Youth Insight

Informing COVID-19 relief and response with young people's experiences

INTRODUCTION

On 31st December, Wuhan Municipal Health Commission, China, reported a cluster of Pneumonia Cases in Hubei Province. Exactly a month later, WHO declared the identified novel Coronavirus a Public Health Emergency of International Concern. The first case in India was reported on the same day in Thrissur in Kerala. Since then, as the number of cases in India as well as globally continued to rise, governments continued to monitor and deliberate on steps to stop its spread.

On the evening of 24th March 2020, the Indian government declared a complete lockdown. Initially announced as a 21-day lockdown, the health emergency has mandated its extension till 31st May 2020, albeit with changing regulation and systems. While the lockdown combined with limited mobility and mandatory use of Personal Protective Equipment and Physical Distancing is appropriate and necessary, it has also created a range of challenges for adolescents and youth. The YP Foundation reached out to its adolescent and youth network spread across 25 states and 6 UTs of the country to understand their impact. The network members in turn had reached out to their peers, networks and organisations with whom they are affiliated, to ensure a wider perspective.

Thus, the insights collated are representative of diverse communities of adolescents and youth including informal labourers, tea plantation labourers, marine fisherfolk, gender and sexual minorities, tribals, sex workers, PLHIV, substance users, Dalit, schoolgoers, medical students and those in alternative care (shelter homes, correctional homes).

A semi-structured interview tool was developed covering relevant themes including Source of Covid-19 related information, Precautionary measures, Health impact, Educational impact, Food/Essential supplies impact. This tool was administered by staff with the help of telephonic and internet based conference technology, who collected data from youth representatives selected through convenience sampling. The interviews were in the form of in-depth interviews as well as focus group discussions (group size ranging between 5-8 persons). Platform was determined by group size and access to technology. Findings from the interview notes were disaggregated and analysed thematically. Content analysis of the primary data and relevant secondary data sources were used to develop insights and actionable recommendations. The initial draft was sent back to the youth network for feedback and then they were incorporated for   finalisation.

FINDINGS

1.INFORMATION AND AWARENESS ON COVID-19

- **High prevalence of incorrect and incomplete information** among adolescents and youth, owing to unfettered circulation of fake news particularly on social media channels: WhatsApp, Facebook and Instagram. Many young people purported that the COVID-19 virus is a bioweapon developed by China in order to become a superpower. Others were citing detrimental practices such as consumption of alcohol and cow urine as measures of prevention and treatment.

> "In my area a lot of people on whatsapp are saying that this is the apocalypse. That this is the end of the world and humanity."
>
> -- Youth Advocate, Delhi

- Young people also reported exposure to content that increasingly targets and stigmatises minority communities as carriers and transmitters of the virus. The perpetuation of such myths is leading to discriminatory attitudes against, and ostracisation of adolescents and youth belonging to minority communities - a deterrent to their physical and psychological well being.
- Young people are largely adhering to precautionary measures. However, in many peri-urban and rural areas of Gujarat, Bihar, Rajasthan, Assam, West Bengal, Karnataka, an utter disregard for physical distancing and crowding of public places was reported owing to lack of proper information on the relevance of these measures.
- Living conditions of young people in juvenile correctional homes of West Bengal and slums of Konkan was not conducive for physical distancing.
- Critical unavailability of masks, soaps, sanitizers and personal protection equipment has been recorded among youth who are informal labourers from across tribal regions of Madya Pradesh, Meghalaya, Nagaland and some areas of Tamil Nadu and Bihar. For instance, young tea plantation labourers from Jorhat, Assam are particularly endangered by the unavailability of safeguarding equipment while being made to work since April.

> "I heard that China created this virus to rule the world but it got leaked. I do not think it is true."
>
> -- Youth Advocate, Rajasthan
> *Translated from Hindi

2. IMPACT ON HEALTH

2.1 General access to healthcare services

- Majority of public health facilities being converted to Covid treatment centres. Smaller private clinics/chambers have been shut. This has led to a shortage of healthcare service delivery points for any non-Covid related issue.

