POPULATION FOUNDATION OF INDIA

Impact of COVID-19 on young people:

Rapid assessment in three states, May 2020

(Bihar, Rajasthan and Uttar Pradesh)

Contents

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 domestic work responsibilities and through 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.

1 Introduction

1.1 BACKGROUND AND CONTEXT

The global pandemic COVID-19 is the biggest health and humanitarian crisis for the country since independence. The Government of India declared COVID-19 as a national disaster and imposed complete lockdown across the country on March 25, 2020 in order to contain the spread of the pandemic.

The COVID-19 outbreak and prolonged lockdown have adversely impacted a wide range of areas, including health, economy, livelihoods, social and professional interactions. While the lockdown to curb the transmission of COVID-19 helped contain the immediate spread of the virus, it has significantly affected the poor and marginalised men and women, who represent nearly two thirds of India's population. It led to loss of livelihoods for millions of people, leading to exodus of migrants from cities back to their villages.

Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks diverted resources from routine health services including pre- and post-natal health care and contraceptives,[1] and exacerbate already limited access to sexual and reproductive health services.[2] Restricted availability of sexual and reproductive health services will contribute to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections.[3]

Though 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 other preventive measures restricted women's mobility and access to health services at the healthcare facilities and in outreach.

The COVID-19 pandemic and subsequent lockdowns led to an increase in instances of gender-based violence globally. WHO has already reported a surge in the instances of reported violence in China, the United Kingdom, the United States, and other countries. The COVID-19 pandemic has caused a parallel epidemic of fear, anxiety, and depression. A review of different studies published this February in the Lancet finds a high prevalence of psychological distress, anger, depression and post-traumatic stress disorder (PTSD) after episodes of people living in isolation or quarantine in the face of epidemics such as severe acute respiratory syndrome (SARS).[4]

UNESCO estimates that nearly 158 million girls[5] enrolled in school or university in India, are currently out of school because of COVID-19 closures. The nationwide lockdown has resulted in restricted access, mobility and freedom for all, including adolescents and youths. The young population have conflicting emotions around their studies, job insecurity, obsessive compulsive disorder and uncertainties in the wake of the pandemic outbreak, which are being reported from different parts of the country.

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[1]UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises.

Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data. Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

[2]Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

[3]https://www.unfpa.org/resources/covid-19-gender-lens

[4]https://www.thelancet.com/coronavirus?dgcid=hubspot_landing-page_tlcoronavirus20_updates

[5]Source: UNESCO data https://en.unesco.org/covid19/educationresponse

Population Foundation of India (PFI) has conducted a rapid assessment to understand the level of knowledge and attitude of young people towards COVID-19, how it has impacted their lives, and which of their needs/priorities need to be addressed post COVID-19. The survey was carried out in the states of Rajasthan, Bihar and Uttar Pradesh.

1.2 OBJECTIVES OF THE STUDY

The study seeks to understand the impact of the COVID-19 pandemic and lockdown measures on young people (15-24 years) in three states in India. More specifically, the study had following objectives:

- To understand the level of knowledge, attitude and practices of young people with regard to COVID-19 outbreak, perception of risk to disease, guidelines issued by the government and measures taken at their household, community and administrative levels.
- To understand the impact and challenges of COVID-19 on young people (loss of study and jobs, domestic violence, mental health issues, access to health services, especially Reproductive Health and Family Planning), their coping mechanisms and immediate needs/ priorities.

1.3 RESEARCH METHODOLOGY AND SAMPLING

A rapid phone survey over a period of one week (May 18-24, 2020) was conducted with a sample of respondents (young people) in selected districts from three states.

The following selection criteria were used for selection of respondents.

- Respondents from the PFI's project areas in three states
- Respondents in the age group of 15-24 years (young people)
- Respondents with access to phone connection, either their own or belonging to someone in the family

The selection of districts, blocks and respondents in three states was purposive in nature, based on the 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. The due consent of the respondents and parents, in case of minor respondents, was sought before the interview. For adult youth, the consent of the respondents was sought.

The NGO partner organizations in Bihar (Darbhanga and Nawada), UP (Sitapur) and Rajasthan (Bundi, Karauli, Dungarpur and Tonk) had the contact details of 1,504 young people in the age group of 15-24 years. These were used to reach out to the respondents in order to cover the required sample size (812). 20 respondents (1 in Bihar, 15 in Rajasthan and 4 in UP), who gave their consent for the survey, turned out to be below the age of 15 years and were dropped from the survey. Finally, we could reach out to 801 respondents. The details of Listing, planned and covered sample sizes in the survey are presented in the table below.

Table 1: Listing, sample size planned and sample size covered

	Boys			Girls			Total		
	Listing	**Planned sample**	**Actual sample covered**	**Listing**	**Planned sample**	**Actual sample covered**	**Listing**	**Planned sample**	**Actual sample covered**
Bihar				311	172	184	311	172	184
Rajasthan	266	157	147	541	225	215	807	382	362
Uttar Pradesh	184	125	124	202	133	131	386	258	255
Total	**450**	**282**	**271**	**1054**	**530**	**530**	**1504**	**812**	**801**

The survey questionnaire was developed and digitized for use on Collect, a mobile data collection platform. The data collection teams from three states received detailed orientation on the questionnaire and mobile data collection application. The questionnaire was field-tested and refined before the actual survey.

1.4 CHALLENGES AND LIMITATIONS

- Given the purposive nature of study, the perspectives and insights on knowledge, awareness, impact & challenges of COVID-19 among young people were sought. The findings are not generalizable and cannot be applied in other settings.
- In Bihar, young boys could not be included in the survey. The list provided by NGO partners, who had project interventions with them, only included girls.
- Due to the nature of the survey (phone), the questions were short and mostly closed-ended for easy comprehension and completion, thus, some qualitative information on 'how' and 'why' could not collected.
- Majority of respondents did not own mobile phones, hence the timing of the survey depended on their accessibility to the mobile (mainly early morning or evening). At times, parents had to be persuaded to allow their ward/child to take part in the survey.
- A few respondents did hang up the phone when they did not feel comfortable with few questions (such as `Have you or anyone in your family exhibited symptoms of CORONA'), so interviewer had to call back and explain, which took longer time to complete the survey.
- Behavior and body language could not be observed in telephonic interviews. Hence, it was difficult to understand if the respondents were comfortable with all the questions.
- The observed response rate was 64%. The major reason for low response rate was difficulty to contact respondents (not responded, mobile switch off, mobile was not reachable and wrong mobile number).

2 Socio-Demographic Characteristics of Respondents

2.1 RESPONSE RATE

In order to cover the planned sample size of 812 (282 boys and 530 girls) in three states, we used the available listing of 1,504 young people (450 boys and 1,054 girls) shared by the NGO partners. In the process we tried to reach out to 1,260 potential respondents. Out of 1,260 people, 898 either provided their consent or declined and 342 of them could not be reached (did not respond, mobile switched off, mobile not reachable, wrong contact number, call not received). Additional 20 respondents whom we contacted turned out to be below the age of 15 years and had to be removed from the survey.

Finally, we could interview 801 young people (271 boys and 530 girls) in the age group of 15-24 years against the planned sample size of 812.

As shown in Table 2, the total response rate was 64%. The response rate was the highest in Uttar Pradesh with 83% and the lowest in Rajasthan with 54%. Bihar recorded a response rate of 65%

2.2 AGE OF RESPONDENTS

Of the total respondents, 71% were below the age of 18 years. The percentage of respondents below the age of 18 years was 50%, 83% and 67% in Bihar, Rajasthan and Uttar Pradesh respectively.

The overall percentage of respondents in the age group of 18 years and above was 29%. 50% respondents were in Bihar, 17% in Rajasthan and 33% in Uttar Pradesh. Please see table 3 in Annexure.

2.3 SEX COMPOSITION OF RESPONDENTS

Of the respondents in the survey, 66% were female and 34% male. In Bihar, 100% respondents were female as the NGO partner had project interventions with girls alone. It was almost equally divided in female (51%) and male (49%) respondents in Uttar Pradesh. Rajasthan had 59% female and 41% male respondents (Table 4 in Annexure).

Overall, 70% female and 72% male respondents were in the age group of 18 and less. In the survey, 30% female and 28% male respondents were adults (18 years and above). The female respondents were equally divided in the age groups - <18 years and >= 18 years in Bihar. Rajasthan had 86% male and 81% respondents in the age group of less than 18 years. Uttar Pradesh had 79% female and 55% male respondents in the age group of less than 18 years.

Table 2: potential respondents reached and interviewed

States	Total Adolescents consent taken (yes/no)	Total adolescent (Unable to access)*	Adolescents age below 15 years interviewed	Adolescents and youths (15-24 yrs) interviewed post consent	Response rate in %
Bihar	189	92	1	184	65
Rajasthan	449	206	15	362	54
Uttar Pradesh	260	44	4	255	83
Total	**898**	**342**	**20**	**801**	**64**

Table 5: Sex and Age Composition

Sex v Age groups (%)	Overall		Bihar		Rajasthan		Uttar Pradesh	
Variable	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
<18 years	70	72	50	NA	81	86	79	55
>=18 years	30	28	50	NA	19	14	21	45

2.4 SOCIAL CATEGORIES

The details of respondents in social categories are given in table 6 in Annexure. The highest percentage of respondents in the survey was from other backward class-OBC (40%). The next highest participation was of respondents from Scheduled Caste (33%). 15% and 9% respondents were from General and Scheduled Tribe categories respectively. In Bihar and Rajasthan there was higher representation of OBC in the respondents. More than half of the respondents in UP were from Scheduled Caste category.

2.5 EDUCATION STATUS AND LEVEL

In the survey, 91% respondents in three states were students attending school/college and 9% respondents were out of school/college. Rajasthan had the highest percentage of school/college going respondents (96%), while Bihar the lowest (86%).

Of the respondents in the three states, 43% had education up to secondary level,31% respondents up to senior secondary level, 6% were graduates and 2% respondents were illiterate. Majority of respondents in three states had education up to secondary level and above. One respondent each in UP and Rajasthan had Master's degree (Table 7 in Annexure).

Further, 91% female and 90% male respondents were attending school/college. Only 9% female and 10% male respondents were out of school/college. Rajasthan had the highest number of male and female (96% each) respondents who were going to school/college. Uttar Pradesh had 91% female and 83% male respondents who were going to school/college. 86% female respondents in Bihar were attending the school/colleges. Finally, 13% female respondents were out of school/college.

Amongst the female respondents, 15% had education up to upper primary level, 44% had education up to secondary level, and 33% up to senior secondary level. Only 6% female respondents had bachelor degree.

Amongst the male respondents 22% had education up to upper primary level, 41% had education up to secondary level, and 29% had education up to senior secondary level. Only 5% female respondents had bachelor degree.

2.6 MARITAL STATUS

Of the total 801 respondents, 94% in three states were unmarried. Rest 6% were married. The percentage of married respondents in each state was over 93% or above. Please see the details of marital status in states in Table 8 in the Annexure.

Overall, 97% respondents in the age group of less than 18 years were unmarried. Only 3% respondents in the age group of less than 18 years were married. 88% respondents in the age group of 18 years and above were unmarried. 12% respondents in age group of 18 years and above were married. In all states, over 85% respondents in two age groups (less than 18 years and 18 years and above) were unmarried (Table 9).

