

COVID-19 IMPACT ASSESSMENT



SYAN

SOUTH-EAST ASIA YOUTH HEALTH ACTION NETWORK

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1. INTRODUCTION

The COVID-19 pandemic has impacted the lives of people around the world. Most countries have imposed restrictions during the pandemic which included physical distancing, the closing of public places including schools, colleges, and offices to curb the spread of the infection, and the use of other preventive measures like masks and hand hygiene. The physical distancing has created a lot of mental health issues for people (Ahmad et al., 2020), particularly the closing of schools and colleges have impacted the mental health of adolescents (O'Sullivan et al, 2021). The emotional impact of social distancing on adolescents is different since their developmental needs differ from that of adults (Volkin, 2020). The change in routine and the shifting of classes to online mode has prevented any social interaction for young adults. They are stuck at home and the home environment may not be comfortable for all. They may be subjected to abuse and other forms of violence without an avenue for mitigation. Moreover, the online mode of education has serious implications on the academic performance of adolescents which also causes stress and anxiety. Since young children and adolescents are in a critical period of their development, the need for special attention to preserve their mental health is important (de Miranda et al, 2020).

In this context, this study aims to collate insights from young people belonging from WHO South-East Asia region around the impact of the pandemic on their health and other determinants of health along with exploring the emergent needs and good practices of response. The insights would be valuable to guide policy and program implementation especially in adolescent and youth health in each country as well as at a South-East Asia level.

This study has been conducted by the South-East Asia Youth Health Action Network (SYAN), a network of youth organisations across 9 countries in South-east Asia that work on issues of adolescent and youth health and well-being.

2. STUDY METHODOLOGY



The study was conducted by 6 youth organisations in the South-east Asian region viz., India, Sri Lanka, Nepal, and the Maldives. It used a qualitative methodology, and about 16 semi-structured interviews were collected by each organisation with a total of 91 interviews. In India, Sri Lanka, and the Maldives, 15 interviews were conducted by each organisation; in Nepal three organisations conducted the interviews, 15 each by two organisations and 16 by one. The interviews were conducted over a 2-month period from July to August 2021 and reflect the experiences of the participants with the pandemic as of August 2021.

The sampling method used for collection of data was purposive sampling. Each member organisation of the four countries spoke with young people from the communities their organisations already worked with to expedite the rapport building process as a level of trust and comfort already existed with the interviewers.

A semi-structured interview schedule was used to collect data from young people in the age group of 15-26 years. The interview schedule was developed collaboratively by network members, with the aim of identifying key topics and indicators that would be relevant for all countries while allowing for flexibility to modify questions based on contextual considerations. Each interview was 30-45 minutes long and was audio recorded. The interviews were not transcribed verbatim; instead, a response log template was made that allowed interviewees to record notes from responses to each question under the pre-decided topics. This template was created to standardise the format in which information was gathered across all interviews and allow for a comparative reading of responses to show any major patterns or differences that arose at a preliminary analysis level.

The data was analysed based on the framework identified with six emerging themes. The data was deductively coded based on these themes. The findings are presented under these six themes viz., awareness about COVID-19 pandemic, awareness about preventive/precautionary measures, impact of pandemic/lockdown/restrictions on the youth and the community, awareness and the opinion about government responses during the pandemic, myths and misconceptions about the vaccine, and status of vaccination and recommendations from the participants.

3. FINDINGS



3.1 ► AWARENESS ABOUT COVID-19 PANDEMIC

The respondents in India, Sri Lanka, Nepal, and the Maldives were aware of COVID-19 infection. They knew it was caused by a virus and the respondents from Sri Lanka noted that the virus was first reported in China. They were also aware of the mode of transmission, symptoms, the possible consequences, the high-risk group, and the use of personal protective equipment.

The source of information on the pandemic was more or less similar across the countries. The information sources included social media, mass media, and international or national health agencies. In all the countries, the WHO website and newsletters were mentioned as a source, while respondents in Nepal and Maldives mentioned UNFPA and CDC also as their sources of information. In Nepal, the respondents added the Ministry of Health and Population (MoHP), local area announcements, family, and friends as other sources of information. In the Maldives, the youth also mentioned updates from local NGOs as their source apart from other sources mentioned.

The information received from authentic sources was shared with friends, family, and neighbours. It was also mentioned by the youth that they shared the information with friends and family through social media or a virtual or in-person meeting only after verifying the content. Some of the respondents said they did not share the information as people's perception of the issue varied. It was also highlighted by the respondents that following the news was stressful and hence they did not follow it or share information with others. The youth from Nepal mentioned that sometimes they kept screenshots of important information, and this was then shared via social media.

