

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



**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

The document is organized in an Introduction and three Sections. The Introduction describes the importance of make visible the realities experienced by women and adolescents, in advocacy and policy responses at the global and national levels. Section 1 presents the objectives and the methodology followed. Section 2 presents the results achieved and describes the challenges and needs of adolescents and young women during the COVID-19 pandemic as well as the resilient practices of adolescents and young people to face the challenges of the pandemic. Section 3 contains advocacy messages focused on the experiences of adolescents and youth during the pandemic. We hope that these results contribute to a better understanding of the situation of adolescents and young women in vulnerable circumstances during the COVID-19 pandemic and that they will serve as input to develop efficient 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 8<sup>th</sup> and April 20<sup>th</sup>, 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).

Profamilia'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 xenophobe 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 y 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 with the purpose to inform advocacy and key policy response with specific relevance on 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 meet, 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 for 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 and discussions with key stakeholders*

The matrix titled "COVID-19 lived experiences" 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
Afro descendants/Afro Colombian	1	1	2
Indigenous population	2	1	2
Disabled population	0	0	3
LGBTI and Trans-gender people	3	1	1
<b>Total</b>	<b>7</b>	<b>5</b>	<b>11</b>

23 in-depth interviews were carried out between the 1<sup>st</sup> and the 2<sup>nd</sup> 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 30<sup>th</sup>, 2020 through record CEIP-11-2020. Participation was voluntary; participants signed informed consent forms and were given the option to withdraw their consent or participation at any point. Given the sensitive nature of potential topics and in order 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 by 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 (cataloged as less important challenges).

### **Mental Health**

67% of women and 56% of men between 18 to 29 years old are concerned about suffering from anxiety or depression; 16% of women and 14% of men between 18 to 29 years old have suffered from mental illness (depression, anxiety, schizophrenia, insomnia). Some of the most important mental health challenges that adolescents and youths experience are: a) not having alternatives and resources such as schedules and established routines; b) recognizing and learning how to express their feelings, establishing alternative ways to keep in touch

with friends and relatives; c) presenting symptoms of depressive or behavioral disorders that are likely affecting their mental health as a result of the mobility restrictions imposed and the lack of spaces for socializing. For instance, feeling stress, sadness, anxiety, boredom, fatigue, nervousness, or fear is commonplace. The main causes of the aforementioned distress were confinement, the interruption of their learning process and daily routines, and not being able to go to work and meet with friends and relatives.

*"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."*

Adolescent, 18-year-old. EJM18113

### Education

11% of women and 13% of men between 18 to 29 years old are very concerned because they do not have a computer or internet access. Among the challenges related to their learning activities we found: a) Moving to online classes has been the biggest challenge that all of the populations must face because it implied forceful adaptation, more limited teacher presence and issues in the quality of education; b) dealing with learning institutions and teachers who lack the infrastructure and necessary resources for virtual teaching, which has resulted in a hard-to-process series of contents, reduced spaces for answering student questions and diminished class participation; c) covering the added expense of internet access, which has now become essential. Other observed difficulties were the uncertainty these groups are experiencing regarding the continuity of the academic calendar, the suspension or loss of scholarships or exams, and the overload of tasks and homework.

*"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."*

Adolescent, 18-year-old. EJM1849

### Food Security

During quarantine, 10% of households went from 3 to 1 meal per day, 68% from 3 to 2 meals, and only 22% were able to continue to make three meals per day (4). The challenges that the pandemic brought in terms of eating behavior were: a) accessing a healthy diet and foods that are rich in protein or have the right micronutrients; b) losing food-security at home: meaning household members have had to reduce the number of meals they took or a member of the household has stopped eating to ensure the youngest ones could eat; c) managing the increasing cost of food, its shortage and the unemployment caused by the pandemic.

*"Eggs were not lacking at home. Now we had to stop buying them because they cannot be bought. There are days when there is not much to eat. So, you have to decide for some and for others, so my brother is the priority because he is the smallest."*

Adolescent woman, 18 años. EJM18113

### Migration

95% of migrant households require food aid, 53% require rent aid, 48% have no source of income and 5% of report risk of eviction (4). The challenges that youths and adolescents must face, among others, are: a) accessing the limited healthcare services in humanitarian settings; b) additionally, physical distancing in financial vulnerable times affects the mental health of migrants who suffer from anxiety, anguish and depression. Venezuelan and Colombian migrants alike acknowledged that their status as migrants implies bigger difficulties for them to face around the pandemic and the measures instituted to deal with COVID-19. All of these factors exacerbate people's status: work limitations, condition of food, evictions, xenophobia and obstacles to access basic healthcare services.

