

Understanding the experiences and resilient practices of adolescents and youth during the **COVID-19** pandemic in Colombia.



Asociación Profamilia

Executive Directors

Marta Royo, Executive director

Lina María Castaño, Project and Research Manager

Research Team

Juan Carlos Rivillas, Director of Investigations

Diana Moreno, Advocacy Director

Rocío Murad Rivera, Coordinator of Sociodemographic Research

Christian Jiménez, Communications Coordinator

Ángela Cifuentes, Qualitative Research Analyst

Daniela Roldán Restrepo, Qualitative Research Analyst

Danny Rivera, Statistical Analyst

Francy Milena Parra, Communications Analyst

Nicolás Giraldo, Advocacy Analyst

Camila Vera, Administrative assistant

Data Collection

Ángela Cifuentes Avellaneda

Camila Vera Gil

Carolina Amézquita

Daniela Roldán Restrepo

Juan David Jimenez

Naren Nazarit

Transcription

Lida Muñoz

Mauricio López

Natalia Maya

Claudia González

Cover

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Execute summary

After the introduction, this document is divided into three main sections. The introduction describes the importance of giving visibility to the lived experiences of women and adolescents at global and national advocacy and policy response entities. Section 1 presents the objectives and methodology that the study followed. Section 2 presents the achieved results and describes the challenges and needs of adolescent girls and young women during the COVID-19 pandemic, as well as the resilient practices they adopted to face the challenges posed within this context. Section 3 contains key points to highlight and advocate centred around the experiences of adolescents and young people during the pandemic. We hope that these findings will contribute to a better understanding of the situation of vulnerable adolescent girls and young women during the COVID-19 pandemic. We also hope that these results will serve as input for developing effective response strategies.

Introduction

On Monday, March 16, 2020, the government of Colombia announced that some actions would be adopted to control COVID-19. These recommendations, which included a nation-wide lockdown, directly affected the entire population, but the most affected were those under 29 years of age. Profamilia carried out a population survey in which 3,549 adults in Colombia (+18 years) participated between April 8th and April 20th, 2020. This study revealed that there are at least different groups of people in the country who are responding to the pandemic and physical distancing measures in different forms: those who resist the situation (34%), those who suffer from it (26%), and those who accept it (40%). In the group of people suffering as a result of the pandemic, 73% are women, 64% are under 29 years of age, 55% have an average family income over 2 million pesos COP (roughly 400 GBP), 61% have had some sort of chronic disease or someone in their family has had a chronic disease; 73% reported mental problems, 30% did not have a job before the novel coronavirus and one out of ten has had unmet sexual and reproductive needs in the last 21 days. This group of younger Colombians had the highest support and adherence to the government measures (68%) as compared with other population groups (2).

The COVID-19 pandemic presents a health crisis, a humanitarian crisis, and an economic crisis with predicted long-lasting impacts, especially for the world's most vulnerable populations. Women and girls have unique health needs, but during health pandemics such as COVID-19 they are less likely to have access to quality essential health information, products and services, or insurance coverage for routine and face paying catastrophic health costs, especially in rural and marginalized communities. This is compounded by multiple or intersecting inequalities, such as ethnicity, socioeconomic status, disability, age, geographic location, and sexual orientation, among others. Despite the concerted collective actions, there is still a lack of information about the status of women, adolescents and youth, including information about how gender inequalities have been exacerbated by the crisis. Much more needs to be done in terms of global and national advocacy and policy responses to give voice to the lived realities of women and adolescents (3).

Promalia's study, "Estudio Solidaridad" (1), established that out of the people between the ages of 18 and 29 years: 23% of the women and 21% of the men lost their jobs during the pandemic; 19% of the women and 24% of the men are worried that some form of domestic violence or home abuse may present itself during the quarantine; 18% of the women and 28% of the men have witnessed racist or xenophobic attitudes toward migrants; 16% of the women and 14% of the men have fallen ill with some type of mental health disease such as depression, anxiety, schizophrenia or loss of sleep; 24% of the women and 15% of the men have experienced some type of ear, nose or throat problems; 85% of the women and 75% of the men are worried that if someone in their family might have a medical emergency during the pandemic, they will not be able to receive care.

This is a pivotal time globally. Systematic advocacy centred on the lived experiences of women and adolescents and their human rights is necessary to highlight how these populations are being affected by COVID-19. Such advocacy could shed light on which measures are to address the short term and long-term implications of stigma and discrimination, violence against women, and the socioeconomic impact on vulnerable populations. It is critical for all COVID-19 public health preparedness and response plans to consider both the direct and indirect health impact on women and girls.

1. Objectives and Methodology

1.1. General Objective

To perform an assessment of the lived experiences of women, adolescents and youth during the COVID-19 crisis in Colombia in hopes to inform advocacy and key policy response groups and highlight the specific relevance of issues affecting women, adolescents and youth.

Specific Objectives

- To analyse the data collected from the ongoing population survey “Estudio Solidaridad” on the status of women, adolescents and young during the COVID19 pandemic.
- To identify women, adolescents, and youth’s specific needs and to document their lived experiences during the COVID19 pandemic.
- To highlight some of the resilient and rights-related practices adolescents and young women have exhibited as they tend to their own needs during the COVID- 19.
- To generate new evidence deemed necessary to develop new advocacy messages and inform policy response for women, adolescents, and youth.

1.2. Methodology

Data Collection and Analysis

Information regarding the lived experiences of adolescents and young women during COVID-19 was collected using the guide for rapid evaluation around the following subjects:

- Domestic violence,
- Education,
- Livelihood
- Migration,
- Transportation,
- Health,
- Mental health,
- Sexual and reproductive health and rights,
- Food security and personal safety.

Information was gathered in the following stages:

Literature Review

The literature review involved the identification of national and local data sources by governments, non-governmental organizations, researchers and Profamilia; the review allowed the identification of dimensions of impact of the pandemic on women, adolescents and young’s lives, as well as the lived experiences and positive services they are accessing during the lockdown, with a special focus on Child health, Sexual and reproductive health and rights, Domestic violence, Mental Health, Education, Livelihood and Food security. This review was a source for the analysis presented in the matrix titled “COVID-19 lived experiences”. Additionally, the literature review provided a comparative perspective of the main challenges for women, adolescent and youth; examples of what has worked well in responding to the challenge; and how/what services are/should be provided during COVID-19 (& beyond) to address these challenges.

Descriptive Analysis of Estudio Solidaridad

Estudio Solidaridad (1) was a descriptive analysis exploratory study that used data from subnational regions which were collected via survey. The survey used a non-probabilistic sampling method and was conducted between the 8th and the 20th of April 2020. Surveys were conducted online using SurveyMonkey® and sent to emails using Profamilia's database, partners, and social networks (Twitter and Facebook, WhatsApp). We used a snowball sampling technique because it allowed us to increase

sample size as those initially selected invited others to participate. The total number of completed surveys by people between the ages of 18 and 29 years was 1,287, of which 886 were women, 388 men and 13 non-confirmative gender. We selected the five cities with the highest spread of the SARS-COV-2 virus and the five cities with the lowest spread, according to reports from the Ministry of Health and Social Protection dated March 26, 2020.

The survey in Colombia has four components: 1) socio-demographic characteristics, 2) responsibility for care and employment, 3) risk and health perceptions, and 4) behavioural changes and capacity for isolation. The considered socio-demographic characteristics were age, gender, residential area, vulnerable groups, education level, ethnicity, marital status, city of residence, home ownership, type of health insurance. In terms of socioeconomic measurements, the following indicators were considered: level of education, work status, income, and household savings.

