

ASSESSMENT OF ISSUES FACED BY ADOLESCENT GIRLS & BOYS DURING COVID-19 AND THE LOCKDOWN

JHARKHAND | CHHATTISGARH | BIHAR | ODISHA

SEPTEMBER 2020



EXECUTIVE SUMMARY

BACKGROUND

Adolescence is a juncture of physical and mental development which generates aspiration for happy and healthy future. COVID-19 has affected the young people in ways that to show long-lasting consequences. COVID-19 pandemic has impacted the education of girls and boys at multiple dimensions. The shutdown of both formal and non-formal education institutions and opportunities restricted them from having social interactions as well as connecting with peers and teachers. The extended lockdown has led to anxieties and stress. In addition to that, girls could be the subject of school dropout and that may lead to early marriage and/or illegal child trafficking. Especially adolescent girls, who are already at risk of domestic and gender-based violence, have become more vulnerable towards higher levels of violence at home or outside. Amid COVID-19, it is critical to provide right based and gender focused access to communication, education, sexual health, nutrition, and mental support along with general pandemic healthcare and safety protocols.

To better understand the lived realities of adolescents, C3 reached out to adolescents in four states, Jharkhand, Chhattisgarh, Bihar, and Odisha through a structured survey covering over 7200 young people in April and July-August 2020. C3 has conducted an assessment in 2 rounds and questions included young people's COVID-19 related knowledge and awareness.

We hope that the findings will contribute to the process of appropriate program repurposing and planning.

This phone-based assessment of adolescents (10-19 years) included questions on the schooling status of the adolescent girls and risk factors for school dropouts, risk factors for early marriage, knowledge, and practices during COVID -19. The team adopted the Telephonic surveys because of the need for physical distancing and to avoid any transmission through contact.



METHODOLOGY

The team contacted respondents through the support and referrals of C3's on-ground program cluster coordinators by the means of snowball approach¹. The assessment targeted a sample of 400 adolescents per district @ 95% confidence level and 5% standard error in Jharkhand and Chhattisgarh at the state level, C3 planned sample size of 1000 across 10 districts at @ 95% confidence level and 5% standard error with

Design Effect of 2.5 in Bihar and Odisha. The overall sample was spread across girls and boys in the age group 10-14 & 15-19 years. However, due to limitations imposed by COVID-19 and lockdown, there was a shortfall in achieving the targeted sample size in Odisha.

The number of districts from each state and the total sample achieved is given below:

STATE	SAMPLE SIZE PER DISTRICT	SAMPLE SIZE PLANNED	SAMPLE SIZE ACHIEVED	SAMPLE DISTRIBUTION			
				GIRLS 10-14 YEARS	GIRLS 15-19 YEARS	BOYS 10-14 YEARS	BOYS 15-19 YEARS
Jharkhand	3 D @400	1200	1151	260	392	240	259
Chhattisgarh	2 D @400	800	942	231	230	240	241
Odisha	10 D @100	1000	839	194	212	193	240
Bihar	10 D @100	1000	1000	160	344	127	369
Overall		4000	3932	845	1178	800	1109

