

Impact of Covid-19 On Young people in India

Study submitted by Pravah
to ARROW

Pravah

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Abbreviation

AAAQ	Available, accessible, acceptable and of good quality
AIDS	Acquired immune deficiency syndrome
ANM	Auxiliary nurse midwifery
ART	Anti-retroviral therapy
ASHA	Accredited social health activist
AWW	Anganwadi worker
CBE	Community-based events
CBO	Community-based organization
CEDAW	Convention on the elimination of all forms of discrimination against Women, 1979
CMIE	Centre for monitoring Indian economy
CMR	Clinical management of rape
COVID-19	Corona virus disease 2019
CSE	Comprehensive sexuality education
CSO	Civil society organization
E.g.	Exempli gratia (for example)
FGD	Focused group discussion
FLW	Front line worker
GBV	Gender-based violence
HIV (PWH)	Human immunodeficiency virus (Persons with haemophilia)
ICESCR	The international covenant on economic, social and cultural rights, 1996
KII	Key informant interview
LGBTQIA	Lesbian, gay, bisexual, transgender, queer, intersex, asexual
MHC	Maternal health care
NCRB	National criminal record bureau
NGO	Non-governmental organization
NHM	National health mission (NHM)

NIMHANS	National institute of mental health and neuro sciences
NSS	National service scheme
N/A	Not available
OECD	Organisation for economic co-operation and development
PLHIV	People living with human immunodeficiency virus
PMMVY	Pradhan mantri matru vandana yojana
PO	Programme officer
PTSD	Post traumatic stress disorder
PWD	Persons with disabilities
PWH	Persons with haemophilia
RMNCH+A	Reproductive maternal neonatal child and adolescent health
RKSK	Rashtriya kishor swasthya karyakram
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
TOI	Times of India
TV	Television
UDAYA	Understanding the lives of adolescents and young adults
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
Viz	Videlicet (namely)
YPLWHIV	Youth living with HIV

Table of figures

Figure 1 Respondents reporting to impact of Covid-19 on their education	44
Figure 2 Gender wise number of respondents and their accessibility to digital learning platforms during Covid-19	45
Figure 3 Gender wise responses for stress level as experienced by respondents	48
Figure 4 Gender wise responses for increase anxiety among young people during Covid-19 for not been able to meet friends	50
Figure 5 Gender wise responses on aggravating or developing mental health symptoms due to Covid-19 situation	53
Figure 6 Locality wise responses for increase in stress level during Covid-19	54
Figure 7 Locality wise responses for respondents whose anxiety level increased because they couldn't see their friends during Covid-19	55
Figure 8 Locality wise responses on mental health symptoms and if they got worse or and they developed any due to Covid-19 situation	56
Figure 9 Respondents desires to have sex during pandemic	63
Figure 10 Segregated data of respondents reported on frequency of masturbation during Covid-19....	64
Figure 11 Status of young peoples' partner/romantic relationship during Covid-19	66
Figure 12 Respondents reported the sources of information on SRHR during Covid-19.....	68
Figure 13 Number of respondents reported for awareness of contraceptives	68
Figure 14 Online and offline sources on SRHR accessed by young people during Covid-19.....	70
Figure 15 Location of respondents experienced difficulty obtaining maternal health care during Covid-19	75
Figure 16 Household monthly income of respondents reported on experiencing difficulty in accessing MHC	75
Figure 17 Respondents reported on awareness and knowledge on contraceptives	77
Figure 18 Transgender persons' reported on their income status during Covid -19	82
Figure 19 Non-confirming and non-binary persons' reported on their status of education as an impact of Covid -19	82
Figure 20 Respondents with disabilities reported on Govt health schemes and how beneficial they were during Covid -19	85
Figure 21 Respondents reported to have easy access to sanitary pads during Covid-19 lockdown.....	78
Figure 22 Respondents reported the source from where they access sanitary pads/products	78
Figure 23 Respondents reported on gender based violence as observed by them during Covid-19	Error! Bookmark not defined.
Figure 24 Respondents reported on increased vilonce during Covid-19 .	Error! Bookmark not defined.
Figure 25 Recommendations and suggestions by respondents during online survey	94

Table of Contents

Abbreviation	4
Table of figures	6
A. Executive Summary	9
A.1 Background and purpose	9
A.2 Summary of findings and analysis	10
A.3 Summary of recommendations and way forward	14
B. Background and purpose of the study	18
C. Methodology.....	21
C.1 Research objectives	21
C.2 Research questions.....	21
C.3 Research study design	21
C.4 Outreach team.....	25
C.5 Study respondents	25
C.6 Sampling.....	26
C.7 Ethical considerations.....	29
C.8 Analysis and data management.....	30
C.9 Challenges and limitations in data collection	31
D. Review of Secondary Data.....	33
E. Profile	38
E.1 Respondents' profile	38
E.2 Social and religious categories of respondents.....	39
E.3 Age of respondents	40
E.4 Economic background	41
E.5 Education/occupation	41
E.6 Interviews with key stakeholders.....	42
F. Findings	43
F.1 Impacts of Covid -19 on youth	43
• Impact on Education.....	43
• Toll on mental health and well being	46
• Employment	60
F.2 Relationship, sexual desires and activity during Covid – 19	62
• History of sexual activity and behaviour in youth	63

• Sexual pleasures	64
• Dating and relationship during Covid – 19.....	66
F.3 Access to SRHR knowledge and information	67
• Available source of information on SRHR during Covid- 19	67
• Online and offline sources accessed by youth during Covid-19 to get knowledge and information during Covid-19	70
F.4 Access to services on SRHR during Covid-19	72
• Available Government/institutional services during Covid-19	72
• Maternal health care facilities especially for young mothers of low income groups.....	75
• Family planning and availability of contraceptives.....	77
• Access to sanitary napkins and other menstrual hygiene products during COVID-19 lockdown	78
F. 5 Challenges of young people living in difficult circumstances.....	80
• Challenges of young people living with HIV/AIDS	80
• Challenges of, LGBTIQA.....	81
• Challenges of young people with disability.....	83
F. 6 Violence against young people during Covid- 19	86
F. 7 Coping mechanisms/spaces for youth to see support and reach out.....	90
G. Conclusion and Recommendations	93
H. Annexure	99
I. Bibliography.....	110

A. Executive Summary

A.1 Background and purpose

Covid -19 has impacted every aspect of our lives. The unprecedented consequences of the pandemic have taken a heavy toll on the education, employment and career prospects and mental health of the youth. While many of its implications, such as confinement-related psychological distress and social distancing measures, affect all of society, different age groups have experienced these impacts in distinct ways. Research evidence demonstrates that the pandemic situation poses considerable risks in the area of education, employment, mental health specifically for vulnerable youth groups (OECD, 2020). According to the Covid-19 Youth Survey Report (2020), major concerns for young people about COVID-19 globally pertain to disruption of their everyday life (60%), mental health (55%) followed by the loss of job and financial security (44%). (oecd)

Although sexual and reproductive health and rights services are acknowledged as critical, information and services still remain inaccessible to most of the young people. The SRHR needs of young people are often not addressed adequately. Even though the youth today is healthier, better educated and aware than the previous generations, social and economic vulnerabilities persist. Many young people are facing risks related to sexual and reproductive health due to the lack of proper knowledge and power to make informed choices in matters of sexual and reproductive health. The disrupting nature of Covid-19 pandemic has severely affected the SRHR needs of young people. With the restriction on movement during this time and closures of primary health care facilities in urban and rural areas, there has been a disruption in the delivery of critical SRHR services, such as the treatment of sexually transmitted infections (STIs), availability of contraception. The delivery of critical SRHR services and information has been de-prioritized during the pandemic (UNFPA, 2020).

Covid-19 has had complex, diverse and wide ranging effects on the mental health of people, affecting all parts of societies and populations. The social distancing and nationwide lockdown have also brought several changes in day-to-day activities in the lives of people such as redistribution of home chores, work from home and greater time spent with those living together (NIMHANS, 2020). During this time, many people were experiencing a sense of loss for e.g., loss of social networks, quality of relationships, jobs, financial security loss of loved ones and social isolation (Parekh & Dalwai, 2020). The spread of misinformation in this era of social media about the virus and preventive measures and uncertainty about the future were one of the few major sources of distress.

The current pandemic has had long-term debilitating consequences on the mental health of young people particularly on young women, youth in vulnerable situations and youth in low-income communities. It has been very evident in the pandemic that young people had to face multiple stressors that have taken a heavy toll on their psychological well-being. Young people faced educational uncertainties, university closures, loss of routine and social connection, restrictions on their mobility, freedom, an increase in domestic chores and household conflict and anxieties around their employment prospects and increased risk of suffering from depression, anxiety, and sleep disorders (United Nations,2020). Research evidence states that enforcement of quarantine and nationwide lockdowns have and will induce mental health conditions such as acute panic, anxiety, obsessive behaviours,

paranoia, and depression, and may also lead to post traumatic stress disorder (PTSD) in the long run (Parekh & Dalwai, 2020).

ARROW commissioned a ground assessment of CSE and SRHR services and support to young people during COVID-19 also considering the fact that there is very little information available on CSE and SRHR situation of youth and young people especially during Covid-19 time in India. During the peak of Covid-19 and afterwards it is highly felt the need to strengthen the youth messaging around community practices which can keep them healthy and safe vis a vis knowledge on SRHR, basic rights and access to SRHR services. Most importantly enhancing young people, communities and key stakeholders like parents, teachers understanding of CSE and SRHR to involve them actively in solution seeking and advocate for the same. It is imperative to build capacity of community, health workers, other caregivers as well as young people themselves to support in accessing and seeking help.

Pravah and ARROW in association with regional partners undertook an online study with 3304 respondents in India ages between 18-25, as well as focus group discussions, across groups that are central to the partners' programmes: young mothers from low income migrant communities, young people including lesbian, gay, bisexual, transsexual, queer, intersex, asexual (LGBTQA) youth, youth living with HIV (YPLWHIV) and young people living with disabilities etc. This study was designed and developed to assess the impact of COVID-19- on young people's life particularly on education, livelihood and jobs, psycho-social well being and especially focussing on their experiences and practices of SRHR decision-making and SRHR Information and services. Youth volunteers and young people were engaged as field investigators to collect data on sensitive topics such as intimate relationships, sexual desires and pleasures, SRHR services including contraceptives, HIV, AIDS, abortion etc. This indeed gave an opportunity for young people to open up freely in front of their peer and non-biased and un-judged for voicing out their minds.

A. 2 Summary of findings and analysis

The responses from both online and FGD suggests that 100% respondents agree that the lockdown affected their lives as well as the lives of their family and friends have been impacted by the COVID. While the lockdown in gradually lifted they are yet to resume their normal life owing to change in plans of education or jobs, uncertainties of family income, break up in romantic relations, lack of safe spaces to unburden their emotional stress. **Please read section F** of the report for detailed study findings sector wise with deeper analysis.

The key findings from the study are as follows:

Impact on Education access/continuity

- 56% lost interest in education, while 16% dropped out of school whereas 25% changed their career paths or and plans for higher education
- Almost 30% respondents shared that during the COVID - 19 lockdown they didn't have access to digital learning platforms to ensure the continuity of their learning during school/college closures
- Both students and teachers reported that teaching through digital medium which was very new was a real challenge.

Impact on Mental health and Well being

- 64.19% male, 67.77% female and 60.42% transgender respondents reported an increase in the levels of stress in them and in their family members.
- 70% percent of young people who lived in urban locality reported increase in stress as opposed to 54% of young people who live in rural area/ forest/ tea garden
- Out of the sample of 149 young people who have identified themselves as transgender, 73% of them reported deterioration of their mental health/ development of mental health symptoms for the first time during the pandemic.
- Confinement, family's financial crisis and fights within the family were major causes of stress and took a toll on mental health.

Relationship, Sexual desire and sexual activity during COVID

- 20% young people who were living with their parents reported to have increased porn watching time to relieve their boredom
- Many reported that their romantic relationships deteriorated
- Restriction during lockdown affected their intimate interactions and sexual pleasures like holding hands hugs or intimate conversations.
- Shrinking personal spaces and constant supervision from the elders curtailed young people's space and freedom to explore their physical urges and pleasures,
- Existing taboos, myths and pre-conceived notions created additional barriers for young people to talk/ express their views about these issues and experiences.
- There is absolutely no space including schools/ adolescent Clinics or/ family where they can receive authentic information, share their concerns and clarify their queries.

Access to SRHR Knowledge and Services

- Even before COVID, most young people do not have access to CSE through school apart from maturational hygiene products and waste management, COVID has worsen it further
- 37% prefer not to talk about or seek support for SRHR services
- 29% reported having accessed TV, Radio and internet to access information on SRHR
- Out of 3304 respondents, 1049 respondents reported to have accessed information on SRHR services from the internet or social media, only 2 people reported to have access to a doctor for information
- Friends are considered as reliable source of information
- While young people depend on family for support only 1 % reported they can talk their family about SRHR related issues.
- During COVID there was hardly any services were available to young people through any form of institutional support.
- Health workers reported, while they were trained on sexual health they were not aware of the concept of SRHR from a right's perspective

- In absence of Men health workers in the community (like ASHA), boys are shy away to talk about / seek help on their SRHE issues.
- Young mothers experienced, difficulty and insensitivity while trying to obtain maternal care/ delivery services
- 41% who reported to have experienced difficulties belonged to household with monthly income of Rs 500-15000

Gender Based Violence and Child Marriage (Please refer to section F.5 for detailed analysis)

- 26.86% of the respondents observed an increase in the incidents of violence.
- A majority of 57.42% reported no change in the occurrence of violent incidents.
- Majority of those that reported an increase in incidences of violence come from rural localities and belong to income bracket of less than INR 35000 per month
- Young persons' safety and security have been highly impacted due to COVID 19
- 26.11% of respondents observed an increased in the violence against girls and women.
- Respondents who reported to have witnessed child marriage cases, a majority of 56.85% of respondents belong to low income groups (less than INR 15000, per month)
- There were instances cited by participants in FGDs where families from lower income backgrounds preferred to get their young kids married during the pandemic as the wedding costs were much lower

Challenges of young people living in difficult circumstances (Please refer to page number 81-82 for detailed analysis):

Challenges faced by people with disability

- People Living with HIV experienced treatment interruptions, difficulty in accessing ART due to restrictions on non-emergency medical appointments related to physical distancing requirements
- Transition to telehealth has been slow in some places, and the uptake of telehealth services was also erratic
- PLHIV were particularly vulnerable to the effects of isolation resulting from restricted mobility associated with the pandemic

Challenges faced by LGBTQAI +

- 60% of the total transgender respondents reported to have increased stress level during Covid-19 and lockdown,
- Respondents who identified as LGBTQAI persons staying with unsupportive family during this lockdown had to deal with stress, anxiety, and trauma leading to mental health issues such as anxiety and depression
- Out of total LGBTQAI+ respondents 77% reported to have a decrease in their income during Covid-19 lockdown period,
- 56%LGBTQAI + respondents reported that they or anyone they knew had sex in exchange of money/food/other essential to cover the basic needs during lockdown
- 49% reported to have changed plans for higher studies or entirely changed career plans, while 37% dropped out of school/college and 14% had lost interest in studies.

- 53% respondents with some form of disability reported to have an increased level of stress in them or in their family members due to COVID-19 situation
- 46% of the respondents with disability reported that government health schemes were not beneficial during COVID times

While the COVID-19 pandemic has disrupted lives across the world, there can be no argument that the worst-affected are individuals and communities that were already vulnerable before the pandemic. The pandemic has exacerbated and made visible existing structural inequities. Like other crises, the pandemic is not neutral to gender, caste, ethnicity, class, sexuality or any other determinant of one's social location.

The SRHR needs of young people are unique and are often overlooked in India. There are already existing barriers such as lack of access or information, parental control and requirement of authorisation, restrictive policies, lack of youth friendly services and stigma to name a few. As COVID 19 took precedence on the national scene, any services which did not directly impact the containment of the pandemic suffered from the lack of attention. As a result of which, the young people are more vulnerable to unintended pregnancies, unsafe abortions and STIs. The looming uncertainty of the near future, fear of and/or actual loss of loved ones, individual, familial and social vulnerability, resulting anxiety, limited or no access to safe spaces to process the shock and trauma and loss of sense of hope, along with and compounded by the experiences of suffering and inequalities have contributed to a worsened mental health for young people.

Scientific and unbiased information around sexual health is a pre-condition for making informed sexual choices, engage in safe sex practices, prevent disease – all of which are fundamental to ensuring sexual health. Age-appropriate Comprehensive Sexuality Education (CSE), that encompasses issues such as gender relations, roles, identities, body and relationship of the self with the body, positive and negative sexual contact, harm and pleasure, disease prevention, amongst others, is widely recognised as the way of enabling children and young persons in schools to become aware about their bodies, personal hygiene, gender identities as well as safe sex practices. However, CSE as per international standards has not yet been implemented anywhere in India yet. Age appropriate sexuality education for adolescents has faced considerable resistance from some quarters.

RHR necessitates the intersection of a range of rights – including but not limited to the rights to food and nutrition, sanitation, livelihoods, education, non-discrimination, comprehensive information and informed consent, comprehensive healthcare, freedom from violence, coercion, etc. and therefore the need to study a vast spectrum of policies, programmes and laws that implicate RHR.

A. 3 Summary of recommendations and way forward

Despite the fact that India's, young people have been one of the hardest-hit groups both directly and indirectly by the consequences of the COVID-19 pandemic and related restrictions, the young people also led their ways in the battle against COVID-19 through heroic acts of goodwill, mobilising local resources, adapting to new "normal" and supporting their families and communities in their own unique and innovative ways. As young people continue to showcase their adaptability and resilience in this challenging time, it is important for the rest of us to recognize, celebrate and support them. It is critical to review deeper to look at the available spaces, structures and policies available for youth particularly on SRHR and CSE and bring an equitable framework for all young people to access it without any discrimination.

This study with young people has given a scope to look into the lives of the young people especially in the matters of SRHR from their perspectives in middle of a crisis situation. This also has given us an opportunity to analyse different services available to them and how far they were able to access them. This is critical as it would provide direction and insight in to the existing structures that are responsible to provide support and build a safe space for young people not only in India but across the globe. Based on the findings and observations, there are few recommendations to youth development workers, policy makers and Government in regard to building young peoples' agency on the matters of SRHR and creating a conducive eco-system to support young people especially in times of pandemics or other crisis or in general.

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Recommendations for Educational institutions

- **Up gradation of school curriculum:** CSE School curriculum to have easy and youth friendly content on CSE and adult education to support young people to get right information about their body and sexual health.
- **Teacher training on SRHR and CSE:** Appropriate teacher training on SRHR and CSE related issues but also to deal with sensitive topics and mental wellbeing of young people. Educational institutions to
- **Developing youth friendly IEC materials to generate awareness:** Easy availability of information and awareness related to SRHR services especially for young people across diversified sectors and particularly in vulnerable and marginal communities where the information is otherwise also limited. It is recommended to develop and make easy access to comprehensive communication material with pictorial and local context specific youth friendly IEC materials.
- **Trained teachers and counsellors to support mental wellbeing and SRHR:** Schools and colleges should have enough trained teachers and counsellors to support young people with mental wellbeing and also to address SRHR issues
- **Engaging youth social influencers in behaviour change communication strategies:** Including men and boys on matters of SRHR can bring significant changes in attitudes, norms, behaviours and reduces the risk of backlash and resistance to SRHR services
- **Preparing schools for natural calamity/disaster prepared:** Covid -19 has showed us all that there are ample possibilities to work and continue learning during a disaster. Most of the Indian

schools which are anyways challenged with natural disasters such as flood, earthquake or human made difficulties. Schools need to be disaster prepared viz teachers to handle hybrid learning, more resources allocated to students and teachers to reach out to students digitally or otherwise to continue learning.

Recommendations for Health Services

- **Access to family planning and contraception services:** Local level access to family planning and contraception services including condoms and lubricants must continue, and supply chains must be supported to avoid any stock outs.
- **ART and hormone supplements for HIV and transgender young people:** Continuous supplies of ART and hormone supplements during emergency and also easy availability for PLWHIV and transgender people. It is important to have door-to door deliveries and address the stockouts especially during crisis situations.
- **Developing new and innovative SRHR services:** Developing new and innovative ways for providing SRHR services, such as reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging must be promoted. Supporting health facilities with technical assistance regarding health system management and governance can play a crucial role in strengthening their ability to deliver quality, comprehensive SRHR services.
- **Adding community level male and transgender health workers:** Along with female health workers men and transgender health workers should be introduced at the community level to make the SRHR services more effective and targeted with a better reach out diverse young community.
- **Capacity building of community health workers:** Skill enhancements of the community level health workers to take up sensitive issues and address GBV and SRHR issues. The provision of developing the knowledge and skills of service providers can shift adverse attitudes and behaviours held among service providers, and in turn improve the quality of SRHR service for target populations in the community. Increasing the capacity of SRH service providers will improve the health system's ability to attract and maintain service users. Developing the capacities of service providers can help in disseminating quality services to people in the communities.
- **Generating awareness among young mothers:** Disseminating SRHR messages for young women (mothers and woman of conceivable age), with a focus on areas of safe sex, family planning, breastfeeding, high risk pregnancies and nutrition during pregnancy. This will possibly to reduce the risks to individuals and families specifically women in reproductive age by enabling them to make sound decisions based on reliable information.
- **Creating awareness and health care access:** Increasing healthcare professionals' public outreach will increase awareness of and access to SRHR information and services among target populations and also serve to counter perceptions of health facilities as adverse or "hostile" for vulnerable groups.
- **Effective mental health services:** The need for mental health services and counselling is paramount, as many young people are facing high levels of anxiety and stress related to COVID – 19 and its impact and very little and limited options for young people to take help from verified sources when needed.

- **Protection of vulnerable groups:** Appropriate measures will be required to protect vulnerable groups such as young migrants, young refugees, youth with disabilities, youth living with HIV and young people living in poverty etc.
- **Creating LGBTQIA friendly health services:** Indian healthcare systems are not LGBT-friendly. There are layers of discrimination that the LGBT people face in Indian hospitals, starting from being judged right at the entrance to straightaway denial of treatment. There is already a lack of mass awareness about many sex or gender related diseases or psychological disorders in India. Appropriate healthcare services and accessibility is required for normalisation of homosexuality and third gender.

Recommendations for Economic wellbeing

- **Making young people employable or job ready:** More appropriate trainings and programmes to engage with young people to capacitate and enhance their capacities to become job ready for the “job market” which means giving them opportunities to explore different career fields, options and training on soft skills, financial literacy especially for marginal groups from diverse communities.
- **Encouraging women entrepreneurs to become self sufficient:** Encouraging and creating opportunities for young women, transgender and other marginal groups more livelihood options including entrepreneurship to take up as a livelihood option to build their agency. This also means supporting them directly or connecting with networks and government schemes and departments. In this regard, it is recommended to philanthropic organisations and CSR funds to invest more on young women and transgender/ LGBTQA enterprises

Recommendations for youth development workers, CSO, youth networks

- **Nurturing more youth friendly safe spaces across communities:** Youth development and youth centric organisations need to facilitate more and more safe spaces across the states where young people can express freely, exchange ideas, create peer support groups and build resilience together towards current and future crisis.
- **Continue to do participatory youth research and studies to bring out youth voices from ground:** There is a need to invest in youth development today like never before. Donors and youth development workers should come up with more opportunities in terms of studies, participatory researches to bring out youth voices from the ground and consolidate it to design and develop youth and adolescent centric programmes and interventions. SRHR programs, advocacy, and influencing become more effective if there is research based evidence on them. Increasing the space for and use of research, best practice, and learning in SRHR initiatives is critical for undertaking evidence-based projects, advocacy, and influencing for SRHR
- **Designing and implementing programmes on mental wellbeing of youth:** There is also a need to monitor young people’s mental health status over the long term, and to study how prolonged school closures, strict social distancing measures, and the pandemic itself affect the wellbeing of adolescents and young people. Specific programmes and long terms campaigns on mental wellbeing of youth that can create an opportunity for young people to engage deeper and positively with their selves.

- **Strategic SRHR training programmes and long term interventions with youth:** With prolonged stress on the health system to address COVID-19, a disruption of the normal delivery of SRHR services and information to young people particularly young girls and vulnerable groups such as LGBTQA, YPLWHIV etc will need to be addressed. Strategic SRHR training programmes and long term interventions with youth and adolescents needs to be planned involving various stakeholders such as teachers, care givers etc.
- **More programmes and awareness campaigns on early and child marriages:** With the growing pressure to cope with economic instability at home, age old cultural practices and for various other reasons early and child marriages are at rise in various parts of the state. Specific programme interventions need to be planned in semi urban, tribal and interior places.
- **Capacity building of young people on EVAC including cyber laws and responsible usage of social media:** Looking at the increasing time and exposure to internet and online activities, it is highly recommended youth development organisations, schools and institutions to engage with adolescents and young people building their capacity on responsible use of social media. This will include respecting the online space, countering hate speech, neither falling prey to fake news nor spreading any.
- **Gender-responsive and data-driven dynamic policy responses:** Women's and LGBTQI+ organisations must be part of monitoring and accountability mechanisms. Gender-responsive and data-driven dynamic policy responses will be the most effective in terms of delivering outcomes and formulating the gender-responsive budgets in order to adapt to emerging requirements in the post-COVID-19 world.
- **Continue to advance SRHR policy and practices:** The topic of SRHR is stigmatized and often receives resistance or backlash from conservative, religious, and anti-rights movements. Hence, requires ongoing investment in advocacy and actions to protect SRHR-related gains, and continue to advance SRHR in policy and practice.

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B. Background and purpose of the study

Soon after WHO declared COVID-19 a pandemic, it was declared a national disaster by the Indian government. The pandemic was followed by a nationwide lockdown- which still continues in various forms and in different parts of the country. Both the pandemic and the ensuing lockdown had far deeper consequences than anticipated at a huge cost of human lives and suffering. The pandemic impacted the lives of people socially, economically and psychologically- especially health, livelihoods, social interactions and well being. As the work and wages dried out, India saw the largest migration since independence, with 10.6 million migrants walking back to their homes for some sense of safety. Since then, millions have found themselves without livelihood and therefore food, health, social and community support. According to a World Bank study, 40 million migrant workers in the informal economy were impacted by the lockdown with millions likely to slip into poverty (World Bank: PAUL BLAKE, DIVYANSHI WADHWA, 2020). In addition to widening the gap between the rich and the poor, the pandemic exacerbated existing inequalities based on gender, caste, sexuality and age, revealed through increase in domestic and sexual violence, increase in child marriages, disproportionate impact on access education, and increased incidents of intolerance based on religious differences and increase in rates of suicide. Considering that a majority of caste groups are also economically marginalised and are employed in the informal sector they were further marginalised.

In India for a large section of youth who found a sense of community and freedom in mobility, spaces of education and work, away from the home environment, especially struggled. This included young people from the queer community, women and others who had abusive environment at home. Restriction in mobility especially impacted the youth from LGBTIQA+ communities who more often than not struggle with their families to gain acceptance or support. In fact, many face abusive environments at home. For them, especially, having access to a support network plays an important part in ensuring their safety and wellbeing. For them having access to mental health has also been a challenge since the sensitisation about their needs is only limited to their peer networks.

ARROW commissioned a ground assessment of CSE and SRHR services and support to young people during COVID-19 considering the fact that there is very little information available on CSE and SRHR situation of young people especially during Covid-19 time in India. During the peak of Covid-19 and afterwards it is highly felt the need to strengthen the youth messaging around community practices which can keep them healthy and safe vis a vis knowledge on SRHR, basic rights and access to SRHR services. Most importantly enhancing young people, communities and key stakeholders like parents, teachers understanding of CSE and SRHR to involve them actively in solution seeking and advocate for the same. It is imperative to build capacity of community, health workers, other caregivers as well as young people themselves to support in accessing and seeking help.

This study was proposed to build upon learning from the following models and frameworks to make the study design inclusive, relevant and youth friendly.

Guiding frameworks for the study

SRHR Theory of Change – SRHR are fundamental human rights that are essential to advancing gender justice. While comprehensive SRHR programming should address both the provision and uptake of SRH services in an environmentally sustainable manner, it also entails more than just the provision of SRH services. Promoting feminist agency (that is, women’s and girls’ autonomy and meaningful decision-making power) is integral to achieving SRHR. Collaboration, participation, and learning are keys to successful outcomes. Grassroots CSOs are key agents of change. As such, strengthening partner capacity to effectively promote SRHR is the key to long-term sustainability. Meaningful advocacy and influencing for SRHR requires a rights-based, evidence-informed approach that places women and young people’s voices and leadership at its core. Advocacy efforts to advance existing SRHR laws and policies and efforts to shift attitudes, norms and behaviours are synergistic, and potentially mutually reinforcing in driving change. As such, these efforts are best undertaken at the same time

Developmental Framework – As a critical development stage of human life youthhood phase is characterized by biological, cognitive, psychological, and social role changes from adolescence. Experience of these changes shape their life as well as the risk and protective factors that they encounter while navigating these changes. It is important for this research study to be grounded in a framework that reflects a developmental perspective and takes into account (1) age-related patterns of competence and inabilities, (2) attainment of developmental tasks, and (4) interactions among biological, psychological, and social factors.

Inclusivity Framework - Every individual has the fundamental right to attain highest standard of health care services without facing any kind of discrimination. Young people are extremely vulnerable and face disproportionately affected by barriers to sexual and reproductive health information and care. Our research contributes towards “Leaving No one Behind” by designing inclusive SRHR services that accommodate the diverse needs of young people so that they are equipped to have the right to access information and services to feel empowered and make informed choices for themselves. The present research is based on the principle of inclusivity from two perspectives 1) Inclusion of young people as co- researchers. 2) The study includes participants belonging to diverse backgrounds including vulnerable groups such as young people with disabilities, gender identity, sexual orientation, caste, social, religious, economic, geographical, urban and rural background and physical and mental abilities SRHR is plays an important role in achieving Gender Equality and applies to all people in the world, regardless of age gender, religion, ethnicity, culture or impairment.

