

Adolescents' Well-being and Human Rights During COVID-19 in Belize

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Abstract

This study investigated the impact of the COVID-19 pandemic on the well-being and human rights of adolescents in Belize. A quantitative descriptive research design was employed. Data were collected from 676 adolescents enrolled in schools in Belize. The online survey, administered through Qualtrics, consisted of two sections: Demographics items and Items to measure well-being and human rights within the home environment. The results revealed that adolescents' well-being and human rights within the home environments were adversely affected during the pandemic: mental health deteriorated, and household income loss, hunger, and verbal and physical abuse were experienced. Results also showed that the well-being of females was more affected than that of males. Pearson's r correlation coefficients indicated a positive relationship between the well-being of adolescents and the human rights factors explored. This research can inform policymakers, educators, and parents on the importance of school and community programs that support the well-being and human rights of adolescents.

Keywords: Adolescents, Well-being, COVID-19, Human Rights, Belize

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Introduction

When COVID-19, the disease caused by the SARS-CoV-2 virus, was declared a global pandemic in March 2020, many measures were implemented to minimize its spread, including lockdowns and travel restrictions. Although these restrictions helped in controlling the spread of the disease, they resulted in unintended challenges, such as mental health issues. We know that classroom practices can offset negative home experiences, but this impact was nullified by the COVID-19 restrictions in Belize, which caused students to spend a significant part of their learning time at home. There is evidence that learning at home resulted in challenges to learners' well-being and human rights relating to their health, safety, and security (Bradbury-Jones & Isham, 2020; Groen et al., 2021; UNICEF, 2022; Simon, 2022); hence, it is important to understand the extent to which this occurred.

Additionally, during the COVID-19 pandemic, many family caregivers lost their jobs. One of the five commissions of the United Nations Economic Commission for Latin America and the Caribbean (UN ECLAC) reported that job losses in tourism, commerce, distribution, and other sectors led to higher unemployment in 2020 (UN ECLAC, 2020). Inflation rose to 0.3% in September 2020, reflecting higher costs for food, health, and housing. Being unemployed could cause the adults in such families to experience emotional instability as they struggle to provide for their children. Tomassini (2020) highlighted that many children in Belize and, by extension, adolescents in Latin America and the Caribbean (UNICEF 2022) were vulnerable to abuse and violence and did not get the proper nourishment needed for their development. Young children and adolescents enter a developmental phase in which their peers play an important role; therefore, they were among those negatively affected during the pandemic lockdowns, as they were separated from their peers (Simon, 2022; Márquez-Aponte, 2020). Conversely, early indications suggest that some students who were already wrestling with emotional issues actually seemed to do better during the pandemic. These students welcomed the time to strengthen family bonds at home, avoiding problems such as bullying in school (Simon, 2022). Due to the contradictory research findings in some studies, this study aimed to specifically examine the impact of the COVID-19 pandemic on the well-being of adolescents and their human rights related to health, safety, and security in Belize.

Well-being and human rights are deeply interconnected. Two of the well-being domains, good health and a safe environment, as proposed by Ross et al. (2020), are directly linked to human rights. Article 24 of the Convention on the Rights of the Child asserts the rights of a child to the "enjoyment of the highest attainable standard of health," thus, "States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services" (United Nations, 1989, p.9). Parallel to this, Article 27 "recognizes the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" (United Nations, 1989, p.11). These articles affirm the right of all children to well-being and a safe living environment.

Purpose of Study

The purpose of this quantitative descriptive study was to determine the impact of the COVID-19 pandemic on the well-being and human rights of adolescents within their home environment in Belize. The following three research questions were explored in this study:

1. What was the level of mental well-being of adolescents during the COVID-19 pandemic in Belize?
2. How were the human rights of adolescents in regards to health, safety, and security within their home environment affected during the COVID-19 pandemic in Belize?
3. Is there a significant correlation between the mental well-being of adolescents and their human rights within their home environment during the COVID-19 pandemic in Belize?

Review of Related Literature

Adolescents

UNICEF (2022) considered adolescence a phase in the child's development that is evident in their rapid physical and cognitive growth. It is also the time of pubescence that leads to sexual maturity. "It is a critical period for individual identity development when young people are figuring out who they want to be in the world, an opportunity for growth, exploration, and creativity" (UNICEF, p. 9, 2022). Adolescents are described as individuals between the ages of 10 and 19 years. This period of life is further divided into early (10–14 years) and late adolescence (15–19 years). In Belize, the adolescent population, which comprises approximately 97,000 individuals (aged 10–19), accounts for 20% of the total population (UNICEF, 2022).