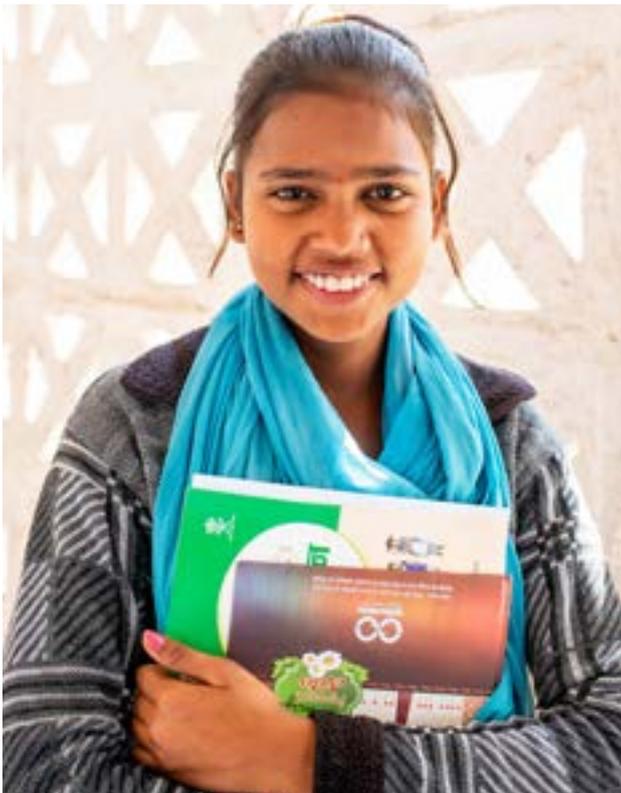


¹ Snowball sampling is also called chain-referral sampling and is defined as a non-probability sampling technique in which existing subjects provide referrals to recruit samples required for a research study.

ASSESSMENT OF ADMINISTRATION & ETHICAL PROTOCOLS

The Assessment protocol and tools were reviewed and approved by 'Kantar's SRI-IRB committee. C3 sought informed consent from adolescents > 18 years of age and from parents/guardians from adolescents < 18 years of age. After seeking consent from parents/guardians, adolescents < 18 years of age also gave Assent. The team maintained data confidentiality during data collection and only used de-identified data for the analysis at an aggregate level to protect the privacy and confidentiality of all participants.

C3 during this assessment used the Android-based Survey CTO platform in local language adaptation for CAPI enabled data collection. C3's state teams identified data collectors from each state. The organization conducted extensive training sessions for C3's data collectors. The period of data collection period was between July 1 and August 25, 2020.



CONSIDERATIONS AND LIMITATIONS OF THE STUDY

The results reported herein despite some limitations.

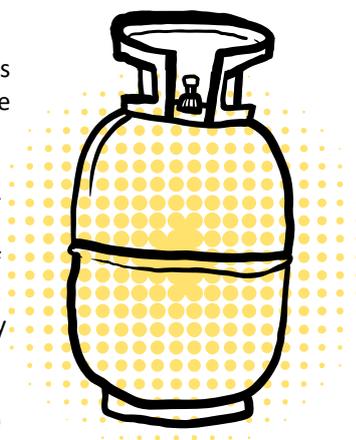
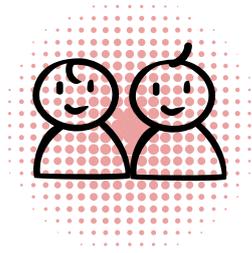
- The team identified respondents covered in the assessment through referrals and snowballing methods. Hence, the findings are voices from the community covered in the survey and cannot be generalized for the entire state population.
- This assessment was limited to the perceptions of adolescents and the team did not design to triangulate it with the supply side or from the service 'provider's lens.
- The study carried the limitations of any telephonic survey such as -the absence of any non-verbal clues and the influence of the surrounding environment during the survey.
- The extent of COVID-19 and lockdown varied across different areas at different points in time. Hence, the key impacts on the responses in the assessment were respondents' experiences at that time, the severity of lockdown in their area, and the extent of the spread of COVID-19 in their immediate surroundings. COVID situation differs across the study states. While there was a sharp rise in COVID cases in Bihar and Odisha at the time of the survey, Jharkhand and Chhattisgarh were facing a lower daily count of new cases.

RESPONDENT PROFILE

- There was a somewhat balanced representation of Gender at an overall level (52% girls and 49% boys). However, the proportion of girls covered is higher in Jharkhand, and the proportion of boys covered is higher in Bihar & Odisha.
- Representation of adolescents in the 15-19 years age group (58%) was higher than the lower age group (42%).
- The proportion of married respondents (2%) was low in the covered age group.

