our sample were advised to follow TV lessons by their teachers, but not all of them were tuning in regularly for various reasons, such as not having working cable connection or being too busy with household chores. The majority of the respondents attempting to follow the lessons eventually stopped, as they did not enjoy them or found them difficult to understand. Our respondents also mentioned the TV lessons being brief in duration, and the difficulty of being unable to see writing on the boards or interact with teachers. A 16-year-old girl from Community C explained, *'When I watched math classes, I couldn't understand what was written on the board. They used a whiteboard for that ... and it is very hard to understand those writings.'* Among the respondents, only one 11-year-old girl from Community B seemed to like them, saying *'I don't have any difficulties with TV classes. The teacher shows each writing twice and explains everything twice.'*

In-depth observation of the TV classes by the researchers revealed some technical problems such as poor video and audio quality of lessons, brief screen time for writing down notes, the channel logo covering writings on the board, hasty explanations of content by the teachers, unclear pronunciations and a lack of revision on previous topics. There is no scope for students to ask questions or have their homework checked. The lessons are also uploaded to YouTube and Facebook, where viewers can leave comments and questions. However, most of the adolescents did not have access to the internet, or had weak connections, and were therefore deprived of this additional tool.

Only three older adolescents (two girls and one boy) studying in college and at university, mentioned that their educational institutes had tried to implement online classes through Zoom and Facebook. An 18-year-old girl from Community B mentioned that her online classes were eventually stopped as many students were not able to attend and the teachers lost interest. She also added, *'The classes were not that good. But it was better to have something than nothing.'*

How do adolescents view the government's response?

Although most respondents believed the government acted in the interest of the people by imposing a lockdown, they had mixed opinions about the restrictions extending to mosques. A 14-year-old girl from Community C complained, *'It is not right for men to pray at home ... So I think the mosque should allow all the men to go there for prayer.'* Later into the lockdown when the government allowed shops to open on a limited scale before the Eid holidays, a few respondents criticised what they viewed as a contradiction, saying that if malls and other businesses were open, going to mosques should be safe if people maintain proper hygiene and social distancing.

My mother told me to tell my [school] teacher about our financial crisis and ask for some help. I feel shy and uncomfortable walking on the street holding the relief bag, because people might say bad things about me, like ‘a poor girl, a beggar’.

(A 14-year-old girl from Community C)

A significant number of adolescents, mostly from low-income backgrounds but not necessarily poor, reported that they have not received any food, relief or cash aid from the government or NGOs. Slums, like any other community, do not constitute homogenous socio-economic classes, with residents ranging from small businessmen to rickshaw-pullers, there are many layers to the structure of a slum population. Hence, officially the relief support that is being provided by the government and NGOs is mostly targeted towards the ‘*extreme poor*’ (The Daily Star, 12 April 2020), causing the low-income families suffering from the financial crisis to fall through the cracks. A 17-year-old girl from Community B, whose parents own a small shop and live in their own house, underscored such challenges, ‘Yes, they are distributing these things [relief] but only to those people who are very needy and helpless, such as the rickshaw-pullers or the beggars ... but they *don’t give anything to people like us.*’

Some adolescents mentioned that they were asked by the local government bodies to submit photo IDs in order to receive relief. However, despite submitting the required documents, they still wait in uncertainty. Some adolescents have reportedly heard about the availability of cash assistance from the government provided through mobile money-transferring services, such as bKash. Similarly to in-kind aid, however, many adolescents in our sample were not the intended recipients. A 19-year-old girl from Community A said ‘*they came from the Counselor’s office and took our bKash numbers. But nothing was done.*’ A few respondents, all of whom are girls, cited embarrassment and the likelihood of humiliation upon being turned down as the main reasons for not asking for support from anyone. ‘*My mother told me to tell my [school] teacher about our financial crisis and ask for some help. I feel shy and uncomfortable walking on the street holding the relief bag, because people might say bad things about me, like “a poor girl, a beggar,”*’ explained a 14-year-old girl from Community C. A 17-year-old girl from Community B said, ‘*I feel that it is better to starve than ask for help from anyone. People say bad things about those who are getting relief.*’ There are some different voices, however, and an older female adolescent described how her father had encouraged her to ask for relief, since it is the government’s duty to provide assistance.

What are key priorities for young people in this context?

Going forward, key priorities for adolescents emerged both from the adolescents themselves and stemming from key informant interviews. It is necessary to carry out the following actions:

- 1. Establish a medium-to-long-term recovery plan to address the educational gaps created by the pandemic while maintaining learning continuity at feasible levels.** This would include developing a plan allowing for the safe reopening of schools and disseminating student assessment proposals in order to reduce student stress and apprehension towards imminent board examinations. Longer-term attention needs to be directed towards strengthening the online educational facilities and ICT infrastructure of the country, while also training teachers on remote teaching/mentoring/IT skills.
- 2. Reduce internet and data costs to facilitate greater access to information, education and entertainment, particularly in slum and low-income areas, to positively impact adolescents’ psychosocial well-being.** During lockdown and school closures, adolescent girls and boys would benefit from greater access to their peers via subsidised mobile phone costs, and from access to online distance educational programmes without the fear of mounting expenses.
- 3. Raise awareness on the impact of the pandemic on adolescent mental health and scale up available services.** To help adolescents, families, communities and school authorities respond effectively to mental health risks, it is critical to disseminate information about and to support community-based information programmes, community activities involving adolescent volunteers and initiatives by school authorities to alleviate education-related anxieties.

4. **Develop a comprehensive database of vulnerable populations by area so that social protection benefits can best be rolled out or supplemented during emergencies.** Clearer guidelines on requesting social protection benefits needs to be in place, so that adolescents facing negative coping mechanisms can be targeted quickly so they do not get left behind. a
5. **Ensure health facilities enable access and care for all health-related needs – for both covid-19 and non-covid-19 patients.** The promotion of greater and more accurate health awareness on covid-19 infection, transmission and treatment should be mainstreamed to prevent stigmatisation and encourage reporting, so that treatment can be provided to those who require it, while simultaneously ensuring access to non-covid-19-related health services.

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Endnotes

- 1 Suggested citation: Farheen Ria, A., Ahmed Raha, S., Rana, S., Roy, P., Aktar, T., Al Mamun, S., Hasan Anik, M. and Alam, F. (2020) 'Listening to young people's voices under covid-19. Exploring the impact of covid-19 on adolescents in urban slums and low-income settlements in Dhaka, Bangladesh.' Policy brief. London: Gender and Adolescence: Global Evidence. The authors thank Professor Sabina Faiz Rashid, Maheen Sultan, Silvia Guglielmi and Nicola Jones for their substantial feedback on and subsequent reviews of the primary drafts of this report and useful discussions with the researchers involved.
- 2 We have anonymised the community names to protect the privacy of study participants, and refer to them here as Communities A, B and C.