*"I 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. EAM2852

### Livelihood

23% of women and 21% of men between 18 to 29 years old who were employed lost their jobs during the pandemic. The restrictions on transportation and mobility limit the possibility to obtain resources or to take care of their health, which is why there is a notion that poverty has been intensified or that there are now larger challenges to ensure the basic means of sustenance, which are some of the main sources of concern among the participants. Uncertainty and unease around the job stability of the participants and other people in their household is a quite common. Due to the quarantine, some people have lost their jobs or the possibility to work as street vendors, or the capacity of working informally. As a consequence, they claimed to be having many difficulties to pay for essential services such as food, electric or water bills and even their rent.

*"In my family, they only work two days, yes and one no because of the pandemic we are going through, and sometimes my mother is paid very little, so if she pays the electricity bill, she cannot pay rent, and if she pays rent, then it is possible they do not cut our power."*

Teenage boy, 16 years old. EJM1657

### Health

87% of women and 75% of men between 18 to 29 years old are very concerned that someone in the family may have a medical emergency and will not get medical care. During the pandemic, healthcare services have been partially or totally interrupted. The challenges they face, among others, are: a) accessing quality or proper care for illnesses and diseases unrelated to Coronavirus. For most of the interviewed people, the fact that only emergencies are being treated is problematic because several surgeries and appointments that were previously scheduled were postponed, or because they have had to struggle with ailments they know would not be treated; b) accessing Covid-19 tests when people are symptomatic and with purchasing medications due to insufficient funds or due to medication unavailability.

*"My mom had to go out and expose herself, 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. EA2232

### Sexual and reproductive health

16% of women between 18 to 29 years old said they needed a gynecological check-up and 17% said they needed access to contraceptives. In the sexual and reproductive health area, the reported challenges are related to: a) dealing with barriers when accessing products of menstrual hygiene and contraceptive methods due to lack of money, but also due to scarcity of such products in the most isolated areas of the country; b) accessing services due to the restrictions imposed by health institutions in regards to medical emergencies care only, thus limiting visits to certain specialists such as gynecologists and endocrinologists; and c) managing their sexual life, such as the decrease of the frequency in which sexual intercourse takes place for fear of getting pregnant.

*"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. EJM18106

### Safety and protection

18% of women and 28% of men between 18 to 29 years old have witnessed racist or xenophobic acts against venezolans migrants. We can find diverse perceptions about safety and protection in their environment. 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 the lack of bystanders, in addition to 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.

*"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 woman, 27 years old. EA2732

### Transportation

Due to a reduction of 86% in city transit due to the pandemic and along the fear of the spread of the disease in public transport and the high adherence to social distancing measures, we found the main challenges to be: a) young women have faced more difficulties related to moving about the city compared to adolescents; b) fear of using public transportation for the risk of getting the virus and having no other alternative; c) an increasing cost of fares, and fear of walking on lonely streets, being fined or apprehended by public authorities or being assaulted, in the case of trans people.

*"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. EJM181130

### Domestic violence

19% of women and 24% of men between 18 to 29 years old are concerned about experiencing domestic violence. Co-habiting during these times has posed the following challenges: a) staying at home with people with coexistence issues. In most cases they perceive their own home as a safe and violence-free place, and ultimately have been able to tighten their bonds as a family; b) dealing with situations of conflict caused by an increase in stress levels and tensions resulting from unemployment, as well as difficulties to perform any informal job, the increase of time spent at home and the non-compliance of bio-safety measures of some household members.

*"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 it is scarce, we have to eat what an aunt gives us or a neighbour gives us, then, all that. "*

Adolescent woman, 18 years old. EJM18113

## 2.2 Resilient practices exhibited by adolescents and young women to face 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 thematic focus.

