



THE IMPACT OF COVID-19 ON YOUNG PEOPLE'S PSYCHO-SOCIAL HEALTH IN INDIA.

December 2020

A Report by Restless Development India

**RESTLESS
DEVELOPMENT**

EXECUTIVE SUMMARY.

The COVID-19 pandemic has disrupted every facet of our lives. Even before the pandemic, the accessibility of adolescent friendly health services were a challenge. Mental health was under-emphasised, and sexual and reproductive health and rights services, while acknowledged as critical, still remain inaccessible to most young people in India.¹ These challenges have only been exacerbated by the pandemic. Unless urgent action is taken, young people are going to suffer disproportionate and long-lasting impacts.

In the wake of the pandemic, and subsequent lockdown in India, Restless Development rolled out a survey, aimed at assessing the impact of the pandemic on young people's psycho-social health. Responses from 1554 young people across the country were analysed, and the findings reported in this study.

Disruption of health services.

One of the key findings from the survey was the disruption of health services. Mental health, sexual health, and general health services were all disrupted by the pandemic. An alarming 27% of young people who were accessing counselling/psychiatric services before the pandemic, lost access to that service because of lockdown. Nearly half of all respondents stated that they were finding it challenging to access general health services. 11% of female respondents noted that they had unsuccessfully attempted to have consultations with healthcare professionals to address irregularities in their menstrual cycle.

Economic impact.

Professional concerns were highlighted by young people, as being one of their key concerns when imagining their futures in a post-pandemic world. The lack of job security was also highlighted as adversely impacting their mental health during the lockdown. They also stated the need for development agencies and governments to prioritise creating job and alternative livelihood opportunities.

¹ Santhya, K., Prakash, R., Jejeebhoy, S. and Singh, S., 2020. Accessing Adolescent Friendly Health Clinics In India: The Perspectives Of Adolescents And Youth. [online] Popcouncil.org. Available at: <https://www.popcouncil.org/uploads/pdfs/2014PGY_AFHC-IndiaReport.pdf>

Disproportionate impact of COVID-19 on women and youth.

The impact of COVID-19 has had a deep and systematic impact on young people and their lives. However it's important to acknowledge that this impact has been disproportionately borne by women and youth. More female respondents than male respondents felt that the lockdown had had a negative impact on their lives. More female respondents than male respondents lost access to the mental health services that they were accessing prior to lockdown. More than half of the respondents in the age group of 15-17 lost access to these services, compared to a little over a quarter of 18-24 and 25-29 year old respondents.

Youth & Advocacy.

A significant percentage of respondents highlighted that young people play a crucial role in COVID-19 response. They noted volunteering, social media activism, community action, and donations as being some of the core ways that they can contribute. Young people are also calling on development agencies and governments to collaborate and create linkages with youth in their COVID-19 response.

The findings from this survey highlight the manner in which COVID-19 has exacerbated existing inequalities for young people. Health services: general health services, mental health services, and sexual and reproductive health rights and services were interrupted, and access made more challenging. The survey also highlights young people's priorities, and their asks from civil society organisations, and the government. It is crucial to work together with and for young people, to prevent the pandemic from having long-term negative impacts on young people's mental health, social and economic futures.

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INTRODUCTION.

The COVID-19 pandemic has disrupted every facet of our lives. Even prior to the crisis, the social and economic integration of young people was an ongoing challenge. The lockdown and strict stay at home measures have had a severe impact on young people's access to rights, particularly as freedom of movement has been restricted around the globe. Services, particularly those around SRHR and mental health that were challenging to access prior to lockdown for young people, have only become less accessible as movement has become limited.

Within this context, Restless Development India, designed and conducted a survey intended to assess the impact of COVID-19 on young people's psycho-social health across India. More specifically, the survey sought to better understand young people's perspectives on their access to, and their perception of information on COVID-19. The survey also sought to understand the impact and challenges of COVID-19 on young people's mental health, coping mechanisms, and access to services including health services (particularly sexual and reproductive health rights and services). The survey aimed to understand the needs and priorities of young people, and the support that they are looking for, moving forward. A total of 1554 responses were analysed from across the country, and the findings have been presented in the report.

The study substantiates findings from other global and national level surveys that highlight that the impact of COVID-19 on young people has been systematic, deep, and disproportionate. To support and amplify youth voices and actions, this study calls for urgent and targeted investment in jobs and livelihood training programmes for young people, greater efforts to boost distance and learning programmes (including deliverance and accessibility of technology), and the provision of stronger adolescent friendly health services (particularly around mental health and sexual and reproductive health and rights). Only by working together with and for youth, can we prevent the COVID-19 pandemic from having a long lasting negative impact on young people.

OBJECTIVES OF THE STUDY.

The study was designed with the objective of assessing the impact of COVID-19 on young people's psycho-social health in India. More specifically, the study had the following objectives:

- To better understand young people's perspective on their access to, and perception of information on COVID-19.
- To understand the impact and challenges of COVID-19 on young people's mental health.
- To understand the impact of challenges of COVID-19 on young people's access to health services (particularly SRHR services).
- To understand the needs and priorities of young people moving forward, and map the areas for support and collaboration young people are interested in accessing.

METHODOLOGY.

Quantitative data was collected through a self-administered online survey using the KoBo platform. The survey was translated to Hindi and Odiya. It was disseminated through Restless Development India's social media pages, and volunteer networks. The survey was open for a period of 6 weeks between June and August 2020. A total of 1554 respondents' responses were analysed from across the country.

The survey consisted of 54 questions, divided into 5 sections: demographics and background, information and access to information on COVID-19, mental health, sexual health, health services and advocacy.

The analysis of the data from the survey was carried out to respond to the objectives. The survey data was cleaned and coded, and tabulated using SPSS.

CHALLENGES, LIMITATIONS, AND FUTURE RESEARCH.

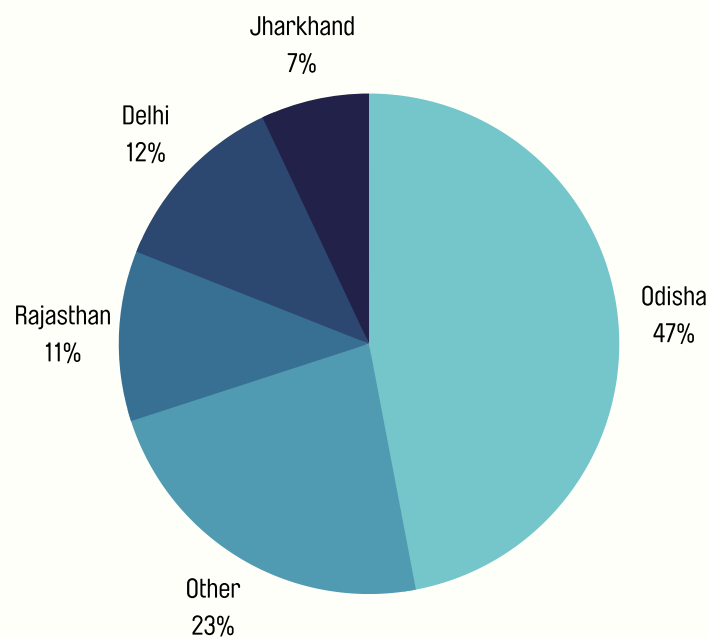
Some of the challenges and limitations encountered by the survey, and areas for future research include:

- Upon feedback from volunteers, the survey was revised 3 weeks after its original dissemination. Questions in the SRHR section were amended to include a 'prefer not to answer' option. This means that two versions of the survey were administered, the original and the revised. Particularly this could impact the manner in which respondents had responded to the question in the unrevised survey, where they may have felt compelled to have chosen a response.
- The sample is skewed towards Odisha. 47% of overall respondents are from this state. This challenges the generalisability of findings, though it does still highlight key themes and areas for further study. It becomes clear that more research is needed on these topics across a wider Indian sample.
- The survey was disseminated through Restless Development India's social media pages and volunteer pages. As such it is important to acknowledge that there is a bias within the respondents who answered this survey as being digitally connected.
- The survey was designed to be concise in an attempt to avoid respondent fatigue, and gather more responses. Since the data collected was primarily quantitative, there is space for a more qualitative and extensive follow up to probe the key themes that have been brought out in the findings.

FINDINGS.

Demographics.