HOUSEHOLD PROFILE

- 86% of adolescents said that they had a toilet at home – Jharkhand had the lowest among the study states (68%)
- 36% of adolescents reported public handpumps as the primary source of water supply for their households. Half of the adolescents reported that their primary source of water supply was outside their household premises. 91% of adolescents in Bihar said that they had a water supply source in their household, whereas only 14% of adolescents in Jharkhand had the water source inside the home.
- Female members bore the main responsibility of fetching water from outside for their household consumption. While 49% of girls said they fetched the water for household consumption, only 9% of boys said they performed this role.
- More than half of the adolescents (59%) said that LPG/Natural gas was the primary source of cooking fuel. LPG/natural gas was predominantly used in Bihar and Odisha at 83% and 79% respectively. At the same time, close to 60% used wood/firewood as the cooking fuel in Jharkhand (60%) & Chhattisgarh (57%).



ACCESS TO MEDIA

- Television had maximum access: 72% of adolescents had access to television, followed by 32% with access to newspapers and 21% to the radio.
- 84% of adolescents had access to a mobile phone; however, only 17% had their mobile.
- Most of the adolescents (90%) did not have a computer at home.
- 71% of adolescents knew how to send a WhatsApp message, 46% knew how to use Facebook, and 25% knew how to use online platforms like Zoom/ Google Meet and other online teaching platforms.

THE GENDER DIVIDE IN ACCESS TO MEDIA AND ITS USE

- More boys (23%) had their mobile than girls (12%)
- There was a significant difference between boys and girls in terms of using social media platforms and online teaching platforms. 56% of boys and 37% of girls knew how to use Facebook. Similarly, for zoom/ google meet and other online teaching platforms, more boys (29%) knew using them than girls (22%)
- More boys (35% and 23%) had access to Newspaper and Radio than girls (30% & 20%)
- Boys (23%) had more access to Instagram than girls (14%)
- More boys (79%) had access to the internet than girls (69%)
- Similarly, more boys (41%) had their e-mail id than girls (33%)

RESEARCH FINDINGS

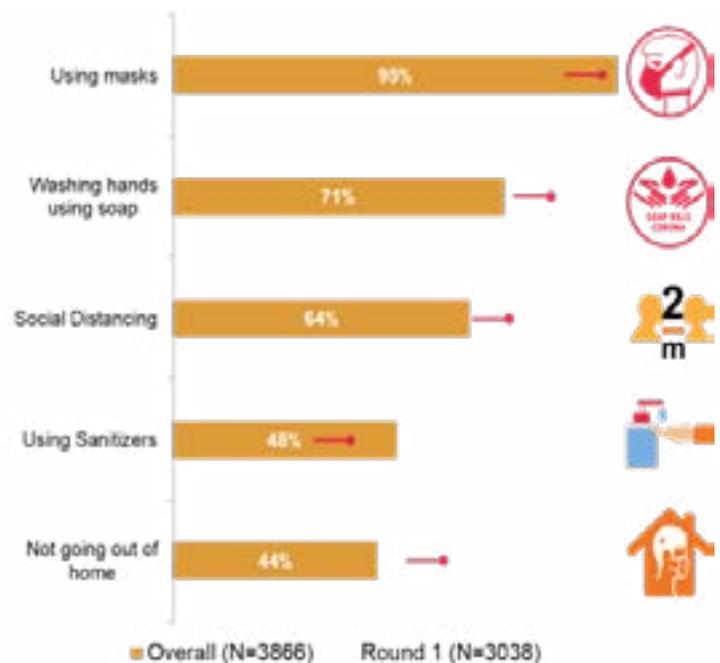
Along with the findings of this assessment, the research team referred to another similar assessment referred to as Round 1. The team conducted Round 1 in 2 states - Jharkhand and Chhattisgarh covering 3329 adolescents in April 2020. In addition to that, the anecdotal evidence from another qualitative study ² was being referred to in this report to substantiate the lived experiences of adolescents during COVID-19.