Perceptions on risk and health were measured by perceived susceptibility and severity. To establish susceptibility, people were asked about the perceived probability of being infected with COVID-19 and about their general, mental, and sexual and reproductive health status under Colombian government preventive measures. Severity was measured by asking about how severe they perceived symptoms to be. Behavioural changes included perceived effectiveness and adoption of preventive behaviours (to protect oneself and others) in order to avoid infection and subsequent transmission.

Interviews with Key Stakeholders

“COVID-19 lived experiences” is a matrix that revealed three key aspects that could be used in the questionnaires during the interviews with women, adolescents and youth: i) main challenges for women, adolescent and youth; ii) examples of what has worked well in responding to the challenge; and iii) how/what services are/should be provided during COVID-19 (& beyond) to address the challenge.

The interviewees were selected based on a previous mapping of social groups of interest. The goal was to reach between 20 and 24 informants. This was achieved in all social groups. In total, 23 women, adolescents and youth participated in the interviews. Table 1 shows the gender and age of the respondents by social groups of interest

Table 1. Participants by social group, age and sex.

Recruitment level or social group of interest	Adolescents (15 to 19)		Young Women (20 to 29)
	Women	Men	
Venezuelan migrants	1	2	3
Afrodescendants/Afrocolombian	1	1	2
Indigenous population	2	1	2
Disabled population	0	0	3
LGBTI and Trans-gender people	3	1	1
Total	7	5	11

23 in-depth interviews were carried out between the 1st and the 2nd of June 2019 (Men n = 5 and Women n = 18).

N-Vivo 12 was used for coding and analysis. Coding considered three axes as well as the specific objectives: 1) needs and experiences during the pandemic; 2) resilient practices to address needs, and 3) recommendations about services that ought to be provided to face arising challenges. Different age groups were compared during analysis.

Ethical and gender considerations

The Ethics and Research Committee at Profamilia approved this research on May 30th, 2020 through record CEIP-11-2020. Following the recommendations outlined in the International Ethical Guidelines for Research (18) and Article 15, Resolution 8430 of 1993, to guarantee voluntary research participation, participants were provided with an informed consent form through which they were given information about the study: purpose, duration, subjects to be considered, and how the information collected by Profamilia was processed. Participants were asked for permission before recording the interview. It was explained to them that their participation was voluntary and that they were free to withdraw consent and participation at any time during the study.

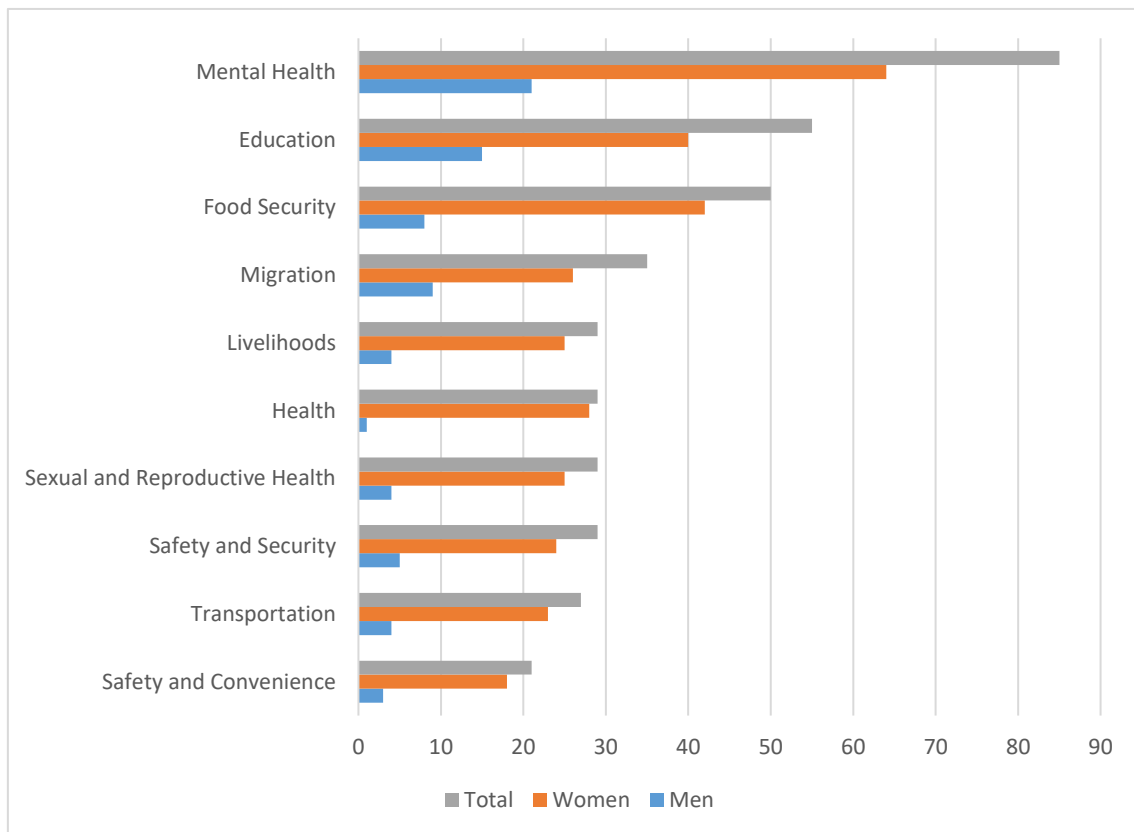
Given the sensitive nature of potential topics and to protect adolescents and young women, staff members in charge were qualified to provide basic psychological first aid or guidance on where to access medical or psychological care. Additionally, they were trained on how to activate routes of assistance. The research team applied confidentiality safeguards to protect participants by coding their personal data. Finally, given the vulnerable status of participants, the research team began discussions by acknowledging participants' rights and establishing equality. Facilitators were careful about the verbal and non-verbal language they utilized, making sure to avoid stigmatizing labels that would discriminate on any count of gender, race, sexual orientation, or social status.

2. Results

2.1. Needs and challenges of adolescents and young women during the COVID-19 pandemic

The pandemic, and policies aimed to suppress and mitigate the Covid-19, such as social distancing, have forced adolescents and young women to face multiple challenges. This research was focused primarily on the needs, experiences and practices of teenagers and young women who make part of Colombia's most vulnerable groups in ten aspects related to the safeguard of their rights. The following are the most important challenges these populations have had to face, in order of relevance: mental health, education and food security (perceived as the most urgent challenges); migration, livelihood, sexual and reproductive health, and the safety of their surroundings (considered medium level) and home cohabitation, transportation and early marriage (catalogued as less important challenges).

Graph 1. Description of the challenges men and women have faced during the pandemic by perceived level



Mental Health

67% of women and 56% of men aged between 18-29 are worried about suffering from anxiety or depression; 16% of women and 14% of men aged 18-29 have suffered from mental illness (depression, anxiety, schizophrenia, insomnia). Situations affecting mental health are the main challenge faced by adolescents and young women. If they do not have resources, they are at risk of developing symptoms of some disorder whether it be depressive, or behavioural, which if not addressed on time can lead to worse outcomes. Established hours and routines, recognizing and learning to express their emotions, establishing alternative ways of being in contact with friends and family, were amongst the most utilized strategies to cope with restrictions on mobility and socialization imposed during the quarantine. Participants most often reported feeling stress, sadness, anxiety, boredom, fatigue, irritability, or fear. The leading causes of discomfort mentioned were confinement, interruption of studies or daily routines, and the inability to go out to work or see friends or family.