Further 94% female and similar percent of male respondents were unmarried. 5% female and 6%

Table 9: Marital status and age groups

Marital Status v Age groups (%)	Overall		Bihar		Rajasthan		Uttar Pradesh	
Variable	**<18 years**	**>=18 years**	**<18 years**	**>=18 years**	**<18 years**	**>=18 years**	**<18 years**	**>=18 years**
Bachelor	97	88	99	87	94	87	99	90
Married	3	12	1	12	6	13	1	10
Separated/Divorced	0	0	0	1	0	0	0	0
Widow/Widower	0	0	0	0	0	0	0	0

male respondents were married. In Bihar, 93% female respondents were unmarried. Additionally, 6% female respondents were married. In Rajasthan, 92% female and 95% male respondents were unmarried. 8% female and 5% male respondents in the state were married. In Uttar Pradesh, 100% female and 92% male respondents were unmarried. 8% male respondents were married in the stated (Table 10 in Annexure).

2.7 OCCUPATION

The analysis of data shows that 90% respondents in three states of Bihar, Rajasthan and Uttar Pradesh were currently studying. Rajasthan has 96% respondents who are studying at the time of survey. Only 1% of respondents were employed. 3% respondents are home makers. 2% respondents were unemployed and looking for jobs (Table 11 in Annexure)

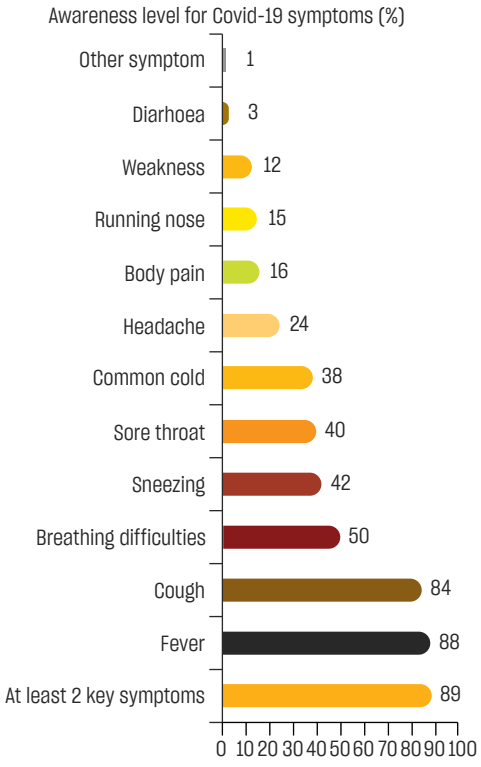
3 Facing the Pandemic: Knowledge, Attitudes and Practices of COVID-19 among Young People in three States

This chapter presents assessment findings on young people's levels of knowledge about the ongoing COVID-19 pandemic. To assess this, four parameters were used: i. awareness of COVID-19 symptoms; ii. awareness of and abiding by basic prevention practices; iii. source of information on COVID-19; and iv. measures to take if COVID-19 symptoms exhibit. Six survey questions, with sub-questions were framed on these topics and responses analysed to gauge young people' knowledge on COVID-19, their understanding of prevention and safety measures, and their sources of information.

3.1 AWARENESS ON COVID-19 SYMPTOMS

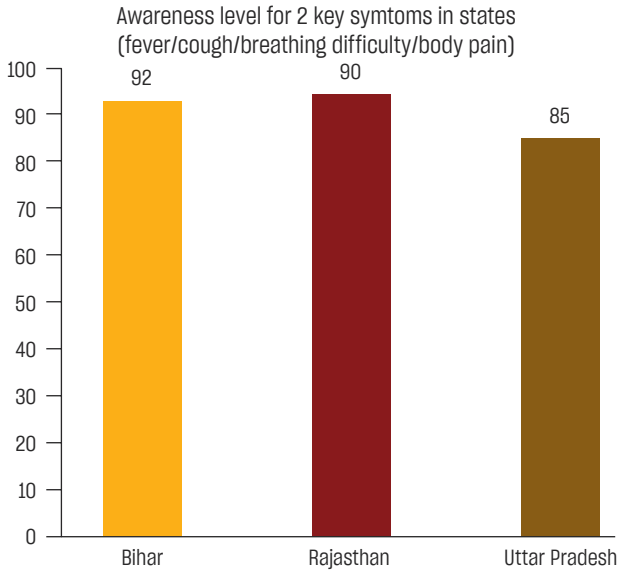
To assess young people's awareness on COVID-19, participants were asked to list some symptoms they knew of. No cues or prompts were given.

Graph 1: Awareness level for 2 primary symptoms



From a total of 801 respondents, 710 (nearly 89%) were able to identify at least two symptoms among fever, cough, body pain, and difficulty in breathing. This trend of high levels of awareness on COVID-19 symptoms was mirrored across the three states. However, there were variations across certain parameters.

Graph 2: Awareness level for Covid 19 symptoms in states



Knowledge about the key symptoms of COVID-19 varied along social parameters:

a. **Sex:** Overall, males (92%) were better informed on COVID-19 symptoms in comparison to females (87%); this trend was visible across states as well, and was most stark in Uttar Pradesh where 96% males identified the key symptoms of COVID-19 in comparison to 74% females.

b. **Age:** Although age was not a major factor in shaping awareness about COVID-19, respondents aged 18 years and above (92%) were marginally better informed than their

younger counterparts (87%). The states mirrored these trends as well with more than 80% people across age group identifying at least two key symptoms of COVID-19.

c. **Social Indices:** Although awareness of COVID-19 symptoms was high across social indices (85-96% respondents identified at least two of the key symptoms), it was lowest among socially marginalised groups, like SCs (85%) and STs (86%).

d. **Education:** There was a correlation between the level of education and awareness about the symptoms of COVID-19. Overall, 92% of those who had studied above Class 10 identified at least two key symptoms, 88% of those who had studied till Class 10 identified the key symptoms, and 84% of those who had studied up to Class 8 identified these symptoms. This difference was further accentuated in Uttar Pradesh, where only 78% of those who had studied up to Class 8 could identify at least two key symptoms, in comparison to 83% of those who had studied till Class 10, and 91% of those who had studied above Class 10.

Refer Table 12 in Annexure for more details

3.2 AWARENESS OF AND ABIDING BY BASIC PREVENTION PRACTICES

Respondents' knowledge of COVID-19 was also gauged by seeking their response on some basic safety and prevention practices. A list of such practices was read out to the participants and they were asked to respond to them with a Yes or No on whether they followed these practices.

Table 13: Preventive practices for COVID 19

Preventive measures Followed (%)	Overall	Bihar	Rajasthan	Uttar Pradesh
Frequent handwashing	100	100	99	100
Wearing Mask	96	100	98	89
Follow lockdown (staying at home and social distancing)	96	98	98	92

These were: washing hands frequently, covering their face, and observing the lockdown that was in effect during the survey. Those who responded in the negative were asked to explain why. These responses would provide insights into the constraints that people face in following basic prevention measures.

Overall, nearly all the participants reported following these prevention measures. 1**00% said they washed their hands frequently, and 96% each said they wore a mask or covered their face, and observed the lockdown diligently.** The lowest figures, which were still in the high range of 89% and above, were reported from Uttar Pradesh: here, 89% respondents said that they covered their faces or wore a mask, and 92% said they observed the lockdown.

The major reason for not covering face or wearing a mask was that people did not go outside the house. Among the 31 respondents who did not observe the lockdown, 27 said that they had to go out to work or to buy ration, and the remaining 4 said that their mother worked as an ASHA and, as a FLW, she had to be active in the field. (Table 14 in annexure)

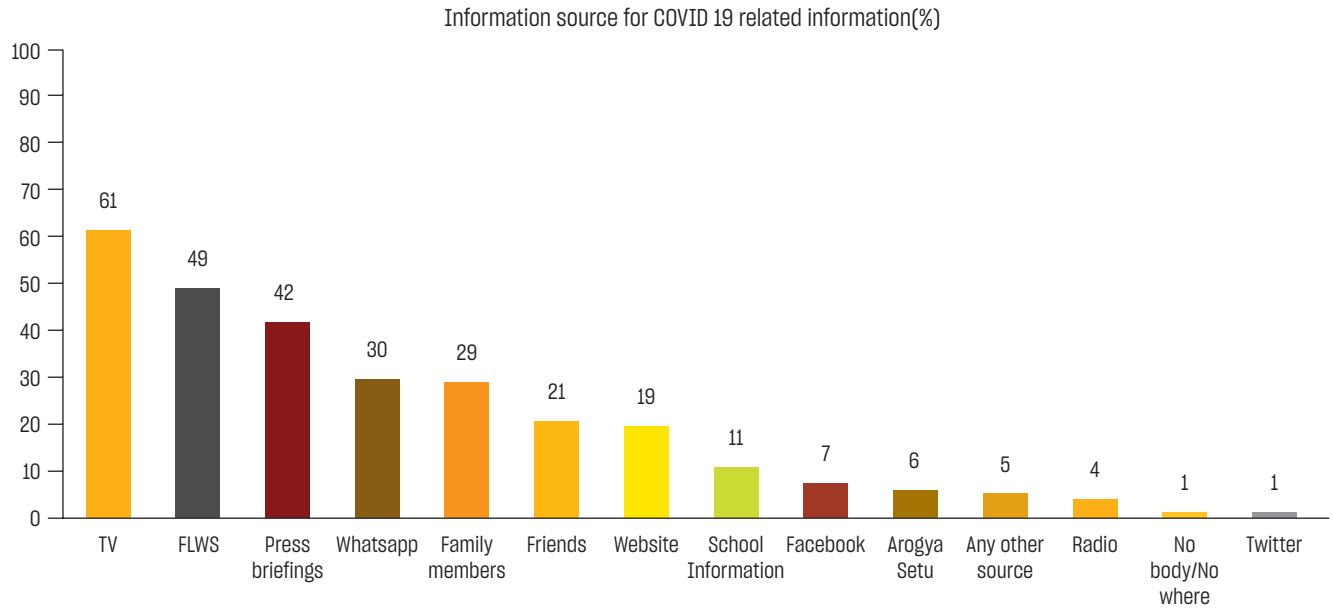
3.3 SOURCES OF INFORMATION

Respondents were asked about the sources from where they received information on COVID-19. This was meant to help assess which informational channels are most used by young people in India, especially for critical public health-related information.

Traditional and face-to-face channels of information emerged as most important for young people. Overall, **TV (61%), frontline workers (FLWs), comprising ANMs, ASHA, AWWs and counsellors (49%), and government press briefings (41%) were the top-three sources of information. In Bihar (58%) and Uttar Pradesh (54%), FLWs were the primary source of information** for respondents.

Twitter (1%), Radio (4%), Arogya Setu (6%) and Facebook (7%) were the least used sources of information. Of these, Twitter, Arogya Setu app

Graph 3: Information Source for COVID 19 related information



and Facebook are all digital technology-dependent portals of information. However, it is worth noting that **WhatsApp was a source of information for 30% respondents;** this attests to the platform's wide use and prevalence in India and the steady formalization of WhatsApp messages and forwards as a genre of information.

School as a medium of information was poorly used; overall, only 11% of respondents of total respondents said they received information from schools. In Rajasthan though, 23% respondents listed school as a source of information on Coronavirus; the figures for Bihar and Uttar Pradesh were 1 and 0 respectively. This could be attributed to the fact that schools were first to close when the COVID-19 pandemic started to spread across India. However, **the limitations of school to be able to reach its students when not in session are worth addressing and rectifying. WhatsApp communities could be one way forward.**

Refer Table 15 in Annexure for more details.