Intersectionality Framework- Intersectionality is a lens that examines how intersecting identities, such as race, gender, class, and ability shape people’s experiences with state organs and society at large (Crenshaw, 1989, as cited in Dasgupta et al., 2020). Young people are diverse having experiences, shared, but are intersectional at the same time. The youth’s experiences of opportunities, inequality, power and justice differ on the basis of their identities of gender, caste, religion, ability etc. The intersectionality framework helps to understand the interaction of these social identities in shaping the experiences of youth belonging to vulnerable and marginalized groups with respect to well-being, education, career, mental health, gender based violence, child labour, young people’s understanding

of SRHR issues, including their knowledge, practices stigma, risk perception, and accessibility of services information during Covid -19.

5th space - Young people typically spend their time in family, education institutions, with friends , leisure activities, traditionally in all these spaces their *worldview* derives from an already given legacy. However, apart from these 4 there is a 5th - a space where young people discover themselves, by engaging in social action in communities. In all societies, such spaces have enabled young people to develop a psycho-social worldview, which answers the question “Who are we?”(We as in humans – a social species) as opposed to “Who am I?” This view allows young people to understand and define their connection with themselves and to the world as it is. Understanding of this approach will support in developing tools to investigate into young peoples’ experience of their agency building, taking ownership of self transformation and social action and the connection of such processes with SRHR and overall wellbeing,

This study was designed and developed to assess the impact of COVID-19- on young people’s life particularly on education, livelihood and jobs, psycho-social well being and especially focussing on their experiences and practices of SRHR decision-making and SRHR Information and services. Youth volunteers and young people were engaged as field investigators to collect data on sensitive topics such as intimate relationships, sexual desires and pleasures, SRHR services including contraceptives, HIV, AIDS, abortion etc. This indeed gave an opportunity for young people to open up freely in front of their peer and non-biased and un-judged for voicing out their minds.

C. Methodology

Pravah conducted this research study in partnership with 10 regional partners in India that adopted participatory research methodology to capture, document the voices of young people, assessing the impact of Covid-19 especially on education, livelihood and jobs, psycho-social well being and particularly focussing on their experiences and practices of SRHR decision-making and SRHR Information and services especially during times of crisis.

C. 1 Research objectives

- To assess the impact of COVID-19- on young people's (18 to 25) life (Education, livelihood and jobs, psycho-social well being) and particularly focussing on their experiences and practices of SRHR decision-making and SRHR Information and services
- To Identify what young people need multilaterally (concrete actions) to address the SRHR needs arisen/left unmet due to the impact of COVID -19
- To generate information to influence decision makers (civil society organisations/ funders / Policy makers) to strategies for addressing the changed SRHR needs

C. 2 Research questions

The central questions the study will address are following:

1. How has Covid impacted young people in general? (viz how it impacted their education, livelihood, psycho social well-being, hopes for future etc.?)
2. How does lockdown and other Covid-19 restrictions such as closing down of schools, not being able to meet up friends, restricting to home, and information bombardment messages on WhatsApp, on-screen time etc. impact their lives?
3. How has it impacted their experiences and practices of SRHR in overall?
4. How has it impacted romantic relationships and sexual activity?
5. What has been their experience with gender-based violence during this time?
6. How has the COVID-19 impacted SRHR information and services especially in regards to CSE?
7. How have the COVID-19 pandemic impacted perceptions of the practice of early marriage among young people and their parents?

C. 3 Research study design

The study has a cross sectional exploratory mixed methods research design that blends quantitative and qualitative methods of collecting data.

The study is divided into three broad stages:

1. The inception stage:

Formation of a Core Research Team- A core research team was formed comprising of Principal investigator, A youth development expert and youth work professionals from partner organisations.

Youth organisation leaders and youth work professionals were invited to input on the design and the tools. They also informed and advised on the areas of enquiry and support in making the tools relevant.

Formation of a Research Team- In order to fully comprehend the SRHR and well being of young people and the effects of COVID-19, young people must not simply be subjects of our enquiries but need to play the role of enquirers in shaping and implementing enquiries and analysing the findings. A team comprising of youth facilitators and youth leaders from youth led organisations (partner organisations) were engaged as field investigators who gave input on the research design, methodology, data collection tools to collect data on sensitive topics such as intimate relationships, sexual desires and pleasures, SRHR services including contraceptives, HIV, AIDS, abortion etc. This indeed gave an opportunity for young people to open up freely in front of their peer and non-biased and un-judged for voicing out their minds. The team was oriented to the research study with a brief overview of the aim of the study, Comprehensive Sexuality Education, online tools, key milestones and timeline of the study.

Desk Research- The team of researchers developed their understanding and context by reviewing existing literature, tools and methodology. It is important to build an understanding and develop insights through researches, that have been conducted in the past on the impact of Covid -19 on different aspects such as Education, Career Prospects, SRHR services of the lives of youth in India. During the initial stage all the country specific relevant documents, reports, and study available will be reviewed to build better understanding and insight.

Design and development of data collection tools: Purposive convenience sampling design was used to collect data which had a mix of qualitative and quantitative data collection. The core research group was involved in the design of the research as well as being key participants in the research process and contributed to the recommendations. This research tried to explore and focus on two aspects of SRHR. One, the **experiences and decision-making practices** to realise SRHR agenda during COVID and Second, **promoting the strategies to combat the challenges that young people** faced in adopting good practices of SRHR. A variety of youth friendly tools will be developed to capture both quantitative and qualitative data.

Pilot Testing- Once the draft research design was made and tools were developed, the study tools were pre-tested with 5 young people from each regions and discussed with the team of researchers. The feedback on the study tools was sought from the researchers which were then used to redefine the tools and make changes that were relevant from the point of view of the study. Data was collected by Pravah in partnership with the youth centric organizations in its network who are working directly with young people on at least one of the CSE agenda. Pravah reached out to partner organizations in five regions North, South, West, East and North-East. A research team from partner organizations in each of the regions was recruited for the purpose of data collection.

Data was collected from a diverse and inclusive set of participants across these regions. Diversity of the participants in terms of their gender, caste and sexual identities, geography, social and religious background, urban and rural backgrounds and mental and physical ability, along with being part of the formal school/education system or not etc. was ensured.

Ethical Clearance - The appropriate ethical clearance and protocols was done to ensure that the research team would strictly abide by the method and approach suggested in the duly-approved research protocol by the ethical review body. These protocols was maintained during different stages of the research viz data and information collection, while interacting with community or just before selecting the participants or respondent (interviewee), the researchers may sometimes revise or reselect the sample i.e. goes for convenience sampling.

2. Data collection stage:

The data was collected in three phases-

Online Survey

An online survey questionnaire was utilized for gathering quantitative data using google forms. Separate copies of the google form (13 copies of google form) were created for each of the partner organizations in order to keep track of the responses gathered from each of the regional networks. The questionnaire was developed and pre-tested with 5 young people from each region.

The questionnaire was translated into local languages – Hindi and Marathi. The informed consent form attached to the survey provided information about the purpose of the study, voluntary participation, confidentiality of identity and information shared by the participants and potential benefits and risks involved in the study. The survey was extensively circulated on different social media platforms. A total of 3304 responses were gathered through the questionnaire.

The questionnaire comprised the following elements- socio-demographic details, impact of Covid-19 on their well-being, education, career, mental health, gender based violence, child labour, young people's understanding of SRHR issues, including their knowledge, stigma, risk perception, and accessibility of services information during Covid -19. In some regions where participants didn't have smart phone or internet access, the researchers went to the community to get questionnaire filled.

The collectors then filled their responses in google form. Data collection was done from a diverse and inclusive set of participants across these regions. Diversity of the participants in terms of their gender, caste and sexual identities, geography, social and religious background, urban and rural backgrounds and mental and physical ability, along with being part of the formal school/education system or not etc. was ensured.

Focus Group Discussion

The qualitative data was gathered through FGDs. Each of the partner organizations in the five regions conducted 2-3 FGDs (6-10 participants in each of the FGDs). The participants were selected by the researchers in each of the partner organizations. A semi structured interview schedule was used to explore the views and perceptions of young people on the impact of Covid -19 on the different aspects of their lives such as education, mental health, career opportunities, interpersonal relationships and understanding of SRHR issues and how it is impacting them.

The questionnaire provided was a suggested guideline and could be adapted as per the needs of the communities/ regions that the researchers engaged with. The participants were also provided a brief

overview of Comprehensive Sexuality Education and its components. The questionnaire was developed and pre-tested with 5 young people from each region. The questionnaire was translated into local languages –Marathi to have maximum participation. Each of the FGDs had a facilitator and a note –taker.

The note-taker recorded the responses of the participants in a response sheet and observed the attitudes, body language, verbatims and patterns of group interaction. The interviews were audio recorded with the consent of participants. The FGDs were conducted both in in-person and offline mode for a duration of 1.5-2 hours. The in-person FGDs were conducted by following appropriate Covid-19 norms such as hand sanitizing, social distancing norms, and other guidelines released by the respective state governments. The online interviews were conducted on Zoom platform. All the interviews were transcribed manually by the researchers at the regional level.

Key Informant Interviews

The Key Informant Interviews (KIIs) were conducted using semi-structured interviews, with different stakeholders to collect information from a wide range of people— Parents, Teachers, Counselors appointment by Government or colleges, ANM/Sahiyas, Field animators for youth groups/CBOs etc. appointed by Govt./Ward/Panchayat to give support to young people/kishore/kishori groups at village level, Govt. department officials, Young people who supported other young people during Covid-19 (friends, siblings etc., Youth Leader, Young Social Media Influencer, National/state level helpline-children who have first-hand knowledge about the community. Each of the partner organizations reached out to 2 stakeholders in their communities. The duration of the KIIs was 1-1.5 hours. The interviews were audio recorded with the consent of participants. The interviews were transcribed manually at the regional level.

3. Reporting stage:

Analysis of data – The analysis of data was conducted at various levels. The first level of data analysis was done based on the data that was collected from secondary sources. The second level of data analysis was done after collecting the data from the primary sources through survey questionnaires and final analysis was done with the data from the FGD and /or in-depth interviews.

The Quantitative data was analysed in Ms Excel. The responses gathered from FGDs and KIIs were analysed using thematic analysis and interpretive analysis. The responses were organized into meaningful and cohesive categories and common patterns and themes were derived. The analysis followed a series of well-defined steps such as category building, coding and categorising of data and constructing the narrative.

Report writing - The analysed and collected data is reported in the pre discussed and approved format. This report provides with interpretations of the collated data, with the appropriate evidence.

C.4 Outreach team

Pravah reached out to one organisation from its Partner network from all 5 regions -North (Delhi and Uttar Pradesh), West (Maharashtra, Rajasthan), South (Tamil Nadu, Telangana), East (West Bengal and Jharkhand) and North -East (Assam, Manipur). These partners are grass root social organisations working on diverse social issues impacting young people.

For the purpose of data collection the organisations were identified on the basis of the following inclusion criterion:

- Organisation work and have presence in that particular region
- 3 years on ground experience of working with young people in the proposed sites for study
- Have direct interface with young people in these regions
- Organisations who has focussed on at least one strand/ pillar of CSE for at least 2 years
- Organisation who can spare their staff for the purpose of the research

C.5 Study respondents

1. Survey Questionnaire –

The study included a total of 3304 participants using google survey form. The participants for this research were

- Young people between 18 - 25 years of age
 - Belonging to diverse social, religious, economic, geographical background, physical and mental abilities
 - Were from the identified research sites (Through partners' reach out, however this was not limited to the identified sites only as it was an online link and was shared widely)
 - Belonging to various linguistic and cultural groups in India
 - Have access to phone (either their own /parents/ in the neighbourhood. In few cases the partner organisations reached out physically to those vulnerable/marginal groups those who didn't have phone access but it was critical to include their points in this study)
 - Willing to participate in this research
2. Focus Group Discussion (FGDs) – For the purpose of the study, a total of 173 participants was selected for the FGD. The participants were selected from each of the partner organizations from the five regions were chosen to participate in the FGDs.
3. Key Informant Interviews- The Key Informant Interviews were conducted with 11 stakeholders (from each partner organizations in the five regions). The different stakeholders included in the study were Parents, Teachers, Counsellors appointment by Government or colleges, ANM/Sahiyas, Field animators for youth groups/CBOs etc. Appointed by Govt./Ward/Panchayat to give support to young people/kishore/kishori groups at village level, Govt. department officials, Young people who supported other young people during Covid-19

(friends, siblings etc., Youth Leader, Young Social Media Influencer, National/state level helpline- children.

The study has a diverse and inclusive set of participants with diversity in terms of gender, social composition, geography (mix of rural and urban), religion, sexual orientation, etc. - this can help to understand and capture who among young people are further vulnerable especially during Covid-19.

C.6 Sampling

Considering the current pandemic, the participants were recruited using purposive convenience sampling. As already mentioned, Pravah collected data from a diversified sample i.e young people from across rural, urban background with different financial background, gender identity, sexual orientation, and other vulnerable groups. Pravah reached out to one organisation from its Partner network from all 5 regions -North (Delhi and Uttar Pradesh), West (Maharashtra, Rajasthan), South (Tamil Nadu, Telangana), East (West Bengal and Jharkhand) and North -East (Assam, Manipur). These partners are grass root social organisations working on diverse social issues impacting young people

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- Organisation work and have presence in that particular region
- 3 years on ground experience of working with young people in the proposed sites for study
- Have direct interface with young people in these regions
- Organisations who has focussed on at least one strand/ pillar of CSE for at least 2 years
- Organisation who can spare their staff for the purpose of the research A summary of proposed sample participants in the research is given below

The inclusion criterion for participants in the study was as follows-

For Online Survey

- Young people between 18 -25 years of age
- Belonging to diverse gender identity, sexual orientation, caste, social, religious, economic, geographical, urban and rural background and physical and mental abilities
- Are from the identified research sites
- Have access to phone (either their own /parents/ in the neighbourhood)
- Willing to participate in this study

For Focus Group Discussions and Key Informant Interviews we interviewed few key stakeholders who directly or indirectly influence, support, and provide care to young people.

These stakeholders were

- ✓ **Young social media influencer-** Social media influencers have a great impact on many people and especially youngsters. In today's time people trust social media influencers more than

traditional celebrities because they are more relatable having the image of a girl/boy next door. Followers and especially youngsters feel closer to the influencers they follow because influencers interact with them frequently. And hence many youngsters follow social media influencers religiously and are influenced by what they say and promote. During and post Covid-19 and lockdown has resulted in youngsters spending more time on internet and on social media than before. Therefore social media influencers and especially young influencers have a significant role and impact on building youngsters' knowledge, aiding as a support system and creating a virtual safe for young people to hang out. **We interviewed 1 Social media influencer.**

- ✓ **Sahiya, Anganwadi and ASHA workers** - they work solely in communities and focuses on provision of food supplements to young children, adolescent girls, and lactating women, and Anganwari and ASHA workers also called Sahiya in few states of India are the first point of contact for those living in rural areas for any health-related issue. They work closely with adolescent girls and young mothers and fathers. These services disrupted during pandemic. It was therefore very important to know their experiences and challenges that they have faced. Also, how much easy or tough it was for people to reach out to them for child health, contraception and maternal health. **We interviewed 1 Sahiya, 1 Anganwadi worker and 1 ASHA worker in 3 different locations**
- ✓ **Field animator**- works directly with community relays to ensure implementation of the planned activities. They primarily work with adolescent girls and young boys, so we wanted to know that how things have been changed in terms of communication with young people in community during Covid-19 and lockdown. **We interviewed 1 Field Animator.**
- ✓ **Teacher**- the function of teachers is to help students learn by imparting knowledge to them and by setting up a situation in which students can and will learn effectively. But teachers fill a complex set of roles, which vary from one society to another and from one educational level to another. Therefore, it was extremely important to have discussion with teachers in different study set-ups to know how things are going in pandemic. **We interviewed 3 teachers 1 from a Government school, 1 from a private school and 1 from a private aided school in 2 different locations.**
- ✓ **Teaching assistant & Field coordinator**- Talking to a person who works on the field and also does teaching, we came to know what challenges people have faced at both the levels, actually helped us to know more about the constraints. **We interviewed 1 person who works as teaching assistant & field coordinator.**
- ✓ **NSS state coordinator** - The National Service Scheme (NSS) is a Central Sector Scheme of Government of India, Ministry of Youth Affairs & Sports. It provides opportunity to the young people in school and colleges and Universities to take part in various government led community service activities & programmes. The sole aim of the NSS is to provide hands on experience to young students in delivering community service. NSS coordinator is the first point of touch for the NSS youth volunteers. Hence, Coordinators have all the relevant sources of information related to students. We wanted to know more about their perspectives towards student welfare during pandemic. **We interviewed 1 NSS state coordinator.**

A summary of sample participants in the research is given below

Tools used	With whom	Total number of sample
Online survey using selfconstructed and standardized tools	Young people between 18-25 years including young people from vulnerable groups	3304
Online and offline - Focus Group Discussions (FGD)	30-40 Young people between 18-25 years including young people from vulnerable groups who filled the survey questionnaire	21 FGDs (13 offline & 8 online)
Online and offline- KII	Key stakeholders such as - Young social media influencer, teachers, counsellor, community health workers, NSS official	11

FGD details

Sr. no.	State	Mode	Frequency	Group description
1	Manipur	Offline	1	6 of male participants 5 of female participants, total 11 participants
2	Maharashtra	Offline	1	10 young females, specifically young mothers/married women from the age group of 19-25 years old
3	Maharashtra	Offline	1	10 participants. They were all young females, specifically young mothers/married women from the age group of 19-25 years old
4	Maharashtra	Offline	1	5 Males of age 20-25 years (LGBTQIA community)
5	Maharashtra	Online	1	4 Females and 3 Males of age 21-26 (LGBTQIA community)
6	Telangana	Online	1	10 participants, diverse group of males and females
7	Tamilnadu	Offline	1	8 females in the age group of 18-23 years
8	Tamilnadu	Offline	1	8 females in the age group of 20-25 years
9	Tamilnadu	Offline	1	9 females in the age group of 18-25 years
10	Jharkhand	Offline	1	8 participants, Mix of girls and boys(some from LGBTQIA+ COMMUNITY)

11	Jharkhand	Online	1	9 Participants, All girls
12	Jharkhand	Offline	1	Number of participants: 8. TYPE : MIX OF GIRLS AND BOYS
13	Assam	Online	1	Number of participants: 7. TYPE : MIX OF GIRLS AND BOYS in the age group of 18-22 years
14	Assam	Online	1	Number of participants: 7. TYPE : MIX OF GIRLS AND BOYS in the age group of 18-22 years
15	Assam	Offline	1	Number of participants: 6. TYPE : MIX OF GIRLS AND BOYS in the age group of 18-22 years
16	West Bengal	Offline	1	6 participants, 4 girls & 2 young mothers
17	West Bengal	Offline	1	10 participants, 8 young mothers & 2 young girls
18	West Bengal	Offline	1	8 participants, 7 young mothers & 1 young girl
19	Nagaland	Online	1	Number of participants: 8. TYPE : MIX OF Males and females
20	Nagaland	Online	1	Number of participants: 8. TYPE : MIX OF Males and females
21	Assam	Online	1	Number of participants: 8. TYPE : MIX OF Males and females

C.7 Ethical considerations

Research Participation

An informed consent form was developed and shared with the participants of the study. It informed the participants about all the important aspects of the research. The informed consent form informed the participants about the purpose of the study adequately, voluntary participation in the study and measures to protect confidentiality of the participants' identity and information were shared during the data collection, analysis and reporting. The informed consent was written in a simple language for easy comprehension by the participants. The study stated that the participants can withdraw from the study at any time and any point during the study, if they are uncomfortable. The participants were also informed about whether or not the study procedures offer any benefits to the subject or and information about the potential discomfort and risks was provided before beginning the process of data collection.

Before beginning the group discussions and interviews, the participants were provided with a brief overview of the group discussion interviews, the topic of discussion, purpose of the study, objectives of conducting the interview and details of the interview procedure. This would help them in making an informed decision about taking part in the group discussions and interviews. The consent to take part in the research was ensured verbally from the participants. All the group discussions and interviews were conducted with utmost sensitivity to the participants and respect and acceptance of individual differences in views, opinions was ensured. It was ensured that the space is accessible and safe for the participants. All the participants were given an opportunity to share their views and were not coerced to answer a particular question, in case they found the question uncomfortable. The identity of the participants was kept confidential and they were identified with a unique code for the study. Post the discussions and interviews, the participants were given a space to share their concerns and queries. They were provided information on how the data will be used, to explain when the larger process will be completed. The contact details of researchers were provided to the participants in case they needed any additional information or raise queries.

Researchers

The researchers conducted the group discussions and interviews with utmost sensitivity and in an unbiased manner. The researchers ensured that the participants leave the study in the same physical and mental state as they had entered. Further, it was ensured that these interviews and group discussions were conducted by trained youth work professionals and volunteers.

- The first ethical concern was the acquisition of the participants' fully informed and ongoing consent for the online data collection as well as FGD. Therefore, the online questionnaire had the overview of the research project, its purpose and how the data is going to be used followed by a consent section. All respondent agreed and showed consent to the overall research objectives and its usage will only have to fill the form. The same was done before the FGD; each FGD group was briefed about the research project and its purpose before starting each focus group conversation and obtained consent from each member.
- Considering the sensitivity of the study the online forms kept anonymous by not asking name of the respondents
- It was mentioned to all the groups in FGD that respecting people's confidentiality and desire for anonymity was also of utmost importance. Thus, some respondents chose to refer to themselves via a number instead of their real names.
- It was also explained that the respondents were under no obligation to answer any questions they weren't comfortable answering, or disclosing private details against their own wish. The online forms had options like "don't want to disclose" for almost all questions.

C.8 Analysis and data management

The analysis of date was conducted at levels. The first level of data analysis done was based on the data that is collected from secondary sources. The second level of data analysis was done after collecting the data from the primary sources through survey questionnaires and final analysis was done

with the data from the FGD and /or in-depth interviews. Data quality check, random checking and verification of the data was done to determine the accuracy of the responses gathered.

Quantitative Analysis

The data gathered from online survey was transferred into separate Excel files for each of the partner organisations and was cleaned. At the first level, the sequence of the questions was checked in all the excel files. The required corrections were made wherever applicable. At the regional level, the basic data cleaning was done for the state specific data for each of the partner organizations. The discrepancies were highlighted and changes were made wherever necessary. At the second level, once the state specific data was cleaned for each of the NGOs, state specific data was compiled for each of the states in a separate file. In this, state wise data was added for each of the states that the partner organizations reached out to for data collection. Finally, a consolidated data file was created where the data gathered from all the states of India was merged. The data was analysed using Ms Excel.

Qualitative Analysis

The responses gathered from FGDs and KIIs were transcribed by the researchers from local languages into English at the regional level. The responses were then compiled in one excel sheet. The transcriptions were analysed using thematic analysis and interpretive analysis. The responses were organized into meaningful and cohesive categories and common patterns and themes were derived. The analysis followed a series of well-defined steps such as category building, coding and categorising of data and constructing the narrative.

C.9 Challenges and limitations in data collection

Longer online surveys/ questionnaire are time consuming and online survey limits the depth and details of the questions.

The survey included certain questions on mental health, violence, death that could trigger or lead to trouble/distress. Though in the questionnaire the trigger warning was mentioned so that the respondents were aware of them beforehand and consider that while signing up for filling up the questionnaire. The project did not have any provision to provide any support/care service and follow up after survey.

Respondents in some regions were hesitant in answering some questions that were concerned with sexual and reproductive health and rights. In such cases, the questions were omitted from the survey and were asked by the researchers in FGDs. This highlights the sensitivity and stigma on the topic of SRHR. The topic of SRHR continues to be stigmatized and prevents young people from accessing appropriate and credible information. Even though SRHR related information dissemination is considered as crucial, SRHR information and services have suffered a major setback during the Covid-19 outbreak. Thus, there is a need to advocate for a continued prioritization for SRHR and direct efforts towards positioning SRHR to the centre stage for more awareness, sensitisation and reducing stigma.

Further, self -report measures were used for gathering responses, and it may be possible that the participants gave socially desirable responses. Sampling bias may also have occurred as a result

of using convenience sampling method. This also puts constraints on generalizing the findings of the study. Acquiescence bias may also be present in which respondents have a tendency to agree with statements regardless of their content.

For the survey questionnaire, the responses were collected through online medium that is, google forms that were shared with the participants to fill. However, those who didn't have smart phone or internet access, were called telephonically and the collectors filled the form based on their responses. In some of the regions, the researchers themselves went to the community to get forms filled from the participants. We acknowledge the fact that there might be a possibility of data disparity in terms of data reliability in the latter mode. However this will ensure inclusive data collection and ensure that this research captures the voices from the most vulnerable adolescents and young people in these countries especially during these extraordinary times of crisis.

In many states, the FGDs were conducted in a physical setting. However, due to the Covid-19 situations in few states, FGDs were conducted online using Zoom. This could have increased the possibility of excluding the participation of people who do not have access to gadgets- mobile phones, laptops, internet connection.

D. Review of Secondary Data

Available legal and policy background of SRHR and Adolescents and Youth Reproductive Health in India

Although sexual and reproductive health rights overlap to some extent, particularly in relation to information and services relating to contraceptives, abortion and sexually transmitted diseases; yet, the scope of sexual health is more expansive. Sexual health and well being is recognised as an indivisible aspect of human rights, with its roots in the right to health. The term 'well being' confirms that its domain is not limited to disease prevention and treatment, but includes aspects relating to autonomy and pleasure with reference to sexuality.

International human rights standards demand that SRHR services should be available, accessible, acceptable and of good quality (AAAQ). Stigma around sexuality, criminalisation of same-sex and adolescent sexual expression, and legal ambiguity around sex work renders specific population groups such as LGBTQA persons, young people, persons with disabilities, and sex workers more vulnerable, alienating them from sexual health services, while magnifying abuse and violence in their lives.

Reproductive rights as human rights have gradually been recognised since the International Conference on Human Rights Declaration in 1968 and by the International Conference on Population and Development in 1994. The International Covenant on Economic, Social and Cultural Rights, 1996 (ICESCR) and the Convention on the Elimination of All Forms of Discrimination against Women, 1979 (CEDAW) are also fore-grounded the focus on reproductive rights as necessary in realising the human rights of women. The Sustainable Development Goals (SDGs) and the preceding Millennium Development Goals (MDGs) also encompass several goals that directly as well as indirectly recognise reproductive rights.

India, being signatory to these covenants and conventions, is obligated to ensure that these goals are fulfilled in its policies and laws. Looking at national laws and policies relevant to SRHR presents a mixed picture of compliance as well as huge gaps. For instance, contemporary evidence from the ground as well as the mapping of policies and programmes reiterates the continued implementation of targets in "family planning programme" leading to egregious forms of violation of reproductive rights and autonomy, particularly of women from marginalised communities. Laws enabling medical termination of pregnancy (abortion), protection against forced or sex selection, maternity benefits, protection from domestic violence including sexual violence by an intimate partner, etc have direct or indirect impacts on the enjoyment of reproductive health rights by women.

Several concerns have been raised regarding the inadequacy of these laws. However, that the implementation of these laws has also been grossly inadequate is clearly reflected through the case studies, government data, and independent research. Some case laws from the High Courts and the Honourable Supreme Court have also taken cognisance of violations related to SRHR and upheld the reproductive rights of women in the country. While there has been a proposed widening of focus to include different life stages and go beyond maternal health, as in the National Health Mission (NHM) (2012-2017) including Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) programme, the Rashtriya Kishor Swasthya Karyakram (RKSK) strategy as well as the recent in the

National Health Policy 2017, ground realities and assessments of the public healthcare system provide evidence to the contrary.

The narrow focus on very selective components of maternal health and family planning has flagged serious concerns about the deficit of care for other aspects of reproductive health and rights. Further, the public health system in India is challenged by a range of issues including low public investment, poor infrastructure including medicines, diagnostics; inadequate skilled human resources, etc. Additionally, the past decades have witnessed increased privatisation and corporatisation of health care, and an absence of robust regulation. All of this has caused deterioration in the accessibility, affordability and quality of healthcare, including for reproductive health needs, creating further social, economic and geographical distances particularly for girls, women and marginalised communities. Inequities in access to reproductive healthcare and health outcomes in India are apparent for vulnerable groups, as well as between and within states. Even in states where overall averages are improving, marginalised communities and poorer economic quintiles of the population, and among them the women and girls, continue to fare poorly.

Assessment of government schemes and programmes related to reproductive health yielded a plethora of programmes cutting across the areas of family planning, maternal and child health, adolescent health, etc. An analysis of these programmes, however, consistently reflects the lack of implementation of a rights frame work, discrimination and exclusion of a range of persons that poses sustained barriers to access and quality of care and exacerbates the marginalisation of SRHR. Analysis of schemes, policies vis-a-vis the concerned issues of reproductive health and rights also pointed to the lack of comprehensive programmes and limited application of SRHR in their implementation through health and other allied services. Reproductive morbidities remain grossly neglected within government schemes and policies. Similarly, access to safe, quality abortion services, including information, counselling and post abortion care are significantly lacking. Early marriage and its negative outcomes for reproductive health and rights has also remained a neglected area.

Impact of Covid-19 on young people

The impact of covid-19 has not been much on the physical health as much as it has disrupted the mental well-being of young people. Educational and work opportunities have disproportionately affected youth aged 30 and below. With the spread of misinformation on Covid -19, it has become increasingly difficult for health care authorities to deliver credible and accurate information pertaining to COVID-19. The spread of misinformation in this era of social media has also resulted in a rise in reported mental health cases globally. Young people from low- and middle income countries feel that the pandemic has negatively affected future education opportunities and future financial stability in comparison to youth from high income countries (Covid-19 Youth Survey Report, 2020).

According to the Decent Jobs for Youth report (2020), it was found that 73 % of young people who were either studying or were studying and working both, before the onset of the pandemic experienced school closures and were unable to transition into online and distance learning. The study further highlighted the existence of sharp digital divides. About 13% of young people did not have access to courses, teaching or training. Further it was found that the quality of learning was also impacted during the pandemic. Despite the best efforts of educational institutions to ensure continuity of learning by shifting to online platforms during the pandemic, 65 %of young people reported having learnt less since

the pandemic began, 51 % believed their education will be delayed, and 9% feared their education would suffer and might even fail. With respect to the employment and career prospects, it was found that 17% of youth between the ages of 18-24 years, who were employed before the Covid-19 situation had lost their jobs. Women reported feeling loss in productivity more in comparison to men. The study further highlights the interlinkages between mental well-being, education and employment situation during the Covid-19 pandemic. Factors such as disruption to learning and working during the pandemic have taken a toll on the mental well-being of young people. The study found that 17 %of young people were affected by psychological conditions of anxiety and depression. Mental well-being was found to have deteriorated young women and youth between the ages of 18 and 24. The young people also experienced restrictions on their mobility, having access to the right information. The wellbeing and health of young people is one of the most crucial priorities. However, due to the pandemic, the needs of young people have been deprioritized as management of Covid-19 situation has taken precedence.