"I haven't gone out at all. I feel very depressed because I had many plans and now, I can't carry them out. I feel very sad because I used to visit my grandmother all the time."
18-year-old teenage woman

"Not being able to work like I used to has stressed me out; it makes me sad, confinement affects me too, it affects the children, it affects me, but we know we can't do anything about it because those are the rules."
28-year-old young woman

"The pandemic has been very sad for me because I have been working in a family home for one month, one hour away from my house. I feel depressed because I had many plans and I cannot visit my family."
Young 27-year-old woman

Education

11% of women and 13% of men aged 18-29 are overly concerned because they do not have a computer or internet access. Challenges related to education were central to the interviewed adolescents and discussed by young women to a lesser degree. Among students in both age groups, the transition of classes to an online format is the greatest challenge they currently face. For some, this has entailed changes to which they had to adapt, as well as a reduction in teacher assistance and educational quality since schools do not have the necessary infrastructure or resources. Teachers are not prepared to teach under this format, and it has been more difficult for adolescents to understand their lessons, get their questions answered and participate in class.

For others, the most significant challenge has been the difficulty in getting internet access, which in some cases meant developing skills they did not have, and in others led to additional expenses, such as buying pre-paid minutes or mobile data. Other difficulties mentioned were the uncertainty about the continuity of the school year, the suspension or loss of scholarships or exams, and the overload of homework and extracurricular work.

"Well, I'm finishing my semester. It's been a little hard for me because I only have a cell phone to communicate. It's not working well, so that's why it's a little hard and because they've disconnected our internet service twice."

18-year-old woman

"The thing is that virtual education is a privilege. If we put it in practical terms, it is a privilege because not everyone has even a basic tool like a computer, or even worse, they don't even have access to the Internet."

22-year-old young woman

Food Security

During quarantine, 10% of households went from 3 meals to 1 meal per day; 68% from 3 to 2 meals, and only 22% were able to continue to have three meals per day¹. The pandemic has brought about negative changes in eating behaviour and in the quality of people's diets. This deficit in nutrition becomes more severe in situations of crisis and shortage: the quantity of food or the quality of the family's diet decreases, the consumption of carbohydrates and foods with a higher content of fat and salt increases given their lower cost, and the consumption of vegetables and protein-source foods decreases. Participating adolescents and young women report difficulties in accessing a healthy diet that provides adequate protein and micronutrient-rich foods. Some of their households became food insecure: they had to reduce the number of meals, or a member of the household stopped eating to ensure that the youngest children were fed. In some cases, they mentioned that this situation has worsened because of the rising prices of certain foods, shortages, and the loss of formal employment. In the case of informal work, the risk of infection when they go out to work, or the risk of financial penalties for those who fail to comply with mandatory isolation were mentioned:

"We used to eat pork, mutton, meat, and eggs, of course. Now, we are leaving that behind because we can't afford it."

27-year-old young woman

"There are days when there's not much to eat. So, we have to decide who can eat and who can't. My brother is the priority because he is the youngest."

18-year-old teenage woman

¹ Rapid needs assessment against COVID-19 R4V-GIFMM", carried out by the Interagency Group on Mixed Migratory Groups, in Venezuelan migrant households in Colombia.

Migration

95% of migrant households are in need of food aid: 53% require rent-related assistance, 48% have no source of income, and 5% report being under risk of eviction². Refugees and migrants are at higher infection risk, including COVID-19. They generally live in overcrowded conditions without access to basic sanitation. Also, a shortage of medication limits their ability to access health care services in humanitarian settings. The lack of health care facilities, and administrative, financial, legal barriers to accessing the healthcare system are also limiting factors (4).

Additionally, preventive isolation measures in more precarious situations affects migrants' mental health with the most common issues being anxiety, distress, and depression. Both Venezuelan migrants and non-migrants interviewed admitted that being a migrant makes it more challenging to cope with the pandemic and measures to control COVID-19. The most challenging situations mentioned relate to not being able to work or eat, evictions from not being able to pay rent, xenophobia, and access restrictions to health services.

"They are alone, and on top of that, they are bullied all the time with xenophobic remarks asking them to leave the country, this makes matters worse for them"
29-year-old young woman.

"I'd say that what has affected me most is the financial, work, and health aspects, just for being Venezuelans, they do not serve us at hospitals. I say this because it has happened to me."
28-year-old young woman

Livelihood

23% of employed women and 21% of men aged 18-29 lost their jobs during the pandemic. According to the International Red Cross (5), the current pandemic's economic and food security consequences are severe and are likely to worsen over time. In addition, restrictions on moving about the cities and towns limit the possibility of obtaining resources or taking care of one's health, so the prospect of increased poverty and facing greater difficulties in meeting basic needs are among the primary sources of concern for those involved. A similar portion of adolescents and adult women mentioned that they feel uncertainty and concern about the stability of their work or that of the people on whom they are economically dependent. As a result of the quarantine, some people have lost their jobs or their ability to go out to work informally. As a result, they also said they have many difficulties paying for essential goods and services such as food, electricity and water services and rent.

"My husband works two days on and one day off because of the pandemic. We have to pay our rent on the seventh of each month and we are very delayed with those payments because we haven't been able to collect all the money, so we've paid in instalments."
28-year-old young woman

"Sometimes my mom gets paid very little, so if she pays the power bill, she can't pay the rent; and if she pays the rent, then they might cut our electricity off."
16-year-old teenage man

Health

87% of women and 75% of men aged 18-29 are overly concerned that someone in their family may have a medical emergency and not receive medical care. During the pandemic, health services have been partially or totally disrupted, seriously affecting the prevention and treatment of non-communicable

² Rapid needs assessment against COVID-19 R4V-GIFMM", carried out by the Interagency Group on Mixed Migratory Groups, in Venezuelan migrant households in Colombia.

diseases such as cancer, cardiovascular disease or diabetes, and the supply of medications, diagnostic tests, and other health technologies. Thus, the main health-related challenge involves the neglect of diseases that are not related to COVID-19. For those interviewed, the fact that only emergencies are being treated is problematic since they have had surgeries and appointments postponed or have had to endure ailments that they know are not treated as emergencies. Besides, we found references to the difficulty in accessing COVID-19 tests when there are symptoms or when the illness is presumed as well as difficulty in purchasing medication, either due to a lack of money or availability in given locations.

*"My mom had to go out and take the risk, then she started feeling sick, and we thought she had contracted COVID-19, and it took way too long to get the test authorized."
22-year-old young woman*

*"I had to take my daughter to the paediatrician to get her surgery authorized. She has an umbilical hernia, and we haven't been able to do any of that because they're only treating emergencies in hospitals."
27-year-old young woman*

*"If I go to the emergency room, I know they'll send me home because this isn't an emergency for them, I know, I've tried."
18-year-old teenage woman*

Sexual and Reproductive Health

16% of women aged 18-29 said they needed a gynaecological check-up, and 17% said they needed access to contraceptives. Sexual and reproductive health needs are permanent, so changes in healthcare system priorities due to COVID-19 have a direct effect on their care (6). In the sexual and reproductive health category, participants reported the following challenges: a) dealing with barriers when accessing products of menstrual hygiene and contraceptive methods due to a lack of money, but also due to the scarcity of such products, especially in the most isolated areas of the country; b) accessing services due to the institutional policy of only tending to medical emergencies, thus limiting visits to certain specialists such as gynaecologists and endocrinologists; and c) managing their sexual life, such as the decrease in frequency in which they had sexual intercourse for fear of getting pregnant.

