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

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IUSSP Webinar on COVID-19: The Pandemic’s Consequences for Adolescents
July 29, 2020
Covid-19 cases: 1 to 1.5 million over a 6-month period

First case reported on January 30, 2020

As on July 29th, 1.53 million cases

65% recovery rate

2.2% death rate

Source:
https://timesofindia.indiatimes.com/coronavirus
Objectives

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

• how young people’s risk perceptions and prevention practices changed

• how COVID-19 and containment measures affected
  • Jobs/livelihoods
  • Food security
  • Mental health
  • Access to sexual and reproductive health services
Methodology

**Setting**
UDAYA Cohort (www.projectudaya.in) study of over 20000 girls and boys (10-19 years of age) recruited in 2015-16 in Bihar and Uttar Pradesh

**Sampling frame for the telephone survey**
Girls and boys who were aged 15-19 years in 2015-16 and who shared their telephone numbers and consented to be re-contacted for future studies

**Sample for telephone survey**
Randomly selected UDAYA cohort members(or) any other adult member of that household and consented to participate in the survey; analysis presented focuses on UDAYA cohort members

**Telephone survey rounds**
- Round 1: April 3-21, 2020
- Round 2: May 25-June 1, 2020

<table>
<thead>
<tr>
<th>Sample size</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Round 1</td>
<td>Round 2</td>
</tr>
<tr>
<td>Contacted</td>
<td>4008</td>
<td>1389</td>
</tr>
<tr>
<td>Interviewed</td>
<td>1389 (34.7%)</td>
<td>881 (63.4%)</td>
</tr>
<tr>
<td>Non-functional/non-reachable number</td>
<td>2153 (53.7%)</td>
<td>137 (9.9%)</td>
</tr>
<tr>
<td>Refused</td>
<td>88 (2.2%)</td>
<td>59 (4.2%)</td>
</tr>
</tbody>
</table>

* Analysis restricted to 1060 UDAYA cohort members who were interviewed at both rounds
Change in young people’s risk perceptions and prevention practices
More and more young people are perceiving that they are at no risk.
• Prevention practices improved, but remain low
• Gender differences persist, fewer females than males practised essential preventive measures
• No more than $2/5$th of young people with even secondary education reported practising all three measures
Impact on jobs, food security and health
Majority of respondents reported that at least one household member lost his/her job/livelihood

More males than females reported so over time
• Notable proportions reported food shortage
• Food intake has reduced; more females than males so reported (56% versus 40%)
Those who felt lonely, depressed or irritable sometimes or most of the times increased over time, particularly among females.
Mental health conditions & economic shocks

Felt lonely, depressed or irritated

<table>
<thead>
<tr>
<th>Lost job</th>
<th>No job loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>46</td>
</tr>
</tbody>
</table>

Felt lonely, depressed or irritated

<table>
<thead>
<tr>
<th>Food shortage</th>
<th>No food shortage</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>47</td>
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</table>
Contraceptive use, currently married young women

Current use

- Yes: 69
- No: 32

Method-mix

- Pills: 51
- IUD/Loop: 17
- Condom: 1
- Female sterilization: 4
- Injectables: 2
- Rhythm method: 2
- Withdrawal: 1

Yes
No
Among young women who wanted maternal and child health services during the lockdown, access improved somewhat.
Key takeaways

• Social and behaviour change communication (SBCC) activities
  • Translation of awareness of COVID-19 preventive measures into practice
  • Importance of adopting all standard measures
  • Targeting women and vulnerable sections of society

• Saturation of social protection measures
  • Identification of households in need of social protection
  • Increase the amount of cash transfers
  • Streamline the distribution

• Creation of local job opportunities

• Innovations to ensure uninterrupted access to SRH services

• Access to mental health counselling
Limitations

• Low response rate

• Selectivity bias

• Small sample size for sub-group analyses

• Constraints on detailed exploration of topics
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