Adolescence is a milestone in the lives of the young population, so it is important to find effective ways to measure the state of adolescents. Ross et al. (2020) proposed five interconnected domains that contribute to adolescent well-being. These domains are good health and optimum motivation; connectedness, positive values, and contribution to society; safety and a supportive environment; learning competence, education, skills, and employability; and agency and resilience. These domains are supported by gender, equity, and rights considerations, enabling the establishment and implementation of systems to support the well-being of adolescents, especially after COVID-19.

Well-being

Groen et al. (2021) provided strong evidence that students in Belize experienced moderate stress during the pandemic. Their survey, conducted among 200 participants (51 educators and students; 149 parents), indicated that the well-being of students was affected due to limited social interactions with peers, coping with the timely completion of schoolwork, and balancing labor with time for school. A report by UNICEF (2020) corroborates that COVID-19 had a significant impact on the mental health of adolescents and youth (13 to 29 years) in Latin America and the Caribbean. Adolescents and youth reported feeling stressed, anxious, and depressed, with more girls being affected than boys (UNICEF, 2022), mostly due to economic reasons (UNICEF, 2020). Physical activity and access to healthy foods decreased, as did limited access to health services (UNICEF, 2022). Motivation to engage in regular activities and chores was diminished, and so were perceptions of the future, especially among women facing difficulties (UNICEF, 2020). Similarly, Simon (2022) shared that in a longitudinal study in the United Kingdom, individuals aged 16 to 24 years, who included students in the adolescence stage, were anxious and depressed, especially if they were socioeconomically affected during the pandemic and were new to this type of experience. In a study among 7,202 adolescents (14 – 18 years) in China, those with medium and low levels of social support during the outbreak of COVID-19 were more prone to have mental health issues, such as depression and anxiety (Qi et al., 2020). Other factors affecting the mental health of adolescents included indefinite school closures, extended homestays, fewer sporting activities, sociodemographic variables (rural participants had lower income), and gender (more females than males were at risk) (Qi et al., 2020).

A study by Duckworth et al. (2021) conducted in America substantiates that high school students who attended school remotely exhibited lower levels of social, emotional, and academic well-being compared to students who attended classes in person during the COVID-19 pandemic. In this study, social, emotional, and academic well-being were differentiated. Social well-being refers to students fitting in and having positive relationships with adults in their community. Emotional well-being refers to feeling good about life, being relaxed and happy, whereas academic well-being refers to finding classes interesting and believing in one's ability to succeed in school (Duckworth et al., 2021). The results were consistent across gender, race, ethnicity, and socioeconomic status, and were significantly wider among students in grades 10 to 12 compared to 9th graders, who may be younger; however, both categories included adolescent students (Duckworth et al., 2021). Márquez-Aponte (2020) affirmed that the impact of remote learning during the COVID-19 pandemic may have resulted in lower levels of well-being in adolescents, as they had limited interaction with peers who were more influential than their parents during this developmental phase. Duckworth et al. (2021) suggest that adolescent students need to maintain intimate relationships with their peers, especially since older students are more vulnerable to social isolation associated with remote learning.

Reports indicate a significant decrease in mental health issues among other health and well-being indicators for adolescence before the COVID-19 pandemic in the USA (The Centers for Disease Control and Prevention (CDC), 2011-2021) and in Latin America and the Caribbean (UNICEF, 2022). Mental health issues became more pronounced during the COVID-19 pandemic (CDC, 2011-2021; UNICEF, 2022). Both reports suggest that female students were more gravely affected than males. For instance, 60% of female students in the USA reported persistent feelings of sadness and hopelessness, evidenced by a large group of students across ethnic and racial groups, but were more pronounced among Hispanic and multiracial, gay, lesbian, bisexual, and other or questioning students (CDC, 2011-2021). UNICEF (2022) reported a higher perception of gender-based violence increase in 2020 in Latin America and the Caribbean, especially among those identifying themselves as a part of the lesbian, gay, bisexual, transgender, and queer movement. Other research further points to an increase in mental health issues due to social isolation, anxiety, compulsive internet use, and diminished access to school-based mental health services due to remote learning (Duckworth et al., 2021; Márquez-Aponte, 2020). It is important to note that young people who experience persistent feelings of sadness and hopelessness are negatively affected by their inability to participate in daily activities and are more likely to engage in behaviors that place them at risk of HIV, STDs, and unplanned pregnancy (CDC, 2011-2021).