Even though there was a good understanding of COVID-19 and its impact among the respondents, the youth in all four countries highlighted the myths and misconceptions about COVID-19 and the vaccine prevalent in these countries. They also mentioned that the lack of access to correct information for certain groups of people was leading to such kinds of beliefs. COVID-19 is widely believed to be a political conspiracy and therefore many are ignorant about the preventive measures including the vaccine.

They highlighted some of the prevalent misconceptions regarding COVID-19, which included the belief that the virus cannot sustain in Asian countries with hot

weather. It was also believed by people in Nepal that the climate of Nepal protected them from COVID-19 infection. In the Maldives, the respondents mentioned that people believed hijab worn by Muslims could act as a mask and therefore they did not need a separate mask. Being unfaithful was also linked with causing COVID-19 infection and hence those who did not go to the mosque were believed to get affected. It was widely believed that the youth would not get the infection and only the elders were susceptible to it. It was also believed by people that those taking alcohol or those who smoked would not get corona.

People held on to the belief that drinking hot water or hot water with turmeric, eating spicy food, or standing in the sun would prevent COVID-19. The respondents from the Maldives mentioned "corona drink"; a ginger and garlic shot used for prevention and cure for COVID-19 infection along with the belief that Panadol could prevent corona. The youth in Nepal said that while some people believed COVID-19 to be a weak virus, others accepted it to be a bioweapon.

Apart from this, misconceptions about vaccines were also prevalent among the respondents. It was widely believed that vaccines caused death, re-infection, and infertility in women. In addition, in Sri Lanka, it was mentioned that people thought vaccines would result in blindness, and in the Maldives, it was believed that vaccines contained nanobots that could control the brain.

FINDINGS



3.2 ► AWARENESS ABOUT PREVENTIVE AND PRECAUTIONARY MEASURES

The young people interviewed in the four countries were aware of the preventive and precautionary measures to be followed in the pandemic, like the usage of masks, sanitisers, or washing hands and maintaining social distance. They were also aware of avoiding crowded places and disinfecting things that were used while outside and taking a shower after coming home. In addition, the youth in Nepal mentioned that they were aware that if there was a COVID patient in the house they should be isolated and any form of contact should be avoided with them. The youth in India were also aware of the need for a nutritional diet for the prevention of infection. It was noted that the respondents themselves followed these precautions but some people in the community did not follow COVID appropriate behaviours in public places.

The respondents themselves had not experienced difficulty in following the precautionary measures except the social distancing especially in public places like markets and public transport. According to them, the public was not following COVID-19 protocols and was crowding in the marketplaces without maintaining a physical distance. Communities in general, irrespective of their educational status or age, were not following COVID appropriate behaviours. Some of the respondents specifically said elderly and uneducated people were not following these precautions while others added that some family members, acquaintances, and friends were also not following the precautions. One of the respondents in Sri Lanka observed that politicians were not following the precautions. The lack of seriousness of the situation among the public, undermining the magnitude of the infection and its danger due to the lack of information, or awareness by people in general was one of the reasons for not following the precautions. It was attributed to the inability to stay at home and adjust to the new normal. The youth in Nepal noted that these measures were restrictive, and people wanted to be free hence they avoided the precautionary measures. The majority of the people who went out did so in search of jobs since most of them were financially not well-off. To afford food, they were forced to go out in search of some work. According to the respondents, those privileged were able to follow all the precautions since they were able to work from home and use a private vehicle for transportation.

Even though the precautionary measures were followed by the respondents, they raised concerns over prolonged use of masks. The young people themselves felt that wearing the mask for longer times was difficult particularly for people with

breathing difficulties. Another observation made by the young people in Sri Lanka was regarding the use of reusable masks. These were being used without properly washing and it was attributed to the unavailability of water and soap. The use of reusable masks was highlighted in the case of frontline health workers and the youth felt they should be given disposable masks.

Even though the face mask and sanitiser were accessible as reported by most of the youth, they added that sanitiser was not affordable to all due to its price, thereby limiting its use. Masks and sanitizers were usually purchased from pharmacies and soaps, hand wash was procured from nearby shops in Nepal. But some of them added that during the first phase of the pandemic there was a shortage of these items and also the price of these items was hiked by vendors. In India, sanitisers and masks were either bought from local shops or were provided by the gram panchayats (governing institution at the village level). Maintaining the hygiene of cloth masks as well as the affordability of surgical masks was also mentioned by the respondents from the Maldives. Although the majority reported that masks were affordable, a few mentioned them as expensive in the Maldives. One of them mentioned that masks were bought from India at a cheaper price.