AN INCREASE IN COVID-19 CASES RESULTED IN INCREASED RISK PERCEPTION, BUT THERE WAS A GAP IN AWARENESS OF CORRECT INFORMATION

Almost all the respondents knew about the Corona Virus (98%)

- The perception that anyone could get infected (34%) and infected could get cured (77%) was reported higher in Round 2 than Round 1 -27% and 63% respectively.
- 9 out of 10 adolescents surveyed (89%) knew that the Corona Virus spread from one person to another. Other two ways of spreading which more than half of the respondents reported were through droplets from 'cough' (61%) and 'Shaking 'hands' (61%). However, the awareness was higher in Round 1 about methods of transmission through person-to-person contact 94% and droplets from cough (72%)
- The top three symptoms of COVID-19 mentioned by respondents were – high fever (73%), persistent/dry cough (65%), and sneezing (56%). 'Shortness of breath' was mentioned by only 43% of adolescents.
- 'Using mask' was the most common method of prevention reported by adolescents at 95% followed by 'washing hands using 'soap' and 'social 'distancing' at 71% and 64% respectively. However, awareness of using masks and Sanitizers for prevention had increased. But washing hands with soap and social distancing had declined in this round from 81% and 71% respectively in Round 1.

- Besides, when asked in detail, 13% of the respondents did not know about the correct duration of washing hands with soap, and 16% did not know about the correct gap to be maintained for physical distancing to prevent COVID-19.
- Television was the most common source of information for COVID-19 mentioned by 76% of adolescents and the most accessible media vehicle, as mentioned in the previous section.



²The title of the qualitative study was "Adolescents' and Women's' Access to Health Services and Education in India during COVID 19 Lived Realities".



water from outside for their household consumption.

- 37% of adolescents had to contribute more to doing household chores during the lockdown. More girls (39%) were required to do household chores than boys (35%).

- 26% of adolescents were involved in supporting their families in income-generating activities, and 27% felt to contribute more to income-generating activities due to lockdown. A higher proportion of boys (29%) said that they would be required to contribute more to income generation activities due to COVID-19 & lockdown than girls (24%).

- Overall, 60% of adolescents mentioned that they involved themselves in studies during the lockdown and more than half of the adolescents said they engaged themselves in Watching TV. However, more girls were involved in activities like household cleaning (61%), cooking (59%), washing clothes (44%), washing utensils (41%), taking care of siblings (23%) than boys. On the other hand, more boys involved in activities like watching TV (58%) and audio-visual on the phone (28%), farming(27%), talking and chatting with friends/relatives (27%), looking after animals (24%) than girls.

- When asked about the activity that took maximum time, close to 30% of adolescents said they spent maximum time in studying. Boys (31%) spent more time studying than girls (27%).

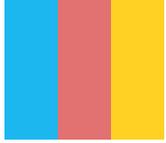
INCREASED STRESS AT HOME AND ANXIETY ABOUT FINANCIAL STATUS DURING LOCKDOWN; GIRLS, FELT MORE ANXIOUS AND HAD TO COPE WITH LESSER MEALS

Lockdown had undoubtedly made the environment at home more stressful due to like, financial crunch, loss of work, and income. The stress eventually results in verbal and physical fights at home. In the qualitative study, adolescent girls mentioned that stress due to fights between parents at home and also as a consequence of loss of livelihood, people were left with no earnings and had to cope with the crisis by consuming less food than usual.

- 27% of adolescents reported that the environment at home was somewhat more stressful than usual, and 19% said it was extremely stressful (19%).

- When asked about how anxious they feel about the impact of the lockdown on their family's financial status; overall, 30% of adolescents feel extremely anxious. Close to 70% of adolescents in Bihar feel more anxious than usual. Overall, girls (32%) felt more anxious than boys (29%).

- Close to 29% of adolescents did not get 2 times adequate meals and 1-time snack in a day. This figure was highest in Jharkhand & Odisha at close to 35% and lowest in Chhattisgarh at 15%. More girls (32%) did not get adequate 2 meals and 1-time snack in a day than boys (27%).



IMPACT ON STRESS-RELIEVING ACTIVITIES AND CONNECTING WITH FRIENDS

Close to half (45%) of the adolescents agreed that lockdown had an impact on their physical activities such as exercise, walking, playing, etc. More boys (47%) agreed to this than girls (44%). One in five did not do any physical activity during the lockdown.

