

Experiences of vulnerable urban youth under covid-19: the case of youth living with HIV

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Introduction

Ethiopia declared the first case of coronavirus on the 13 March 2020, and while numbers of confirmed cases initially remained low, by late July 2020 the number of confirmed cases had exceeded 15,000, with more than 200 deaths. Across the globe countries are reporting multidimensional health, economic and social effects of covid-19 and the ensuing policy responses to contain the disease. The situation is expected to be potentially more challenging in low-income countries like Ethiopia where there is a weak health system, compounded by recurrent political unrest. The outbreak of covid-19 is expected to put women, girls, young people and socially vulnerable groups, including persons with HIV, at heightened risk, given that containment measures to slow the pandemic including lockdowns and disruption of basic services are already being seen to exacerbate existing economic and social inequalities (UN, 2020). Rapid virtual research by GAGE has highlighted the challenges that young people are facing in rural communities in Afar, Amhara and Oromia, and in Dire Dawa city (Jones et al., 2020a, b), but as yet very little is known about the specific experiences of vulnerable urban youth. This brief focuses on youth living with HIV (aged 15–24 years), and is part of a series exploring the impacts of covid-19 and the ensuing government policy response on vulnerable urban youth in Ethiopia.



Overview of youth living with HIV in urban Ethiopia

There has been very limited age-disaggregated attention paid to Ethiopian youth living with HIV. Progress at the national level, where Demographic and Health Surveys found that the incidence of infection dropped from 1.4% in 2005 to 0.9% in 2016 has been lauded (CSA and ICF, 2011; CSA and ICF, 2016). The elevated risk of females compared to males (1.2% versus 0.6%), and especially young women compared to young men (0.3% versus 0.1% for those 15–24) (FHAPCO, 2018), has been heightened and has been attributed to both biological and social factors (Kibret et al., 2019). Infection rates are especially high among adolescent girls and young women who have migrated from rural to urban areas, both because of their greater involvement in sex work and their more limited knowledge (Erulkar et al., 2017). Despite efforts to destigmatise infection, research in Addis Ababa has found that young people living with HIV attending antiretroviral (ART) clinics – particularly those with low social support – are prone to depressive symptoms that grow more severe as they enter young adulthood and are better able to understand the implications of the condition (Abebe et al., 2019). This is in line with a recent meta-analysis of depression in people living with HIV in east Africa, which found that nearly half of infected Ethiopians are depressed (Ayano et al., 2018). It also echoes findings from South Africa, where nearly a quarter of adolescents living with HIV reported suicidal ideation, with girls and victims of peer violence at especially high risk (Woollett et al., 2017). Youth living with HIV in Addis Ababa have been found to have relatively low rates of adherence to ART (79%) (Firdu et al., 2017), which is particularly problematic given that evidence from Uganda suggests that infected young people, like their uninfected peers, tend to engage in risky sex – without disclosing their status (Mbalinda et al., 2015).

Research methodology

The findings in this brief are based on qualitative research interviews carried out by phone in June 2020 with vulnerable urban youth in local languages. The youth were residents of the major urban centres of the three largest regional states in Ethiopia: Adama (Oromia region), Bahir Dar (Amhara region) and Hawassa (Southern Nations, Nationalities and Peoples region), as well as Addis Ababa, the federal capital. The sample of young people was drawn from a combination of beneficiaries of UNFPA-funded NGO programmes in the four locations and purposely sampled adolescents who belonged to specific socially vulnerable categories. Young people were included from two age cohorts – 15–19 years and 20–24 years. In total, 154 young people were included in the research, of whom 100 were female and 54 were male; 79 aged 15–19 years and 75 aged 20–24 years. Among these, 33 were living with HIV (see Table 1 for the sample details). A total of 19 key informants from the city bureaus of health, labour and social affairs, women, children and youth affairs as well as NGOs working with vulnerable urban youth in each city were also interviewed virtually.

