

# **COVID-19 and experiences of adolescents and youth in India: Findings from repeated telephone surveys**

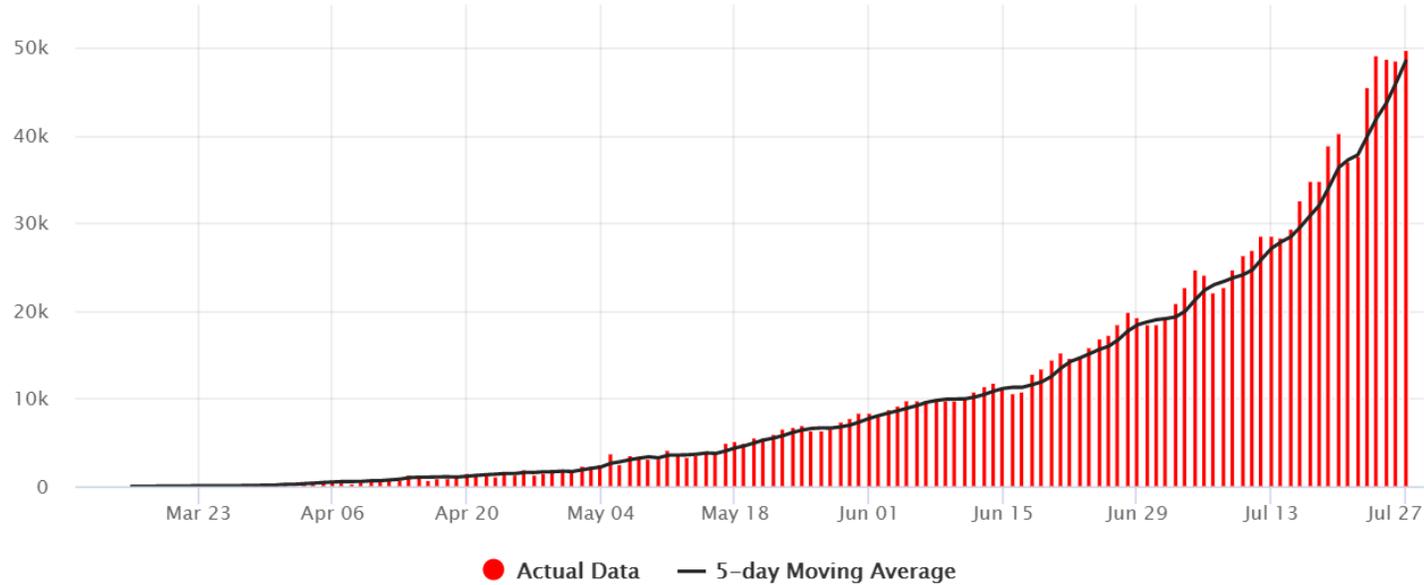
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Population Council, New Delhi

IUSSP Webinar on COVID-19: The Pandemic's Consequences for Adolescents  
July 29, 2020