- 33% of adolescents mentioned that they did exercise at home, and 30% said that they did household chores to keep themselves active. 19% also said that they did nothing for physical exercises during the lockdown. More boys engaged in activities like, exercise at home, walking/running/jogging in the space available at home and public places, playing with friends indoor and outdoor games whereas more girls engaged in household chores.

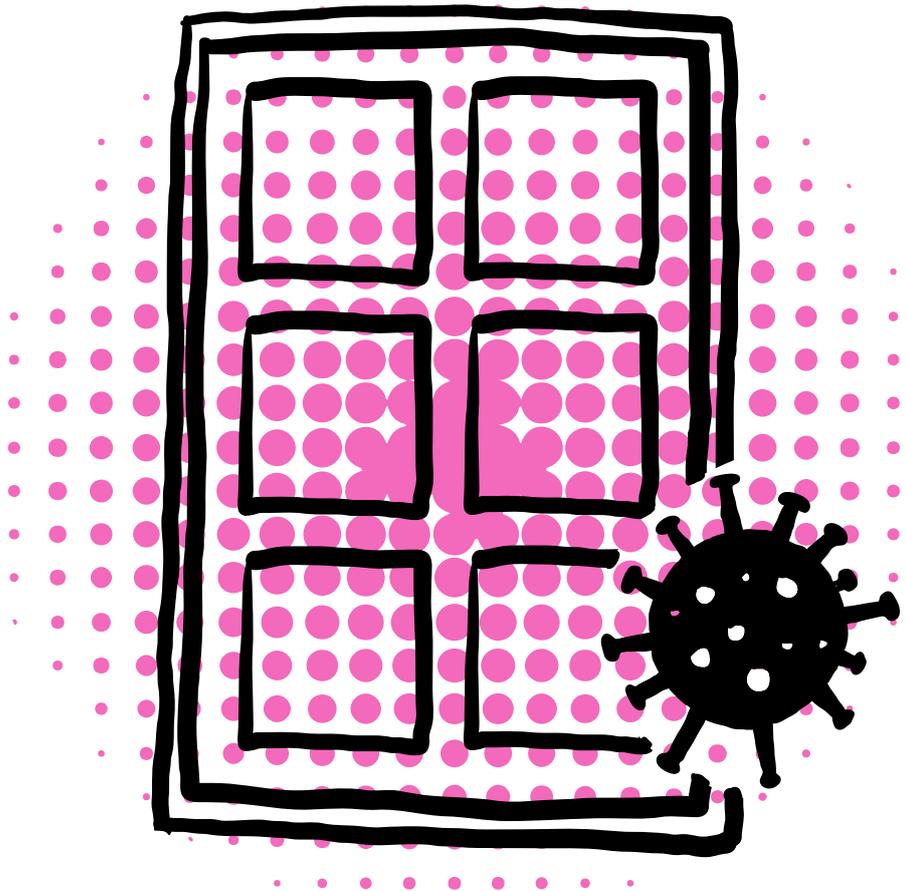
- 53% said they watched TV, and 43% talked to a friend when they felt sad/ unhappy during the lockdown. More than 3/4th shared their problems with parents and close to half with friends. Talking to a friend, listening to music, and watching something on the mobile were mentioned by boys more than the girls. More girls than boys mentioned activities like reading books, doing something with family members, etc. when felt sad/ unhappy during the lockdown.

- The majority of adolescents (78%) said that they normally shared their problems and worries with their parents. Many adolescents also said they shared with their friends (48%) and family members (35%) too. In this case, boys (51%) were more open to their friends than girls (46%), and girls (37%) were more open to family members than boys (33%).