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

Issue	Challenge	Main Successful Practices
<b>Mental Health</b>	Mood swings caused by Isolation and confinement	<ul style="list-style-type: none"> <li>- Communicating and doing family activities.</li> <li>- Attending online psychological care programs (phone or chat, <a href="http://www.porquequieroestarbien.com">www.porquequieroestarbien.com</a>).</li> <li>- Requesting assistance through community networks and organizations.</li> <li>- Spending time on hobbies, supporting housework, and sibling raising.</li> </ul>
<b>Education</b>	Difficulties in access to education and quality of education caused by moving classes to an online format	<ul style="list-style-type: none"> <li>- Using online platforms (school website, workshop and exam submission)</li> <li>- Using traditional methods (printed pamphlets, phone calls).</li> <li>- Accessing public internet hotspots.</li> </ul>
<b>Food</b>	Difficulties in purchasing food as a result of rising prices and	<ul style="list-style-type: none"> <li>- Accessing to food stamps and subsidies.</li> <li>- Growing vegetable gardens and exchange seeds.</li> </ul>

Issue	Challenge	Main Successful Practices
<b>Security</b>	a lack of financial resources	- Reducing meat consumption and increase grain and vegetable intake (change to a lower-fat, better-quality diet)
<b>Migration</b>	Evictions and the inability to pay for essential needs due to unemployment	- Using available local (NGO) and national government aid. - Using humanitarian agency assistance (UNHCR, USAID, PAHO, GIFMM). - Using private organizations' project services focused on the care of migrants and refugees.
<b>Livelihood</b>	Formal or informal employment loss and difficulties in meeting basic needs	- Seeking help from family, friends, or neighbors. - Requesting help from local, or national authorities (Register online at Government sites). - Consolidating community emergency funds created during the pandemic (Solidarity Income for food, water, electricity, and housing) - Arranging for rent payment agreements.
<b>Health</b>	Interruption of healthcare services and limited emergency medical service	- Exercising self-care and frequent monitoring of warning signs in the body - Using available telemedicine services (phone calls, WhatsApp, and online media) - Using medical services at home. - Using medicinal plants and other traditional medicine knowledge.
<b>Sexual and Reproductive Health</b>	Difficulties in accessing contraceptives and menstrual supplies	- Turning to networks or support groups on sexual and reproductive health issues. - Turning to private organizations' projects specialized in sexual and reproductive health (Profamilia). - Exercising self-care and frequent monitoring of warning signs in the body. - Using available telemedicine services (phone calls, WhatsApp, and online media).
<b>Security and Protection</b>	Increased insecurity and fewer people on the streets	- Playing an active role in the neighborhood watch. - Supporting neighbors to address any security threats. - Creating monitoring networks through WhatsApp to deal with situations of discrimination and violence.
<b>Transportation</b>	Risks when leaving home caused by COVID-19 spread or by unsafe situations	- Using alternative means of transportation (bicycle, skateboard, and walking) - When outside, following all protective measures and local restrictions and decrees, as well as supporting compliance with virus control measures with your peers, family, friends, and neighbors.
<b>Domestic violence</b>	Communication and cohabitation problems within the family	- Turning to dialogue and activities that bring the family together. - Redistributing household tasks. - Defining responsibilities and involve all family members.

## 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.

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. 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. 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.

### **Education**

Even though virtualization and e-learning have been challenging, facing these learning approaches 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. The use of digital media has allowed them to continue their learning process and to keep in touch with their teachers and classmates. Crucial to these processes are the apps that have facilitated the implementation of remote classes or information sharing among students.

*"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 who inhabit rural areas where access to the internet and electronic media is difficult, have used printed workshops and teaching guides to be able to carry on with their education. Young mothers recognized that their active participation in their kids' education has been successful. Some teens with no internet access found the App, CoronApp very useful because it provided them with 2 gigabytes of free data. Additionally, some institutions are allowing people to use their network.

### **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. Some of these institutions have started to grow produce as a mitigation strategy to adapt to the crisis. Additionally, teens and young women experienced relief thanks to the donations of basic supplies by the local or national government and some community associations.

*"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 neighbors 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 face 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. Also, they stated that the approval of their special-stay permit allowed them to solve a diverse number of needs they were experiencing during the pandemic. On the other hand, shelters built during the pandemic were considered by adolescents as a successful initiative that solves one of the most important needs of migrants evicted from their homes: refuge.

## 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. Teens and young women have also reached payment agreements with their landlords. 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 pay in parts, 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 labor. 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.

## Health

In order to face health challenges, adolescents and young women have used some strategies associated to self-care and the use of bio-safety equipment to protect themselves from the virus. They have made use of telemedicine as a strategy to lower risk of infection. Some of 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 woman 20 years.

