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Findings from the violence outcomes in COVID-19 era study (VoCes-19): Baseline results

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Findings from the violence outcomes in COVID-19 era study (VoCes-19)

BASELINE RESULTS | REPORT NOVEMBER 2021

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Acronyms

CNEGSR	National Center for Gender Equity and Reproductive Health (for its Spanish acronym)
COVID-19	Coronavirus Disease 2019
ENIGH	National Survey on Income and Expenditures (for its Spanish acronym)
I/AD	Indigenous and/or Afro-descendant
IMJUVE	National Institute of Youth (for its Spanish acronym)
INEGI	National Institute of Statistics and Geography (for its Spanish acronym)
NGO	Nongovernmental organization
Non-I/AD	Non-Indigenous nor Afro-descendent
SE	Socioeconomic
SEP	Ministry of Public Education (for its Spanish acronym)
SES	Socioeconomic Status
SRH	Sexual and Reproductive Health
UNICEF	United Nations Children’s Fund
VOCES-19	Violence Outcomes in COVID-19 Era Study

Acknowledgments

We would like to firstly acknowledge all the youth that willingly accepted to participate in the study and to share with us how the pandemic had affected them in particular ways and along numerous dimensions of their lives.

We thank them for also sharing with us their comments regarding the survey and how it helped them realize how much the pandemic was affecting them in different ways, as well as how they felt the survey was an outlet for them to express and share their voices regarding this extremely complex moment in their lives.

We would also like to acknowledge the National Institute of Youth in Mexico (IMJUVE) and the National Center for Gender Equity and Reproductive Health (CNEGSR). Without the collaboration and work carried out by these two institutions, the project would not have been able to reach the +112,000 youth that accessed the survey. Their support was also key in building up the VOCES-19 webpage, mainly the youth resources section. Many thanks also to all the partners that helped us with the dissemination of the survey, mainly Fundación de Apoyo a la Juventud, Red Viral, Construye-T, Jóvenes Construyendo el Futuro, the Ministry of Education, and the Colegio de Bachilleres. We were able to reach youth that would not have been possible to reach without their continue collaboration and active dissemination of the study.

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Executive Summary

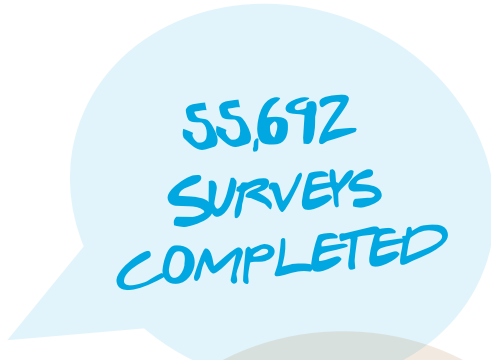
This report presents findings from the baseline survey of the Violence Outcomes in COVID-19 Era Study (VOCES-19). The study, conducted by the Population Council Mexico in collaboration with the National Institute of Youth (IMJUVE) and the National Center for Gender Equity and Reproductive Health (CNEGSR) aims to understand the impact of the COVID-19 pandemic and accompanying mitigation measures on the experience and perception of violence among 15-24-year olds living in Mexico, as well as its impacts on other social, economic, and health-related outcomes. The primary objectives for this first survey round were to gather baseline information on several outcomes of interest, assess differential effects by gender, ethnicity, and socioeconomic status, and establish a cohort of adolescents and young adults to measure the impacts of the pandemic on young people in Mexico over time.

Who participated in the survey?

Data were collected through online surveys between November 2020 and February 2021. During this period, more than 120,000 young people accessed the survey platform, and a total of 55,692 adolescents and young adults representing all 32 states in Mexico completed the questionnaire.

Thirty-one percent of participants were adolescents aged 15 to 17 years old, while the remaining 69% were young adults aged 18 to 24, with an average age of 19.2 for all participants. About half (51%) of respondents identified as female, 48% as male, and 1.3% defined themselves as nonbinary or another gender identity¹. Close to one-third (30%) of participants self-identified at least in part as Indigenous and/or Afro-descendant (I/AD).

Many respondents were living in poverty, with over one in four (28%) residing in an overcrowded household (2.5 inhabitants or more per bedroom). About one-third (37%) stated that a female was the head of the household and 6.6% mentioned being married or cohabitating with a partner.



55,692
SURVEYS
COMPLETED



PARTICIPANTS
WERE FROM ALL
32 MEXICAN
STATES

¹ The survey asked: “With which of the following genders do you identify?” Participants were able to select from the following choices: 1) Male, 2) Female, 3) Transgender male/trans man/female to male (FTM), 4) Transgender female/trans woman/male to female (MTF), 5) Queer or nonbinary, and 6) Other (write-in). For the purposes of data analysis and testing of differences between gender groups, participants were placed in the category of their preferred gender identity. For instance, transgender men were placed in the “male” category. Individuals placed in the category of “nonbinary or other” were those who stated that they identified as queer or nonbinary, as well as those who wrote in another gender identity. Examples of “other” gender identities written in by participants include “gender fluid” and “agender.”

What did we learn?

Compliance rates for COVID-19 mitigation measures were high

Nearly one-half of adolescents and young adults (45%) reported complying with all five of the recommended COVID-19 mitigation measures asked about in the survey, including staying at home and social distancing. Nearly all participants (96%) reported following the mask mandate when leaving their home. Self-reported compliance rates for each separate mitigation measure were generally higher among women compared to men in both age groups, as well as participants from higher-income households, compared to individuals in lower-income households.

Violence increased

The COVID-19 pandemic increased perpetration of violence against young people in Mexico. More than one in four (28%) participants who had ever personally experienced interpersonal violence at home reported that either the severity or frequency of violence had increased since the pandemic began. Men were 25 percentage points more likely than women to report such an increase in sexual violence (35% vs. 10%).

Half (51%) of participants who had experienced cyberbullying and online harassment reported an increase in these acts. Adolescents and young adults who self-identified as I/AD, as well as participants from low-income households reported the greatest increases in experiences of violence. Participants, especially girls/women, I/AD, and those living in poorer households also reported feeling less secure in their neighborhoods compared to before the pandemic.

School shifted online for most students

Almost all (99%) of adolescents and most (75%) of young adults were enrolled in school at the time of the survey. Among the latter, the most common reason cited for being out of school was having finished all the schooling they wanted to complete (56%).

Following nationwide school closures in March 2020, 99% of VOCES-19 participants enrolled in school received distance-learning lessons via an online platform, with very few students reporting having received lessons via radio, television, or take-home booklets. While most participants agreed that they had the means necessary to access and submit online assignments throughout the pandemic, there are large income- and ethnic-based inequalities present in these indicators. For instance, individuals in the highest socioeconomic quintile were 48 percentage points more likely to report being able to access their assignments throughout the pandemic than their peers in the lowest quintile (79% vs. 31%).

Economic vulnerability increased

Most (71%) of VOCES-19 participants felt that it was somewhat probable or highly probable that their household would earn less income in the current year compared to the previous year. These economic concerns were reported more frequently by women compared to men, I/AD participants compared to non-I/AD participants, and lower-income individuals compared to higher-income individuals.

Study findings also show significant wealth- and ethnicity-based inequalities for other

household economic indicators during the pandemic. For example, 16% of respondents in the lowest socioeconomic quintile stated that their household was never or almost never able to pay important bills such as rent throughout the pandemic, compared to only 2.6% in the highest quintile. I/AD participants were also more likely to report this compared to non-I/AD participants (11% vs. 6.2%).

Mental health and social connections suffered

Study findings show that nearly 69% of adolescents and young adults experienced symptoms related to depression, while 62% experienced symptoms of anxiety. Fifty-seven percent of participants reported experiencing both. Prevalence of depressive and anxiety symptoms was significantly higher among girls/young women and nonbinary respondents than for boys/young men.

Additionally, young adults and adolescents perceived that throughout the pandemic, they spent more time on social media than before (55%) and kept in touch with their friends less than before (51%). Findings also illustrate some ethnicity- and wealth-based differences in the use of certain coping strategies to deal with troubling feelings they have felt since the start of the pandemic. For instance, nearly 10% of participants in the highest socioeconomic status stated that they had received some type of therapy by phone or through virtual sessions at some point since the start of the pandemic, compared to 4.6% of participants in the lowest socioeconomic status.

Health and substance use indicators were also impacted

The pandemic affected the ability of VOCES-19 participants and their families to access general healthcare services, as well as sexual and reproductive health (SRH) services. Among those who stated that they or a family member had tried to use a general health service after March 2020, two-thirds (69%) reported that their access had been impacted in some way, with higher rates reported by female participants compared to male participants, by nonbinary versus binary adolescents, and by participants from lower- versus higher-income households.

Additionally, 20% of adolescents and 38% of young adults who tried to obtain sexual and reproductive health (SRH) services reported that their access to these services had been impacted in some way by the pandemic. Percentages were higher among participants from low versus high-income households.

Finally, among adolescents who reported some current level of consumption of substances, opiates and other hard drugs were the substances whose use increased the most since the start of the pandemic (18%). For young adults, the increased use of cannabis was the most common (21%).

Recommendations

At the time of writing of this report, Mexico was in the middle of the third wave of the pandemic, with a daily load of new cases higher than previous peaks. While overall lethality has decreased as a result of vaccination coverage, this third wave is having a more direct impact on younger populations, increasing symptomatic cases among children, adolescents, and young adults.

We found that the indirect effects of COVID-19 and mitigation measures also continue to gravely affect Mexican adolescents and young adults, often in differential ways based on gender, ethnicity, and socioeconomic status. The inequalities exacerbated in the past year and a half, if left unaddressed, are likely to remain long after the pandemic is over. The public response to the pandemic and its multisectoral impacts needs to reflect this reality with targeted interventions aimed at improving the conditions of the most vulnerable groups.

Violence-related support programs for youth. Study findings illuminate the need for violence prevention and a timely response to violence targeting not only girls and young women, but also non-binary and male adolescents and young adults. Male participants were shown to be particularly vulnerable to increases in sexual violence perpetrated against them by someone in their household, signaling a need to focus attention on the matter and increase our understanding of why this is occurring and how it can be prevented. Increasing information on how to identify, prevent, and avoid cyberbullying and online harassment, as well as how to protect personal data, was another need identified by VOCES-19.

Education recovery strategies. Education strategies going forward must be designed to meet the needs of the most vulnerable learners and be aimed at minimizing the long-term negative impacts associated with missing more than a year of quality education. Depending on the particular setting, evidence-based solutions will be critical to ensure that the most vulnerable do not leave school prematurely (for example, providing cash transfers), and assessing students' learning levels when they return to school in order to better address what may be significant levels of learning loss.

Digital divide. Unequal access to the internet will also continue to have educational repercussions for youth who are part of ethnic minority groups and those from the lowest socioeconomic status, further exacerbating pre-existing gaps in education. Increasing access to free internet spots and implementing alternative strategies to distance learning in rural and hard-to-reach communities could be a way forward to reduce this gap.

Economic empowerment for adolescents and young people. The increased vulnerability of young people living in poverty must be considered in the design and implementation of both national COVID economic recovery policies and social and health programs directed toward youth. Mexico has rich experience with economic empowerment programs. We need rigorous research to better understand which programs are most effective for different subsections of youth, and which approaches were effective at mitigating the impacts of the COVID-19 pandemic in particular.

Increased healthcare access for low-income communities and implementation of targeted mental health interventions for youth, women, and nonbinary populations.

The mental health impact of the pandemic on young people will have a lasting effect. As a first step, we must widely disseminate—to key stakeholders and the general public—information about the mental health challenges adolescents and young people are facing. We need rigorous research on what the most effective approaches are to make health services, including mental health services, more accessible for all. This should entail explicit consideration of differential needs and perspectives based on gender, age, ethnicity, and resources.

As for access to sexual and reproductive health care, counseling and a wide range of contraceptive methods are now more critical than ever. Access should include not only contraceptive methods, but also counseling services so that young people can choose the best contraceptive method for themselves. Research is needed on how best to provide sexual and reproductive health information and counseling through a diversity of channels, including telemedicine services and community-based strategies.



Introduction

The COVID-19 pandemic in Mexico

Mexico is among the top 20 countries with the highest number of COVID-19 deaths per 100,000 people. As of October 19, 2021, the country had a total of 3.76 million cumulative confirmed cases of COVID-19 and 284,477 confirmed deaths (Pettersson, Manley, and Hernandez 2021).

Confirmed cases and hospitalizations in Mexico are concentrated mainly in individuals who are 50+ years old. Approximately 3.9% of total confirmed cases have been identified in children and adolescents 17 and younger (Secretaría de Salud 2021). Additionally, a total of 686,879 excess COVID-19 deaths have been estimated in the country by the Institute for Health Metrics and Evaluation, based on the current projection scenario for December 1, 2021 (IMHE 2021).

The first case of COVID-19 in the country was registered on February 27, 2020, and the first death caused by this disease on March 18, 2020. After this date, the country applied several strategies led by the federal and local governments to contain the spread of the virus. The first attempt was the National Safe Distancing Initiative (Jornada Nacional de Sana Distancia), implemented from March 23 to May 30, 2020, which aimed to contain the COVID-19 pandemic. School closures were mandatory at the national level, followed by other measures that included: 1) the promotion of basic preventive measures among the population (frequent handwashing, hygiene etiquette, social distancing, and isolation in case of symptoms); 2) temporary suspension of nonessential activities in the public, private, and social sectors; 3) cancellation of massive and concentrated events with

more than 5,000 individuals; and, 4) protection of the elderly, and reorganization of the health system to increase critical care capacity for patients with severe COVID-19 (Secretaría de Salud 2020a). The use of facemasks was encouraged mainly in enclosed spaces, but no enforcement measures were issued from the federal government. Due to the foreseeable effects of these measures on access to health services, the government also put policies in place to mitigate barriers, such as implementing telephone hotlines to support patients with information regarding COVID-19 and refer them to health, violence support/prevention, and mental-health care services.

In June 2020, the federal government implemented a four-color “epidemiological risk traffic light” monitoring system, to alert residents to the epidemiological risks in each of the country’s 32 states and provide guidance on whether to allow certain social and economic activities. This included school reopening, which was allowed for municipalities colored green, as these were considered to be at low epidemiological risk (Secretaría de Educación Pública 2021). Although the traffic-light strategy provided guidance for the COVID-19 mitigation measures, the degree of implementation varied between municipalities and states.

There was also extensive media coverage from the government regarding the COVID-19 pandemic. Daily press conferences were carried out on public access television to inform the public about the progression of the pandemic in the country.

On August 23, 2021, public school in-person classes were resumed at the national level (Secretaría de Educación Pública 2021). As an example of the

impact of mitigation measures on children, of the total enrolled students in the 2020–21 school cycle, 2.2% dropped out of school; 58.9% of these mentioned the COVID-19 pandemic as a reason for dropping out of school, and 8.9% pointed to a lack of resources (INEGI 2020b).



2.2%
dropped
out of
school
in the
2020-2021
cycle

The Mexican context: inequalities and social and health outcomes before and during the COVID-19 pandemic

Income gaps have long characterized the Mexican economy. According to the GINI index, Mexico is one of the most unequal countries in the OECD, only after Chile and Costa Rica (OECD 2021). In 2020, 43.9% of the population lived in poverty, up from 41.9% in 2018 (CONEVAL 2021). These situations are more critical in rural areas, where 56.8% of the population are considered poor and 16.7% are considered extremely poor (CONEVAL 2021).

Educational, labor, gender, ethnic, and economic inequalities have also been long present in the Mexican socioeconomic scenario. For instance, the average years of schooling in 2000 was 7.5. However, some of the most vulnerable states, such as Chiapas, had significantly lower educational attainment (5.4 years), especially for women (4.9 years). In 2020 this gap remained: according to the recent census (2020), the average years of schooling in the country was 9.7; however, in Chiapas it was 7.8. There is a gap of 3.7 years between this state and the average in Mexico City (11.5), which has the highest education rates in the country (INEGI 2020a).

In terms of healthcare access, Mexico faces several structural and institutional barriers: low spending on health (3.2% of the total GDP compared to the recommended 6%), fragmentation of the health system, resource deficiencies present even prior to the pandemic, and the still incomplete implementation of a health system based on community and primary health care.

Also, because of the fragmented configuration of the health system, changes in employment rates represent changes in availability of services for individuals and their families. In 2020, unemployment rates increased from 43.9 in April to 48.4 in June (CONEVAL 2021). Enrollment rates in the Mexican Institute of Social Security (IMSS), the public healthcare system that provides care to the largest part of Mexico's working population, were 4.2% lower in the third quarter of 2020 compared to the same quarter in 2019, representing the lowest enrollment rates in the last 10 years (CONEVAL 2021).

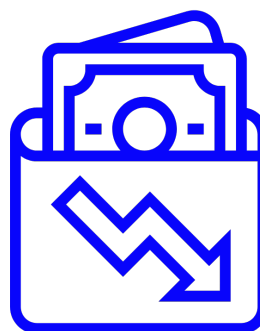
The pandemic also had differential impacts among different segments of the population regarding social outcomes, particularly for households containing adolescents and children. For instance, in Mexico City 68.5% of families with children and adolescents reported a decrease in their incomes during the pandemic (CONEVAL 2021). Unemployment, mainly in the informal sector, was also higher for families living in Mexico City (10.2%) compared to the national average (8.3%) (INEGI 2021a). In terms of food security, the situation was worrying, with 26% of the population reporting experiencing food insecurity (UNICEF México 2020).