According to the respondents, to make people follow the protective and preventive measures, it is important to constantly create awareness and to make it mandatory to follow these rules if one must access public places. Creating awareness among the public by focusing on the impact of COVID in layman's terms was very important to make people follow the instructions. In the Maldives, the youth felt that since many believed in the religious association to the infection it was very important to create awareness.

Imposing fines on people not following the rules was suggested as a measure to make people follow the precautions. The respondents from Sri Lanka said one step towards making the people follow the precautionary measures was to remove those who do not follow these measures from public places. Another suggestion was to hand over a mask to anyone seen without one. One of the respondents noted that older people may get offended when young people advise them to follow these measures or point them out if they are not following the precautions.

Besides this, according to the respondents from Nepal, fake information on COVID being circulated must be dealt with appropriately. They also noted that self-realisation was very important for people to follow these. People thought that they were healthy, strong and they could easily recover. But they needed to know that not all the family members were equally strong as them and they might be

transferring it to others asymptotically. If these facts could be clearly articulated to the people, then they might realise and follow the preventive measures.

Providing free masks and sanitisers would help some people to use them if they were not using them due to limited affordability. The respondents in India added that assisting people with no smartphones to get vaccine slots would help everyone get vaccinated.

FINDINGS



3.3 ▶ IMPACT OF PANDEMIC AND LOCKDOWN RESTRICTIONS ON THE YOUTH AND COMMUNITY

The pandemic impacted different aspects of the lives of the people. For the young people, across all the four countries, education was impacted the most due to the pandemic. The online mode of education was not accessible to all due to not having smartphones and/or internet access. Even the practical sessions were not conducted, and this was also a major disadvantage for many. The online mode of education impacted their studies especially because the teachers were not used to the new system of teaching. Career was put on hold for many due to the lockdown and the restrictions imposed during the COVID-19 pandemic. For many, there was a lag in the academic year. The youth in India mentioned that the financial limitation and loss of jobs for many families due to lockdown forced some of the young people to discontinue education and it was reported that more girls discontinued education compared to boys and were also married off earlier by the family.

Youth in Sri Lanka mentioned that the lockdown and other restrictions gave an isolating experience for those who had gone to other countries for studies and were not able to travel back to their home country due to travel bans. They did not receive support from their home country or the country of residence. They had to pay a higher price for airline tickets for travel during this period.

On the health front, youth in all four countries highlighted the impact of the pandemic on their mental health. Stress and anxiety due to fear of an uncertain future were mentioned by the youth in India. The online mode of education impacted the health of the youth due to increased screen time, causing eye strain and screen fatigue, as reported by the youth in Sri Lanka and Nepal. The respondents in the Maldives added that binge eating, and lack of exercise also affected their health negatively. For young people in the Maldives, their dating and sexual life were also affected due to the restrictions.

Access to healthcare services was another major issue faced by young people due to the restrictions. Those taking mental health therapy or other treatments like hormone replacement therapy (trans people) and antiretroviral therapy also faced difficulty in accessing treatment, the effects of which were detrimental. Lack of privacy while visiting medical professionals due to social distancing was a major issue highlighted by the respondents. Young people had no access to contraceptives and girls had difficulty accessing menstrual hygiene products during the pandemic.

The marginalised youth in India were forced to discontinue education due to financial difficulties at home. In Nepal, sex workers lost their source of income. Trans people could not receive health services. People requiring anti-retroviral therapy and other services were deprived of it. In the LGBTQIA+ community, there was a discontinuation of hormone replacement therapy and they struggled with mental burden due to the financial crisis. There was a lack of precautionary measures among those involved in sex work.

The marginalised people faced more stigma compared to others when they were tested positive, and many were daily wage labourers and had no money to meet their ends. They were also limited by the sudden digitisation and found it difficult to access things. For the marginalised youth in the Maldives, the COVID-19 restrictions had brought unnecessary attention to their sexual identities and were subjected to more isolation. In Nepal and Sri Lanka, they were forced to stay with homophobic or transphobic families since many lost livelihoods, which in turn affected their mental health.