Adolescents who experience trauma and stress have a higher tendency to develop mental health issues. According to Márquez-Aponte (2020), trauma creates physical and psychological stress, which makes it difficult to cope. Its recurrence creates lasting adverse effects on their physical and mental capacity, which results in helplessness and terror. Acute trauma is less likely to change brain functioning and structures, while complex trauma (chronic and prolonged) is more likely to impair adolescent development and physical and mental health. Complex trauma is known to affect relationships, behaviors, and academic attainment of adolescents, and its effects are more severe for adolescents who do not have appropriate interventions and support. Students who experienced complex trauma were at higher risk of experiencing extreme anxiety, anger, a need for protection, and difficulty regulating their emotions during the stressors of the COVID-19 pandemic.

To lessen the psychological impact of quarantine for adolescents who experienced trauma during the COVID-19 restrictions, Brooks et al. (2020) suggested that the government and public health officials should be transparent in communicating the reasons for the measures taken, ensure the availability of basic supplies, including food and water, and offer suggestions for home activities. They further proposed that the long-term effects of quarantine could be offset by sending positive messages of altruism. Furthermore, Mesquita et al. (2024) advocate for inclusive health policies that consider how the social determinants of health (SDOH) affect the quality of life of adolescents. Their study found that SDOH, linked to demographic factors, physical activity, and difficulty sleeping, negatively impacted the physical and mental health of adolescents.

In examining mental health among adolescents in Belize post-pandemic, there is evidence to suggest that it remains an issue. The most recent evidence, as reported in Belize's Multiple Indicator Cluster Survey (MICS7) (Love FM, 2025), highlights "fresh concerns about youth mental health across the country" (p. 1). According to the results of the survey, 6.7 percent of youths (ages 15 and 24) are experiencing symptoms of depression and anxiety, alluding to increasing emotional and psychological strain. According to this survey, depression and anxiety include feelings of sadness, a depressed mood, not finding joy in anything, getting easily annoyed and irritated, feeling hopeless, and changes in appetite; and feeling nervous, anxious, on edge, and worrying, respectively. A majority of those affected reported that their mental health condition negatively impacted their ability to perform daily activities at home, work, or at school, and even their social relationships with their peers (Love FM, 2025). Of greatest concern is that very few of the youths with mental health challenges seek professional assistance (Love FM, 2025). This survey also pointed out serious issues relating to suicidal thoughts, where 1 percent of the respondents nationwide reported having suicidal thoughts, with females representing the largest percentage.

Home environment

The home environment is important in the well-being and cognitive development of adolescents. At home, a stimulating physical environment, encouragement of achievement, affection, and a protective relationship between children and parents all play important roles in the socialization and psychological well-being of children (Kaur, 2013). With the onset of the pandemic in Belize in March 2020, many households faced financial difficulties, job losses, decreased pay, unemployment, and the challenges of working/studying from home (Groen et al., 2021), which impacted the stability of their home environment. Saraví (2024) found that during the COVID-19 pandemic, 45% of female students from an upper-middle school situated in the outskirts of Mexico City had symptoms of depression and anxiety compared to 33% of males, and in the non-binary population 70% experienced depression and 56% anxiety. Although some students welcomed the opportunity to strengthen and improve their family relationships, others found the intense coexistence to be stressful, leading to conflicts.

Interestingly, Simon (2022) reports that some adolescents who were already stressed before the pandemic due to school-related reasons, such as bullying, actually performed better with schooling from home than with face-to-face schooling, as they reported better sleep patterns and spent more time with family members. These students probably had higher social support at home, which tends to lessen anxiety when stressed, thereby reducing insomnia (Qi et al., 2020). A study by Pozzoli et al. (2021), which focused on the experience of youths with distance learning during the pandemic, suggests that a favorable home climate (calm, warm, and organized) is fundamental to managing stress and supporting successful learning.

Human Rights

Four of the fifty-three Articles in the Convention on the Rights of a Child (United Nations, 1989) are interwoven with Ross et al. (2020) domains for adolescent well-being (good health and a safe environment). The domain of good health and optimum motivation is linked to Article 24 (right to best health care possible) and Article 27 (right to a standard of living to support child development). The domain of safety and a supportive environment is linked to Article 3 (right to protection and care for well-being) and Article 19 (right to protection from violence, abuse, and neglect).