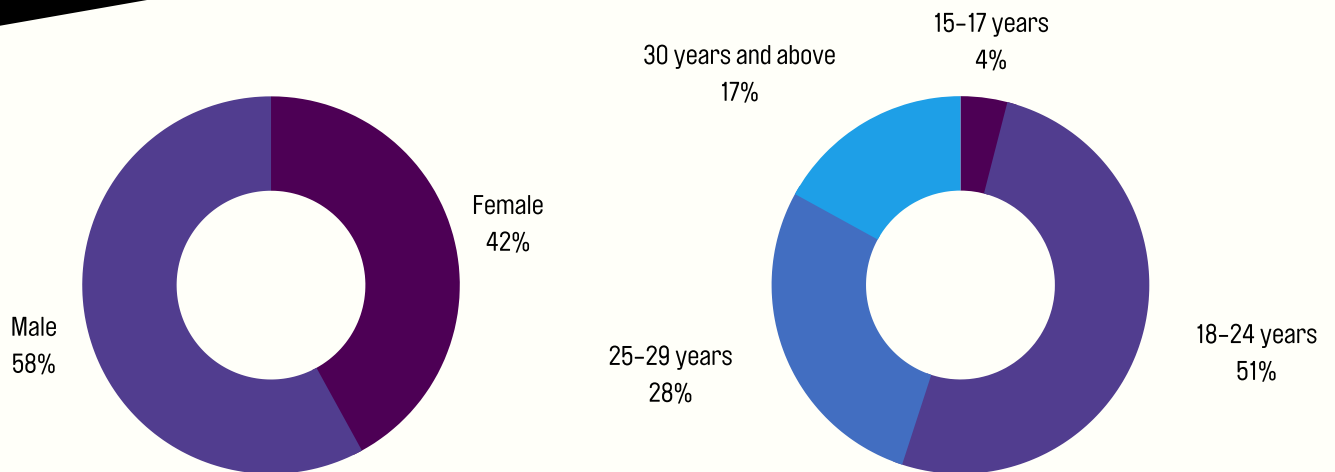
The first section of the survey focused on demographic variables: sex, age, state, location, marital status and disability. The survey was completed by 1554 young people across the country. Though the survey was pan-India, it's important to note that the highest percentage of data was from Odisha (47.4%), Delhi (12.4%) and Rajasthan (10.5%).²



Graph 1: Percentages of respondents by state

Majority of respondents were male (58%), and 41% of respondents were female. 0.2% of respondents identified as transgender. Further, a majority of respondents (51%) identified as belonging to the age group of 18-24. 27.7% respondents identified as belonging to the age group 25-29. 17% of respondents identified as 30 and above. A small sample of 4.5% were part of the 15-17 age group.

² States and Union territories from which respondents identified included: Andaman and Nicobar Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chandigarh, Chattisgarh, Daman and Diu, Delhi NCT, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Lakshwadeep, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Telangana, Tamil Nadu, Tripura, Uttar Pradesh, Uttarakhand, and West Bengal.



Graph 2: Percentages of male and female respondents Graph 3: Percentages of respondents by age group

In terms of education, the data is skewed towards graduated students (74.2%), followed by 17.1% of intermediate level of education with matric (6.3%) and primary (2.4%) making up a small percentage of this sample. It's important to note that 80% of respondents were unmarried. Further, a small percentage of respondents (4%), identified as being a person with a disability. 85% of respondents lived with family during the lockdown. It's particularly interesting to note that 79% of the sample stated that neither they nor anyone they knew had been formally diagnosed with COVID-19. 2% of the respondents noted that they had been diagnosed with COVID-19, 4% stated that they had family who had been diagnosed with COVID-19, and 15% stated that they had friends who had been diagnosed with COVID-19.

Information and Access to Information on COVID-19.

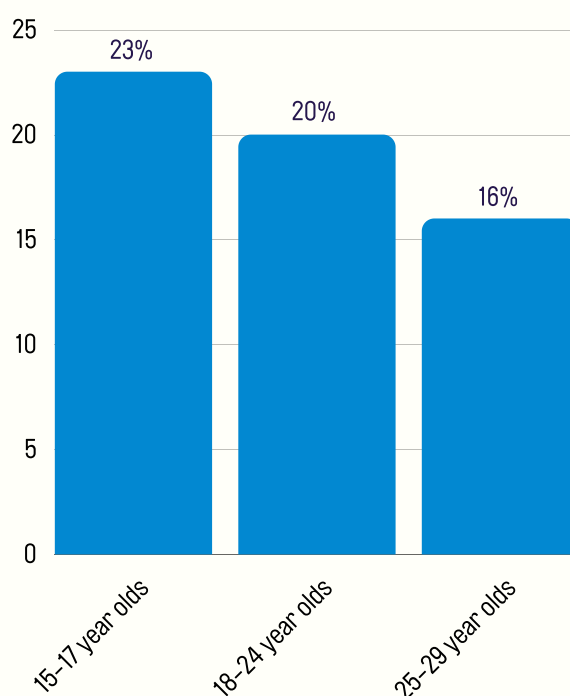
India's battle against COVID-19 has many obstacles, but beyond the obvious, waves of misinformation and fake news sparked COVID-19 fears, and forced the Indian government to issue an advisory asking citizens not to heed to rumours around the virus.³ A report by the National Institute of Mental Health and Neurosciences (NIMHANS), on 'Mental Health in the times of the COVID-19 Pandemic',⁴ further noted that the fear response to the pandemic in India, have ranged from fears based on facts, to unfounded fears based on misinformation. Information circulating in the media, particularly on social media.

Given this context, the survey asked respondents a series of questions around their perceptions of the information that they were consuming related to COVID-19, and their key sources of information.

³ Purohit, Kunal, "Misinformation, Fake News Spark India Coronavirus Fears," India | Al Jazeera (Al Jazeera, March 10, 2020), <https://www.aljazeera.com/news/2020/3/10/misinformation-fake-news-spark-india-coronavirus-fears>.

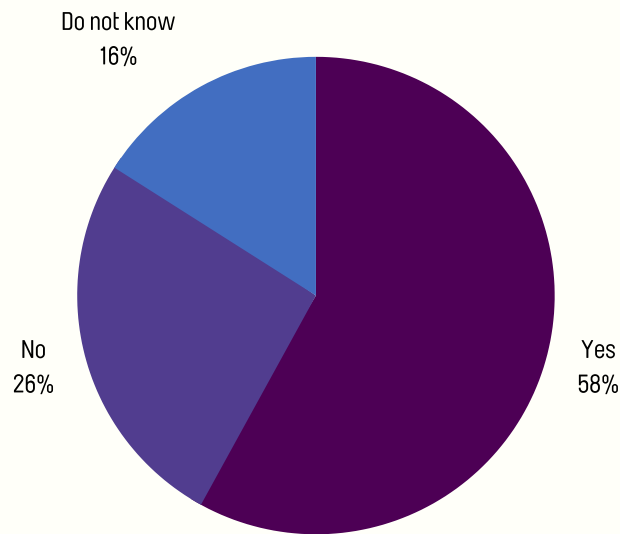
⁴ Department of Psychiatry, NIMHANS. Mental Health in the Times of COVID-19 Pandemic Guidance for General Medical and Specialised Mental Health Care Settings. Apr. 2020. <https://www.mohfw.gov.in/pdf/COVID19Final2020ForOnline9July2020.pdf>

Almost 20% of respondents answered “No” to having adequate and accurate access to information on COVID-19. Approximately 66% respondents answered yes, and nearly 15% stated don’t know. 23% of respondents in the age group 15-17 claimed that they did not have access to adequate and accurate information on COVID-19, as compared to 20% of 18-24 year olds, and 16% of 25-29 year olds.



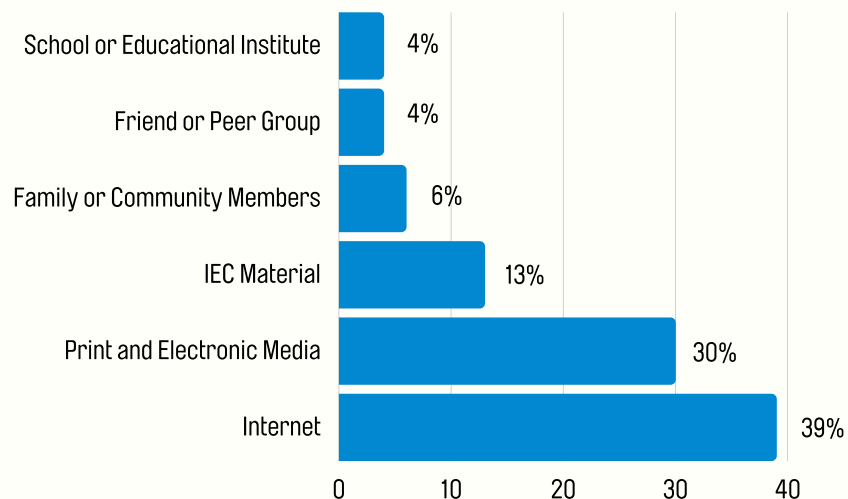
Graph 4: Percentage of respondents by age group, who do not think they have adequate and accurate information on COVID-19

Respondents were also asked if they believed that there were myths or non-factual information related to COVID-19 in circulation. 57.8% respondents answered ‘yes’ to this question, 26.3% respondents answered ‘no’, and 15.8% respondents answered ‘don’t know’. Interestingly, 63.5% of females, as opposed to 55.5% of males answered affirmatively to this question. Further, 60% of 18-24 respondents agreed that there were myths/non-factual information in circulation, as compared to 53% 15-17 year olds, 56% 25-29 year olds, and 55% respondents aged 30 and above. For state, 71% of participants from Delhi answered yes to this question, which is significantly higher than the 43% from Rajasthan.