The pandemic has also exacerbated previously existing gender inequalities, increasing exposure to gender-based violence and the burden of unpaid work and household chores for women (Pe-terman, O'Donnell, and Palermo 2020). This has had impacts in the labor market because the barriers in one field affect the other due to time allocation and an increase in unpaid work (UNICEF México 2020).

In Mexico City

68.5%

of families
with children
and adolescents
reported a decrease
in their incomes
during the pandemic



COVID-19, youth, and social and health outcomes

Young people will be impacted significantly by the long-term consequences of the pandemic. Several international organizations and United Nations agencies have warned of the lasting impact of the COVID-19 pandemic, coupled with the effects of climate change, on the education, sexual and reproductive health (SRH), mental health, exposure to violence, and labor aspects of the life of adolescents and young adults.

Between 30% and 100% increase



in the number of calls made to the 911 emergency number.

In Mexico, as well as other countries around the world, an increase in gender-based violence against women and girls has been identified since the start of the pandemic. Data on violence-related calls in Mexico, following the implementation of social distancing measures, identified an increase in the number of calls made to the 911 emergency number of between 30% and 100% (depending on the sub-analysis done at the state level). The Shelter Network that addresses gender-based violence cases also registered an increase of 5% in women's admissions and a 60% increase in support and advice given via telephone, social networks, and emails (Fernández-Nieto 2020).

At the beginning of the pandemic, large setbacks were expected in sexual and reproductive health outcomes as approximately 47 million women and girls from 114 low- and middle-income countries would not be able to access contraceptive measures because of the lockdown measures and lack of access to SRH services, with an estimated increase of 7 million in unwanted pregnancies and potentially thousands of deaths from unsafe abortions and complicated births (UNFPA 2020; Cousins 2020). A scoping review of studies conducted between December 2019 and October 2020 highlighted how the pandemic had disrupted access to SRH around the world. For example, more limited access to HIV testing and access to antiretrovirals and PrEP prescriptions was reported by the studies included in the review, as well as a decrease in use of contraceptive methods. Additionally, almost all studies that analyzed sexual behaviors reported a decrease in the frequency of sexual intercourse with either established or casual partners during the pandemic compared to before (Nwagbara et al. 2021).

To date, people have reported elevated rates of stress and anxiety during the pandemic. Howev-

er, as the pandemic goes on and continues to affect regular activities, routines, and livelihoods, a rise in levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior is expected (WHO 2020b). Moreover, many countries reported the disruption of essential, emergency, and life-saving mental health services. Community-based outpatient services and prevention and promotion of mental health services, as well as services for specific age groups (e.g., older adults and children), were among the most severely disrupted (WHO 2020b).

As mentioned in the previous section, the impact of the pandemic on education and school dropouts is also of great importance. The pandemic caused massive closures of face-to-face school activities in educational institutions, with more than 1.2 billion of students worldwide at all levels affected by this decision. Most countries in the Latin America and Caribbean region implemented strategies to continue providing education (29 out of 33 countries). In Mexico, the government implemented various distance-learning modalities (digital platform, radio, and television). However, according to OECD findings from 2018, only 57% of 15-year-old students in the country have access to a computer at home and only 68% have access to an internet connection at home (ECLAC and UNESCO 2020). In the upcoming years, studies should be conducted to produce evidence on whether and how academic regression as a result of the pandemic will detrimentally impact the long-term development of adolescents and young adults, as well as whether distance-learning strategies widen the achievement gap between the more and less advantaged youth.

The COVID-19 pandemic has uncovered and exacerbated already-present inequalities in societies and different population groups in nearly all social, economic, and health dimensions of peo-

ple's lives. Evidence has already surfaced on how the distribution and mortality of COVID-19 is associated with pre-existing environmental and social conditions. The short-, mid-, and long-term impacts of the pandemic on youth will also likely be associated with these pre-existing inequalities, impacting individuals differently depending on gender, ethnic status, and socioeconomic status. For example, a study conducted by the Institute for Fiscal Studies in the United Kingdom found that young workers, low-income earners, and the self-employed were more likely to have lost their job or experienced a drop in economic activity, which will likely lead to a reduction in earnings during lockdown (Blundell et al. 2020).

ONLY
57%
of 15-year-old
students in the
country have
access to a
computer
at home

VOCES-19 study rationale

In Mexico and in many other countries, there is still scarce evidence regarding the impact of the COVID-19 pandemic on the experiences of violence among adolescents and young adults, as well as the pandemic's impact on other social, economic, and health outcomes related to violence among these age groups. Additionally, there is little evidence about the differential impact of COVID-19 mitigation measures depending on gender, socioeconomic status, and ethnicity of adolescents and young adults.

Other institutions in Mexico are carrying out online surveys regarding experiences of violence and changes in family dynamics as a result of the social distancing measures implemented during the COVID-19 pandemic. However, these studies focus on gender-based violence in adult women. There have also been studies conducted by the National Institute of Statistics and Geography (INEGI) regarding the impact of the pandemic on education and employment outcomes.

Gathering information about the unintended impacts of the social distancing measures on different dimensions of adolescents' and young adults' lives will not only provide descriptive data about the current situation in which adolescents and young adults are living during the pandemic, but also provide disaggregated data by gender, ethnic status, and socioeconomic status for policymakers and program implementers to design and implement prevention and mitigation strategies to reduce the negative long-term consequences of the pandemic in this critically important population.



The overall goal of the VOCES-19 study is to establish a COVID-19 cohort of adolescents and young adults living in Mexico, with the aim of understanding the short- and long-term impact of the COVID-19 pandemic on the experience and perception of violence among this population, as well as the impact on other social, economic, and health outcomes.

Considering the unprecedented nature of the situation and the rapidly changing measures and policies related to COVID-19, information from the baseline survey will help us identify thematic areas of focus for the subsequent survey rounds. We envision that the study will be dynamic and changing in response to the situation, rather than predetermined. However, throughout all survey rounds, we will maintain a focus on exposure to and drivers of violence among adolescents and young adults.

The following represent a series of questions that guided the first round of data collection:

1 What is the prevalence of violence experienced by adolescents and young adults in their households and in their communities during the social distancing measures due to the COVID-19 pandemic?

2 What are the coping mechanisms used by adolescents and young adults (differentiating between males and females) in dealing with adverse situations, including violence, during the different phases of the COVID-19 pandemic (e.g., keeping contact with friends, help-seeking behaviors, among others)?

3 How are the COVID-19 pandemic social distancing measures affecting the social, economic, and mental health dimensions of adolescents and young adults' lives? Is there a difference in the impact on these dimensions by gender, ethnic status, and socioeconomic status?

In this report we present the descriptive results of the first round of the VOCES-19 study. We analyzed data by gender, ethnic status, and socioeconomic status to identify which subpopulations have been impacted the most by the pandemic. The report is structured in five sections:

1. Executive summary
2. Introduction
3. Methods
4. Results
5. Conclusion and Recommendations.

Methods

The VOCES-19 study was designed to be a longitudinal cohort study with at least two rounds of online surveys. The first round was carried out from November 2020 to February 2021. The second round will be implemented between November 2021 and February 2022. [The results presented in this report are those from the baseline study.](#)

The study was carried out in collaboration with the [National Institute of the Youth \(IMJUVE\)](#) and the [National Center for Gender Equity and Reproductive Health \(CNEGSR\)](#) in Mexico, both governmental institutions with mandates to work with the youth in order to improve their living conditions, including their sexual and reproductive health.

Participants

The target populations for the study are adolescents between 15 and 17 years of age and young adults between 18 and 24 years who were living in Mexico at the time of the study.

The required number of participants for the baseline was defined based on the prevalence of violence among this age group. As this is highly variable across the country, a conservative approach was followed, seeking a sample size that would allow us to identify a prevalence of 50% with a margin of error of 5%. This resulted in a target sample size of 384 participants for each study area: 31 states and 16 municipalities in Mexico City, with a [total expected number of 18,048 participants nationwide for the baseline survey.](#)

Both an open invitation through social media and a targeted invitation for youth made by IMJUVE and different educational authorities were used to reach the target population. Responses were then weighted for analysis based on selected characteristics from the 2020 Census survey.

Given the online implementation of the survey (accessing it required access to a computer with internet), even after post-stratification weighting (see Data Analysis below), our sample still differed from the larger population of Mexican youth on two key indicators: access to private internet in their households and school enrollment, according to information collected in the 2020 Census and other national surveys carried out by INEGI. A higher percentage of VOCES-19 participants reported having access to private internet in their households (78.8%) compared to the percentage reported by INEGI of homes in Mexico that are connected to the internet (56.4%) (INEGI 2020). Additionally, 99% of adolescents and 75% of young adults in our sample were enrolled in school at the time of the survey, while INEGI reports that only 63.1% of 16–18-year-olds and 31.6% of 19–24-year-olds were enrolled in the 2020–21 school cycle (INEGI 2020). These differences should be considered when interpreting the results of the study, as they may not be applicable for a population with total lack of access to the internet.

Questionnaire design

The questionnaire employed in the baseline included the following topics²:

Sociodemographic data age, state of residence, zip code, gender identity, sexual orientation, ethnicity, marital status, education and work-related questions, household characteristics.

Household characteristics type of household (family or nonfamily households), individuals living in the household, and access to different services, including private internet connection (Wi-Fi) in the household.

COVID-19 related questions compliance with mitigation strategies and participants and family COVID-19-related health outcomes.

Violence exposure to violence in their households perpetrated by someone living with the participants, witnessing violence against another family member in the household, cyberbullying and online harassment, and perception of safety at home and in their neighborhoods.

Education and learning school drop out due to COVID-19, strategies to continue studying at home, impact of distance learning on their ability to access and complete homework and school assignments, perceived impact on learning, and impact on learning-related plans.

Employment and family financial health: not looking for work due to COVID-19; perception of losing their job or income in the following months due to COVID-19; family job losses due to COVID-19, perception of reduced family income since the start of the pandemic; impact on household ability to purchase food, pay important bills, or buy necessary medicines; and implementing contingency measures in the household since the start of COVID-19.

Household dynamics and gender norms division of household responsibilities, division of household decision-making, household income administration, parents' substance abuse and parents' mental health, changes in household, the Gender Norms Index, and condoning of violence against women.

Health access to health services; psychosocial well-being and mental health (stress, feeling of control over their lives, isolation, main concern for their future, PHQ-9 and GAD-7 scales); and substance use.

Resilience receiving aid from the government, mechanisms to cope with mental health-related symptoms, and contact with friends.

² For a detailed review of the survey, you can access the following link: <https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/X6JMPG>

Questions were adapted from different surveys: the 2015 Intercensal Survey from the National Institute of Statistics and Geography (INEGI), 2020 Census (INEGI), 2010 National Youth Survey (IMJUVE), 2020 Household Pulse Survey (US Census Bureau), COVID-19 Household Environment Scale (University of Miami), The Coronavirus Health Impact Survey (CRISIS), Epidemic – Pandemic Impacts Inventory (EPII), COVID-19 Kenya Study Round 4 (Population Council), Youth Truth Student Survey – Students Weigh In, COVID-19 Community Response Survey Guidance (JHU), ENCOVID (IBERO University), Gender Attitudes Survey, Generation and Gender Survey, COVID-19 Impact on Health and Wellbeing Survey (University of Texas), 2012 National Health Survey, Young People in Lockdown (The Prince’s Trust and YouGov), Pew Research Center Online Harassment 2017, and the United Nations survey on Latin American and Caribbean Youth in the Context of the COVID-19 Pandemic. The Gender Norms Index was adapted from Björkman Nyqvist, and Jayachandran (2017).

For the depression and the anxiety scales, we used the validated Spanish scales from the PHQ-9 and the GAD-7 questionnaires. These two scales were designed as diagnostic instruments to help determine the severity of initial symptoms of mental health disorders (Spitzer, Kroenke, and Williams 1999). A cut-off score of five or more points for the PHQ-9 and GAD-7 scales was used to categorize participants as presenting or not presenting mild to severe depressive or anxiety symptoms, respectively.

The survey was programmed in Survey Monkey and piloted with approximately 50 adolescents and young adults, to evaluate whether questions were understandable, time to completion, and relevance of the questions asked.

An informed consent to participate in the survey was displayed for participants before they opened the survey. Willingness to participate in following rounds of the survey was also requested at the end of the survey. Contact information (email and/or phone number) was requested from those who agreed to participate in follow-up rounds.

VoCes-19
Population Council

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Resultados Ronda 1

Experiencias de más de 55,000 adolescentes y jóvenes en México.

Ver informe

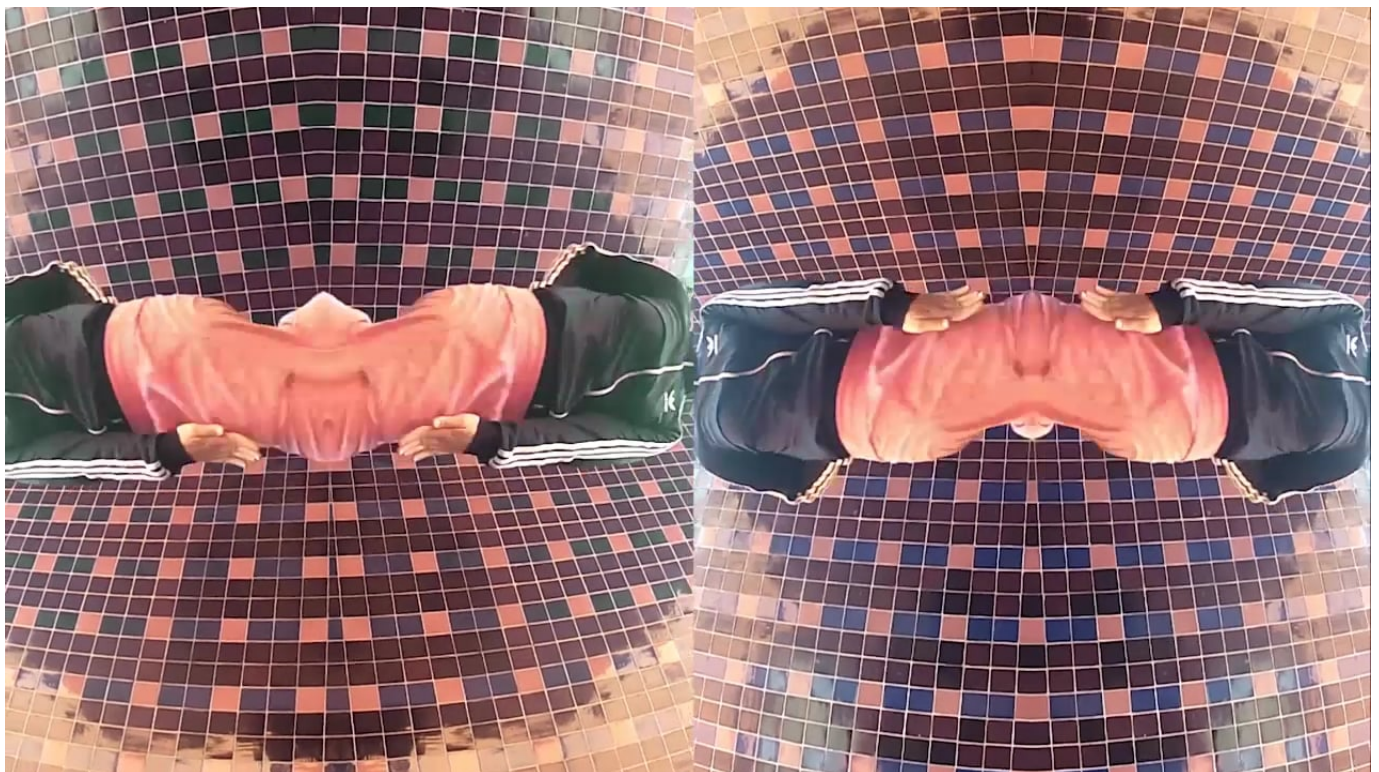
Website of the project: www.vocescontralaviolencia.org

Strategies implemented to reach participants

To achieve the target number of participants, a VOCES-19 webpage was created in September 2020 (<https://vocescontralaviolencia.org>), as well as social media pages for the study on Facebook and Instagram, to initiate the dissemination of the study and the first round of data collection

The questionnaire link was distributed through different strategies: 1) the VOCES-19 webpage (<https://vocescontralaviolencia.org>) and social media (Facebook and Instagram); 2) IMJUVE´ s networks, social media platforms, and direct contact with participants from the Youth National Consult (2019); 3) the CNEGSR social media platforms; 4) the Jóvenes Construyendo el Futuro webpage; 5) youth-related organizations and net-

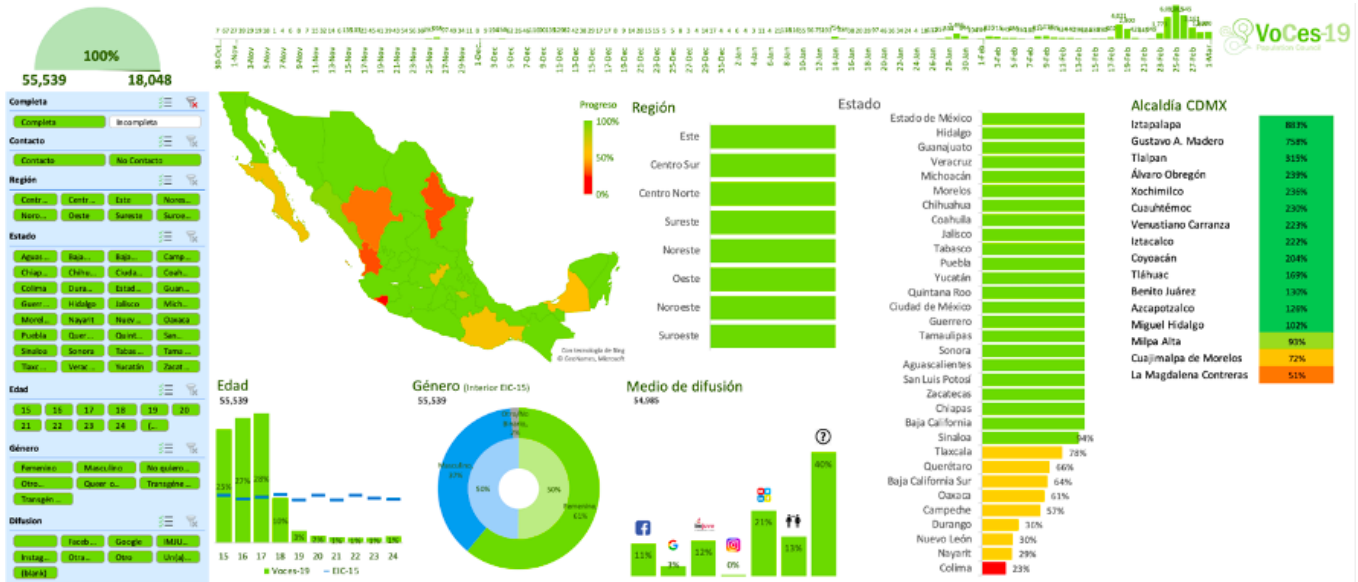
works which the study team contacted during the survey implementation (Fundación de Apoyo a la Juventud, IAP; Red Viral; UNDP program Construye-T); 6) radio spots in different states where response rates were low (Mexico City, Sinaloa, and Sonora); 7) two press releases in January and February 2021; and 8) through the Ministry of Health and the Ministry of Education and other academic institutions (e.g, Colegio de Bachilleres), so that they could disseminate information about the study among students. In some states, such as Queretaro and Tabasco, institutions and organizations heard about the project and shared it with their communities and partners, which led to an important increase in responses for these states.