Besides the already existing stressors such as closure of schools, colleges, employment uncertainties, limited opportunities of socializing, young people have had to bear the loss of a loved one, often family, friends or had to witness illness personally, leading to further stress and strain on their Mental well-being. Prolonged periods of closures and movement restrictions may lead to additional emotional issues and anxieties. During the pandemic, services related to mental health, sexual health, and general health services were all disrupted. A study that was conducted by Restless Development (2020) found that 27% of young people reported having lost access to counselling/ psychiatric services that they were accessing before the pandemic because of the lockdown. Further the study revealed the women and youth were disproportionately impacted by the pandemic. More females than males reported experiencing the negative impact of lockdown on their lives and having lost access to mental health care services that they were seeking before the lockdown. Some of the reasons stated by the young people for loss of access to availing mental health care services included- financial constraints, lack of remote working services, lack of access to the appropriate digital infrastructure and lack of privacy in their homes. Most of the young people reported experiencing feelings of loneliness, isolation and stress during this time. On being asked about the coping mechanisms adopted by young people to take care of their mental well-being, staying connected with family and friends, undertaking recreational activities such as online games, watching movies, videos, availing online courses, volunteering, making donations, taking up community initiatives helped them in taking care of their mental health.

The UDAYA study carried out by the Population Council with over 20,000 adolescents in Bihar and Uttar Pradesh over two survey waves (2015–16 and 2018–19) showed the consequences of early marriage in terms of high rates of early childbearing, and higher pregnancy loss among younger married girls. Research evidence demonstrated a wide gap in delivery of SRHR services to young people. A survey carried out with 18–24-year-old women by the Population Council among the UDAYA cohort found that women wanted family planning services during the first wave in 2020. However, only 16 % of the women reported receiving such services. An eight-state rapid survey that was conducted by the Population Council among rural young women showed that institutional deliveries reduced by 43 %. These findings indicate that disruptions caused by COVID-19 led to more home births which have long-term repercussions on maternal and child mortality rates. The survey further revealed a rise in unintended pregnancies as a result of having unprotected sex and lack of access to contraceptives due to restrictions imposed due to Covid-19. The study also found that access to FLWs increased chances

of decision-making and autonomy freedom of movement for married women and less chances of getting married before 18 years. The study thus brings forth the immediate need to bring about innovative approaches to ensure uninterrupted reproductive health services and information through training of health care workers, as well as engagement with communities.

Young people reported having faced challenges in accessing SRHR services during the pandemic. Females (11%) reported inability to consult healthcare professionals for experiencing irregularities in their menstrual cycle. Young people have also reported disruption in seeking professional support for SRHR related concerns, inability to purchase sanitary products or contraceptives by themselves. With regards to accessing SRHR related information, males relied on their friends and peers as their primary sources of information on SRGR, whereas females preferred consulting doctors, parents and friends for seeking information on SRHR (Restless Development, 2020).

In a report called “Impact of COVID-19 on young people: Rapid assessment in three states” by (Population Foundation of India, 2020), an assessment was done of the impact of Covid -19 outbreak and lockdown on access to reproductive healthcare. The research was conducted in the states of Bihar, Rajasthan and Uttar Pradesh with a total of 801 respondents (Males- 271 Females -530) in the age group of 15-24 years. Findings revealed that 65% young people reported being in contact with Front Line Workers (FLWs) and 58% of the young people were aware that FLWs were providing Family Planning counselling services during the lockdown. Further, it was found that a majority of respondents (416 out of 596) were not aware that FLWs were providing contraceptives. Out of a total of 530 female respondents, 40 reported that they did not use sanitary pads. Out of the remaining 490, 275 reported having an unmet need for availing sanitary pads. The study further highlighted the need to information dissemination among socially marginalised communities.

There has been an inevitable increase in the cases of Gender Based Violence against women and adolescent girls with limited mechanisms pertaining to information and services for ensuring their safety. Domestic and Family Violence have particularly increased during the lockdown period. There has been an increase in reporting of emotional and physical abuse, online sexual harassment and sexual exploitation by women. The loss of household income has long-term economic impacts on women compared to men and may increase the risk of exploitation and sexual violence against them (UNFPA, 2020).

A research report titled, “Impact of COVID-19 on young people: Rapid assessment in three states” (Population Foundation of India, 2020) revealed gender difference in terms of the impact of Covid-19 on the aspects of general awareness on Covid-19, Employment uncertainties, domestic workload. The study was conducted in three states of India-Bihar, Rajasthan and Uttar Pradesh. On the aspect of general awareness on Covid-19, males who were older and having higher levels of education were better informed in comparison to females, younger cohort and people with lower levels of education.

The general awareness was further lower among socially marginalised groups. With respect to domestic chores workload, it was found that women had to disproportionately bear the workload of domestic chores, caregiving, increased domestic fights and little time for engagement in recreational activities such as watching TV and social media usage as opposed to men. With regards to mental health, more women were found to have accessed mental health care services (89%). Moreover, findings also revealed that women (60%) were more aware of information on mental health than men

(47%). Those women who had higher levels of education (62%) had greater awareness on mental health than their counterparts with lower levels of education. On the aspect of employment, uncertainties, it was found that men reported experiencing anxiety around the economic consequences of the pandemic. This included men who were already employed as well as those who were unemployed and actively looking for employment opportunities.

There is an immediate need for spearheading concerted efforts towards expanding formal and trained channels for assisting education, livelihood and jobs, psycho-social well-being of young people as well as to understand their experiences and practices of SRHR decision-making and SRHR Information and services.

E. Profile

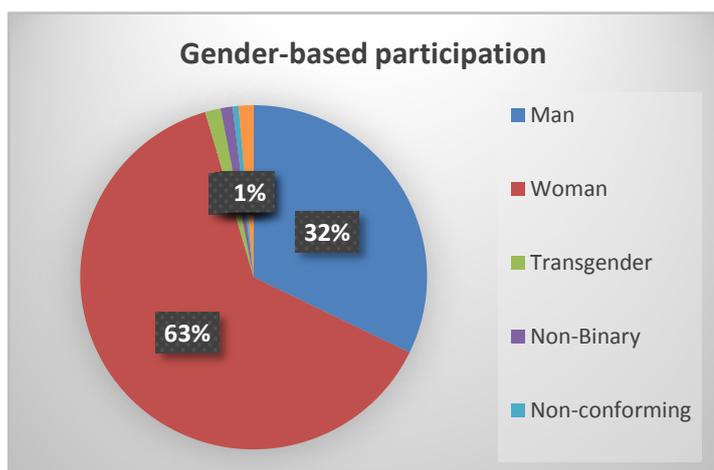
E.1 Respondents' profile

Pravah along with its partner organisations conducted a study to understand the impact of Covid-19 on the lives of young people from 18-26 years in India in general and specifically on Sexual and Reproductive Health Rights (SRHR) and Comprehensive Sexuality Education (CSE). We reached out to young people (**18-26** years) across the country; there are a total of **3304** young participants from **28** States and **7** Union territories.

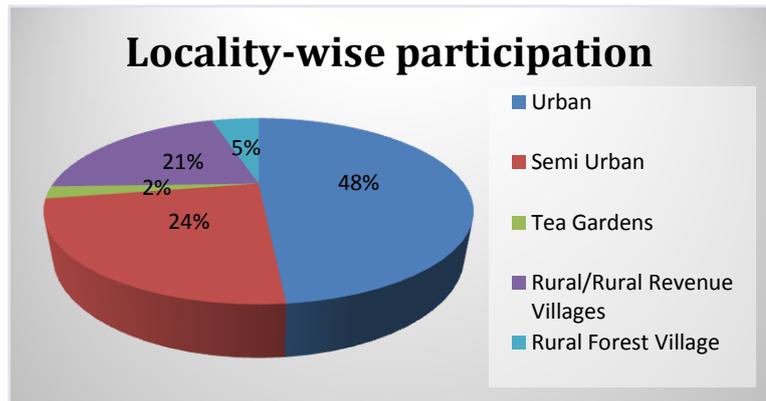


The participants came from diverse backgrounds with out of 3304 participants reported as - **1064** Man, **2091** Women, **48** Transgenders, **37** Non-binaries, **18** non-conforming and **46** others. Also, there are **232** people with disabilities in who have been parts of this study.

These young people responded to a set of questions which revolved around how young people have been affected by the pandemic, and recommendations to address the challenges and concerns.



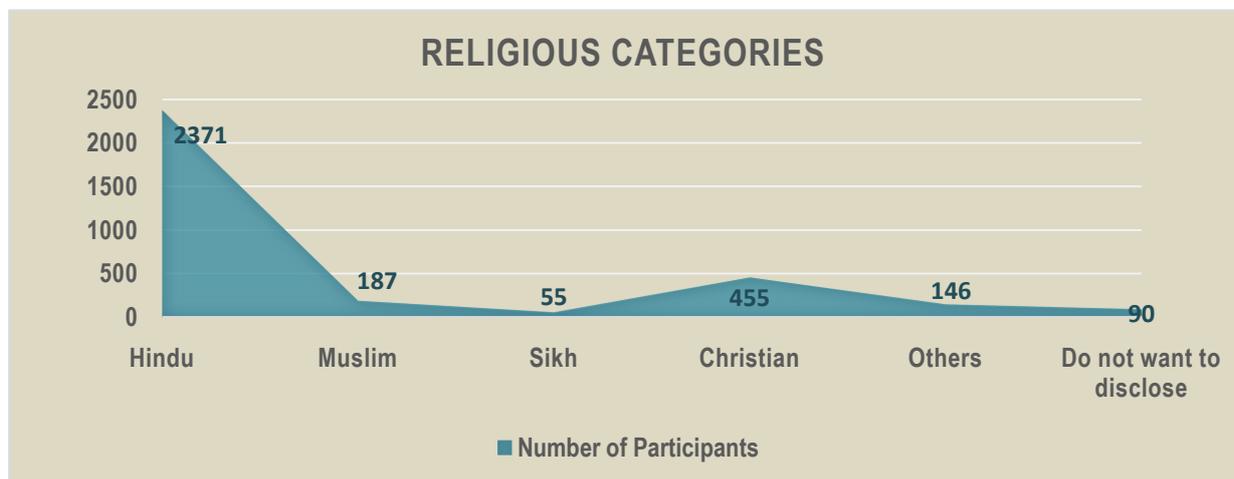
We have received responses from a variety of localities. Most of the responses were received from urban populated areas, i.e., 1602 which are 48% of the total respondents. Followed by 26% belonged to rural Indian villages combining both the rural revenue villages 21% and rural forest villages 5%. 24% belonged to semi urban towns. Apart from these 2% i.e 71 responses were received from tea garden areas.

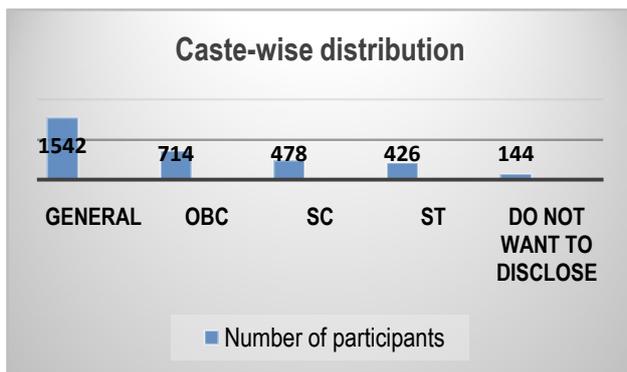


Focused Group Discussions (FGDs): Total **21 FGDs** have been conducted (13 online + 8 offline) with a total of **183** participants across India. Majority of the participants belong to the age group of 18 - 27 years. There are males and females included from diverse educational and socioeconomic backgrounds of rural and urban areas.

E.2 Social and religious categories of respondents

People from all communities and sections of the society have participated in this research. If we look at the religious background of the participants, we have the largest number of Hindu participants, i.e., **2371** followed by Christians (**455**) and Muslims (**187**), there are **55** people from Sikh community and **146** people from other categories. Also, there are 90 people who do not want to disclose their religious beliefs.





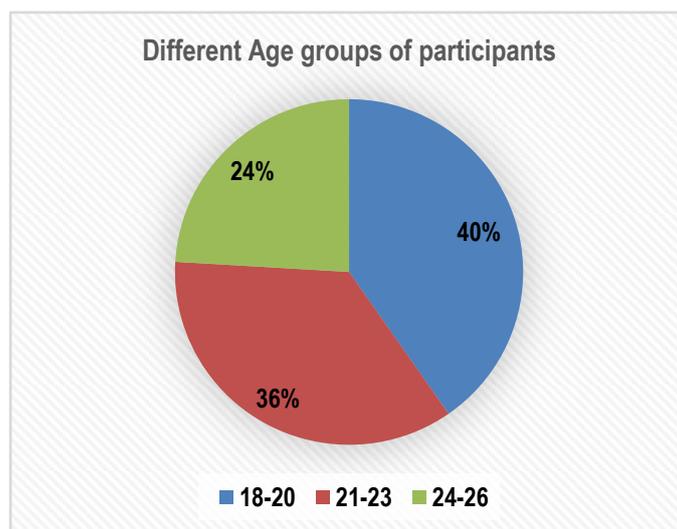
On the basis of caste, we found that there are **1542** participants from general categories, **714** from other backward classes, **478** from scheduled castes, **426** from scheduled tribes and **144** people do not want to disclose it.

It is visible that there are still very few people from minority section who want to react or respond to this survey. Somewhere the social strata and taboos which is on the mind

prevents people from responding openly.

E.3 Age of respondents

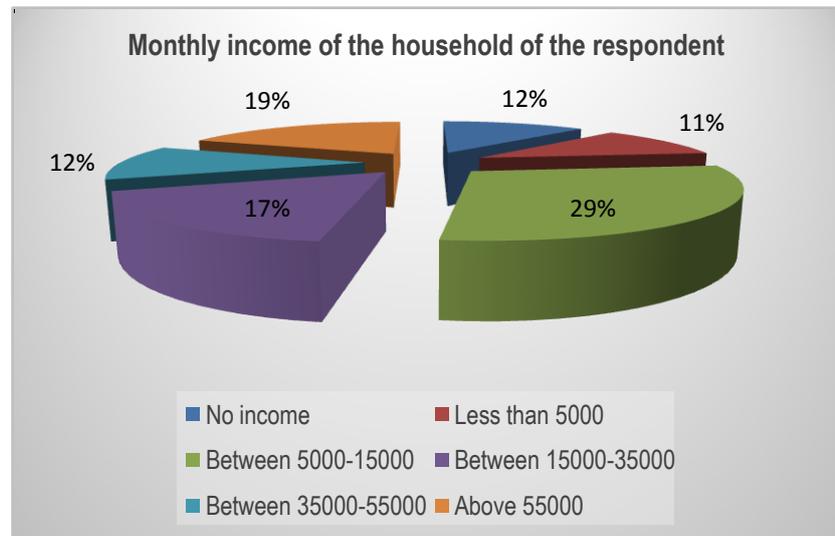
. A relatively young age group has participated in this research; most of the participants are in the age group of 18-20, i.e., **1332** people. There are **1177** participants in the age group of 21-23. Apart from this there are **795** participants in the age group of 24-26.



As we can see, **76%** of participants are from the late adolescence and early youth age group; it is evident that the knowledge and facilities related to SRHR are crucial to deliver in these young groups of people. Even, people in their mid-twenties also need to have proper knowledge about the means connecting the facilities.

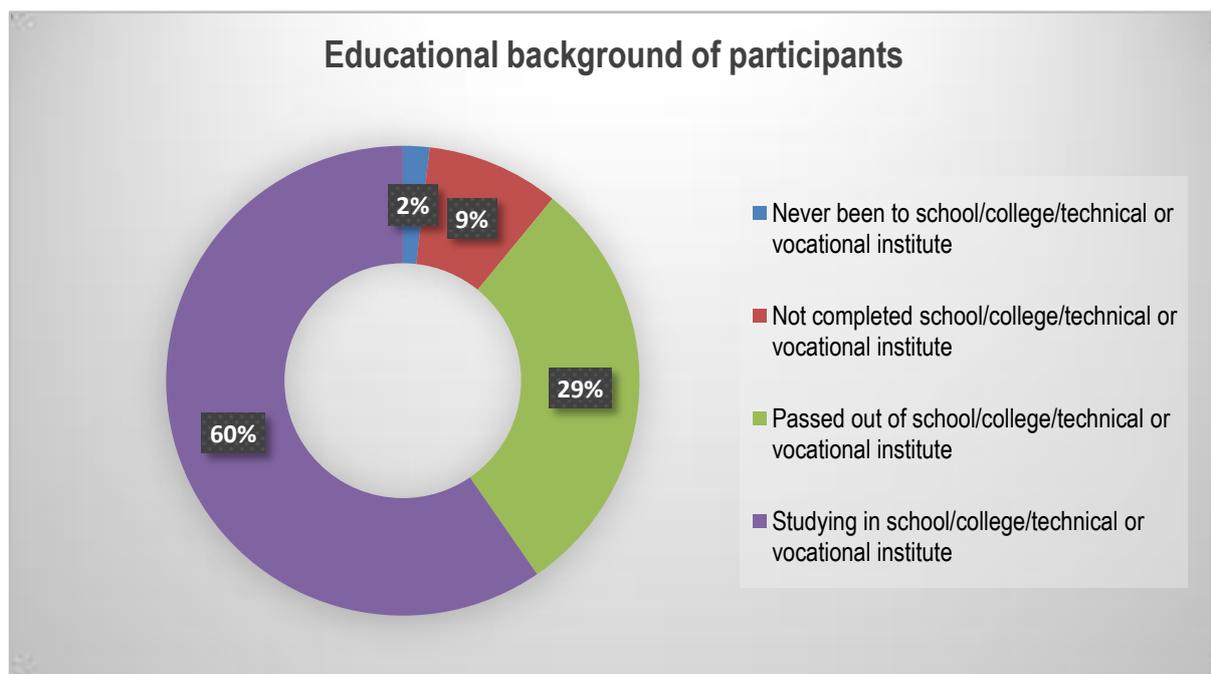
E.4 Economic background

Youth from all the economic strata of the society participated in this research. We have found that relatively more responses have come from the middle class. We were able to classify on the basis of monthly income of the household of the responded. There were **409** people who have shown no income, total **355** people have monthly income less than 5000, there are **961** people who come in between 5000-15000, **568** people in between 15000-35000, **382** people were in between 35000-55000, and there were **629** people who have monthly income above 55000.



E.5 Education/occupation

Majority of the participants in this research were young people who are studying in school/college/other institutes, i.e., **1969**. There were **975** participants who completed their school/college education. Also, there were 300 participants who couldn't complete their education, and there were **60** youths who never been to school/college/other institutes.



Hence, **89%** of the participants have either completed or pursuing their school/college education. School/college education plays very important role in holistic development of adolescents and youth, but they're not providing relevant information and knowledge of SRHR to adolescents and young people, which has eventually caused inconvenience to the great extent during the pandemic.

E.6 Interviews with key stakeholders

We have interviewed various key stakeholders to know what's been the scenario of **CSE and SRHR** services in different communities across the country, and how young people have been doing in this pandemic. We interviewed young social media influencer, community level frontline workers like Anganwadi and ASHA/Sahiya workers, Teachers and Teaching assistant, Government field coordinator and field animator and NSS State coordinator

F. Findings

F.1 Impacts of Covid -19 on youth

Young people are at the centre of the impact of COVID-19 in India and it has put the youth population at risk. They have been facing educational uncertainties, restrictions on their mobility, freedom and socialisation which are important especially during adolescence and youthhood. COVID-19 pandemic has disrupted all aspects of young people's lives, including their education, livelihoods and gender relations, as well as their access to youth friendly sexual and reproductive health rights (SRHR) services.

All the respondents unanimously agreed that the lockdown severely affected their lives as well as their family's lives. Some of the common responses were that they couldn't leave home or couldn't go to college to continue their studies or the income of the household got drastically reduced impacting their overall functioning.

- **Impact on Education**

Key Findings

- *Due to school college closures and restrictions on mobility young people's learning was highly impacted. Across the localities and diversity 56% lost interest in education, while 16% dropped out of school whereas 25% changed their career paths or and plans for higher education*
- *Both students and technical faced digital and technical barriers due to limited network connectivity, resource crunch such as no/limited electricity, lack of mobile phones, in accessibility to get free flow or cost effective data. This added to the major difficulty in learning and teaching through a medium which was very new was a real challenge. Students especially the introverts found it difficult to reach out, ask questions or for that matter just to keep concentration on the teaching were some of the major challenges*
- *There was a growing digital divide among the urban and rural, those who could effort and those who couldn't in terms of learning during Covid-19. Almost 30% respondents shared that during the COVID - 19 lockdown they didn't have access to digital learning platforms to ensure the continuity of their learning during school/college closures. While 30% participants reported to have access to online education with some limitations*
- *Despite the teachers tried their best and successes to the best of their abilities to make online teaching interesting, it was stressful and challenging for them. Schools and teachers were not prepared and capacitated to address such humanitarian crisis and to address sensitive topics such as SRHR, mental wellness especially during such times.*
- *School/college which was a medium to get services and knowledge on SRHR including sanitary pads had stopped. School/college is generally not only a medium of curriculum driven learning but it supposed to be an empowering process altogether where a young person spends most of his/her time talking, observing, exploring and learning the lessons for life. Lockdown and Covid-19 measures stopped all these developments for a generation for whom the learning became a mere online class.*

Respondents were asked to select if due to prolonged school closures during COVID - 19 situations she/he faced any key impact on their education or career. Three major impacts were listed by them 56% reported to have lost interest in studies. This was irrespective of the location, gender and economic background of the respondents. 28% reported that they had to change plans for higher studies or changed their career path altogether out of which the maximum respondents 48% belonged to urban areas followed by 28% from the semi urban town areas and 19% belonged to rural areas (revenue villages). The respondents who reported to drop out of school/colleges as an impact of Covid-19 and the situation created by it, 37% belonged to urban cities and 30% from semi urban towns and majority of them were women.

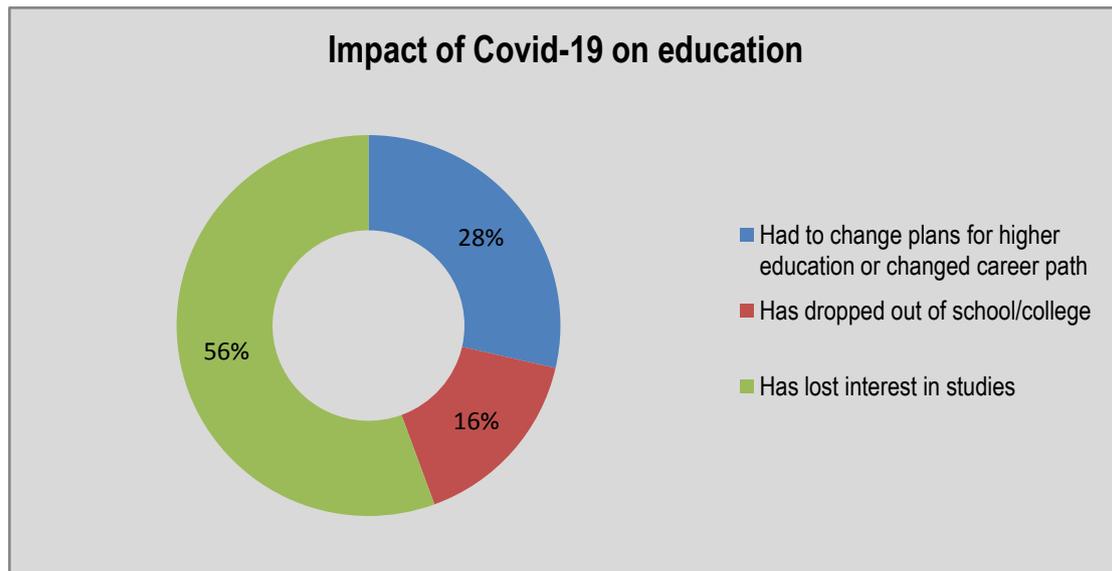


Figure 1 Respondents reporting to impact of Covid-19 on their education

The teachers those were interviewed also shared that all this while in their career they have been teaching students in person, physically being present before them and then came the Covid-19 which actually brought a huge change in the whole scenario of the teaching-learning process. It became a little difficult to teach online and the students didn't respond in the same way. Students have lost interest in studies but commenting on their overall health and wellness, it has deteriorated as well and these young children do not know where to seek help from.

“Due to the prolonged closure of schools and colleges children have lost interest in studies and the ones who were working do not have the same zeal and seriousness. We are still in the process but we have not yet built such places where young people can freely express themselves. Primarily the challenge was to provide financial aid to the students and also taking care of oneself while working as a corona warrior.” – One of the teachers during KII

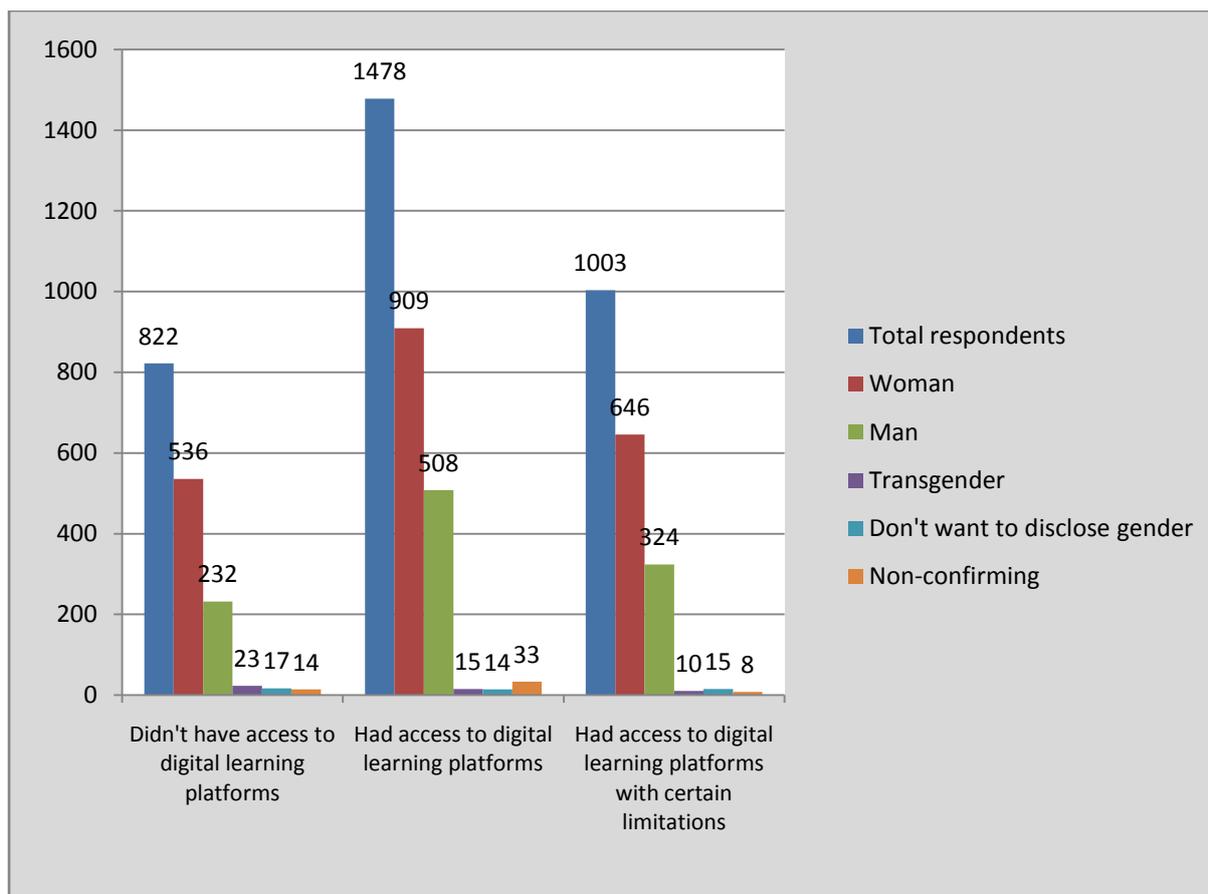


Figure 2 Gender wise number of respondents and their accessibility to digital learning platforms during Covid-19

Almost 30% respondents shared that during the COVID - 19 lockdown they didn't have access to digital learning platforms to ensure the continuity of their learning during school/college closures. While 30% participants reported to have access to online education with some limitations and 44% shared they have been able to access online learning during COVID-19 school/college closures. During FGDs the respondents shared their apathy about online classes and how it was a constant hindrance to their learning. Due to the poor network connectivity, most of the students were not able to turn on the video; however, few shared that they managed to ask their queries and get their answers through chat.

All the respondents shared that there were lots of difficulties while accessing the online classes and those difficulties were mostly due to non-availability of mobile phone at home or sharing of mobile phones with other family members or poor network connection or difficulty to keep the pace with online learning or not comfortable with the technical mode of teaching etc.

'Academic aspects were kept on halt and limitations of course, some not available and less time to look out for different courses too and degrees were delayed' Young respondent during FGD

I didn't gain any knowledge in education during lockdown. No access to offline classes' Young respondent during FGD

Interview with teachers at various locations also highlighted the fact that online teaching was not easy for the teachers too. All the 3 teachers interviewed shared that there were students who were facing technological challenges like not being able to pay for mobile internet recharge, non-availability of smartphones or laptops to attend virtual classes etc. This was more in the Government schools where mostly the students belong to lower income families or there is an absence of private school.