# Covid-19 cases: 1 to 1.5 million over a 6-month period

Daily New Cases in India



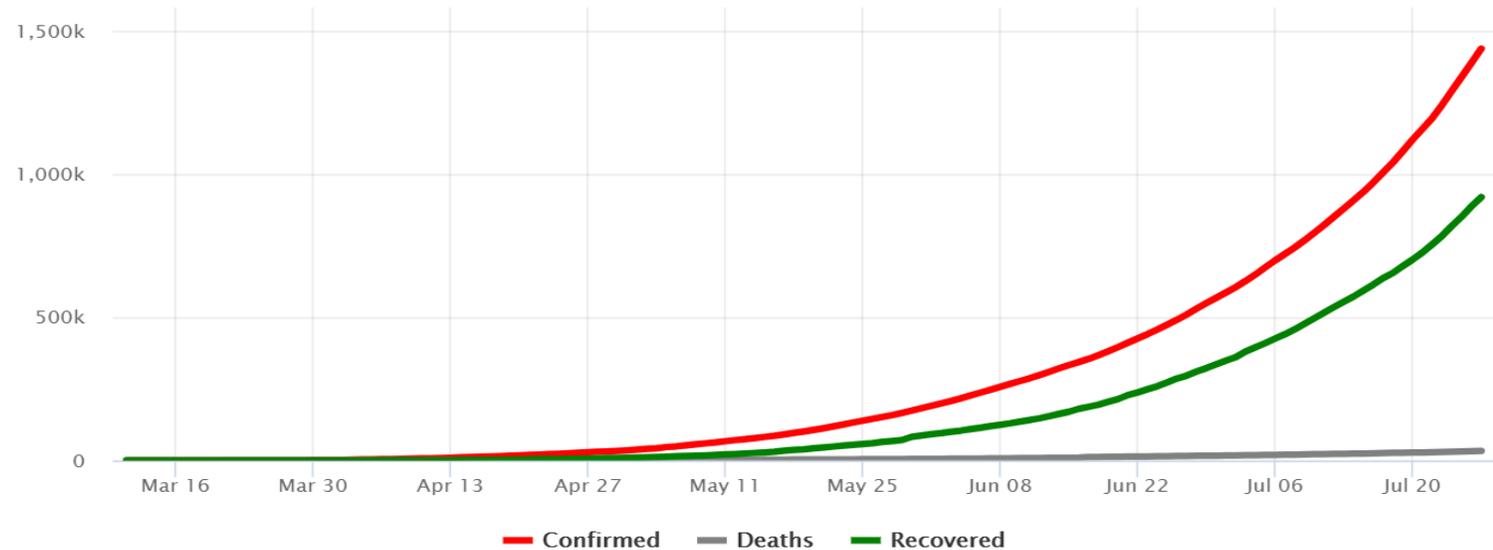
First case reported on January 30, 2020

As on July 29<sup>th</sup>, 1.53 million cases

65% recovery rate

2.2% death rate

Cumulative Count in India



Source:

<https://timesofindia.indiatimes.com/coronavirus>

# Objectives

**Drawing on repeated telephone surveys with participants of a longitudinal study of adolescents and young adults ('UDAYA') in the states of Bihar and Uttar Pradesh in India, this presentation sheds light on:**

- **how young people's risk perceptions and prevention practices changed**
- **how COVID-19 and containment measures affected**
  - **Jobs/livelihoods**
  - **Food security**
  - **Mental health**
  - **Access to sexual and reproductive health services**

# Methodology

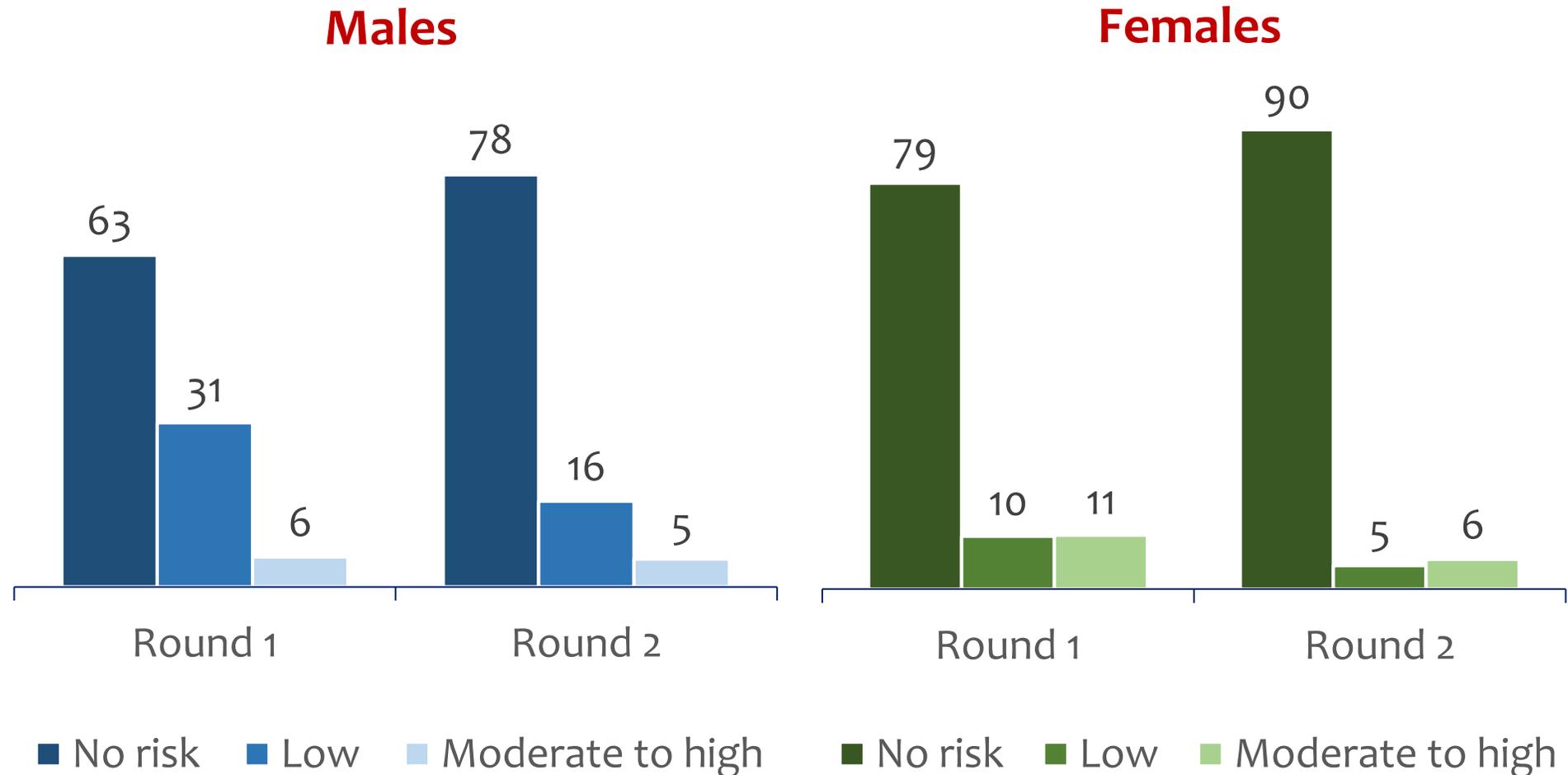
<b>Setting</b> UDAYA Cohort ( <a href="http://www.projectudaya.in">www.projectudaya.in</a> ) study of over 20000 girls and boys (10-19 years of age) recruited in 2015-16 in Bihar and Uttar Pradesh					
<b>Sampling frame for the telephone survey</b> Girls and boys who were aged 15-19 years in 2015-16 and who shared their telephone numbers and consented to be re-contacted for future studies	<b>Sample size</b>	<b>Females</b>		<b>Males</b>	
<b>Sample for telephone survey</b> Randomly selected UDAYA cohort members(or) any other adult member of that household and consented to participate in the survey; analysis presented focuses on UDAYA cohort members		Round 1	Round 2	Round 1	Round 2
<b>Telephone survey rounds</b> Round 1: April 3-21, 2020 Round 2: May 25-June 1, 2020	Contacted	4008	1389	1512	652
	Interviewed	1389 (34.7%)	881 (63.4)	652 (43.1%)	376 (57.7%)
	Non-functional/n on-reachable number	2153 (53.7%)	137 (9.9%)	669 (44.2%)	70 (10.7%)
	Refused	88 (2.2%)	59 (4.2%)	33 (2.2%)	30 (4.6%)
* Analysis restricted to 1060 UDAYA cohort members who were interviewed at both rounds					