Advertisement for the first round of the VOCES-19 survey (in Spanish)

Monitoring strategies

From November 2020 to February 2021, the research team monitored daily responses. An interactive dashboard was developed to monitor responses in order to implement specific dissemination strategies tailored for the group and in states from which we were receiving fewer responses.



Daily monitor for VOCES-19 first round study

Data analysis

Once the information in the dataset was verified, and to account for differences in the distributions of sociodemographic characteristics between interviewees and the national population of this age range, for the analyses we applied differential weights for individuals, based on state of residence, level of rurality of the municipality of residence, sex, and age group. This procedure ensured that the contribution of each observation in the indicators presented was equivalent to the relative weight of the specific subgroup in the total population between 15 and 24 years of age in Mexico.

After applying the post-stratification weights, we conducted a descriptive analysis of the variables (frequencies and averages or medians) and a sta-

tistical analysis to check for significant differences by gender (females vs. males; and binary vs. non-binary populations). We also analyzed differences between the highest and the lowest socioeconomic quintiles, and between Indigenous and/or Afro-descendant (I/AD) and non-I/AD participants.

To conduct the analyses on the different socioeconomic groups, a proxy measure of per capita household income was estimated to use as a socioeconomic stratifier. This proxy measure is an imputation based on household and dwelling characteristics and is used as reference in Mexico's National Survey on Income and Expenditures (ENIGH, for its Spanish acronym). Using variables available in both the ENIGH and VOCES-19 surveys, we regressed per capita income

against a set of household and dwelling variables in the ENIGH survey and then used the coefficients to impute values for VOCES-19 participants. The terms “highest socioeconomic quintile,” “high-income households,” and “higher socioeconomic status (SES)” are used interchangeably in the report to describe participants from the richest (fifth quintile) households. The terms “lowest socioeconomic quintile,” “low-income households,” and “lowest SES” are used interchangeably in the report to describe participants from the poorest (first quintile) households.

To evaluate differences in averages between groups, the Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. All differences reported in the results sections of this report were found to be statistically significant, meaning they were found to have values of $p \leq 0.05$. The descriptive tables in the appendix show 95% confidence intervals (95% CI) for all analyses.

Finally, to include youth voices in the report, we retrieved the comments that adolescent and young adult participants left at the end of the survey. Even though we did not implement a formal qualitative analysis strategy on the comments, we: (1) classified the comments by dimensions (education, job and income, health, and violence); (2) read all the comments and summarized the general feelings of participants regarding this dimension; and (3) selected the comments that best represented the feelings of participants regarding that particular dimension.

Ethical considerations

The study was approved by the Population Council’s Internal Review Board on September 1, 2020 (Protocol Number 949).

Before the start of the survey, we displayed assent forms (for adolescents under 18) and consent forms (for young adults) for all participants. The forms explained the aims of the study, duration of the survey, benefits and risks of participating, and the ability to leave the survey at any point and not be required to respond to questions that make them feel uncomfortable.

At the end of the survey, a list of phone numbers and internet sites was displayed with relevant information regarding mental health and violence, so that, if participants felt that they needed guidance on these topics, they could have the information available to them.

As for the benefits of participating, we raffled off one electronic tablet and 200 pre-charged phone cards and distributed links to free online lessons (yoga, painting, fitness, and dance) among participants who left their contact information at the end of the survey. This was explicitly mentioned in the assent and consent forms and in various dissemination messages related to the survey from the start of the data-gathering activities.

Study limitations

The present study has several limitations that are worth mentioning. The first limitation is that participants were not probabilistically sampled. To account for this, post-stratification weights were applied to observations as discussed in the data analysis section above.

The second limitation is the selection bias inherent in the design of the study. Since VOCES-19 was conducted during the COVID-19 pandemic and when social distancing mandates were being implemented by the Mexican government, the study was conceptualized as an online survey. Thus, only

youth with access to the internet and to a cell phone, tablet, or computer could participate in the survey. This excluded from the study some of the most vulnerable populations, and others with limited access to the internet or electronic devices. In an effort to at least partially address this limitation, the research team decided to carry out a parallel study with homeless youth in Mexico City to capture their voices and experiences, with the understanding that this group comprises only a portion of the population we were unable to reach with the online survey. This study will be implemented in the last quarter of 2021 and results will be presented in a separate report.

Conducting the study with online surveys posed additional limitations. It prevented the research team from conducting quality controls during the data-collection process and we were not able to validate some of the responses. Nevertheless, we conducted internal consistency tests for scales and indexes. The cohort follow-up will also enable us to mitigate these limitations.

Another limitation is that, to preserve total anonymity of responses, we did not gather IP addresses as part of the online surveys. There-

fore, we were not able to identify duplicate or multiple entries for the surveys. The research team analyzed the information from completed surveys regarding time of completion and similarities among answers from different respondents. We were able to identify 1,998 surveys that were potentially duplicates. However, since we could not be certain that these responses were duplicates, we decided to not eliminate them.

Lastly, it is important to note that the implementation of pandemic-related mitigation measures differed between municipalities and at the state level. Given that public response measures were not experienced uniformly by adolescents and young adults across all of Mexico, statements made in this report connecting survey results with mitigation measures reflect assumptions on the part of the research team regarding specific public actions participants may have been exposed to.

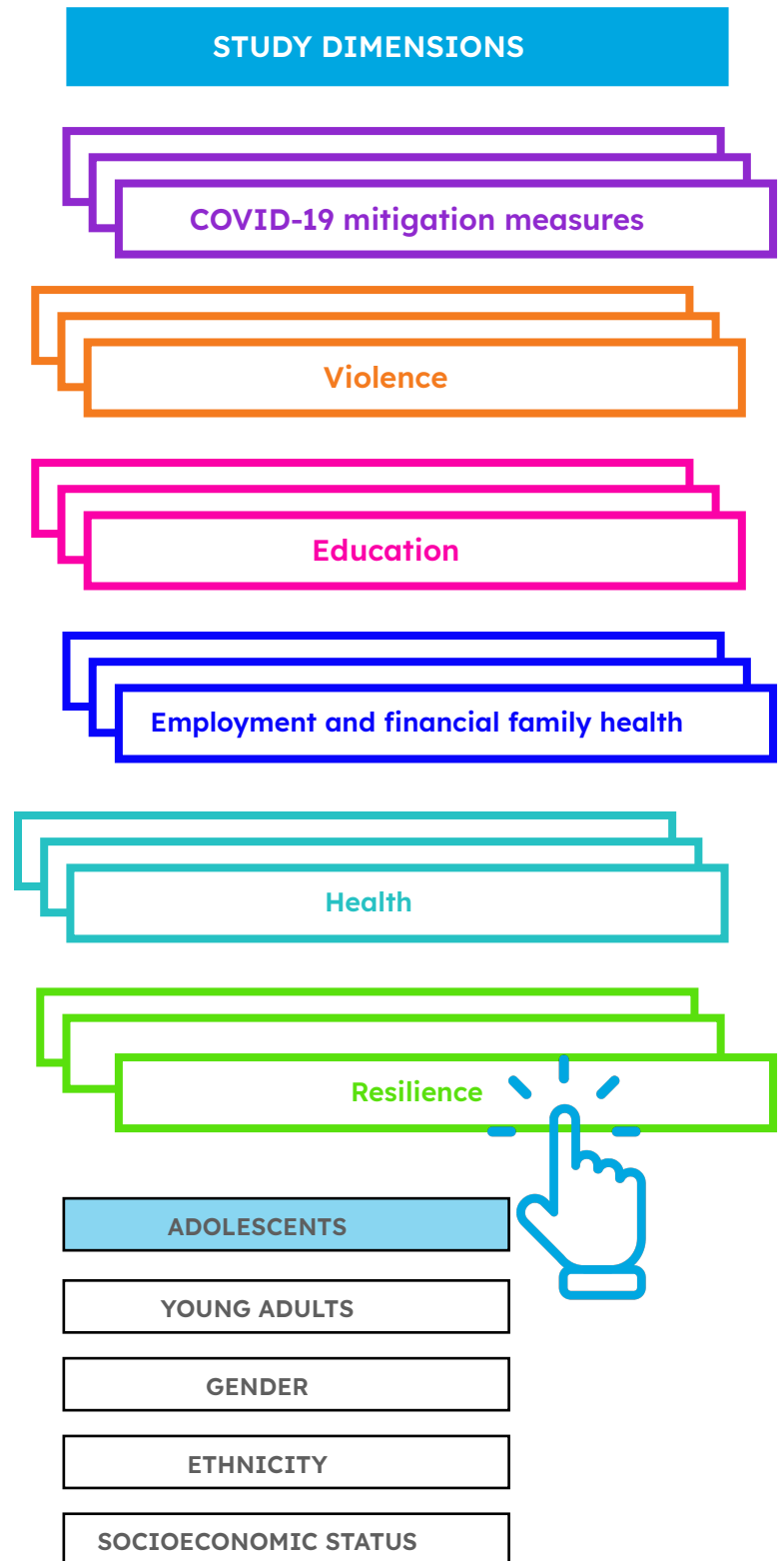


Results

The main findings are reported by the dimensions studied through the VOCES-19 survey: compliance with COVID-19 mitigation measures, violence, education, employment and family financial health, health, and resilience. Each section reports descriptive results of the different dimensions and indicators separately for adolescents and young adults, acknowledging the important life-stage differences between these two populations.

In each dimension, an analysis was done to identify significant differences in specific indicators by gender identity, ethnic status, and socioeconomic status. We utilized three categories for gender identity: women, men, and nonbinary for participants who stated that they did not identify with one of the two gender categories or described their gender as “other.” For ethnic status, comparisons were made between participants who identified entirely or in part as Indigenous and/or Afro-descendant (I/AD) and those who did not identify with either ethnic group (non-I/AD). Finally, for socioeconomic status, differences were tested between participants from the lowest- (first quintile) and the highest- (fifth quintile) income households. For reporting on these latter groups, the terms “highest socioeconomic quintile,” “high-income households,” and “higher socioeconomic status (SES)” are used interchangeably, as are the terms “lowest socioeconomic quintile,” “low-income households,” and “lowest SES.”

All data presented in these sections are weighted results unless otherwise stated. Additionally, the differences reported in the text and graphics in these sections were those found to be significant at the 95% confidence level. Detailed results and confidence intervals for all indicators can be found in the appendix at the end of this report.



REPORT FINDINGS

WHO ARE VOICES-19 PARTICIPANTS?



Sociodemographic characteristics

From November 2020 until February 2021, 123,898 individuals accessed the VOCES-19 questionnaire, and **a total of 55,692 adolescents and young adults from the 32 states in Mexico completed it.** The five states with the highest number of responses were Mexico City (n=16,228), the State of Mexico (n=10,893), Hidalgo (n=3,588), Guanajuato (n=3,127), and Veracruz (n=2,086). The five states with the lowest number of responses were Campeche (n=217), Durango (n=137), Nuevo León (n=115), Nayarit (n=113), and Colima (n=89) (see Table 1).

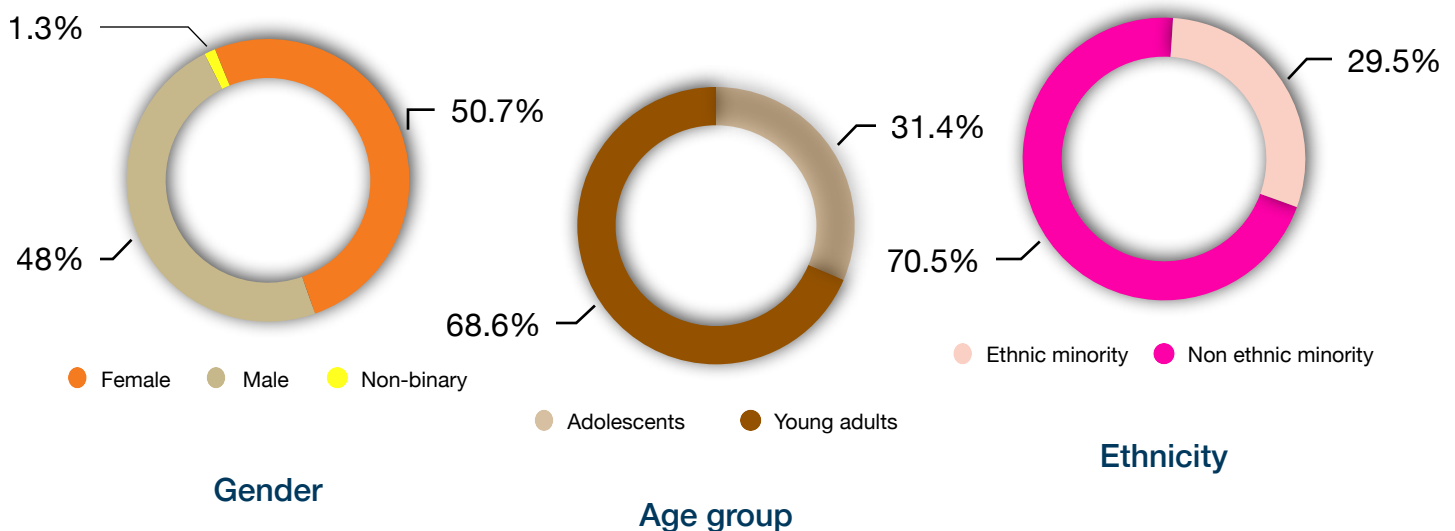
Adolescents between the ages of 15 and 17 years of age made up 31% of participants who completed the questionnaire, while young adults ages of 18 to 24 made up the remaining 69%. The average age of participants was 19.2 years.

A total of 51% of respondents identified as females, 48% as males, and 1.3% defined themselves as nonbinary or with another gender identity. As for ethnicity, 30% of total participants self-identified either entirely or in part as Indigenous and/or Afro-descendant (see Figure 1).

Table 1. Participation by state.