“In online setup initially only few students were responding or answering the questions, so later on we started taking names of students who just quietly attend the classes to make them speak and participate. Also, since the school has mix of students coming from different economic backgrounds, some students used to feel left out as they could not relate to stories or experiences shared by their fellow classmates who comes from affluent background.” One of the Government teachers interviewed from Maharashtra during KII

During FGD discussions participants stated that during the lockdown those who could access to smart phones with good network connectivity were able to explore various other digital learning platforms such as Google, Wikipedia, YouTube videos, learning apps etc. However, they still felt these could be additional learning mediums but cannot be the main learning means. They still learn best in a class room set up where teacher could focus their equal attention to every student and also student could reach out to the teachers easily.

CSE was not a priority in any educational set up.

- **Toll on mental health and well being**

Young people talked about facing a lot of anxiety because they were suffering from a toxic environment in their houses; there were other students who talked about their mental and sexual health. And, there was a clear difference seen that girls were a little clear about their issues but some boys were clueless about a lot of issues that they might be dealing with during their puberty or generally due to the pandemic.

Key Findings

- Almost 67% reported increased level of stress and anxiety during and post lockdown
- 35% reported that their mental health deteriorated since the pandemic
- Almost equal percent of young people irrespective of their gender identity have reported not being able to meet friends as one of the main cause of anxiety and stress
- Interaction with friends helps in reducing anxiety
- The conflicts in house and tension between parents were causes of stress
- 70% of respondents from urban area as opposed to 50% respondents from rural area have reported of experiencing stress

Gender and mental health

In this study respondents were asked to select if stress level in them and among their family members had increased due to COVID-19 situation. The responses reported by males are as follows: Out of a total of 1064 males, 64.19% males reported experiencing an increase in the levels of stress in them and in their family members. 22.37% males reported that they didn't experience an increase in the levels of stress and 13.44% responded with 'not sure'.

As per the responses given by females (total-2091), 67.77% females reported having experienced an increase in the levels of stress in them and among their family members due to COVID-19 situation, 21.95 % reported that they did not experience an increase in the levels of stress in themselves and their family members. 10.23 % females reported that they were 'not sure' of having experienced stress.

As per the responses given by the transgender population, it was found that 60.42% reported an increase, 27.08% reported no increase and 12.50% responded with not sure when asked if stress level in them and among their family members had increased due to COVID-19 situation.

The responses stated by younger people who identify as non-binary, non-conforming are as follows- Out of a total of 55 respondents, 67.27% said that there was an increase in the levels of stress in them and in their family members. 23.64% said that they did not experience an increase in stress levels and 9.09% selected 'not sure'.

People who didn't want to disclose their gender identity responded as follows- 43.48% reported having experienced stress, 39.13% responded with 'no' and 17.39 % were not sure of having experienced an increase in the levels of stress in themselves and their family members.

"During the lockdown, everyone was at home. In the community, there is less space in the homes. People have small houses and hence the couples were not able to spend time with each other comfortably. There was no privacy. This did increase the frustration, tension, and quarrels among the couples. This mental stress also affected their physical health." Anganwadi worker (village level front line health worker) during KII

Gender	Response	Count	Percentage	Total	Overall Percentage
Do not want to disclose	Yes	20	43.48%	46	0.61%
	No	18	39.13%		0.54%
	Not Sure	8	17.39%		0.24%
Female	Yes	1417	67.77%	2091	42.89%
	No	459	21.95%		13.89%
	Not Sure	214	10.23%		6.48%
	Blank	1	0.05%		0.03%
Male	Yes	683	64.19%	1064	20.67%
	No	238	22.37%		7.20%
	Not Sure	143	13.44%		4.33%
Transgender	Yes	29	60.42%	48	0.88%
	No	13	27.08%		0.39%
	Not Sure	6	12.50%		0.18%
Non- binary, Non- conforming	Yes	37	67.27%	55	1.12%
	No	13	23.64%		0.39%
	Not Sure	5	9.09%		0.15%
Total				3304	100.00%

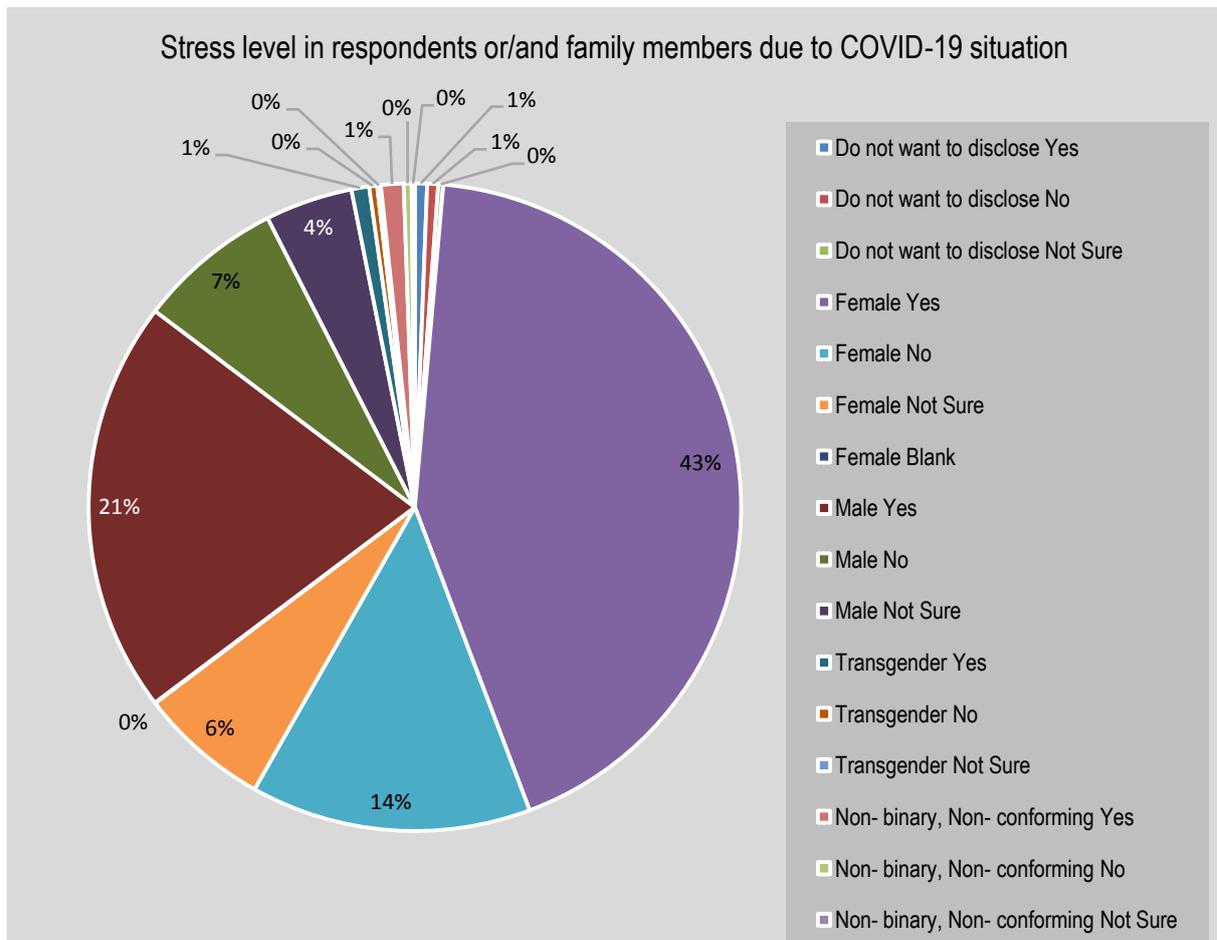


Figure 3 Gender wise responses for stress level as experienced by respondents

“One of my students told me about facing a lot of anxiety because he was suffering from a toxic environment in his house so I helped him consult a counsellor and yes there were other students who talked about their mental and sexual health so I tried to advise them whatever I felt could be right for them.” As per the interview with Anganwadi Worker

The respondents were asked to select if they felt anxious because of their inability to meet their friends/or people they wanted to meet or hang out with. The responses reported by males are as follows: Out of a total of 1064 males, 67.11% males reported experiencing anxiety as they were not able to meet their friends and peers, 20.49% males reported that they didn't experience an increase in the levels of anxiety. 12.41% of the respondents were 'not sure' of having experienced an increase in their levels of anxiety due to the inability to socialize with their peers.

Further, an analysis of the results in female respondents revealed that 62.84% females experienced anxiety because of their inability to meet their friends and peers, 27.88 % reported that they didn't experience an increase in the levels of anxiety. 9.28% females reported that they were 'not sure.'

As per the responses given by the transgender population, 58.33% respondents reported that they felt anxious because of their inability to meet their friends/or people they wanted to meet or hang out with. 29.17% reported not experiencing anxiety and 12.50% responded with 'not sure.'

The responses stated by young people who identify as non-binary, non-confirming are as follows- 74.54% said that they felt anxious because of their inability to meet their friends/or people they wanted to meet or hang out with. 18.18% responded that they did not feel anxious and 7.27% responded with 'not sure'.

People who didn't want to disclose their gender identity responded as follows- 43.48% responded with 'yes,' 32.61% said 'no' and 23.91% responded with 'not sure'. During FGD discussions, few participants have shared that the Covid-19 situation has affected mental health. Earlier they used to go out with their friends but due to Covid, they couldn't.

“Lockdown has affected many of them mentally because they used to overthink and become stressed; many of them have relationship problems because they can't meet in person; and while texting, some of the text we say in one way and the other person can misunderstand it. One of my friends shared his relationship fight with his girlfriend during lockdown.” As per the interview with social media influencer

Gender	Response	Count	Percentage	Total	Overall Percentage
Do not want to disclose	Yes	20	43.48%	46	0.61%
	No	15	32.61%		0.45%
	Not Sure	11	23.91%		0.33%
Female	Yes	1314	62.84%	2091	39.77%
	No	582	27.83%		17.62%
	Not Sure	195	9.33%		5.90%
Male	Yes	714	67.11%	1064	21.61%
	No	218	20.49%		6.60%
	Not Sure	132	12.41%		4.00%
Transgender	Yes	28	58.33%	48	0.85%
	No	14	29.17%		0.42%
	Not Sure	6	12.50%		0.18%
Non- binary, Non- conforming	Yes	41	74.55%	55	1.24%
	No	10	18.18%		0.30%
	Not Sure	4	7.27%		0.12%
Total				3304	100.00%

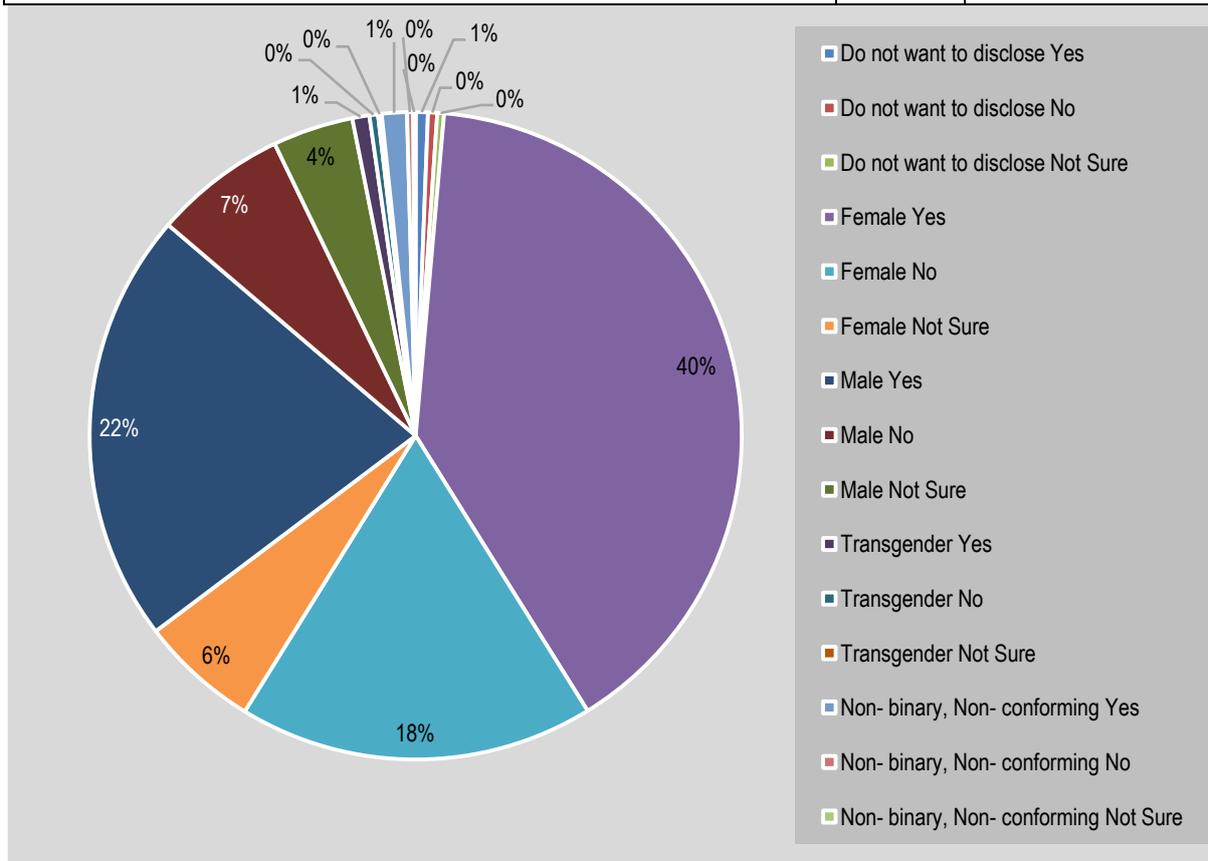


Figure 4 Gender wise responses for increase anxiety among young people during Covid-19 for not been able to meet friends

The participants were asked if their mental health symptoms got worse; developed for the first time or reoccurred in reaction to Covid – 19 or due to the situations arisen by it. 32.99% males stated that their mental health deteriorated during the pandemic, 32.80% males reported that they didn't experience a deterioration in mental health, 23.03% were not sure of having experienced a decrease in their mental health, and 11.18% responded with 'not applicable'. As per the responses given by females, 37.30% females responded that mental health symptoms got worse developed for the first time or reoccurred in reaction to Covid – 19 or due to the situations arisen by it. 37.02 % reported not having experienced deterioration in their mental health and 20.80% females reported that they were 'not sure' and 4.88% selected 'not applicable.' As per the responses given by the transgender population (48), it was found that 50% reported a decrease in their, 35.42% reported with 'no,' 8.33% responded with 'not sure' and, 6.25% selected 'not applicable'.

The responses stated by young people who identify as non-binary, non-confirming 72.73% respondents reported experiencing a deterioration in mental health and development of mental health symptoms for the first time or recurrence of symptoms, 18.18% responded not having experienced any mental health symptoms and 0.91% of the respondents were 'not sure'. People who didn't want to disclose responded as follows- 26.09% responded experiencing deterioration in mental health and development of mental health symptoms for the first time or recurrence of symptoms. 32.61% said did not experience any mental health symptoms, 28.26% reported 'not sure' and 13.04% selected 'not applicable'.

During FGD discussions, participants shared that their mental health was affected because they couldn't move out of houses, no access to outdoor activities had to stay indoors and were not allowed to meet our closed ones and had suffered from depression. Some participants also shared that they couldn't have fun with friends and family and due to online mode during covid-19 stress levels were becoming high. Few participants shared having had lot of negative thoughts. Feeling stressed because of loss of family member to Covid-19, uncertainty, family's financial status, because of studies were also stated as some of the reasons by them.

"Because of Covid-19 our education was affected and it made me to overthink about it and it affected our mental health also."

Young respondent during FGD

Few participants in the FGD shared that their mental health had severely deteriorated since the Pandemic. They said that the problems they faced were multi-faceted and that regular fight within the household was inevitable. Respondents shared that they missed playing with their friends and were stuck inside their houses. They further shared so many family members being stuck inside a small home was not easy and led to resentment towards each other. Lack of outdoor activities, support from friends and family during lockdown and difficulty to adjust with work from home has been stated by participants as having an impact on the mental health of youth.

"Staying in house without going outside made depressed. I felt I was locked somewhere."

Young respondent during FGD

Gender	Response	Count	Percentage	Total	Overall Percentage
Do not want to disclose	Yes	12	26.09%	46	0.36%
	No	15	32.61%		0.45%
	Not Sure	13	28.26%		0.39%
	N/A	6	13.04%		0.18%
Female	Yes	780	37.30%	2091	23.61%
	No	774	37.02%		23.43%
	Not Sure	435	20.80%		13.17%
	N/A	102	4.88%		3.09%
Male	Yes	351	32.99%	1064	10.62%
	No	349	32.80%		10.56%
	Not Sure	245	23.03%		7.42%
	N/A	119	11.18%		3.60%
Transgender	Yes	24	50.00%	48	0.73%
	No	17	35.42%		0.51%
	Not Sure	4	8.33%		0.12%
	N/A	3	6.25%		0.09%
Non- binary, Non- conforming	Yes	40	86.96%	46	1.21%
	No	10	21.74%		0.30%
	Not Sure	5	10.87%		0.15%
	N/A	0	0.00%		0.00%
Total				3304	100.00%

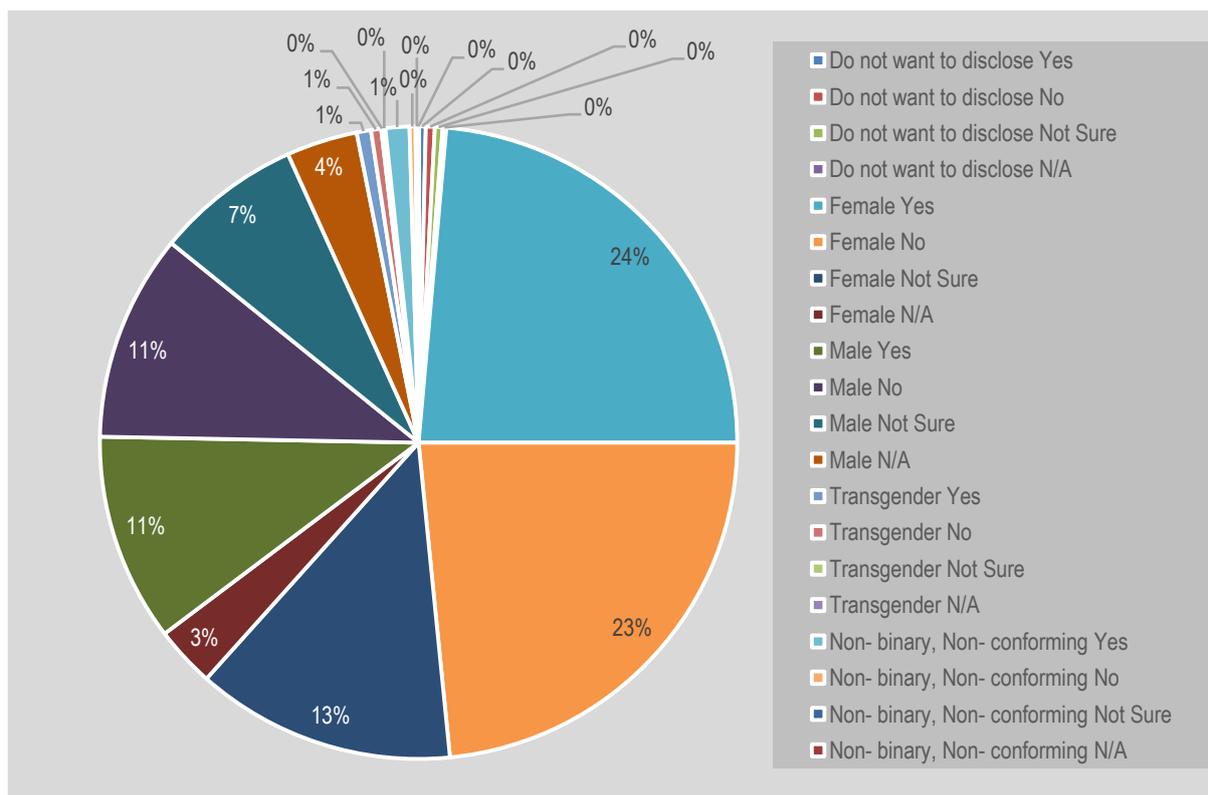


Figure 5 Gender wise responses on aggravating or developing mental health symptoms due to Covid-19 situation

Locality

Out of the respondents who were asked if the stress level in them and among their family members had increased due to COVID-19 situation, 74.58% lived in urban areas, 62.82% lived in semi urban areas, 59.39% lived in rural/ rural revenue villages, 38.46% lived in rural forest villages 40.28% of the respondents lived in tea gardens.

Locality	Response	Count	Percentage	Total	Overall Percentage
Urban	Yes	1194	74.58%	1601	36.14%
	No	259	16.18%		7.84%
	Blank	1	0.06%		0.03%
	Not Sure	147	9.18%		4.45%
Semi Urban	Yes	495	62.82%	788	14.98%
	No	191	24.24%		5.78%
	Not Sure	102	12.94%		3.09%
Rural/ Rural revenue village	Yes	408	59.39%	687	12.35%
	No	193	28.09%		5.84%
	Not Sure	86	12.52%		2.60%
Rural forest village	Yes	60	38.46%	156	1.82%
	No	71	45.51%		2.15%
	Not Sure	25	16.03%		0.76%
Tea gardens	Yes	29	40.28%	72	0.88%
	No	27	37.50%		0.82%
	Not Sure	16	22.22%		0.48%

Total	3304	100.00%
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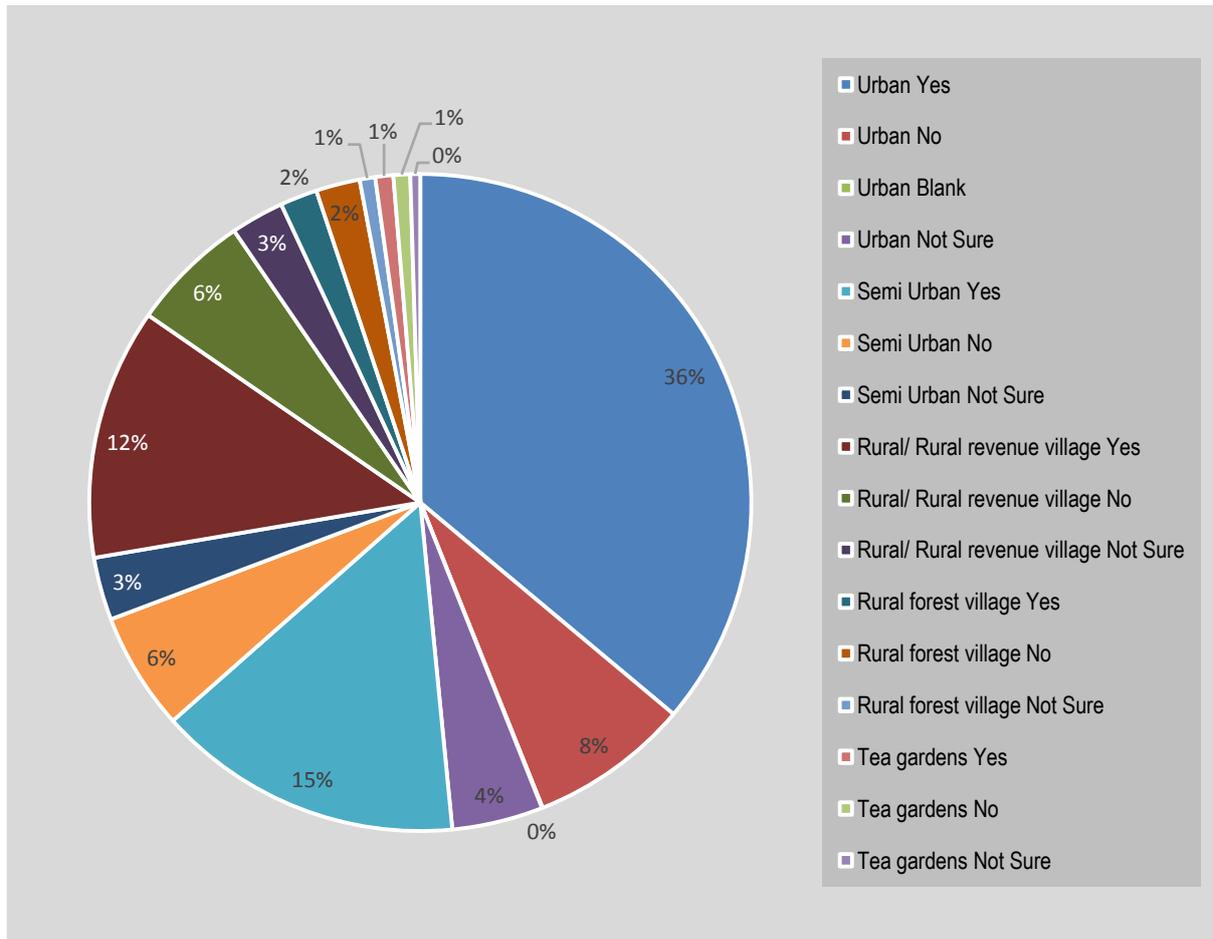


Figure 6 Locality wise responses for increase in stress level during Covid-19

About 67.65 % respondents who lived in urban locality shared that they felt anxious because they couldn't meet their friends/or people they wanted to meet or hang out with. 65.10% respondents lived in semi urban areas, 61.14% resided in rural/ rural revenue villages, 46.79% resided in rural forest villages and 38.89% lived in tea gardens.

Locality	Response	Count	Percentage	Total	Overall Percentage
Urban	Yes	1083	67.65%	1601	32.78%
	No	390	24.36%		11.80%
	Not Sure	128	8.00%		3.87%
Semi Urban	Yes	513	65.10%	788	15.53%
	No	186	23.60%		5.63%
	Not Sure	89	11.29%		2.69%
Rural/ Rural revenue village	Yes	420	61.14%	687	12.71%
	No	181	26.35%		5.48%
	Not Sure	86	12.52%		2.60%
Rural forest village	Yes	73	46.79%	156	2.21%
	No	62	39.74%		1.88%

	Not Sure	21	13.46%		0.64%
Tea gardens	Yes	28	38.89%	72	0.85%
	No	20	27.78%		0.61%
	Not Sure	24	33.33%		0.73%
Total				3304	100.00%

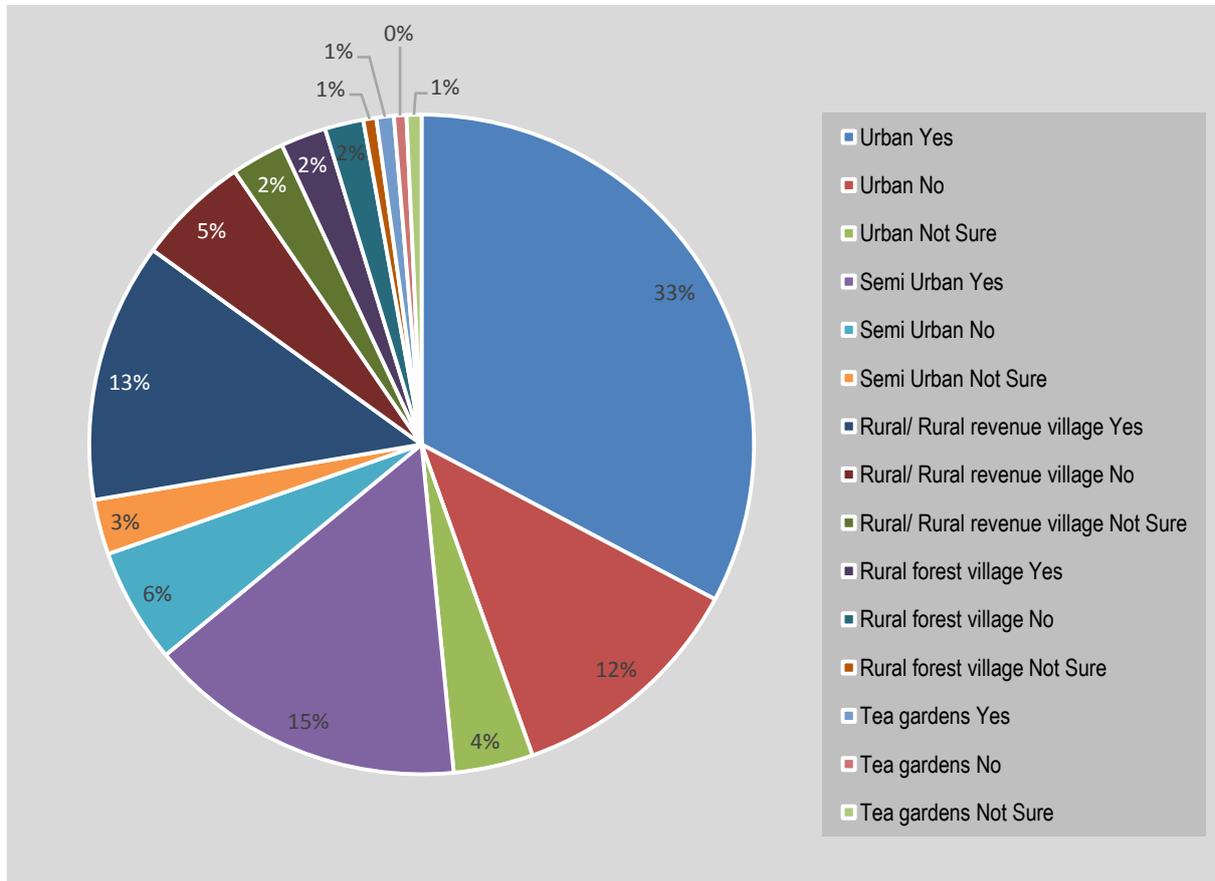


Figure 7 Locality wise responses for respondents whose anxiety level increased because they couldn't see their friends during Covid-19

The respondents were asked if their mental health symptoms got worse, developed for the first time or reoccurred in reaction to Covid – 19 or due to the situations arisen by it. The maximum number of responses who experienced metal health symptoms or experienced them for the first time or the recurrence of them lived in urban locality (41.91%), followed by semi Urban locality (39.09%), rural/ rural revenue village (26.64%), rural forest village (20.51%) and tea gardens (18.06%).

