

80. Disparities in Perceived Vulnerability to COVID-19 Consequences Among U.S. Adolescents and

Young Adults: Findings from a Nationally Representative Survey

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Purpose

Global research has documented the adverse impact of COVID-19 on the health and well-being of adolescents and young adults (AYA). Pandemic conditions can increase AYA vulnerability to COVID-19-related health (e.g. getting sick or missing medical appointments), social (e.g. not having enough to eat) and economic (e.g. job loss) consequences. Structural inequalities may further exacerbate exposure to these outcomes. We used nationally representative data to examine AYA perceived vulnerability to health/social outcomes early in the COVID-19 pandemic.

Methods

Data were the 2020 National Survey of Sexual and Reproductive Health during COVID-19 (Ipsos Research: Menlo Park, CA, USA), an online, nationally representative survey of COVID-19 experiences and knowledge among noninstitutionalized adults in the United States (all 50 states and District of Columbia). Of all individuals recruited (N=1632; 18-94 years), 1010 (62%) completed the survey. We retained a subsample of participants 18-25 years of age (N=106; 10.1% of the larger study) for our current analytic sample. Participants rated the next 12-week occurrence likelihood of eight COVID consequences (all dichotomized for analysis: no chance + low chance – 25% vs. medium chance – 25% to 75% + high chance - >75%). Illness consequences were: being exposed to COVID-19, getting an infection from COVID-19, being hospitalized from COVID-19, knowing someone with COVID-19, knowing someone

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who has died from COVID-19. Social/economic consequences were: losing job, partner/spouse losing job, not having enough to eat, parent(s) losing their job, missing important healthcare appointments/treatments. Structural variables were: gender (male/female), age (18-21/22-25), sexual identity (heterosexual/sexual minority [SM]) and race/ethnicity (White/BIPOC). We evaluated the prevalence heterogeneity across structural variables using nonparametric McNemar tests. All estimates were adjusted using Ipsos provided weights to account for sampling differences and/or nonresponse.

Results

The majority of AYA in the United States (85%) believed they were vulnerable to 2+ health or social/economic consequences. Significantly more SM (36.4%-57.5%) than heterosexual (23.2%-37.0%; $p < .001$ both) AYA perceived vulnerability to being exposed to and/or getting an infection from COVID-19. A significantly greater number of BIPOC (16.2%-38.7%) than White (11.4%-18.8%; $p < .001$ both) believed they were vulnerable to COVID19-associated hospitalization or job loss. More SM (26.4%) than heterosexual (22.4%; $p < .001$) AYA estimated a medium-to high likelihood they would know someone who died of COVID-19. Significantly more BIPOC than White AYA felt high vulnerability to personal job loss (38.7% vs. 18.8%; $p = .015$), parent job loss (19.0% vs. 16.3%; $p < .001$) and not having enough to eat (16.3% vs. 10.0%; $p < .001$).

Conclusions

Nationally, many AYA – particularly sexual minority and BIPOC youth – believe they are highly vulnerable to COVID-19 associated consequences. Professionals who work with youth may consider including screening for COVID-19 worries during clinical/educational interactions as a means of both understanding and normalizing AYA's experiences, as well as helping them devise support or coping mechanisms, during this unprecedented time. These "check-ins" may be particularly where long-term

worry about COVID-19 could exacerbate existing disparities in mental and physical health among marginalized AYA.

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