Graph 5: Percentage of respondents, 'do you think you think there are myths/ non-factual information related to COVID-19 in circulation?'

When questioned as to their primary source of information on COVID-19, 39% of respondents noted the internet, this was followed by print and electronic media at 30%, IEC material at 13.4%, and family and community at 6%.



Graph 6: "What is your primary source on seeking information/knowledge related to COVID-19?"

Finally, 83% of respondents noted that they would be interested in learning more about COVID-19 through relevant educational tools and materials.

Mental Health.

Young people across India and the world have had their lives turned upside down by the pandemic. Almost every young person has had to adjust to dramatic shifts in their education, employment, routine and home life. Some have experienced bereavement or other traumatic experiences during lockdown; and groups that were already marginalised or traumatised, are now likely to become more so. The United Nations has reported a rapid rise in mental-ill health since the pandemic began.⁵ Additionally, research has indicated that prolonged quarantine periods can have a lasting negative impact on psychological well-being, particularly for adolescents.⁶

The survey asked respondents a series of questions related to mental health, access to mental health services, and perceptions of the lockdown on their mental health.

Seeking Counselling and Psychiatric Services.

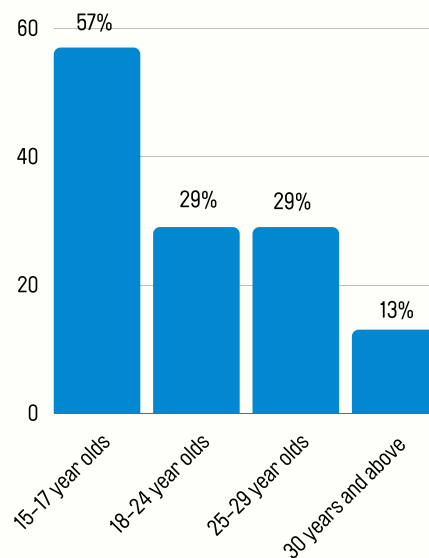
In order to establish a baseline, respondents were asked if they were accessing counselling/psychiatric services prior to lockdown. 89.4% of respondents were not accessing services, and 4% of respondents chose 'prefer not to answer'. A small percentage of the sample (6.6%) noted that they were accessing mental health services. This represented 7.5% of the overall male respondents, and 5% of the overall female respondents. Further, 10% of respondents in the age category 15-17, 6.5% of respondents in the age category 18-24, and 4.9% of respondents in the age category 25-29 were accessing mental health services prior to lockdown.

Over a quarter of respondents (27.2%) who were accessing counselling and psychiatric services prior to lockdown noted that they were no longer being able to access this service as a result of the lockdown.

23.5% of male respondents, and a third of female respondents (33.3%) lost access to these services because of the pandemic and lockdown. When cross-tabulated by age, over half of the 15-17 year old respondents (57.1%), 29.4% of 18-24 year old respondents, and 28.6% of respondents between the ages of 25-29, and 12.5% respondents aged 30 and above were no longer able to access these services.

⁵ UN Leads Call to Protect Most Vulnerable from Mental Health Crisis during and after COVID-19." 2020. UN News. May 13, 2020. <https://news.un.org/en/story/2020/05/1063882>.

⁶ Guessoum, Sélim Benjamin, et al. "Adolescent Psychiatric Disorders during the COVID-19 Pandemic and Lockdown." *Psychiatry Research*, vol. 291, Sept. 2020, p. 113264, 10.1016/j.psychres.2020.113264.



Graph 7: Percentage of respondents, no longer able to access counselling/psychiatric services as a result of lockdown

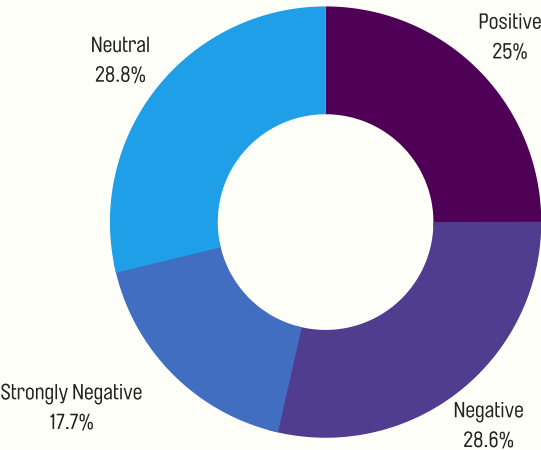
These statistics are alarming. When respondents were questioned as to why they were no longer being able to access these services, some of the reasons they highlighted included: financial constraints, the services not yet being set up to work remotely, or a lack of access to the appropriate digital infrastructure and lack of privacy in their homes.

Respondents who noted that they had not been seeking counselling support prior to lockdown were asked if they had sought counselling support for the first time, during lockdown. 10.4% respondents noted that they had, 4.4% preferred not to answer, and 85% noted that they had not. 10.8% of 15-17 year olds and 18-24 year olds, 8.7% of 25-29 year olds, and 5.7% of respondents aged 30 and above sought counselling/psychiatric services for the first time during the pandemic. This represents 11% of male respondents, and 10.7% of female respondents. Perception of pandemic on mental health

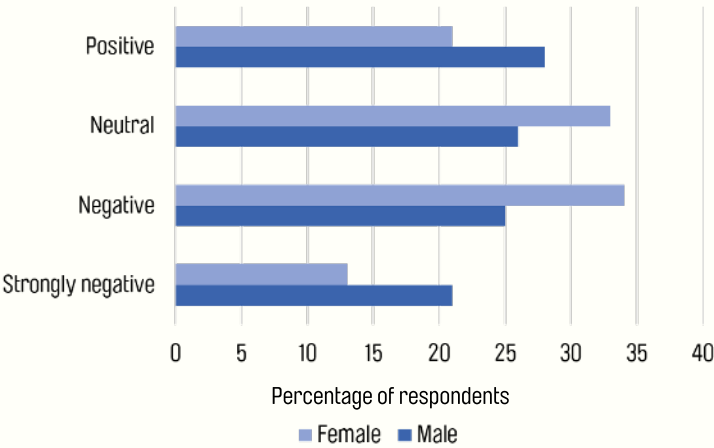
Respondents were asked an open ended question: "Thinking about the current COVID-19 pandemic, what concerns if any do you have about the impact on your well-being". Answers were coded by theme, and it's important to note that 24% of respondents highlighted themes of loneliness, isolation and stress.

Respondents were further asked to rank their feelings due to quarantine and lockdown as strongly negative: the lockdown has led to uncontrollable and frequent feelings of anxiety, helplessness & fear, negative: the lockdown has led to feelings of

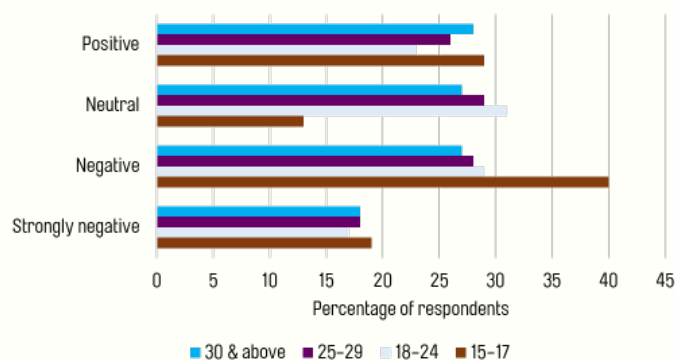
anxiety, helplessness and fear, neutral: the lockdown has neither adversely nor positively affected my mental health, and positive: the lockdown has had a positive effect on my mental health. 17.7% respondents noted strongly negative, 29% respondents noted negative, 29% respondents noted neutral and 25% respondents noted positive. Interestingly, 34% of female respondents, as opposed to 25% male respondents identified their feelings towards quarantine and lockdown as being negative. 28% of male respondents as opposed to 21% of female respondents identified their feelings towards quarantine and lockdown as being positive. 59% of 15-17 year olds, 46% of 18-24 year olds, and 46% of 25-29 year olds identified feeling strongly negative/negative towards quarantine and lockdown.