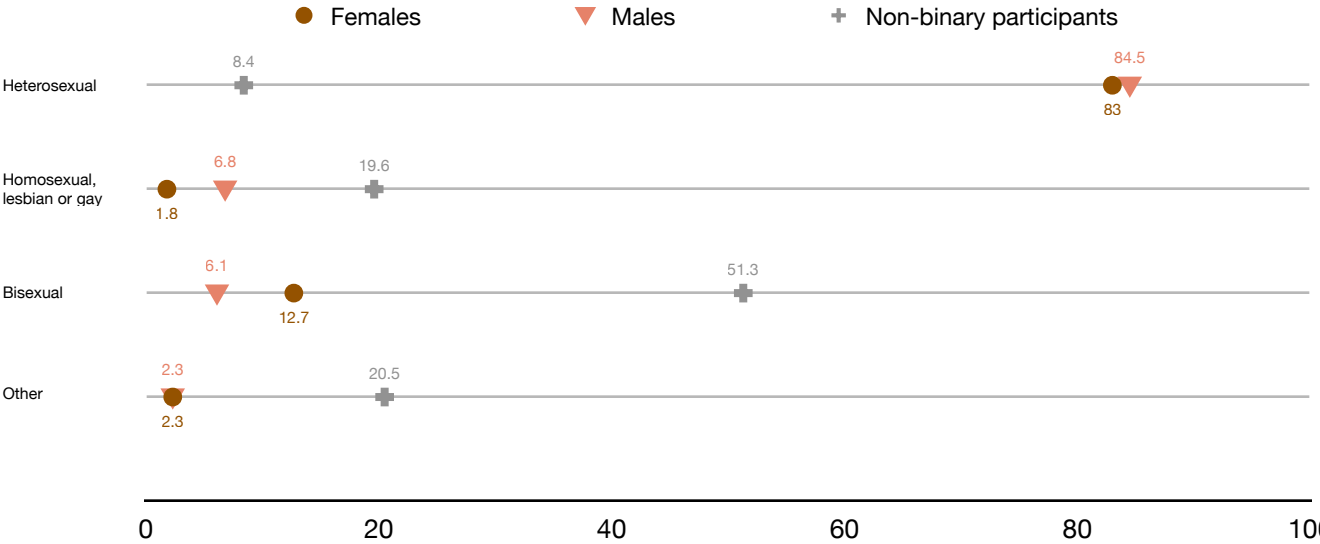
Variable	n	Percent
Aguascalientes	638	1.15
Baja California	389	0.70
Baja California Sur	245	0.44
Campeche	217	0.39
Chiapas	481	0.86
Chihuahua	1,542	2.77
Coahuila	1,532	2.75
Colima	89	0.16
Mexico City	16,228	29.1
Durango	137	0.25
State of Mexico	10,893	19.56
Guanajuato	3,127	5.61
Guerrero	985	1.77
Hidalgo	3,588	6.44
Jalisco	1,318	2.37
Michoacán	1,625	2.92
Morelos	1,560	2.80
Nayarit	113	0.20
Nuevo León	115	0.21
Oaxaca	234	0.42
Puebla	1,269	2.28
Querétaro	252	0.45
Quintana Roo	1,154	2.07
San Luis Potosí	551	0.99
Sinaloa	363	0.65
Sonora	729	1.31
Tabasco	1,315	2.36
Tamaulipas	942	1.69
Tlaxcala	300	0.54
Veracruz	2,086	3.75
Yucatán	1,157	2.08
Zacatecas	518	0.92
Total	55,692	100

Figure 1. Sociodemographic characteristics of VOCES-19 participants



Most female and male participants in both age groups identified as being heterosexual, with a higher percentage of heterosexual adolescent males compared to adolescent females (90% vs. 82%). Ten percent of both adolescents and young adults self-identified as being bisexual, and 1.9% of adolescents and 5.6% of young adults as homosexual. With regard to gender identity, 3.2% of adolescents and 2.3% of young adults self-identified with a nonbinary gender identity (agender, gender fluid, among others). Most nonbinary participants (n=638) in both age groups identify as bisexual (55% for adolescents and 50% for young adults) (see Figure 2).

Figure 2. Sexual orientation of VOCES-19 participants, by gender. Percentages. VOCES-19.

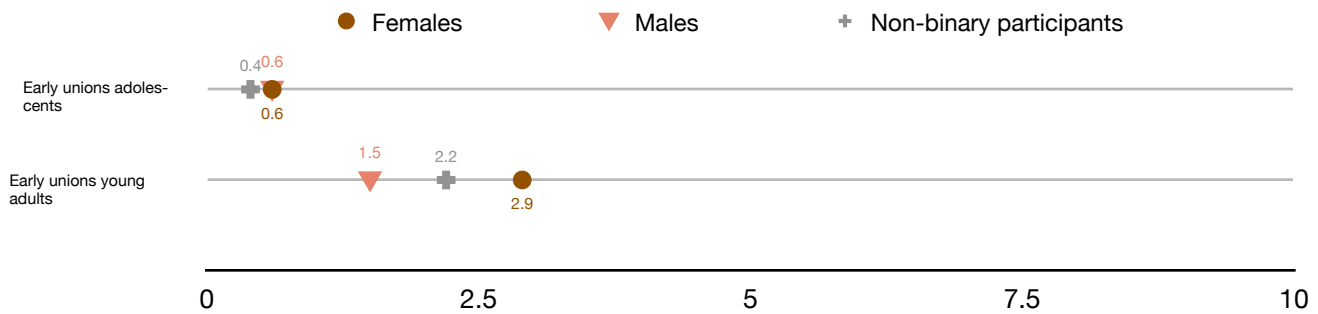


Sexual orientation is not yet a systematically used variable in census and national surveys conducted by governmental institutions in Mexico. However, we found that the percentage of non-heterosexual male participants in our study is higher than the percentage found in a 2014 study about HIV seroprevalence in the Mexican population between 15 and 49 years old (0.4%) (Gutierrez et al. 2014). It is also higher than the non-heterosexual orientation identified by Moral de la Rubia (2011) in the 2005 National Survey for the Youth in Mexico: 2.5% among men and 1.1% among women (Moral de la Rubia 2011). This difference may be due in part to changing social norms, and may reflect a greater willingness among young people to be open about their sexual orientation compared to even a few years ago.

At the time of the survey, 83% of the total population were enrolled in school (99.5% of adolescents and 75% of young adults). No significant differences were found in enrollment status between female and male participants in either age group. Additionally, 23% of adolescents and 44% of young adults were working or had a business of their own at the time of the survey, with this percentage being higher among males versus females in both age groups.

Figure 3 shows that 9.1% of young adults and 0.7% of adolescents reported being married or cohabitating with a partner, with 1.7% of the surveyed population stating that they got married or started cohabitating with their partners before turning 18 years old.

Figure 3. Participants that married and/or started living with their partners before the age of 18 years old, by age group and gender. Percentages. VOCES-19.



Household characteristics

Almost a third of the participants (28%) mentioned living in an overcrowded household (2.5 inhabitants or more per bedroom), with a higher percentage among adolescent girls versus adolescent boys (33% vs. 30%). Additionally, 99.5% of participants live in a family household and 37% stated that a female was the head of the household, with this percentage being higher among females versus males in both age groups. Finally, 82% of adolescents and 77% of young adults have private internet (Wi-Fi) in their households, with a higher percentage among men versus women in both age groups.



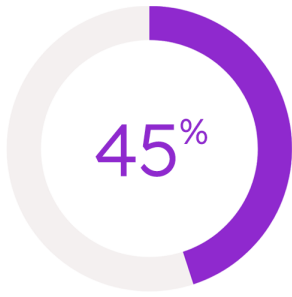
Credit Illustration: Valeria García Trejo. Instagram grillolunar_vg.



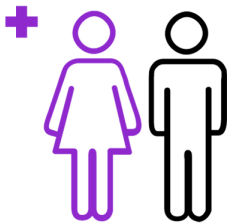
COMPLIANCE WITH
COVID-19
MITIGATION MEASURES

Compliance with COVID-19 mitigation measures

Highlights



Nearly one-half of adolescents and young adults reported complying with all five of the recommended COVID-19 mitigation measures asked about in the survey.



For each of the five mitigation measures, a significantly higher percentage of women compared to men in both age groups reported compliance.



I/AD participants (65%) and participants from lower socioeconomic status (SES) (79%) were more likely to report leaving the household only for essential reasons, compared to non-I/AD participants (54%) and participants in the upper SES (39%), respectively.



A lower proportion of participants from low-income households, compared to their peers from high-income households, reported complying with the mask-wearing mandate (93% vs. 98%) and using hand sanitizer (81% vs. 93%).



Compared to non-Indigenous and/or Afro-descendant (non-I/AD) participants, a lower proportion of I/AD participants complied with mitigation measures such as the mask-wearing mandate (95% vs. 97%) and using hand sanitizer (85% vs. 89%).



I see my mom is sad about losing her brother due to COVID-19, and that makes me sad, I know she will overcome this, but I don't know when. I love her very much.

Woman, 17 years old, Tamaulipas.

Following the World Health Organization's COVID-19 strategic preparedness and response plans and orientations (WHO 2021), the Mexican government implemented different strategies at the federal level to contain the disease and the number of deaths at the beginning of the pandemic (Secretaría de Salud 2020b). Simultaneously, local governments (both states and municipalities) implemented curfews and restrictions to mobility, as well as strategies to increase healthcare services' capacity to care for patients with severe COVID-19, and fiscal policies to boost the economy (Government of Mexico 2020). The federal guidelines launched on March 23, 2020, stated that people should keep their distance between each other, suspend in-person school lessons, stay at home if they are part of a vulnerable population group, and suspend nonessential activities (e.g., restaurants, malls, gyms).

These strategies and the public responses to them have decreased COVID-19 infections; however not all measures were applied equally in the 32 Mexican states (El Economista 2021). In states with large Indigenous populations, some communities decided to close the entrance to their communities to nonlocals and only permit entrance to transport carrying essential goods. Additionally, the use of face masks was more stigmatized in these communities than in non-Indigenous communities, associated with the belief that if you were wearing a face mask, then you probably had COVID-19 (Vieitez-Martínez et al. 2020).

At the time of the survey, schools and nonessential businesses had been closed for almost 10 months. The period from December 2020 to February 2021 (all of which coincided with data collection), were the three months with the highest number of active cases and deaths in Mexico since the start of the pandemic (Dirección General de Epidemiología 2021). With VOCES-19, we wanted to learn more about compliance of adolescents and young adults with mitigation measures, as well as about differences in rates of compliance by gender, ethnicity, and socioeconomic status. VOCES-19 looked into the compliance regarding five key mitigation recommendations that can be implemented at the individual level: 1) regular hand-washing, 2) social distancing, 3) staying at home, 4) mask wearing, and 5) using hand sanitizer. This analysis aims to understand the level of compliance with measures eight months into the pandemic and identify which population groups were observing these measures the least, which could be related to gender, economic, and/or social-related barriers for compliance. All results are presented separately for adolescents (15–17 years old) and young adults (18–24 years old).



I work to earn extra money but not out of necessity, it is a way of supporting my community by doing errand trips to avoid having too many people leave their homes.

Man, 17 years old, Tabasco.

What was the level of compliance with the mitigation measures recommended by the federal government?

Adolescents

Adolescents reported generally high levels of compliance with recommended measures to mitigate the spread of COVID-19. Of the adolescents who participated in VOCES-19, 44% reported that they were complying with all five mitigation measures asked about in the survey, while fewer than 1% stated that they were not complying with any mitigation measure. The mitigation measure that adolescents reported complying with the most was the mask-wearing mandate (96%), followed by regular handwashing (91%). The measure that was implemented the least by adolescents was maintaining social distancing (55%).

Participants were also asked about the stay-at-home mandate and their reasons for leaving the house in the month prior to taking the survey. In the adolescent age group 54% of participants cited only essential reasons for leaving the house, such as going to buy food, supplies, and/or medicines, to attend a healthcare appointment, or to go to work. In contrast, 8.3% of adolescents cited only nonessential reasons (e.g., going to restaurants, parties, to the mall, to the gym and/or to visit friends and family).

Adolescent women tended to comply more with each of the mitigation measures, compared to their male peers. The main difference in compliance is seen regarding the use of hand sanitizer (90% of women vs. 85% of men), followed by maintaining social distance (57% of women vs. 54% of men). Adolescent women, compared to adolescent men, were also more likely to report complying with all mitigation measures (47% vs. 41%), as well as to report

leaving the household only for essential reasons (56% vs. 52%).

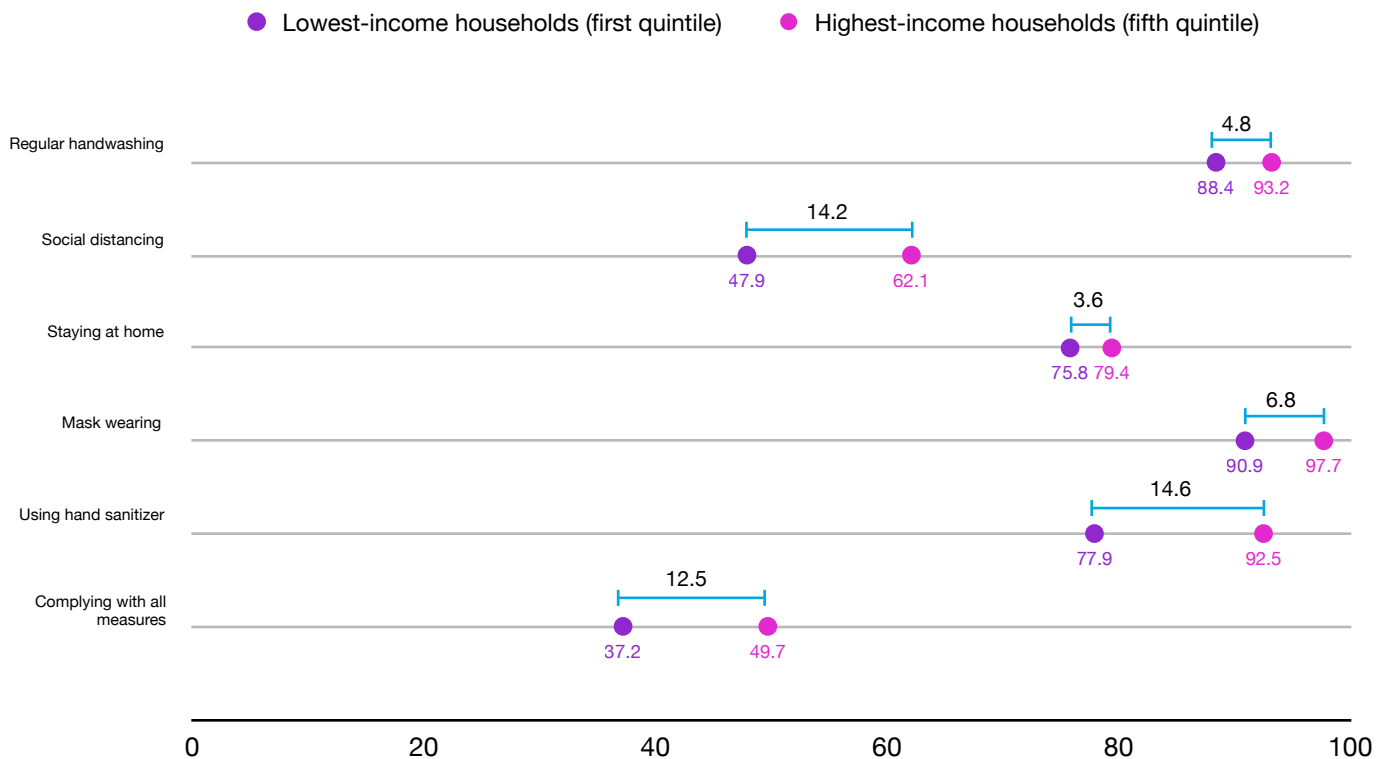
In terms of difference by ethnic status, Indigenous and/or Afro-descendant (I/AD) adolescents were slightly less likely to report the use of hand sanitizer (85% vs. 88%) and face masks (95% vs. 96%) than non-I/AD adolescents. The former group was also slightly more likely to state that they were not complying with any of the mitigation measures asked about in the survey (1.2% vs. 0.7%).

The biggest differences in the compliance rates of mitigation measures were observed between adolescents from low-income compared to high-income households. Between these two groups, there was a 15 percentage point difference in both the reported use of hand sanitizer (78% for the first quintile vs. 93% in the last quintile) and in maintaining social distancing when leaving the household (48% for the first quintile vs. 62% for the last quintile). However, adolescents from low-income households were more likely to report leaving the household only for essential reasons (72%), compared to their peers in high-income households (38%) (see Figure 4).

Young adults

Young adults also reported high rates of compliance with most mitigation measures. Of the young adults who participated in VOCES-19, 46% reported that they were complying with all five mitigation measures asked about in the survey, while 1% were not complying with any mitigation measure. The highest compliance rates were observed in the indicators for wearing a face mask

Figure 4. Percentage point differences in the compliance with mitigation measures during the pandemic in adolescents, by SES. VOCES-19.



when leaving the household (96%), regular handwashing (92%), and using hand sanitizer (88%). The measure with the lowest rates of compliance was maintaining social distancing (57%). Further, most young adults (59%) reported leaving the household in the month prior to the survey only for essential reasons and 3.8% only for nonessential reasons.