Table 1: Research sample of youth living with HIV by location, gender, age and marital status

Variable	Domains	Addis Ababa	Bahir Dar	Hawassa	Total
Sex	Female	6	6	5	17
	Male	7	4	5	16
Marital status	Never married	13	8	8	29
	Married	-	2	2	4
	Divorced	-	-	-	-
Age	15–19	8	7	6	21
	20–24	5	3	4	12
	Total	13	10	10	33

Findings

We now discuss the findings from the virtual research with youth living with HIV about their experiences since the outbreak of covid-19 in Ethiopia. Where relevant, we highlight gender and location differences in the impacts of the pandemic.

Covid-19 knowledge and practice

In general, youth living with HIV in our sample had detailed information about covid-19 symptoms, transmission and protection mechanisms. They were also aware that given their compromised immunity, their HIV-positive status means that they would be at heightened risk if they were to contract the virus. Most had access to TV and radio, and/or internet, including Facebook and Telegram. Some had also received flyers from NGOs and health clinics.

In terms of practice, respondents emphasised that they were strictly adhering to preventative hygiene measures, including using masks and social distancing. As a 20-year-old male youth living with HIV from Addis Ababa explained: *'I know we could be more affected by covid due to our health condition. That is why I restrict myself to home to avoid social interaction with anyone outside ... I know proper hand washing and using face masks and sanitisers prevent me from contracting the virus and that is why I am strictly doing this.'* Similarly, a 21-year-old female youth living with HIV in Hawassa noted: *'I want to live. I know it will not kill me. There are many days [in the past] where I did not look after myself. This is an opportunity to do that ... I keep washing my hands every 15 minutes even when I am at home. I clean the house with chlorine. It is not because I am afraid but because I have to be cautious.'*

A number of respondents also highlighted that they are urging relatives and community members with whom they interact to also take the pandemic prevention guidance seriously. A 21-year-old female youth from Hawassa explained: *'I also tell my mom to keep safe at her workplace. I tell her to boil all the tools she uses and use a plastic bag on her hand when serving customers. I tell her to put on a face mask and sit customers at a distance ... When she comes back home, she washes her hand before getting into the house ... My mom keep herself safe not only for herself but for me too. She takes every precaution because she wants to keep me alive.'* In the same vein, a 24-year-old married female youth living with HIV, also in Hawassa, explained that she is avoiding social pressure to attend community events because social distancing is not consistently practised in her city. *'Yesterday, I had to go to a funeral. They [burial society leaders] told me I will be fined if I do not go on my turn. But I preferred to stay at home and be safe. It is not allowed to have such gatherings and put up a tent. However, people still do that. Because our neighbourhood is away from the main road, it is not a problem [i.e. they are unlikely to be caught by authorities].'* In both Hawassa and Bahir Dar (but in contrast to Addis Ababa) key informants and youth observed that many community members had become negligent towards covid-19 prevention measures. As a 21-year-old young woman from Hawassa emphasised: *'Unless the police come, no one leaves restaurants and liquor houses. People have stopped caring. People say God will keep them safe. The food we eat protects us, they say. And we have suffered through a lot and so this suffering is not for us. They say it does not kill Ethiopians as if the people who die here are foreigners.'* A 24-year-old female youth working as a street cleaner also in Hawassa highlighted that the nature of her work was risky as daily labourers are not practising social distancing. *'I live in a place where people take greater care. But my workplace is very vulnerable. There are daily labourers and they do not keep distance. Even if we tell them so, they do not stay away.'* Similarly, even youth volunteers working in the hospital to provide advice to youth diagnosed with HIV about ARTs, pointed out that the hospital was not providing them with adequate protective clothing, even knowing their HIV status. As a 20-year-old male youth from Addis Ababa noted: *'We are given only gloves and we use face masks and sanitiser of our own.'*



Access to sexual and reproductive health services and supplies

There were mixed views among our respondents about the impact of the pandemic on their access to sexual and reproductive health services and supplies. Key informants noted that while some young people living with HIV had been included in the support provided through the rehabilitation centres for vulnerable children and youth, HIV status was only one among several criteria and these services had predominantly focused on HIV-positive youth who were also destitute and street-connected.