3.4 MEASURES TO TAKE IF EXHIBITING COVID-19 SYMPTOMS

Finally, to assess the implementation of the knowledge and information that young people had about COVID-19, we asked them to outline if they knew of someone who has/or had COVID-19, and the measures they would follow if they developed any symptoms associated with Coronavirus. A list of options was read out, such as, go to a doctor, self-isolate, inform those you have been in contact with (to facilitate contact tracing), and respondents were asked to answer to each with a Yes or No.

Overall, **91% respondents said that they had not experienced any COVID-19 symptoms and did not know anyone who had experienced such symptoms**. 4% chose not to answer this question. The high response rate of those saying they had not experienced COVID-19 symptoms or did not know of anyone who did so need to be analysed with caution: there is stigma attached to COVID-19, and people may be scared to openly talk about it even if they have exhibited mild symptoms.

5% answered in the affirmative: they had either experienced these symptoms or knew of someone who did. This 5% was entirely from Rajasthan where 40 respondents said they had either experienced Coronavirus symptoms or knew someone who did. All the respondents who reported having symptoms or knowing someone who did, said they either went to the doctor or hospital to seek medical help. (Refer Table 16 in annexure)

When presented with a **hypothetical scenario** of what the young people would do if they or someone

they knew exhibited symptoms of Coronavirus, **86% said they would contact a doctor or hospital, 91% said they would self-isolate, and 92% said they would facilitate contact tracing by informing those with whom they previously had close contact about their symptoms.** However, in this high affirmative response rate, there were some state-wise discrepancies: **in Bihar, for instance, only 53% said that they would call the doctor or a hospital.** (Refer Table 17 in annexure)

17% of respondents said they would "do something else". Among those who said they would "do something else", most said they would:

- Practice social distancing from outsiders (44%)
- Advise for getting tested (15%).
- Create awareness for COVID 19 (10%)

Among the three listed practices–Seek medical care (Doctor/Hospital/FLWs), self-isolate, and facilitate contact tracing–social parameters presented some variations:

Call the Doctor/hospital

Sex: 95% male and 82% female said they would call the doctor in case of Coronavirus symptoms; **in Bihar, only 53% females said that they would call the doctor.**

Age: Overall, 81% of those who were 18 years and older, and 88% of those under 18 years of age, said they would call the doctor or visit a hospital. In Rajasthan and Uttar Pradesh, 98% and 94% of respondents said they would call the doctor; the gap between age groups was minimal here. However, Bihar presented numbers that were considerably lower than the average and the other two states. Here, 59% of those who were 18 years and above said they would call the doctor and 48% of those below 18 years of age said they would call the doctor.

Social Indices: With reference to social indices of caste, tribe and religion, only **52% of those classified as Others (BC1, EBC and Muslims) said they would call the doctor.** In Bihar, only 39% of those classified as Others said that they would call a doctor or hospital. This was **much lower than other groups of General, SC, ST, OBCs, among whom 83-92% said they would call the doctor.**

Education: Curiously, **92% of those who had studied up to Class 8 said they would call the doctor, in comparison to 85% each of those who had studied up to Class 10 or higher**. But a closer examination of the data reveals that this incongruence was solely due to **Bihar**. In this state, **75% of those with education of Class 8 or lower said they would call a doctor while only 49% and 51% of those who had studied up to Class 10 or higher, respectively, said they would call the doctor.** In other states, education level did not make much of a difference and affirmative responses were consistently high (92% and above) across levels of education.

Refer Table 18 in annexure for details.

Self-Isolate

Overall, **participants across age, sex, education and social indices, had a high affirmative response for practicing self-isolation if they or someone they knew exhibited symptoms of Coronavirus** (most in 92-94% range with Others at 83%). However, there were some regional variations. **Bihar recorded the lowest affirmative responses to self-isolation across categories** in comparison with the other two states. **In Rajasthan, affirmative responses were consistently high,** in the range of 90-94%. **In Uttar Pradesh, 75% STs said they would self-isolate; this was the lowest affirmative response for self-isolating in the state.**

Refer Table 19 in annexure for details.

Inform Others Who Have Been in Contact/Facilitate Contact Tracing

The responses here were **high affirmative overall** and across states, ranging from 86-96%. In Bihar, Others (83%) STs (88%), and those with education more than Class 10 (88%) represented the lowest affirmative numbers. Rajasthan was consistently above the overall average. And **in Uttar Pradesh, STs (71%), SCs (81%), those with education up to Class 8 (74%), and Males (81%) represented the lowest affirmative numbers.**

Refer Table 20 in annexure for details.

3.5 KEY FINDINGS

- Respondents displayed a high level of awareness on the symptoms of COVID-19, and were able to identify at least two key symptoms.
- Males, those who were older, and those with higher levels of education were better informed than females, younger cohort and those with lower levels of education.
- The awareness of symptoms was relatively lower among socially marginalized groups.
- Respondents were also very well-informed on basic safety and prevention practices, and reported following them diligently. 100% said they washed their hands frequently, and 96% said they covered their face and observed the lockdown diligently.
- The primary sources of information were traditional media, like TV and policy briefings, as well as face-to-face interactions with FLWs. Digital technology-dependent portals of information, like Twitter, Arogya Setu app, and Facebook were used the least. WhatsApp however, was a popular source of information.
- Schools were rarely listed as a source of information, indicating the inability of educational institutions to stay connected with students outside of the school premises and academic session.
- Only in Rajasthan was school a reliable medium of information, reported by 23% respondents.
- Although most respondents had not experienced or did not know of anyone who experienced COVID-19 related symptoms, a majority of them noted that they would contact a doctor, self-isolate, and facilitate contact tracing, if they or someone they knew exhibited symptoms.
- However, there were regional variations and variations along different parameters of age, sex, education and social indices.
- More males than females said that they would seek medical help in case of symptoms.
- **Bihar was an anomaly** in many ways: here, **only about half the respondents said that they would contact a doctor or hospital;** only **one-third of those classified as Others** would seek a doctor; and **those who were older and more educated were less likely to seek a doctor or hospital** than their younger counterparts and those with lower levels of education.
- Most participants across states and parameters had a high affirmative response to practicing self-isolation.
- Bihar recorded the lowest affirmative responses to self-isolation across categories in comparison with the other two states. In Rajasthan, affirmative responses were consistently high and in Uttar Pradesh, 75% STs said they would self-isolate; this was the lowest affirmative response for self-isolating in the state.
- Most participants agreed that they would facilitate contact tracing and inform those with whom they have had recent contact about their symptoms. In Uttar Pradesh, STs (71%), SCs (81%), those with education up to Class 8 (74%), and Males (81%) represented the lowest affirmative numbers.

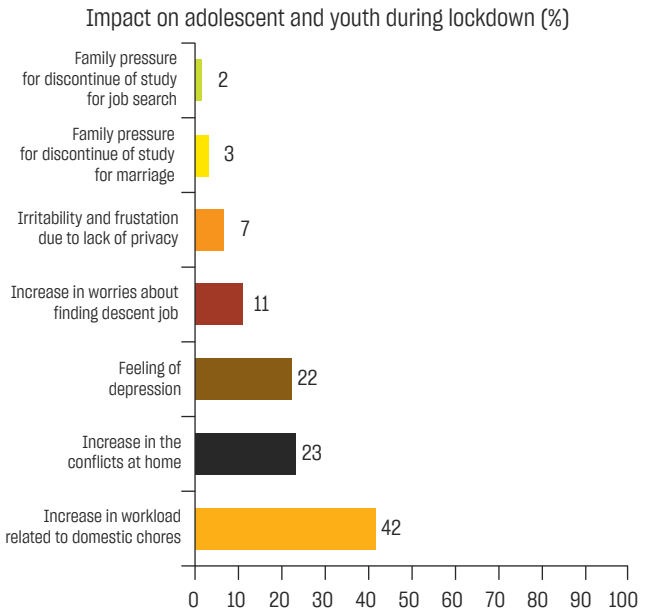
4 Facing the Pandemic: Challenges and Impacts of COVID-19 among Young People in India

This chapter examines the impacts of the COVID-19 outbreak and lockdown on the everyday lives of young people and their mental well-being, as well as the coping mechanisms that they were aware of and used. To assess this, we developed the following parameters: i. changes in their everyday routines, interactions, and moods; ii. impact on their awareness of and access to primary healthcare services; and iii. access to and use of mental health services. Responses along these parameters were then analyzed to assess the challenges faced by young people during COVID-19 outbreak and the ensuing lockdown, as well as the coping mechanisms that were available to them.

4.1 CHANGES IN ROUTINES, INTERACTIONS AND MOODS

A list of activities was read out to the participants and they were asked to respond with a Yes or No to indicate if these had increased during the Coronavirus lockdown. (Refer Table 21 in annexure)

Graph 4: Impact of Lockdown



Domestic Chores

Overall 42% respondents reported that their workload of domestic chores had increased during the lockdown.

Overall, **51% females said they experienced an increase in their workload compared to 23% males.** There were regional variations: in Bihar, only 26% women said that their workload had increased while i**n Uttar Pradesh, a whopping 96% female respondent reported an increase in their workload.** (Table 22 in annexure)

Less than half the respondents reported an increase in their workload in the two age cohorts of those below 18 years (41%) and those who were 18 years and older (43%). This was the highest in Uttar Pradesh where 67% of those who were below 18 years reported an increase in workload and 55% of those who were 18 years and older reported an increase in workload.

People across social groups reported an increase in workload. This was highest among SCs (50%), followed by STs and OBCs at 40% each, and General at 35%. Only 17% of Others reported an increase but this could be attributed to a significantly low number of their representation (23) in the survey sample. However, in Bihar, only 7% of those identified as General, experienced an increase in workload in comparison to the average of 35% that was nearly equivalent to the other two states (33% each).

Overall, **the least increase in their workload was reported by Others at 17% and Males at 23% reported.**

Refer Table 22 in annexure.

Conflicts at Home

Out of a total of 801 respondents, **nearly one out of four respondents reported an increase in fights at home (total 187, 23%. See table 22)**. Overall, **more women (26%) than men (19%) said that fights at home had increased** during the lockdown, expect in Uttar Pradesh, where an equal number of males and females (12 male and 13 female out of 255 respondents) reported an increase in fights at home. Both these figures however, were equally low (10% each) compared to the three-state average mentioned above. In Rajasthan, **38% women reported an increase in fights at home, presenting the highest figures across different social groups (of sex, age, education, social indices) in the three states.**

In the overall sample, **an increase in domestic fights was least reported by respondents in the General category (13%),** followed by Others (17%), SCs (19%), and those with education till Class 8 (16%). In Bihar however, 36% SCs reported increase in fights at home, significantly higher than the overall average of 19% among SCs. In Rajasthan, 33% of those in the General category reported an increase in fights at home–the highest in this category among all states and much higher than the overall average of 13%. However, this was also a small sample, of only 23 people.

Among the three states, **Uttar Pradesh had the lowest number of respondents who reported an increase in fights at home** (25 out of 255 in Uttar Pradesh and out of a total of 801 in the three states.

Refer Table 23 in annexure

Economic Anxieties

Out of the total of 801 respondents, 460 identified themselves as those who were employed, unemployed but actively looking for a job, or about to enter the job market soon.