Locality	Response	Count	Percentage	Total	Overall Percentage
Urban	Yes	671	41.91%	1601	20.31%
	No	509	31.79%		15.41%
	Not Sure	322	20.11%		9.75%
	N/A	99	6.18%		3.00%
Semi Urban	Yes	308	39.09%	788	9.32%
	No	252	31.98%		7.63%
	Not Sure	151	19.16%		4.57%
	N/A	77	9.77%		2.33%
Rural/ Rural revenue village	Yes	183	26.64%	687	5.54%
	No	302	43.96%		9.14%
	Not Sure	163	23.73%		4.93%
	N/A	39	5.68%		1.18%
Rural forest village	Yes	32	20.51%	156	0.97%
	No	72	46.15%		2.18%
	Not Sure	44	28.21%		1.33%
	N/A	8	5.13%		0.24%
Tea gardens	Yes	13	18.06%	72	0.39%
	No	30	41.67%		0.91%
	Not Sure	22	30.56%		0.67%
	N/A	7	9.72%		0.21%
Total				3304	100.00%

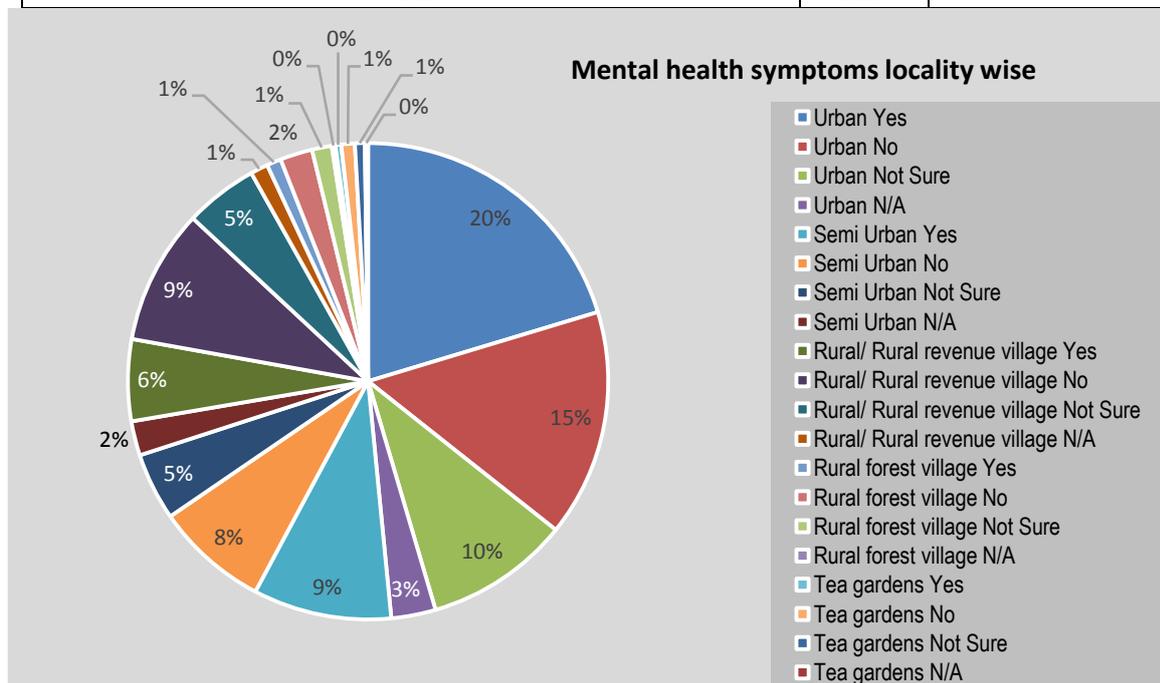


Figure 8 Locality wise responses on mental health symptoms and if they got worse or and they developed any due to Covid-19 situation

Disability

Respondents were asked to select if stress level in them and among their family members had increased due to COVID-19 situation. Out of a total of 232 participants, 53.02% young people responded that stress level in them and among their family members had increased during the pandemic.

Disability	Response	Count	Percentage	Total	Overall Percentage
Didn't want to disclose	Yes	33	45.21%	73	1.00%
	No	29	39.73%		0.88%
	Not Sure	11	15.07%		0.33%
Reported Person without any disability	Yes	2030	67.69%	2999	61.44%
	No	631	21.04%		19.10%
	Not Sure	337	11.24%		10.20%
	Blank	1	0.03%		0.03%
Reported Person with disability	Yes	123	53.02%	232	3.72%
	No	81	34.91%		2.45%
	Not Sure	28	12.07%		0.85%
Total				3304	100.00%

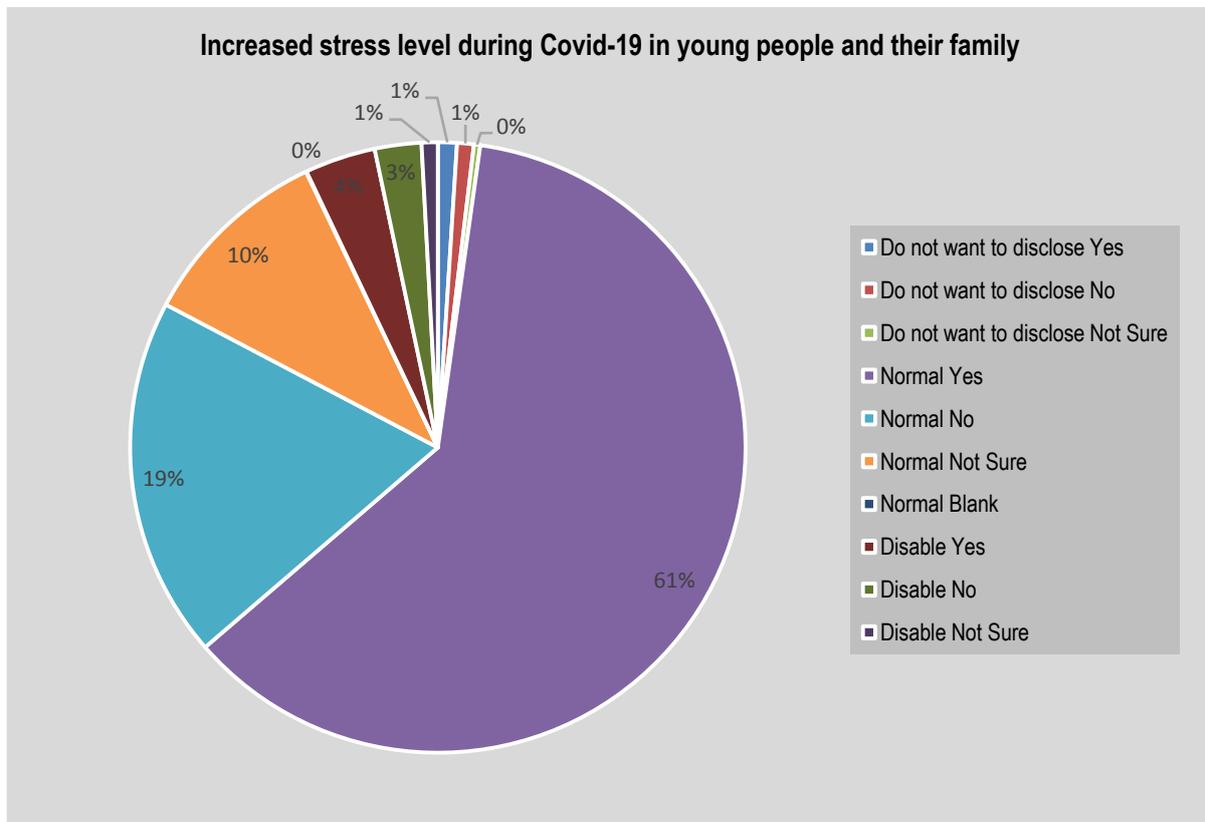


Figure 9 Respondents reported to increased stress level with them and their family during Covid-19

On being asked if the respondents felt anxious because of their inability to meet their friends/or people they wanted to meet or hang out with, 54.74% participants responded that they felt anxious.

Disability	Response	Count	Percentage	Total	Overall Percentage
Do not want to disclose	Yes	30	41.10%	73	0.91%
	No	24	32.88%		0.73%
	Not Sure	19	26.03%		0.58%
Reported Person without any disability	Yes	1960	65.36%	2999	59.32%
	No	735	24.51%		22.25%
	Not Sure	304	10.14%		9.20%
Reported Person with disability	Yes	127	54.74%	232	3.84%
	No	80	34.48%		2.42%
	Not Sure	25	10.78%		0.76%
Total				3304	100.00%

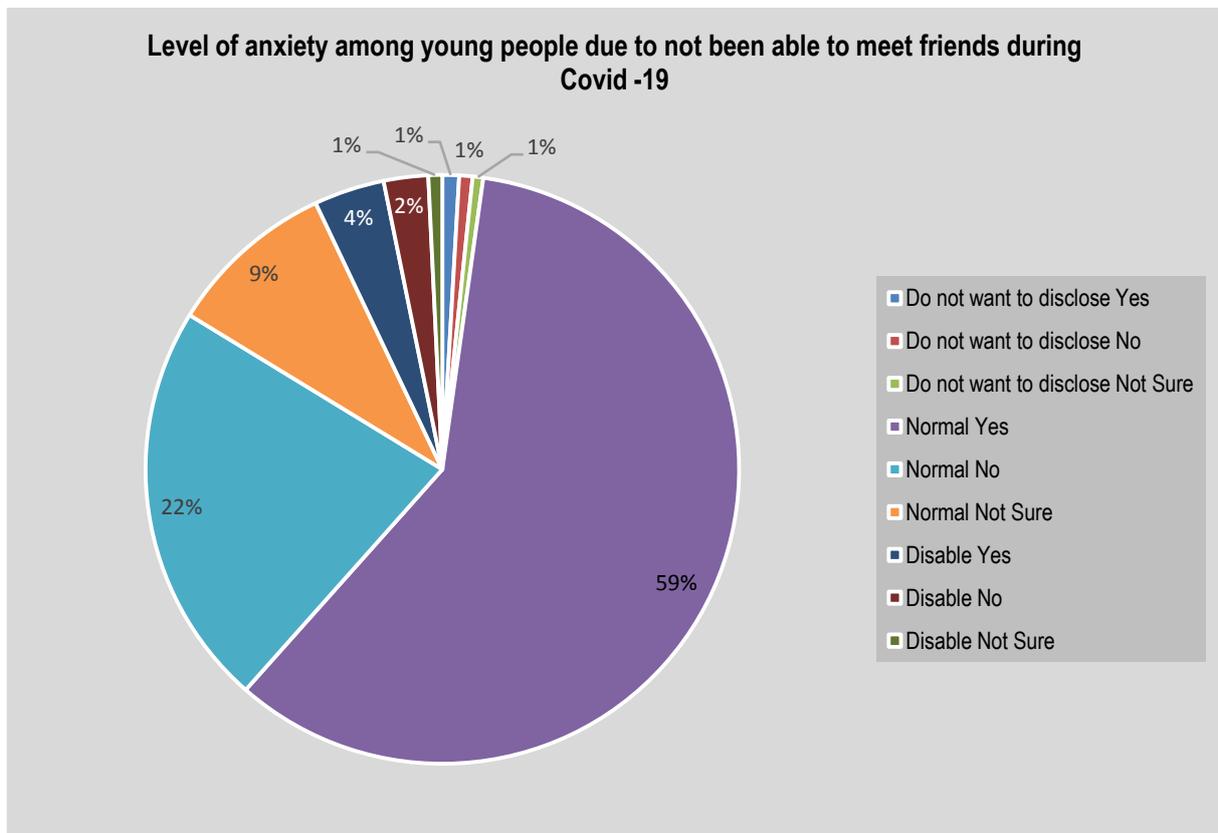


Figure 10 Respondents reported to have increased level of anxiety during Covid-19

The participants were asked if their mental health symptoms got worse, developed for the first time or reoccurred in reaction to Covid – 19 or due to the situations arisen by it. 42.67% participants responded that their mental health was negatively impacted by Covid – 19 and situations arisen by it.

Disability	Response	Count	Percentage	Total	Overall Percentage
Do not want to disclose	Yes	19	26.03%	73	0.58%
	No	22	30.14%		0.67%
	Not Sure	22	30.14%		0.67%
	N/A	10	13.70%		0.30%
Reported Person without any disability	Yes	1089	36.31%	2999	32.96%
	No	1064	35.48%		32.20%
	Not Sure	640	21.34%		19.37%
	N/A	206	6.87%		6.23%
Reported Person with disability	Yes	99	42.67%	232	3.00%
	No	79	34.05%		2.39%
	Not Sure	40	17.24%		1.21%
	N/A	14	6.03%		0.42%
Total				3304	100.00%

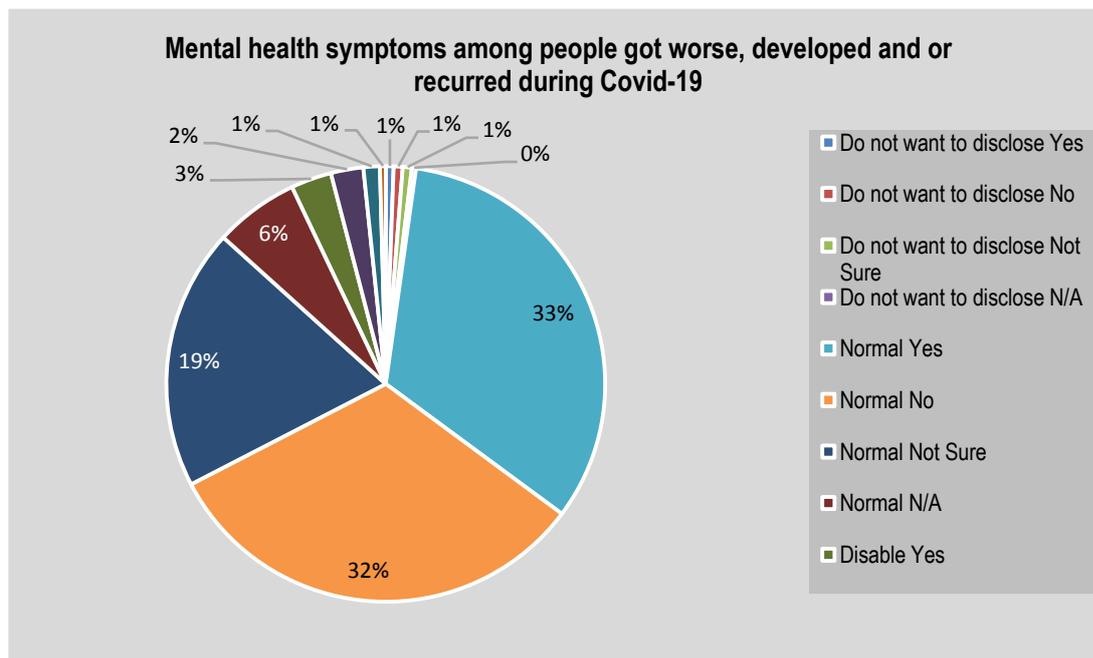


Figure 11 Respondents reported to mental health symptoms got worse, developed or and recurred during Covid-19

- **Employment**

Key Findings:

- *28% respondent reported loss of job of self or the primary earning member*
- *59% reported decrease in household income*
- *Economic crisis in the family impacted relationships among family members leading to stress*
- *Young people had to change their plans for higher studies and career goals due to the sudden loss of income*

The pandemic has inflicted a massive disruption on the employment and career prospects of young people. India's youth who make up more than one-fifth of the country's 1.4 billion people have had to bear the brunt of job losses (Al Jazeera, 2022). A series of lockdowns imposed due to the Covid-19 outbreak has resulted in unemployment and the pandemic situation is expected to create more obstacles in accessing employment opportunities for young people. According to Centre for Monitoring Indian Economy (CMIE), about 30 million Indians between the ages of 20 to 29 were jobless and looking for work in 2021. This accounts for 85 % of the unemployed people. When the first and second lockdowns were imposed, many young people who were at the first jobs of their careers lost their jobs. They continued to remain unemployed for a very long time at the beginning of their career (Al Jazeera, 2022). The current study shows that most of the young people were affected by decrease in household income and stress in family due to the same.

Many young people are waiting to get suitable work opportunities to enter the labour force. Stimulating new employment and entrepreneurship opportunities and programmes that target their entry or re-entry into work is the need of the hour for young people who have lost their jobs (World Economic Forum, 2021). There is a need to shift the focus on vulnerable young people and get them into work and train to fill any skills gaps that may have arisen due to disruptions during the pandemic. Without clear policy interventions, India's demographic dividend will soon become a liability. Targeted training programmes that can develop skills in the young workforce, which include apprenticeships and other industry-educational collaborations, improving curriculum to make young people workplace-ready are imperative for bridging the youth unemployment gap (Hindustan Times, 2021).

On being asked if the young respondent or the primary earning member of their family lose job or primary source of income due to COVID-19, 28% said yes while 64% said no. However, 59% respondents reported to have a decreased household income due to Covid-19 and the situations arisen by it. In the FGD, participants also shared how the constant economic crisis led a lot of misunderstandings, conflicts and mental stress inside the house during Covid-19 or post the situation arisen by the Covid-19 lockdown. A lot of participants also shared that their career plans got shifted/changed considering the family incurred sudden loss in business or their livelihoods. Few young participants also shared their increased agony and anxiety due to losing their jobs which was the only livelihood means in their household.

Loss of income /job during Covid-19

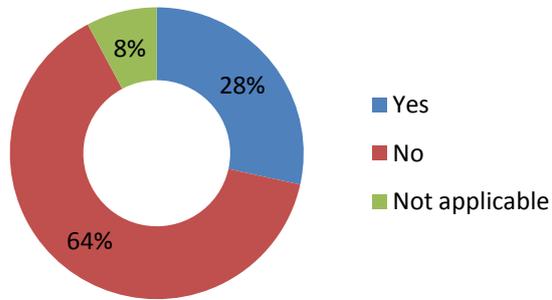


Figure 12 Respondents reported they/the primary family member loosing income or job during Covid-19

Economic status of household during Covid-19

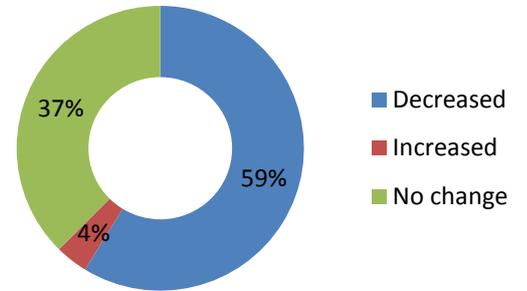


Figure 13 Respondents reported their income of the household during Covid-19

F.2 Relationship, sexual desires and activity during Covid – 19

Adolescents and youth build their identity by integration of feelings and desires, and sexual activity often begins in this period^{1,2}. This change is not always accompanied by appropriate sexual education or by knowledge about physiology or biological aspects of sexuality and reproduction. Currently, in many societies including in India, unmarried, single youths are sexually more active than commonly realized. Adolescents and young people maintain sexual relationships, even though cultural values in countries like India do not permit this (Kumar A, 2003). This study tried to look at the young peoples' sexual behaviour, activity and relationship status during Covid-19 times and how it got impacted due to the same

Key Findings:

- *Shrinking spaces and living constantly under the surveillance of family curtailed young people's own space and freedom to explore their physical urges and pleasures*
- *Romantic relationships have during lockdown deteriorated during this time*
- *There was an absolute lack of space where they could ask and clarify their concerns around romantic relationships or sexual pleasure*
- *There are misconceptions on the notion of sexual pleasure and young people find it difficult to talk about it to any one*
- *The taboo on these issues stops people to express their need or opportunity to clarify their misconceptions and doubts from authentic sources*
- *Partner NGOs in some areas did not feel safe to discuss these issues with young people in fear of possible backlash from the community they work with. / young people belong to due to existing taboos etc.*
- *Some young people including young mothers expressed that they do not talk about these issues as such issues can 'Malign their image'*
- *Young people took on technology pretty well much before Covid-19 and romance in the virtual world worked well for people who were a little shy/introverted in real life*

¹ Sexual knowledge refers to the knowledge about sexuality, myths and misconceptions around issues such as reproduction, pregnancy, masturbation, abortion, fertility, methods of contraceptive use and sexually transmitted diseases etc.

² Sexual attitude refers to the attitude one has toward sexuality or sexual behaviours, which could be either liberal or conservative

- **History of sexual activity and behaviour in youth**

17% of total respondents shared that their sexual desire had increased during Covid-19 lockdown, out of which 45% respondents were female, 46% respondents were male 3% and 4% belong to transgender and non-binary groups. Another 13% of the total respondents also shared that during Covid-19 and especially lockdowns they felt reduced desire to have sex. This could possibly be attributed to the high level of stress due to multiple reasons and or living in a closed environment along with the families. Families were confined to poor and limited housing spaces together for longer hours like never before, along with limited accessibility to basic services and limited or absolutely no space for young people that they could call their “own”.

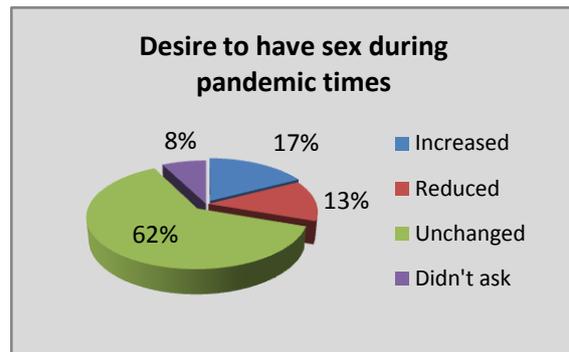


Figure 14 Respondents desires to have sex during pandemic

Approximately 10% of the respondents reported to have shared that they or anyone they know have had sex in exchange of money or food or other essential to cover the basic needs during the Covid-19 lockdown periods. Not surprisingly out of the total reported, 45% respondents stated that their household had either no monthly income or a monthly income of less than 5000 Rs during Covid-19. More than 61% of this reported respondents belonged to either urban or semi urban towns.

- **Sexual pleasures**

During the FGDs young people shared that the lockdown situation forced them to stay at home most of the times and it affected their regular interactions and sexual behaviours including casual touches, hugs. Around 38% of respondents reported to have never had masturbation out of which 76% were women who reported to have never had

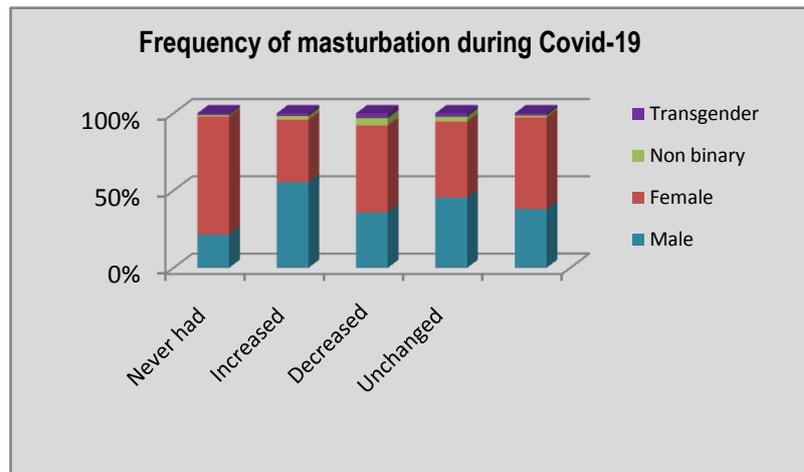


Figure 15 Segregated data of respondents reported on frequency of masturbation during Covid-19

masturbation. 14% reported to have increased their frequency of masturbation out of them

many reported that their romantic/intimate relationship during lockdown got deteriorated. 17% respondents who reported to have a decreased level of masturbation also possibly connected to the fact that most them were living outside of their home/parents and mostly living in hostels, or alone by themselves before the pandemic and only shifted to live with family during lockdown. Shrinking spaces or perhaps coming back to stay with the family/parents/caregivers under a constant supervision or just the fact of the whole family living together spending all the time together curtailed young peoples' own space and freedom to explore their physical urges and pleasures.

“As our houses are very small, it wasn’t always possible to fulfil the wish to have sex. Everyone was at home and when the husband demanded or shared the wish to have sex, I felt the guilt of not being able to satisfy him. Sometimes, even we wanted to have personal time with our husbands, but as the in-laws were also there, we couldn’t. It also led to physical and mental irritation of ours.” – A young married respondent between 19-25 years

Approximately 20% young people, especially who were living with their parents/family, reported to have increased porn watching time online to relieve their desires and boredom during lockdown. This may influence the way they perceive sex and could encourage risky behaviour, such as not using condoms.

During discussions with young people it was observed that there were misconceptions around notions of sexual desires and pleasures including masturbation. Young people found it difficult to talk about it openly. There was a lot of taboo and myths around these subjects. The young mother’s group who filled the questionnaire³ categorically requested the researchers not to ask particular questions that can “malign their image” in the family and in the community. The researchers modified the question of pleasure and satisfaction and asked the sexual experience during the Covid-19 times painful or

³ Researcher collected data from 250 young mothers 19-25 age group in low income communities

pleasurable. To which most of the respondents shared it was painful and not something that they enjoyed.

“Everyone was at home during the lockdown. There was so much of work pressure. We used to work for whole day and get tired. In such a situation, how can one feel the desire to have sex? I desperately wanted to rest most of the times and with tiredness and body ache, I feel that sex was more painful at that time”

15% of the respondents didn't want to disclose this information despite the fact that the questionnaires were filled anonymously. This can be also corroborated to the FGD discussions where young people shared that there was absolutely no place and no one where they could ask and clarify their concerns with. These were such critical yet controversial topics to talk with someone.

“I did not know anything about sex until I got married. I learnt about it later. So naturally I had many questions. But I can't ask anyone not even to the local health worker. Here, in our community, all the neighbours know everything about you. So even if I approach someone for help, the news will reach my home before I reach home and they will tell my mother in law that see your daughter in law is talking about such things. I tried asking my mother before my marriage but she scolded me and asked me to shut up.” – A young mother between 19-25 years during an FGD

- **Dating and relationship during Covid – 19**

Dating is culturally unacceptable in many Indian households; so many young people who live with families manage by sneaking around or meeting at other friend's places. However, these options have vanished during Covid-19 especially during lockdown. And being confined with families all the time made it harder for young couples. Romance was being kept alive through self-vanishing snaps, wishing mornings with GIFs and snatching away time from never-ending work calls to make elaborate phone/video calls. Before the pandemic, video calls were designated for long-distance couples, which now, most relationships have turned into. And while it isn't easy to keep the spark alive in your ongoing relationship, developing real feelings for someone based on virtual interactions was proving to be a more arduous task for new lovers and those searching for a connection.

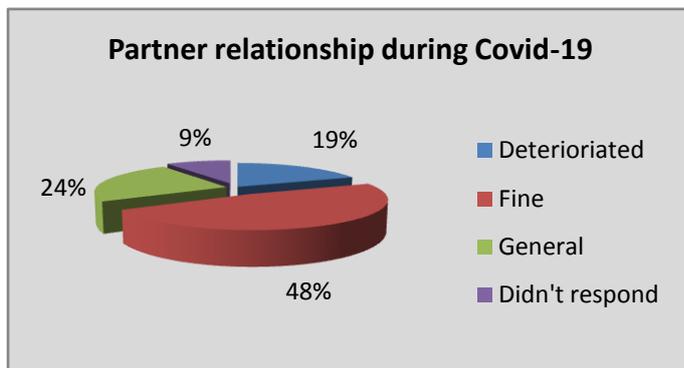


Figure 16 Status of young peoples' partner/romantic relationship during Covid-19

More than 30% of the respondents reported to be in a romantic relationship while 18 % shared that they had never been into any romantic relationship during Covid-19 pandemic. Covid-19 hasn't wholly killed romantic relationships, but it has undoubtedly made things a lot more challenging.

Shifting to online/virtual relationships impacted different young people differently. While 48% respondents shared that the partner relationship was fine 19% shared it got deteriorated and 24% said it was one of the generic relationships and Covid-19 didn't much impacted their partner relationship. One of the interesting facts that young people took on technology pretty well much before Covid-19 and romance in the virtual world worked well for people who were a little shy/introverted in real life. In some ways, online dating/relationships created an opportunity for those who struggled to express face to face. It gave a scope to express themselves in writing, and many of them starting to have active online social lives after Covid-19, so they're comfortable with computer-mediated communication.

A majority of the young people during FGD shared that it also helped people understand meaningful aspects of their relationships not only the partner or romantic relationships but also with their family, parents and siblings got improved. The increased time at home has also increased the conflicts at home with other family members. However, with more and more young people spending time with their elders and family members at home they are witnessing different perspectives and which has made the young people more empathetic towards them.

Though COVID - 19 has disrupted the normal life of young people and have thrown a great challenge in the overall wellbeing of the young people, instead of giving up, youth have shown their resilience and turned this crisis into opportunities and hope for future.

F.3 Access to SRHR knowledge and information

The SRHR needs of young people are unique and are often overlooked in India. There are already existing barriers such as lack of access or information, parental control and requirement of authorisation, restrictive policies, lack of youth friendly services and stigma to name a few. As COVID 19 took precedence on the national scene, any services which did not directly impact the containment of the pandemic suffered from the lack of attention. As a result of which, the young people are more vulnerable to unintended pregnancies, unsafe abortions and STIs. It was important to reach out to people in need by ensuring non-discriminatory access of services and knowledge to communities, but also help them raise their voice for their sexual health and rights. Young people often face doubt, hence a lot of time their voices are not counted or considered.

Key Findings:

- *Comprehensive sexual education was never imparted even before covid in most of the education institutes*
- *The only CSE related information that was disseminated in schools and colleges were that of menstrual hygiene products and waste management. But since the pandemic has struck even that has stopped.*
- *27% shared that they are not aware of contraceptives for safe sex, family planning measure and unwanted pregnancy*
- *37% prefer not to talk about or seek support for SRHR services.*
- *One of the major challenges was young people did not have a safe space to talk about topic related to menstruation or human body or their feelings during lockdown*
- *Technology advancements and social media create opportunities to keep people safe, informed and connected. However, the same tools also enable and amplify the current infodemic that continues to undermine the global response and jeopardizes measures to control the pandemic*
- *Friends are considered as reliable source of information*
- *While young people depend on family for support only 1 % reported they can talk their family about SRHR related issues*

• Available source of information on SRHR during Covid- 19

It was important to reach out to people in need by ensuring non-discriminatory access of services and knowledge to communities, but also help them raise their voice for their sexual health and rights. Young people often face doubt, hence a lot of time their voices are not counted or considered. They need a lot of encouragement.