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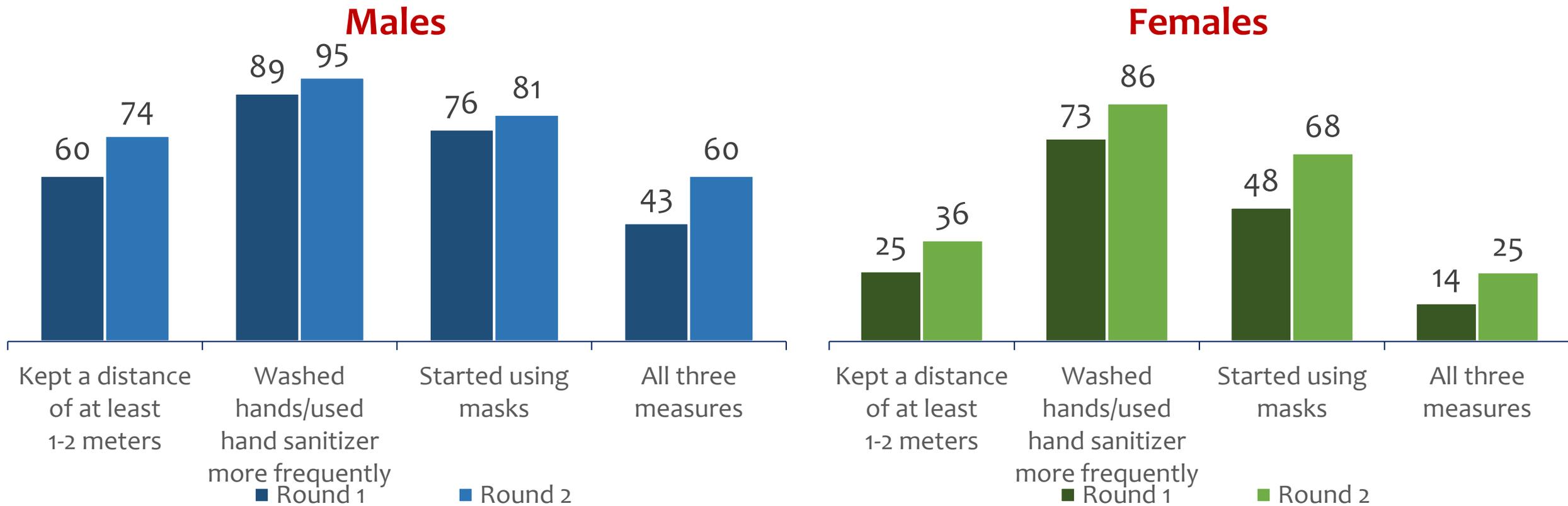
# Change in young people's risk perceptions and prevention practices