In the young adult age group, women were more likely to comply with mitigation measures than their male counterparts. The main differences in reports between young adult women and men were for the use of hand sanitizer (90% of women vs. 86% of men) and the stay-at-home mandate (83% of women vs. 79% of men). It was also more common for men in this age group than women to state that they were not complying with any mitigation measure (1.4% of men vs. 0.6% of women), and less com-

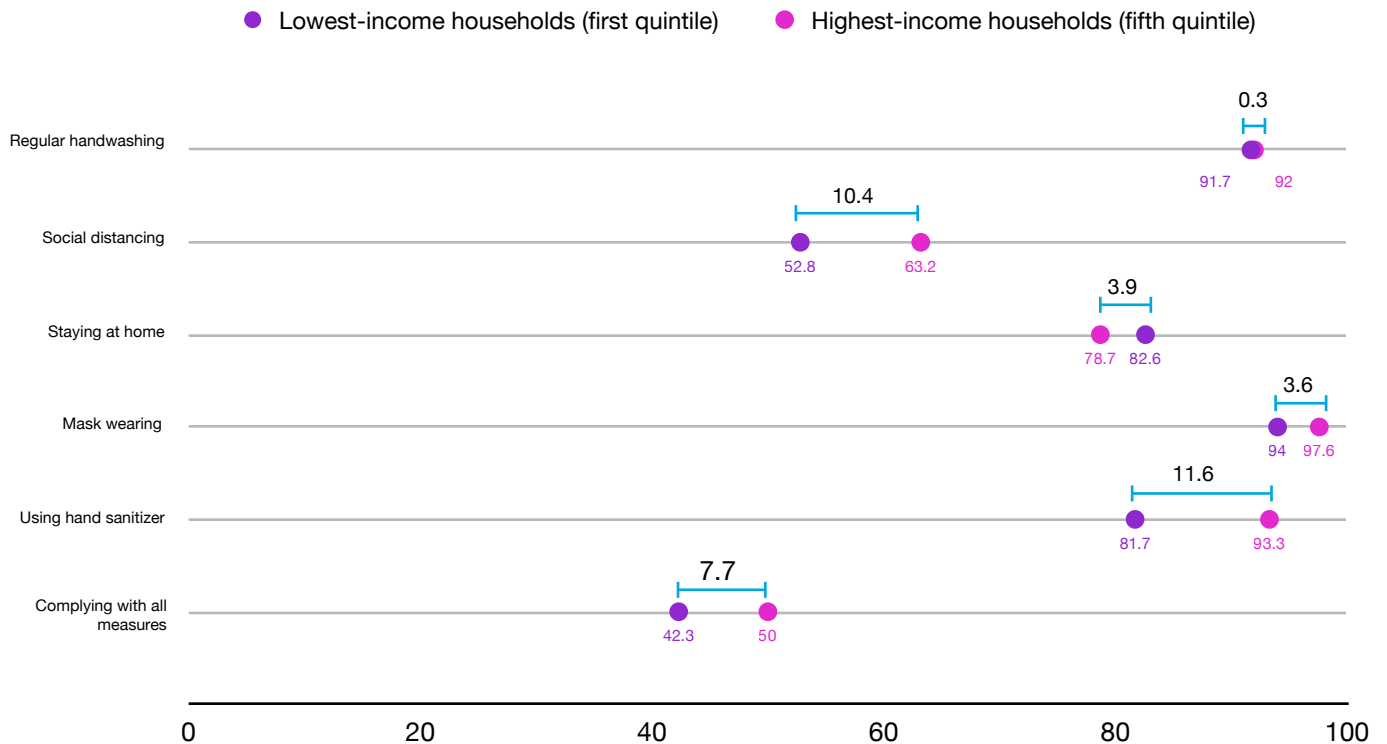
mon for them to report leaving the house only for essential reasons (56% of men vs. 61% of women).

For most of the separate measures asked about, **I/AD young adults were more likely than their non-I/AD peers to report compliance**, except in the indicators for using hand sanitizer (84% vs. 89%) and wearing face masks (95% vs. 97%). I/AD young adults were also 13 percentage points more likely to report leaving the household only for essential reasons than non-I/AD young adults (68% vs. 55%).

Finally, young adults from low-income households were about eight percentage points less likely to state that they were complying with all mitigation measures (42% vs. 50%). Regarding compliance with individual mitigation measures, upper socioeconomic status (SES) individuals

were more likely to report the use of hand sanitizer (12 percentage point difference) and maintaining social distancing (10 percentage point difference). However, more young adults in the lowest SES reported staying at home (83% vs. 79%) and leaving the household only for essential reasons (81% vs. 39%), compared to their peers in the highest SES (see Figure 5).

Figure 5. Percentage point differences in the compliance with mitigation measures during the pandemic in young adults, by SES. VOCES-19.



I was interested in taking the survey because my relatives (including those who live with me) had COVID, and I would like to help other people, thank you.

Man, 18 years old, Mexico.

Summary of findings

Results from the VOCES-19 study showed that nearly one-half of adolescents and young adults reported complying with all five of the recommended COVID-19 mitigation measures asked about in the VOCES-19 survey: regular handwashing, social distancing, staying at home, mask wearing, and using hand sanitizer. Differences in compliance rates were found among the different comparison groups. For almost all of the separate mitigation measures, women reported higher compliance rates than men.

Additionally, I/AD participants and participants from lower SES were less likely to report complying with the mask wearing mandate and with using hand sanitizer, but were more likely to report leaving the household only for essential reasons, compared to non-I/AD participants and participants in the upper SES, respectively.



On December 30 I went to have a COVID-19 test with my mother and it came out positive. We immediately isolated ourselves and maintained the necessary care, currently we still have sequelae and it was a quite complicated situation since despite the fact that we had the support of my grandparents, our economic income reduced a lot. So now we are somewhat tight with money, I am waiting for my scholarship to help at home, and to be able to go to the gynecologist since I have an implant that has generated many hormonal changes that affect me a lot. All these plus the current situation made this pandemic complicated.

Woman, 17 years old, Mexico.

VIOLENCE



Violence Highlights

28% of adolescents and young adults that have personally experienced interpersonal violence within the family level **perceived an increase in either the severity or frequency of these violent acts** following the start of the pandemic.



9% of participants stated they have felt less safe in their household since the start of the pandemic.



24% stated feeling less safe in their neighborhoods since the start of the pandemic compared to before.



More male respondents reported increases in experiencing certain **types of violence perpetrated by someone at home**, particularly sexual violence, compared to female respondents.



Women were more likely than men to perceive **an increase in the experience of cyberbullying and online harassment** since the start of the pandemic (57% vs. 49%).



Adolescents from more equitable households in terms of division of responsibilities and decision-making power were less likely to report an **increase in violent acts perpetrated** towards them following the start of the pandemic. A similar negative relationship was found in young adults between scores on the household responsibility index and reports of increased violence.



Findings show that women and non-binary participants, as well as Indigenous and/or Afro-descendant and low-income participants were also **more likely to perceive the negative impacts of the pandemic in their home and neighborhood security** than their peers in less excluded groups.

Even before the pandemic, violence levels in Mexico were at concerning levels. The homicide rate in Mexico in 2017 was 24.8 out of 100,000 people per year. The country ranks 19th in the United Nations list of countries with the highest rate of intentional homicides (BBC News2020). Five of the 10 most dangerous cities in 2020, based on the murder rate, were located in Mexico (Los Cabos, Acapulco, Tijuana, La Paz, and Ciudad Victoria) (Statista 2020). These data are reflected in the perception of community security from the National Survey of Victimization and Perception of Public Security 2019, where 54.5% of women and 46.2% of men perceived their community as insecure (INEGI 2019).

As for violence against women, data from the ENDIREH 2016 indicate that 66% of women 15 years or older in Mexico have ever experienced at least one violent incident; 43.9% have experienced violence perpetrated by their partners and 53.1% violence by a different perpetrator (INEGI 2016). Of the total women who have experienced at least one incident of violence in their lives, 38.7% have experienced it in the community, 26.6% at work, 25.3% at school, and 10.3% at the family level (INEGI 2016). Regarding pre-pandemic violence rates against children and adolescents, the last data available are from the 2015 Multiple Indicator Cluster Survey done by UNICEF in collaboration with the National Institute of Public Health in Mexico. In this survey, 63.1% of children and adolescents between the ages of 1 and 14, had experienced psychological aggression or physical punishment in their households during the month prior to the survey. Households are the main location where violence against children is perpetrated (UNICEF and INSP 2015).

In Mexico and other countries around the world, an increase in gender-based violence against women and girls has been identified since the start of the pandemic. Factors such as social distancing mandates, school closures, reduced access to violence-related services and health services, as well as limitations in economic activities increase the exposure of youth to violence in their households. Youth could be even more exposed in households with rigid gender norms and roles and/or where income has been reduced importantly due to the pandemic. Also, during the pandemic, youth have been highly exposed to the internet and communication technologies, since this was the way to continue daily activities (such as work and school activities) and to keep in touch with friends and family members. However, the increased exposure to this digital environment could increment the risk of cyberbullying and online sexual harassment in this population (ECLAC and UNICEF 2020).

Based on the evidence of increased violence against women and girls and the risk factors associated with an increase in violence against youth during the pandemic, the VOCES-19 study focused on the differences by gender, ethnic status, and socioeconomic status of adolescents and young adults regarding exposure to interpersonal violence at the family level, cyberbullying and online harassment, and perception of community violence levels. This analysis is aimed at identifying the most vulnerable groups in each of the dimensions. All results are presented separately for adolescents (15–17 years old) and young adults (18–24 years old).

What impact did pandemic lockdown measures have on participants perceptions and experiences with violence?

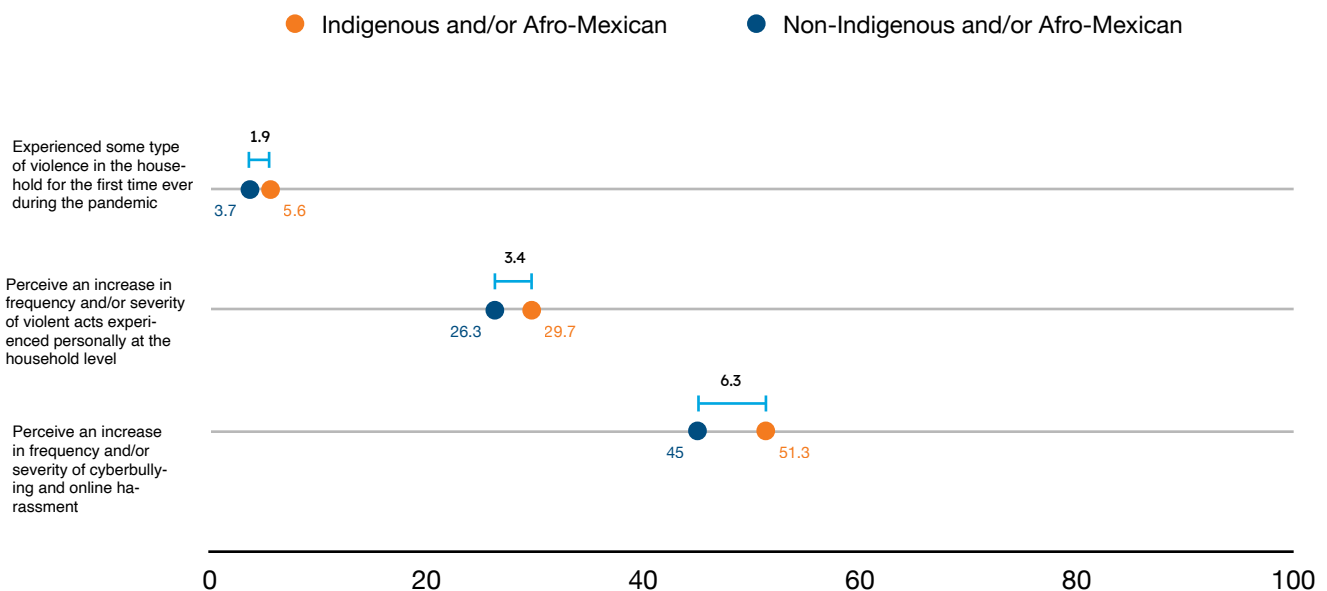
Adolescents

VOCES-19 participants were asked whether they had ever experienced violence at home, perpetrated by someone living in the same household. Thirty-five percent of adolescents reported having experienced psychological violence (insults, yelling, humiliation); 20% physical violence (pushing, slapping, or other forms of physical aggression); and 2.6% sexual violence (either assault or harassment). In all, 37% of adolescents in the study stated that they had experienced at least one of these types of violence in their lifetime.

Adolescents' experiences with household interpersonal violence increased during the pandemic. Among the adolescents who reported experiencing violence at home, 27% stated that they perceived an increase in the frequency and/or severity of these acts. The most commonly reported increase was in psychological violence: 30% of adolescents who have ever experienced it reported this, while 19% of those who have experienced physical violence and 13% of those who have experienced sexual violence reported increases in these types of violence. Notable is the finding that **adolescent men were nearly 16 percentage points more likely than women to have experienced an increase in sexual violence following the start of the pandemic (26% vs. 10%).**

Adolescents also reported witnessing an increase in violence toward others at home and on the internet. Twenty-four percent reported an increase in violent acts against their siblings or their father's

Figure 6. Percentage point differences in adolescents' perception of increased exposure to violence at home during the pandemic (among respondents who have reported experiencing some type of violence home at in their lifetime), by ethnicity. VOCES-19. Mexico.



partner (who may be the participant's mother or stepmother) and 47% of those who have experienced cyberbullying and online harassment stated that these behaviors had become more frequent and/or severe. The only significant gender-based difference in these indicators was found in the perception of increased cyberbullying and harassment: adolescent women were more likely than men to report this increase (50% vs. 45%).

Increases in violence since the start of the pandemic were more prevalent among Indigenous and/or Afro-descendant (I/AD) adolescents and those from lower-income households, compared to their less excluded peers. For instance, among I/AD individuals who reported ever having experienced violence in their lifetime, 5.6% stated that these acts occurred for the first time following the start of the pandemic, compared to 3.7% of non-I/AD individuals. I/AD participants were also more likely to report an increase in the frequency and/or severity of psychological violence toward them (32% vs. 28%), as well as an increase in cyberbullying and online harassment (51% vs. 45%) (see Figure 6).

Further, 5.6% of participants from the lowest socioeconomic (SE) quintile stated that they experienced interpersonal violence at the family level for the first time during the pandemic, compared to 3.2% of adolescents in the upper SE quintile. **Adolescents from low-income households were also significantly more likely than their high-income peers to report increases in the frequency and/or severity of all types of violent acts they experienced at home**, including psychological (37% vs. 26%), physical (27% vs. 13%), and sexual violence (26% vs. 8.7%).

Young adults

Among 18–24-year-old participants, 44% reported that they had been exposed to psychological violence at home at some point in their life, 25% to physical violence, and 4.3% to sexual violence. In total, 46% of VOCES-19 young adults reported that they had been exposed to some type of interpersonal violence at the family level in their lifetime and of these, 4.9% experienced these violent acts for the first time following the start of the pandemic.

Young adult participants perceived increases in interpersonal violent acts in their households following the start of the pandemic at similar rates as adolescents. Twenty-eight percent of participants who have ever experienced interpersonal violence at the family level perceived an increase of violent acts against them. Disaggregated by type of violence, 29% reported increases in psychological violence, 20% in physical violence, and 20% in sexual violence.

Young adult men were significantly more likely than women to have experienced an increase in both physical violence (23% vs. 17%) and sexual violence (37% vs. 10%) since the start of the pandemic. In fact, a high rate (23%) of young adult male participants who have been the victims of sexual violence at home stated that these acts only occurred following the start of the pandemic and not beforehand, compared to only 3.1% of women who stated this.

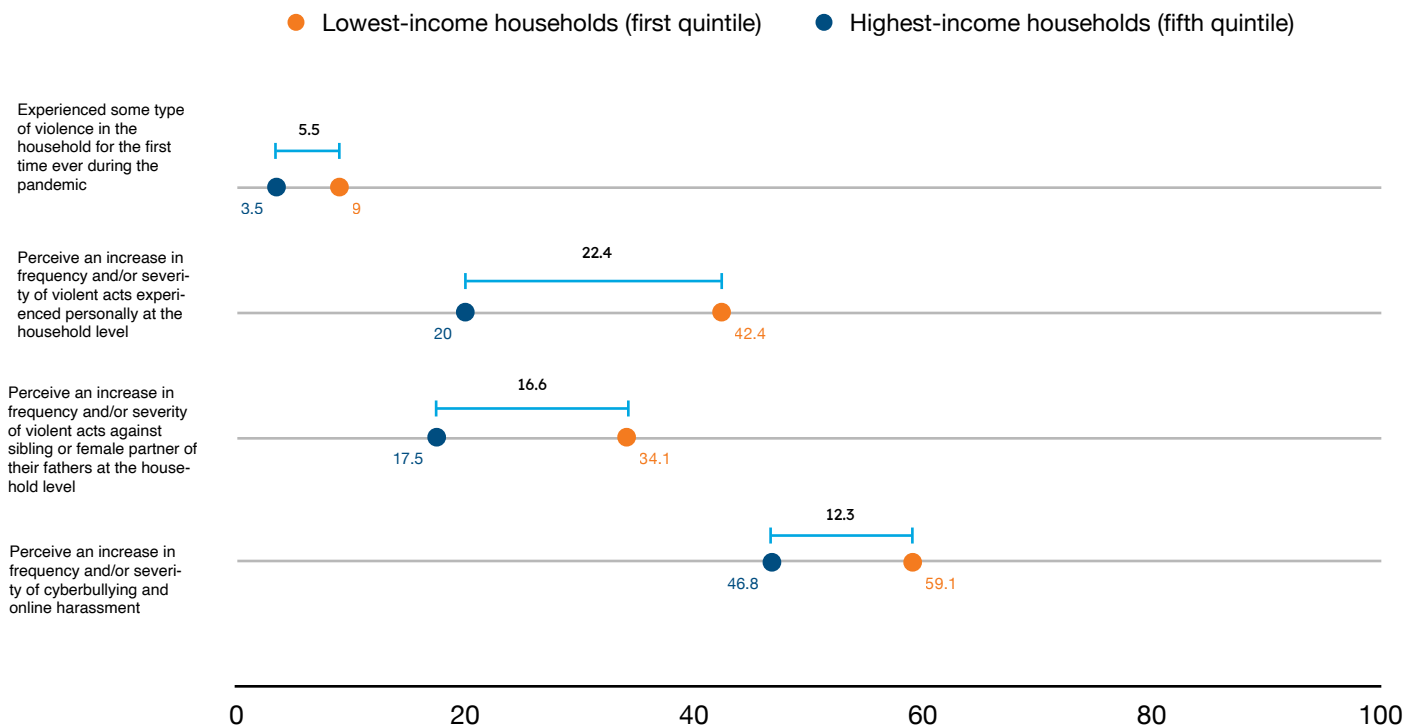
Further, 24% of young adults perceived an increase of violent acts against their siblings or their father's partner and 53% perceived an increase in cyberbullying and online harassment. As with adolescents, a higher

percentage of young adult women perceived an increase in cyberbullying and online harassment compared to young adult men (55% vs. 51%).