When they were asked if their **worries about getting a decent job had increased** during the ongoing pandemic and lockdown, out of 460, **51 answered in the affirmative**. Among these, **43% were those who were already employed and 31% were those who were unemployed and actively looking for employment.**

Table 24: Adolescents and youths who have Increase in worries for finding decent job by occupation category

Occupation category	Overall		
	# of respondents with increase in worries	# of respondents applicable for the question	% of respondents among category
Already employed	9	21	43
Un-employed	8	26	31
Homemaker	2	16	13
Currently studying	32	397	8
Total	**51**	**460**	**11**

A very low number (10 out of 677 school going respondents) reported facing an increased pressure from family to discontinue their education and find a job instead. Similarly, only 19 out of 599 female respondents said that they were facing familial pressures to discontinue their education and get married (Table 21 in annexure).

> ***"Ek achi naukari nahi milegi to samsya ho saktihai."*** **If I don't get a decent job, it'll be a problem.**
>
> ***"Ghar per hai, kharcha nahi chal pa raha hai."*** **I am home [not working] and not able to meet the daily expenses.**
>
> ***"Lockdown me Naukri chali gayi toh baad me pata nhi kya hoga."*** **If I lose my job during the lockdown, I don't know what will happen later.**

Feelings of Depression and Frustration

A small cohort – **179 out of 801 respondents – said that they were experiencing feelings of depression,**

while an even smaller cohort – 53 out of 801 respondents–said they were feeling irritable or frustrated due to lack of privacy at home during the lockdown. Some variations across social indicators and states are presented below:

a. **Sex:** Among these, an equivalent number of males and females across the three states (overall, 22% females and 24% males) reported feelings of depression. The highest was 29% males in Uttar Pradesh who responded feeling depressed during the Coronavirus and lockdown.

b. **Age: Nearly twice as many young people who were below 18 years of age (117 out of 565) reported feeling depressed** in comparison to their counterparts who were 18 years or older (62 out of 236).

c. **Social Indices:** Nearly 2 to 3 people out of 10 (20-27%) reported feeling depressed across different social groups. Others was an outlier category where 43%, or 4 out of 10 people, reported feeling depressed; this number was highest in Uttar Pradesh where 67% Others reported feeling depressed. However, this was a small sample of only 23 persons. Again, in Uttar Pradesh, 75% STs (comprising 3 respondents) reported feeling depressed.

d. **Education:** Overall, feelings of depression did not vary with level of education; nearly every 2 out of 10 people said they were feeling depressed. Uttar Pradesh, however, presented a major state-variation: here, among 66 respondents who reported feeling depressed, 64% had studied up to Class 8, 57% had studied up to Class 10, and 48% had studied beyond Class 10.

Refer Table 25 in annexure.

When probed further, many feelings of anxiety or depression could be traced to economic uncertainty, the inability to move outside and socialise, and fears of Coronavirus itself. A few of these are captured in the quotes below:

> ***"Aamdani band hone ke karan ghar mein samsaya ho rahi hai jise dekh kar hum udaas rahte hai."*** **My earnings have stopped because of which, we are facing problems at home. Seeing that, I feel sad.**
>
> ***"Kyonki bahar ghumne nahi ja pate hai aur doston se bhi nahi mil pate hai."*** **I am depressed because I cannot go outside and meet friends.**
>
> ***"Ghar per baitey hai, kaam kuch hai nahin, pehle padhai ke saath majdoori bhi kar lete the aur ek din mein Rs. 250 mil jaata tha."*** **I am sitting at home and there is no work. Earlier, along with studying, I used to do some work and earn INR 250 daily.**
>
> ***"Kahin ghar mein kisi ko ya khud ko Corona na ho jaye."*** **What if I or someone at home gets Corona.**

TV and Social Media

Of the 801 respondents, 566 respondents reported watching TV and 589 reported using one or more social media platforms. The highest among these were from Rajasthan (312 and 320 respectively).

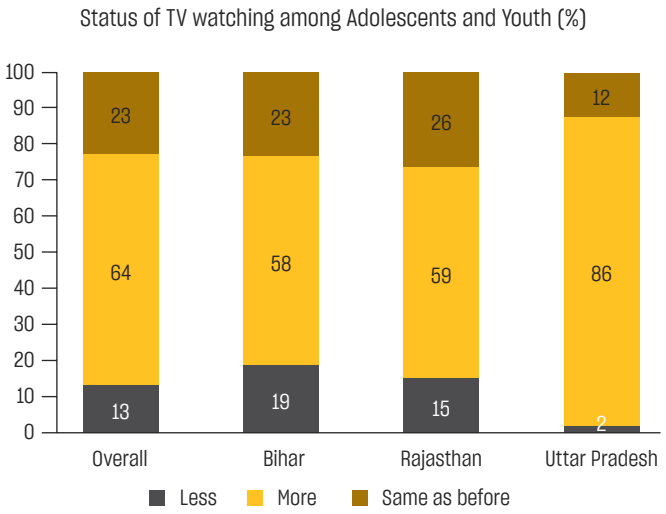
Table 26: TV and social media

TV watchers and Social media Users (#)	Overall	Bihar	Rajasthan	Uttar Pradesh
TV Watcher	566	138	312	116
Social Media User	589	120	320	149

TV

64% respondents who watched TV reported an increase in the time they spent on watching TV, 13% said they watched less TV than before, and 23% reported the same time spent watching TV before and during the lockdown.

Graph 5: TV watching among adolescents and youth

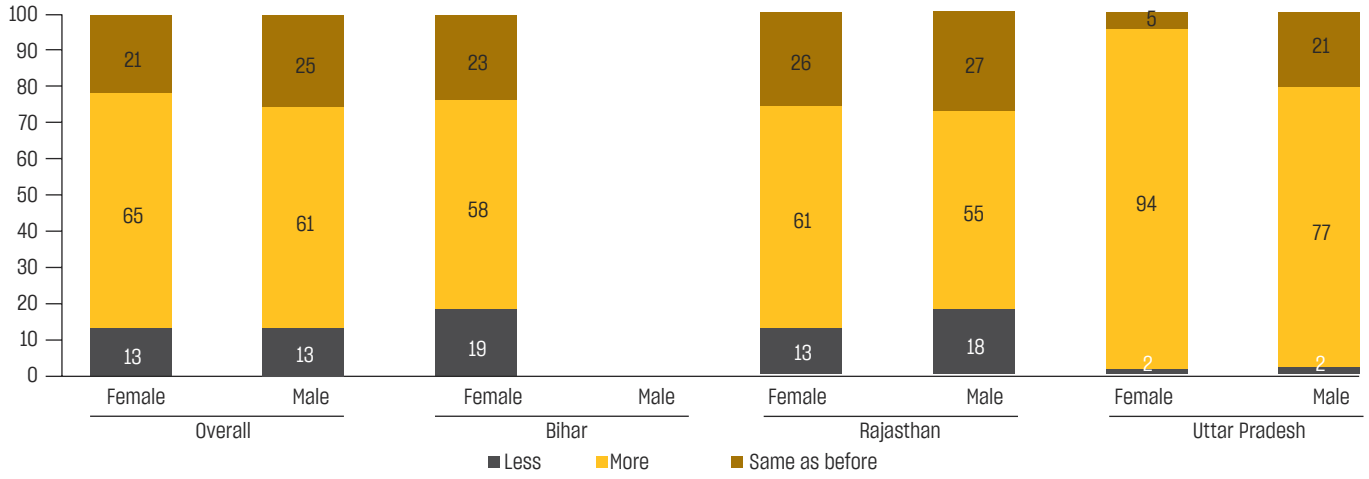


There were however, some state-based variations: 86% respondents in Uttar Pradesh said they watched more TV, in comparison to 58% in Bihar and 59% in Rajasthan. Variations along social indicators are as follows:

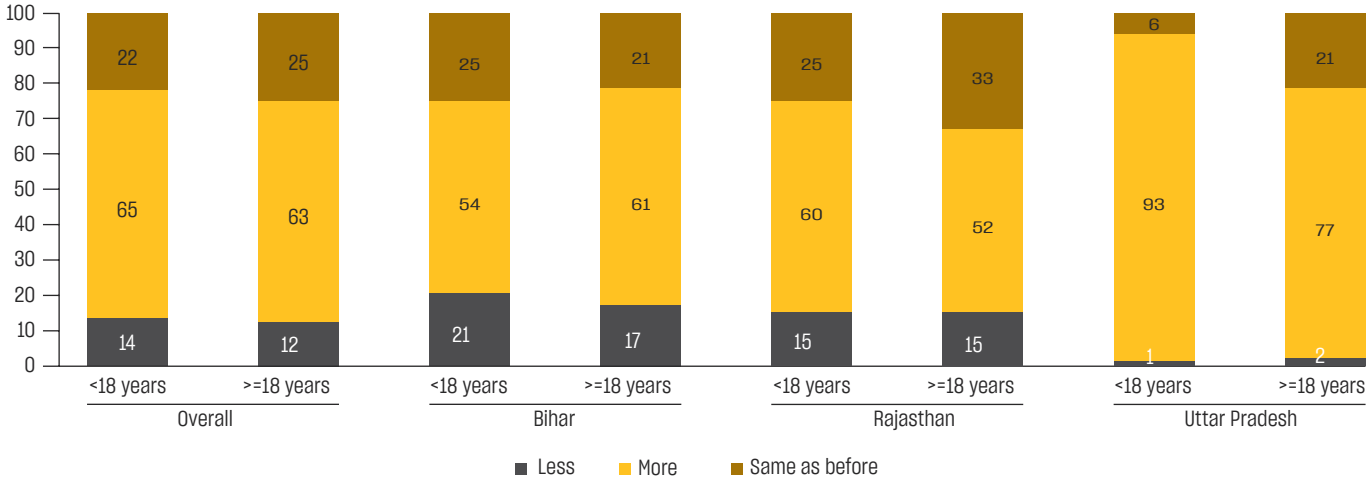
a. **Sex:** Overall, there were no major variations in the percentage of males and females and their TV consumption patterns. 13% of males and females each reported watching less TV, 65% females and 61% males reported watching more TV, and 21% females and 21% males reported watching TV for the same amount of time as before. However, there were state-based variations. **In Uttar Pradesh, 94% females reported watching more TV in comparison to 77% males.**

b. **Age:** Overall, **63-65% young people reported watching more TV,** with the younger cohort marginally ahead. In Rajasthan, 52% of those who were 18 years or older reported watching more TV, while in Uttar Pradesh, 93% of those

Graph 6 : TV watching by Sex



Graph 7: TV watching by Age category



who were under 18 years of age reported watching more TV and 77% of those who were 18 years or above reported watching more TV.