The literature indicates that Human Rights have been discussed by the United Nations so that they can be recognized and respected. The Universal Declaration of Human Rights, Article 25, states

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (United Nations, 1948, p.7).

This article emphasizes that safety and health are integral to human rights. Wellness is compromised when these rights are violated. People thrive when these human rights are respected.

Similarly, Human Rights have been discussed by countries, such as Belize, to support the work of the United Nations. The Families and Children Act of Belize, Article 46, Part V, for instance, outlines the duties of the Government to:

safeguard and promote the welfare of children; and to mediate in any situation where the rights of a child are infringed upon and especially with regard to the protection of a child, the child's health and education, and the child's succession rights to the property of his parents (Families and Children Act, 2011, p.37).

It adds that any person who has custody of a child should maintain the child and protect the child from discrimination, violence, abuse, and neglect. This right to protection became challenging during the COVID-19 pandemic as the number of students experiencing violence in homes and those requiring social and economic help, increased (Bradbury-Jones & Isham, 2020; Marques et al., 2020). Adults and children who were already living with abusive or controlling individuals, pre-pandemic, found fewer avenues to seek help, with difficulty in speaking out against the abusers. Homes were no longer as safe due to increased domestic violence (Marques et al., 2020). Bradbury-Jones & Isham (2020) highlighted a troubling paradox: although staying home was meant to protect people from COVID-19, for some, it meant being confined to unsafe environments, thereby infringing on their fundamental right to safety.

A research report from Argentina by UNICEF highlights that some students were deprived of living in a peaceful environment free from violence prior to the pandemic, as physical and verbal violence was the second important analytical dimension (Paz, 2016, as cited in Guillén-Fernández, 2024). The author indicated that 31% of Argentine children were deprived of an environment free of physical and verbal violence. This deprivation was also evident post-pandemic in Belize, as Guillén-Fernández (2024) found that children in Belize had a 0.7 probability of being yelled at by parents when living in extreme poverty, and a 0.6 probability when living in moderate poverty or when they did not experience poverty.

The Convention on the Rights of the Child addresses children's right to the best healthcare system, clean water, food, clothing, and a safe place to live (United Nations, 1989). The COVID-19 pandemic significantly affected the safety and health of adolescents, especially those of vulnerable groups. Many, including migrants, refugees, people without housing, those in detention, or those living in crowded areas, lived in conditions that put them at greater risk of contracting COVID-19 (UNFPA, n.d.). The prolonged stress on the healthcare system due to the COVID-19 pandemic may have compromised access to adequate healthcare, posing an increased threat to the well-being of many, especially those in vulnerable groups and those living in vulnerable conditions. In addition, the COVID-19 pandemic increased the risk of income loss and unemployment, especially among youths (OECD, 2020), which may have compromised their living conditions. Notably, the physical health and safety of adolescents were at greater risk during the COVID-19 pandemic.

Method

A quantitative descriptive research method and design was applied to ascertain the impact of the COVID-19 pandemic on adolescents' well-being and human rights within the home environment in Belize. The target population of this study consisted of adolescents enrolled in high schools, junior colleges, and universities across Belize ($N \cong 22,300$ adolescents). Data were collected using a survey instrument that was administered online via Qualtrics. The survey instrument consisted of two sections. The first section of the survey instrument consisted of items to determine the demographic profile of adolescents, including age, gender (sex), ethnicity, and location. The second section of the survey instrument consisted of items adapted from the 2021 Adolescent Behavior and Experiences Survey (CDC ABES 2021) of the United States Centers for Disease Control and Prevention. The items adapted from the CDC ABES 2021 measured how the COVID-19 pandemic affected adolescents' mental well-being and human rights within their home environment. To ensure a representative and adequate sample, the survey was sent to as many adolescents as possible across Belize. Teachers, instructors, and undergraduate students assisted in distributing the link to the online survey to adolescents across Belize.

As with all studies there are limitations due to the method and research design applied. For this study, some potential methodological limitations include the potential biases of self-reported data such as social desirability, recall, sampling, and misunderstanding of items, which could influence the data collected.