Graph 8: Percentage of respondents, ranking their current feelings due to quarantine and lockdown



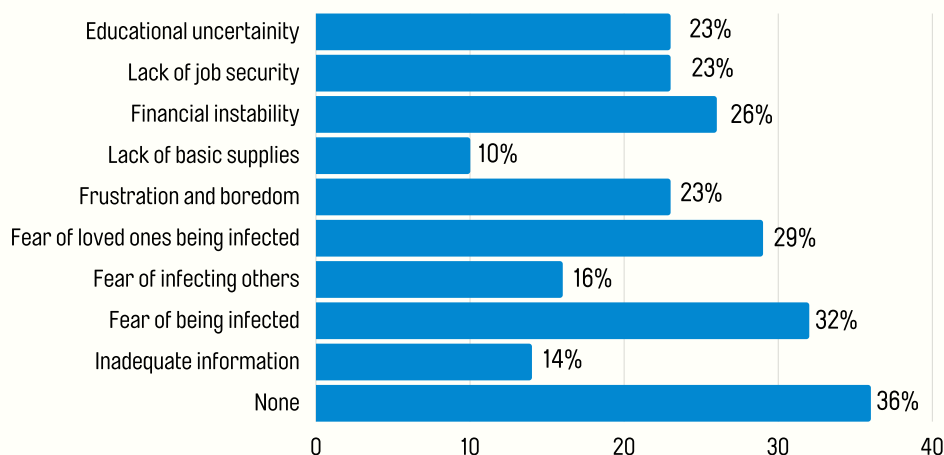
Graph 9: “How would you describe your current feelings due to quarantine and lockdown?” cross-tabulated by gender.



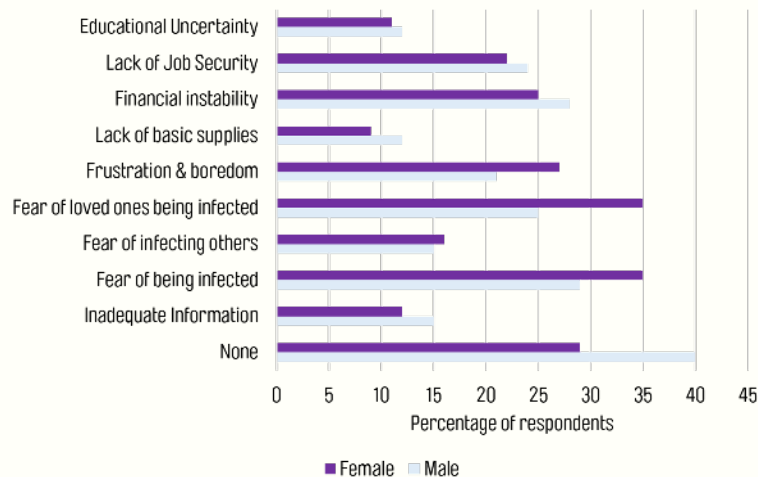
Graph 10: "How would you describe your current feelings due to quarantine and lockdown?" cross-tabulated by age group

Respondents were asked a multiple choice question: "What if any are some of the conditions during lockdown that have adversely affected your mental health?" answer choices to the question included: none – my mental health has not been affected, inadequate information – lack of adequate and verifiable information, fear of being infected by the COVID-19 virus, fear of infecting others with the virus, fear of loved ones being infected by the virus, frustration and boredom, lack of basic supplies – food, housing, etc, financial instability, lack of job security, and educational uncertainty.

32% of respondents highlighted fear of being infected with the virus, 29% noted their loved ones being infected by the virus, 26% highlighted financial instability, and 23.4% highlighted frustration and boredom, and educational uncertainty. What was interesting to note in this scenario, was that when cross-tabulated by gender – 40% of males versus 30% of females noted none, as a concern. 25% of males, as compared to 35% of females noted loved ones being infected as a concern for their mental health; and 27% of females as opposed to 20% of males highlighted frustration and boredom.

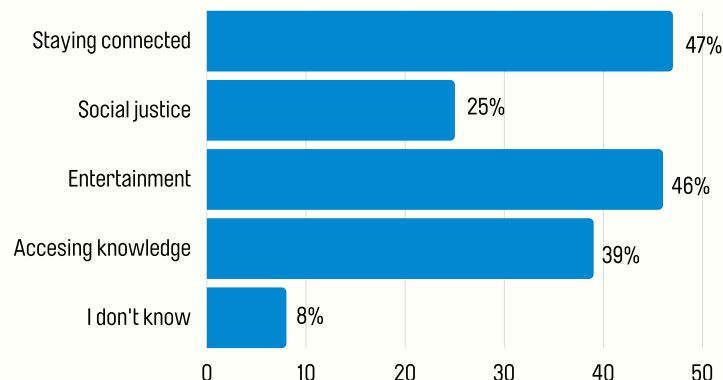


Graph 11: "What, if any, are some of the conditions during lockdown that have adversely affected your mental health?"



Graph 12: “What, if any, are some of the conditions during lockdown that have adversely affected your mental health?” cross-tabulated by gender

When questioned as to what was helping their mental health, 47% respondents noted staying connected with family and friends, 46% noted entertainment: movies, videos, online games, etc, 39% noted accessing knowledge: availing online courses, and 25% noted social justice: volunteering, making donations, community initiatives.

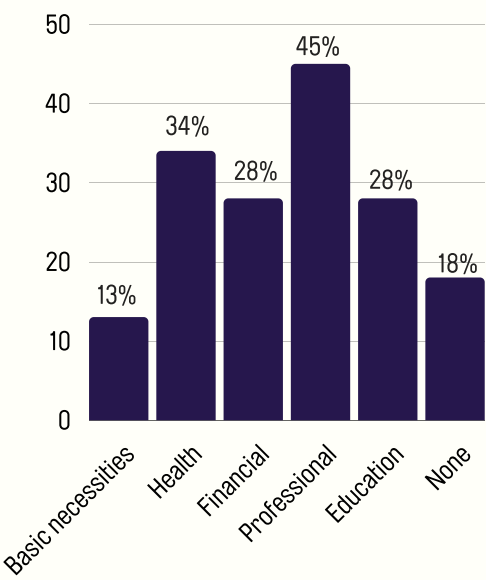


Graph 13: “What if anything, has been helping your mental health at this time?”

When respondents were asked what their major concerns were when imagining their future in a post-pandemic world, 45% of respondents noted professional concerns, 34% of respondents noted the health and wellbeing of themselves and their loved ones. 28% of the respondents noted financial concerns – not being able to support themselves or their dependants. 27% noted being unable to complete their education. 13% noted not being able to afford basic necessities including housing and food.⁷

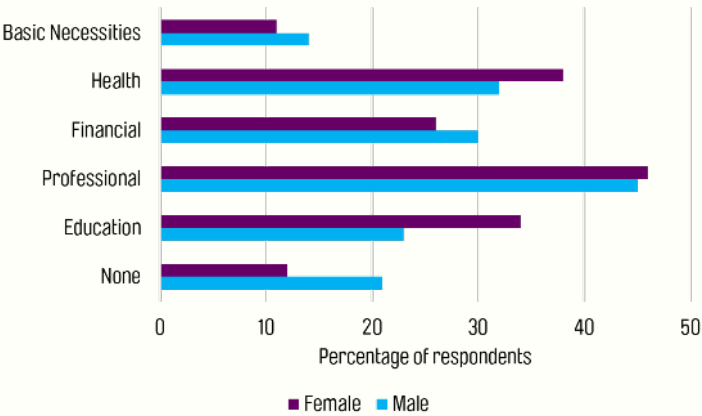
⁷ For the multiple choice question: “What if any, are some of your major concerns when imagining your future in a post-pandemic world?” – respondents were provided the following answer options: 1. None, I have no concerns ; 2. Education (unable to complete the current qualification (due to poor academic performance or finances); 3. Professional Concerns: lack of professional opportunities/losing current job/ salary cuts etc.; 4. Financial concerns: Unable to support self/ unable to support dependents (if any)/ general financial strain; 5. Health and wellbeing of self/family; 6. Unable to afford basic necessities: housing/food etc.

When this question was cross-tabulated by gender, it is interesting to note that 21% of male respondents, as opposed to 13% of female respondents, answered none. Further 34% of female respondents, as compared to 23% of male respondents highlighted educational concerns.