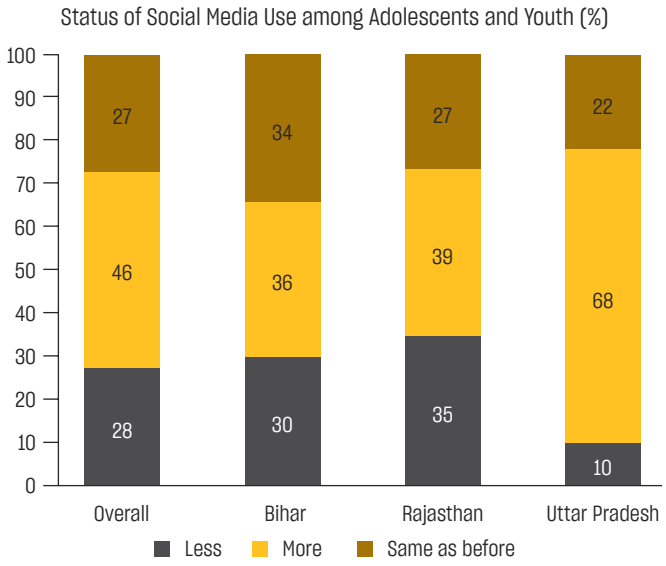
c. **Social Indices:** No clear pattern in social categories was visible in TV consumption patterns; overall 52-75% of those classified as General, OBC, SC, ST and Others reported watching more TV. In Uttar Pradesh, this percentage was higher than the average: 81-100% of persons across all social categories reported watching more TV. (refer table 27 in annexure)

d. **Level of education:** Again, no discernible pattern of TV watching emerged along the parameter of education with 49-52% of respondents across levels of education reported spending more time watching TV during the lockdown. Again, in Uttar Pradesh, this number was higher than the average and as reported in the other two states: here, 63-70% reported watching more TV, with those who had studied till Class 10 at the highest end of the spectrum.

Social Media

Overall, 46% respondents who were social media users reported spending more time on social media during the lockdown. 27% said they used social media for the same amount of time as before while 28% said they used social media less than before.

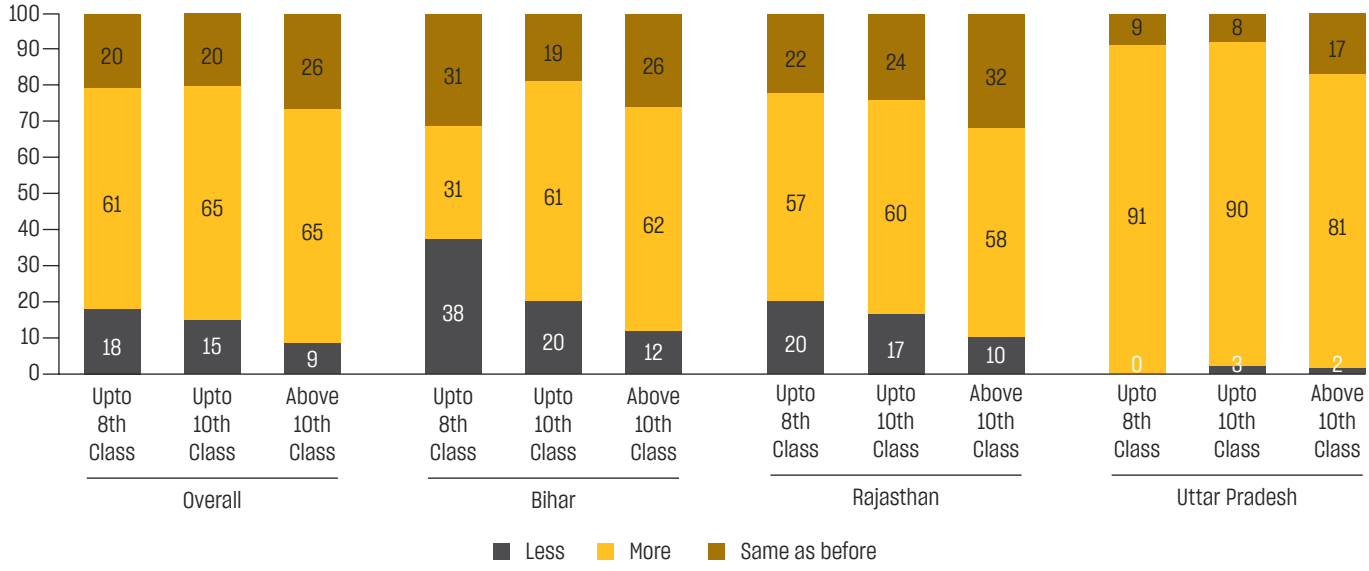
Graph 9: Social media Use among Adolescent and youth



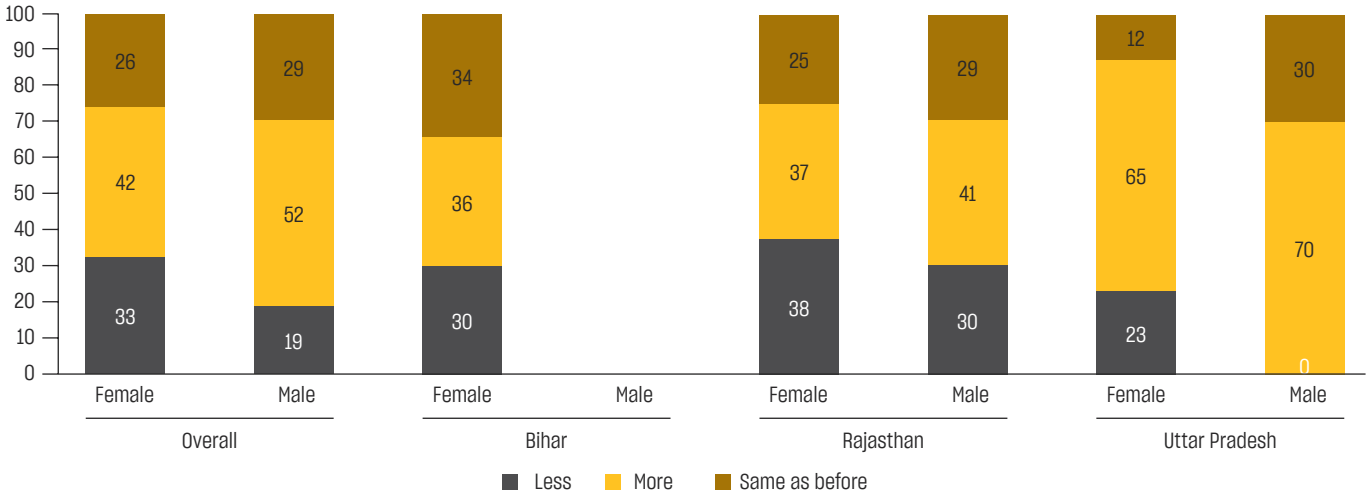
Again, in Uttar Pradesh, 68% social media users reported spending more time on it in comparison to 36% in Bihar and 39% in Rajasthan. Other variations were as follows:

a. **Sex:** Overall, **more males (52%) than females (42%) reported spending more time on social media.** In Uttar Pradesh, increased use of social media was higher than the average among both males (70%) and females (65%), although in keeping with the trend, more males than females reported an increase in social media use.

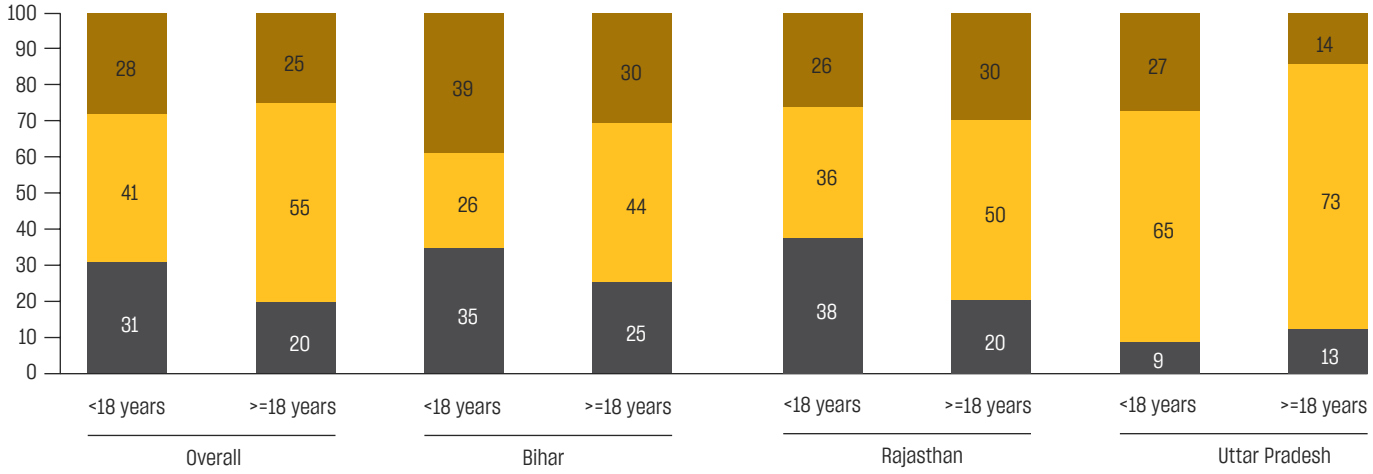
Graph 8: TV watching by Education level



Graph 10: Social media use by Sex



Graph 11: Social Media use by Age



More women (33%) than men (19%) reported a decrease in their social media use. The gap between men and women was the starkest in Uttar Pradesh where 23% women reported a decrease in their social media use compared to zero men.

b. **Age:** Those who were **18 years and above (55%) reported an increase in social media use more than their younger cohort,** where 41% reported an increase in social media use.

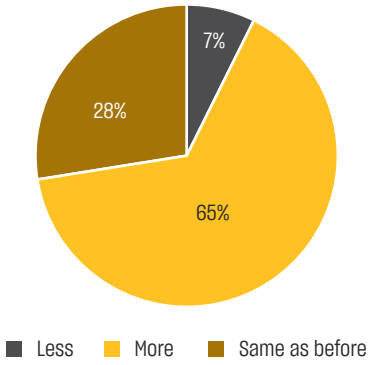
c. **Social indices:** More than **half the SCs (56%) and Others (53%) reported an increase in their social media use.** In other groups, less than half the people reported increase in social media use, with those classified as General at 43% and STs and OBCs at 39% each. (refer Table 28 in annexure)

There were some state-based variations. Uttar Pradesh was consistently higher than the average with 100% of STs and Others reporting increased social media use. In Bihar however, only 17% of those classified as General reported an increase in social media use.

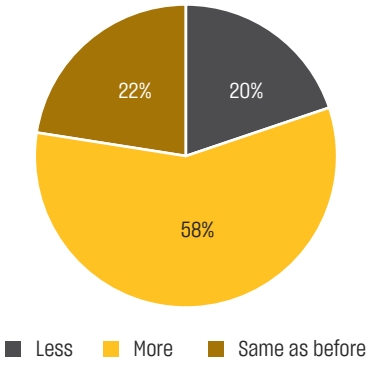
A **curious coincidence was between those who reported feeling depressed and those who reported spending more time watching TV. To summarize, 65% of those respondents who said that they were feeling depressed, reported watching more TV. (graph 12).**

58% of those respondents who said that they were feeling depressed, reported an increase in their social media use.

Graph 12: TV watching pattern among respondents feeling depressed

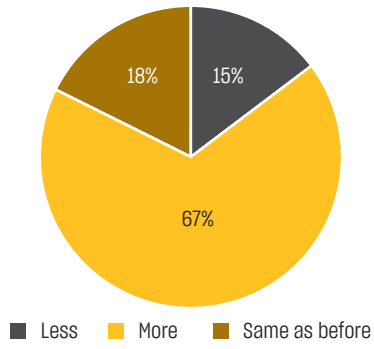


Graph 13 : Social Media use pattern among respondents feeling depressed

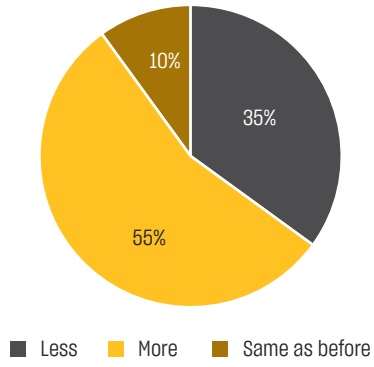


Similarly, **68% of those respondents who said that they were feeling frustrated and irritable with their lack of privacy during the lockdown, reported watching more TV. And 55% of those respondents, who said they were feeling frustrated and irritable with their lack of privacy during the lockdown, reported an increase in their social media use.**

Graph 14: TV watching pattern



Graph 15: Social media use pattern



More in-depth and qualitative research is needed to understand the reasons behind this coincidence.