- Fear among the general public to visit health facilities for ailments other than respiratory illnesses.
- Despite the Ministry of Health and Family Welfare issueing guidelines of essential services, OPD services have been suspended in many parts of the country. In places where they are functional, low availability and associated higher costs of transportation (in absence of public transport facilities) are major challenges for people to access them.
- Young people are generally perceived as a 'healthy age group' and thus low focus is given to their health needs within families as well as by frontline health workers, who currently just focus on Covid screening and checking for Covid related symptoms.
- Avenues for young people to share their health needs are limited and the lockdown situation has aggravated it further.
- There is a dearth of authentic information, especially in regional languages. Police announcements are often threatening in nature and do not explain the rationale of the precautionary step of lockdown. This creates a perception of fear towards any form of health seeking. Coupled with low agency of young people, this is leading to suppression of their needs.
- Young people from areas like Nagaland, Lakshadweep and Andaman & Nicobar Islands were fearful of being diagnosed with any illness because there is poor availability of advanced healthcare facilities in their vicinity.

2.2 Mental Health

- Young people reported restrictions on mobility and isolation from peer groups, recreational activities and safety and support networks due to closure of formal educational institutions, non-formal learning centres, alternative care institutions and workplaces.
- The family home has been identified as an unsafe, even disabling environment by specific youth respondents and their networks, implying that some young people are living with their abusers.

> "As queer and not out to family, being in the same premises in lockdown is suffocating. I am a social person but it feels out of my comfort zone. I feel caught in an uncomfortable environment with feelings of anxiety and impending doom, wondering if everything will return to normal, or thinking if a loved one might contract the disease."
>
> --Youth Advocate, Madhya Pradesh

- Final year college students identified anxiety, sleep disorders, stress and emotional unrest** due to uncertainities around education, employment and future unpredictability.
- Youth belonging to LGBTQ+ identities are at increased risk of gender dysphoria, physical and psychological violence. Accessing therapy and/or counselling, even telephonic or virtual, remains challenging in the absence of physical and auditory privacy.

** https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Adolescents_and_Young_People_23_March_2020.pdf

- Critical unavailability of psychologists, drugs and treatment specific to mental health concerns including substance misuse withdrawal and rehabilitation was reported especially by respondents from Manipur and Meghalaya.

2.3 Sexual and Reproductive Health

- Personal and financial agency of adolescents and youth - especially unmarried young women, queer and trans* youth - has been severely impeded. Heightened surveillance has attenuated young people's access to SRH information, services and commodities.

> "There are several HIV positive students who are registered with ART centres near their college hostels. Since they are now in their hometown with parents who do not know their status, they are unable."
> to access ART drugs.
> -- Youth Advocate, Meghalaya

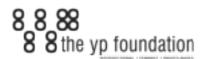- Access to essential services such as sanitary napkins, IFA tablets, immunization, meals for pregnant women etc. terminated due to high dependency on institutions such as schools and ANCs, across rural Rajasthan, Assam, UP & Bihar.
- Community Health Workers and other service providers responsible for last-mile SRH service delivery have been diverted to fulfil other 'basic health services' and Covid related responses, further impacting accessibility.
- Delays and disruptions in supply chains of SRH and FP related medicines and commodities have resulted in stock outs of essential drugs (including ART, HRT and contraceptives) or high out-of-pocket expenditure.
- Dependence on male family members for procurement of essentials, and insensitive regulation by local authorities like police/paramilitary give rise to barriers in accessing SRH services and commodities.
- Critical delays in detection of pregnancy, access to comprehensive abortion care, hormone replacement therapy and irreversible setbacks in the physical and psychological development and wellbeing of adolescents and youth.