*"I have not been able to see him and I tell him that I don't want to be exposed. I'd rather stay home."
27-year-old woman*

*"I have Polycystic Ovarian Syndrome (PCOS) and I haven't been able to get any kind of medical appointment, and for some reason I stopped getting my period and I want to know what's going but I can't."
18-year-old teenage woman*

*"I am a trans boy, so to go to my endocrinologist it is so that he prescribes my hormone treatment; since I have not yet started to hormone myself, so my doctor is the one who authorizes my hormones. It is something that I have waited for a long time ago (...) so ... I have not been able to access any kind of medical appointment and that whenever it is close to happening, they start to postpone it, it is very frustrating."
18-year-old adolescent man*

Safety and Protection

18% of women and 28% of men aged 18-29 have witnessed racist or xenophobic attacks against Venezuelan immigrants. As a result of mandatory confinement, some types of crimes, such as robbery, homicide, and personal injury, which mostly happen in public spaces, have decreased (7). We identified diverse perceptions about Safety and Protection. Some of the interviewed subjects had the feeling that safety had improved due to the reduction of people outside. However, for others, safety worsened precisely due to a lack of bystanders, the added pressures to meet basic needs and the low presence of public authorities. It is important to highlight that indigenous spokespeople have claimed that killings of

their leaders have not ceased. Also, transgender people living in areas where the 'pico & género' initiative was implemented have noticed that trans-phobia had increased along with police abuse, which has caused them to be afraid of freely mobilizing about the city.

"This is a rough neighbourhood, but since the quarantine started, things have gotten pretty safe around here, no muggings of any kind have happened."
18-year-old man

"Well, since the quarantine started, there have been more robberies because people are looking to cover their needs and those who cannot work steal; This peak and gender measure also put our lives at risk, they left more than 20 cases of violence in supermarkets, a trans woman was stabbed, violence and a wave of transphobia in many social networks "
Young 29-year-old woman

The gender restriction "Pico y Género" put our lives at risk; it left more than 20 cases of violence in supermarkets, a stabbed transsexual woman, and a huge wave of transphobia in social media."
27-year-old young woman

Transportation

Due to fear of spreading the disease in public transport and the high adherence to social distancing measures, city transit was reduced by 86% (7). Regarding this category, young women have faced more difficulties related to moving about the city as compared to the adolescents we interviewed. The main challenge observed was the fear of using public transportation due to the risk of getting the virus and the absence of alternative means of transportation. Some people reported an increase in fares, and fear of walking on un-transited streets, being fined or apprehended by public authorities or being assaulted, in the case of trans people.

"I was afraid to go from my house to the office located in the Santa Fe neighbourhood out of fear that a police officer would stop me, hit me, and use the gender restriction as a way of excusing his actions. I was also afraid that I would get beaten up in the street, as it happened to Nicole, a transsexual woman from Ciudad Bolívar, who was stabbed by a man who told her that she was not supposed to be on the street because she was not a real woman."
27-year old young woman

"I've noticed, from what my aunt tells me that she has to work and take buses every day. She tells me that not even the drivers wear facemasks or gloves."
18-year-old young woman

Domestic Violence

Domestic violence was the least challenging topic mentioned by respondents. They generally accept that they have to stay at home and spend more time with those who live with them. In most cases, they see their home as a safe space that is free from violence and have seen an improvement in family relationships and unity. Notwithstanding, there were interviewees who reported dealing with situations of conflict caused by the increase in stress level and tension resulting from household members being unemployed, as well as their difficulties to hold informal jobs, the increase of time spent at home and the non-compliance of bio-safety measures of some household members.

"Before, everyone in my house wanted to be out, but now we are more united, at home, talking, just normal."
Teenage male, 16 years old

"The truth is that I don't consider my house a safe place, first of all because the confinement brings some violence, sometimes. So, people get out of control ... At least my mom has always been a woman

with a very strong temperament and a little bit aggressive, so now, in the confinement she has become even more aggressive since there is no job, food is scarce, we have to eat what an aunt gives us or a neighbor gives us, then, all that. ”
18-year-old adolescent woman

2.2. Resilient Practices Adolescents and Young Women Exhibited in Response to the Challenges of the Pandemic

The resilience that teens and young women have developed during the pandemic has allowed them to look for strategies that allow them to overcome the circumstances generated by the aforementioned challenges. Innovation, the use of resources within reach, and the social support are the main axes of the successful practices that these groups have recurred to during this pandemic. Table 2 describes the most common practices that took place to tend to the main challenges of each issue.

Table 2. Challenges and successful practices teenagers and young women used during the pandemic

Issue	Challenge	Main Successful Practices
Mental Health	Mood swings caused by Isolation and confinement	<ul style="list-style-type: none"> - Communicating and doing family activities. - Attending online psychological care programs (phone or chat). - Requesting assistance through community networks and organizations.
Education	Difficulties in access to education and quality of education caused by moving classes to an online format	<ul style="list-style-type: none"> - Using online platforms - Using traditional methods (printed pamphlets, phone calls). - Accessing public internet hotspots. - Granting students free access to phone data services
Food Security	Difficulties in purchasing food as a result of rising prices and a lack of financial resources	<ul style="list-style-type: none"> - Accessing to food stamps and subsidies. - Growing vegetable gardens and exchange seeds.
Migration	Evictions and the inability to pay for essential needs due to unemployment	<ul style="list-style-type: none"> - Using available local (NGO) and national government aid. - Using humanitarian agency assistance. - Using private organizations' project services focused on the care of migrants and refugees.
Livelihood	Formal or informal employment loss and difficulties in meeting basic needs (food, utilities, housing).	<ul style="list-style-type: none"> - Seeking help from family, friends, or neighbours. - Requesting help from local, or national authorities. - Consolidating community emergency funds created during the pandemic. - Arranging rent payment agreements.
Health	Interruption of healthcare services and limited access to health due to emergency-care-only policies	<ul style="list-style-type: none"> - Exercising self-care and frequently monitoring of warning signs. - Using available telemedicine services either by phone or online. - Using at-home medical services. - Using medicinal plants and other traditional medicine knowledge.
Sexual and Reproductive Health	Difficulties in accessing contraceptives and menstrual supplies as well as appointments with specialty doctors.	<ul style="list-style-type: none"> - Turning to networks or support groups on sexual and reproductive health issues. - Turning to private organizations' projects specialized in sexual and reproductive health. - Relying on neighbours to tend to safety threats. - Develop a “buddy system” through WhatsApp to tend to cases of discrimination and violence.
Security and Protection	Increase in safety risks and fewer people on the streets	<ul style="list-style-type: none"> - Playing an active role in the neighbourhood watch. - Supporting neighbours to address any security threats. - Creating monitoring networks through WhatsApp to deal with situations of discrimination and violence.

Issue	Challenge	Main Successful Practices
Transportation	Risks of COVID-19 infection when leaving home or risk of facing unsafe situations	<ul style="list-style-type: none"> - Using alternative means of transportation. - Adhering to local restrictions and decree guidance as well as wearing all protective gear.
Coexistence at home	Communication and cohabitation problems within the family	<ul style="list-style-type: none"> - Turning to dialogue and activities that bring the family together. - Redistributing household tasks.