Some youth respondents in our sample explained that in the initial stages of the pandemic, antiretroviral users had struggled to access medication because health centres were focusing on the covid-19 emergency, but that over time this had been resolved through





A 10-year-old girl living with HIV. Currently enrolled in grade 1, having dropped out of school last year due to illness, she lives with her three siblings and her mother – who is also HIV positive. The family are beneficiaries of the Productive Safety Net Programme, which helps them make ends meet.
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concerted outreach by health workers. A 23-year-old male youth living with HIV in Bahir Dar explained: *'At the beginning many ART users did not receive their medication. However, the health workers made great efforts to link them back telephone communication either with the users or their families ... Besides, ART users are now receiving their medication for six months at once to avoid defaulters. So now, all are receiving their medication.'*

However, other young people and key informants had a less positive perception of the accessibility of health services during the pandemic, including because of the need to now secure an appointment or referral given the focus of the health sector on covid-19, less availability of health service providers due to absence and general fears about contracting the virus. A 20-year-old male youth living with HIV in Addis Ababa noted that fears about visiting health facilities and risking coming into contact with someone with covid-19 constituted a key barrier: *'The community fears to go to health facility due to fear of contracting the virus in the hospital, in particular ART users highly fear and many stopped using the service.'* Similarly, a 21-year-old female youth living with HIV in Hawassa explained: *'I have heard the hospital does not let anyone in. I have to look for contacts in the hospital to get the ART medicine. If I do not get that, I am not going there. I do not want to expose myself to corona. I am done with the medicine I have now. I have to go tomorrow or the day after tomorrow. I have to call a friend of my mom who promised to get me the medicine ... I am not in a condition to get through corona. I have TB and I am HIV positive. I have shortness of breath when I walk. So I fear a lot. I am more vulnerable than others.'* Others noted that in some health facilities and NGOs free services and trainings for HIV-positive patients had been discontinued during the pandemic. As a 24-year-old female youth living with HIV in Hawassa reflected: *'They used to give us free medical service but now it has stopped. That worries me. Now I have to pay in private clinics ... Because I work on the street under the sun, I fear getting checked. What if my temperature is high because of the sun and gets mistaken as corona patient?'* Similarly, an expert from FHAPCO in Addis Ababa noted: *'Before the outbreak of covid, our office was closely working with different clubs [especially anti-HIV and SRH clubs as well as girls' clubs] in secondary schools and TVET colleges in Addis Ababa in preventing and controlling the transmission of HIV among the youth. But these activities are not functional because of the closure of educational institutions following the outbreak of covid in Ethiopia.'*

▶ I am not in a condition to get through corona. I have TB and I am HIV positive. I have shortness of breath when I walk. So I fear a lot. I am more vulnerable than others

(A 21-year-old female youth living with HIV in Hawassa)



Vulnerability to violence

Vulnerability to violence, within the home and in the community, was raised as a concern among only a minority of respondents living with HIV. Given the virtual interview methodology and the inability to guarantee privacy among respondents, it is possible that this may represent under-reporting, especially as there are significant taboos against revealing experiences of sexual and gender-based violence.

In several cases, young people noted that they were at risk of physical violence within the home. An 18-year-old adolescent girl living with HIV in Addis Ababa noted that her stepfather was already aggressive prior to the pandemic and due to the heightened stress this had been compounded. She emphasised that *'He will kill me and my mother, if he knows that we are HIV positive!'* By contrast, many respondents noted that they felt safe at home and some even explained that they had had more opportunities to communicate with their family members since the onset of the pandemic. One respondent, a 20-year-old male youth living in Bahir Dar noted that exploitative child labour practices by parents had increased since covid-19 as parents were not happy with their offspring being unoccupied after the closure of schools, colleges and universities. In some cases, he further noted that participating in labour activities requested by parents could be violently enforced, while putting young people with HIV at heightened risk. *'The problem here is that parents are not happy when their children sit idle ... many parents engage their children in different activities making the children much busier than before ... The children could face beating if they refused to work what they are ordered to do.'*