2. IMPACT ON EDUCATION

> "My school is asking us to attend classes and take part in tests online. While a few of my classmates have laptops and WiFi, I just have a small screen mobile and do not always get internet."
> -- Youth Advocate, Karnataka
> *Translated from Kannada

- All education institutions from primary to higher secondary, as well as colleges remain closed and syllabus and exams have been postponed indefinitely. Educational infrastructure across the country has been repurposed to serve as quarantine facilities, community kitchens etc.
- Urban and peri-urban government and non-government institutions have shifted to

virtual platforms for teaching and resource sharing.

- However, low levels of internet penetration combined with high cost of data and a limited number of unique devices per household, means young people, especially girls and other marginalised identities are facing severe challenges in accessing ongoing online classrooms, assignments and reading material.

4. IMPACT ON NUTRITION

- Temporary shutdown of schools, which serve as the convergence point for multiple overlapping schemes that target the nutritional needs of adolescents, has disrupted adolescents' access to a daily nutritious diet and weekly iron and folic acid supplements.
- The ration supplies offered through PDS are often inadequate to address nutritional needs of young people in a balanced manner.

> "Ration supplies are inadequate and we only get rice without any vegetables or pulses. How would we get proper nutrition? Now, I don't even get mid-day meals."
>
> -- Youth Advocate, West Bengal
> *Translated from Bangla

RECOMMENDATIONS

1) Circulate updated awareness and educational materials in regional languages through multiple channels including social media, PSA which contain information about the disease, precautionary measures with rationale, demystify misconceptions, available healthcare services including telephonic consultation options.

2) Recruit youth volunteer groups such as RKSK PEs, NYK, NSS, NCC to disseminate Covid-19 related information and preventive measures among communities, especially in areas without access to internet and/or technology. Capacity building sessions using a resource guidebook and provision of non-monetary incentives needs to be done for the volunteers.

3) Leverage community volunteer networks towards facilitating access to health facilities, since they are reaching/can reach out to all households in their respective areas. (In Kerala and Andhra Pradesh, members of political parties and Gram sachivalayas are doing this).

4) Ensure creation of a national mental health helpline (available in regional languages) exclusive for young people and leverage youth networks like RKSK PEs, NYKS, NSS, NCC through skill-building to offer psycho-social support including mental health promotion, prevention, psychological first aid and identify cases requiring referrals.

5) Sanction a call to action aimed at bystanders of violence, to report and respond to any incident of violence. Broadcast a list of the existing platforms and helpline numbers they could reach out to for support and/or reporting the incident, across different communication channels.

6) Institute logistical partnerships at the state/district level with door-step delivery

service providers, towards ensuring continued supply of

a) Basic provision kits (comprising ration and hygiene materials).

b) Essential medicines and commodities including pregnancy test kits, contraceptives, ART, HRT, psychotherapeutic and de-addiction drugs to at risk and vulnerable youth, such as - PLHIV, trans* persons, substance users and sex workers.

Note: Delivery executives/personnel to be oriented and trained prioritising patient confidentiality; For medicines requiring prescriptions, ensure access to doctors' consultations either in-person or through tele-medicine or over telephone, as required and feasible.

7. Mandate community health workers to pay special attention to health needs of adolescents and youth by speaking with them separately (while maintaining auditory privacy as much as possible) and to ensure timely and non-judgmental access to health consultations, SRH commodities (like contraceptives, pregnancy testing kits) and essential services including safe abortion.

8. Ensure convergence of all adolescent health focused schemes at multiple points or centres, inter alia, schools, AWCs and Panchayat Bhawans to facilitate adolescents' uninterrupted access to nutrition, healthcare and wellbeing irrespective of whether in-school or out-of-school.

9. Partner with all available internet service providers to guarantee unlimited data and high speed internet at minimal cost towards strengthening last mile connectivity and uninterrupted access of all young people to education, health, livelihood/employment opportunities and overall well-being.

10. Issue advisories across multiple communication channels condemning parental 'Violence Against Children', on any grounds. *VAC takes many forms: physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.*