Mental Health

Among the most common practices that adolescents and young people used to address mental health challenges are: speaking to the other members of the family, participating in family activities, watching movies, tv shows or documentaries together, and taking part in recreational activities to spend the time and improve their overall mood.

- Both adolescents and young women said that talking to their families and doing family activities has helped improve their mood.

*"I've been more dedicated to my home, playing with the girls and things like that have kept me in peace."
25-year-old young woman*

- Teens, more that young women, watched movies or tv shows and did recreational activities such as reading, drawing, painting, origami, etc. to keep themselves from getting bored or demotivated.
- Young women indicated that working out, attending psychological therapy, and staying away from social networks had been successful initiatives.
- The trans community network has created support groups for the trans community in which, through WhatsApp and with the help of psychologists of the 'red feministas' association, tend to the needs of the trans community all around Colombia.

*"What we did in the Trans Community Network was also coordinating with a feminist network of psychologists who were receiving all the cases in which trans people who needed to speak, needed support or all these cases in which trans people who were living with their aggressors."
27-year-old woman*

- Studying and keeping in touch with social networks have served as successful practices for teenagers to maintain a daily routine and have fun.
- Being part of community networks, volunteering, and developing leadership activities are strategies that have kept them motivated during the quarantine.

Education

Even though virtualization and e-learning have been challenging, facing these learning approached has allowed them to develop successful practices in addition to other abilities. Taking advantage of the ICT's; the use of traditional resources of e-learning (such as phone calls or the mailing of printed materials) and a broader support of the caretakers were some of the most successful practices in education.

- Adolescents and young women acknowledged that the use of digital media has enabled them to continue their education and communicate with their teachers and classmates. They especially highlight the use of apps for online classes and information sharing.

"It's been like something that we've been discovering together, like platforms, how to make video calls, upload papers and projects. We found many applications where we could communicate, enter, and send our information. I think it's been a step by step process that we've been taking, and I think we're doing pretty well"...
18-year-old teenage man

- Adolescents and young women located in rural areas with limited access to the Internet or electronic media have used guidebooks and workshops printed in physical media to continue their education. These resources were collected at the beginning of the quarantine and must be taken regularly to schools.
- Young mothers highlighted their increased participation in the educational process of their children as a successful practice.
- Some adolescents with internet access difficulties found applications such as CoronApp, through which they received 2 GB of free Internet, to be quite useful. Additionally, some educational institutions are allowing people to use their networks to get connected.

Food Security

To address the challenges of access to food due to the economic limitations and the unemployment caused by the pandemic, some people have relied on the support of some institutions or community associations, while others have started to grow produce as a mitigation strategy to adapt to the crisis:

- Teens and young women got some relief thanks to the donations of basic supplies by the local or national *government and some community associations such as Red Comunitaria Trans.*

"Well, those deliveries that the government has made and some entities such as groceries and cleaning products have been useful to me."
18-year-old teenage man

- Adolescents and young women have expressed that relatives, acquaintances or neighbours have provided support with groceries.
- Indigenous populations highlighted the success of growing their produce and sharing seeds, a practice that has effectively met the needs of not just individuals but whole communities.

"My mother in the shelter gives the children food and seeds to cover their needs at home and to encourage them to grow their own garden."
18-year-old teenage woman

Migration

In order to address unemployment and the evictions that migrants have been subjected to during the pandemic, the participants emphasized how important it was for the government to facilitate access to bio-secure shelters and community aids.

- Teens and young women claimed that the aids provided by the local and national government have been useful to satisfy their basic needs during the pandemic.

"For example, they have been receiving groceries. Here, our mayor has helped migrants a lot."
20-year-old woman

- Young migrant women with mental and reproductive health needs claimed to have used some of the free services provided by Profamilia.
- Young migrant women stated that the approval of their special-stay permit allowed them to solve a diverse number of needs they were experiencing during the pandemic.

- Adolescents considered that building shelters during the pandemic has been a as successful initiative to solve one of the most important needs for migrants that were evicted from their homes.

Livelihood

In regards to the challenges that the community has to face in order to guarantee their livelihood, these groups have relied on the help of their relatives, their savings, aids from the local and national authorities, community associations, and have even made agreements with their landlords.

- Teens and young women were helped by different people who provided them with any means that would guarantee their survival. They have specially relied on the help of family members, neighbours, local and national government entities and community groups.
- Teens and young women have also reached payment agreements with their landlords.
- They highlight that some indigenous communities have found a place to stay in exchange for the upkeep of said location.

*Well, if we reach an agreement with the owners of the house, gradually paying in instalments, as you can."
18-year-old teenage woman*

- Adolescents and young women claimed to have spent their savings to take care of their basic needs and even broken the lockdown protocol in order to get funds through informal labour.
- One of the leaders of the 'Red comunitaria trans' (trans community network) highlighted a strategy that their community has been using to benefit sexual workers in different cities around Colombia through an emergency fund that was created during the pandemic:

*"The Trans Community Network has delivered more than 900 housing subsidies; more than 900 grocery care packages and we have reached more than five cities in Colombia with the emergency fund for sex workers."
27-year-old young trans woman*

- Teenagers mentioned that mentioned that their parents or caretakers have turned to loans to cover their needs during the pandemic.

Health

In order to face health challenges, adolescents and young women have used some strategies associated to self-care, tele-medicine and the use of bio-safety equipment to protect themselves from the virus.

- Among the practices of self-care that teens and young women carry out are keeping an eye on any abnormalities or symptoms or any signs or alarm in addition to watching their diet and taking nutritional supplements.

*"What I have done is take care of myself. Which means maintaining the level of health, for example ... in the morning have a good diet, which is essential for health. Take a lot of vitamin C, like for the immune system, and that kind of thing."
Young 20-year-old woman*

- Adolescents and young women acknowledged the success of telemedicine and, to a lesser degree, home self-care. For instance, a young woman who is living with a disability and is now receiving proper care and online therapy said the following:

"I miss my normal therapy, but that does not mean that trying other modalities and see how far I want to go as a patient is not cool, because in reality the test is not for my therapist, but for me, because it is autonomy."

- Young women have self-medicated to tend to their health needs more often than adolescents.
- Teens are using elements and measures of biosafety to keep themselves from getting infected with Covid-19; additionally, they highlight the importance of abiding to the confinement measures to prevent any future health issues.
- Both teens and young indigenous women indicated that the use of traditional medicine is an effective practice that prevents and treats diseases, especially with the help of medicinal plants.

"Well, the truth is that here, health has always been handled mostly by the elders. They already know how to cure a headache, a stomach-ache, anything, they know what plants are good for that."

18-year-old adolescent woman

Sexual and Reproductive Health

In order to tend to the necessities of these populations in terms of sexual and reproductive health, people have started talking to their significant others and looked for sexual and reproductive health support groups.

- Teens and young women reckoned that speaking with someone helps them make decisions regarding their sexuality.
- Young women mentioned that in terms of addressing challenges in sexual and reproductive health, a candid dialogue with their couples has proven useful, especially when the challenge is centred on behavioural changes during quarantine.
- Only Teens mentioned the importance of support groups and the networks they belong to and highlighted these groups as a successful practice that allowed them to keep tending to their sexual and reproductive needs during quarantine.

"I am a member of different support groups, family groups, individuals and LGBTBI community family; I also attend a transgender only group, Transbinaries, Transsexuals. [...] I feel that those spaces where you are counselled in a good way have made me more patient [...]"