At the community level, the primary concern was about decreasing safety on the streets as violent crime was reportedly escalating in the context of the economic downturn and rising rates of addiction among jobless youth, especially in Hawassa. As an 18-year-old adolescent boy living with HIV in Hawassa noted: *'We are highly worried about the situation now, as it is becoming common to observe people being injured and robbed during the day.'*



Psychosocial impacts of the pandemic

The psychosocial impacts of the pandemic emerged as an especially important concern among young people living with HIV in our sample for two main reasons: (i) their heightened risk should they become infected with the virus and (ii) the key role that youth support groups and counselling had played in their lives prior to the pandemic and the keenly felt absence of these support networks during covid-19.

In terms of the increased risk of the coronavirus for persons living with HIV, multiple respondents highlighted that they were very stressed about the situation, as a 22-year-old female youth from Addis Ababa explained: *'I am stressed, I can't stop it; though I know it is not good for my health.'* Similarly, a 21-year-old female youth from Hawassa noted that she was avoiding media coverage of the pandemic as it was overly stress-inducing for her: *'I do not follow information on TV to the extent where it stresses me out. I only follow up briefly. I only watch news on the TV. I have avoided Facebook because of fake news that makes you nervous by the day. Just to get likes, they post on Facebook that there are mass graves being prepared for the dead.'* Key informants further noted that these fears were exacerbated by the fact that many young people living with HIV have limited family support. As an expert from Fiker Behiwot Children and Youth Development Association in Ethiopia (FBCYDA – Ethiopian NGO working with HIV orphans) explained: *'In Hawassa, the major impact of covid on our members [HIV-positive orphaned children and youth living with HIV] is lack of hope in life because they know that their being HIV positive makes them more vulnerable to covid without any family support.'*

Many respondents underscored the psycho-emotional toll that being cut off from counsellors, friends and peers involved in HIV support groups was having on their lives. Given high levels of stigma surrounding HIV status, many young people noted that they already have a limited number of people in their social networks with whom they can confide regarding their HIV status, and the pandemic is further shrinking these networks. As an 18-year-old adolescent girl living with HIV in Addis Ababa noted: *'I used to discuss with my group members and get relieved when I feel bad when we had meetings, before covid-19.'* Similarly, a 17-year-old female youth from Bahir Dar emphasised that her youth group had been a critical emotional pillar in her life and that she was suffering now that it had been suspended during the state of

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(An expert from FBCYDA)

► I used to get a very crucial counselling service from the nurses; whenever I faced any life challenge I used to consult them and they used to give me fruitful advice. I missed all that due to the covid-19 outbreak.

(An 19-year-old adolescent boy living with HIV in Addis Ababa)

emergency: *'I started to love my health condition that allowed me to join a youth group. The group is more than a family for me ... It has been difficult not going to the NGO and meeting my friends. It was my friends there who reminded me of when to take my medicine and discuss other things. It has really been challenging.'* Some respondents also noted that even virtual communication with friends and peers was difficult due to their economic constraints. A 17-year-old adolescent girl living with HIV in Bahir Dar noted: *'Because I do not have enough credit on my phone, except for greetings, I do not talk to my friends about the pandemic.'*

These psycho-emotional challenges were also reported by adolescent boys. A 19-year-old adolescent boy living with HIV in Addis Ababa explained that health staff at the NGO youth centre he attended had been key providers of emotional support for him: *'I used to get a very crucial counselling service from the nurses; whenever I faced any life challenge I used to consult them and they used to give me fruitful advice. I missed all that due to the covid-19 outbreak ... Because the trainings at the NGO stopped, I am feeling less confident to talk in public. It was the training that gave me self-confidence.'*

For young people attending education prior to the pandemic, the closure of schools and universities was an additional source of stress, with many respondents noting their stress and sadness about the fact that they would now be *'lagging a year behind'*.