Graph 14: “What if any, are some of your major concerns when imagining your future in a post-pandemic world”.

When questioned as to what was helping their mental health, 47% respondents noted staying connected with family and friends, 46% noted entertainment: movies, videos, online games, etc, 39% noted accessing knowledge: availing online courses, and 25% noted social justice: volunteering, making donations, community initiatives.



Graph 15: “What if any, are some of your major concerns when imagining your future in a post-pandemic world”. Cross-tabulated by gender

Sexual and Reproductive Health and Rights.

For young people – sexual and reproductive health and rights (SRHR) form an important basis of their lives, whether they are sexually active or not. In 2012, India made several commitments to improving its family planning goals, with the aim of including family planning into its goal to achieve Universal Health Coverage. The key commitment included reducing unmet need by improving access to voluntary family planning services, and supplies and information, as well as expanding the contraceptive methods available, and scaling up usage of current methods. In addition, the Government pledged to integrate services focussed on adolescent health and maternal health. The policy acknowledged that there was an unmet need for contraception and low condom use, particularly among adolescent girls, who were at a higher risk of contracting sexually transmitted diseases⁸. The survey asked a series of questions around SRHR, including sources of knowledge, access to products and services, and specific questions around contraception.

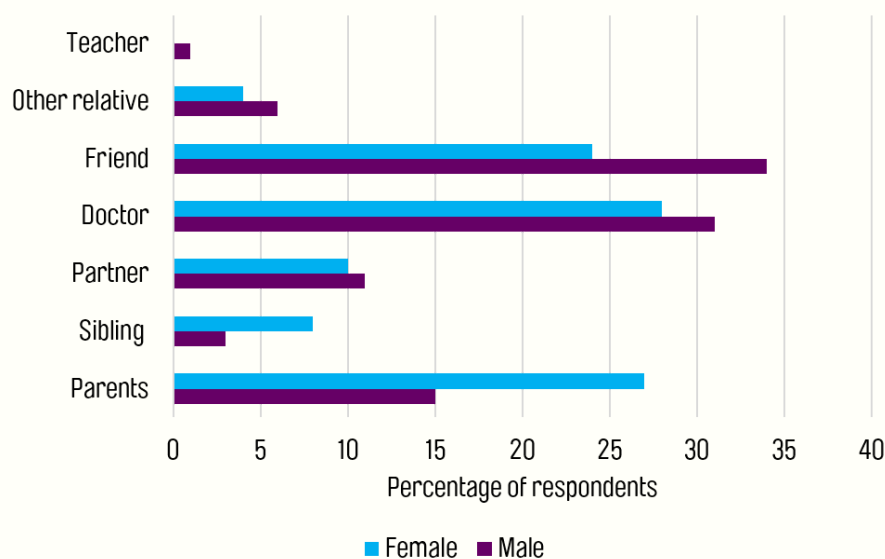
Sources of knowledge.

Respondents were asked in case of personal concerns related to SRHR who they are likely to reach out to for advice. The highest percentage of respondents (29.7%) noted 'doctor/ ASHA worker/ AWW/ ANM/ Counsellor', followed by 29.4% who noted 'friends'. This was followed by nearly 20% of respondents highlighting that they would reach out to their parents, and 10.3% who noted their partner. Less than 1% of respondents noted that they would reach out to a teacher.

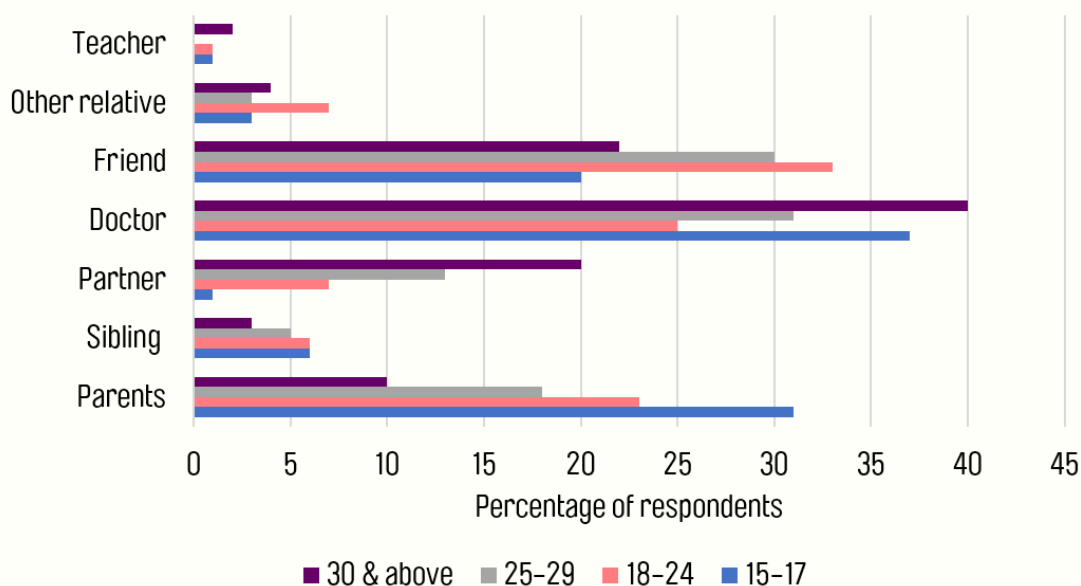
Within this it's important to note that the majority of male respondents stated friends (33.5%), followed by doctor/ ASHA worker/ AWW/ ANM/ Counsellor (31.2%), and then parents (14.8%). Comparatively, 28% of female respondents noted doctor/ ASHA worker/ AWW/ ANM/ Counsellor, followed by 26.7% who noted parents, and 24% who noted friends. When the results were cross tabulated by age, the majority of 15-17 year olds (37%) stated doctor/ ASHA worker/ AWW/ ANM/ Counsellor, followed by parents (31.4%). For 18-24 year olds, majority (32.6%) stated friends, followed by 25% who stated doctor/ ASHA worker/ AWW/ ANM/ Counsellor, and 23% who stated their parents. Comparatively, 31.3% of 25-29 year olds, stated doctor ASHA worker/ AWW/ ANM/ Counsellor, 29.7% stated friends, and 18.3% noted their parents.

It is interesting that males were overwhelmingly likely to view friends and peers as their primary sources of information, female respondents noted doctors, then parents, and then friends as their preferred sources on SRHR information.

⁸ Ministry of Health and Family Welfare, Government of India. India's Vision FP 2020. Nov. 2014, nhm.gov.in/images/pdf/programmes/family-planning/guidelines/FP2020-Vision-Document.pdf.



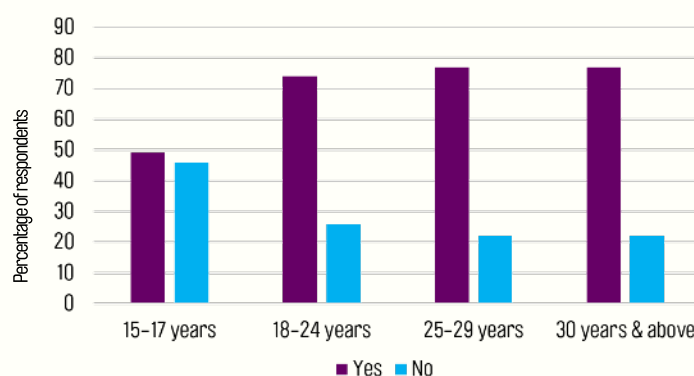
Graph 16: "In case of personal concerns related to sexual and reproductive health and rights, who are you likely to reach out to for help or advice? (A personal concern might be related to health, relationships, changes in your body, feelings about SRHR, etc)". Cross-tabulated by gender of respondents.



Graph 17: "In case of personal concerns related to sexual and reproductive health and rights, who are you likely to reach out to for help or advice? (A personal concern might be related to health, relationships, changes in your body, feelings about SRHR, etc)". Cross-tabulated by age group of respondents.

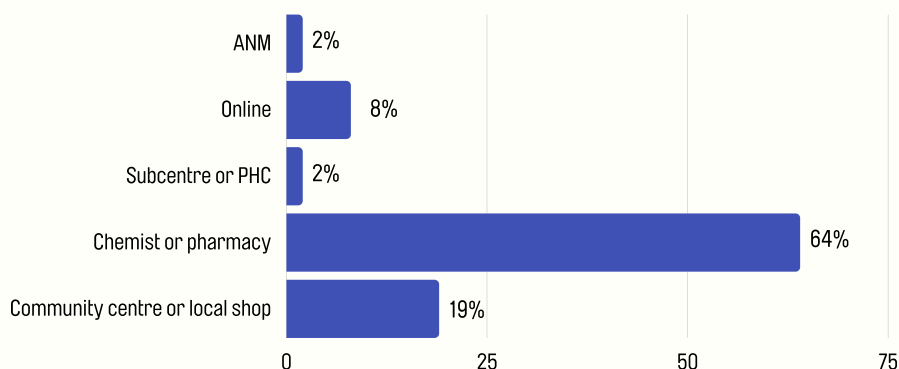
Access to products.