# Perceptions of risk

More and more young people are perceiving that they are at no risk



# Prevention practices

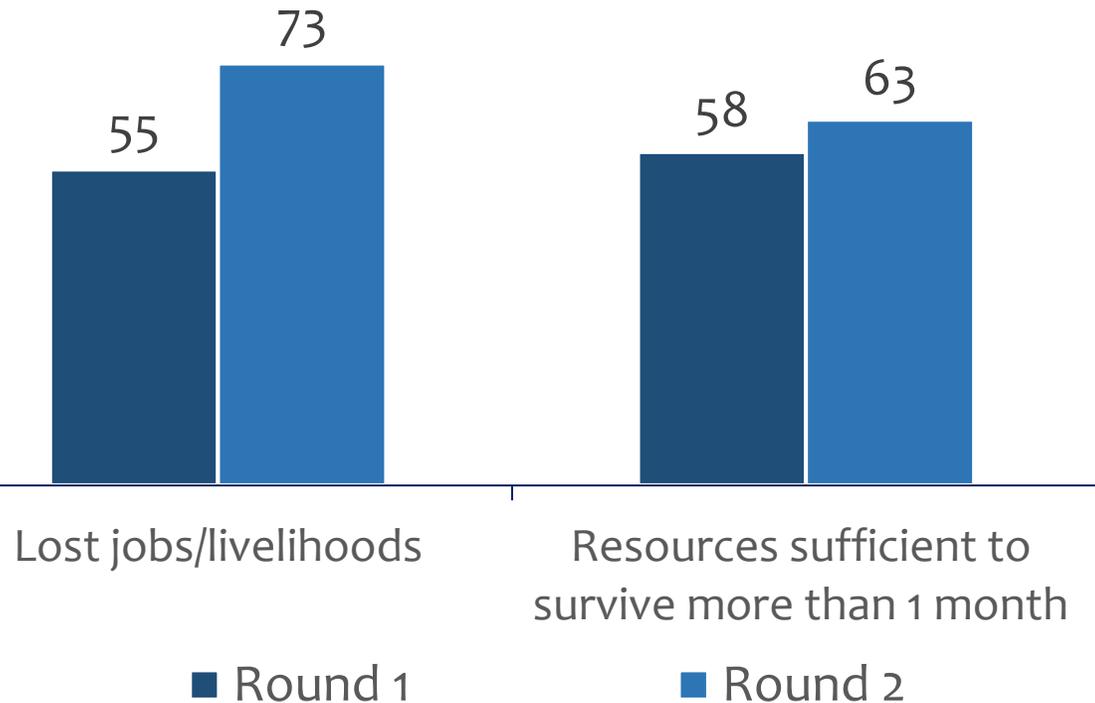


- Prevention practices improved, but remain low
- Gender differences persist, fewer females than males practised essential preventive measures
- No more than 2/5<sup>th</sup> of young people with even secondary education reported practising all three measures

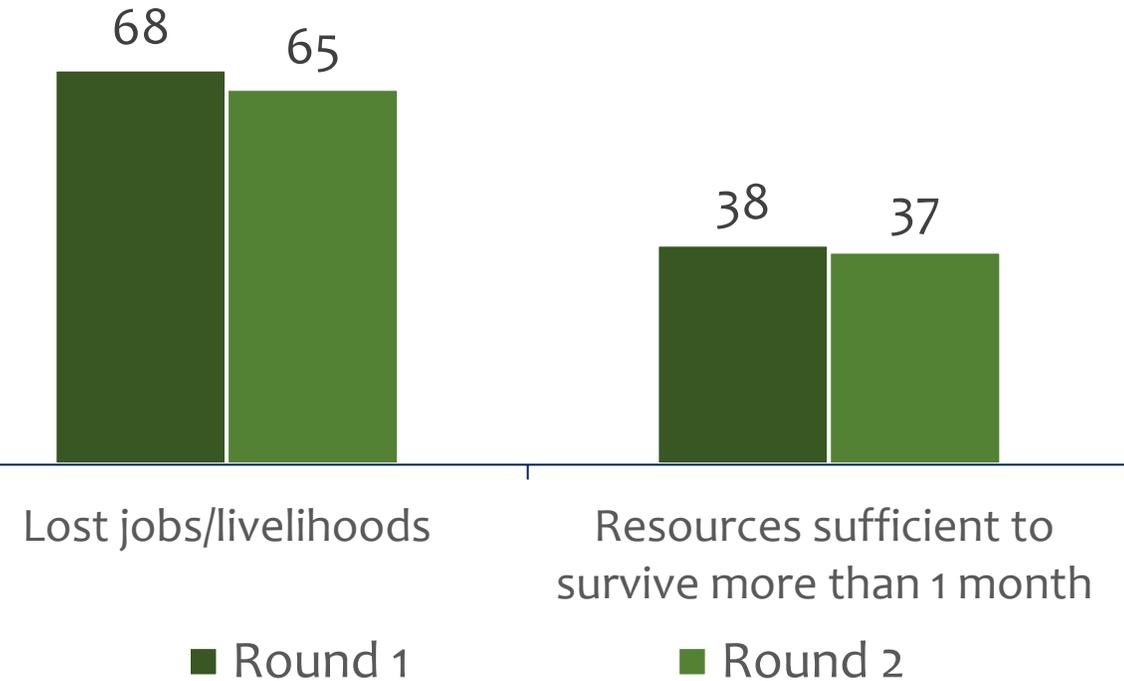
# Impact on jobs, food security and health