- Close to half (46%) of the adolescents said that they used to meet and spend time with friends normally more than once in a week before the COVID-19 and lockdown. More than half of the adolescents overall said that they were connect with their friends less than usual

since the COVID 19 and lockdown, and 16% of adolescents also mentioned that they did not get connected at all. Boys (50%) normally met and spent more time with friends than Girls (42%) and more girls (58%) were connecting less than usual with them during the lockdown than boys (55%). 27% of boys and 22% of girls were getting connected with friends as usual.

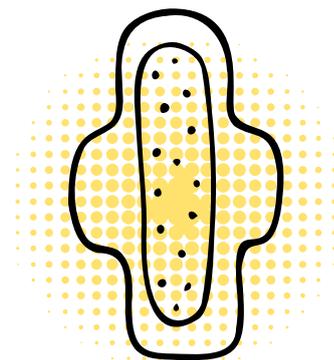
- Almost half of the adolescents overall said that they connect with friends over the phone and their friends come to their home too to met and spent some time (35%). More boys were connecting with their friends in open areas/ fields (34%), at public places (21%) more than girls at 20% & 15% respectively. Also through, WhatsApp chatting and chatting via other applications were done more by boys (26%) than girls (23%) as we saw in the previous section that more boys had access to mobiles than girls.



SUPPORT FROM GOVERNMENT SCHEMES DURING COVID-19 AND LOCKDOWN

Many government schemes were launched during the COVID-19 pandemic

- More than half of the adolescents (66%) said that they were aware of government schemes that were launched. Out of the adolescents who were aware of the schemes, the 3 most mentioned schemes which the adolescents mentioned were 'Free cylinders under the Ujjwala scheme (69%),' 'Subsidized ration (64)' and 'Jan Dhan Scheme (64%).
- Only 20% and 13% of adolescents knew about scholarships for students and exemption of school fees and only 9% & 4% availed of these schemes.
- 43% of adolescents said that their family availed of 'Subsidized Ration Scheme, 35% of adolescents mentioned 'Jan Dhan Scheme', and 'Free cylinders under Ujjwala scheme'.
- 28% of adolescent girls in R2 said that they had received the sanitary pads compared to 2% in R1





ACCESS TO MOBILES AND THE INTERNET AND INCREASED BURDEN POSED CHALLENGES FOR ADOLESCENTS TO ACCESS EDUCATION. HOWEVER, THIS CHALLENGE WAS FACED MORE BY GIRLS DUE TO LIMITED ACCESS TO MOBILES AND THE INTERNET AND THE INCREASED BURDEN OF HOUSEHOLD CHORES

- One in four were not enrolled in a school/ college. Among the states covered in the study, the proportion of enrolled adolescents was lowest from Odisha (64%) and highest among Bihar (91%).

- Among the enrolled adolescents, most of them (96%) said their school/ college were closed during the lockdown. To reach out to the students when the schools/ colleges were closed, about half of them said that their teachers provided them guidance for studying during the lockdown.

- Thus, close to half of the adolescents enrolled in schools were not provided with any guidance/ support for studying during the lockdown. More boys (54%) said their teachers provided them guidance than the girls (49%). There were state-wise variations observed, while as high as 79% of adolescents from Odisha said their teachers provided them guidance, while it was lowest among adolescents from Chhattisgarh (18%).

- In this study, one in five adolescents who were enrolled in schools/ colleges said they did not face any challenge, while the others (80%) said they faced challenges such as – non-availability of books/ notebooks (48%) followed by limited access to the internet (31%) and limited access to mobiles (24%).

- The gender differences among the challenges mentioned by girls were significantly higher than the ones mentioned by boys. Among the target geographies, a higher proportion of adolescents from Jharkhand (86%) faced challenges followed by the Bihar (82%) and lowest among the adolescents from Odisha (73%).

- 5% of adolescents feared that there were higher chances of dropping out of school/ college due to lockdown. The chances of dropping out were mentioned more by girls (6%) than Boys (4%). More adolescents from Bihar (9%) followed by Jharkhand (5%) felt there was a higher chance of dropping out and lowest among Odisha (1%).