Participants

The sample consisted of 676 adolescents from across Belize, which resulted in a 95% confidence level with a 3.7% margin of error. The majority of the adolescents who participated in the study were females (66.7%), with only 33.3% males. Most adolescents who participated in the study were 16 (21.9%) years old. For location, 60.2% of adolescents were from urban areas and 39.8% were from rural areas in Belize. District-wise, the largest group of the adolescents were from the Belize (42.3%) and Stann Creek (27.5%) districts. The remaining adolescents were from Cayo (10.8%), Corozal (7.4%), Toledo (6.2%), and Orange Walk (5.8%) districts. For the distribution of adolescents by ethnicity, most adolescents were from the Mestizo (29.6%) and Creole (27.5%) ethnic groups. Only a few adolescents were from the Garifuna (10.8%), Multi-Ethnic (10.8%), Maya (8.3%), Hispanic (8.0%), East Indian (2.5%), others (2.1%), Mennonite (0.3%), and Asian (.01%) ethnic groups.

Data Analysis

Descriptive statistics were used to analyze the data for this study. Specifically, frequency and percentage distributions were computed to describe the sample and determine the level of mental well-being among adolescents and how their human rights were affected within their home environment during the COVID-19 pandemic. Additionally, Pearson's r correlation coefficients were computed to determine if there was a correlation between adolescents' mental well-being and their human rights within their home environment during the COVID-19 pandemic in Belize.

Results

The first research question sought to determine the level of mental well-being among adolescents during the COVID-19 pandemic in Belize. The survey item "During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression)" was used to answer this research question. As shown in Figure 1, 63% ($n = 425$) of adolescents indicated that their mental health deteriorated during the COVID-19 pandemic. This result was obtained by adding the percentages for "sometimes," "most of the time," and "always." Using the results from the sample to estimate the effect on the population, 63% of the population ($n \cong 22,300$) would result in approximately 14,049 adolescents in Belize who might have experienced a deterioration in their mental health during the COVID-19 pandemic.

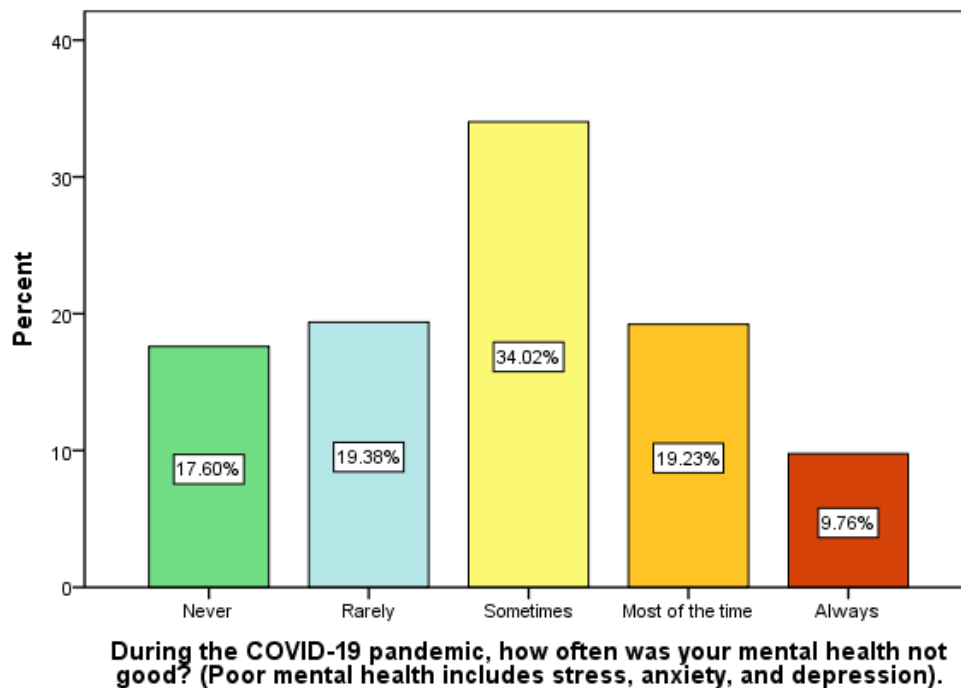


Figure 1. Distribution of Adolescents' Mental Health During COVID-19

As illustrated in Figure 2, more female adolescents (45%) reported that their mental health deteriorated compared to male adolescents (18%). This result was obtained by adding the percentages from "sometimes," "most of the time," and "always" for female and male adolescents. Using the results from the sample to estimate the effect on the population, 45% and 18% of the population ($n \cong 22,300$) would result in approximately 10,035 female and 4,014 male adolescents in Belize who might have experienced a deterioration in their mental health during the COVID-19 pandemic. This is equivalent to a ratio of 2.5 female adolescents to 1 male adolescent who might have experienced a deterioration in their mental health during the COVID-19 pandemic in Belize.