An alarming, 25% of respondents noted that they were unable to purchase sanitary products or contraceptives by themselves. This included 46% of 15-17 year old respondents stated that they were unable to purchase these products by themselves, as did 26% of 18-24 year olds, and 22% of 25-29 year olds, and 22% of respondents aged 30 and above. Respondents were further asked how they accessed these products: 33% stated that they were able to access these products through friends, 20% stated their mother/aunt, 10% stated their partner, 8% stated their father/uncle, and 4% stated their sibling.



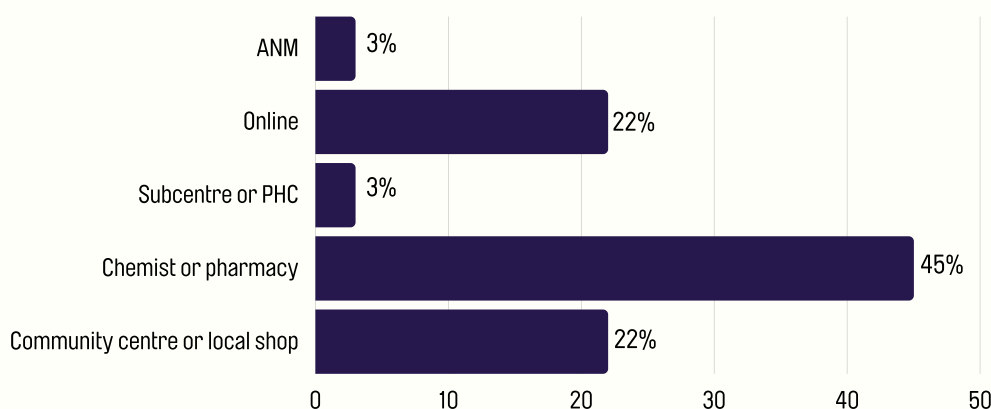
Graph 18: Are you able to purchase sanitary products/ contraceptives by yourself? Cross-tabulated by age

74% of respondents noted that they were able to purchase sanitary products or contraceptives by themselves. When questioned as to where they were purchasing these products prior to lockdown: 64% of respondents highlighted the chemist/pharmacy, followed by 19% of respondents who stated the community centre/local shop. Interestingly 8% of respondents noted that they purchased these products online.



Graph 19: Where do you purchase your sanitary products/ contraceptives from? (prior to lockdown)

21% of respondents noted that their method of accessing these products had changed since the lockdown. Interestingly as opposed to 8% who noted purchasing these products online prior to lockdown, this number increased to 21% after lockdown.

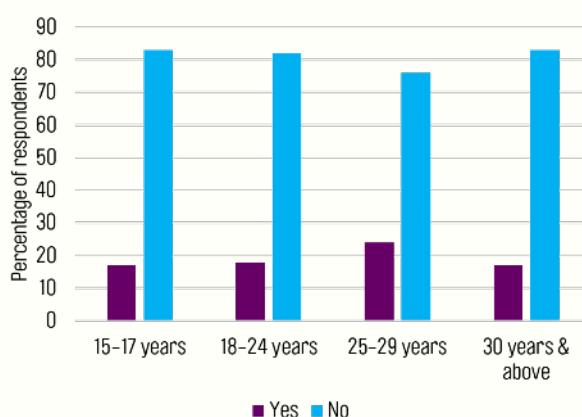


Graph 20: Where do you purchase your sanitary products/ contraceptives from? (respondents who noted that their method of accessing these products had changed, after lockdown)

Practice around menstruation & access to healthcare professionals.

Female respondents were asked if the disposal of their sanitary products (pads/napkins) was a challenge during lockdown. 19% of respondents stated that it had become a challenge.

17% of 15-17 year olds, 18% of 18-24 year olds, 24% of 25-29 year olds, and 17% of respondents aged 30 and above, stated that the disposal of sanitary products and pads had become challenging due to the lockdown.



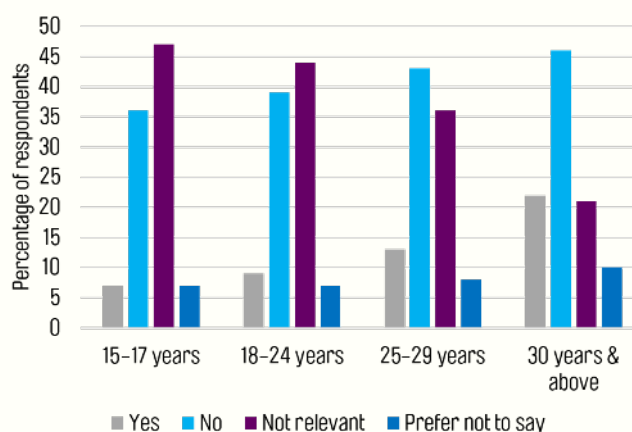
Graph 21: "Has the disposal of sanitary pads/napkins become a challenge for you due to lockdown?" Cross-tabulated by age

Female respondents were asked if they were able to consult any healthcare professionals in case of irregularities in their menstrual cycle during lockdown. While 36% of respondents noted that the question did not apply to them, 31% stated that they did not try to consult healthcare professionals, 19% noted that they had been able to consult a professional, and 11% noted that they had tried to contact a healthcare professional, but they were unsuccessful.

Contraception, pregnancy & sexual health.

41% of respondents noted that neither they nor their partners were using any form of modern contraception. 12% of respondents stated that they were using some form of modern contraception. 46% of respondents noted that the question was not relevant to them, or stated that they preferred not to answer.

15% of males and 8% of females noted that they were using some form of modern contraception (including tablets, male condoms, female condoms, or the copper T). When the same question was cross-tabulated by age, 7% of 15-17 year olds, 9% of 18-24 year olds, 13% of 25-29 year olds, and 22% of 30 years and above noted that they were using some form of modern contraception. 36% of 15-17 year olds noted that they were not using some form of modern contraception, as did 39% of 18-24 year olds, 43% of 25-29 year olds, and 46% of respondents aged 30 and above.



Graph 22: "Are you or your partner using any form of modern contraceptives? (hormonal contraceptive birth control tablets, male condoms, female condoms, copper T etc)?" Cross-tabulated by age

11% of respondents noted that an unplanned pregnancy was a possibility for them during the lockdown. 33% noted that it was not, and 6% noted that they didn't think it was (41% noted that the question was not relevant to them, and 9% stated that they preferred not to answer).

13% of males and 7% females noted that an unplanned pregnancy was a possibility. 11% of respondents in the age category 15-17 noted that an unplanned pregnancy was a possibility, 9% within the age category 18-24, and 12% in the age category 25-29.

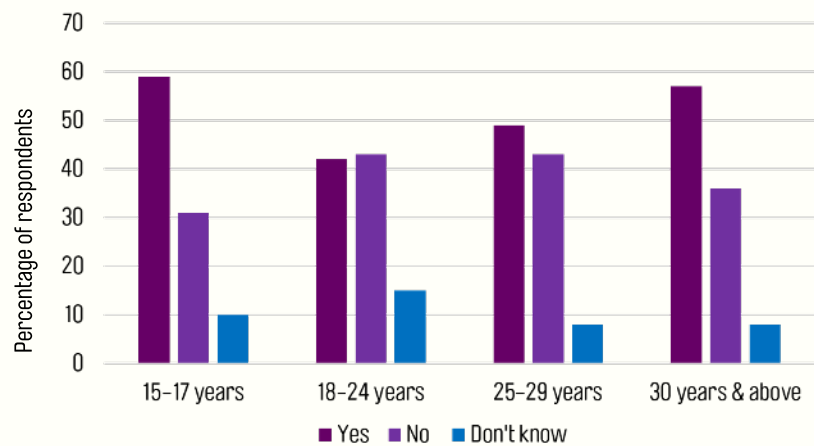
7% of respondents noted that they were worried about contracting a sexually transmitted disease during the lockdown. 46% of respondents said they were not, 7% said they didn't know, and 40% stated that the question was not relevant to them. When the responses were cross-tabulated by age group, 8% of 15-17 year olds, 6% of 18-24 year olds, 8.5% of 25-29 year olds, and 7% of respondents aged 30 and above stated that they were worried about contracting a sexually transmitted disease.