According to the respondents, the pandemic had not only brought challenges to the youth but the community in general. The travel restrictions and loss of jobs had jeopardised the lives of people and made it extremely difficult for people to manage household needs. The restriction in mobility made people frustrated initially but as the restrictions were eased people were feeling better and did not feel constricted inside their homes. The economic impact of COVID-19 on the families and communities was highlighted by the young people. People lost their livelihood, which impacted their education, and in turn affected their mental health. The daily wage labourers were affected the most and this limited their ability to buy food and forced them to survive on one meal a day. The restrictions were detrimental for many families as it had led to the loss of jobs and livelihood causing financial instability and resulting in stress and anxiety; with daily wage workers being affected the most due to being deprived of basic needs. The ability to pay rent for the house, meet day-to-day household needs was hampered. This in turn negatively affected the mental health of many people. Also, the house owners increased the rent, and this led to violence in some parts as noted by the respondents in the Maldives.

In general, the youth in Sri Lanka mentioned that people had to learn to use digital technologies for their day-to-day needs due to the pandemic restrictions. It was difficult for many since they had to buy new devices and had to pay for the internet charges. Another impact of COVID-19 was that the health system focused more on COVID-19 and other health conditions were not given adequate attention. In Sri

Lanka, gender-based violence and child abuse were reported during the lockdown period and there were no support services available. For sick people and others in the community, accessing medical services was difficult and the medicines were expensive to buy.

The difficulties of people with special needs were highlighted by the youth in Sri Lanka. Lack of information was a major impediment to many of the people and this was more pronounced in the case of people with special needs. People with disabilities were affected by the restrictions as they were not able to get things from the market, especially groceries. Education was also impaired for those with disabilities due to the online mode of lessons. One of the respondents in Nepal who was visually impaired reported difficulty in accessing banking services. The visually impaired people who had internet access were able to work but the youth with disabilities during lockdown had to stay at home and didn't have the same facilities in terms of education and health at their homes.

FINDINGS



3.4 ► AWARENESS AND OPINION ON GOVERNMENTAL RESPONSE DURING THE PANDEMIC

The young people in all four countries commented that the government responses during the pandemic were satisfactory, but they also felt there was scope for improvement. Only a few who were interviewed were aware of the government responses. In India, the creation of local teams to manage the pandemic and the role of local health workers and gram panchayat (GP)¹ especially in creating awareness and distribution of masks and sanitisers were appreciated by the youth. The GP also played an active role in case finding and enforcing measures to prevent spread when cases were found in any area. Many in Sri Lanka were not aware of the government responses and their impact, while one of them mentioned the relief package and Rs 5000 support. One of the respondents said that the media played a role in creating stigmatisation of COVID-19 patients by filming/interviewing them without their consent. According to the youth in Sri Lanka, the government had managed the situation well initially, but the later responses were not worth commending. The youth in Nepal and Maldives were not satisfied with the government responses and they felt the government prioritised political agendas over the health of the people.

According to the young people in Nepal, the relief measures and other activities of the provincial government were not satisfactory but the local governments' work was appreciated. The distribution of relief material was seen positively even though they were not able to reach all. One of them noted that the initiatives taken by the government in their locality were good and no one was deprived of basic needs. In the Maldives, those who knew about the government initiatives said they were aware of mental health helpline numbers, and the ambulance services that were available there. Others added that the use of social media to create awareness was effective and highlighted the support group initiatives by NGOs. Many of them felt the initiatives by govt/NGOs were helpful especially in bringing down the cases. Some did not know about the impact of the initiatives. According to the respondents, the helpline numbers were beneficial for many and helped in improving their mental health. One of them mentioned that WHO provided the vaccines for their country.

Respondents from Nepal and the Maldives felt that the government did not focus on the needs of the youth. The respondents in Nepal mentioned that focusing on

¹ Gram Panchayat (village council) is a basic village-governing institute in Indian villages. It is a democratic structure at the grass-root level in India.

the needs of the young people, carrying out more conversations, and introducing programs would have helped young people to feel motivated to get back to life and comparatively less lonely.

The majority of the respondents were also critical of the actions taken by the government, especially the way the lockdown and other restrictions were carried out. The youth from the Maldives and Nepal pointed out these issues. In the Maldives, the youth felt that the election was given importance, especially since the government eased the COVID restriction during this time and allowed the COVID positive people to go and cast their votes. Also, the tourism industry was prioritised over the safety of the people. While some of the respondents from Nepal acknowledged the efforts of the government, they felt the outcomes were not satisfactory. The respondents said that although the lockdowns helped in reducing the number of cases, that was not the only solution. They felt the government could have focused more on proper planning and execution especially during the second wave.