56% respondents reported to have knowledge about contraceptives while 51% shared that they are not aware of contraceptives for safe sex, family planning measure and unwanted pregnancy.

Most of the girls during FGD said comprehensive sexual education was never imparted in their school in fact the reproduction chapter which fetches them the basic knowledge about their body and the very

basic rights of knowing their reproductive organs and functions in the body had been superficially taught

All the FGD respondents in all the locations said that the only CSE related information that was disseminated to them in schools and colleges were that of menstrual hygiene products and waste management. But since the pandemic has struck even that has stopped.

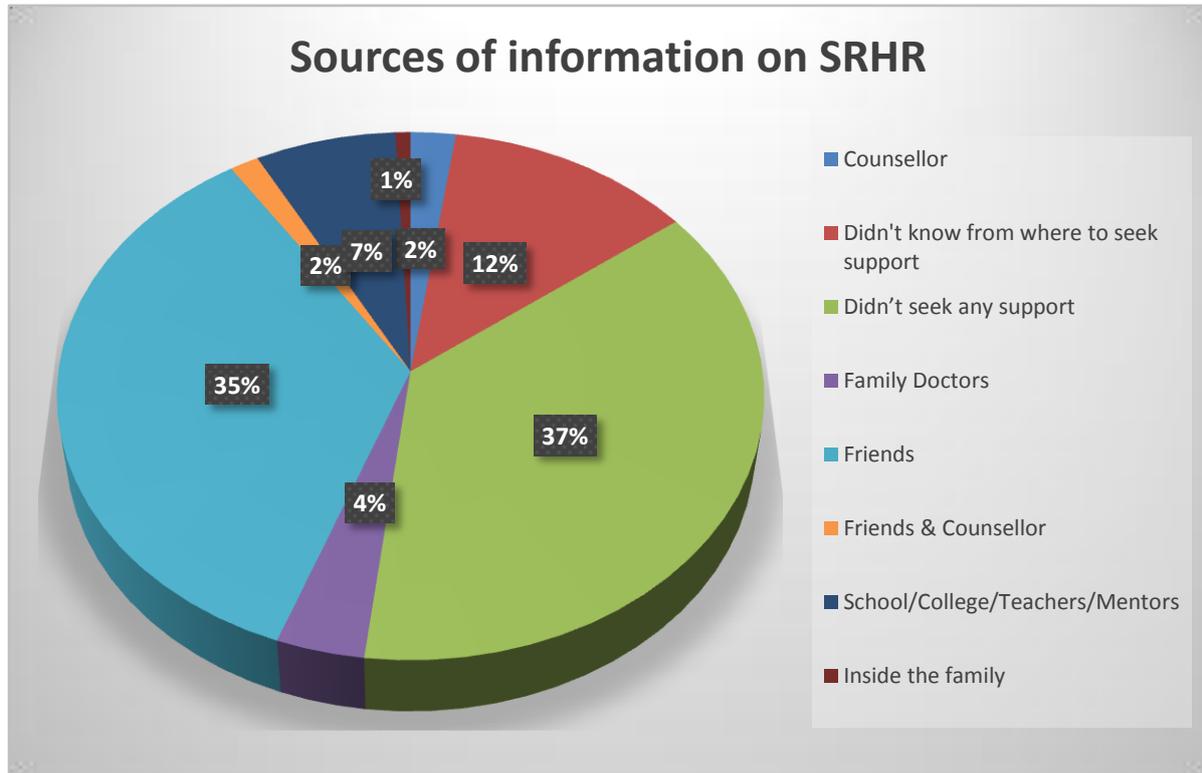


Figure 17 Respondents reported the sources of information on SRHR during Covid-19

It is evident that majority of the youth (37%) prefer not to talk about or seek support for SRHR services. 35% of them have considered their friends a reliable source of information. 12% of participants are clueless and didn't know from where to seek support. Only 1% has considered talking about it in their families. 4% have connected with their family doctors.

51% participants were aware of contraceptives for safe sex, family planning measure and unwanted pregnancy, while 27% didn't have any idea of it, and 22% were not sure if they know properly about it.

Talking about the safe space to discuss their intimate relationship and love life, issues regarding menstruation hygiene, sexuality

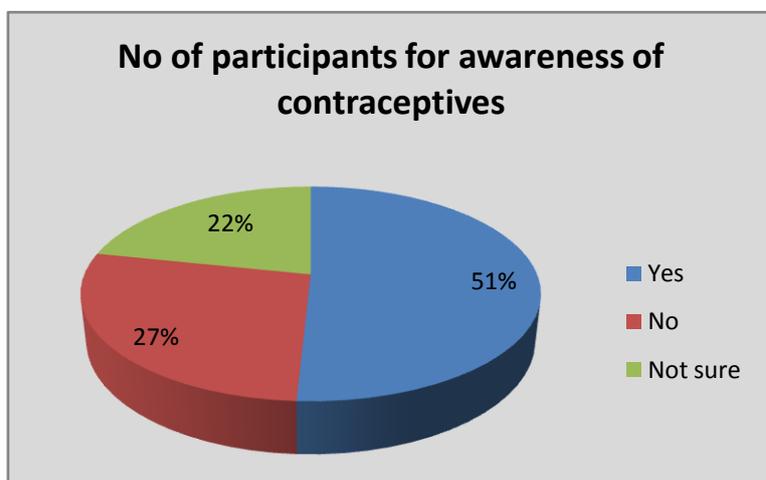


Figure 18 Number of respondents reported for awareness of contraceptives

concerns including safe sex, contraception choices etc. during lockdown, only 32% said they feel safe to discuss this. One of the major challenges was since students were joining the classes from their houses during lockdown; they did not have a safe space to talk about topic related to menstruation or human body or their feelings.

“During lockdown young people were stuck at their homes, in case of my students also they were not able to meet their peers, which have affected their mental health. Many of the times these young kids share their issues with their friends or classmates as they don't feel comfortable speaking to their parents or teachers. Also some students got access to mobile phones and internet and they were getting lot of unnecessary or misleading information through it. Another major challenge was since students were joining the classes from their houses they did not had a safe space to talk about topic related to menstruation or human body or their feelings.” As per the interview with Trained Teacher at Government School (BMC School)

- Online and offline sources accessed by youth during Covid-19 to get knowledge and information during Covid-19

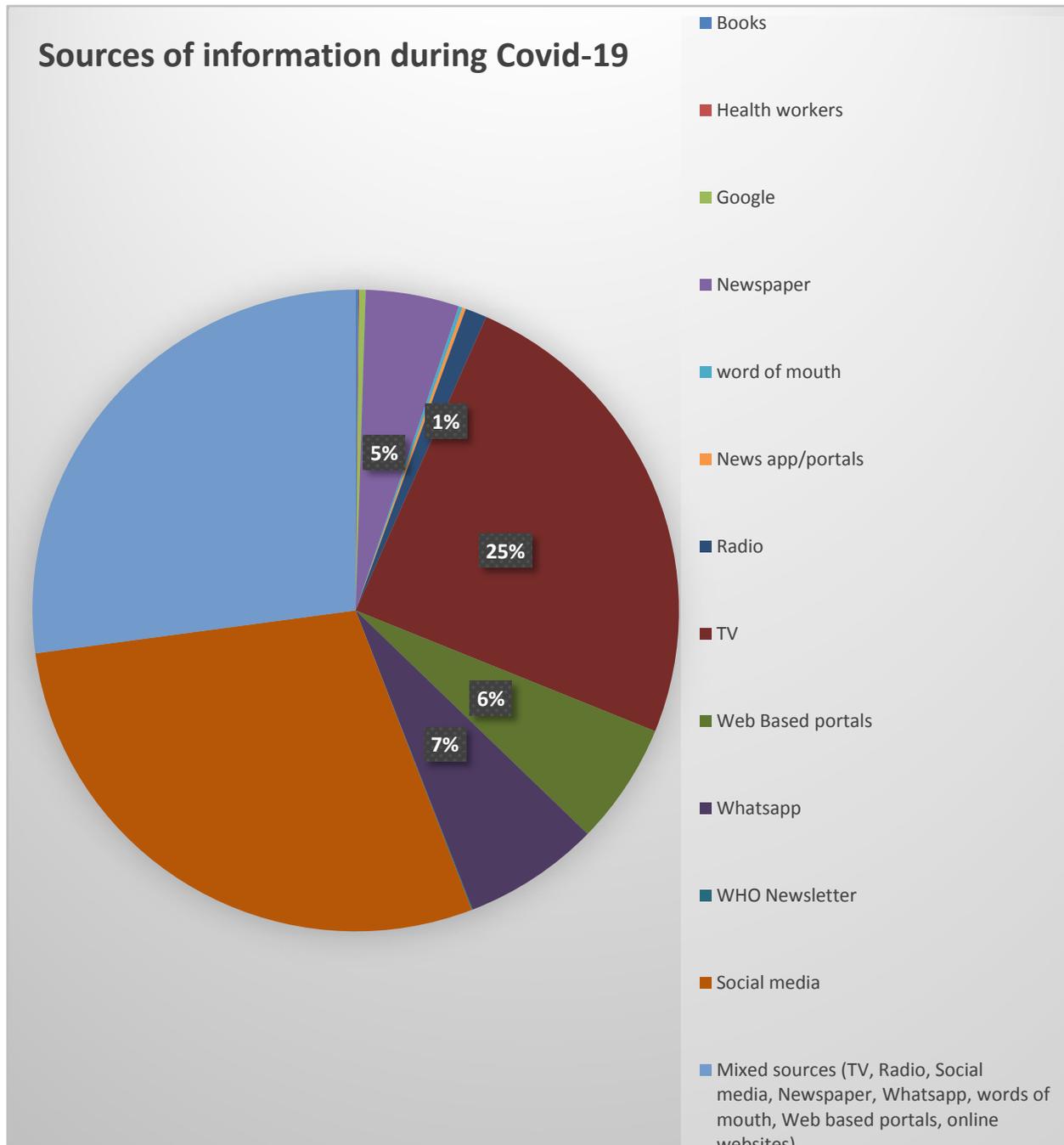


Figure 19 Online and offline sources on SRHR accessed by young people during Covid-19

For most people, it's either the internet or media, which includes print, as well as broadcast options. The internet is considered a worldwide media. In an epidemic or pandemic, controlling the spread of disease is a basic requirement.

Social media usage has increased manifold and thus, has a number of available platforms, including Facebook, Twitter, YouTube, Instagram, Snapchat, WhatsApp, and Reddit have been accessed

majorly by young people. Three most used sources are: **TV, social media, and Mixed sources (Print + digital + social media)**.

The unfolding of the COVID-19 pandemic has demonstrated how the spread of information amplified on social media and other digital platforms, is proving to be a source of information for global public health. Technology advancements and social media create opportunities to keep people safe, informed and connected. However, the same tools also enable and amplify the current *infodemic* that continues to undermine the global response and jeopardizes measures to control the pandemic.

Significantly expanded internet access is vital, social connectedness and excessive screen time has been increased during pandemic. The COVID-19 pandemic came with restrictions, regulations and stay-at-home orders. As a result, the usage of digital devices has increased manifold across the globe. Irrespective of age, people are pushed to rely on digital platforms. Education, shopping, working, meeting, entertaining and socializing suddenly leaped from offline to online.

F.4 Access to services on SRHR during Covid-19

Key Findings

- *During COVID hardly any services were available to young people through any form of institutional support.*
- *While Health workers were trained on sexual health they were not aware of the concept of SRHR from a right's perspective*
- *Access to safe menstrual products were overlooked during the lockdown, as girls and women from the rural areas who relied on free or subsidized products from government centres or NGOs, had little or no access to the same*
- *In absence of Men health workers in the community (like ASHA), boys shy away from talking about / seek help on their SRHR issues.*
- *Young mothers experienced, difficulty and insensitivity while trying to obtain maternal care/delivery services*
- *41% who reported to have experienced difficulties in availing SRHR services belonged to household with monthly income of Rs 500-15000*
- *During Covid -19 Government SRHR services were not available to many or were very limited.*
- *Experience of child birth was traumatic for 20% of young mothers who participated in the study.*

Movement restrictions during Covid-19 lockdown were/have been applied with exceptions for emergency services including medical staff and hospitals remained open. However, primary health facilities in urban, semi urban and rural areas were largely impacted and this limited young people, women's and vulnerable communities' access to their regular health services, such as SRH. Other critical services, such as the treatment of sexually transmitted infections (STIs), availability of contraception, and provision for clinical management of rape (CMR), availability of antiretroviral treatment (ART) for people with HIV (PWH) etc have been reduced.

• Available Government/institutional services during Covid-19

When the respondents were asked about whether they had access to any SRHR related information and services during the Covid19 period, most of them talked about menstrual hygiene products only. On probing further some of the women during FGD opened up more about accessing oral contraceptives and barrier methods. Respondents mentioned that the village level Doctor in their community only visited once or twice a week and stayed only for a few hours which was why the men and women needed to travel far, mostly into the city to avail medical services. However, during the lockdown when movement was restricted, people were not even able to that. Almost all the young mothers during FGD acknowledged the efforts of local health workers who despite the unavailability of resources managed to assist the mothers and the children

When the respondents were asked whether they had received CSE related information, there was a mixed response. The young girls (In 2 FGDs conducted with semi urban and rural community) in the group mentioned that only Menstrual Hygiene Awareness Programs were conducted in their village by an NGO and no other CSE related information was shared with them.

During Covid-10 lockdown, Government SRHR services were not available or very limited. Most of the FGD respondents reported to avail these services with their own money which became a challenge for them, given their socioeconomic background. More analysis are presented in the following section

One of the respondents shared her experience during childbirth and said that she was not helped by the hospital staff before and after her delivery. Others added to this by saying that medical reports were not provided to them and whether or not the delivered child was healthy and fine was also not informed to the families or the mother on time. One of the respondents also mentioned that the hospitals were so short staffed that the mothers post delivery helped other mothers in the ward during their deliveries. The community then mentioned that the nearby government hospital was closed during the pandemic and since then they had to travel really far to other government hospitals which was a major challenge for them, especially during emergencies. Respondents in all the locations talked about how physical checkups with the doctor were ineffective as the doctors refused to check them properly and maintained distance. Some of them talked about how the prices of Sanitary Napkins have increased since the lockdown and should be available at subsidised rates instead.

Community Health workers are major role players in the promotion of reproductive health services and antenatal and postnatal care of women and children in India. Before Covid-19, these village level health workers were largely responsible for spreading awareness on Government health schemes viz Pradhan Mantri Matru Vandana Yojana (PMMVY), safe and hygienic menstruation, safe sex practices along with distributing sanitary pads, contraceptives. However, during lockdown due to unavailability or limited availability of SRHR products such as contraceptives, restriction of movement, restriction on house to house visit and since the focus was shifted more towards spreading awareness on Covid-19 and its precautions; the scope of the community health workers got also changed or limited in terms of SRHR.

The Aanganwari worker interviewed shared, "During lockdown mostly we could do was let them know more about the PMMVY scheme with all the precautions. We were able to see the beneficiaries mostly during purchasing groceries as Home visits were not possible then. It was at that time that the women used to ask their personal questions to us though it was not so easy people being around and these being the taboo things to talk about"

As shared by the community health workers during lockdown, they used to get 2-3 calls daily from community people including young people enquiring about many health issues including Covid-19, menstruation, and discomfort during physical intimacy, family planning and light of Covid-19. They shared that young girls in particular used to feel awkward while talking about pregnancy test kits when elders were at home.

“We at Anganwadi help the young girls to learn about sexual desires, physical body changes, attraction, etc. Referral services are very significant and majorly used by the beneficiaries. Anganwadi services are certainly enough and sufficient, Anganwadi can restart the special CBE program for malnourished children, schemes should be more regarding their diet, anaemia related issues.”

According to the AWW, “exploitation and sexual abuse should be focused more on. So, awareness regarding consent should be the important point of awareness.”

During the interview the health workers shared that they have certainly received trainings on Sexual Health, however, they were not aware of the concept of Sexual Rights and never seen health from a “right’s perspective”. On being asked if they think the SRHR services were enough during Covid-19 lockdown, they shared they didn’t think it that the services are sufficient especially for young people to access. They also felt that there is a lot of taboo associated with such subjects and people are still right and orthodox to accept and adapt changes and talk about such topics.

There was a pressing need to include male health workers at grass root level like ASHAs in order to work deeply with men as well. Many a times boys and male members shy away to talk about their personal and bodily issues with women health workers.

- **Maternal health care facilities especially for young mothers of low income groups**

MHC (Maternal health care) was one of the critical services that got badly hit due to Covid-19 and lockdown. Around 20% of the total young mothers who responded to the questionnaire shared that they experienced difficulties in obtaining maternal care or delivery services due to COVID-19. 43% of the reported were from urban areas followed by 22% lived in semi urban towns across the country.

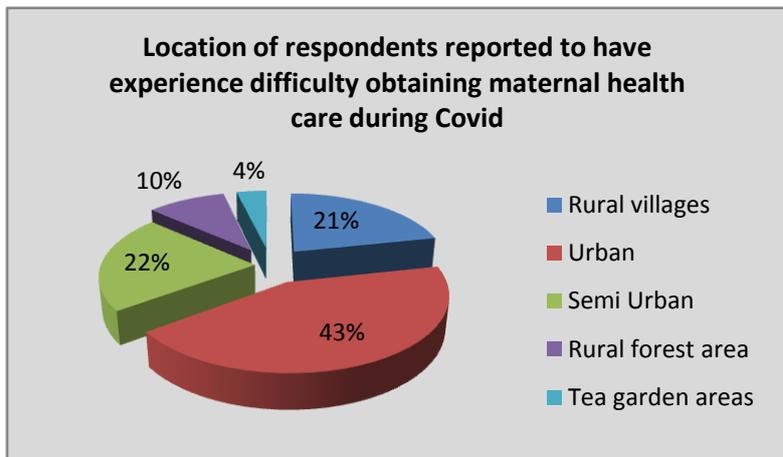


Figure 20 Location of respondents experienced difficulty obtaining maternal health care during Covid-19

The situation was difficult for urban slum dwellers or the migrant community who was primarily dependent on informal sector and was suddenly out of jobs due to the lockdown.⁴ While COVID_19 didn't discriminate between wealthy and poor, men and women but surely the impact of COVID_19 was and still is felt more by the marginalized communities especially women from these communities. 41% respondents who reported to have experienced difficulties obtaining maternal health care during Covid-19 belonged to household with a monthly income between Rs 5000 – Rs 15000 followed by 20% belonged to households with a monthly income below Rs 5000.

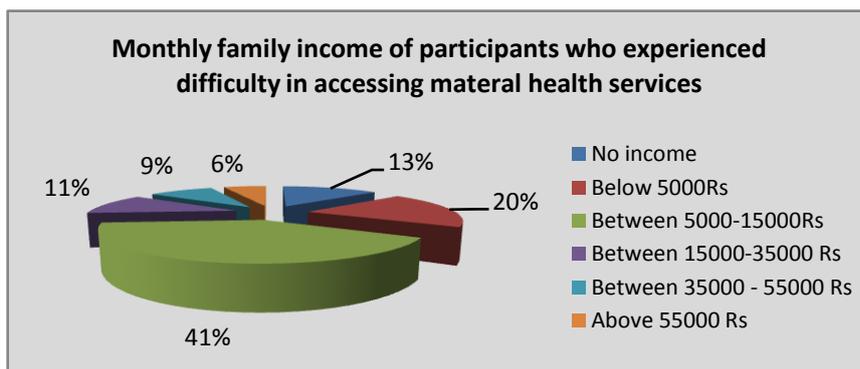


Figure 21 Household monthly income of respondents reported on experiencing difficulty in accessing MHC

to household with a monthly income between Rs 5000 – Rs 15000 followed by 20% belonged to households with a monthly income below Rs 5000.

All the respondents during FGD stated that the services or information from Government during lockdown was limited and in most of the times the services were deteriorated. Since the focus was more on the Covid-19 and its patient so the other services got suffered or delayed. One of the respondents during FGD stated her experience during the lockdown. She claimed that the doctor

⁴ For a country like India where more than 80% generates livelihood from informal sector this lockdown had created a major crisis. As per ILO, the COVID-19 crisis has the potential to push around 40 crore informal sector workers in India deeper into poverty, with the lockdown and other containment measures affecting jobs and earnings.

refused to diagnose her and just prescribed the medicines without touching her due to the fear of Covid - 19. She had visited the hospital with the issue of white discharge.

“I was accidentally pregnant and did not want to continue the pregnancy. However, the government hospital denied me admission due to lack of beds and I was hence, unable to terminate the pregnancy. At another hospital, I was given just the medicines to terminate the pregnancy, but no check-up was done by the doctor. I got worried and did not consume the medicines out of fear which ultimately lead to the continuation of my pregnancy and delivery of a baby.” – One respondent aged between 19-23 during one of the FGDs

Participants shared that they faced very rude and intolerable behaviour of the nurses and other hospital staff in the government hospitals during Covid-19 lockdown. Due to Covid -19 a lot of doctors and medical staff were diverted to attend Covid-19 emergencies instead of their regular duties. One of the respondents shared that she was going through a lot of labour pain and also the foetus had defecated in the womb of the mother, however, having a knowledge of all this, the doctor came late for the delivery. When she complained to the hospital staff about the pain, the staff responded by saying that *“Did it not pain while having sex with your husband, stop complaining about the pain now”*. 2 out of 10 respondents in one of the FGDs with young mothers also stated that they were hit by the hospital staff when they shouted out of pain.

All the respondents shared the significant role played by the community health workers like ASHA⁵, Aanganwari⁶ worker and ANMs⁷ during Covid-19 and otherwise despite the limited availability of services, and restrictions on movement due to lockdown.

One ASHA worker “Sahiya” interviewed in Jharkhand stated that due to Covid -19 the maternity facilities have constraints and also the TT vaccination which a pregnant woman is entitled to get had been stopped, even vaccines for small kids and infants had been stopped so her job as a Sahiya became a little more challenging with these shortcomings. The young expectant fathers and mothers had lot of misconceptions about taking the COVID-19 vaccine like they thought it would lead to infertility, the women thought they won't be able to conceive and there was enormous fear among people regarding the vaccine so she had to go to every household and explain to them that it was completely safe. In that process she also faced violence and threat in few places.

“People may have very little information about SRHR and that too wrong information or not the correct way of getting information. We are supposed to create safe spaces for young people. In some places it is difficult to spread awareness or information while in some places people do not want the information or the service or help being rendered.”

⁵ Accredited Social Health Activist (ASHA) is an all-female cadre of community health workers in every village that have been constituted by the Ministry of Health and Family Welfare. They are responsible for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, counsel women on birth preparedness, post natal and neo natal care, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) etc and so on.

⁶ Anganwadi is a type of child and mother care centre that was established as a part of the Integrated Child Development Scheme (ICDS)

⁷ Auxiliary Nurse Midwife (ANM) is a female health worker based at a health sub-centre or Primary health centre along with visiting various villages

- **Family planning and availability of contraceptives**

“I did not know that there is something that can help me prevent pregnancy. I thought pregnancy occurs like that only. This is the first time I have got to know about it. So there was definitely no use of contraceptives from my side and I don't think my husband was also using it.” Young woman respondent between age 19-25 during FGD

While 53% reported to have knowledge about contraceptives 24% and 23% reported to have don't know and not sure about what they are and what are the functions of contraceptives.

More than 10% reported to have experienced a shortage of contraceptives during the pandemic. Most of the respondents during FGD shared that the free availability of contraceptives by Government either stopped (in few locations) or restricted during the lockdown. In few locations respondents reported that earlier, a government van used to visit the community to distribute the contraceptives, free of cost. During the lockdown, the vehicle never visited and purchasing contraceptives from medical stores was unaffordable for some.

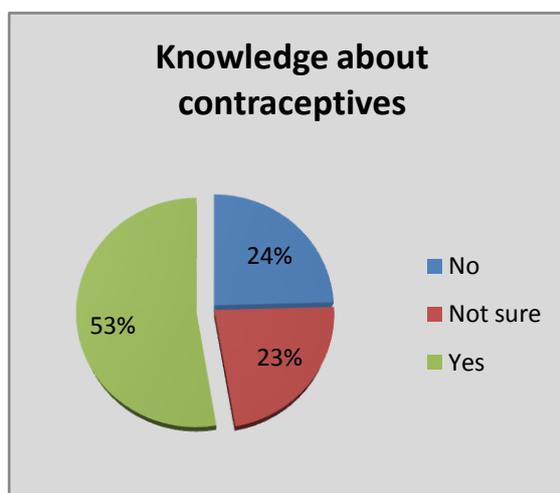


Figure 22 Respondents reported on awareness and knowledge on contraceptives

“India is a patriarchal society. All the decisions are made by the husbands even today. No woman can still come up and speak about marital rape. Other than this, when a woman asks her husband to use a condom, they are slut shamed out of character flaw. Men doubt their wives in such cases.” - One of the FGD participants.

All the 3 health workers interviewed mentioned that the demand for condoms increased by the young women in the community. Apart from spreading awareness on Covid-19, vaccination distribution of contraceptives was the major tasks they had. The ASHA said, “The youth is a bit neglectful towards such topic due to shame and awkwardness. Men don't talk much about such topics, so the awareness spread by us stayed limited to the young females only.”

The health workers observed that the women in particular castes and Muslim community found it difficult to use any family planning measures oral contraceptives or getting an abortion done. The challenges were more with women from migrant and lower income groups where the 7 FGDs were conducted.

- **Access to sanitary napkins and other menstrual hygiene products during COVID-19 lockdown**

National Family Health Survey 2015-2016 estimates that of the 336 million menstruating women in India about 121 million (roughly 36 percent) women use sanitary napkins, locally or commercially produced. Others use cloth and even leaves, ash or hay that lead to reproductive tract infections. The current COVID-19 crisis has presented even more difficulties for menstruating women in accessing menstrual hygiene products.

53% of the respondents shared that they or anyone they knew who needed, had easy access to sanitary napkins and other menstrual hygiene products during COVID-19 lockdown, while 23% shared they didn't have easy access and 24% were not sure if they had completely easy access to sanitary pads during Covid -19 lockdown. Access to safe menstrual products were overlooked during the lockdown, as girls and women from the rural areas who relied on free or subsidized products from government centres or NGOs, had little or no access to the same.

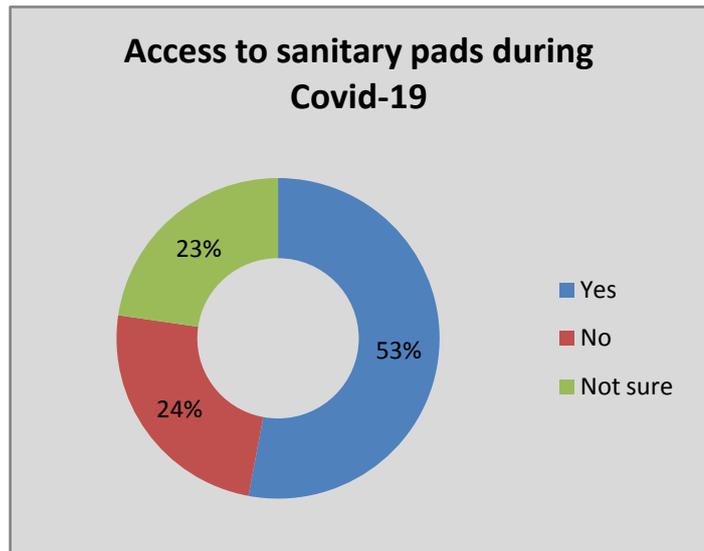


Figure 23 Respondents reported to have easy access to sanitary pads during Covid-19 lockdown

In the following diagram we found majority of the respondents 83% were dependent on local shops, pharmacies for sanitary pads. Many respondents shared that though pharmacies and local grocery shops were open during Covid-19 lockdown, it was a embarrassing for them to tell at the check gates/police forces who were deployed to vigil the civilian movements during lockdown, also most of the times the male members were out of the house to buy/get essentials and it was not always easy for

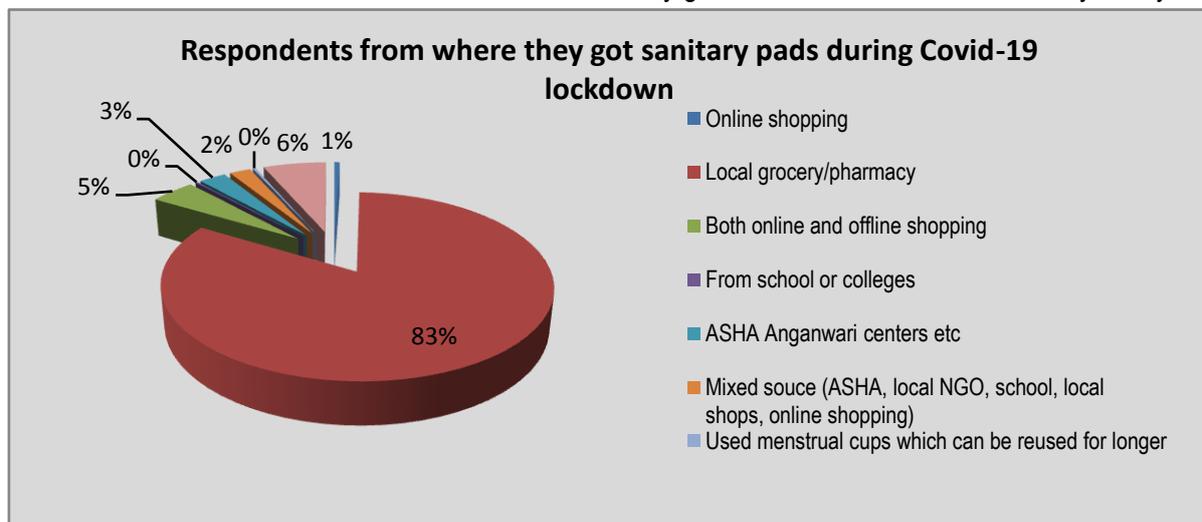


Figure 24 Respondents reported the source from where they access sanitary pads/products

all to freely share with their male family members about their need for sanitary pads. Few also indicated that previously they used to get sanitary pads free or at a subsidized cost from their schools, local NGOs etc, which eventually stopped due to lockdown or it was difficult to reach out. During FGD, many participants especially from lower or lower middle class households shared that due to the income of the family reduced due to loss of income during lockdown, the women preferred to use traditional clothe pads as buying from the market was adding to the family expenses. This possible meant that sanitary products were de-prioritised in favour of other essentials such as food.