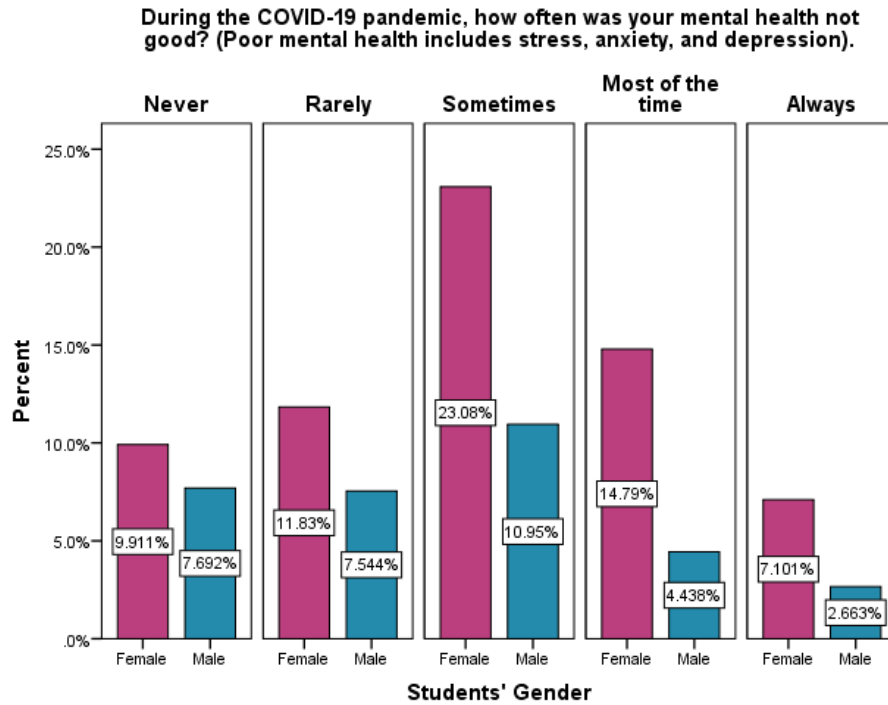


Figure 2. Distribution of Adolescents' Mental Health During COVID-19 by Gender

Research question two aimed to capture how adolescents' human rights within their home environments were affected during the COVID-19 pandemic. The results were subdivided into four major human rights factors within their home environment: Loss of Household Income, Hunger, Verbal Abuse, and Physical Abuse. These four factors are linked to four of the fifty-three Articles in the Convention on the Rights of a Child (United Nations, 1989) – Article 24: right to best health care possible, Article 27: right to a standard of living to support child development, Article 3: right to protection and care for well-being, and Article 19: right to protection from violence, abuse, and neglect. The results of the frequency and percent distributions for the four human rights factors explored are presented in Tables 1 and 2.

Based on the results, about 54% ($n = 365$) of adolescents reported that they experienced loss of household income. The estimate of the effect on the population is that approximately 12,042 adolescents in Belize might have experienced a loss of household income during the COVID-19 pandemic. For the human rights factor hunger, 19% ($n = 128$) of adolescents reported that they experienced hunger, which is approximately 4,237 adolescents in the population who may have faced hunger during the COVID-19 pandemic in Belize. For the human rights factor, verbal abuse, 33% ($n = 223$) of adolescents reported that they experienced verbal abuse, which is approximately 7,359 adolescents in the population who might have experienced verbal abuse during the COVID-19 pandemic in Belize. For the human rights factor, physical abuse, 24% ($n = 162$) of adolescents reported that they experienced physical abuse, which is approximately 5,352 adolescents in the population who might have experienced physical abuse during the COVID-19 pandemic in Belize.

Table 1. Distribution of Adolescents: Loss of Household Income

Experienced	No Job before COVID-19		Yes		No		Total	
	n	%	n	%	n	%	n	%
Loss of Household Income	41	6.1%	321	47.5%	314	46.4%	676	100%

Table 2. Distribution of Adolescents: Hunger, Verbal Abuse, and Physical Abuse

Experienced	Never		Rarely		Sometimes		Most of the time		Always		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Hunger	381	56.4%	164	24.3%	105	15.5%	18	2.7%	8	1.2%	676	100%
Verbal Abuse	281	41.6%	169	25.0%	150	22.2%	55	8.1%	21	3.1%	676	100%
Physical Abuse	512	75.9%	90	13.3%	56	8.3%	13	1.9%	4	0.6%	675	100%

The results of the frequency and percentage distributions, disaggregated by gender, for the four human rights factors explored, are presented in Tables 3 and 4. Based on the results, both female and male adolescents reported similar percentages of experiences with loss of household income, hunger, and physical abuse. However, a significantly greater percentage of female adolescents (37.5%) reported experiencing verbal abuse compared to male adolescents (25.3%).