Many felt the responses of the government were not inclusive and left out the marginalised groups from the relief measures. In India, the respondents criticised the government's action about the conduct of elections causing the surge in cases which resulted in the second wave while youth from Sri Lanka, Nepal, and the Maldives criticised the government action for not being inclusive. In Sri Lanka and the Maldives, the youth mentioned that government did not support the poor people and those who lost jobs, while the youth in Nepal noted that the assistance for PWD was not adequate as many from the rural area were not able to attend online classes as they did not have the resources like braille books and accessible devices. The relief packages did not include the LGBTQIA+ community. They also added that the isolation facilities were not accessible or affordable for many people.

The role of NGOs and CSOs and the local governments was appreciated by the youth. In Nepal, the government and other organisations were active in spreading awareness using social media, television, radio, public announcement, while NGOs were involved in a lot of relief work including supply of food packages, distribution of masks, sanitiser, counselling, ambulance, and connecting people with doctors for any kinds of service. In India, the NGOs helped in the vaccination drive. In Nepal, the youth commended the role of CSOs in helping with the assistance during the lockdown, particularly on delivering SRH services at the doorstep and covering the mental health needs of the people. Some CSOs helped PWDs with accessible education while some organisations provided monetary support to individuals. The youth also noted that the CSOs were active only in some parts and not in others and

in those places where CSOs were active, they provided relief materials and actively worked to reach the marginalised communities in Nepal.

FINDINGS



3.5 ► MYTHS AND MISCONCEPTIONS ABOUT VACCINES AND THE STATUS OF VACCINATION

The young people interviewed in the four countries were very positive about vaccines. The youth in India who were interviewed felt that vaccines were important to improve the immunity against COVID and those in Nepal and Maldives felt it helped to reduce the severity of the infection and reduced the hospitalisation rate thereby reducing the burden on resources. They also noted that vaccination is effective since people who got COVID-19 after the vaccination especially those with comorbidities did not have a serious infection. In Sri Lanka, most of the respondents were ready to get vaccinated but were confused by different brands and the dosages and the efficacy of each of these. A few were apprehensive about whether these are good or not and were not willing to take them until they were sure about the vaccine's efficacy. One of them preferred only the Pfizer vaccine.

In Nepal, the respondents were also aware of the different cadre of people who were given priorities in the vaccination like the frontline health workers, government representatives, and politicians. According to them, other people including the youth should also be prioritised for the vaccine. The youth in Nepal who were interviewed added that people in Nepal were apprehensive about vaccines during the first wave and after seeing the impact of it during the second wave especially in India, they changed their attitude towards the vaccine. Even though they were not sure of the effectiveness, they started opting for it to be on the safer side. In the Maldives, although the vaccination was seen positively by the youth, there was a lot of misinformation prevalent in the community which prevented people from taking vaccines.

According to the youth, vaccination was ongoing in all four countries with different age groups and categories being vaccinated. The respondents from India, Sri Lanka, and the Maldives reported that the majority of the people in their country had been vaccinated with the first dose and the second dose was being administered. In India, in some parts, the second dose was delayed due to non-availability of stock. In India and Nepal, the respondents pointed out favouritism and certain people being prioritised over others in vaccine administration viz., politicians and government officials. They added that in Nepal, the common people had filled up the online form for vaccination but had been told that they would be called once their turn arrived but were not called for months. Some of them added that only old people had gotten the vaccination. In Sri Lanka, the respondents reported the incidence of people being charged for the vaccine, and they

suggested that it must be strictly monitored by the government. Queer people found it difficult to access the vaccines in Sri Lanka, despite many vaccine centres being operating in the country.

The youth in the four countries also highlighted the vaccine myths and misconceptions prevalent in their country. In the four regions, fear of side effects was pointed out as a major hindrance in accepting vaccines. It was widely believed by people in India and Sri Lanka that vaccines caused infertility in women, while in the Maldives it was believed that it increased the breast size in women. A large majority of women in the community in Sri Lanka were hesitant to take vaccines due to the fear of their effect on fertility. Other misinformation among the public was that the vaccine would cause paralysis, blood clots, and cognitive dysfunction.