General Health Services.

The survey asked respondents whether they were finding it difficult to access health services during lockdown, and if so, what specific challenges they were facing.

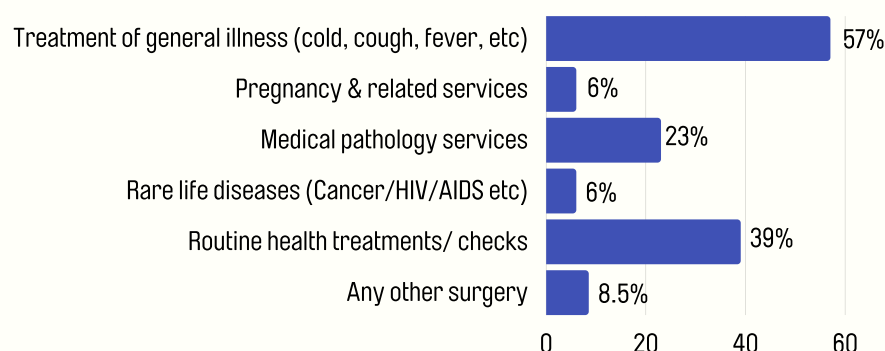
A significant 47% of all respondents noted that they were finding it difficult to access health services during lockdown.

This included 48% of all male respondents and 47% of all female respondents. Particularly interesting is that 59% of respondents in the age category 15-17 highlighted that were finding it difficult to access health services. This is compared to 42% of 18-24 year olds, and 50% of 25-29 year olds.



Graph 23: "Are you finding it difficult to access health services during lockdown?" Cross-tabulated by age group

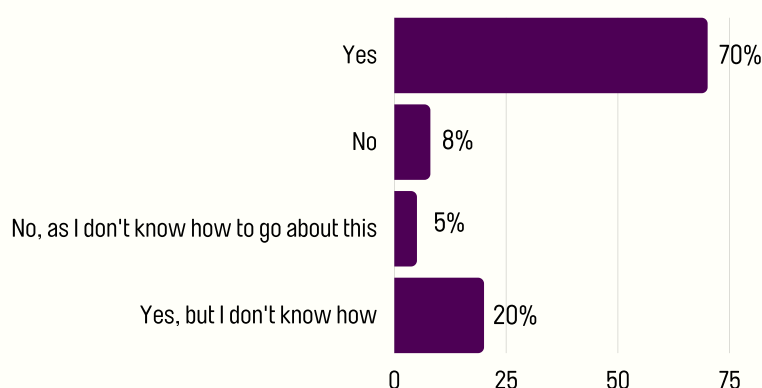
When further questioned as to what specific challenges they were facing that required treatment, 57% of respondents noted general illnesses, 39% noted routine health checks, and 23% noted medical pathology services. 6% of respondents noted challenges in accessing pregnancy related services, and 6% noted challenges in accessing health services around rare life diseases like cancer and HIV.



Graph 24: What are the specific challenges you are facing?

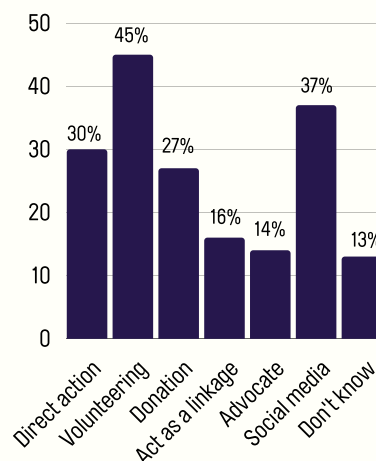
Advocacy and ways forward.

70% of respondents noted that young people play a crucial role in the COVID-19 response. 18% noted that young people play a crucial role, but they do not know how. 18% noted that young people play a crucial role, but they do not know how.



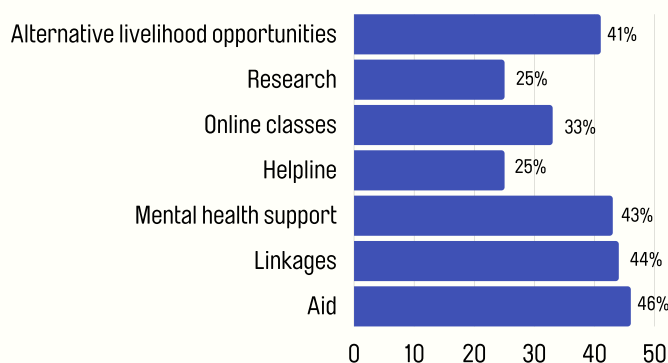
Graph 25: Do you think young people can play a crucial role in COVID response?

Respondents were further asked what role they think that they could play. Options included: helping the community through direct action and on ground activities, volunteering with the government/ NGOs/CSOs/CBOs, donating money, ration kits, masks, sanitisers, etc, acting as a linkage between the donor and the marginalised, and advocating on the issue with direct stakeholders.



Graph 26: What role do you think you could play now?

When questioned on the role of international agencies in response to the pandemic, 46% of respondents noted providing aid/grants for relief and rescue initiatives; 44% highlighted the importance of building linkages with the government and young people – emphasising the role of youth networks. 43% of participants highlighted that international agencies need to provide mental health support, and 41% of respondents noted the importance of creating alternate livelihood opportunities for young people. 33% stated the need for online classes and webinars on topics related to mental health and livelihoods. 25% of respondents stated that there was a need to establish helplines on sexual health and counselling, and 25% also noted that international agencies needed to engage in research on the impact of COVID-19 on adolescents and youth.

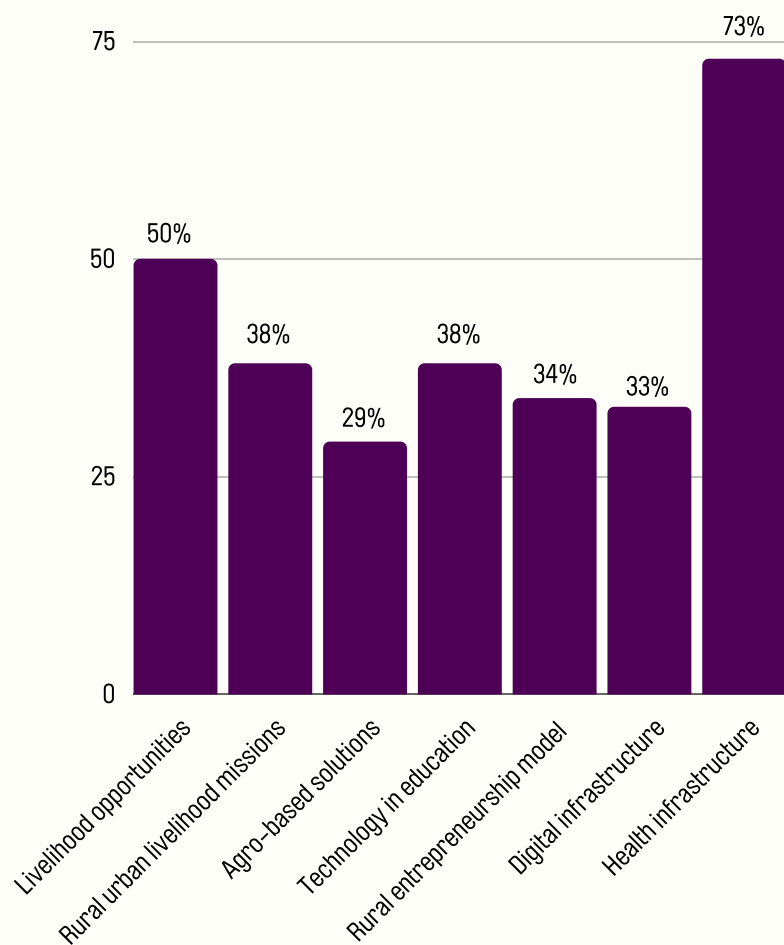


Graph 27: What should international agencies like Restless Development and others do to support young people in such crises?

The final question in the survey asked respondents what they as young people felt, were the priorities from the state and central governments.

An overwhelming 73% of respondents stated that there was a need to strengthen health infrastructure, 51% stated that there was a need to strengthen jobs and livelihood opportunities, 38% of respondents noted the need to include technology in education.

38% of respondents also noted that there was a need to strengthen rural and urban livelihood missions. 33% stated that there is a need to strengthen digital infrastructure. 29% of respondents also noted that there is a need to invest in agro-based processing units.



Graph 28: What do you think the priorities from the local, state or central governments should be?

SUMMARY & DISCUSSION.