Table 3. Distribution of Adolescents by Gender: Loss of Household Income

Experienced		Students' Gender							
		Female				Male			
		No Job before COVID-19	Yes	No	Total	No Job before COVID-19	Yes	No	Total
		n				n			
Loss of Household Income	n	30	213	208	451	11	108	106	225
	%	6.7%	47.2%	46.1%	100%	4.9%	48.0%	47.1%	100%

Table 4. Distribution of Adolescents by Gender: Hunger, Verbal Abuse, and Physical Abuse

Experienced		Students' Gender											
		Female						Male					
		Never	Rarely	Sometimes	Most of the time	Always	Total	Never	Rarely	Sometimes	Most of the time	Always	Total
Hunger	n	258	109	67	14	3	451	123	55	38	4	5	225
	%	57.2%	24.2%	14.9%	3.1%	0.7%	100%	54.7%	24.4%	16.9%	1.8%	2.2%	100%
Verbal Abuse	n	181	101	109	45	15	451	100	68	41	10	6	225
	%	40.1%	22.4%	24.2%	10.0%	3.3%	100%	44.4%	30.2%	18.2%	4.4%	2.7%	100%
Physical Abuse	n	338	63	35	12	3	451	174	27	21	1	1	224
	%	74.9%	14.0%	7.8%	2.7%	0.7%	100%	77.7%	12.1%	9.4%	0.4%	0.4%	100%

The third research question sought to determine if there is a significant correlation between adolescents' mental well-being and human rights in the home environment during the COVID-19 pandemic in Belize. The results of the Pearson's r correlation coefficients are presented in Table 5. Based on the results, there are positive, significant correlations between adolescents' mental well-being and verbal abuse [$r(676) = .321, p < .001$], and physical abuse [$r(675) = .139, p < .001$]. Therefore, adolescents who experienced higher levels of verbal and physical abuse, experienced higher levels of poor mental well-being. Additionally, the

results indicated that there are positive, significant correlations between adolescents' experience of hunger and verbal abuse [$r(676) = .218, p < .001$], and physical abuse [$r(675) = .261, p < .001$]. Therefore, adolescents who experienced higher levels of hunger, experienced higher levels of verbal and physical abuse. Last, the results indicated that there is a positive, significant correlation between adolescents' experience of verbal abuse and physical abuse [$r(675) = .466, p < .001$]. Therefore, adolescents who experienced higher levels of verbal abuse, experienced higher levels of physical abuse.

Table 5. Adolescents' Well-being & Human Rights Factors Pearson Correlation Matrix

	1	2	3	4
1. Experienced Poor Mental Health	1			
2. Experienced Hunger	.075	1		
3. Experienced Verbal Abuse	.321**	.218**	1	
4. Experienced Physical Abuse	.139**	.261**	.466**	1
**. Correlation is significant at the 0.01 level (2-tailed).				

Conclusions

This study investigated the impact of the COVID-19 pandemic on the well-being and human rights of adolescents within their home environment in Belize. The results revealed that many adolescents in the sample experienced poor mental well-being during the COVID-19 pandemic in Belize, as their mental health deteriorated. Female adolescents' mental well-being was more adversely affected than that of male adolescents in the sample. Four major human rights of adolescents within the home environments were negatively affected since many adolescents reported that they experienced challenging home environments, such as loss of household income, hunger, verbal abuse, and physical abuse. These four human rights factors are linked to four of the fifty-three Articles in the Convention on the Rights of a Child (United Nations, 1989) – Article 24: right to best health care possible, Article 27: right to a standard of living to support child development, Article 3: right to protection and care for well-being, and Article 19: right to protection from violence, abuse, and neglect. Also, the results indicated that there are positive, significant correlations between adolescents' mental well-being and verbal and physical abuse. Thus, the escalation of the four human rights factors within the home environment during the COVID-19 pandemic in Belize had an adverse impact on the mental well-being of adolescents. While these findings highlight areas of concern, causal relationships cannot be inferred due to the descriptive research design of the study.