Economic impacts and access to social protection

The economic impacts of the pandemic on young persons with HIV have been significant. As a key informant from the Bureau of Women and Children's Affairs in Addis Ababa noted:

The majority of destitute HIV-positive migrant adolescent girls, especially those who are involved in sex work, don't have fixed residence. As a result, they couldn't get support [food items] through the woreda [district] level covid response task force. Some of them used to come to our office for food support. Some destitute girls between the ages of 18 and 19 came to my office some days ago and told me, 'We are taking our medicine [ART] on empty stomachs.'

A key informant from FBCYDA emphasised that the effects were also heavily gendered:

In Hawassa, there about 4,000 HIV orphan youth who are born and living with HIV. Covid has weakened their vulnerable economic condition. Some of our youth members were engaged in some income-generating activities ... before the outbreak of covid. But now they become idle since they cannot engage in their previous activities because of the pandemic. As a result, some of them, particularly males, get depressed and started to get involved in different addictions. Some of them, especially females, started to get involved in other source of income such as getting involved in sex work mainly with sugar daddies just to overcome their economic problem.

Many respondents noted that they and their families had had to reduce their expenditures due to rising prices and declining incomes. A 22-year-old male youth living with HIV in Hawassa explained that in his household they had had to compromise on food diversity even when they are aware that good nutrition is of critical importance to persons living with HIV. *'We stopped eating a variety of food including vegetables as the income of my mother has reduced and the cost of food items has increased.'* Similarly, a 19-year-old adolescent boy in Addis Ababa noted: *'I am living alone and it is my mother who has been supporting my cost of living as my income is not sufficient. But, due to the high cost of living, for example the increase in the cost of taxis, I face food deficiency. I sometimes miss breakfast or dinner. I am now planning to start fasting since it has a dual purpose; to cope with my financial challenge and to get credit from Allah.'* Others noted that they feared that the economic situation that their families are facing could jeopardise their future studies. As a 16-year-old adolescent boy living with HIV in Hawassa observed: *'I don't know what is going to happen next, I may have to drop my education. It was my brother who was paying my school fees, but it is around three months since he lost his job and no other family member can pay for me.'*

► I feel bad when my mother is stressed because of the lack of job; I want to get a job to support her financially, but there is no job opportunity these days.

(An 18-year-old adolescent girl living with HIV in Addis Ababa)

Unemployment also emerged as a key concern among many young people. A 19-year-old female youth living with HIV from Bahir Dar noted that she had sought to get a job to help support the household expenses during the pandemic but had been unsuccessful due to rising unemployment: *'We do not have enough food at home and so I went to look for a job but I did not find anything. Most organisations are decreasing workers not employing.'* Similarly, an 18-year-old adolescent girl living with HIV in Addis Ababa emphasised: *'I feel bad when my mother is stressed because of the lack of job; I want to get a job to support her financially, but there is no job opportunity these days.'*

Multiple young people also explained that because of their HIV-positive status, they were either considering resigning from their employment or had already done so due to inadequate protective measures in their workplaces. As a 21-year-old male youth from Bahir Dar explained: *'Not only me, many individuals, in particular those who live with HIV/AIDS have stopped their work due to fear of getting covid and their health condition ... covid is a huge challenge to our livelihood.'* Similarly, a 20-year-old male youth in Addis Ababa pointed out: *'I have been working for almost a year as volunteer in the antiretroviral section in ALERT Hospital employed by the Ministry of Health and paid a monthly incentive of 800 birr. But we recently stopped working by ourselves due to fear of covid since our work is counselling and we need to communicate with people at close distance.'* A 19-year-old adolescent boy also in Addis Ababa noted that he would like to give up his job owing to the risk that he feels he is being exposed to, but in the absence of alternative livelihood options and the dearth of a social safety net that he can fall back on he has no choice but continue: *'I sometimes decide to leave the job, but I don't have anyone to support me to live. We work very close to each other and we share equipment without any protection. Ah, that is so dangerous, I sometimes cry at home thinking of my situation.'*