4.2 AWARENESS OF AND ACCESS TO REPRODUCTIVE HEALTHCARE SERVICES AND COPING MECHANISM

Young people's access to healthcare and coping mechanisms for mental health were also assessed. In the first part, we tried to establish how their access to reproductive healthcare had been impacted during the COVID-19 outbreak and lockdown. This included contact with FLWs, unmet needs for sanitary pads for women, receipt of IFA tablets, access to contraceptives, and awareness of FP counselling. These would help us understand how the delivery of reproductive healthcare for young people was impacted during the current and ongoing public health pandemic.

In the second part, we tried to gauge if young people had access to mental healthcare services. This line of inquiry was critical as the pandemic's impact on people's mental health is steadily being recognized. Here, we assessed if young people had access to information on mental health and emotional wellbeing, what the sources of such information and assistance were, if they had actually used any of these sources, and if they had found the help they got useful or not.

Reproductive Healthcare Services

Front Line Workers–Contact and Awareness of Reproductive Healthcare services:

3 out of 5 (65%) young people reported having some contact with FLWs, with no major variations across sex or age, except for in Uttar Pradesh where 93% females had contact with FLWs in comparison with 78% males.

Along social indices, STs (55%), OBCs (56%) and Others (57%) reported contact with FLWs. This was significantly lower than for those classified as General (77%) and SCs (73%). The STs in Bihar however, bucked this trend with 88% among them reporting having had contact with FLWs. Similarly, all the respondents classified as Others in Uttar Pradesh reported having contact with FLWs. However, the samples were very small with 7 STs in Bihar and 3 Others in Uttar Pradesh.

With respect to education level, those who had studied till Class 8 (70%) reported more contact with FLWs than those who had studied more. (Refer Table 29 in annexure).

More than half the respondents (58%) were aware that FLWs were providing FP counselling services during the lockdown. This trend was mirrored across social indicators of sex, age and social indices, although those with education up to Class 10 and above were better informed than those with lower levels of education. In Rajasthan, a little less than half the number of respondents were aware that FLWs were providing FP counselling services during the pandemic. In Bihar, those who had studied till Class 8 were better informed (90%). (Refer Table 29 in annexure)

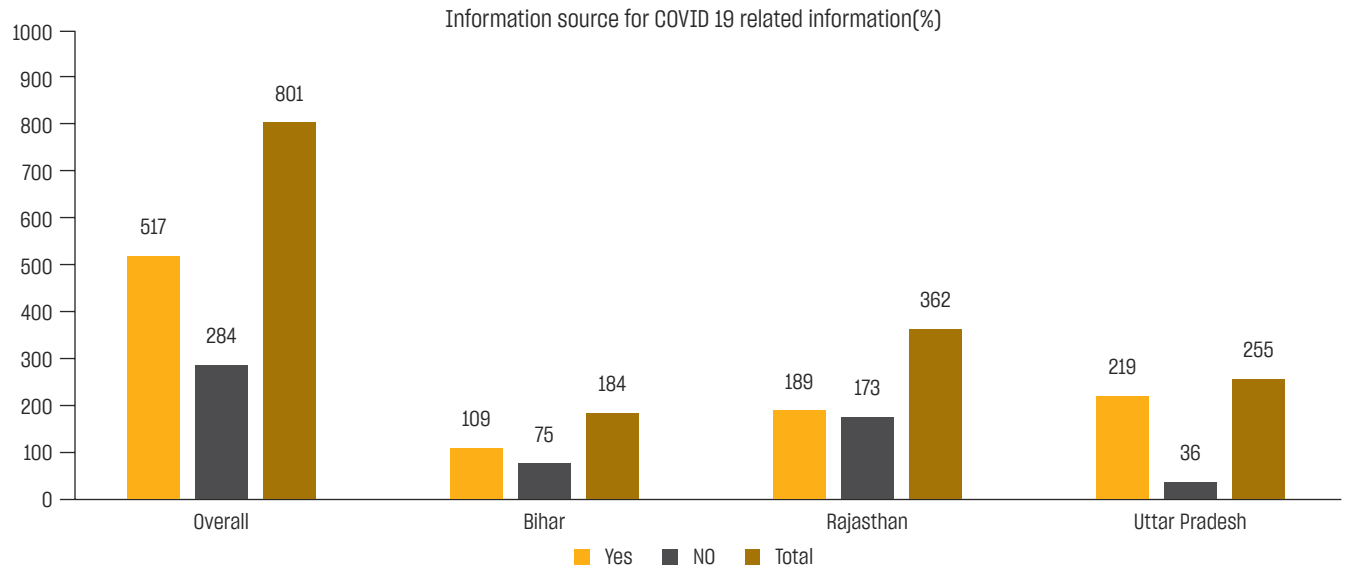
A majority of respondents, however (416 out of 596), were not aware that FLWs were providing contraceptives.

Among those who were aware, the majority were categorized as Other (64%), General (49%) and those who were 18 years and older (41%). **Rajasthan represented the poorest statistics with 12% STs who were aware of FLWs providing contraceptives as being the highest category.** (Refer Table 30 in annexure)

Unmet Need for Sanitary Pads

From a total of 530 female respondents, 40 said that they did not use sanitary pads. From the remaining 490, **a little more than half (275) reported having an unmet need for sanitary pads, with the highest**

Graph 18: Status of Contact with Frontline workers by respondents



number of females from Rajasthan (159) and the least number from Uttar Pradesh (19) reporting an unmet need.

Table 31: unmet need for sanitary pads

Status of unmet need of sanitary pads for female Adolescent and youths (#)	Overall	Bihar	Rajasthan	Uttar Pradesh
Yes	275	98	158	19
No	215	79	57	79
Total	**490**	**177**	**215**	**98**

The following variations across social indicators were observed:

a. **Age:** Overall, 58% of the younger cohort of women who were under 18 years reported an unmet need in comparison to 51% of those who were 18 years and older. In Rajasthan, this trend was reversed and higher than average, with 85% among the older cohort reporting unmet needs in comparison to 71% of the younger cohort. Uttar Pradesh had the lowest numbers, with 22% of the older cohort and 19% of the younger cohort reporting an unmet need.

b. **Social indices:** Overall, lowest number of SCs (47%) reported an unmet need for sanitary pads, followed by OBCs (54%), General (64%), Others (68%), and STs (69%).

c. **In Bihar, the unmet need for sanitary napkins was higher than the average,** but with only 30% OBCs reporting the lowest unmet need in the state.

d. **Uttar Pradesh reported the lowest unmet need for sanitary napkins across social groups and states.**

Refer Table 32 in annexure for details.

Iron Folic Acid (IFA)

Regarding receipt of IFAs during the lockdown, **only one-third (202 out of 660) respondents confirmed that they had received IFAs, with Rajasthan presenting the worst figures: here, only 12 out of 281 respondents said that they had received IFAs.**

Table 33: IFA receiving status

Status of Receipt of IFA among adolescents (15-19 years) (#)	Overall	Bihar	Rajasthan	Uttar Pradesh
Yes	202	49	12	141
NO	458	115	269	74
Total	**660**	**164**	**281**	**215**

Other notable variations are as follows:

a. **Sex: More females (33%) than males (24%) reported getting IFAs.** This difference was most stark in Uttar Pradesh where 78% females said they had received IFAs in comparison to 48% males.

b. **Social indices:** Overall, **48% of those classified as General received IFAs, followed by SCs (39%), STs (26%), and OBCs and Others (19% each).**

c. Rajasthan presented the worst statistics, with only 20% STs reporting that they had received IFAs.

d. **Uttar Pradesh presented the best statistics with 64-66% people across social indices reporting that they had received IFAs.**

e. There was no major variation among those who received IFAs vis-à-vis their enrolment in an educational institution; nearly 1/3rd of those who were in school or college (30%) reported receiving IFAs. Only in Uttar Pradesh, 68% of those who were enrolled in school or college reported receiving IFAs in comparison to 48% of those who were not enrolled in a school or college.

Refer Table 34 in annexure for details.

4.3 MENTAL HEALTH SERVICES

Access to information on Mental Hhealth

More than half (444 out of 801) the number of respondents said they had access to information on mental health. Rajasthan marginally reversed this trend where more young people (200) said they did not have access to mental health than those who did (162).

Table 35: access to information on mental health

Access to information on mental health and emotional well beings among adolescents & youths (#)	Overall	Bihar	Rajasthan	Uttar Pradesh
Yes	444	100	162	182
NO	357	84	200	73
Total	**801**	**184**	**362**	**255**

More women (60%) than men (47%) were aware of information on mental health, and those who had studied till Class 10 or more, were more aware (62%) than their counterparts with lower levels of education. (refer table 36 in annexure)

> *"Andruni samsya ke bare mein kisi se nahi bol pana, saath hi koi bhi jankari nahin mil pana samsya hai."* Not being able to tell anyone about your problems and not getting any information about it is a problem.
>
> *"Ration nahin mil raha hai na padhai ho rahi hai bas usi ko le kar tension ho rahi hai."* We are not getting ration and studies have also stopped. These are causing tension.
>
> *"Corona se darr lagta hai."* I am scared of Corona.

Use of Mental Health Resources

Overall, **nearly half the young people said that they had used some resource for mental health.** This trend was repeated across social indicators and across states although **Uttar Pradesh** represented consistently higher statistics than other states across all categories. Here, **89% women reported having used some mental health resource–the highest across all social indicators and states.**

Table 37: source of information

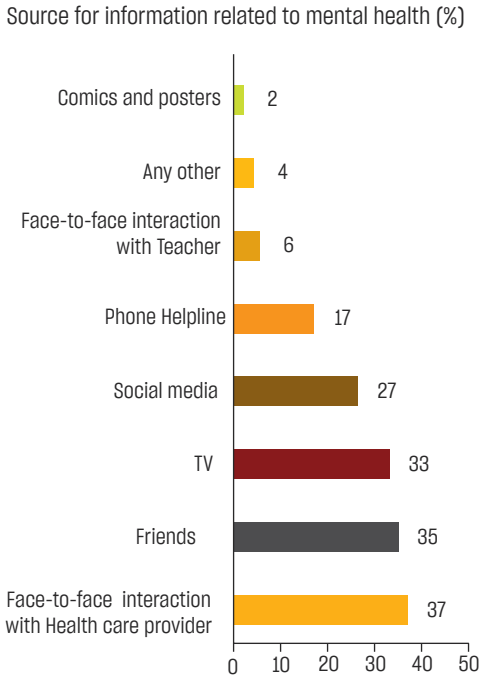
Adolescent and youths used any source of information on mental health and emotional well being(#)	Overall	Bihar	Rajasthan	Uttar Pradesh
Yes	395	58	159	178
NO	406	126	203	77
Total	**801**	**184**	**362**	**255**

Among the different resources, **most commonly used ones were face to face interaction with healthcare providers (37%), interactions with friends (35%) and TV (33%).**

Least used were comics and posters (4%) and face to face interactions with teachers (6%).