In India, older people with hypertension and diabetes were found to be particularly afraid of getting vaccinated as they feared it might cause side effects including death. In Sri Lanka, the availability of different brands created confusion among the people regarding the efficacy and therefore people were selective about the brands. In Nepal, people thought that the vaccine provided by China and other countries was being tested on the people of Nepal and therefore it would not be useful, rather it would lead to a reduced immunity. The respondents in the Maldives and Nepal added that the community believed the vaccine to be not effective as people were still getting infected after vaccination which prevented people from opting for the vaccine.

In addition, in Sri Lanka and the Maldives, it was believed that vaccines contained a chip that would be used to monitor people's data and it turned humans into robots. It was also reported that in the Maldives people believed the vaccine contained cow dung. The religious views were also pointed out by the respondents as a hindrance to people taking vaccines in the Maldives. The anti-vaxxers were also spreading misinformation among the public in the Maldives. Those following the alternative systems of medicines were also critical about the modern medicines and spread misinformation regarding the vaccines.

The respondents in the Maldives commented that using celebrities to promote the vaccination was a successful step by the government, while some of the respondents in India mentioned the need for walk-in registration for vaccination.

FINDINGS



3.6 ► RECOMMENDATIONS FROM PARTICIPANTS

The young people gave recommendations for different sectors like education, health, and governance. A majority felt the need for the government to reconsider the online mode of education and the exams, the need for the internet, and devices for those who were unable to access the online mode.

In India, the youth insisted on the need for looking into the matters of education since the online mode of education had hampered practical exposure and due to this, education had been negatively affected. The respondents from Sri Lanka said that the classes could be delivered via television in all languages rather than online platforms alone. It was also recommended that the digital infrastructure service providers needed to work together to ensure digital access to all. The youth in Nepal suggested that that examination should be conducted either via online mode or alternate methods while those in the Maldives recommended having in-person classes with proper precautions. It was also recommended that governments should consider creating more employment opportunities for young people.

In the health sector, a majority felt prioritising the mental health care needs of youth and provisioning of these services free of cost. A suggestion put forth by the youth in Sri Lanka was that the professional bodies should arrange awareness sessions on helplines regarding mental health issues particularly due to the pandemic. The recommendation made by the youth in the Maldives mainly focused on making mental health care affordable and including it within the health insurance scheme, while in Nepal they recommended launching a mental health program.

The SRH services should also be made accessible and the youth in Sri Lanka recommended that menstrual hygiene products should be made available to young women and girls. The youth in Nepal suggested that the government should provide toll-free numbers for SRH services targeted towards young people.

The youth of Sri Lanka suggested that the COVID-19 testing be made accessible and affordable while those in Nepal recommended that the vaccination should be prioritised according to the current situation and young people should also be given priority in vaccine drives and to make separate hospitals for COVID management. Other recommendations included promoting gender-based violence support services via mainstream media. Telemedicine should be adopted to provide services to the people. A recommendation was also put forth by the

young people to ask for doctors to speak on television on the safety of vaccination in all the languages.

For governance, the respondents said a multi-sectoral approach was needed for proper planning and management of COVID-related activities. Involving the local governments was suggested for effective distribution of services to the people. It was also suggested that the government relief measures should be inclusive of the persons with disabilities and the LGBTQIA+ community. People with special needs were required to be given more focus by creating disability-friendly hospitals and allocating services at the hospital for PWD. For any relief work, they also needed to prioritise PWD and focus more on making it accessible. It was also suggested that stakeholders from different sections including youth be involved in policy making while addressing their needs.

The respondents from India recommended the provisioning of financial assistance to families. They also mentioned reaching out to people in the marginalised groups and speeding up the vaccination drive by setting up more neighbourhood vaccination camps. They also added that the government should focus on managing the situation more effectively rather than declaring lockdown as it was harming livelihoods and people were dependent on their scarce savings which continued to deplete as the lockdown extended.

It was recommended by the respondents in Sri Lanka that a breakdown of the COVID fund must be shared with the public and the local government officials should be mobilised for effective distribution of dry rations. They also said there should be more organised relief activities for low-income families. The respondents from Nepal suggested that the police force should be given instructions on carrying out their duty without threatening people who were not following protocols. The youth in the Maldives suggested temporary housing with the provisioning of necessities for people.

4. CROSS THEMATIC **INSIGHTS**

Even though the respondents were aware of the COVID-19 pandemic and the preventive and precautionary measures, the community at large held a lot of myths and misconceptions about the disease and its vaccine. It prevented many from following precautionary measures in public places. Apart from these, the life circumstances of many people, especially the poor and marginalised, forced them to go out in search of livelihood. The young people in all the countries mentioned that social media, mass media and other internet sources were their information channel. Many people in the community did not have access to digital technology and therefore lacked information related to COVID. They also did not have access to preventive measures like masks and sanitisers due to its cost.