# Household's loss of jobs/livelihoods

## Males



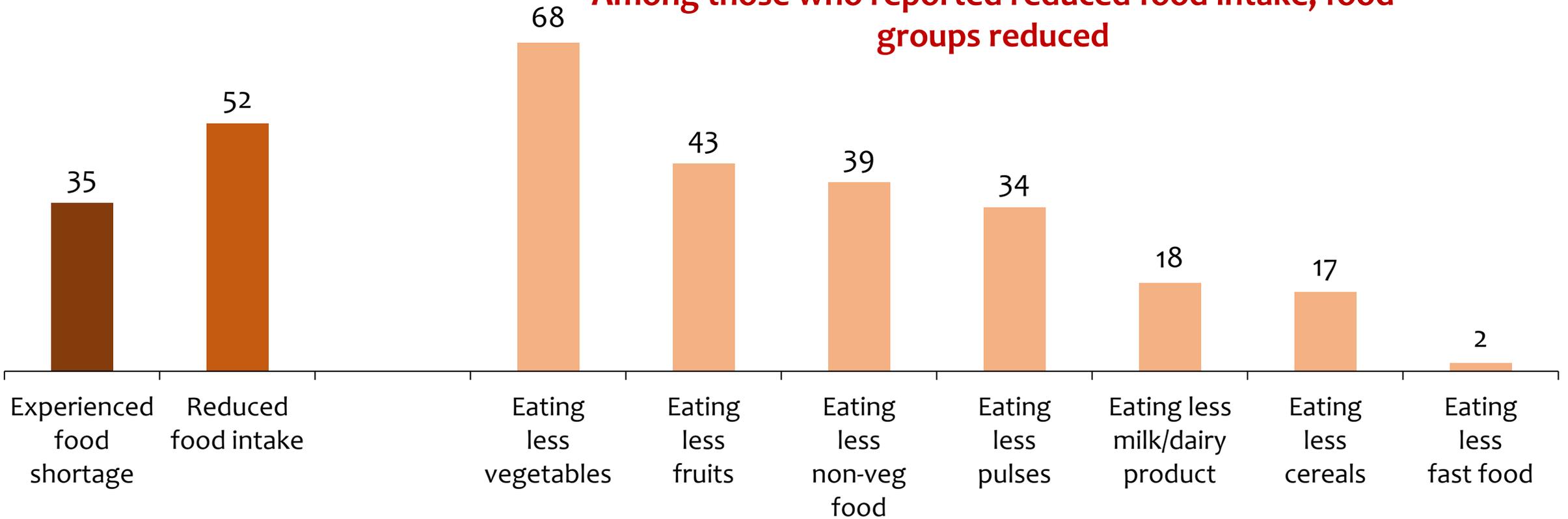
## Females



- Majority of respondents reported that at least one household member lost his/her job/livelihood
- More males than females reported so over time

# Food security

Among those who reported reduced food intake, food groups reduced

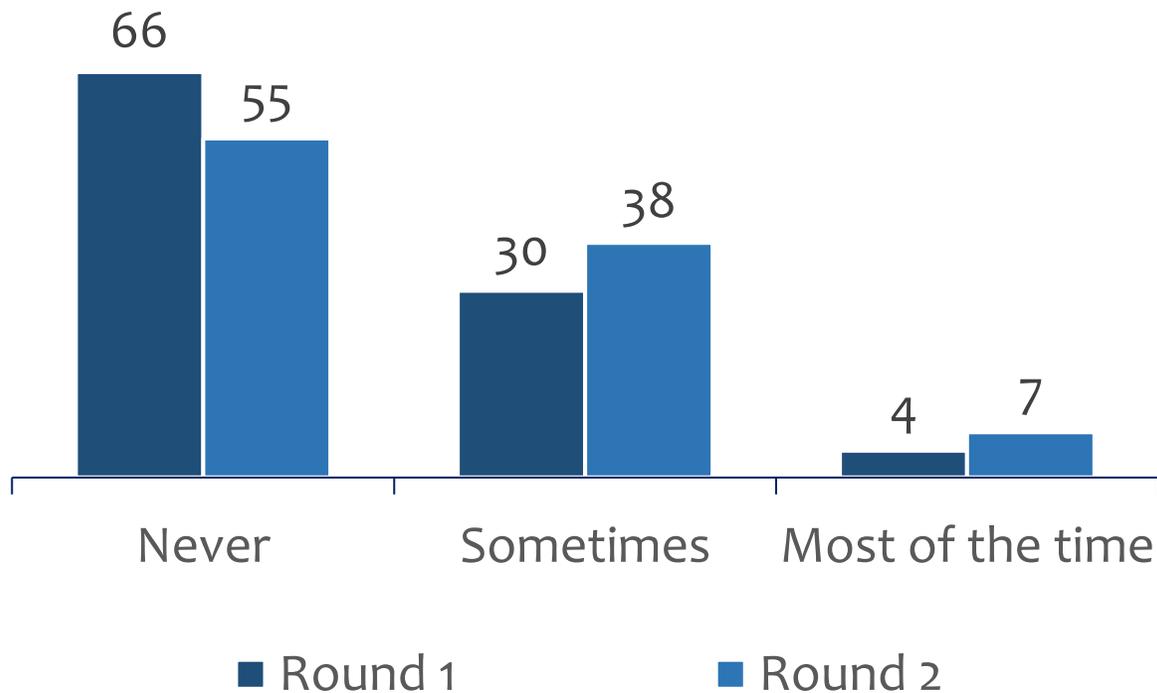


- Notable proportions reported food shortage
- Food intake has reduced; more females than males so reported (56% versus 40%)