The survey analysed responses from 1554 young people across the country. The survey was disseminated through Restless Development India's social media pages and volunteer pages. As such it is important to acknowledge that there is a bias within the respondents who answered this survey, as being digitally connected. It's important to note that while responses were received from across all states and union territories - the responses are skewed towards Odisha (47%). Further, it is important to note that 58% of the respondents were male. However, despite this, several key themes emerged from across the analysis, and these have been elucidated below:

Lack of adequate information on COVID-19.

Nearly 20% of the respondents felt that they did not have access to accurate and adequate information related to COVID-19. Important to note is that the percentage of respondents who felt that they did not have access to adequate or accurate information was highest in the 15-17 age group, and subsequently decreased across the 18-24 and 25-29 age groups. Also important to note is that nearly 60% of respondents felt that there were myths/non-factual information related to COVID-19 in circulation, and a higher proportion of female versus male respondents answered affirmatively.

This highlights particularly that the access to information is disproportionate, and that younger age groups are less likely to feel that they have access to adequate information on COVID-19. A fact that can lead to increased levels of anxiety.

Digital Spaces as Sites of Knowledge.

The findings from the study also highlight that the internet is the most popular source of attaining information related to COVID-19. This includes social media, and other online sources. However, when acknowledging this finding it is critical to contextualise it within the fact that there is a digital divide in terms of access to technology and devices in India, and that offline structural inequalities are further

⁹ BBC News. "India's Digital Sprint Is Leaving Millions Behind." BBC News, 17 Oct. 2019, www.bbc.com/news/world-asia-india-49085846.

mirrored in the digital sphere;¹⁰ i.e. women and younger age groups are less likely to have access to devices and digital platforms than their male and older age-group counterparts.

This is corroborated by a survey conducted by the Centre for Catalyzing Change (C3). The survey conducted with 7200 adolescents (10-19 year olds) in 4 states: Jharkhand, Odisha, Chhattisgarh and Bihar, found that that compared to 35% of boys who had their own mobile phones, only 22% of girls knew how to use online learning platforms, and 12% had access to their own devices.¹¹

Disruption of Mental Health Services.

An alarming 27% of respondents who were accessing counselling/ psychiatric services prior to the pandemic, lost access to these services after the imposition of the lockdown. The impact was disproportionately felt by female respondents, and younger respondents. Some of the reasons highlighted for loss of access to these services, included: financial constraints, the services not yet being set up to work remotely, or a lack of access to the appropriate digital infrastructure and lack of privacy in their homes.

These findings align with findings from a study by YoungMinds, an organisation in the United Kingdom, that found that almost a third of young people who were receiving mental health support before the pandemic, are no longer able to get help. Many had been offered remote support but were not able to access it, due to a combination of lack of privacy at home, and a lack of access to the appropriate technology.¹²

Contraception & Sexual Health.

41% of respondents noted that neither they nor their partners were using any form of modern contraception, and 11% of respondents noted that an unplanned pregnancy was a possibility. Within this question, 11% of 15-17 year old respondents and 9% of 18-24 year old respondents highlighted that unplanned pregnancies were a possibility.

This suggests the need to support and prioritise adolescent health services. Too many young people face barriers to reproductive health information and care. Even those that are able to access accurate information about their health and rights, may be unable to access the services needed to protect their health.

¹⁰ Internet and Mobile Association of India. DIGITAL IN INDIA 2019 -ROUND 2 REPORT. 2019. <https://cms.iamai.in/Content/ResearchPapers/2286f4d7-424f-4bde-be88-6415fe5021d5.pdf>

¹¹ Centre for Catalyzing Change. SEPTEMBER 2020 2 ISSUES FACED BY ADOLESCENTS DURING COVID19. Sept. 2020. [https://www.c3india.org/uploads/news/Youth_survey_\(low_Res\).pdf](https://www.c3india.org/uploads/news/Youth_survey_(low_Res).pdf)

¹² Crew, Jemma. "Three in 10 Young People Cut off from Their Pre-Pandemic Mental Health Support, Survey Finds." The Independent, 10 July 2020, <https://www.independent.co.uk/news/health/mental-health-support-young-people-coronavirus-a9611661.html>

There is a need to provide access to comprehensive sexuality education, services to inform, prevent, diagnose and treat STIs, and counselling on family planning¹³ across genders, and made inclusive for younger age groups.

Disruption of General Health and SRHR Services.

Lack of access to health services, and health services being disrupted was not limited to mental health services. SRHR services and general health services were also impacted. Nearly half (47%) of all respondents surveyed, highlighted that they were finding it challenging to access health services during lockdown. 11% of female respondents highlighted that had unsuccessfully attempted to consult healthcare professionals (in case of irregularities in their menstrual cycle during lockdown).

These findings align with Data shared by the National Health Mission's Health Management Information System which estimates that the scale of disruption in routine health services in the wake of the COVID-19 pandemic in India is even larger than was earlier estimated. The data shows that April 2020 saw a higher fall in immunisations, maternal health interventions and treatments of conditions including kidney failure and cancer than in March 2020.

The data also shows that fewer women accessed maternal healthcare in March and April 2020 when the lockdown was at its peak. Routine checks on pregnant women and tests that are vital for the health of the mother and child were missed, and the number of institutional deliveries fell; there were over 580,000 fewer institutional deliveries in April than in January, which could indicate that many more women had potentially unsafe deliveries at home.¹⁴

For public health and development experts, the potential harm to Indian health that these numbers show, demonstrate an urgent need to reconsider the country's COVID-19 response. The focus cannot solely be on COVID-19, there is an urgent need to resume routine health services and surge capacity needs to be developed to cope with the morbidity that has been missed over the past couple of months.

Financial Instability & Professional Concerns.

When respondents were asked what their major concerns were when imagining their future in a post-pandemic world, over a quarter (28%) stated general financial concerns, and nearly half (45%) stated financial concerns.

¹³ United Nations Population Fund. "Adolescent Sexual and Reproductive Health." www.unfpa.org, Nov. 2014, www.unfpa.org/resources/adolescent-sexual-and-reproductive-health.

¹⁴ S, Rukmini. "COVID-19 Disrupted India's Routine Health Services." www.Indiaspend.com, 27 Aug. 2020, www.indiaspend.com/covid-19-disrupted-indias-routine-health-services/.

Their demands from development agencies and governments, also highlighted their desire for agencies to work on creating alternative job and livelihood opportunities.

A report by the International Labour Organisation and Asian Development Bank highlighted that almost 4.1 million youth lost their jobs as a result of the COVID-19 pandemic. The report went on to note that youth will be hit harder than adults (25 and older) in the immediate crisis, and risk bearing higher longer-term social and economic costs.¹⁵ The three key ways in which young people have been impacted by the current crisis were noted as: job disruptions in the form of reduced working hours and earnings, and job losses for both paid workers and the self-employed; disruptions in their education and training; and difficulties in transitioning from school to work, and moving between jobs in a recession.

In response, there is a need for urgent, large-scale and targeted responses, including youth-targeted wage subsidies and public employment programmes, and measures to mitigate the impact on students of the disruption to their education and training.

Importance of Youth Advocacy.

70% of the respondents surveyed highlighted that young people play a crucial role in the COVID-19 response. Primarily volunteering, social media advocacy, direct action, and donation were highlighted.

COVID-19 has disrupted the status quo, and young people are coming together to demand change. Some of their key asks from development agencies include: building linkages with governments and young people, the need for mental health support, and the need to create alternative livelihood opportunities. From governments, young people categorically state a need to strengthen health infrastructure, include technology in education and strengthen digital infrastructures and services, and strengthen job and livelihood opportunities.

¹⁵ PTI India. "Over 4 Million Young Indians Have Lost Jobs Due To Covid-19 Impact, Says ILO-ADB Report." BloombergQuint, 18 Aug. 2020, www.bloombergquint.com/economy-finance/41-lakh-youth-lose-jobs-in-india-due-to-covid-19-impact-ilo-adb-report.

CONCLUSION.

The findings from the survey highlight the need to recognise and acknowledge that COVID-19 has disproportionately impacted youth and women. This disproportionate impact needs to be accounted for when framing solutions and policies moving forward. There is also a need for further surveys and more data to be collected on these issues.

The status quo has been irrevocably disrupted, and faults in existing systems have been brought to light. There is an urgent need to work with and invest in the power and capability of young people. This study calls for urgent and targeted investment in jobs and livelihood training programmes for young people, greater efforts to boost distance and learning programmes (including deliverance and accessibility of technology), and the provision of stronger adolescent friendly health services (particularly around mental health and sexual and reproductive health and rights).

Only by working together with and for youth, can we prevent the COVID-19 pandemic from having a long lasting negative impact on young people.

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