18-year-old teenage man

- Among young women, masturbation was proven to be a successful practice to satisfy their sexual needs.

Safety and Protection

According to the different ways in which they are exposed to situations, interviewees differed in their opinion on the ever-more present police force. While some people consider that higher presence of authorities is an improvement, for trans people, the gendered-based measure "Pico y Género" (which allowed men to move about the city on odd days and women on even days, and required greater presence of the public force) represented greater exposure to violence and unsafety by the police.

Other measures implemented were abiding by the instructions of the mobility restrictions and the support between neighbours and acquaintances.

- Adolescents and young women reported that the authorities have been more present in their neighbourhoods. In the case of indigenous communities, this statement referred to The Indigenous Guard, a group of members designated to protect the community.

"The patrol cars are driving through the streets on the weekend and every night and it has been safer."

25-year-old woman

- Some teens and young women indicated that the neighbour's tight social bonds have been key to generate community strategies of vigilance to take care of one another. Likewise, meetings have been taking place where neighbours establish necessary measures to not only protect residents from the Covid-19, but to any other threat to their safety.
- La Red Comunitaria Trans (a Trans-gender community group) created an 'anti-discriminatory, anti-violence squad' on WhatsApp to offer support to trans people during the quarantine. There, they can share their location and itinerary when they have to leave their homes, so they can report any incidents.
- Some teens and young women feel that the isolation measures have contributed to improving the safety of some of the areas where they reside.

Transportation

To overcome challenges in the area of mobility, they have resorted to alternative means of transportation such as motorcycles, bicycles and walking. The government's measure of restricting people from going out depending on their ID number rather than by gender was considered more functional, as the original gender restriction put transgender people's lives at risk.

- Adolescents and young women mentioned that using alternative means of transport and trying to get around only places in the proximity of their homes has been the best strategy to meet their mobility needs.
- Those who had to move about the city using public transportation claimed to have abided by the biosafety measures.

*"We were all wearing safety gear in the bus, face masks and such. There were those of us who tried to keep our distance. We were in a comfortable space."
18-year-old teenage woman*

- Young women indicated that measures like the 'pico y cédula' and 'pico y género' (measures that limit city mobility in half by prohibiting people from going out given their ID number or gender) were successful practices because they kept the risk of infection low. Even though binary-identifying individuals saw this mobility restriction by gender as favourable, transgender interviewees described that several risky situations and violations of women's and trans people's rights had occurred during its implementation.
- To address potential risks caused by these measures, however, the 'Red comunitaria trans' (trans community network) working alongside the 'Red feminista' (feminist network), created a support group on WhatsApp where people can report whenever they are forced to leave their homes due to violent incidents.

*"The support groups that we started to have are sort of street community strategies that we called the anti-discrimination and anti-violence squads. We created a network of love and care among different activists and transsexual leaders in different districts."
27-year-old transgender woman*

- Adolescents and Young women mentioned that they had used private means of transportation to avoid using public transport. Additionally, they mentioned that each family had chosen only one member of the family who would go out.

Domestic Abuse

In order to overcome the domestic violence challenges at home, the interviewees mainly referred to their focus on improving communication among family members, doing activities together, and re-distributing the workload of home responsibilities.

- Adolescents and young women indicated that the most used strategy whenever there was an argument with another member of the family, was expressing their feelings and having open dialogue.

- Teens and young women claimed that in order to bring unity and harmony, they had assigned explicit functions and responsibilities for different activities and home chores.
- Teens and young women stated that during the quarantine, they had also redistributed the household chores as well as childcare in a more equitable way among other household members.

“Now he comes home from work, he starts to play with his daughters, that is, we have joined together in more things, things that he did not do, help them with tasks, he spends more time at home now; during the quarantine he spends more time at home and is no longer out and about.”
27-year-old woman

3. Key points to advocate regarding adolescents and young women during the pandemic

In Colombia, 25% of the population is 15-29 years of age³. From the interviews and qualitative analysis resulting from this research, there is evidence of the repercussions, needs and adaptation mechanisms of young people in ten main areas, which they have experienced from different circumstances and lifestyles. This is all the more pressing given that they live in poverty or are vulnerable because they belong to populations that have historically been discriminated against because of their gender, ethnic origin, migratory status, sexual orientation, gender identity, or disability.

As part of the joint work carried out by Profamilia and the Alliance for Maternal, Neonatal, and Child Health, the generation of knowledge, advocacy for universal access to health, and citizen accountability are considered top priority. The pandemic has put significant pressures on social protection, employment, economic stability, and public health systems. In order to be effective and in line with international standards, COVID-19 prevention and containment measures, as well as additional actions to mitigate the negative consequences of such measures, the experiences of young people, the State's obligations to guarantee human rights, and the political commitment for sustainable development as established by Agenda 2030 must all be considered. Of the issues discussed with young people during the interviews, the Sustainable Development Goals related to eradicating poverty and hunger, guaranteeing a healthy lifestyle, inclusive education, gender equality, and sustained, inclusive and sustainable economic growth were particularly relevant. Another relevant issue was the promotion of peaceful and inclusive societies for sustainable development (SDG 1, 2, 3, 4, 5, 8, 10, and 16).

The following are specific recommendations on the **ten** areas that were explored in the interviews. In this section, we will first describe the recommendations of actions that decision-makers and policymakers can take regarding the identified structural challenges in the lives of young people. These recommendations fall in line with UN and international organization standards and recommendations. In addition, a series of recommendations for other young people and families will be presented. These suggestions were inspired by the advice and resilience practices that the interviewed young people have adopted successfully.

In general, it is evident that there is a need for local and national authorities to adopt short-term measures aimed at mitigating the socio-economic consequences of the pandemic and ensuring that the basic needs of individuals, especially the most vulnerable young people, are met. Likewise, it is noted that in the medium and long terms, authorities must progressively adopt measures to strengthen and expand economic and social protection systems that will mitigate the impact of health emergencies; they must continue to move towards sustainable development and provide the social protection structure needed to withstand other emergencies or crises in the future.

Mental Health

Recommendations for authorities and institutions:

- Facilitate access to mental health care by creating hotlines or alternative methods of communication and support that are accessible for the entire population, including those who are unemployed, informal workers and migrant youths.
- Increase the dissemination of information on the institutional offer of mental health services covered by the Healthcare plan.
- Provide tools and information for mental health care and healthy lifestyles, taking into account people's needs and circumstances. This may include relevant information on recognizing feelings and sensations, grief and anxiety management, or ways to establish routines during isolation.
- Enable and promote entertainment, cultural and sporting activities that can be safely conducted during mandatory isolation and in response to the pandemic.

Recommendations from adolescents and young people:

- Attempt to preserve work and study routines during confinement periods remotely, conducting previously performed activities and establishing specific hours and spaces at home.
- Enjoy hobbies such as reading, listening to music, watching movies, or learning new skills.
- Use technology to get online education, care, and psychosocial support.