A recent survey⁸ indicated that Covid-19 pandemic had disrupted the production of menstrual hygiene products, with many small and medium scale manufacturing units facing a shortage of labour, raw material and working capital. Schools that played a central role in distributing pads to young girls have remained shut for much of the past years and on-and-off lockdowns have made it difficult for those outside of cities to stock up on pads. Aside from being a distribution hub for much-needed sanitary pads, schools are information centres, the only space where young people are taught about puberty, their health and their bodies. School closures have meant that an entire generation of students has missed out on critical education regarding menstrual hygiene management.

Participants shared about the unhygienic situation and improper disposal of sanitary pads in public toilets as all the respondents reside in the slum community, they didn't have private toilets and the use of public toilets was the only option they had during the lockdown.

"I felt very uncomfortable to dispose off and change sanitary pads as I always felt shy and conscious. I felt as if someone might see me disposing the used sanitary pads during menstrual cycles in the lockdown as everyone was at home" – A participant between age 19-25 years

⁸ A national level survey by Menstrual Health Alliance India (MHAI), a network working on menstrual health and hygiene in India, Dasra, a philanthropic organisation and Change.org, a technology platform for social change

F. 5 Challenges of young people living in difficult circumstances

Key Findings:

- *PLHIV experienced treatment interruptions, difficulty in accessing ART due to restrictions on non-emergency medical appointments related to physical distancing requirements*
- *PLHIV were particularly vulnerable to the effects of isolation resulting from restricted mobility associated with the pandemic*
- *60% of the total transgender respondents reported to have increased stress level during Covid-19 and lockdown*
- *Respondents from transgender community reported facing surveillance and lack of privacy.*
- *Many queer and transgender persons rely on friends and their chosen families for support. The lockdown has posed a threat to accessing these safe spaces, thereby, causing mental trauma and distress.*
- *56% transgender respondents reported that they or anyone they knew had sex in exchange of money/food/other essential to cover the basic needs during lockdown. This was an alarming number as it also indicated the challenges in availability and accessing of basic services to them during Covid-19 lockdown.*
- *77% people from transgender community reported to have a decrease in their income during Covid-19 lockdown period,*
- *Young persons with disabilities who were dependent on support for their daily living reported to find themselves isolated and unable to secure adequate help needed for day to day living,*
- *Barriers for persons with disabilities in accessing health services and information were intensified*
- *53% respondents with disability reported to have an increased level of stress in them and hardly had any support mechanism.*

As studies show while all young people were vulnerable during this time, young people living in difficult circumstances have been disproportionately affected by the pandemic. This study includes people living with HIV/AIDS, transgender and people with disability. Based on their responses and experiences shared during FGD some of the findings are as follows:

- **Challenges of young people living with HIV/AIDS**

According to UNICEF in 2017, India has the highest number of adolescents and young people between 0-19 years living with HIV in South Asia. People living with HIV (PLHIV) were particularly vulnerable during the time of COVID-19. Although recent research suggests that PLHIV may not be contracting COVID-19 at disproportionate rates, which is hypothesized to be a function of antiretroviral treatment (ART) (J., 2020)

In many places PLHIV experienced treatment interruptions, difficulty in accessing ART due to restrictions on non-emergency medical appointments related to physical distancing requirements. Although many healthcare providers especially in urban centres were offering telehealth services, however the transition to telehealth has been slow in some places, and the uptake of telehealth

services was also erratic. Indeed, some PWH didn't have the resources needed such as access to devices or adequate internet service or and capacitated to fully take advantage of telehealth opportunities.

“As a HIV/AIDS infected person, availability of ART medicine during Corona times was very difficult. Even if we showed a doctor's prescription, the police personnel who were on duty would halt us and give us some difficult time. And this really hurt me as this medicine is something which I couldn't skip.” – A respondent during FGD

As healthcare facilities re-opened and resumed “normal” daily operations after the first and second wave in India, PLHIV reported to have faced the risk of exposure to COVID-19 when attending medical appointments. Given the high rates of mental health issues (e.g., anxiety and depression) that exist among this population, PLHIV were particularly vulnerable to the effects of isolation resulting from restricted mobility associated with the pandemic. Furthermore, COVID-19 affected PLHIV in unique ways, given that HIV unduly affects people from marginalized groups. Indeed, the pandemic's disproportionate impact on people who were economically disadvantaged lived in rural areas or in urban slums was making apparent existing health disparities that also existed within the HIV epidemic.

- **Challenges of, LGBTIQA**

The lockdown had implications on livelihood and access to health care especially for the transgender community. It has impacted the reach of medicines like Anti-Retroviral Treatment (ART) for Persons living with the Human Immuno Virus (HIV)/Acquired Immuno Deficiency Syndrome (AIDS) or PLHIVs and those undergoing Hormone Replacement Therapy (HRT) required for gender transitioning. According to UNAIDS India is home to the world's third largest population living with HIV, and, the prevalence in transgender communities is 3.1% compared to .26% among all adults (UNAIDS Data 2018, 2018). Given their immuno-compromised state, this makes the HIV+ transgender community even more vulnerable to COVID-19. Transgender persons staying with unsupportive family during this lockdown deal with stress, anxiety, and trauma leading to mental health issues such as anxiety and depression. Poor mental health has been linked with behaviour that is detrimental to their overall health including extended use of substance abuse, smoking, drinking, self-harm, eating disorders and suicidal tendencies. (Times).

Secondly, queer and transgender and non-binary persons always have maintained that the first place of violence for them is the family. Covid-19 lockdown has forced everyone including queer and transgender persons to stay at home with their families (those who live with one) with restricting and almost no movement outside. This has led to an increase in domestic violence. They complain of surveillance and lack of privacy. Many queer and transgender persons rely on friends and their chosen families for support. The lockdown has posed a threat to accessing these safe spaces, thereby, causing

“We felt unsafe and judged inside our own houses. Covid-19 forced us to live with the family which objected in my behaviour and wanted me to be more ‘man like’. It stressed me out.”

A young respondent during FGD

mental trauma and distress.

60% of the total transgender respondents reported to have increased stress level during Covid-19 and lockdown, while around 27% reported their stress level didn't increase and 13% reported they were not sure if Covid-19 has led to increase of their stress level.

Out of total transgender respondents 77% reported to have a decrease in their income during Covid-19 lockdown period, while 10% reported an increase and 13% reported no change in their income during Covid-19. In India, transgender persons are dependent largely on traditional forms of livelihood like 'badhai' — earning money by giving blessings during private celebrations — begging and sex work — that came to

halt due to the lockdown.

56% transgender respondents reported that they or anyone they knew had sex in exchange of money/food/other essential to cover the basic needs during lockdown. This was an alarming number as it also indicated the challenges in availability and accessing of basic services to them during Covid-19 lockdown.

The National Commission of Women, India set up a WhatsApp helpline (+91-7217735372) in April 2020 to ensure women, who couldn't access emails or send complaints by post, could receive help. The Commission registered an increase of at least 2.5 times in domestic violence complaints since the nationwide lockdown. (Chandra, 2020) However, since there was no disaggregated and separate figures available for queer women and trans* persons calling these help lines, the number of queer or transperson reached out to these services would never be able to verified. Often queer women and transgender persons don't reach out to government run helplines because of lack of a queer perspective where violence from natal families is not considered legitimate grounds to leave their homes.

Out of the total respondents 55 reported themselves under non-confirming, non-binary or both. Due to prolonged school closures 49% reported to have changed plans for higher studies or entirely changed career plans, while 37% dropped out of school/college and 14% had lost

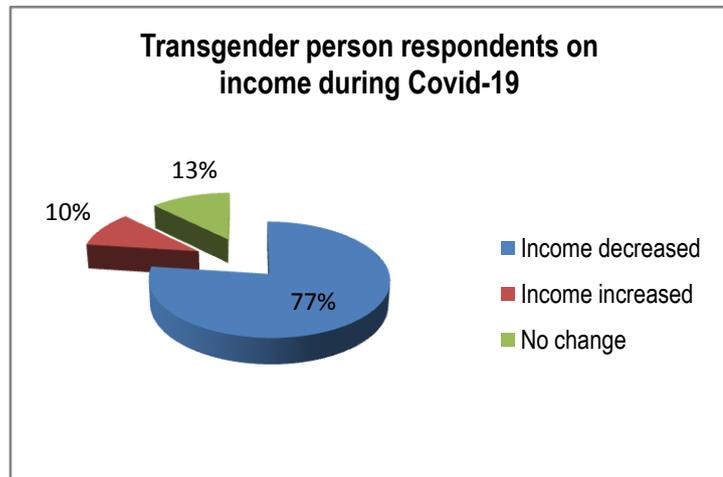


Figure 25 Transgender persons' reported on their income status during Covid -19

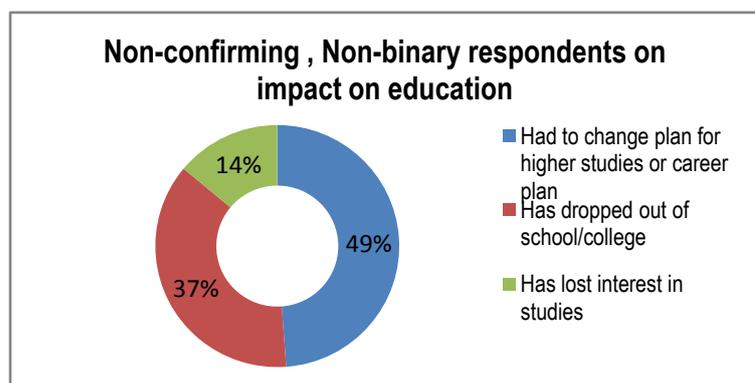


Figure 26 Non-confirming and non-binary persons' reported on their status of education as an impact of Covid -19

interest in studies.

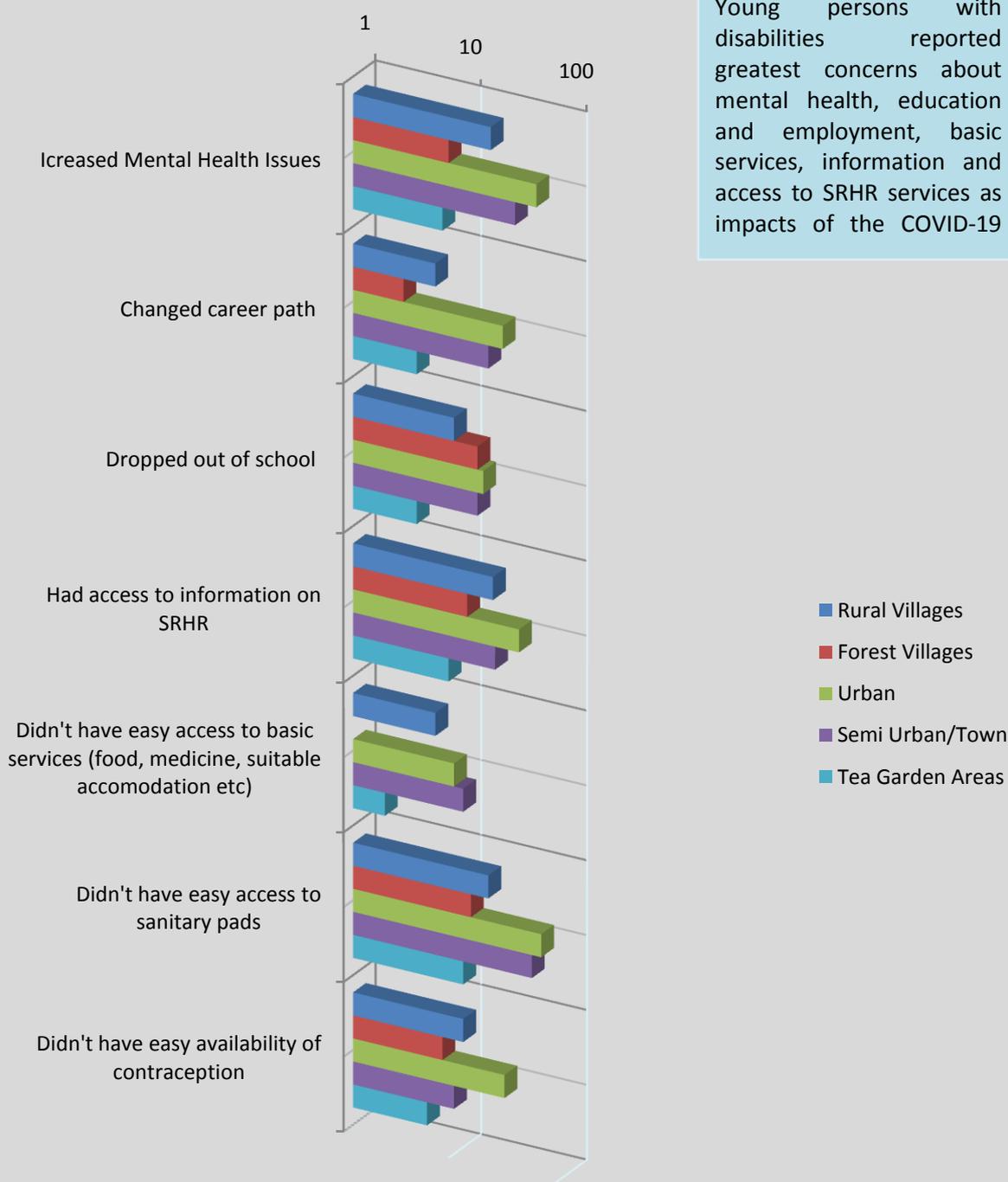
The Union ministry of social justice and empowerment issued an advisory (Empowerment, 2021) in March 2021. Here, it said the National Backward Classes Finance and Development Corporation (NBCFDC) would disburse a subsistence allowance of Rs 1,500 per person into the bank accounts of 5,711 transgender persons rendered jobless by the lockdown. However, it was very difficult to access the benefits of these relief aids, as most transgender persons in India lack basic documentation, including Aadhaar, ration and voter ID cards. They also don't have bank accounts on their self-identified names and genders, and are typically excluded from government social security schemes. Without addressing this gap, it was generally difficult to get direct benefits from such welfare measures.

- **Challenges of young people with disability**

While the COVID-19 pandemic impacted young people in different spheres of their lives, young persons with disabilities were doubly impacted due to attitudinal, environmental and institutional barriers that were reproduced in the COVID-19 response. During the COVID-19 crisis, young persons with disabilities who were dependent on support for their daily living reported to find themselves isolated and unable to survive during lockdown measures, while those living in institutions were particularly vulnerable. Barriers for persons with disabilities in accessing health services and information were intensified. For this study, data was collected from 232 youth who reported to have one or more than one kind of disability⁹. Out of which 53% respondents reported to have an increased level of stress in them or in their family members due to COVID-19 situation. This trend was particularly observed in respondents from Tamil Nadu, Assam, Jharkhand, Nagaland, Manipur, Maharashtra, West Bengal.

⁹ For the purpose of this study physical/vision impairment/ mental/intellectual/hearing disability was reported by respondents.

Young persons with disabilities reported greatest concerns about mental health, education and employment, basic services, information and access to SRHR services as impacts of the COVID-19



Note: Respondents reported the key impacts as impacts of the COVID-19 crisis in their life.

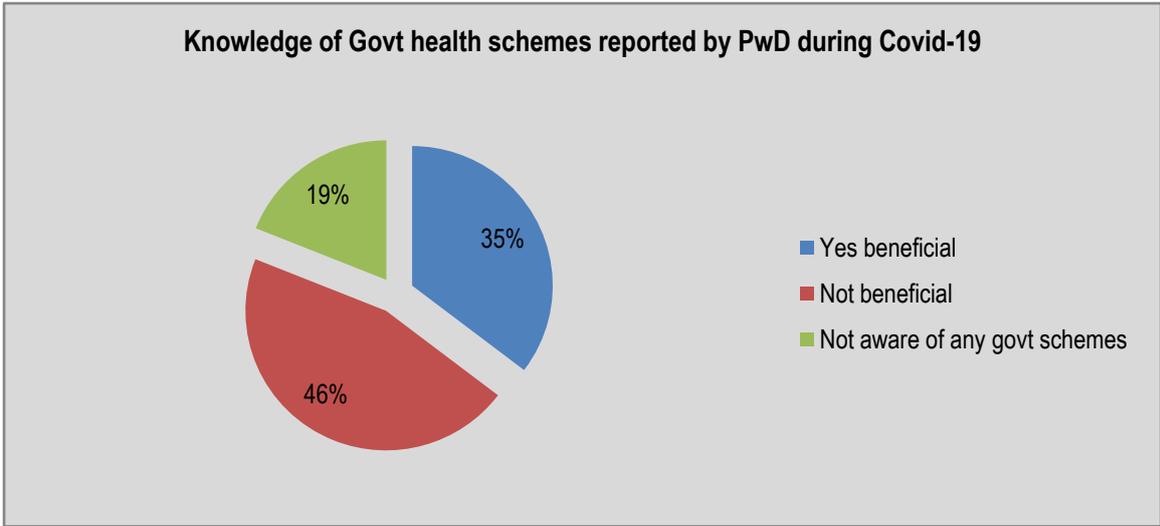


Figure 27 Respondents with disabilities reported on Govt health schemes and how beneficial they were during Covid -19

The role of Government services, schemes especially during Covid-19 for PwD groups was critical, considering that in many cases people with disability needs more attention and medical support. 46% of the respondents reported that these health schemes were not beneficial. During FGD, participants shared that for any

F. 6 Violence against young people during Covid- 19

Key Findings:

- 26.86% of the respondents observed an increase in the incidents of violence in their family or nearby community
- More than half of the respondents observed no change in the occurrences of violent episodes during the COVID pandemic. Considering the rate at which the crimes against India during the years immediately preceding the pandemic, the data collected does not present an encouraging picture.
- Most respondents felt that young persons' safety and security have been highly impacted due to COVID 19
- During the COVID lockdown when families were observing isolation in their homes, young people closely witnessed domestic violence being perpetrated on someone in the family or in the neighbourhoods
- 25.81 % reported that children marriage did take place in their locality but they have not reported such incidents.
- There was a lack of safe space for young people to seek help/ express their concerns
- Young people lack the agency to take action against GBV specially in their intimate or close relationship.

According to the UNICEF, 1 out of 2 children in India, aged 2–17 years suffer some form of violence each year. According to the National Criminal Records Bureau (NCRB), total of 1,28,531 crimes against children were recorded in India during the first wave of the COVID pandemic. This is an average of 350 such cases reported each day during the pandemic. Although there is drop of 13.3 percent in these cases when compared with figures from 2019, the situation is alarming nonetheless.

Studies have shown that especially in contexts of disease outbreaks like Ebola and including the current COVID-19, violence, incidents of violence against vulnerable groups of people increases.¹⁰ These vulnerable groups include women and children. The current study explored young people's experience of violence specially gender based violence and child and early marriage.

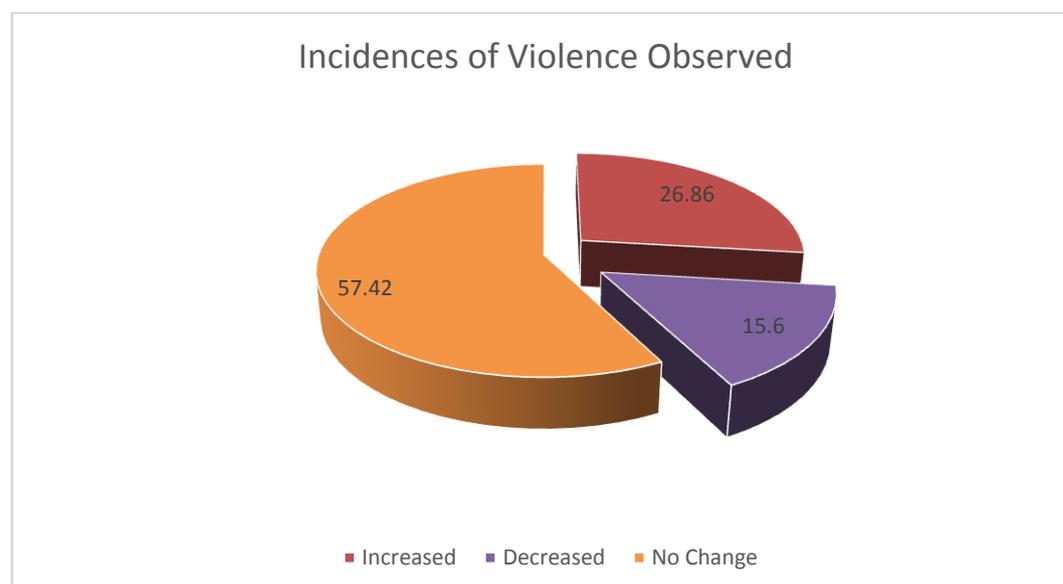
During our data gathering exercise, we asked our respondents about violent incidents that they had observed against women and children in their immediate families or neighbourhoods or in the broader locality.

It is important to note that during the COVID lockdown the government imposed isolation measures hugely impacted the mental wellbeing of the entire population and thus led to an upward trend in the statistics on violence against women in India. The National Commission of Women reported that India recorded a 2.5 times increase in domestic violence between February and May 2020 alone.

¹⁰

https://www.unicef.org/india/sites/unicef.org.india/files/202007/UNICEF%20India%20EVAC%20Programme%20Strategy_web%20version.pdf

When asked about incidences of violence and abuse in their immediate family and neighbourhood during lockdown, 15.6% of the respondents reported that they saw a decrease in the incidents of violence while 26.86% of the respondents observed an increase in the incidents of violence. A majority of 57.42% reported no change in the occurrence of violent incidents.



Majority of those that reported an increase in incidences of violence come from rural or semi urban localities or villages and belong to income bracket of less than INR 35000 per month while a majority of respondents who reported a decrease in violence, belong to urban localities.

Based on the analysis of the data gathered, more than half the respondents observed no change in the occurrences of violent episodes during the COVID pandemic. Considering the rate at which the crimes against India during the years immediately preceding the pandemic, the data collected does not present an encouraging picture. No change in the situation may mean that women and children that were subjected to violence inside their home may have continued to experience similar episodes.

During our FGDs, we asked the respondents how much they thought that the Covid-19 situation had impacted the safety and security of young people and children. Most respondents felt that young persons' safety and security have been highly impacted due to COVID 19 and fewer respondents thought that young persons' safety and security have not been impacted much due to Covid-19.

However, some incidents of violence were observed by the respondents. One of the participants in of our Focused Group Discussion in Pune reported that they saw a few men harassing a girl on a deserted street during the lockdown. Despite having observed this, they did not help the girl owing to social distancing regulations in place. These incidents of harassment of women may be more common than what was reported during the pandemic.

During the COVID lockdown when families were observing isolation in their homes, young people closely witnessed domestic violence being perpetrated on someone in the family or in the neighbourhoods

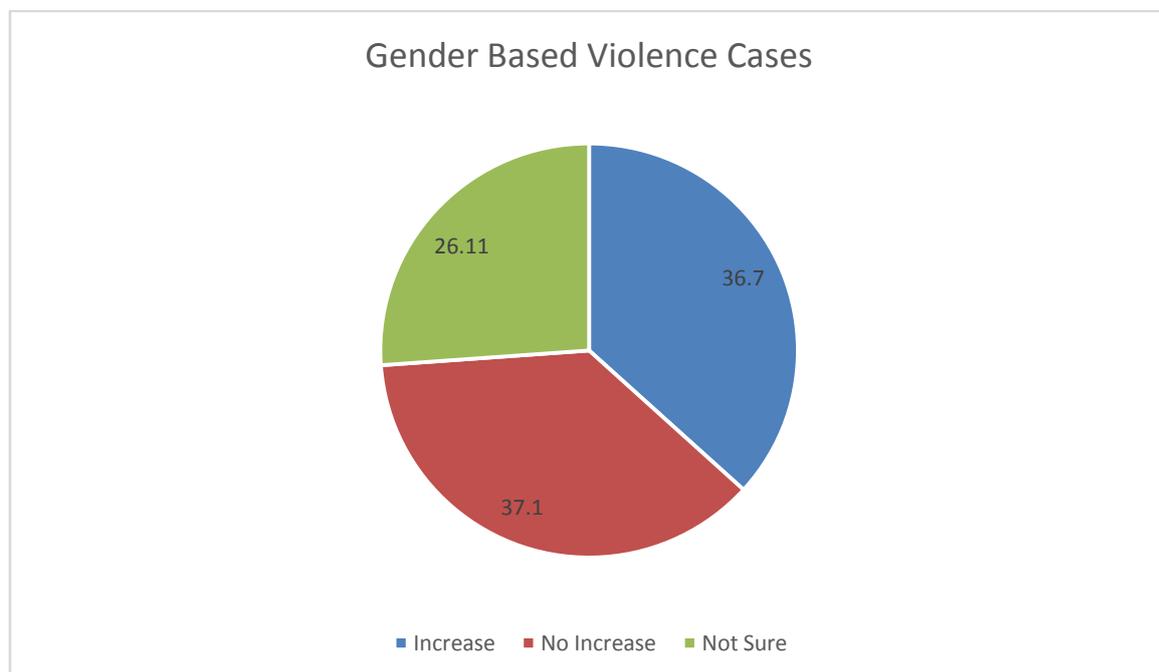
Experiencing abuse among parents at home or at in the neighbourhood may have a deep rooted impact on young persons witnessing this as it may lead to an internalization or normalization of violence that manifests in later life. It also affects the mental well-being of young persons, especially in a situation where processing of these incidents mentally may be hindered when the contact with the outside world is inhibited, especially during the COVID lockdown.

During the FGDs, the respondents were asked to rate on a scale of 1-5 (1 as lowest and 5 as highest), the impact of the COVID-19 situation on the safety and security of young people and children. More respondents felt that young persons' safety and security have been highly impacted due to COVID-19 while fewer respondents thought that young persons' safety and security have not been impacted.

Gender Based Violence:

Gender based violence is a common social issue in the Indian society. While more women have been subjected to gendered violence in comparison to men, the members of the LGBTI community have also suffered this form of violence, sometimes in more gruesome ways.

During the data gathering exercise, the respondents were asked if Covid has impacted an increase of incidence of violence and abuse against girls/women/young people in their houses or communities. 37.1% of the respondents said that there was no increase in the incidence of gender based violence while an almost equal 36.7% of respondents said that they were not sure about it. 26.11% of respondents observed an increased in the violence against girls and women.



The data gathered during this research may not help us explore the factors that led to either increase or decrease in the incidences of gender based violence. Also, we may not be able to point to the gender identity of the survivors of violence.

Child and Early Marriage:

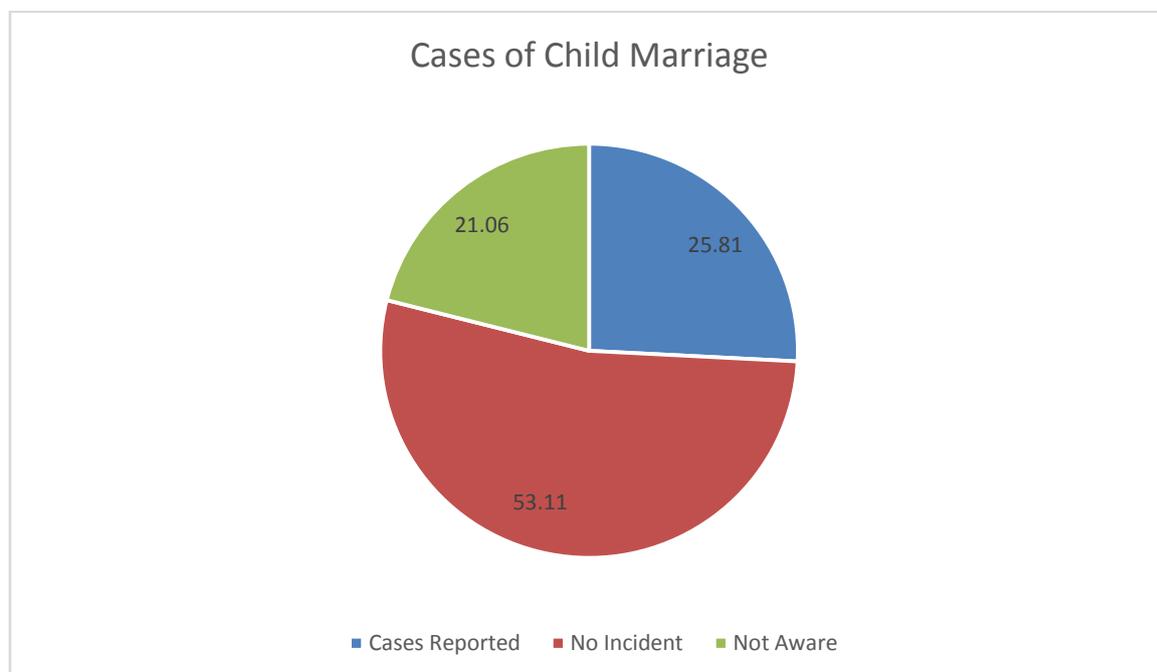
Child marriage is a centuries old problem in India that finds acceptability in social customs and age old traditions, thus making it hard to deal with. Although the cases of child marriage have come down over the years, the phenomenon is still persistent.

Child marriage violates the rights of children and put them at a high risk of violence, exploitation, and abuse. Although child marriage affects both girls and boys, it affects girls disproportionately.

Estimates suggest that each year, at least 1.5 million girls under 18 get married in India, which makes it home to the largest number of child brides in the world - accounting for a third of the global total. Nearly 16 per cent adolescent girls aged 15-19 are currently married.¹¹

When respondents were asked about their knowledge of any child marriage cases in their locality in the last one year, 53.11 % of respondents reported that they were no such cases in their locality while a small 21.06 % of respondents said that they were not aware of the situation, while 25.81 % reported that children marriage did take place in their locality.