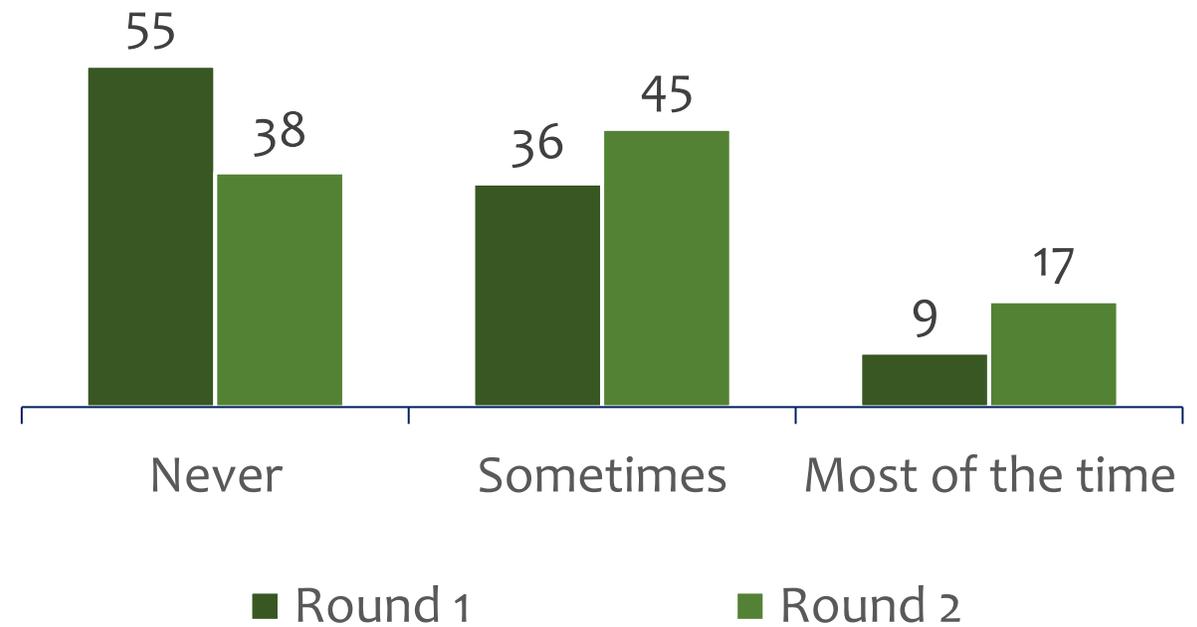
# Mental health symptoms

Those who felt lonely, depressed or irritable sometimes or most of the times increased over time, particularly among females