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

*"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 woman 22 años.

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."*

Adolescent 18-year-old 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 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 centered on behavioral changes during quarantine. Among young women, masturbation was proven to be a successful practice to satisfy their sexual needs. 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 LGBTI 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

### **Security and protection**

Young women and teens claimed that understanding, interiorizing, appropriating and supporting the adherence of the measures that have been imposed by the authorities to keep the virus in check was among the most effective measures taken to improve their safety and protection. Some teens and young women indicated that the neighbor'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 neighbors establish necessary measures to not only protect residents from the Covid-19, but to any other threat to their safety. The Trans-gender community network created a 'anti-discriminatory, anti-violence squad' in WhatsApp to offer support to trans people during the quarantine. There, they can share their location, their itinerary in the event of having to leave their homes, so they can report any incidents. Finally, 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. Adolescents and young women indicated that the use of alternative means of transportation and just getting around places close to their homes have been the best strategies to tend to 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. 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 transsexual woman

### **Domestic violence**

Improving communication among household members has proven to be essential to address the challenges of peaceful cohabitation. Joint activities and the re-structuring of the house chores are essential steps in the process. Adolescents and young women indicated that whenever there was an argument with another member of the family, the best they could do is express their feelings and have an open dialogue with them. Teens and young women claimed that in order to stay together, assigning explicit functions and responsibilities in the different activities has greatly contributed to keep family harmony. Also, teens and young women declared that during the quarantine, they redistributed the house-chores and childcare in a more equitable way with 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 underscore regarding adolescent and young women during the pandemic

As a part of the joint work between *Profamilia* and *The Partnership for Maternal, Newborn and Child Health* we consider the generation of new knowledge, the advocacy for the universal access to proper healthcare and the citizen accountability as significant priorities. The pandemic places heavy pressures on social security programs, employment, economic stability and public health.

With the purpose of complying with international standards, the established Covid-19 prevention and contention measures, and any additional actions to mitigate the negative consequences of such measures, it is of great importance to refer to the experiences of these young people. The obligations and initiatives of the nation must also guarantee that human rights and political commitments are met for the sustainable development that was established during the 2030 agenda. Some of the most relevant topics that adolescents and young women addressed were the Sustainable Development Goals (SDG) related to the eradication of poverty and hunger, guaranteeing a healthy lifestyle, inclusive education, gender equality and a steady, inclusive and sustainable economic growth. Likewise, the promotion of peaceful and inclusive societies for a sustainable development. (SDG 1,2,3,4,5,8,10 and 16).

**Table 3. Key points to underscore regarding adolescents and young women during the pandemic**

Issue	What should local and national authorities do?	What do young people recommend to the community?
Mental Health	<ul style="list-style-type: none"> <li>-Expand and diversify technological attention and service channels for the whole population, taking into account the needs of young people</li> <li>-Increase the dissemination of information on mental health services and tools for emotional self-care tailored for young people</li> <li>-Allow for recreation, entertainment, and culture during isolation</li> </ul>	<ul style="list-style-type: none"> <li>-Establish routines at home, with defined schedules and spaces.</li> <li>-Enjoy personal hobbies and learn new skills</li> <li>-Use of ICTs to receive support or learn</li> </ul>
Education	<ul style="list-style-type: none"> <li>- Adhere to safe strategies for the re-opening of schools.</li> <li>-Diversify the use of media for educational continuity, including television and radio, with differential approaches</li> <li>-Consider the Internet as a public service.</li> <li>-Implement teacher training on online education methodologies</li> <li>-Prioritize strategies against school and educational dropout during the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>-Continue class routines with personal preparation of adequate times and spaces.</li> <li>-Combine virtual education with the use of ICTs.</li> </ul>
Food Security	<ul style="list-style-type: none"> <li>-Increase money and in-kind transfers to the poorest and most at-risk population</li> <li>-Maintain agricultural supply chains, controlling excessive price increases, and strengthening local producer markets</li> <li>-Promote solidarity, urban agriculture, and self-sufficiency.</li> <li>-Disseminate information campaigns on healthy food and proper nutrition</li> </ul>	<ul style="list-style-type: none"> <li>-Be more supportive and promote solidarity with people in need during the pandemic.</li> <li>-Eat well, with regular hours and balanced products.</li> <li>-Learn about and try to plant food in homes.</li> </ul>
Migration	<ul style="list-style-type: none"> <li>-Adopt widely advertised campaigns against xenophobia.</li> <li>-Guarantee access to health care for migrants, avoiding obstacles due to their migratory status.</li> <li>-Include migrants in response and attention plans.</li> </ul>	<ul style="list-style-type: none"> <li>-Be sympathetic to the reality and circumstances in which migrants live.</li> <li>-Promote solidarity with migrants.</li> </ul>
Livelihood	<ul style="list-style-type: none"> <li>-Ensure the fulfilment of basic needs and support household consumption through money or in-kind transfers.</li> <li>-Support the most vulnerable worker groups with training, boosting innovation and entrepreneurship.</li> <li>-Promote the implementation of a universal basic income, gradually adapted during the emergency with sustainability and extension in the future.</li> </ul>	<ul style="list-style-type: none"> <li>-Save as a family and individually.</li> <li>-Create and implement entrepreneurial initiatives to generate income, emphasizing the use of ICTs.</li> <li>-Create agreements to reduce debts and other financial commitments.</li> </ul>