Only **in Rajasthan, 35% young people also reported using phone helplines.** (Refer Table 38 in annexure).

Graph 19: Information resource for mental health.



Status of Help Received

98% of those who used resources for mental health said that they found the assistance received to be very helpful.

Refer Table 20 in annexure for details.

4.4 KEY FINDINGS

- Increase in domestic chores was one of the major challenges with the lockdown; nearly half the number of young people reported an increase in their domestic workload.
- Expectedly, more females than males reported an increase in their domestic workload.
- Although only one-quarter of the participants reported an increase in domestic fights, most of these were women.
- A small number of people reported feeling 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 small fraction of the total respondents reported feelings of depression, and frustration or irritability but there was a coincidence whereby a greater number of those feeling depressed or frustrated and irritable also reported an uptick in the TV and social media consumption during the lockdown.
- 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.
- More women (33%) than men (19%) reported a decrease in their social media use during the lockdown.
- Although nearly 3 out of 5 respondents reported having had some contact with FLWs during the lockdown, their access to reproductive healthcare was affected with the lockdown.
- More than half the number of women reported an unmet need for sanitary pads, and only one-third of the total respondents confirmed their receipt of IFAs during the lockdown. A majority of respondents were also not aware that FLWs could provide contraceptives during the lockdown.
- With respect to mental health services, more than half the respondents 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.
- Among the different resources, most commonly used ones were face to face interaction with healthcare providers, interactions with friends, and TV.
- In Rajasthan, one-third of young people among respondents also reported using phone helplines.
- 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.

5 Needs and Priorities

PFI conducted a rapid assessment among young people to assess their awareness of COVID-19 and to understand the challenges they face, and the coping mechanisms that they employ to deal with these.

5.1 KEY FINDINGS

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.
- Males, those who were older, and those with higher levels of education were better informed than females, younger cohort and those with lower levels of education. The awareness of symptoms was also lower among socially marginalized groups, like SCs and STs.
- 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, in effect nationwide at the time of the study, was being followed by most of them.
- The primary sources of information for young people continue to be traditional media, like TV and policy briefings, and face-to-face interactions with FLWs.
- WhatsApp was another common medium although other digital technology-dependent portals, like 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 the 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 Coronavirus.
- 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 reported by one-fourth of the participants. Among those who did report an increase in domestic fights, most were women.

- A small number of participants reported feeling 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 number of respondents reported watching more TV during the lockdown while a little less than half reported an increase in their social media use. However, among those who reported a decrease in their TV watching or social media use, most were women.
- A small fraction of the total respondents reported feelings of depression and frustration or irritability, and 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 Family Planning Related Healthcare

- One of the challenges we wanted to evaluate in this research was how access to reproductive healthcare had been impacted during the pandemic and lockdown. We inquired about the availability of contraceptives, counselling, sanitary napkins and the availability of IFA tablets, as some parameters.
- Our findings suggest that although nearly 3 out of 5 respondents reported having had some contact with FLWs during the lockdown, their access to reproductive healthcare was indeed interrupted during the lockdown.
- More than half the number of women reported an unmet need sanitary pads and only one-third of the respondents confirmed their receipt of IFAs during the lockdown. A majority of them were also not aware that FLWs could provide contraceptives during the lockdown.

Mental Health Services

- In order to assess what coping mechanisms were available to young people, we enquired into their access to and use of mental health services. On a promising note, more than half the respondents 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.
- Among the different resources that were used, most common were face to face interaction with healthcare providers, interactions with friends, and TV. In Rajasthan, one-third young people also reported using phone helplines. Nearly all of those who sought mental health services found the assistance offered to be either helpful or very helpful.

5.2 NEEDS AND PRIORITIES

Based on the rapid assessment findings, we have identified the following core needs and priorities of young people, both during the pandemic and continuing after that.

- 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 women 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 were concerned, 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.

5.3 WAY FORWARD–SHORT AND LONG TERM STRATEGIES

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 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.

Annexure

Table 3: Age profile

Age		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Age	<18 years	565	71	92	50	302	83	171	67
	>=18 years	236	29	92	50	60	17	84	33

Table 4: Sex Composition

Sex Composition		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	530	66	184	100	215	59	131	51
	Male	271	34	0	0	147	41	123	49

Table 5: Sex and Age Composition

Sex v Age groups (%)	Overall		Bihar		Rajasthan		Uttar Pradesh	
Variable	Female	Male	Female	Male	Female	Male	Female	Male
<18 years	70	72	50	NA	81	86	79	55
>=18 years	30	28	50	NA	19	14	21	45

Table 6: Social Categories

Social Categories		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Social Category	Scheduled Caste	263	33	28	15	94	26	141	55
	Scheduled Tribe	73	9	8	4	61	17	4	2
	Other Backward Class	318	40	84	46	184	51	50	20
	General	124	15	46	25	21	6	57	22
	Other	23	3	18	10	2	1	3	1

Table 7: Education status and level

Education status and level		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Current Education Status	School/College going	728	91	159	86	347	96	222	87
	Out of School/College	73	9	25	14	15	4	33	13
Highest level of education	Illiterate	4	0	2	1	2	1	0	0
	Upto Primary level	15	2	2	1	8	2	5	2
	Upto Upper Primary level	140	17	20	11	53	15	67	26
	Upto Secondary level	342	43	83	45	176	49	83	33
	Upto Senior Secondary level	252	31	55	30	109	30	88	35
	Bachelor's degree	46	6	22	12	13	4	11	4
	Master's degree	2	0	0	0	1	0	1	0

Table 8: Marital status

Marital Status		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Marital Status	Bachelor	753	94	171	93	336	93	246	96
	Married	46	6	12	7	25	7	9	4
	Separated/ Divorced	1	0	1	1	0	0	0	0
	Widow/Widower	1	0	0	0	1	0	0	0

Table 9: Marital status and age groups

Marital Status v Age groups (%)	Overall		Bihar		Rajasthan		Uttar Pradesh	
Variable	<18 years	>=18 years	<18 years	>=18 years	<18 years	>=18 years	<18 years	>=18 years
Bachelor	96	88	99	87	94	87	99	90
Married	3	11	1	12	6	13	1	10
Separated/Divorced	0	0	0	1	0	0	0	0
Widow/Widower	0	0	0	0	0	1	0	0

Table 10: Marital status and sex

Marital Status v Sex (%)	Overall		Bihar		Rajasthan		Uttar Pradesh	
Variable	Female	Male	Female	Male	Female	Male	Female	Male
Bachelor	94	94	93	NA	92	95	100	92
Married	5	6	6	NA	8	5	0	8
Separated/Divorced	0	0	1	NA	0	0	0	0
Widow/Widower	0	0	0	NA	0	1	0	0

Table 11: Occupation status

Occupation		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Occupation	Currently Studying	717	90	157	85	346	96	214	84
	Employed	11	1	2	1	2	1	7	3
	Un-employed(Looking for job)	18	2	5	3	3	1	10	4
	Un-employed(Not looking for job)	10	1	3	2	0	0	7	3
	Self employed	16	2	1	1	4	1	11	4
	Home maker	26	3	15	8	6	2	5	2
	Not able to work	3	0	1	1	1	0	1	0

Table 12 : Adolescents and youths who have knowledge at least 2 key symptoms by Socio-demographic characteristics.

Socio-demographic Characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	460	87	169	92	194	90	97	74
	Male	250	92	NA	NA	131	89	119	96
Age	<18 years	493	87	84	91	269	89	140	82
	>=18 years	217	92	85	92	56	93	76	90
Social Category	General	110	89	36	78	19	90	55	96
	Other	22	96	17	94	2	100	3	100
	Other Backward Class	292	92	80	95	167	91	45	90
	Scheduled Caste (SC)	223	85	28	100	86	91	109	77
	Scheduled Tribe (ST)	63	86	8	100	51	84	4	100
Highest level of eduction	Upto 8th Class	134	84	23	96	55	87	56	78
	Upto 10th class	300	88	74	89	157	89	69	83
	Above 10th class	276	92	72	94	113	92	91	91

Table 14: Major reasons for not following lockdown

Major reasons	#
Go outside for farming	14
Go outside for work	11
Mother working as ASHA	4
Go to field and market	2

Table 15: Sources of information for COVID 19 related information

Source of information	Overall		Bihar		Rajasthan		Uttar Pradesh	
	#	%	#	%	#	%	#	%
FLWs	392	49	106	58	153	42	138	54
Arogya Setu	48	6	20	11	7	2	22	8
Press briefings	334	42	50	27	264	73	17	7
Website	156	19	10	5	91	25	54	21
Family members	231	29	51	28	135	37	44	17
Friends	165	21	5	3	93	26	66	26
WhatsApp	237	30	47	25	135	37	54	21
Twitter	6	1	2	1	4	1	0	0
Facebook	60	7	15	8	39	11	5	2
School information channel	87	11	1	1	84	23	0	0
TV	491	61	88	48	305	84	96	37
Radio	31	4	14	8	10	3	8	3
Any other source	41	5	10	5	29	8	2	1
No body/Nowhere	9	1	1	1	3	1	3	1

Table 16: Experiencing COVID-19 symptoms

Experienced Corona related symptoms	Overall		Bihar		Rajasthan		Uttar Prades	
	#	%	#	%	#	%	#	%
Yes	40	5	0	0	40	11	0	0
No	732	91	172	93	310	86	250	98
Prefer not to answer	29	4	12	7	12	3	5	2

Table 17: Measures to take if facing COVID 19 symptoms

Attitude/View point in case of Corona infection	Overall		Bihar		Rajasthan		Uttar Pradesh	
	#	%	#	%	#	%	#	%
Call the doctor/helpline	690	86	98	53	350	97	242	95
Self-Isolation	731	91	154	84	343	95	234	92
Inform others whom contacted	739	92	167	91	350	97	222	87
Something else	297	37	71	39	136	38	90	35

Table 18: Adolescents and youths who said they will prefer to Call the doctor by Socio- demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	432	82	93	53	205	95	129	98
	Male	258	95	NA	NA	145	99	113	91
Age	<18 years	498	88	44	48	291	96	163	95
	>=18 years	192	81	54	59	59	98	79	94
Social Category	General	109	88	31	67	21	100	57	100
	Other	12	52	7	39	2	100	3	100
	Other Backward Class	263	83	42	50	177	96	44	88
	Scheduled Caste (SC)	241	92	15	54	92	98	134	95
	Scheduled Tribe (ST)	65	89	3	38	58	95	4	100
Highest level of eduction	Upto 8th Class	146	92	18	75	62	98	66	92
	Upto 10th class	290	85	41	49	169	96	80	96
	Above 10th class	254	85	39	51	119	97	96	96

Table 19: Adolescents and youths who said they will prefer to Self-Isolation by Socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	485	92	154	84	203	94	128	98
	Male	246	91	NA	NA	140	95	106	85
Age	<18 years	513	91	76	83	284	94	153	89
	>=18 years	218	92	78	85	59	98	81	96

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Social Category	General	116	94	44	96	19	90	53	93
	Other	19	83	14	78	2	100	3	100
	Other Backward Class	289	91	71	85	171	93	47	94
	Scheduled Caste (SC)	240	91	20	71	92	98	128	91
	Scheduled Tribe (ST)	67	92	5	63	59	97	3	75
Highest level of eduction	Upto 8th Class	143	90	21	88	61	97	61	85
	Upto 10th class	313	92	73	88	164	93	76	92
	Above 10th class	275	92	60	78	118	96	97	97