## Males

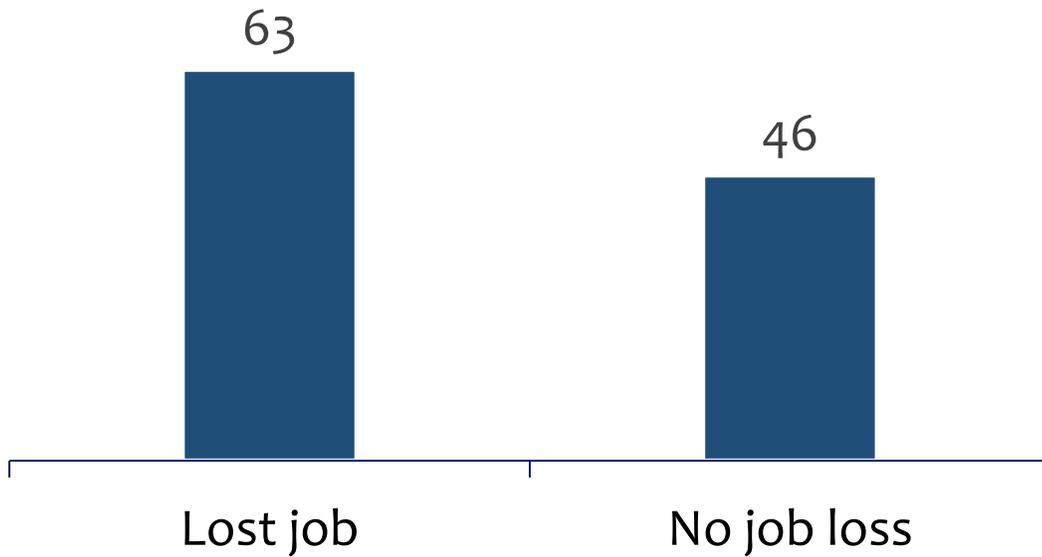


## Females

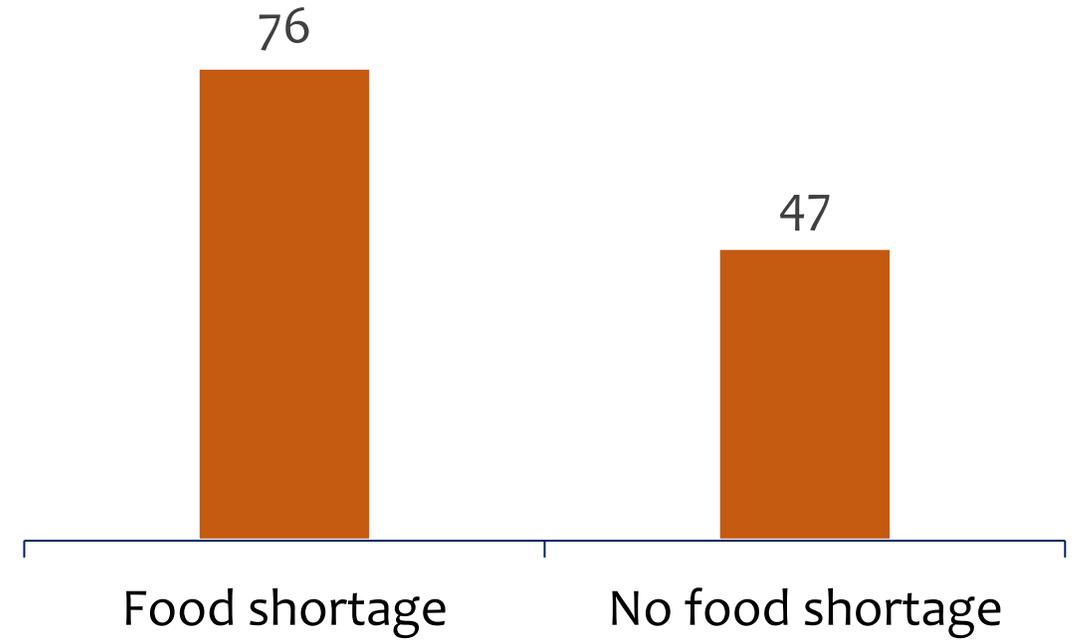


# Mental health conditions & economic shocks

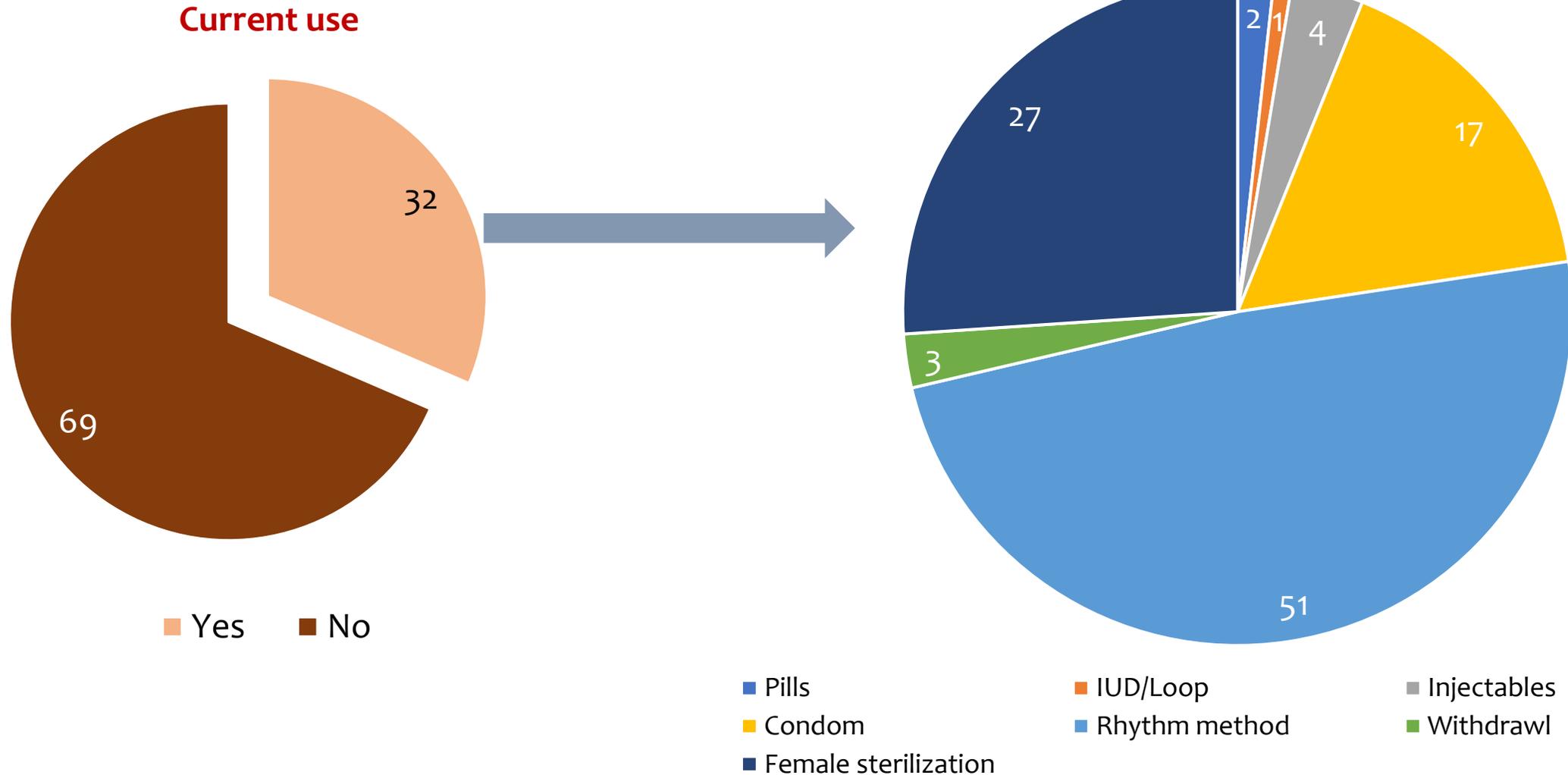
**Felt lonely, depressed or irritated**



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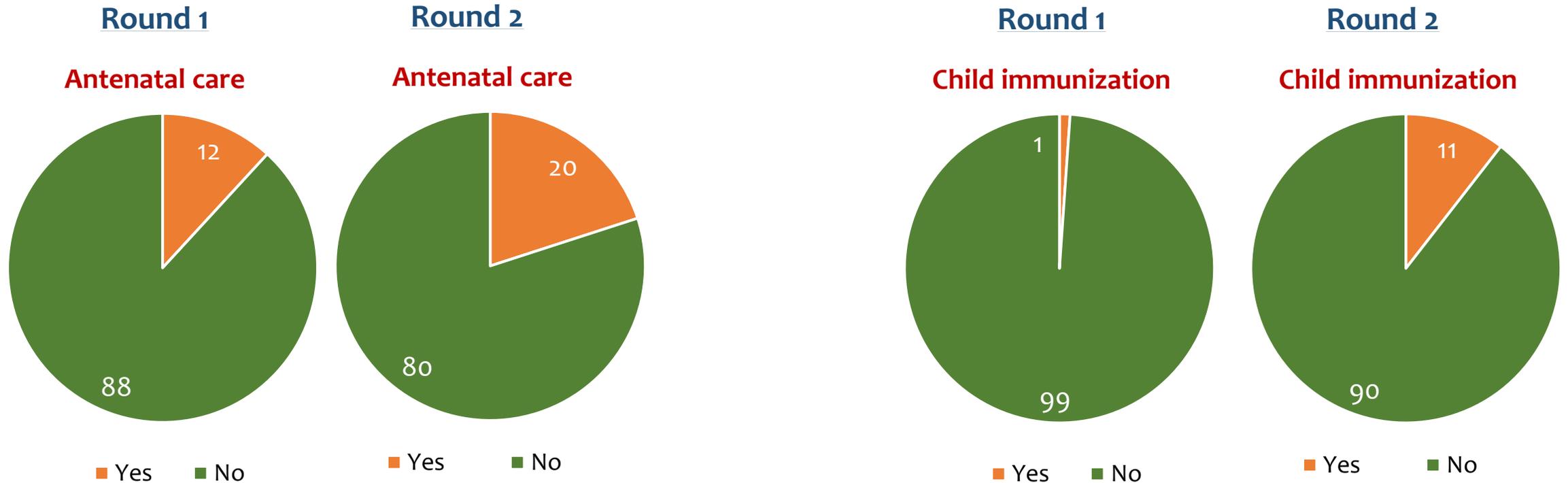


# Contraceptive use, currently married young women



# Access to Maternal and Child Health Services

Among young women who wanted maternal and child health services during the lockdown, access improved somewhat



# Key takeaways

- **Social and behaviour change communication (SBCC) activities**
  - Translation of awareness of COVID-19 preventive measures into practice
  - Importance of adopting all standard measures
  - Targeting women and vulnerable sections of society
- **Saturation of social protection measures**
  - Identification of households in need of social protection
  - Increase the amount of cash transfers
  - Streamline the distribution
- **Creation of local job opportunities**
- **Innovations to ensure uninterrupted access to SRH services**
- **Access to mental health counselling**

# Limitations

- Low response rate
- Selectivity bias
- Small sample size for sub-group analyses
- Constraints on detailed exploration of topics

# Ideas. Evidence. Impact.



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