Education

Recommendations for authorities and institutions:

- Develop strategies to identify school re-opening actions taking into account overall public health and education planning, seeking to meet the local needs of all children in terms of learning, health, and safety during the pandemic.
- Develop additional strategies to continue elementary, high-school, and university education during school closures by diversifying and using the most accessible media in the country (internet, television, radio, text messages, and print media when identified). These strategies should take into account accessibility and reasonable adjustments for disabled people and use an ethno-differential approach.
- Address and reduce the Internet and information technology access gap with actions such as: declaring internet access as a public service to generate policies in basic home service; creating subsidies or price regulations; increasing public the number of spaces with free Internet access while complying with biosecurity standards; and generating evidence on connectivity and access to these tools among children and adolescents.
- Develop strategies for the inclusion of all children and adolescents in the school system, as well as for the prevention of school drop-out rates by taking into account the needs and circumstances of children and adolescents who are most prone to dropping out (e.g., children and adolescents living in areas of conflict or criminalized economies, migrants or girls who take on a substantial home care workload).
- Provide training and tools to help teachers adapt their methods to the current learning conditions and offer media resources during COVID-19 response aimed at guaranteeing the quality of the education provided.

Recommendations from adolescents and young people:

- Keep the class routine that was in place before the pandemic.

- Use ICTs to further develop online classes.
- Try to generate willingness and study habits to increase attendance and make good use of virtual classes.

Food security

Recommendations for authorities and institutions:

- To adopt stimulus tax and monetary policy packages for the poorest and underfed populations, those who are unemployed or work informally and young migrant people by carrying out cash and in-kind transfers as well as other social protection and income support measures (direct humanitarian aid, credits, food stamps, school feeding support).
- Maintain agricultural supply chains, control excessive price increases, strengthen local producer market links and promote local fairs for the sale of small-scale agricultural products.
- Promote initiatives of solidarity for food delivery as well as practices to plant and grow food for themselves or their communities.
- Create campaigns to inform the population on ways to keep a healthy diet and proper nutrition even when they have low resources or limited diets.

Recommendations from adolescents and young people:

- Be more caring or promote solidarity with people in need during the pandemic.
- Keep a healthy and balanced diet.
- Learn about and attempt farming at home.

Migration

Recommendations for authorities and institutions:

- Adopt prevention and eradication campaigns against rising xenophobia and stigmatization of migrants and of people under international protection by raising awareness in traditional and alternative media.
- Provide information in traditional and alternative media on protection procedures and access to fundamental rights, especially those of children and adolescents.
- Guarantee equal access to health services and migrant priority care by eliminating measures that hinder or discourage people from seeking care in healthcare facilities, humanitarian aid institutions, or shelters.

Recommendations from adolescents and young people:

- Be empathetic to the reality and circumstances in which migrants live, and to promote solidarity as a basis for social relations.

Livelihood

Recommendations for authorities and institutions:

- Provide specific support to vulnerable groups of informal workers (women, children, youth, indigenous groups, and migrants) through initiatives such as support for innovation projects that

have social impact, develop long-distance education, provide job training and specialized programs as well as job placement programs in areas where there is demand for labour.

- Adopt employment protection mechanisms and measures for workers (especially young women) such as the adoption of childcare leave, paid leave, and protected employment for women in situations of violence.
- Agencies such as ECLAC have recommended implementing an emergency basic income equivalent to one poverty line income for six months to meet basic needs and support household consumption. Cash transfers should take particular account of the whole population living in poverty and of informal workers.

Recommendations from adolescents and young people:

1. Utilize individual and family savings when possible.
2. Create and implement entrepreneurial initiatives for income creation, giving priority to the use of ICTs.
3. Generate agreements between landlords and tenants to avoid disputes, and offer temporary relief for household economies during confinement periods.

Health

Recommendations for authorities and institutions:

- Provide universal health coverage - covering those who are unemployed or work informally as well as migrants, and young refugees regardless of their immigration status. Protection systems must include services for the population that is not currently covered by social security and should include mental health services.
- Develop materials and service delivery with an ethno-differential approach to provide health information and care to indigenous people.
- Develop accessible health materials and services with reasonable adjustments and supportive measures for the care of disabled people.
- Facilitate administrative procedures and establish swift channels for enrolment, generation of travel permits, medication approval and scheduling of appointments in person or through telemedicine.
- Promote the dissemination of public health information through different communication tools and empower young people to make evidence-based decisions.

Recommendations from adolescents and young people:

- Raise awareness on the magnitude of the pandemic and the responsibility that individuals have to stop its spread.
- Respect isolation measures by using and complying with all biosecurity elements and protocols at home and when going out or using public transport

Sexual and Reproductive Health

Recommendations for authorities and institutions:

Steps should be taken to ensure access to sexual and reproductive health services (especially those in the Minimum Initial Service Package - including contraceptives and voluntary termination of pregnancy) such as:

- Sexual and reproductive health services (especially those in the Minimum Initial Service Package) and include them in programs to address the spread of COVID-19. Therefore, continuity of care should be provided, and resources usually allocated to these types of services should not be diverted to pandemic care. These services must consider a comprehensive gender-based violence approach and must include maternal care, access to contraceptives, diagnostic tests for STIs, access to STI treatment (including antiretroviral medication), emergency contraception, and HIV pre-exposure prophylaxis (PrEP) care, as well as abortion services as provided by law.
- The continuity of health services for the transition processes of transgender and non-binary persons, such as endocrine care (hormone replacement therapy), psychological assistance, and surgical services.
- New strategies to ensure access to sexual and reproductive health services and products - such as contraceptives, retroviral drugs, or menstrual health products - whose access may be significantly limited for the most vulnerable or poor populations. These measures may include collective health actions, condom distribution, access sites for free contraceptives, and dissemination of information.
- Secure and strengthen the supply chain of sexual and reproductive health products and medications to prevent shortages (modern contraceptives, vital medications for maternal and neonatal health, maternal health equipment, materials, and supplies for infection control and prevention, as well as educational and counselling materials).
- Training healthcare personnel, including midwives, on attention protocols for sexual and reproductive health services during COVID-19, ensuring care and respect for all people's decisions and rights.
- To provide truthful and scientific information on how to live a healthy, responsible and enjoyable sex life during the pandemic, including how to receive sexual and reproductive health services, how to avoid unwanted pregnancies, how to identify or act against gender-violence, and how to live an active sexuality while preventing infection.

Recommendations from adolescents and young people:

- Act decisively and responsibly, giving priority to self-care and compliance with protective measures.
- Carry dialogue and develop communication with one's partner in a constructive way.
- Seek professional help and information from safe and reliable sources.
- Maintain good communication with the family.

Safety and protection

Recommendations for authorities and institutions:

- Create and implement an alert system for the abuse of authority during the monitoring and controlling of isolation measures that restrict mobility.

Recommendations from adolescents and young people:

- To comply with quarantine measures and to report events or situations that affect citizen coexistence and put people's rights at risk.

Mobility

Recommendations for authorities and institutions:

- Monitor and control excessive variation in prices and rates by authorized transport services during confinement. Guaranteeing that people in remote areas with healthcare needs can travel promptly and without any administrative delays, and ensuring that health insurance companies provide transportation coverage in cases where it is required.
- To use objective, discrimination-free criteria when adopting restrictive mobility measures.

Recommendations from adolescents and young people:

- Avoid the use of mass public transport by restricting it to necessary situations only, and require the use of all protective and biosecurity elements. Alternatively, implement alternative methods such as bicycles or walking.