Reported increases in household violence were most common among young adult participants from more marginalized ethnic groups. Among 18–24-year-olds, a higher percentage of those who self-identified as I/AD, compared to non-I/AD peers, reported an increase in frequency and/or severity of psychological violence (39% vs. 26%) and physical violence (27% vs. 17%). This group was also more likely to report an increase in violence against another family member (28% vs. 22%), and an increase in cyberbullying and online harassment (59% vs. 51%) since the start of the pandemic.

In terms of income-based differences, 9% of participants from the lowest SE quintile stated that their first experience with violence at home occurred during the pandemic, compared to 3.5% of those in the upper SE quintile. **Young adults from low-income households were around 23 percentage points more likely to report an increase in psychological violence (44% vs. 21%), 26 percentage points more likely to report an increase in physical violence (38% vs. 12%), and 20 percentage points more likely to report an increase in sexual violence (30% vs. 10%) than their peers in high-income households.** Finally, this low-income group also perceived at higher rates increases in violence against another family member (34% vs. 18%) and in cyberbullying and online harassment (59% vs. 47%) since the start of the pandemic (see Figure 7).

Figure 7. Percentage point differences in young adults’ perception of increased exposure to violence at home during the pandemic (among respondents who have reported experiencing some type of violence home at in their lifetime), by SES. VOCES-19. Mexico.



Is there a relationship between increased frequency and/or severity of interpersonal household violence and the equitability of participants' household dynamics?

In VOCES-19, household dynamics were measured through two indices. The **index of division of household responsibilities and household chores** aims to understand who in the household (men, women, or both) is responsible for carrying out household chores. It is composed of nine questions regarding how household chores and responsibilities are divided among women and men. The index score ranges from 9 to 27 points. Lower scores indicate division of responsibilities that follow traditional gender norms, meaning that it is more likely that the women do most of the household chores, as opposed to the men or both together.

The **index of division of household decisionmaking** aims to understand who (men, women, or both) makes different decisions at home. It is composed of three questions regarding different types of decisions: buying routine groceries for the house (food, cleaning products); occasional more expensive purchases; and the time each person spends doing paid jobs. The index score ranges from 3 to 12 points. Lower scores indicate more traditional decisionmaking processes, which means that it is the men who are making most of the important financial decisions, as opposed to it being the women or both together.

Mean scores from the index of division of household responsibilities and household chores (22.3 points for adolescents and 22.0 points for young adults) and the index of division of household decisionmaking responsibilities (8.2 points for adolescents and 7.9 points for young adults) in both adolescents and young adults show a trend toward more equitable rather than more traditional division of responsibilities and decisionmaking.

VOCES-19 researchers were interested in understanding whether there is an association between partici-

pants' scores in these household dynamics indices and their reports of experiencing an increase in the frequency and/or severity of violence toward themselves in their household following the start of the pandemic.

Note that this analysis was done only on those participants who reported that they had experienced interpersonal violence at home at some point in their lifetime.

Adolescents. Among adolescent participants who have previously experienced violence at home, we found evidence suggesting that participants from households with a higher score on the index of division of responsibilities were less likely to have experienced increases in violent acts toward them during the pandemic. We also detected a negative relationship between scores on the index of division of household decisionmaking and reports of increased violence. This means that adolescents from more equitable households in terms of both division of responsibilities and decisionmaking power were less likely to perceive an increase in violence toward them following the start of the pandemic.

Young adults. Among 18–24-year-olds in the study who reported some prior experience with interpersonal household violence, we found a similar negative relationship between participants' scores on the household responsibility index and their reports of violence increases, but no significant relationship between these reports and the decisionmaking index. As with adolescents, this indicates that young adults from households with a more equitable division of chores and responsibilities were less likely to experience an increase in violence at home following the start of the pandemic.



Honestly, there are days when I can't take it anymore, people around me who I thought loved me and would support me have hurt me a lot emotionally. Violence in the community increases, vices continue, but as all the “bad” things are increasing, my desire to move forward and not be like the ones who hurt me gets stronger. I want to be independent but I do not have the bases yet. I will continue studying so that in a near future, I can have my freedom and my solitude at the same time, because I do not want to enjoy my happiness with anyone else, other than with myself because at the end of the day I only have myself...

15 years old, CDMX.



I have seen many cases of violence in social media that worry me.

Woman, 22 years old, Campeche.

How did the pandemic affect adolescents' and young adults' perceptions of household and community security?

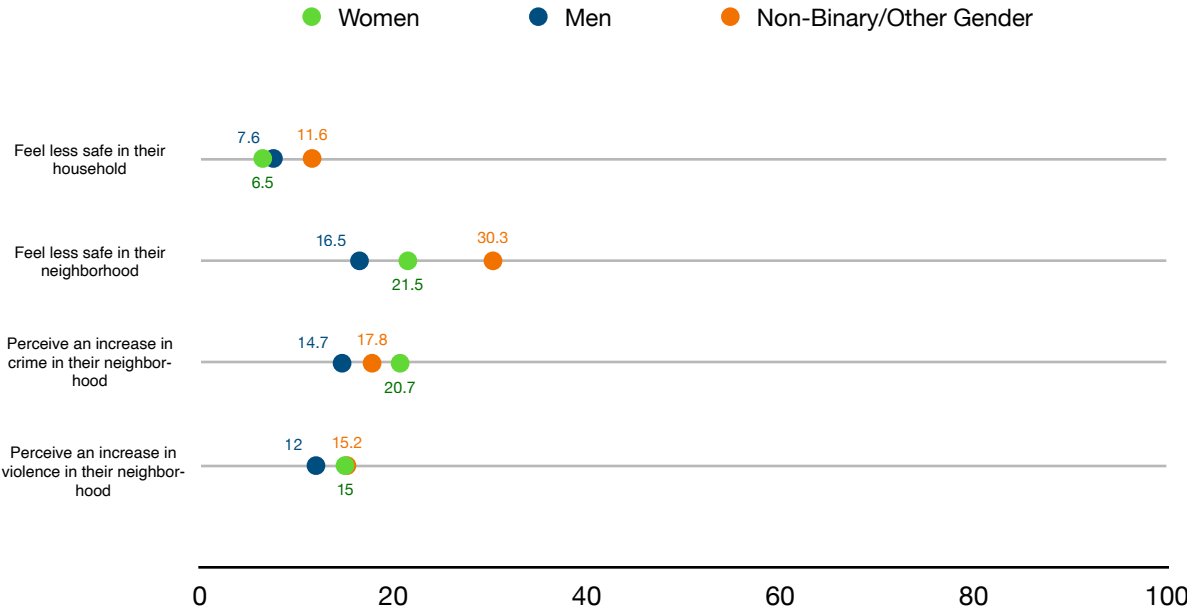
Adolescents

The pandemic affected adolescent participants' perceived sense of safety and security in their neighborhoods more so than in their homes. While 7.1% of adolescent participants reported that since the start of the pandemic they had felt less safe in their homes, 19% reported feeling less safe in their neighborhoods. Further, 18% of adolescents perceived an increase in crime and 13% perceived an increase in violence in their neighborhoods since the start of the pandemic.

Negative perceptions of neighborhood security were more prevalent among women and nonbinary participants than among men. For instance, 22% of adolescent women and 30% of nonbinary adolescents reported a feeling of reduced neighborhood safety, compared to 17% of men. Adolescent women also perceived increases in both crime (21% vs. 15%) and violence (15% vs. 12%) in their neighborhoods at higher rates than adolescent men, though men were more likely to report feeling less safe at home than women (7.6% vs. 6.5%) (see Figure 8).

Findings again show that I/AD and low-income participants were also more likely to perceive the negative impacts of the pandemic in their home and neighborhood security than their

Figure 8. Percentages of adolescents' perception of changes in household and neighborhood safety since the start of the pandemic, by gender. VOCES-19. Mexico.



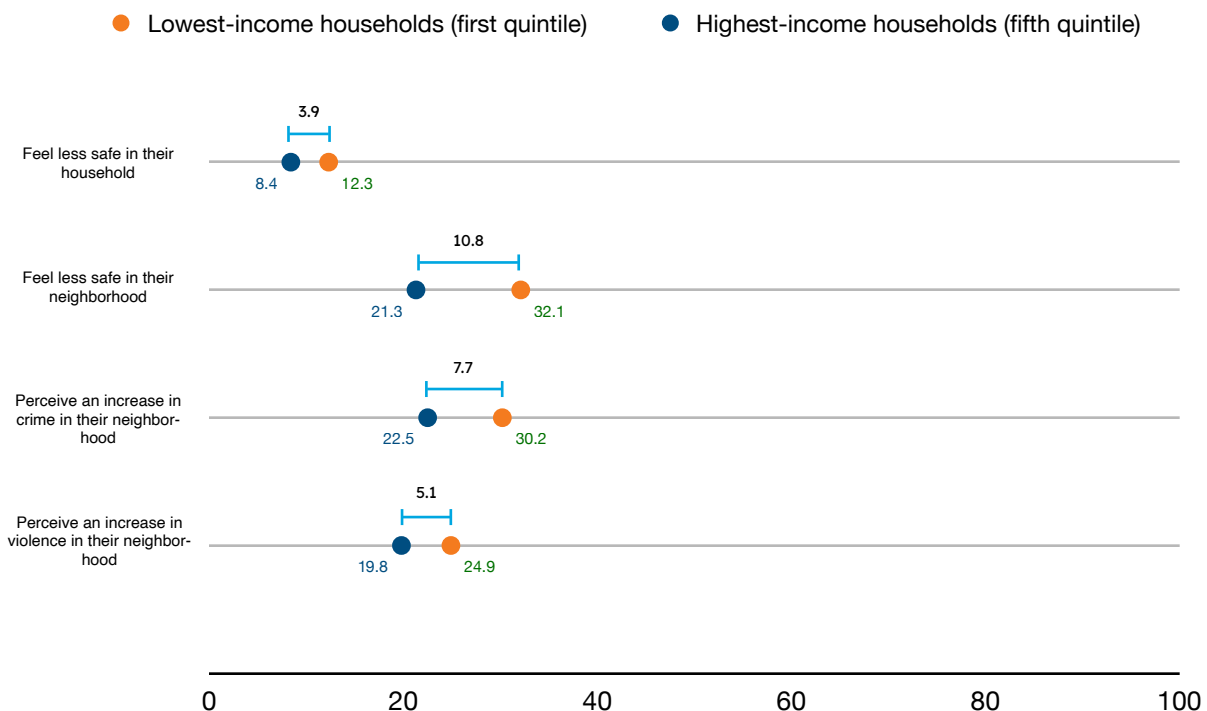
peers in less marginalized groups. I/AD adolescents were more likely to report feeling less safe in their household (8.7% vs. 6.3%) and to perceive an increase in violence in their neighborhoods since the start of the pandemic (15% vs. 13%), compared to non-I/AD adolescents.

These gaps are wider still between participants in the two socioeconomic extremes. Ten percent of adolescents from the lowest-income households reported feeling less safe in their households, and 23% reported feeling less safe in their neighborhoods. In contrast, only 5.5% of the most well-off participants felt less safe in their households and 15% did so in their neighborhoods. Finally, adolescents in the lowest SE quintile were more likely than those in the highest SE quintile to report increases in both crime (22% vs. 14%) and violence (17% vs. 10%) in their neighborhoods following the start of the pandemic.

Young adults

Young people 18-24 years old also felt more of a negative impact on neighborhood security resulting from the pandemic and accompanying lockdown measures than on safety in their homes. Among the young adult participants, 10% stated they have felt less safe in their household since the start of the pandemic, while 26% reported feeling less safe in their neighborhoods. As with adolescents, a higher percentage of young adult women compared to young adult men (29% vs. 23%) reported this feeling of increased neighborhood insecurity. Finally, 26% of young adults per-

Figure 9. Percentage point differences in young adults' perception of changes in household and neighborhood safety since the start of the pandemic, by SES VOCES-19. Mexico.



ceived an increase in crime and 22% an increase in violence in their neighborhoods, with a higher percentage of women perceiving an increase in both.

I/AD and lower-income young adults were also more likely than their more advantaged peers to state that crime and violence had increased in their neighborhoods as a result of pandemic mitigation measures. Specifically, I/AD young adults reported at higher rates that they perceived an increase in crime (28% vs. 25%) and an increase in violence (25% vs. 21%) in their neighborhoods than non-I/AD participants. Similarly, 18-24 year olds in the lowest SE quintile reported higher rates of feeling less safe at home (12% vs. 8.4%) and in their neighborhoods (32% vs. 21%), as well as perceiving an increase in both crime (30% vs. 23%) and violence (25% vs. 20%) in their neighborhoods, than their peers in the highest SE quintile (see Figure 9).



I have read, witnessed and heard of more cases of women who suffer physical, psychological and sexual violence within their own homes. The current situation of the pandemic aggravates the situation of the thousands of women who suffer domestic violence and makes the rest of the women feel insecure since there are cases in which strangers enter the houses to violate them. We are not safe inside or outside our homes.

Woman, 16 years old, Yucatán.

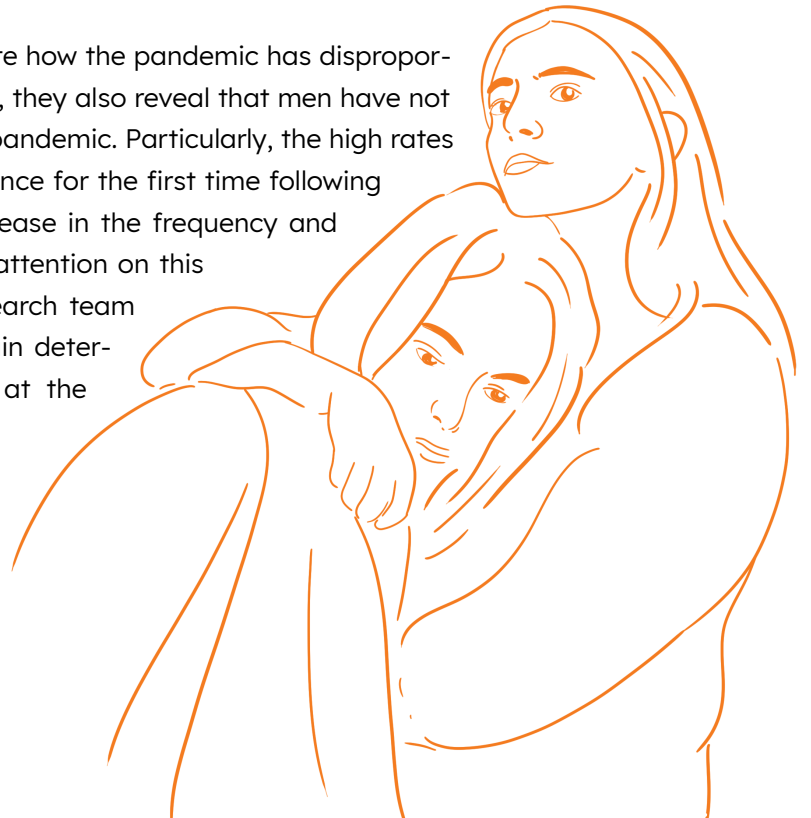
Summary of Findings

VOCES-19 findings show that the pandemic and accompanying mitigation measures have impacted the experiences of violence and perception of household and neighborhood security of adolescents and young adults in Mexico. Reported increases in experiences with certain types of violence perpetrated by someone at home, particularly sexual violence, were higher among men than women. Adolescents and young adults who self-identified with being Indigenous and/or Afro-descendant and participants from low-income households were also more likely to report increases in interpersonal violence at home than individuals from less socially excluded groups.

Findings also show an association between household dynamics and increases in violence: adolescents and young adults from more equitable households in terms of division of responsibilities were less likely to report an increase in violence toward them following the start of the pandemic. In other words, households in which women do most of the chores were more likely to experience increases in violence during the pandemic.

Further, women and nonbinary participants in both age groups perceived more of an increase in insecurity in their neighborhoods since the start of the pandemic compared to their male peers, reporting at higher rates that they felt less safe in their neighborhood and, in the case of women, that they perceived an increase in both crime and violence in their communities. I/AD and lower-income individuals were also more likely than their more advantaged peers to feel less safe at home and perceive an increase in violence in the neighborhood.

Findings in this dimension continue to demonstrate how the pandemic has disproportionately impacted marginalized groups. However, they also reveal that men have not been immune to increases in violence during the pandemic. Particularly, the high rates of men reporting having experienced sexual violence for the first time following the start of the pandemic and reporting an increase in the frequency and severity of these acts signals a critical need for attention on this matter. Further analysis from the VOCES-19 research team will continue to expand on and focus on the main determinants of exposure to interpersonal violence at the family level among the VOCES-19 participants.



Credit Illustration: Valeria García Trejo.
Instagram grillolunar_vg.



EDUCATION AND LEARNING

Education and learning

Highlights

99.5% of adolescent participants and **75% of young adult** participants in the **VOCES-19 study** were enrolled in school at the time of the survey.