- When asked about methods of teaching during the lockdown, close to half of them said online classes and mobile messages were the methods adopted for teaching. The teachers from states adopted various methods for reaching out to students – while more than 2/3rd adolescents said teachers adopted video classes in Odisha; this method was not so common in other states. About half the adolescents from Bihar mentioned that teachers commonly adopted online classes and mobile messages for teaching.

- More boys than girls with access to their mobile and internet as mentioned in the Media Access section. Thus, more boys had access to remote teaching methods than girls.



INCREASED VULNERABILITY

Adolescence is a juncture of physical and mental development, exposing them to risks and making them vulnerable to exploitation

- 5% of adolescents faced discrimination at home based on Gender (more among girls than boys).
- 3% of the adolescents had been a victim of Domestic violence or harassment at home, and 3% said they had eloped or run away from home in the past. 23 (0.6%) adolescents had been a victim of Human Trafficking, and 34 (0.9%) adolescents had faced sexual harassment in the past.
- The decisions about their education (55%) and marriage (60%) were taken jointly or by others in the majority of the cases. the higher proportion of 'girl's (50%) said that the decision for their marriage would be taken jointly while this proportion was lower for boys (46%).
- 8% of adolescents said that they had heard about instances of child marriage in their neighborhood during COVID-19 and more than 3/4th said they had not heard of any such instances. 2-3% said their family members were planning for their marriage and their chances of getting married early have increased, the chances were higher among girls and boys.
- Mobility for girls was more restricted than boys in case of going to a shop or market or to visit a friend/relative within or outside the village/ward. For example, only 39% of girls were allowed to go to a place alone within the village, while 62% of boys of the same age were allowed to go alone to the same place. Among study states, mobility in Bihar was more restricted and Odisha was least restricted.
- Close to half of girls (44%) felt afraid of being teased or harassed while using public transport and close to 1/3rd (30%) felt afraid of being teased or harassed on their way to school.
- Only 36% of them knew the correct helpline numbers, and awareness about its use was even lower. Only 18% knew about its use for reporting domestic violence, and only 22% / 23% knew about its use in reporting Child Labour and Child Trafficking cases.



RECOMMENDATIONS

ENSURING ACCESS TO EDUCATION

- We need to develop alternate ways of young people to engage with peers and the larger community to enable continued access to informal opportunities for learning and psychosocial development. These include mobilizing resources, developing remedial courses and blended solutions to provide education depending on the learner's context. Either remotely, leveraging hi-tech (through digital mediums), low-tech (using simple SMS and phone calls), and no-tech (using already existing governance structures like School Management Committees, teachers group, parents groups, Gram Sabhas) for continued learning of the children, taking into account diverse and new challenges faced by children, parents and teachers across rural areas.
- Once schools begin reopening, the priority must shift to reintegrating students and teachers into a school setting and ensuring that students return to schools. This could be through re-enrolment campaigns for students, professional development workshops for teachers, participatory community action, employing financial and non-financial incentives (through mid-day meals programmes, direct cash transfer, conditional cash transfer etc.).
- Issue clear guidelines to School Management Committees, PRIs, Bal Sansads and Self Help Groups to ensure that community-level efforts for preventing dropouts and measures ensuring attendance. Support those at-risk of dropping out through tailored interventions, such as part-time school, night school, etc. – that can help navigate other commitments.
- As classrooms go digital, more girls are getting left out of the academic process. It is imperative that an inclusive mode for classes be adopted, the most popular being television. Kerala's First Bell initiative is one example. Civil society organizations can also facilitate access to digital classes to the vulnerable adolescents in the geographies where they are present.
- Ensuring safety and security programs to increase community-level awareness of what constitutes gender-based violence, including physical abuse, emotional abuse, sexual abuse; legal provisions and rights of victims of abuse and places to seek help including Helpline and going to the police station to register case are required. In all this, women and girls need the guidance and support of the ASHAs, SHG members as well as the PRI (local government) members, especially EWRs.
- At the community level, EWRs, SHGs, ASHAs, peer mentors, under government-run programmes like RSKS and others, play a key role in keeping a vigilant eye on issues of violence, early marriage, school drop out of adolescent girls and trafficking. They need to be empowered through training not only in legal procedures but also in counselling, addressing the issue with concerned parties in an unbiased manner, sensitively dealing with the issue.
- Offer support and care through a dedicated campaign by local authorities such as the District Child Protection Units (DCPU) to identify and support adolescents at risk of early marriage.
- Ensure at least one internet-enabled mobile phone in each village, specifically for use by girls to access helplines, information and counselling support. Local ASHA worker, teacher or Kishori Samooh can be the custodian of the phone.