Table 20: Adolescents and youths who said they will prefer to Inform others whom contacted by Socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	496	94	167	91	208	97	121	92
	Male	243	90	NA	NA	142	97	101	81
Age	<18 years	521	92	84	91	293	97	144	84
	>=18 years	218	92	83	90	57	95	78	93
Social Category	General	119	96	44	96	20	95	55	96
	Other	20	87	15	83	2	100	3	100
	Other Backward Class	301	95	75	89	179	97	47	94
	Scheduled Caste (SC)	231	88	26	93	91	97	114	81
	Scheduled Tribe (ST)	68	93	7	88	58	95	3	75
Highest level of education	Upto 8th Class	137	86	23	96	61	97	53	74
	Upto 10th class	315	92	76	92	169	96	70	84
	Above 10th class	287	96	68	88	120	98	99	99

Table 21: Changes in routines, interactions and moods after Lock do

Impact on adolescent and youth during lockdown	Overall			Bihar			Rajasthan			Uttar Pradesh		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Increase in workload related to household and domestic chores	334	467	801	48	136	184	126	236	362	160	95	255
Increase in the fights at home	187	614	801	42	142	184	120	242	362	25	230	255
Increase in worries about finding descent job	51	409	460	11	106	117	23	162	185	17	141	158
Family pressure for discontinue of study for job search	10	617	627	5	124	129	2	329	331	3	164	167
Family pressure for discontinue of study for marriage	19	599	618	0	139	139	3	309	312	16	151	167
Feeling of depression	179	622	801	42	142	184	71	291	362	66	189	255
Irritability and frustation due to lack of privacy	53	748	801	17	167	184	13	349	362	23	232	255

Table 22: Adolescents and youths who said Yes for Increase in workload related to household and domestic chores by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	271	51	48	26	97	45	126	96
	Male	63	23	NA	NA	29	20	34	27
Age	<18 years	233	41	18	20	101	33	114	67
	>=18 years	101	43	30	33	25	42	46	55
Social Category	General	43	35	3	7	7	33	33	58
	Other	4	17	1	6	0	0	3	100
	Other Backward Class	126	40	32	38	69	38	25	50
	Scheduled Caste (SC)	132	50	10	36	26	28	96	68
	Scheduled Tribe (ST)	29	40	2	25	24	39	3	75
Highest level of eduction	Upto 8th Class	63	40	7	29	14	22	42	58
	Upto 10th class	136	40	18	22	60	34	58	70
	Above 10th class	135	45	23	30	52	42	60	60

Table 23: Adolescents and youths who said Yes for Increase in the fights at home by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	136	26	42	23	81	38	13	10
	Male	51	19	NA	NA	39	27	12	10
Age	<18 years	128	23	13	14	99	33	16	9
	>=18 years	59	25	29	32	21	35	9	11
Social Category	General	16	13	4	9	7	33	5	9
	Other	4	17	3	17	1	50	0	0
	Other Backward Class	103	32	24	29	73	40	6	12
	Scheduled Caste (SC)	49	19	10	36	25	27	14	10
	Scheduled Tribe (ST)	15	21	1	13	14	23	0	0
Highest level of eduction	Upto 8th Class	26	16	5	21	14	22	7	10
	Upto 10th class	81	24	17	20	55	31	9	11
	Above 10th class	80	27	20	26	51	41	9	9

Table 25: Adolescents and youths who said Yes for Feeling of depression by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	114	22	42	23	42	20	30	23
	Male	65	24	NA	NA	29	20	36	29
Age	<18 years	117	21	16	17	60	20	41	24
	>=18 years	62	26	26	28	11	18	25	30
Social Category	General	25	20	8	17	5	24	12	21
	Other	10	43	8	44	0	0	2	67
	Other Backward Class	64	20	20	24	31	17	13	26
	Scheduled Caste (SC)	60	23	4	14	20	21	36	26
	Scheduled Tribe (ST)	20	27	2	25	15	25	3	75
Highest level of education	Upto 8th Class	25	16	2	8	6	10	46	64
	Upto 10th class	79	23	20	24	30	17	47	57
	Above 10th class	75	25	20	26	35	28	48	48

Table 26: Adolescents and youths who had contact with FLWs by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	340	64	109	59	109	51	122	93
	Male	177	65	NA	NA	80	54	97	78
Age	<18 years	363	64	58	63	159	53	146	85
	>=18 years	154	65	51	55	30	50	73	87
Social Category	General	95	77	33	72	12	57	50	88
	Other	13	57	9	50	1	50	3	100
	Other Backward Class	178	56	43	51	92	50	43	86
	Scheduled Caste (SC)	191	73	17	61	54	57	120	85
	Scheduled Tribe (ST)	40	55	7	88	30	49	3	75
Highest level of education	Upto 8th Class	112	70	21	88	33	52	58	81
	Upto 10th class	199	58	40	48	90	51	69	83
	Above 10th class	206	69	48	62	66	54	92	92

Table 27: Status of TV watching by Adolescents and youths by social category among TV Watchers (%)

Socio-demographic characteristics		Overall			Bihar			Rajasthan			Uttar Pradesh		
		Less	More	Same as before	Less	More	Same as before	Less	More	Same as before	Less	More	Same as before
Social Category	General	24	52	25	41	32	27	20	40	40	6	81	14
	Other	7	73	20	9	73	18	0	50	50	0	100	0
	Other Backward Class	11	65	24	6	73	21	15	59	26	0	84	16
	Scheduled Caste (SC)	7	75	18	13	56	31	11	69	20	0	90	10
	Scheduled Tribe (ST)	21	51	28	50	50	0	19	50	31	0	100	0

Table 28: Status of Social Media use By Adolescents and youths by social category among social media users (%)

Socio-demographic characteristics		Overall (589)			Bihar (120)			Rajasthan (320)			Uttar Pradesh (149)		
		More	Same as before	Less	More	Same as before	Less	More	Same as before	Less	More	Same as before	Less
Social Category	General	37	43	20	56	17	28	55	30	15	12	73	15
	Other	24	53	24	23	46	31	50	50	0	0	100	0
	Other Backward Class	27	39	33	14	43	43	35	31	34	10	77	13
	Scheduled Caste (SC)	20	56	24	38	38	25	26	56	18	9	60	31
	Scheduled Tribe (ST)	37	39	24	0	75	25	41	35	24	0	100	0
	Upto 10th class	34	39	28	37	30	33	39	34	27	10	69	21
	Above 10th class	23	52	25	20	46	34	29	43	28	16	70	13

Table 29: Adolescents and youths who have awareness for FP Counselling by FLWs by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Total		**370**	**58**	**92**	**61**	**125**	**46**	**153**	**70**
Sex	Female	243	59	92	61	68	42	83	84
	Male	127	56	NA	NA	57	52	70	59
Age	<18 years	258	58	49	64	107	47	102	70
	>=18 years	112	58	43	57	18	40	51	71
Social Category	General	67	66	26	68	8	53	33	69
	Other	14	82	12	80	2	100	0	0
	Other Backward Class	139	59	32	49	76	60	31	72
	Scheduled Caste (SC)	127	56	18	69	22	28	87	71
	Scheduled Tribe (ST)	23	38	4	50	17	35	2	50
Highest level of education	Upto 8th Class	79	60	18	90	22	45	39	62
	Upto 10th class	136	51	33	52	53	41	50	68
	Above 10th class	155	64	41	59	50	54	64	79

Table 30: Adolescents and youths who have awareness for Contraceptive distribution by FLWs by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Total		**180**	**30**	**65**	**43**	**11**	**5**	**104**	**47**
Sex	Female	131	33	65	43	5	4	61	58
	Male	49	24	NA	NA	6	7	43	37
Age	<18 years	103	25	30	39	9	5	64	44
	>=18 years	77	41	35	48	2	5	40	53

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Social Category	General	48	49	22	58	1	9	25	52
	Other	9	64	9	64	0	0	0	0
	Other Backward Class	38	18	19	29	3	3	16	36
	Scheduled Caste (SC)	75	35	12	48	2	3	61	49
	Scheduled Tribe (ST)	10	19	3	38	5	12	2	50
Highest level of eduction	Upto 8th Class	33	27	14	67	1	3	18	28
	Upto 10th class	62	26	19	32	4	4	39	55
	Above 10th class	85	37	32	46	6	8	47	54

Table 32: Female Adolescent and youths who said Yes for Unmet need of sanitary pads by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Age	<18 years	197	58	59	68	124	71	14	19
	>=18 years	78	51	39	43	34	85	5	22
Social Category	General	54	64	38	84	8	62	8	30
	Other	15	68	13	76	2	100	0	0
	Other Backward Class	109	54	24	30	83	75	2	20
	Scheduled Caste (SC)	63	47	18	69	36	72	9	16
	Scheduled Tribe (ST)	34	69	5	63	29	73	0	0
Highest level of eduction	Upto 8th Class	39	53	14	70	20	61	5	24
	Upto 10th class	128	60	50	62	75	74	3	10
	Above 10th class	108	53	34	45	63	79	11	24

Table 34: Adolescents and youths of age 15-19 years who said Yes for Receipt of IFA by socio-demographic characteristics

Socio-demographic Characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	159	33	49	30	12	6	98	78
	Male	43	24	NA	NA	0	0	43	48
Social Category	General	48	46	19	44	0	0	29	66
	Other	4	19	1	6	0	0	3	100
	Other Backward Class	47	19	21	28	3	2	23	64
	Scheduled Caste (SC)	88	39	3	13	0	0	85	66
	Scheduled Tribe (ST)	15	26	5	71	9	20	1	25
Education status	Out of school/College	18	33	6	30	1	9	11	48
	School/college going	184	30	43	30	11	4	130	68

Table 36: Adolescents & youths who have access to information on mental health and emotional well being by socio-demographic characteristics

Socio-demographic characteristics		Overall		Bihar		Rajasthan		Uttar Pradesh	
		%	#	%	#	%	#	%	#
Sex	Female	316	60	100	54	96	45	120	92
	Male	128	47	NA	NA	66	45	62	50
Age	<18 years	313	55	53	58	134	44	126	74
	>=18 years	131	56	47	51	28	47	56	67
Social Category	General	78	63	22	48	10	48	46	81
	Other	17	74	13	72	2	100	2	67
	Other Backward Class	163	51	42	50	89	48	32	64
	Scheduled Caste (SC)	152	58	16	57	36	38	100	71
	Scheduled Tribe (ST)	34	47	7	88	25	41	2	50
Highest level of eduction	Upto 8th Class	82	52	13	54	23	37	46	64
	Upto 10th class	175	51	42	51	74	42	59	71
	Above 10th class	187	62	45	58	65	53	77	77

Table 38: Different resource used by Adolescent & youth for those who used any source of information related to mental health

Source of information	Overall		Bihar		Rajasthan		Uttar Prades	
	#	%	#	%	#	%	#	%
Face-to-face interaction with Teacher	22	6	0	0	17	11	5	3
Face-to-face interaction with Healthcare provider	146	37	11	19	56	35	79	44
Friends	139	35	6	10	28	18	105	59
Phone Helpline	67	17	10	17	56	35	1	1
TV	132	33	28	48	50	31	54	30
Social media	105	27	21	36	39	25	45	25
Comics and posters	8	2	7	12	0	0	1	1
Any other	17	4	1	2	4	3	12	7

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