



# **Impact of COVID-19** **on young people:**

**Rapid assessment in three states, May 2020**  
(Bihar, Rajasthan and Uttar Pradesh)

Executive Summary



## Abbreviations

COVID-19	Coronavirus Disease
EE	Entertainment Education
FP	Family Planning
FLW	Front-line Workers
GOI	Government of India (GoI)
IFA	Iron and Folic Acid
MoHFW	Ministry of Health and Family Welfare
NGO	Non-government Organization
PFI	Population Foundation of India
PSA	Public Service Announcement
RH	Reproductive Health
SBCC	Social and Behavioural Change Communication
SC	Scheduled Caste
ST	Schedule Tribe

## Executive Summary

The COVID-19 pandemic has engulfed countries across the world in a short span of time. For India, it was and continues to be the biggest health and humanitarian crisis since independence. The Government of India declared COVID-19 as a national disaster and, to contain the spread of the disease, imposed a complete lockdown across the country on March 25, 2020. This continues till date, in myriad forms and with variations across states and zones.

The pandemic and the prolonged lockdown have adversely impacted a wide range of areas, including health, economy, livelihood, social and professional interactions. It led to loss of livelihoods for millions of people, and an exodus of migrants from cities back to their villages, with a devastating cost of human lives and suffering.

Although the Ministry of Health and Family Welfare, Government of India, included reproductive health and family planning as essential health services in its guidelines, the lockdown and the focus of the public health machinery on containing the pandemic, restricted women's mobility and access to health services.

Slowly but steadily, the adverse impact of COVID-19 on mental health are beginning to emerge globally. There was a surge in gender-based, and intimate partner violence across countries such as China, UK, USA, and India, and a high prevalence of psychological distress, anger, depression and post-traumatic stress disorder.

The implications of interrupted reproductive healthcare and on mental health have to be critically explored among young people in India. Constituting nearly one-fifth of the country's population, adolescents face educational uncertainties (with the closure of schools and colleges, and a patchy access to digital learning), restrictions on their mobility,

freedom and socialisation, an increase in domestic chores and household conflict (disproportionately borne by women), and anxieties around their employment prospects, among others.

To understand how India's young people are coping with these challenges, in May 2020, Population Foundation of India (PFI) conducted a rapid assessment to understand the level of knowledge and attitude of young population (15-24 years) towards COVID-19, how it has impacted their lives and mental health, and their needs and priorities. The responses thus generated would be analysed to advocate for measures that can best address these needs, both during the COVID-19 outbreak and continuing after that.

Mindful of the limitations on inter-personal interactions during the lockdown, a telephonic survey was deemed to be the most appropriate method of data collection. The survey questionnaire was developed and digitised for use on Collect, a mobile data collection platform. The survey was conducted in the three states of **Uttar Pradesh, Rajasthan and Bihar**, where PFI has state offices and has ongoing initiatives with young people.

The selection of districts, blocks and respondents in three states was purposive in nature, based on presence of NGO partners and availability of contact details of young people with them. The objective was to ensure seeking varied perspectives and insights from the respondents on research questions.

### Key Findings

The rapid assessment revealed that young people in India were well aware of COVID-19, its symptoms, care, and safety measures, but they continue to face certain challenges during the accompanying lockdown, including in their access to reproductive

health and mental well-being. Key findings are summarized below:

### Awareness

- Respondents' awareness on the symptoms of COVID-19 was high; a majority were able to identify at least two key symptoms, such as cough, fever, breathing difficulties and body ache. Respondents were also very well-informed on the basic safety and prevention practices, such as washing hands frequently, covering faces, and practicing social distancing. An overwhelming majority also reported following these practices diligently. The lockdown, which was in effect nationwide at the time of the study, was being followed by most of them.
- Generally, males, those who were older, and with higher levels of education were better informed than females, younger cohort and those with lower levels of education. The awareness of symptoms was lower among socially marginalised groups, like SCs and STs.
- The primary sources of information for young people continue to be traditional media such as TV and policy briefings, and face-to-face interactions with FLWs. WhatsApp was another common medium although other digital technology-dependent portals such as Twitter, Arogya Setu app, and Facebook were not common sources of information.
- Schools were rarely listed as a source of information, indicating the inability of educational institutions to transcend the boundaries of school premises and the academic session to stay connected with students. But here, states can learn from one another to emulate best practices: in Rajasthan, for example, one-fourth of the total respondents listed schools as a reliable source of information on COVID-19.
- A majority of the respondents also noted that they would contact a doctor, self-isolate, and facilitate contact tracing, if they or someone they knew exhibited symptoms. A sizeable number

also said that they would contact a FLW or the Pradhan to relay their symptoms and seek advice on the way forward.

- The continued relevance of local on-ground persons and institutions, like FLWs, as reliable sources of information and as persons to contact in case of suspected COVID-19 reiterate the importance of these institutions in handling a public health emergency. Going forward, it is essential to empower, equip and strengthen these as much as possible.

### Challenges

- One of the primary challenges that young people experienced with the nationwide lockdown was the increase in their workload of domestic chores. Expectedly, more females than males reported an increase in their domestic workload.
- Increase in domestic conflicts or fights at home were only reported by one-fourth of the participants. Many of those who did report an increase in domestic fights were women.
- A small number of respondents reported about economic anxieties during the lockdown, and most of these were those who were already employed, followed closely by those who were unemployed and actively looking for a job.
- A little more than half the total respondents reported watching more TV during the lockdown while a little less than half reported an increase in their social media use. However, many of those who reported a decrease in their TV watching or social media use were women.
- A small fraction of the total respondents reported feeling depressed, frustrated and irritable. Interestingly, there was a coincidence whereby a greater number of those feeling depressed or frustrated and irritable also reported an uptick in their TV and social media consumption during the lockdown. More in-depth qualitative research is needed to understand what this trend signifies.