- Vulnerability to violence requires greater vigilance by the front line workers who must visit the vulnerable households periodically and create awareness at the community level on helpline numbers.

ACCESS TO SERVICES

- Despite closures, in-school and out-of-school and college-going adolescent girls should continue receiving sanitary napkins, iron-folic acid (IFA) and supplementary nutrition under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or Sabla, and Rashtriya Kishor Swasthya Karyakram (RKSK). Further, notifying sanitary napkins and IFA supplements as essential services, and also initiating home delivery of these products.
- Break in supply chain and close down of shops affected the availability of sanitary napkins and contraceptives. C3 assessment looked at sanitary napkin supply in the survey and found that the supply improved in the second round. C3 as an organization has ensured sanitary napkins as an essential relief item for families, it also coordinated with the government. It facilitated distribution of napkins to girls at the community level. Reaching girls with information on menstrual hygiene during crisis and managing it is very essential. Small audio/video clips, transmittable over WhatsApp have found to be useful.
- Making Adolescent Friendly Counselling available over phone is another positive step in keeping adolescents connected with services. In C3's intervention areas in Jharkhand, this is being facilitated at the community level and adolescents are using this service. Conduct training of counsellors and frontline workers on adolescent health issues especially in the post COVID-19 time. Health and Wellness Centres (HWC), can also be positioned as 'Wellness Centres' and facilitate physical and mental wellbeing of adolescents. It is critical to sensitize the primary health care team at the HWC need to be sensitized about working with adolescents, as these being local confidentiality becomes critical to gain trust of the adolescents linking it with the School Health and Wellness Programme is a great opportunity for getting adolescent footfalls at the HWC.

ACCESS TO PEERS INTERACTIONS

One of the biggest fallouts of the lockdown for the young people is not being able to meet their friends. Adolescents are at a unique period in their lives when the social environment is important for crucial functions in brain development, self-concept construction, and mental health. Adolescents' use of digital technologies and social media can mitigate some of the negative effects of physical distancing, thus it is important to offer virtual forums to adolescents, creating for them to connect with their peer group. Small scale use of issue based online discussions in Chhattisgarh has shown that adolescents are keen to interact and connect. COVID-19, gender, mental health, safe use of internet have been some issues on which interactive sessions have been facilitated.

SUPPORT FOR MENTAL HEALTH NEEDS

- Increased attention is required for meeting mental health needs of adolescents, therefore It is critical to recognize and promote community-based responses for psychosocial support to address the emerging mental health needs of communities, and the related possible long-term impact on health and general wellbeing. Adequate resources must be allocated (financial and human) to ensure proper and equitable provision of psychosocial support and services. using helplines, social media, apps and digital platforms to provide psychosocial services and support, telemedicine and guidance, including for SRH, and support to victims of violence.

REDUCE DIGITAL DIVIDE BETWEEN GENDERS.

- Internet access and connectivity should be a basic service and investments must be made to bridge the digital divide, so women and girls can leverage access to basic services and information, including health and digital finance. This will require targeted investment and the strengthening of public, private partnerships (PPPs). Ensure service provision through a mix of high tech (digital platforms and tools), low tech (SMS and phone calls) as well as no-tech (community, teachers and parents' groups) to ensure inclusivity and reach to all community groups.



**We are C3. Centre for Catalyzing
Change. We are for EveryGirl.
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We are a committed organization working in India to make sure no woman or girl is denied her basic rights. We design and implement interventions that work with the existing systems to deliver solutions at scale

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