<b>Health</b>	<ul style="list-style-type: none"> <li>-Acknowledge the essential nature of sexual and reproductive health services during periods of emergency</li> <li>-Ensure access to menstrual health products, contraceptives, and medications for the most vulnerable and income affected population.</li> <li>-Carry out sexual education campaigns for the safe enjoyment of sexuality during the pandemic, against gender violence and sexual and reproductive health services.</li> </ul>	<ul style="list-style-type: none"> <li>-Raise awareness on the magnitude of the pandemic and the responsibility that we as individuals have to stop its spread.</li> <li>-Respect isolation measures by using and complying with all biosecurity elements and protocols at home and when going out or using public transport.</li> </ul>
<b>Sexual and Reproductive Health</b>	<ul style="list-style-type: none"> <li>-Acknowledge the essential nature of sexual and reproductive health services during periods of emergency</li> <li>-Ensure access to menstrual health products, contraceptives, and medications for the most vulnerable and income affected population.</li> <li>-Carry out sexual education campaigns for the safe enjoyment of sexuality during the pandemic, against gender violence and sexual and reproductive health services.</li> </ul>	<ul style="list-style-type: none"> <li>-Act with ownership and responsibility, prioritizing self-care, and ensuring the fulfilment of protection measures.</li> <li>-Discuss and develop communication with partners in a constructive way.</li> <li>-Seek professional help and information from safe and reliable sources.</li> <li>-Keep positive communication with the family.</li> </ul>
<b>Safety and Protection</b>	<ul style="list-style-type: none"> <li>-Coordinate actions across all institutions to contain the impact of illegal armed groups in order to eradicate forced recruitment of children and adolescents.</li> <li>-Create and implement an alert system for abuse of authority.</li> <li>-Professionalize, modernize and democratize security services with a human rights approach.</li> </ul>	<ul style="list-style-type: none"> <li>-Comply with quarantine measures and to report events or situations that affect citizen coexistence and put people's rights at risk.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>-Ensure the free circulation of goods and services related to health, public supply, and public services.</li> <li>-Monitor the transport price market, ensuring mobility coverage for people requiring health services.</li> <li>-Use objective criteria, free from categories suspected of discrimination such as sex or gender, when adopting restrictive locomotion measures.</li> </ul>	<ul style="list-style-type: none"> <li>-Avoid the use of public transport, only when necessary.</li> <li>-Implement alternative transportation methods such as cycling or walking</li> <li>-Always use protection and biosafety elements.</li> </ul>
<b>Domestic violence</b>	<ul style="list-style-type: none"> <li>-Strengthen security and justice officials' capacity to provide gender-based violence assistance</li> <li>-Provide pedagogical tools for the prevention of child abuse and the practice of paternity and maternity</li> <li>-Encourage the transformation of traditional gender roles regarding household and human care tasks.</li> <li>-Promote tools for non-violent conflict resolution.</li> </ul>	<ul style="list-style-type: none"> <li>-Distribute household tasks equally.</li> <li>-Calmly express feelings and emotions, reflecting and engaging in dialogue during conflicts</li> <li>-Strengthen family unity based on the respect for difference</li> </ul>

### 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, entrainment 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 fulfillment 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](http://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.

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