The 25.81% of respondents that did report cases of child marriage is alarming. The Government of India has actively worked to end child marriages. The Prohibition of Child Marriage Act, 2006 criminalizes child marriage, provides relief and protection of the victim and has provisions for punishing those who abet the crime. It is important to note that out of the 25.81% of respondents who reported to have witnessed child marriage cases, a majority of 56.85% of respondents belong to low income groups (less than INR 15000, per month)



¹¹ <https://www.unicef.org/india/what-we-do/end-child-marriage#:~:text=Estimates%20suggest%20that%20each%20year,15%2D19%20are%20currently%20married.>

During our FGDs, one of the respondents reported that hers was a case of child marriage before the COVID pandemic broke out. Another respondent stated that her father-in-law is a marriage officiant of their community and during COVID lockdown, she witnessed a few cases where weddings were officiated without enquiring about the ages of the bride or groom. This respondent also mentioned that families from lower income backgrounds got their children married during the pandemic as the wedding costs were much lower and that this may also have resulted in more children being married off. Another responded confirmed this by stating that her cousin was married off as a child during the lockdown as the wedding was much less expensive.

Considering the findings, violence against women and children is a persistent problem that may have escalated during the COVID-19 pandemic.

F. 7 Coping mechanisms/spaces for youth to see support and reach out

One of the teachers interviewed shared that another major challenge was since students were joining the classes from their houses, they did not have a safe space to talk about topic related to menstruation or human body or their feelings. Some of the students have lost their parent due to COVID-19, so they did reach out to teachers for financial and emotional support. Apart from that some students reached out to the teacher as they were not getting food to eat, their parent's livelihood opportunities were shut because of the lockdown.

Having access to adequate mental health care support has been challenging during the COVID-19 pandemic due to the disruption of treatment, medications and support services. The disruption in mental healthcare services has been due to the following reasons- infection and risk of infection in long-stay facilities, including care homes and psychiatric institutions, barriers to meeting people face-to-face, mental health staff being infected with the virus and the closing of mental health facilities to convert them into care facilities for people with COVID-19. According to UN, many people are resorting to negative coping mechanisms for dealing with pandemic induced stressors such as alcohol, drugs, tobacco, online gaming. Some of the coping mechanisms taken up by young people to take care of their mental well-being include staying connected with family and friends, undertaking recreational activities such as online games, watching movies, videos, availing online courses, volunteering, making donations, taking up community initiatives helped them in taking care of their mental health (Restless Development, 2020).

In settings where people have access to internet, smart phones, the mental health and well-being of people has been supported through the creation of online support groups and social communities to help them deal with loneliness, boredom and instil a sense of social connection, hope and unity (United Nations, 2020). Good mental health is one of the essential components of health that needs to be addressed immediately and must be central to the country's response to and recovery from the COVID-19 pandemic.

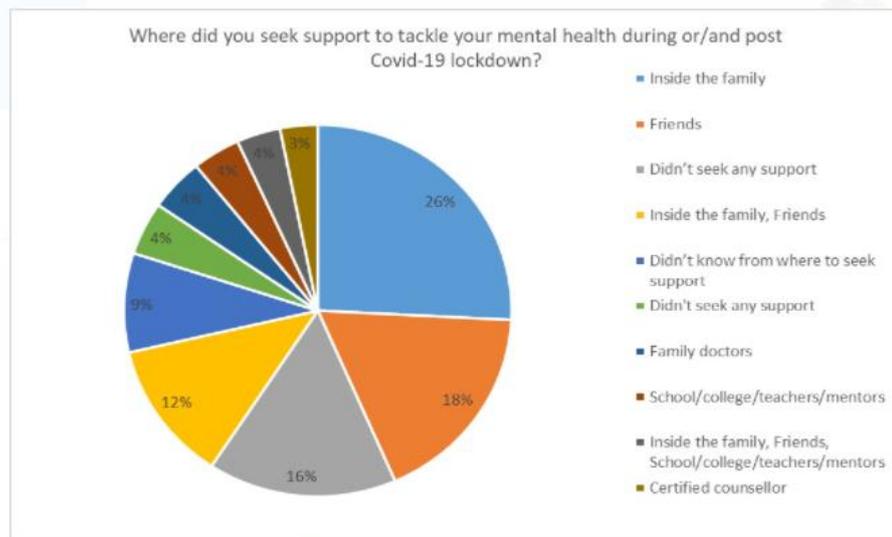
The participants were asked their sources of support to tackle mental health during or/and post Covid-19 lockdown from during the pandemic. It was found that 26% of the respondents sought support from

inside the family, 18% from their friends, 4% from schools, colleges, teachers and mentors 3% from certified counselor, 20% of the respondents didn't seek any support, 9% didn't know form where to seek support, and 4% didn't seek any support.

From the responses given in FGDs, it can be seen that young people talked to their friends to vent out, share their feelings and sought support from college teachers in stressful situations. FGDs with participants at various locations highlighted that friends, family, attending online trainings and webinars, seeking counsellor support, watching movies or web series, virtual movie nights with friends, listening to music, online gaming, pursuing hobbies, seeking mental healthcare services and acceptance of the situation were some of the coping mechanisms, to deal with stress/fatigue/conflict due to the situations that arose out of Covid-19 for young people. NGOs were seen as safe space to express and discuss about hardships.

One participant shared that working out three times per week provided “some refreshment to both physical and mental health”. Few participants shared that teachers, Schools or Colleges, NGOs Helplines or community health care services did not cater to the aspect of mental health separately.

Many students talked about facing a lot of anxiety because they were suffering from a toxic environment in their houses, there were other students who talked about their mental and sexual health. And, there was a clear difference seen that girls were a little



clear about their issues but some boys were clueless about a lot of issues that they might be dealing with during their puberty or generally due to the pandemic.- As per the interview with community health workers.

Lockdown isolated young people for their peer circles, education and access to different services. This has impacted their mental health very badly. Lockdown forced many young people to live with abusive parents and environment. In the aspects of education, in hill states like Sikkim where network connectivity is a huge issue, thousands of young people are being deprived of online education which will impact them in the long run.

As we interviewed an NSS PO to understand young NSS volunteers situation during Covid-19, the officer shared that a majority of NSS volunteers especially in the rural and interior places were badly affected by network issues and were out of the raider for most of the Covid-19 lockdown period. So, they came up with an alternative solution by engaging more local teachers as local NSS POs who were appointed to conduct engagements offline as and when possible.

Young people reached out to state coordinator/POs for support or advice or just to discuss anything all through the 3 waves and it continued till date. During Covid-19 lockdown more than 80% of the young volunteers reached out to local NSS POs sharing about emotional and mental wellness crises and requested support. Most young people reached out via individual calls. Some reached out via social media too. Every day during the first lockdown at least 2 calls were received by him of young people.

He observed that female volunteers were uncomfortable opening up and they hardly communicated virtually. To resolve this, they engaged them offline in conducting awareness among their own communities where they actually shined and did good job. As a coordinator he feels that young people don't have much space to feel safe and accepted. Only a handful of privileged young people have access to information and opportunities to access services.

G. Conclusion and Recommendations

Indeed the COVID-19 pandemic has posed a long term and potentially detrimental impact on the lives of young people across the globe. In India, young people have been one of the hardest-hit groups both directly and indirectly by the consequences of the COVID-19 pandemic and related restrictions. Most of them have not only lost their actual jobs and/or career opportunities, but they have lost hours of education and/or proper training, and moreover few crucial developing years of their lives which were critical in their overall growth. As the pandemic continues, it has once again highlighted the state of social and health services and critical care especially SRHR and Gender-Based Violence (GBV) with a disproportionate impact on women, young girls, and youth.

However India's young people also led their ways in the battle against COVID-19 through heroic acts of goodwill, mobilising local resources, adapting to new "normals" and supporting their families and communities on their own unique and innovative ways. As young people continue to showcase their adaptability and resilience in this challenging time, it is important for the rest of us to recognize, celebrate and support them. It is critical to review deeper to look at the available spaces, structures and policies available for youth particularly on SRHR and CSE and bring an equitable framework for all young people to access it without any discrimination.

This study with young people has given a scope to look into the lives of the young people especially in the matters of SRHR from their perspectives in middle of a crisis situation. This also has given us an opportunity to analyse different services available to them and how far they were able to access them. This is critical as it would provide direction and insight in to the existing structures that are responsible to provide support and build a safe space for young people not only in India but across the globe. Based on the findings and observations, there are few recommendations to youth development workers, policy makers and Government in regard to building young peoples' agency on the matters of SRHR and creating a conducive eco-system to support young people especially in times of pandemics or other crisis or in general.

Recommendations from young people

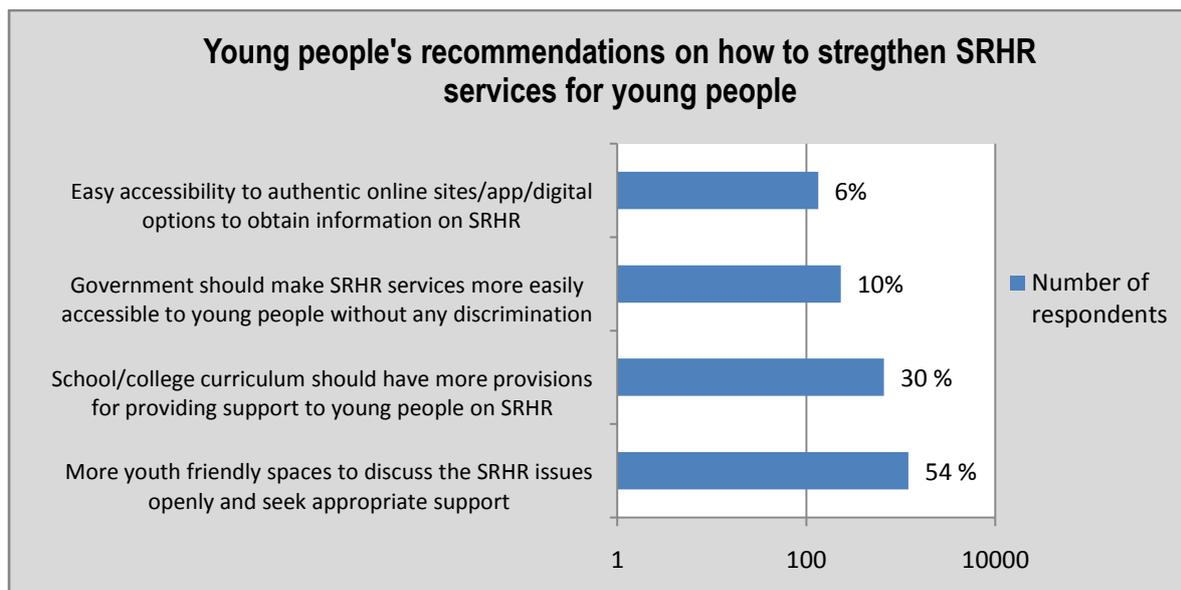


Figure 28 Recommendations and suggestions by respondents during online survey

Young people were asked if they can recommend on how to strengthen the existing structures and services of SRHR, 54% stated that they need more youth friendly safe spaces where they can express talk and share freely and seek appropriate support at the right time. Family and friends are the two easily accessed and most explored spaces from young people and first contact for getting any information and support particularly on SRHR however, most of the times young people don't feel safe to express and most of the times they feel judged for their actions and behaviours.

30% of the respondents also recommend that school/college curriculum should have more provisions for providing support to young people on SRHR. This also indicates that the significant role that school/college and educational institutes can play in providing CSE and knowledge on SRHR and its services to young people. This was also echoed strongly during FGDs where young people see a pivotal role that a school or educational institution can play in providing right knowledge and awareness on SRHR and young peoples' health and access to services.

Recommendations as drawn from the analysis of this study

Recommendations for Education

- **Up gradation of school curriculum:** CSE School curriculum to have easy and youth friendly content on CSE and adult education to support young people to get right information about their body and sexual health.
- **Teacher training on SRHR and CSE:** Appropriate teacher training on SRHR and CSE related issues but also to deal with sensitive topics and mental wellbeing of young people. Educational institutions to
- **Developing youth friendly IEC materials to generate awareness:** Easy availability of information and awareness related to SRHR services especially for young people across diversified sectors and particularly in vulnerable and marginal communities where the information is otherwise also limited. It is recommended to develop and make easy access to comprehensive communication material with pictorial and local context specific youth friendly IEC materials.
- **Trained teachers and counsellors to support mental wellbeing and SRHR:** Schools and colleges should have enough trained teachers and counsellors to support young people with mental wellbeing and also to address SRHR issues
- **Engaging youth social influencers in behaviour change communication strategies:** Including men and boys on matters of SRHR can bring significant changes in attitudes, norms, behaviours and reduces the risk of backlash and resistance to SRHR services
- **Preparing schools for natural calamity/disaster prepared:** Covid -19 has showed us all that there are ample possibilities to work and continue learning during a disaster. Most of the Indian schools which are anyways challenged with natural disasters such as flood, earthquake or human made difficulties. Schools need to be disaster prepared viz teachers to handle hybrid learning, more resources allocated to students and teachers to reach out to students digitally or otherwise to continue learning.

Recommendations for Health Services

- **Access to family planning and contraception services:** Local level access to family planning and contraception services including condoms and lubricants must continue, and supply chains must be supported to avoid any stock outs.
- **ART and hormone supplements for HIV and transgender young people:** Continuous supplies of ART and hormone supplements during emergency and also easy availability for PLWHIV and transgender people. It is important to have door-to door deliveries and address the stockouts especially during crisis situations.
- **Developing new and innovative SRHR services:** Developing new and innovative ways for providing SRHR services, such as reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging must be promoted. Supporting health facilities with technical assistance regarding health system management and governance can play a crucial role in strengthening their ability to deliver quality, comprehensive SRHR services.

- **Adding community level male and transgender health workers:** Along with female health workers men and transgender health workers should be introduced at the community level to make the SRHR services more effective and targeted with a better reach out diverse young community.
- **Capacity building of community health workers:** Skill enhancements of the community level health workers to take up sensitive issues and address GBV and SRHR issues. The provision of developing the knowledge and skills of service providers can shift adverse attitudes and behaviours held among service providers, and in turn improve the quality of SRHR service for target populations in the community. Increasing the capacity of SRH service providers will improve the health system's ability to attract and maintain service users. Developing the capacities of service providers can help in disseminating quality services to people in the communities.
- **Generating awareness among young mothers:** Disseminating SRHR messages for young women (mothers and woman of conceivable age), with a focus on areas of safe sex, family planning, breastfeeding, high risk pregnancies and nutrition during pregnancy. This will possibly reduce the risks to individuals and families specifically women in reproductive age by enabling them to make sound decisions based on reliable information.
- **Creating awareness and health care access:** Increasing healthcare professionals' public outreach will increase awareness of and access to SRHR information and services among target populations and also serve to counter perceptions of health facilities as adverse or "hostile" for vulnerable groups.
- **Effective mental health services:** The need for mental health services and counselling is paramount, as many young people are facing high levels of anxiety and stress related to COVID – 19 and its impact and very little and limited options for young people to take help from verified sources when needed.
- **Protection of vulnerable groups:** Appropriate measures will be required to protect vulnerable groups such as young migrants, young refugees, youth with disabilities, youth living with HIV and young people living in poverty etc.
- **Creating LGBTQIA friendly health services:** Indian healthcare systems are not LGBT-friendly. There are layers of discrimination that the LGBT people face in Indian hospitals, starting from being judged right at the entrance to straightaway denial of treatment. There is already a lack of mass awareness about many sex or gender related diseases or psychological disorders in India. Appropriate healthcare services and accessibility is required for normalisation of homosexuality and third gender.

Recommendations for Economic wellbeing

- **Making young people employable or job ready:** More appropriate trainings and programmes to engage with young people to capacitate and enhance their capacities to become job ready for the "job market" which means giving them opportunities to explore different career fields, options and training on soft skills, financial literacy especially for marginal groups from diverse communities.
- **Encouraging women entrepreneurs to become self sufficient:** Encouraging and creating opportunities for young women, transgender and other marginal groups more livelihood options including entrepreneurship to take up as a livelihood option to build their agency. This also means supporting them directly or connecting with networks and government schemes and departments. In this regard, more philanthropic organisations and CSR funds could be mobilised and encouraged to invest in young women and transgender/ LGBTQA enterprises

Recommendations for youth development workers, CSO, youth networks

- **Nurturing more youth friendly safe spaces across communities:** Youth development and youth centric organisations need to facilitate more and more safe spaces across the states where young people can express freely, exchange ideas, create peer support groups and build resilience together towards current and future crisis.
- **Continue to do participatory youth research and studies to bring out youth voices from ground:** There is a need to invest in youth development today like never before. Donors and youth development workers should come up with more opportunities in terms of studies, participatory researches to bring out youth voices from the ground and consolidate it to design and develop youth and adolescent centric programmes and interventions. SRHR programs, advocacy, and influencing become more effective if there is research based evidence on them. Increasing the space for and use of research, best practice, and learning in SRHR initiatives is critical for undertaking evidence-based projects, advocacy, and influencing for SRHR
- **Designing and implementing programmes on mental wellbeing of youth:** There is also a need to monitor young people's mental health status over the long term, and to study how prolonged school closures, strict social distancing measures, and the pandemic itself affect the wellbeing of adolescents and young people. Specific programmes and long terms campaigns on mental wellbeing of youth that can create an opportunity for young people to engage deeper and positively with their selves.
- **Strategic SRHR training programmes and long term interventions with youth:** With prolonged stress on the health system to address COVID-19, a disruption of the normal delivery of SRHR services and information to young people particularly young girls and vulnerable groups such as LGBTQA, YPLWHIV etc will need to be addressed. Strategic SRHR training programmes and long term interventions with youth and adolescents needs to be planned involving various stakeholders such as teachers, care givers etc.
- **More programmes and awareness campaigns on early and child marriages:** With the growing pressure to cope with economic instability at home, age old cultural practices and for various other reasons early and child marriages are at rise in various parts of the state. Specific programme interventions need to be planned in semi urban, tribal and interior places.
- **Capacity building of young people on EVAC including cyber laws and responsible usage of social media:** Looking at the increasing time and exposure to internet and online activities, it is highly recommended youth development organisations, schools and institutions to engage with adolescents and young people building their capacity on responsible use of social media. This will include respecting the online space, countering hate speech, neither falling prey to fake news nor spreading any.
- **Gender-responsive and data-driven dynamic policy responses:** Women's and LGBTQI+ organisations must be part of monitoring and accountability mechanisms. Gender-responsive and data-driven dynamic policy responses will be the most effective in terms of delivering outcomes and formulating the gender-responsive budgets in order to adapt to emerging requirements in the post-COVID-19 world.
- **Continue to advance SRHR policy and practices:** The topic of SRHR is stigmatized and often receives resistance or backlash from conservative, religious, and anti-rights movements. Hence,

requires ongoing investment in advocacy and actions to protect SRHR-related gains, and continue to advance SRHR in policy and practice.

H. Annexure

H 1. Name of the field Investigators and data collection team

Zone	State	Organization	Name of Field Investigator
North	Delhi, Rajasthan, Uttar Pradesh	Pravah	Deepak Kumar, Sidra Taha, Nivedita Soni, Diksha Shivani
North	Punjab	Har Hath Kalam	Riya Jain
West	Maharashtra	The Qknit	Apurva Paithane , Sumit Pawar
West	Maharashtra	Tapasya	Mrinal Rao
South	Tamil Nadu	Audacious Dreams	Dinesh Gajendran, Sneha Perumal, Zakiya Kouser
South	Telangana	Rubaroo	Neha Swain
East	West Bengal	Rangeen Khidki	Ananya Chatterjee
East	Jharkhand	People for Change	Suman
North East	Assam	Farm2Food Foundation	Wasima Begum
North East	Assam, Sikkim, Nagaland, Mizoram	WAY Foundation	Indrajit Sinha , Hitesh Deori
North East	Manipur	Tweak Learning	Jimmy Thangjam

H.2 Online Data Collection Tools

[https://docs.google.com/forms/d/e/1FAIpQLSf3dzFBrLW-GQ5yFHsAsolavF_U52bwa6hxPuyI6xMBwrtRzA/viewform?usp=sf link](https://docs.google.com/forms/d/e/1FAIpQLSf3dzFBrLW-GQ5yFHsAsolavF_U52bwa6hxPuyI6xMBwrtRzA/viewform?usp=sf_link)

Ways to record response

3. Did you access any SRHR related information and services during this period? (Ask people to raise their hand or nod and facilitator to do a head count for 'yes'. Document the sum total for the 'yes' responses) (Simplify question if required)

4. From where did you receive the CSE related information and services? (Simplify/change question)

5. How has the COVID-19 and lockdown affected your access to the services of health care and SRHR as compared to earlier? Probe: Physical access, provider behaviours, affordability etc. on contraception, safe abortion, CSE, maternal health services, menstruation, GBV etc. (what are the major challenges)

6. Did your school/ college disseminate CSE related information before Covid? How has the closure of formal and non-formal education opportunities like engagement with peers and educators affected adolescents and young people in getting information regarding comprehensive sexuality education? (Question to be asked before this -if CSE related information was disseminated or not)

7. Before the lock down due to Covid - 19, how would you rate your mental health on a scale of 1-5 (**1 being very poor and not coping at all to 5 being absolutely fine and coping very well**)

8. How would you rate your mental health currently? Please provide an explanation for the rating? (**Using the same scale as before where 1 is not coping at all and 5 is coping very well**)

9. What were some of your coping mechanisms, to deal with stress/fatigue/conflict due to the situations that arose out of Covid-19? *(Facilitator to probe in the lines of Family, Friends, Institutional spaces like any specific hotline/counsellor, teachers or mentors, any formal or informal network of young people/NGO volunteering spaces etc)*

10. With the disruption of schools/college/formal education, what can be a new way of CSE information dissemination to adolescents and young people?

11. Can you mention some of the sources of information, any apps, sites that you find useful and youth-friendly during this pandemic? (Facilitators to ask participants for examples)

12. In a scale of 1-5 (1 as lowest and 5 as highest) how the Covid-19 situation impacted the safety and security of young people and children? (Facilitators to take responses from the participants)

13. How many of you think that with Covid-19, the rate of early/child marriage has increased in your community? (Facilitator to encourage participants to raise hands and head count). Give example from your own experience in your family/neighbourhood/community

14. Was it safe for you to express your thoughts/feeling/identity (sexual orientation/ dressing up or accessing queer friendly groups, choices or desires for sexual choices etc.) with families/friends/community? Were you bullied/forced/shamed at home?

15. What are some of the key challenges for young people (including young mothers') to freely decide and express their life choices (including partner choices/sexual orientation/sexual and reproductive rights etc)

16. Give specific recommendations on what can be done to bring a change/reform each of these challenges (Specify to whom the recommendations are made example – Government, NGOs, Young people’s network, Family or caregivers, community. school etc) (Broaden - since the group composition would be different, each will have different recommendations depending upon the challenges shared by each group)

H.4. Key Informant Interview Questionnaire

Thank you so much for giving us your valuable time and showing your willingness to talk to us today! As you know Pravah along with..... (partner organisation), supported by Asian- Pacific Resource & Research Centre for Women. (ARROW) is conducting a research that aims to study the impact of Covid-19 on the lives of young people from 18-26 years in India in general and specifically on Sexual and Reproductive Health Rights and Comprehensive Sexuality Education.

Young people are at the centre of the impact of COVID-19 in India and it has put the youth population at risk. Young people are facing educational uncertainties, restrictions on their mobility, freedom and socialisation which are important especially during adolescence and youthhood. COVID-19 pandemic has disrupted all aspects of young people's lives, including their education, livelihoods and gender relations, as well as their access to youth friendly sexual and reproductive health (SRH) services. COVID-19 infection prevention and management measures (including, for example, lockdowns, self-isolation, and restrictions on movement) appear, in many settings, to have had a significant impact on young people's access to SRHR information and services.

We are reaching out to young people (18-26 years) to ask a small set of questions to understand how young people have been affected by the pandemic, and recommendations to address the challenges and concerns. In this regard we also want to hear from you about your experience of engaging with young people and also in your role as a (Specific role)

Please note that these are sensitive information and the survey responses will be treated confidentially, and only aggregated results will be used for reporting.

Once again we greatly appreciate your willingness, time and effort to talk to us today. Thank you.

Guidelines and suggestive questions for key stakeholder - with teachers/counselors/ field animators/ for youth groups

Please note: these are guideline questions to give you direction to the discussion. You can frame your own style and ways to ask the questions to the participant. Please read the questions carefully to understand the deeper meaning of the question and then frame it to ask in order to avoid misinterpretation or too much referring to the written questions. Make them your own and follow with a relaxed conversation with the participants. Please accommodate additional information if you think that information will add and contribute to this study. Each interview should take 30-45 minutes depending on the discussion.. All the best and hope you will enjoy this process :)

A. Personal Details:

Note for the interviewer: Please fill out this information before the interview. You can check the information with the interviewee, especially the role and responsibility as a prelude and opening conversation point and then straight away begin the interview.

Name of the interviewee	
Designation/Capacity in which the interview is being taken for example as a youth leader or social media influencer etc.	
Role and responsibility	
Date of Interview	
Place (for face to face) Or mention online	

B. Suggestive Questions:

1. For how long have you been working in this role? *(As a teacher- principal-counselors/ANM - Sahiya- Field Animators for Youth group /Govt official/social influencer/youth leader)*
2. How do you think that Covid-19 and lockdown has affected your life as a teacher- principal-counselors/ANM - Sahiya- Field Animators for Youth group /Govt official/social influencer/youth leader)? *(Probe on the interviewee's role in that specific role especially in connection to their nature of job/services/imparting their role as compared to pre covid days)*
3. How do you think that Covid-19 and lockdown has affected the life of young people? *(Probe on young people's education/relationship/health- emotional wellbeing/livelihood/ general lifestyle/access to services particularly SRHR services etc. during lockdown or Covid-19 situation)*
4. Did young people reach out to you to seek support/ advice/discuss especially in the matters related to them during lockdown or Covid wave 1 or Covid wave 2 or the recent Covid surges? *(Probe on their relationship/emotional and mental wellbeing/ sexual health including sexual desires and needs/ reproductive health including menstruation, safe sex practices etc.). Can you share some examples including what kind of issues/challenges young people shared with them?*
5. What was their preferred mode of communication and how frequently did young people reach out to you for the same *(Probe on medium to reach out to you give example such as - over*

phone/dropping message on social media, preferred anonymity or was comfortable disclosing their identity, approached as individuals or as groups so on)

6. How did you address those issues or support the young person who sought support from you? *(Probe: any referral by you/ you made access to services/ gave awareness/conducted or organised online sessions on SRHR issues etc.)*
7. What were some of the challenges that you faced while extending support or in the process of supporting the young people in this regard?
8. Was there any difference in your experience while engaging with young people from different gender/background *(Assumptions: it was more difficult for a girl to open up, or young people from a particular social background had more difficulty in seek support/communicate or to access to services etc.)*
9. Have you ever received any training from anywhere to address SRHR issues of young people? Please give details of such training/sessions if you have attended.
10. Do you think that young people have enough information, services and spaces to refer to and where they can openly express themselves or seek support in the matters that are critical in their overall wellbeing? *(Probe care givers/institutional support/government schemes and information and awareness and access to services)*
11. Given your role as ----- *(As a teacher- principal-counselors/ANM - Sahiya- Field Animators for Youth group /Govt official/social influencer/youth leader etc.)* and the services that you/your organization is providing, do you think they are adequate or optimally or utilized? What is the reason?
12. What should be some of the critical aspects that you think should be considered in order to make the services and knowledge and practices on SRHR available and easily accessible to young people?

H.6 Details of partners

1. **Audacious Dreams:** *Audacious Dreams* Foundation (ADF) aims to inspire, inform, engage, enable and empower youth for global understanding and sustainable development. The organization is based in Tamil Nadu.

Key stakeholders in this research study: Young people

1. **Farm to Food:** The organization is empowering communities to become *farm* and *food* entrepreneurs, and build a prosperous and peaceful North East.

Key stakeholders in this research study: Young people particularly from forest and tea garden areas, local health workers

2. **Har Hath Kalam:** Har Hath Kalam aims to create a child friendly society by engaging children and their community in active conversations around livelihoods, development, empathy, and education. They're based in Patiala (Punjab).

Key stakeholders in this research study: Young people

3. **Pravah :** Pravah works towards building leadership among young people by creating safe spaces for adolescents and youth to form their own opinions, worldview, bring about change within themselves and the society around them

Key stakeholders in this research study: Young people and youth development professionals

4. **People for Change:** *People for Change* works towards enriching children and youth for personal and social development through creating self to society journeys and citizenship.

Key stakeholders in this research study: Young people including transgender community, village level health worker, teacher

5. **Qknit:** The QKnit is a volunteer-based organisation based in Mumbai (Maharashtra) that creates awareness of the social and legal rights of the LGBTQIA+ Community. They are working on providing a safe space for LGBTQIA+ Community to come up, express themselves, and embrace their authenticity without the fear of being judged.

Key stakeholders in this research study: Young people particularly from LGBTQIA community, teachers

6. **Rangeen Khidki:** Rangeen Khidki is a youth-led feminist organisation envisions to build awareness around sexual reproductive health and rights, especially amongst the youth almost at pan India level. The idea of Rangeen Khidki is to explore beyond the comfort zones and cover issues that are either not discussed or are done in hushed tones. The organization is based in Kolkata (West Bengal).

Key stakeholders in this research study: Women, young pregnant and lactating mothers in urban slums and sub-urban areas, young people

7. **Rubaroo:** A Youth Development *Organization* based in *Hyderabad (Telangana)* that works with young people and educationists, inspiring leadership for social change.

Key stakeholders in this research study: Young people

8. **Tapasya:** Tapasya works on the holistic development of children from underserved sections of society. The organization observed that socially and economically weaker individuals have to

fight hard for fulfilling even their basic livelihood needs. Tapasya is based in Pune (Maharashtra) and tries to create a safe space where everyone can find opportunities to grow and excel.

Key stakeholders in this research study: Women especially lactating and pregnant young women, young mothers from low income migrant communities and female health workers

9. **Tweak learning:** Tweak Learning is a social enterprise based in Imphal (Manipur), leading a bottom-up economic transformation of North East India by equipping the youths with life skills and entrepreneurship education and training. The organisation envisions promoting entrepreneurship as a life skill.

Key stakeholders in this research study: Young people

10. **WAY (We are Young) Foundation:** WAY Foundation is an organization which was set up to create agencies, opportunities for young people to be active citizens. They work with young people and enable them to reflect, build, act and inspire for positive social change across NE India.

Key stakeholders in this research study: Young people

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