While there existed an ignorance about the disease among the public which prevented them from following the precautionary measures, several myths and misconceptions prevented many from getting vaccinated. More or less, all the four countries held similar misconceptions about vaccines. Fear of side effects was the major reason for the non-acceptance of vaccines, followed by the fear that it caused infertility in women.

Young people in all the four countries were in favour of vaccinations and believed that they were important to improve the immunity and prevent severe infections. The vaccination was ongoing in all the four countries with different age groups and categories being vaccinated, with the majority vaccinated with the first dose in all the countries. The second dose was being administered simultaneously. The vaccination was delayed due to stock outs or certain categories of people being prioritised over others.

The pandemic impacted the education of many young people across all the four countries. Not owning a smartphone or the lack of internet access made the online mode of education not accessible for all. Moreover, the practical sessions which were important for certain courses were also not conducted and served as disadvantageous for many. Unemployment was also highlighted as a major impact of the pandemic, especially among the poor and marginalised.

Mental health issues were highlighted by all the youth, and many taking therapy were unable to continue due to the pandemic restrictions. For the transgender youth, those taking hormonal therapy had to stop it. The marginalised youth in some

countries were forced to stay with their transphobic or homophobic families and this brought unnecessary attention to their sexual identities. Loss of jobs was another impact faced by the people and this forced young people to discontinue their education and young girls were forced to marry.

While the government responses during the pandemic appeared satisfactory, the youth in all the four countries were also critical about actions taken by the government. The way lockdown and restrictions were implemented were not seen positively by the young people, although they commented that it helped in reducing the cases. The major reservation that youth had was that many of the government responses were not inclusive and left out the poor and marginalised. In all the countries they appreciated the work of local governments and in Nepal, the work of NGOs and CSOs were commendable.

5. MAJOR GAPS AND CHALLENGES



The COVID-19 pandemic relief activities of the government were mostly focused on the prevention and management of the infection. A major section of the society, the adolescents and youth who are vulnerable were not prioritised in the government responses. The need for taking immediate action for the health and well-being of this group was undermined by all the governments. The government responses were not inclusive of the poor and marginalised youth. The mental health, SRH and other health needs of the young people were not given due consideration in the pandemic, the repercussions of which may be evident in the coming years. The government must focus on these matters and integrate mental health and other health needs into the school health programs.

The education of the youth had been hindered due to the online mode and many were apprehensive about their future and their career. The young students should be given guidance in this matter and the government should help them with employment opportunities. Proper counselling on this matter is needed for the young people, especially those who are immediately entering the job market.

Another challenge was the non-recognition of the issue of domestic and child abuse that the young people might have endured during the pandemic lockdown. Identification of those should be done and counselling services must be provided to them. The youth with special needs and the LGBTQIA+ community were also not given attention by the government in its responses. The health and educational needs of these people along with vaccination are required to be prioritised and given adequate attention.

Limitations

The findings of the study are based on the opinions of youth from the four countries who were selected purposively by the member organisations. The responses were collected based on semi-structured interviews and an in-depth understanding of the different aspects cannot be discerned. Therefore, the findings of the study cannot be generalised.

6. RECOMMENDATIONS



FROM SYAN



The study was conducted between July and September 2021, and with respect to the pandemic and its developments, there are many changes that have happened and will continue to happen. According to this, the perceptions and behaviours of people have also evolved. Therefore, it is important to draw conclusions from these findings that are relevant and applicable to the current scenario of the pandemic in each country while making recommendations.

Nevertheless, the key findings of the study remain relevant, and they can be used to design further studies and guide policy change suggestions - especially with respect to the education sector and the health care needs of the young people which were jeopardised by the pandemic and lockdown restrictions.