For participants not enrolled in school at the time of the survey (n=1,494), **the pandemic** was the most commonly cited reason among adolescents for having dropped out (42%), though **lower-income and Indigenous and/or Afro-descendant** adolescents were more likely to state that they left school for **financial reasons** than because of the pandemic specifically.



Since school closures, **99%** of participants enrolled in school have **received distance-learning lessons via an online platform**. Few students reported receiving lessons via radio, television, or take-home booklets.

Findings show **significant ethnicity- and income-based differences** in students' ability to **stay connected to school** during the **pandemic**. For instance, individuals in the **highest socioeconomic quintile** were **41 percentage points** more likely to report being able to **access** their assignments throughout the pandemic than their **lower-income peers**.



Students have generally **negative** perceptions of their learning via **online classes**: only **12.5%** of all participants felt that they had learned more throughout the pandemic than they did when their classes were in person.



Since school started I've felt worrier and worse, I have less time to help my family and do other important things, the school only made the pandemic complicated for me.

Man, 17 years old, Morelos.

While in recent decades, the global community has taken major strides toward improving access to education, the COVID-19 pandemic has presented an unprecedented disruption and setback for this pursuit. According to UNICEF data collected in April 2020, school closures and lockdown measures enacted at the onset of the pandemic put around 1.6 billion children out of school in more than 190 countries and impacted more than 100 million teachers and school personnel (UNESCO 2021). Further, the public health crisis has exposed pre-existing educational inequalities and has had the greatest impact on vulnerable and marginalized learners. Despite this situation and a great necessity for increased funding and attention to ensure educational recovery, a recent joint report by UNESCO and the World Bank revealed that two-thirds of low- and lower-middle-income countries have actually reduced public education spending since the beginning of the pandemic (UNESCO 2021b).

In Mexico, the public measures to mitigate COVID-19 transmission led to the temporary closure of school facilities from the second week of March 2020 and for the rest of the school year 2019–20, and then for the 2020–21 school year. According to figures by INEGI, about 33.6 million students between the ages of 3 and 29 were enrolled in schools during the 2019–20 school cycle, 740,000 (2.2%) of whom did not complete the cycle (INEGI 2020b).

In mid-April, the Mexican Ministry of Public Education (SEP) established a distance-learning platform called “Aprende en Casa” (Learn at Home) for students enrolled in primary and secondary education. This program involved the dissemination of educational videos and activities based on the standardized national curriculum through television and digital platforms. At the same time, both public and private educational institutions were forced to quickly adapt in order to deliver educational content through the use of information and communications technology (INEGI 2020b). This situated teachers, students, families, and administrators in an unprepared environment, particularly the vulnerable populations around the country who lacked access to the internet and electricity.

With VOCES-19, we wanted to learn more about how COVID-19 containment and lockdown measures implemented in Mexico, in combination with pre-existing social and economic inequalities, affected education outcomes such as school dropout, attendance, the use of different technologies to receive lessons, access to homework and assignments, and students’ perceptions on learning. As with previous sections, this analysis in particular aims to disaggregate these outcomes based on participants’ gender, ethnicity, and socioeconomic status. All results are presented separately for adolescents (15–17 years old) and young adults (18–24 years old).



I do not understand the fact that there are bars and places like tianguis where people are very close to each other [that are open], but there are no schools.

Nonbinary, 15 years old, Michoacán.

How did the pandemic affect enrollment?

Adolescents

One of the study's central topics of interest regarding education was how school enrollment among adolescents would be affected by the pandemic and school closures. The study was limited in its ability to answer this critical question due to the convenience recruitment strategy used to reach potential participants. Because the survey was largely disseminated in certain states by the Ministry of Education and specific academic institutions, a large proportion of respondents were students studying under these institutions. As a result, the weighted average of 15–17-year-old participants enrolled in school at the time of the survey was 99.5%, compared to an estimated figure of 63% for 16–18-year-olds who were enrolled in the 2020–21 school cycle nationwide (INEGI 2021b).

Among the small number of 15–17-year-old VOCES-19 participants who reported being out of school at the time of the survey (n= 157), **the most common reason for having left school was the COVID-19 pandemic** (42%). Further, higher-income participants not enrolled in school were significantly more likely than their lower-income peers to cite the pandemic as the reason they left school (88% vs. 13%), while non-Indigenous and/or Afro-descendant (non-I/AD) participants were more likely than I/AD participants to have stated this reason (61% vs. 14%).

For I/AD adolescents and those in the lowest socioeconomic quintile, the most cited reason for not being enrolled in school was that they could not afford to continue their studies.

Twenty-one percent of out-of-school adolescents from low-income households pointed to this reason for having left school, compared to only 2% of those from high-income households.

Meanwhile, 19% of out-of-school I/AD adolescents cited this financial inability as a reason for having left school, compared to 7% of non-I/AD adolescents.

Young adults

Similar to the situation with adolescents, 18–24-year-olds enrolled in school were over-represented in this study. For young adults, the weighted average of enrolled VOCES-19 participants was 75%, compared to an estimated 31.6% of 19–24-year-olds enrolled in the country for the most recent cycle (INEGI 2021b).

Among the young adults who were not enrolled in school at the time of the survey (n=1,337), only 9.2% cited the pandemic as one of the reasons they left school. Among this group, **the most common reason for being out of school was having finished all the schooling they wanted to complete (56%).**

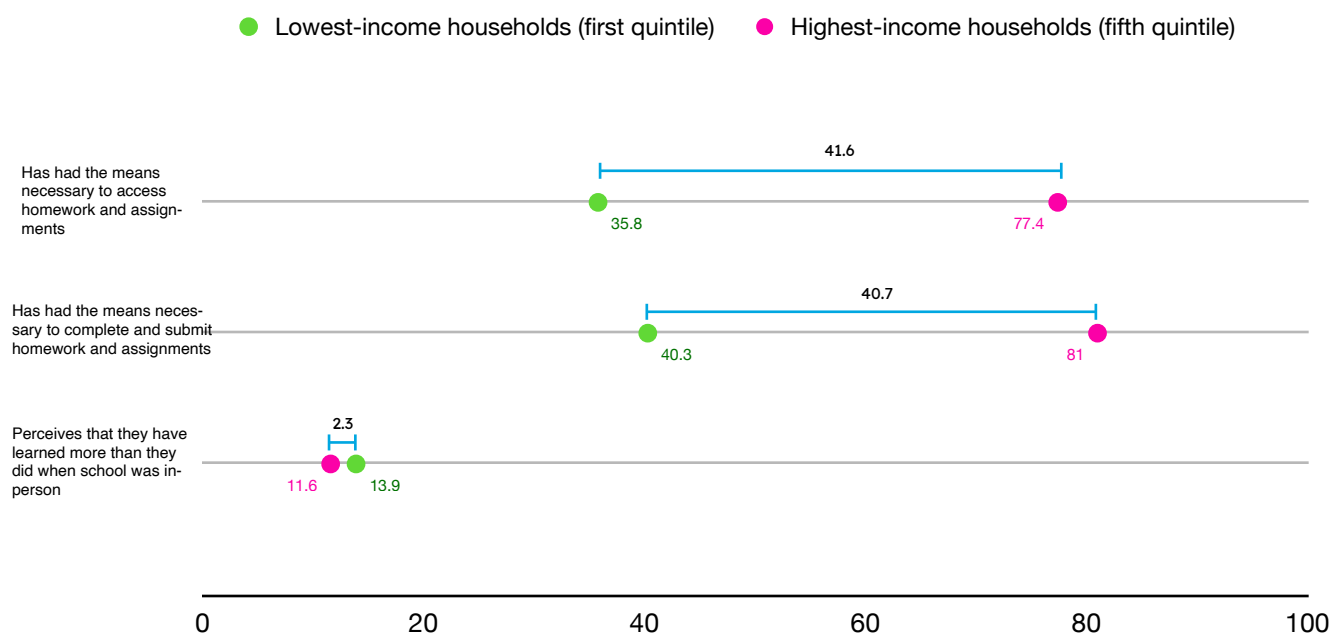
There were no significant income- or ethnicity-based differences among young adults in having cited the pandemic as a reason for leaving school. These differences were present, however, in the mentions of other reasons for having dropped out of school. **I/AD young adults, for instance, were around 13 percentage points more likely than non-I/AD participants to say that they left school because they could not afford to continue (31% vs. 18%).** This gap was even wider between participants in the two socioeconomic extremes: 33% of out-of-school young adults from low-income homes mentioned a financial inability to continue studying, compared to 9% of those from high-income homes.

How did the shift to distance learning impact students' class participation?

Adolescents

For VOCES-19 participants, school closures at the onset of the COVID-19 pandemic entailed a sudden and massive shift to new modalities to interact with their school communities and receive lessons. Adolescent participants enrolled in school at the time of the survey stated that since these school closures, they have primarily received classes online (99%). Much smaller percentages received lessons through other modalities, including take-home materials (5%), television (3%), and radio (<1%). Among all these participants who remained enrolled in school and switched over to these different modalities, only a small percentage (12%) felt that they have learned more this way than they did when their schools and lessons were in-person.

Figure 10. Percentage point differences in adolescents' perception of access and learning in remote classes since the closing of school facilities (among respondents currently enrolled in school), by SES. VOCES-19. Mexico.



For the most part, adolescents in the study reported attending the majority of these distance classes since they shifted to remote learning: 92% said they had attended at least 70% of their lessons. However, findings suggest that consistent attendance throughout the pandemic was more difficult for low-income students to achieve. VOCES-19 participants in the lowest socioeconomic quintile were around eight percentage points less likely than their peers in the highest quintile to have attended at least 70% of their lessons (87% vs. 95%).

Since the closure of school facilities, **adolescent participants in marginalized groups also struggled to consistently access and turn in their homework and assignments.** For instance, 53% of I/AD adolescent participants stated that they felt they had the means to access their homework throughout the pandemic, compared to 63% of non-I/AD participants. Similarly, 59% of I/AD adolescents felt they had the means to submit this homework, versus 68% of non-I/AD adolescents.

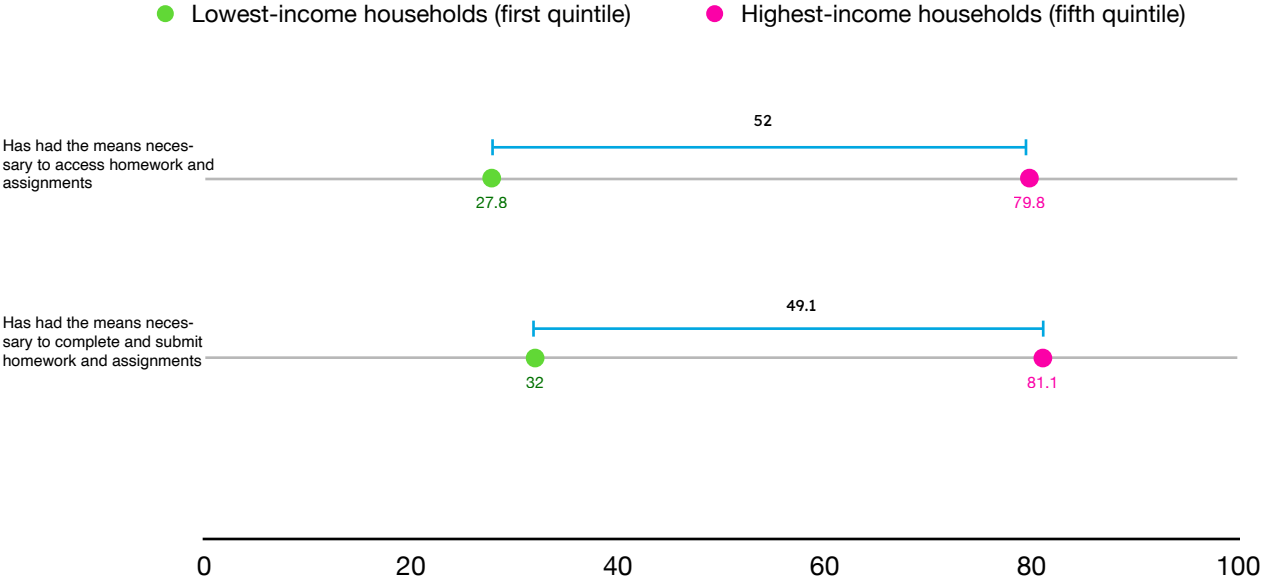
Gaps in ability to access and submit assignments were wider still between participants in the two socio-economic extremes. It was found that among adolescents in the highest socioeconomic status, 77% agreed that they had the means necessary to work on school assignments, while 81% agreed they had the means to submit them. Yet only 36% and 40% of those in the lowest SE quintile perceived the same for each of these statements, respectively (see Figure 10).

Young adults

Young adult participants in VOCES-19 also underwent a drastic change in their educational experience caused by the rapid spread of COVID-19. Similar to adolescent participants, the vast majority of individuals in the older age group reported that since the closing of their university and school facilities, they had received their classes online (98%). Very few participants reported receiving lessons via television or radio (<1% for both) or through take-home materials (2%).

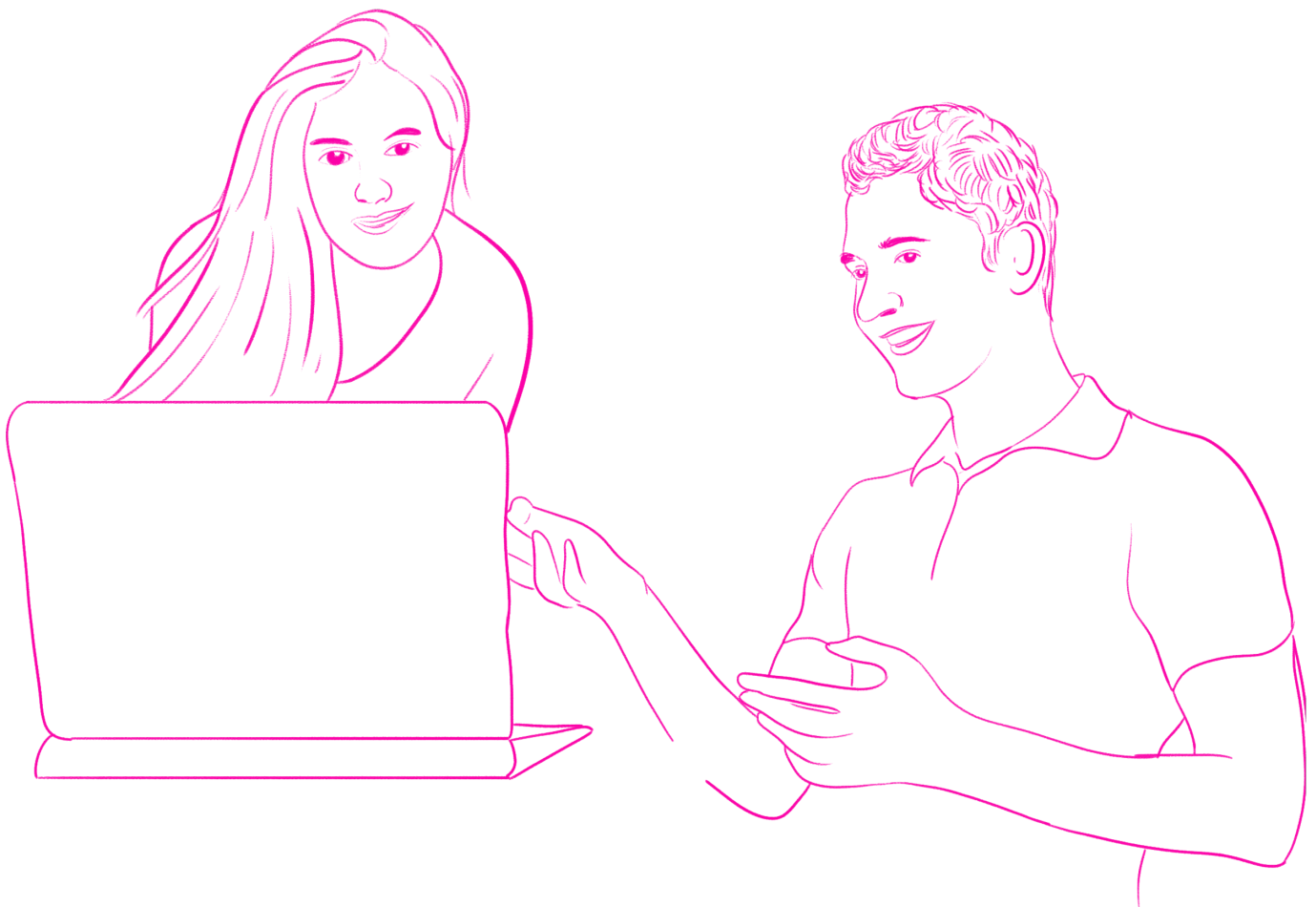
Further, 90% of 18–24-year-olds reported having attended the majority (at least 70%) of their distance classes throughout the pandemic, with young adult women being nearly 4 percentage points more likely than men to say they reached this attendance threshold (92% vs. 88%). **Differences in attendance figures**

Figure 11. Percentage point differences in young adults’ perception of access to remote classes since the closing of school facilities (among respondents currently enrolled in school), by SES. VOCES-19. Mexico.



throughout the pandemic were wider based on ethnic and socioeconomic characteristics. It was found, for instance, that a lower percentage of I/AD participants reported having attended the majority of their classes (86%) compared to non-I/AD participants (91%). Similarly, 93% of higher-income participants attended the majority of their classes, compared to 82% of lower-income participants.