## Access to Reproductive Healthcare

- Although nearly 3 out of 5 respondents reported having had some contact with FLWs during the lockdown, their access to reproductive healthcare was interrupted during the lockdown.
- More than half the women reported an unmet need for sanitary pads and only one-third of the young people confirmed their receipt of IFAs during the lockdown. A majority of young people were also not aware that FLWs could provide contraceptives during the lockdown

## Mental Health Services

- More than half the young people confirmed that they had access to information on mental health, and nearly half among them said that they had used some form of mental health service or resource. In Uttar Pradesh, 89% women reported having used some mental health service during the lockdown.
- Nearly all of those who sought mental health services found the assistance offered to be either helpful or very helpful.
- Among the different resources that were used, most common were face to face interaction with healthcare providers, interactions with friends, and TV. The high prevalence of informal channels of information on healthcare, such as friends or TV shows, is not ideal as the care provided is not vetted for accuracy and those delivering it are not trained to do so.

## Needs and Priorities

Based on the rapid assessment findings, we have identified the following core needs and priorities of young people, during the pandemic and sustaining them beyond.

- **Access to Reproductive Health:** As the pandemic has shown, and our assessment reiterated, access to reproductive healthcare services suffered a blow during the COVID-19 outbreak. Young people reported unmet needs for such services as the focus of India's public health system shifted to managing and containing the pandemic.

- **Mental Health Care:** Young people have expressed the need for mental health care services, and those who have used these, have found them to be positively influential. However, for many young people, informal channels for mental health—such as conversations with friends—dominate the available resources. These informal channels are not necessarily verified and the information or mediation they offer are not necessarily vetted or appropriate. Hence, there is an urgent need to develop and streamline formal channels of mental health services that are trained, reliable and that are easily accessible to young people.
- **Double Care Burden on Women:** A greater proportion of female participants than male participants reported an increase in their domestic work as well as fights at home. This is also mirrored in related figures, such as more women reporting a decrease in their TV consumption and social media usage (presumably because of their increased workload, which leaves less recreational time available), and a large proportion of women in Uttar Pradesh reported having sought and used some mental health services during the pandemic. There is an immediate need to address these through social messaging on sharing the **domestic??**, and through the easy availability of mental healthcare services.
- **Economic Anxieties among Men:** Some men reported being anxious about the economic fallout of the pandemic; mostly, men who were already employed showed concern, followed by those who were unemployed but actively seeking employment. The strengthening of mental healthcare services in the wake of COVID-19 must factor in economic anxiety and be equipped to address it.

## Recommendations

To address the aforementioned needs of young people, the following strategies are suggested:

- **Strengthen Information and its Dissemination among Socially Marginalised Communities:**

There is a need to strengthen the messaging of core information that is disseminated for public consumption during a public health emergency, like the current pandemic. A concerted effort needs to be made to ensure that this information reaches socially marginalized communities, like SCs and STs. Targeted PSAs on TV, communication through WhatsApp, and door-to-door visits by FLWs can achieve this.

- **Train Frontline Workers:** FLWs were critical in multiple roles: as sources of information, to access primary healthcare facilities, for reporting suspected symptoms, and as sources for mental health related information. As multifaceted and on-the-ground personnel, FLWs represent the foundation of India's public health system. Investing time and resources in strengthening, training and empowering them will serve us well both during the pandemic and going ahead.
- **Prioritize Reproductive Health Services:** As the pandemic has shown, and our assessment reiterated, access to reproductive health services and family planning-related services, suffered a blow during the COVID-19 outbreak. Young people reported unmet needs for such services as the focus of India's public health system shifted to managing and containing the pandemic. There is therefore, a need to advocate for a continued priority for reproductive health. FLWs need to be equipped with better resources to effectively and continually deliver reproductive health services. Furthermore, to ensure that reproductive health services are not interrupted, there is a need to continually reiterate at the level of public discourse that reproductive health is a fundamental and inalienable aspect of public health, and that its quality delivery is not a choice but a requirement, especially in times of a public health emergency. Relevant civil society organizations need to collaborate and work with different levels of governance toward this end.
- **Social and Behavioural Change Communication for Equitable Gender Norms:** Our research highlighted that more women than men experienced an increase in their

workload, reported domestic fights, and used mental health care services. These are related statistics that demonstrate the double burden of care on women during any public health emergency. Government agencies and civil society organizations need to continue making concerted efforts to address and challenge social norms that traditionally put the burden for caregiving on women, with mental health consequences. Employing edutainment – educational entertainment – for social and behavioural change is a step in the right direction, given the high prevalence of TV viewership among both men and women.

- **Mental Healthcare Services:** The delivery of mental healthcare services through formal and trained channels needs to be expanded in response to young people's growing need for and use of it. There is a need to identify and include more resources that can serve young people, such as self-help kits, WhatsApp communities, phone helplines and by training lay counsellors and educators. FLWs, who were one of the most reliable and commonly sources for addressing mental health concerns, can be further trained to effectively address young people's mental health concerns. Various civil society organizations are already working in this sphere, and their collaboration with relevant government agencies is highly recommended.
- **Reimagine Educational Institutions:** Schools were not a widely used source for reliable information, and nor were they critical to the continued delivery of mental health care or access to IFAs. There is a need to reimagine educational institutions in a way that fosters deeper connections and interactions with students that are not limited to them being in school or the school being in academic session. One way forward is to explore WhatsApp groups and communities. Training educators to deliver mental healthcare can strengthen a closer interaction between students and educational institutions.



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