In this regard, SYAN proposes the following key recommendations:

1. Circulation of correct and up-to-date information around COVID-19 and vaccination to counter the myths and misinformation proliferating through social media, print media, and local radios. These Information Education Communication (IEC) materials must also be made available in local languages and verified materials in English should be translated. IEC materials must be available online and offline i.e., printed copies in key local centres, for example health clinics, schools, community centres.
2. Educational needs of the adolescents to be prioritised while being mindful of the digital divide; thus, identifying the scope of distance learning by going beyond online classrooms to other EdTech platforms such as television (live broadcasts, pre-recorded lessons etc.) to increase the reach. Investment in improving existing infrastructures is a priority to bridge the digital divide, especially in terms of internet penetration and connectivity, and digital device access.
3. Establishing and/or maintenance of exclusive national toll-free health line numbers for adolescents to be able to access mental health and SRH information and services.
4. Increased availability and accessibility of hygiene products (including menstrual hygiene) such as sanitizers, mask, hand wash etc. at subsidised and/or affordable rates for all. Direct outreach to marginalised and vulnerable populations should be prioritised, and community needs scoping

should be undertaken to identify the which hygiene products are most inaccessible.

5. Ensuring the provisions are carefully designed whilst understanding the challenges faced by persons with disabilities, the LGBTQIA+ community, and other marginalised and vulnerable groups. To understand and overcome the barriers in access and availability faced by the groups, direct communication and engagement with community focal points must be established.

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SOUTH-EAST ASIA YOUTH HEALTH ACTION NETWORK (SYAN)

Supported by WHO-SEARO, SYAN builds the capacities of adolescent and youth groups in the South-East Asia Region (SEAR) to undertake effective advocacy and engagement and strengthen youth-led efforts to advance adolescent health and well-being initiatives in their own countries. SYAN is active in 9 countries across SEAR - Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Timor-Leste. Currently, the secretariat for the regional network is held by The YP Foundation in India.

For more information about SYAN and resources on adolescent and youth health issues, please visit syanforhealth.org.

SOCIAL CHANGEMAKERS AND INNOVATORS (NEPAL)

[SOCHAI](#) is a young women led social enterprise that aims to improve overall health, nutrition, and well-being of people especially women, children and adolescents through youth leadership based on innovation, education and entrepreneurship. SOCHAI implements several community-based innovative learning programs that are contributing to accelerating the progress in SDGs primarily goal 2 and 3. SOCHAI has received global recognition from the BBC, Gates Foundation, UNICEF etc. for its award-winning educational bracelets - 'Nutribeads' and 'Redcycle'. Nutribeads inform pregnant and lactating mothers about how to feed a child in the first 2 years of their life whereas the Redcycle Menstruation bracelet helps to understand, accept, communicate, and track menstrual cycle.

SOCIETY FOR HEALTH EDUCATION (MALDIVES)

[SHE](#) is a member of IPPF and one of the longest serving NGOs in the Maldives working towards the promotion of health and family wellbeing. Our works are at three main levels: service provision/delivery, advocacy and system strengthening. The areas of our work are mainly focused on (but not limited to) Thalassemia and

laboratory services, mental health and counselling, sexual and reproductive health and family health and wellbeing.

STEPPING TOWARDS ENHANCING POLICY STRUCTURES (INDIA)

[STEPS](#) is a pan India youth led, youth run volunteer group working towards foregrounding meaningful youth engagement (MYE) in national level policies and programs focusing on young people, especially adolescents' health and wellbeing.

THE YP FOUNDATION (INDIA)

[The YP Foundation](#) is a youth development organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice. TYPF ensures that young people have the information, capacity, and opportunities to inform and lead the development and implementation of programmes and policies that impact their lives and are recognised as skilled and aware leaders of social change.

VISIBLE IMPACT (NEPAL)

[Visible Impact](#) is a youth-led organisation in Nepal that aims to create a 'visible impact' in the lives of youth, adolescent girls and women and their immediate families and communities with a focus on leadership development, advocacy and realization of their sexual and reproductive health and rights.

YOUTH ADVOCACY NETWORK SRI LANKA (SRI LANKA)

[YANSL](#) was formally formed after the First Beijing+20 youth review in Sri Lanka in 2015. It is a network run by young people, working for and with young people and women since its inception in 2010. All directors' staff and the general membership of YANSL are mainly young people of whom 80% are women. It comprises of passionate young people with expertise on issues related to Sexual and Reproductive Health and Rights, Adolescent and Youth Health and Gender Inequality.

YUWA (NEPAL)

[YUWA](#) is a registered not for profit, purely youth run and led organization working to promote youth participation through empowerment and advocacy. YUWA was born out of a group of committed youths, unofficially working in this sector since 2005. The initial focus was to develop leadership skills of the involved youths, to train as youth activists and to advocate for change, thus resulting into a wide and diverse array of knowledge, skills, and experience in this sector. It led to the realization of the seriousness of youth issues and the need to act, which, finally took the shape of YUWA.

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