The well-being of adolescents (mental health and human rights – health, safety, and security) is incorporated into the domains of the adolescent well-being framework proposed by Ross et al. (2020). The mental well-being of Belizean adolescents in the sample was affected during the COVID-19 pandemic, as indicated in the results. Groen et al. (2021) corroborated this by asserting that Belizeans experienced moderate stress during the pandemic. Also, several other studies support the findings of this study, which indicate that adolescents' mental health was affected during the pandemic, as was their access to human rights, especially through the safety and security of their home environment (Qi et al., 2020; Duckworth et al., 2021; Simon, 2022; and UNICEF, 2022). Qi et al. (2020) substantiate the findings that more female than male adolescents experienced mental health issues. Likewise, the experiences of mental well-being, emotional support, and home safety and security reported among adolescents in this study closely parallel the CDC (2022) findings on adolescents in the United States, who faced challenges such as poor mental health, feelings of sadness or hopelessness, emotional isolation, experiences of physical abuse, and economic stress. Traumatic stressors, such as the pandemic, negatively affect the well-being of adolescents, directing community and national efforts to offer support to this vulnerable population.

Recommendations

The well-being and human rights of adolescents are multidimensional and warrant a multi-sectoral approach to address support programs and interventions (UNICEF, 2022) in the various domains proposed

by Ross et al. (2020). The Government of Belize, non-governmental agencies, the private sector, families, communities, and educators can collaborate to address the well-being and human rights of adolescents post-pandemic. Social support for adolescents can be provided as Qi. et al. (2020) found that high social support can lessen the trauma and stress experienced by adolescents in new situations, such as a pandemic. Parents and communities can provide supportive environments to improve adolescents' mental well-being, and seek professional support for adolescents who have experienced trauma to help them improve their well-being. As the pandemic eased and schools returned to face-to-face instruction, Vairez et al. (2022) reported that adolescents' apprehensions were high about returning to face-to-face classes, as they were concerned that their families and teachers could contract COVID-19. As such, Vairez et al. (2022) emphasized that adolescents who experienced trauma during the pandemic need support from educators so that they can overcome their apprehensions to be able to succeed in school and life.

Márquez-Aponte (2020) suggested that trauma-informed strategies can be used to support adolescent students in schools facing traumatic experiences. These strategies would promote increased awareness of the signs and effects of trauma among the general population and professional educators, supporting better outcomes and enabling outreach to students. Educators in Belize can work on creating safe, supportive, and nonjudgmental environments. In these environments, students would feel free to communicate their thoughts and feelings verbally and nonverbally, addressing their needs for attention, behavioral modulation, academic engagement, and success (Márquez-Aponte, 2020).

Policymakers can ensure that the well-being of learners is a priority, so that educators become equipped to address the varying home insecurities that students face, thereby setting them on the path to success in school and life. Governments must institute policies and systems to protect children and adolescents from violence, abuse, and neglect (UNICEF, 2022). In Belize, policymakers and social service providers (the church and other community services) are called to prioritize the needs of vulnerable groups, inclusive of adolescents, and provide access to adequate health care. In addition, UNICEF (2022) highlighted the need to increase investment, quality, and access to mental health services and programs tailored specifically to address the needs of adolescents and end the stigma of accessing mental health services. Findings by the MICS7 (Love Fm, 2025) underscore "the urgent need for strengthened psychosocial support systems, expanded outreach programs, and continued efforts to reduce stigma surrounding mental health (p.1). Finally, UNICEF (2022) recommends integrating mental health services into primary healthcare systems.

There should also be strategies to support students' well-being and human rights post the COVID-19 pandemic. These can include pastoral care, trauma-informed practice, partnerships with parents and the community, and sharing stories as coping strategies to support others, among other programs aimed at addressing the mental health of students and teachers (Cahill et al., 2020). UNICEF (2020) emphasized the need to support and promote youth participation in issues affecting them, ensuring their voices are heard.

Further research can be conducted on the impact of the COVID-19 pandemic on the well-being and human rights of adolescents on a larger scale. The various dimensions of adolescents' well-being can be used to investigate which one was most affected post-pandemic. There could also be a collaboration with other agencies to conduct regional research on the well-being and human rights of adolescents following the pandemic. Additionally, we can further parse the data to determine if we need to streamline interventions by gender, region of the country (districts), and by racial/ethnic groups.

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