Domestic violence

Recommendations for authorities and institutions:

- Strengthen and expand gender-based violence response and care services, emphasizing domestic and sexual violence in the context of confinement by reformulating and adapting traditional response mechanisms through alternative communication channels.
- Empower community networks to expand reporting channels and access to protection during quarantine.
- Strengthening the capacity of security and justice officials responsible for investigating and prosecuting this type of violence. Develop and disseminate materials in every state institution concerning the handling of these cases.
- Design and provide tools for responsible adults at home to carry out activities with children and teenagers, prioritizing the strengthening of family ties and preventing domestic violence.
- Conduct co-responsibility campaigns for domestic work and care, as well as for travelling in times of mandatory isolation.
- Foster practices that promote health and non-violent conflict resolution. Conduct campaigns and provide tools for families in resolving domestic conflict, including healthy eating habits and routines, keeping routines and practices, and preventing domestic violence.
- Use the reach of digital media, radio, and television to spread key messages that promote individual and community resilience.
- Promote communication and networking among teachers to promote pedagogical learning, mutual support, and continuous welfare.

Recommendations from adolescents and young people:

- Distribute household tasks in a fair way among family members.

- Express feelings and emotions in a calm fashion, and try to reflect and address conflicts through peaceful dialogue.
- Strengthen family ties and bonding based on an understanding and respecting differences among individuals involved.

How we are working to amplify the messages/advocacy that have emerged?

- The emergency caused by the spread of COVID-19 has put a series of issues in the spotlight: the lack of information about the situations of women and young people, gender inequality, and how economic, social, and health measures affect people. There is an urgent need to educate people on the realities experienced by women and young people so that their attention is tended to in institutional response measures to the pandemic.
- Mental health, education, and food security are at the center of most of the challenges young people have experienced during the pandemic as a result of the physical isolation measures that have been put in place. Despite the adversities posed by the pandemic and the measures being taken by authorities, young people, their families, and communities have sought the assistance of others and depended on solidarity strategies to mitigate the impact of the situation.
- Recommendations for local and national authorities are based on the recognition of human rights and sustainable development goals as guiding beacons for action in mental health, education, food security, migration, livelihood, health, sexuality and reproduction, security and protection, mobility, domestic coexistence and early marriage; issues explored and addressed by research participants. Participants provided proposals and advice to other young people and communities on what coping mechanisms have worked for them in addressing the pandemic's challenges.

3.1. What can national and local authorities and communities do?

This is a crucial time worldwide. All COVID-19 preparation and response plans must consider the experiences and any direct and indirect impact on young people. In particular, if they are in vulnerable situations or are part of historically discriminated groups. National and local authorities must adopt measures to mitigate their needs and strengthen their welfare systems, using a human rights approach and following the 2030 Agenda. Communities can learn from resilience practices and recommendations made to them by young people to address individual and community challenges.

Mental Health

Expand and diversify technological attention and service channels for the whole population, considering the needs of young people. Increase the dissemination of information on mental health services and tools for emotional self-care tailored for young people. Allow for recreation, entertainment and culture during isolation.

Education

Adhere to safe strategies for the re-opening of schools. Diversify the use of media for educational continuity, including television and radio, with differential approaches. Consider the Internet as a public service. Implement teacher training on online education methodologies. Prioritize strategies against school and educational dropout during the pandemic.

Food Security

Increase money and in-kind transfers to the poorest and most at-risk population. Maintain agricultural supply chains, controlling excessive price increases, and strengthening local producer markets. Promote solidarity, urban agriculture, and self-sufficiency. Disseminate information campaigns on healthy food and proper nutrition.

Migration

Adopt widely advised campaigns against xenophobia. Guarantee access to health care for migrants, avoiding obstacles due to their migratory status. Include migrants in response and attention plans

Livelihood

Ensure the fulfilment of basic needs and support household consumption through money or in-kind transfers. Support the most vulnerable worker groups with training, boosting innovation and entrepreneurship. Promote the implementation of a universal basic income, gradually adapted during the emergency with sustainability and extension in the future.

Health

Acknowledge the essential nature of sexual and reproductive health services during periods of emergency. Ensure access to menstrual health products, contraceptives, and medications for the most vulnerable and income affected population. Carry out sexual education campaigns for the safe enjoyment of sexuality during the pandemic, against gender violence and sexual and reproductive health services.

Sexual and Reproductive Health

Acknowledge the essential nature of sexual and reproductive health services during periods of emergency. Ensure access to menstrual health products, contraceptives, and medications for the most vulnerable and income affected population. Carry out sexual education campaigns for the safe enjoyment of sexuality during the pandemic, against gender violence and sexual and reproductive health services

3.2. Solutions developed/adopted during the pandemic to address the challenges facing women, children and adolescents by Profamilia

During the current COVID-19 pandemic, Profamilia has adapted and put in place the following solutions in order to address the challenges facing women, children and adolescent that emerged during the implementation of this rapid assessment:

Mental health

Put in place a national platform to provide essential mental health services through different channels: What's up, website, calls with mental health professional with the purpose to amplify the number of available services and channels to the adolescents, young and women affected by depression, anxiety, and disorders due the implications of the virus and the lockdown measures to control it. The platform is completed free and accessible through a web connexion, telephone or telemedicine platform when cases required specialized assistance. The services are available only in Spanish in the link as follows:

www.porquequieroestarbien.com

Sexual and Reproductive Health

Profamilia is implementing a comprehensive social intervention (Called Valiente) in order to improve the empowerment of children and adolescents in the exercise of their sexual and reproductive rights as a means to reduce Gender-Based Violence, gender stereotypes and teenage pregnancy among children and adolescents. Due the disruption, the social intervention has been moved to the new life within lockdown. Profamilia, rapidly adapted the strategy plan in order to implement the new Covid19' strategy commonly named "Valiente's at Home". Valiente's at home is adapted to the physical isolation measures due to novel coronavirus; this strategy is mainly focused on two purposes: i) maintaining contact with all the project participants without abandoning the learning objectives; and ii) looking for distribution channels of the contents so as not to leave anyone behind, taking into account that it is a majority rural population, vulnerable and with low access to technology and communication platforms.

References

1. Asociación Profamilia. (2020). Respuesta social a las medidas del gobierno para controlar el nuevo coronavirus durante la etapa temprana en Colombia, 8-20 de abril de 2020. DOI: 10.13140/RG.2.2.24752.10249
2. Asociación Profamilia. (2020). La aceptación, el sufrimiento y la resistencia: las diferentes reacciones para afrontar el COVID- 19 en Colombia. DOI: 10.13140/RG.2.2.20806.91208
3. PMNCH - WHO. (2020). Highlighting the lived experiences of women, adolescents and youth during the COVID-19 crisis to inform advocacy and policy responses.
4. Asociación Profamilia y Oficina de los Estados Unidos de Asistencia para Desastres en el Extranjero (OFDA-USAID). Desigualdades en salud de la población migrante y refugiada venezolana en Colombia. ¿Cómo mejorar la respuesta local dentro de la emergencia humanitaria? Disponible en: <https://profamilia.org.co/investigaciones/otras-investigaciones/>
5. CICR. (2020). Proteger los medios de subsistencia ante la COVID-19 es fundamental para evitar un aumento desmesurado en la dependencia de la ayuda humanitaria. Disponible en: <https://www.icrc.org/es/document/cicr-proteger-los-medios-de-subsistencia-ante-la-covid-19-es-fundamental-para-evitar-un>
6. Asociación Profamilia. (2020). Garantizando los Derechos sexuales y los derechos reproductivos en Colombia: Retos durante la Pandemia de COVID-19. Disponible en: <https://data2.unhcr.org/en/documents/download/76188>
7. Universidad de los Andes. (2020). Crimen en tiempos de Coronavirus y cuarentena. Nota Macroeconómica No.15. Disponible en: https://economia.uniandes.edu.co/components/com_booklibrary/ebooks/BM%2015.pdf