Conclusions and implications for policy and programming

Our findings highlight that young people living with HIV are highly vulnerable due to their increased risk of poor outcomes should they become infected by the coronavirus, the reduced access to health services outside of covid-19 emergencies, the growing economic malaise and the resulting psychosocial stress of these health and economic outcomes. Here we highlight priority actions to address these risks:

- 1. Ensure that young people living with HIV have access to protective gear and safe, socially distanced working environments**

While youth living with HIV appear to have good knowledge about covid-19 and protective guidance, in practice they are often exposed to unsafe public spaces and especially workplaces where there is limited access to protective gear and poor social distancing practices, especially outside of Addis Ababa. Accordingly, it is essential that public health communication messages explicitly address the importance of the whole population complying with prevention guidance so as to better protect the most vulnerable, including persons living with HIV. Employers also need to be provided with clear guidance on how they can ensure that persons living with HIV can be effectively protected in the workplace.

- 2. Ensure sexual and reproductive health services are maintained and are accessible to young people living with HIV**

Ensuring that youth living with HIV have timely access to antiretroviral medications and check-ups is essential, including during the pandemic. It is critical that clear messaging and outreach is undertaken to support young people to access health check-ups and necessary medications in a safe way during the state of emergency. Addressing stigma associated with HIV, including among parents and community members, could also improve access to sexual and reproductive health services for young people living with HIV.

- 4. Resume counselling and peer support groups for youth living with HIV in socially distanced ways**

Given the high importance that young people living with HIV place on HIV counselling services and peer support groups, it is critical that these services are resumed during the pandemic and adapted so that they can be either

implemented in a safe, socially distanced way in person or carried out online through cheap virtual platforms such as WhatsApp or Zoom. For young people who are facing severe economic constraints, NGOs and other programme implementers should look to provide phone or internet cards, or even low-cost phones for those who lack devices, to enable access to counsellors.

5. **Ensure that youth living with HIV are targeted as part of the government and NGO emergency response and in the provision of social protection**

Key informants focused primarily on mitigating the risks of young people who are experiencing heightened vulnerabilities during the pandemic of becoming infected with HIV. By contrast, there was limited attention within the city administration governments on supporting young people already living with HIV beyond those who are street-connected. However, due to the increased risk that persons living with HIV face of serious health complications from covid-19 and the aggravated risks they may face in the workplace during the pandemic, it is critical that they are targeted as part of the government and NGO emergency response, including food support. In addition, it will be important to scale up the urban Productive Safety Net Programme (PSNP) to support the growing numbers of vulnerable urban residents, including young people living with HIV, is essential to mitigate the worst implications of covid-19.



6. **Invest in economic empowerment programming for youth living with HIV**

Given the vulnerability of many youth living with HIV, and the involvement of some in risky livelihood options including sex work, it is critical to invest in economic empowerment programmes so that they will be better able to weather economic shocks, such as the current covid-19 pandemic, and avoid risky practices.

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Endnote

- 1 Suggested citation: Emirie, G., Iyasu, A., Gezahegne, K., Jones, N., Presler-Marshall, E., Tilahun, K., Workneh, F. and Yadete, W. (2020) 'Experiences of vulnerable urban youth under covid-19: the case of youth living with HIV.' Policy brief. London: Gender and Adolescence: Global Evidence.

The research for this brief was generously funded by UNFPA Ethiopia and by UK Aid. We have listed authors alphabetically to reflect equal contribution to this research output. We gratefully acknowledge peer review comments from Meron Negussie at UNFPA and Estibel Mitiku from the Ministry of Women, Children and Youth. We also thank Anna Andreoli for editing and formatting support.