Similar to what was observed with adolescents, large ethnic-based inequalities in young adults' access to remote learning were observed. Non-I/AD young adults were significantly more likely than their I/AD peers to agree that they had the means necessary to work on academic assignments throughout the pandemic (63% vs. 46%), as well as to submit these assignments (65% vs. 51%). With regard to wealth-based inequities, it was found that 80% of the highest-income individuals agreed that they had the means necessary to work on school assignments, and 81% agreed or strongly agreed they had the means to submit them. Yet only 28% of lower-income participants agreed that they had the means necessary to work on school assignments and 32% agreed or strongly agreed they had the means to submit them (see Figure 11). In other words, there is a 52 percentage point gap in these young adults' ability to access assignments and a 49 percentage point gap in their ability to work on these.



Credit Illustration: Valeria García Trejo. Instagram grillolunar_vg.

Summary of findings

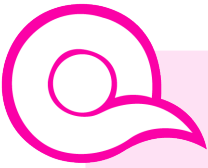
Education and learning findings illustrate one of the most serious challenges facing adolescents and young adults in Mexico. First, it is important to recognize that the recruitment and survey dissemination strategies for VOCES-19 limited our ability to collect information on out-of-school individuals. However, for the adolescents we did reach who were not enrolled in school at the time of the survey, we found that the pandemic was the most commonly cited reason for their having left school. The pandemic was more likely to be cited as a primary reason for school dropout for more advantaged individuals: non-I/AD and higher-income participants were more likely to have left school because of the pandemic than their out-of-school I/AD and low-income peers. Adolescents in these more marginalized groups were more likely to state that they left school because they could not afford to continue their studies. It is unclear the extent to which this financial inability may have been tied to the economic fallout of pandemic lockdown measures.

VOCES-19 participants still enrolled in school at the time of the survey have received nearly all of their lessons online and only a small percentage feel that they have learned more in this time than they did when their schools and lessons were in-person. Further, as shown in these findings, the negative impacts of the move to online schooling have and will continue to disproportionately affect learners from marginalized groups. As we saw with participants, adolescents and young adults who identify as Indigenous and/or Afro-descendant and those with lower socioeconomic status have struggled to consistently access and turn in their homework and assignments throughout the pandemic. Concerningly, these large inequalities were found among a group of respondents who we know are likely to have had at least somewhat consistent access to the internet throughout the pandemic, given that they were able to access and complete the online survey. In reality, we know very little about the difficulties faced in the dimension of education among those more vulnerable populations that are not well connected to the internet. Given the levels of inequality found here, one can only imagine the magnitude of the actual inequalities present in the country with regard to educational access and learning experiences. For this reason, educational recovery efforts in Mexico need to be centered around this sector of the population.



I'm doing very well in school and now I enjoy more time with my family, despite everything the pandemic has brought me very good things.

Woman, 15 years old, San Luis Potosí.



We (as schools, teachers, students) are not prepared for online classes... I mean that we are not going to acquire great knowledge, nor can we put [this knowledge] into practice to acquire more [skills] (I am referring to the practices that are done at the end of high school or university, where you go to a company for a while to work on what you studied). Many times we only "study" because we have to, there is also much more pressure on students, because we are more focused on "finishing and delivering the activity or task before a certain time" than on acquiring the knowledge. Personally, I feel that I am going to do very badly on the knowledge that I should already have about my technical career to be able to work now. Also, many of my classmates and even me, we generate a lot of conflict not knowing how to solve certain problems and not knowing who to turn to, because the teachers are also busy. Studying in this pandemic has become heavy on many occasions, and for all.

Woman, 17 years old, Morelos.



EMPLOYMENT AND INCOME

ANTES DE ABRIR
TU PUERTA
VERIFICA

Employment and income

Highlights

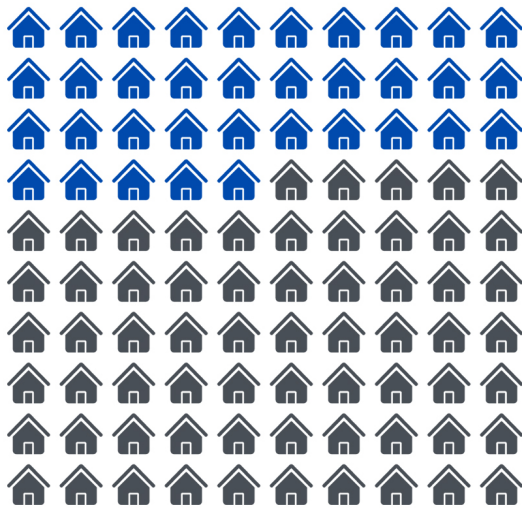


62% 
of adolescents

75% 
of young adults



stated that it is somewhat probable or highly probable that their household will earn a smaller income in the current year, as compared to the previous year.



35% of adolescents and 41% of young adults

reported that, due to the pandemic, at least one member of their household lost their main source of income in the month prior to the survey.

Findings show large gaps in indicators related to income and household financial capabilities, overwhelmingly favoring participants in better-off households within both age groups.

58%

of participants from the lowest socioeconomic status reported that at least one member of their household had lost their job or closed their business due to COVID-19 measures in the month prior to taking the survey, versus **22% from the highest socioeconomic status.**



16% of respondents in the lowest socioeconomic status stated that their household was almost never or never able to pay important bills such as rent throughout the pandemic, compared to only 3% in the highest SES.

The International Labour Organization projects wide-ranging and crippling impacts of the COVID-19 pandemic on employment and income generation around the world (ILO 2021). According to the organization's most recent report in January 2021, around 93% of workers globally lived in countries with some form of workplace lockdown measures still in place at the time of writing. It is estimated that as a result of these containment measures, around 8.8% of the world's working hours, the equivalent of 255 million full-time jobs, were lost in 2020 compared to the fourth quarter of 2019.

Disaggregated by world region, Latin America and the Caribbean registered the largest losses in working hours. In Mexico, a 12.5% excess in working hours lost was estimated in 2020, relative to late 2019. The Americas also experienced the largest losses in labor income in 2020, with an estimated 10.3% decline. In June 2020, the unemployment rate in Mexico rose to 5.5% and is expected to have risen to more than 10% in 2021 (ILO 2020). Similar to other indicators we have discussed, data show that there are large inequalities in the employment and income impacts of the pandemic (ILO 2021). Labor income losses were higher for young workers, women, the self-employed, and low- and medium-skilled workers, while job destruction disproportionately impacted low-paid and low-skilled jobs. This reality signals a need to focus on the economic recovery of the most vulnerable in order to minimize the continued aggravation of inequalities in the years to come.

VOCES-19 seeks to examine the economic situations and hardships experienced by Mexican adolescents and young adults, and their families, since the start of the pandemic. The analysis also aims to identify differences by gender, ethnicity, and socioeconomic status. All results are presented separately by age.



In recent months everything has changed in my family since my grandparents died. Almost all my uncles had to take a break from work as they got infected with COVID, and now we are in a very bad economic situation. I worked with one of my uncles in his business family but he has closed it for a while. Now only my mother works but they might ask her to take a break for a while since her employer contracted COVID-19. For all these reasons our mood changed negatively. However, we are doing everything possible to move forward.

Woman, 19 years old, Guanajuato.

What was the working status of VOCES-19 participants at eight months into the pandemic?

Adolescents

Of the total number of adolescents who participated in VOCES-19, 23% had a job or a business at the time of the survey. However, 43% of those who had a job or business stated that they had not worked in the past week for a reason related to the pandemic. COVID-19 contingency measures were also mentioned as the primary reason for not looking for work in the week prior to taking the survey by 38% of unemployed adolescents.

Adolescent women were less likely to be employed at the time of the survey compared to adolescent men (18% vs. 27%) but were also less likely to name COVID-19 mitigation measures as a reason for not looking for work in the week prior to the survey (35% vs. 43%). **Indigenous and/or Afro-descendant (I/AD) participants and adolescents from low-income households were more likely to be working at the time of the survey,** compared to non-I/AD and adolescents from high-income households, respectively (28% I/AD vs. 20% of non-I/AD participants and 27% of low-income vs. 21% of high-income adolescents). Employed adolescents from low-income households, compared to their peers from high-income households, were also more likely to report that they had not worked in the past week for reasons related to the pandemic (60% vs. 33%). Moreover, unemployed adolescents from low-income households stated in a higher frequency that COVID-19 contingency measures were the primary reason for not having looked for work in the week prior to taking the survey, compared to adolescents from high-income households (43% vs. 32%).

Young adults

Four out of every 10 young adults who participated in VOCES-19 were working at the time of the survey. Among the employed young adults, 46% did not work in the week prior to the survey for a reason related to the pandemic. Among the unemployed young adults, 51% stated COVID-19 contingency measures as the primary reason for not having looked for work in the week prior to the pandemic.

In this age group, **women were also less likely to be employed at the time of the survey, compared to young men (41% vs. 48%),** but also less likely to state that the COVID-19 pandemic was the main reason why, even if employed, they had not worked in the week prior to the pandemic (39% vs. 52%). **I/AD young adults were more likely to be working at the time of the survey, compared to non-I/AD participants (47% vs. 43%). No significant differences were found regarding working status between young adults from low- compared to high-income households.** However, employed young adults from low-income households, compared to young adults from high-income households, were more likely to state the COVID-19 pandemic as the reason why they did not work the week prior to the survey (55% vs. 33%), and unemployed young adults in the lower SES were also more likely to state the COVID-19 pandemic as the primary reason of not looking for work in the week prior to the survey, compared to their peers in the highest SES (60% vs. 47%).

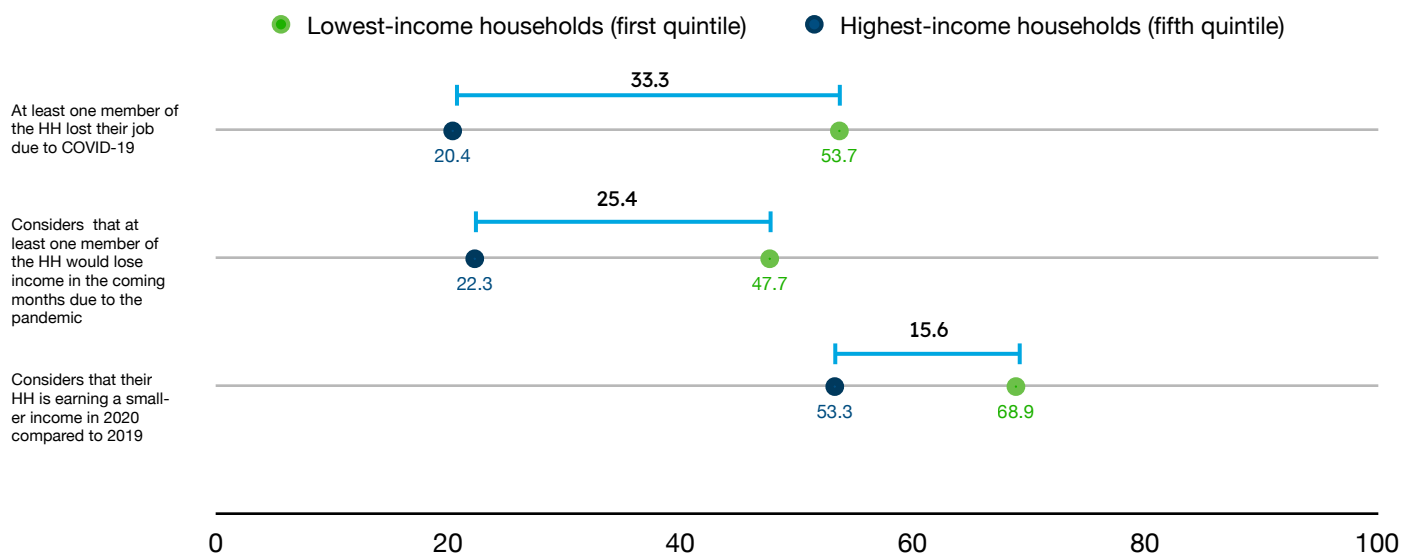
How has the pandemic impacted household employment conditions and income of VOCES-19 participants?

Adolescents

VOCES-19 shows that Mexican adolescents are feeling the negative impacts of the pandemic on their families' and personal employment and income conditions. For instance, 36% indicated that at least one member of their household lost their job or closed their business due to the pandemic in the month before the survey, 34% considered that they or another member of their household would lose income in the coming months due to the pandemic, and 63% stated that it is somewhat or highly probable that their household was earning a smaller income in 2020, compared to 2019. We also asked adolescents if, since the start of the pandemic, their households had never, or rarely, been able to buy enough food, pay important bills (e.g., rent), and/or purchase necessary medicines: 2.5% reported this for food, and 7.3% for bills and/or necessary medicines.

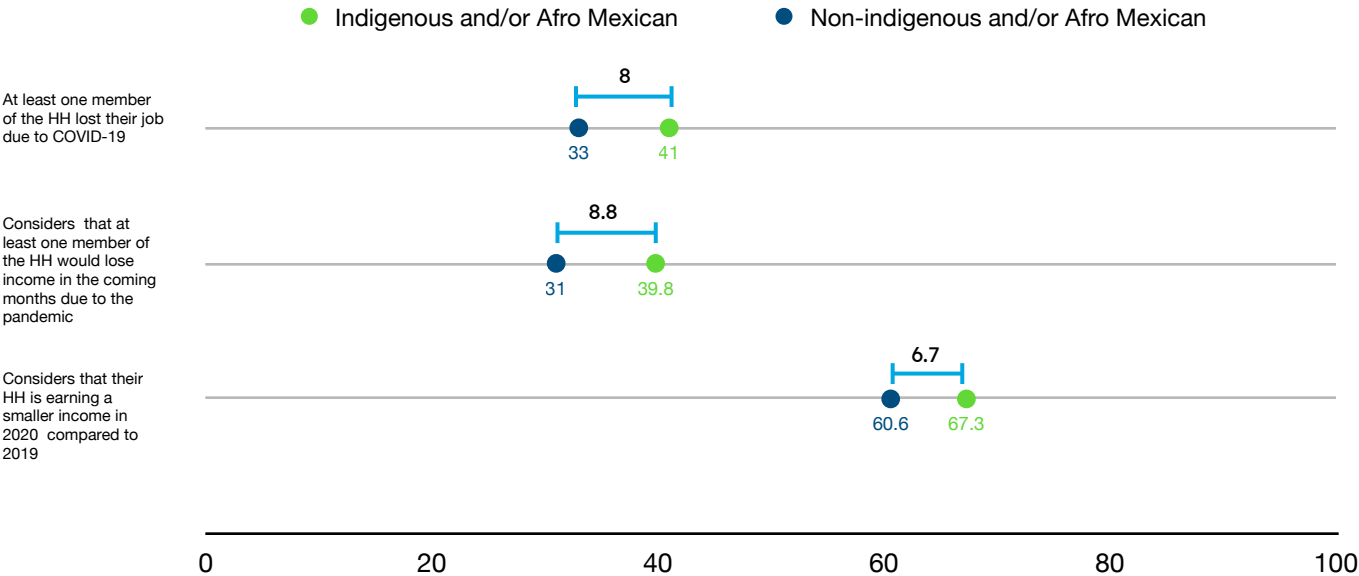
When analyzing these variables by gender, ethnic status, and SES, the most important differences were found among adolescents from low-income compared to high-income households. Adolescents from the lowest SES, compared to their peers in the highest SES, were more likely to anticipate a loss in income in the coming months (48% vs. 22%), more likely to perceive that their household was earning a smaller income in 2020 than in 2019 (69% vs. 53%), and more likely to report that at least one family member had lost their main source of income due to COVID-19 (54% vs. 20%) (see Figure 12). They also reported in a higher frequency that since the beginning of the pandemic, their households have rarely or never been able to buy enough food (6% vs. 1%), pay important bills (15% vs. 3%), and/or purchase necessary medicines (13% vs. 3%).

Figure 12. Percentage point differences in the financial impact of the COVID-19 mitigation measures among adolescents, by SES. VOCES-19.



The households of I/AD adolescents were also found to be more economically vulnerable than those of non-I/AD adolescents. I/AD individuals were more likely than their non-I/AD peers to expect a loss in income in the coming months (40% vs. 31%), more likely to perceive that their household would be earning a smaller income in 2020 than in 2019 (67% vs. 61%), and more likely to report that at least one family member had lost their main source of income due to COVID-19 (41% vs. 33%) (see Figure 13). Additionally, a slightly higher percentage of I/AD vs. non-I/AD adolescents perceived that since the start of the pandemic their households were rarely or never able to buy enough food (3.4% vs. 2.1%), pay important bills (10% vs. 6%), and/or purchase necessary medicines (9.3% vs. 6.1%).

Figure 13. Percentage point differences in the financial impact of the COVID-19 mitigation measures among adolescents, by ethnicity. VOCES-19.



Finally, we also identified differences by gender, where adolescent women compared to adolescent men were more likely to perceive negative economic impacts. Higher rates of women compared to men expected a loss in income in the coming months (37% vs. 30%), perceived that their household was earning a smaller income in 2020 than in 2019 (64% vs. 62%), and reported that at least one family member had lost their main source of income due to COVID-19 (40% vs. 31%).



Since the COVID pandemic began, many young college graduates (as myself) face unemployment and I would like that the government formulate public policies to support young professionals. Thank you.

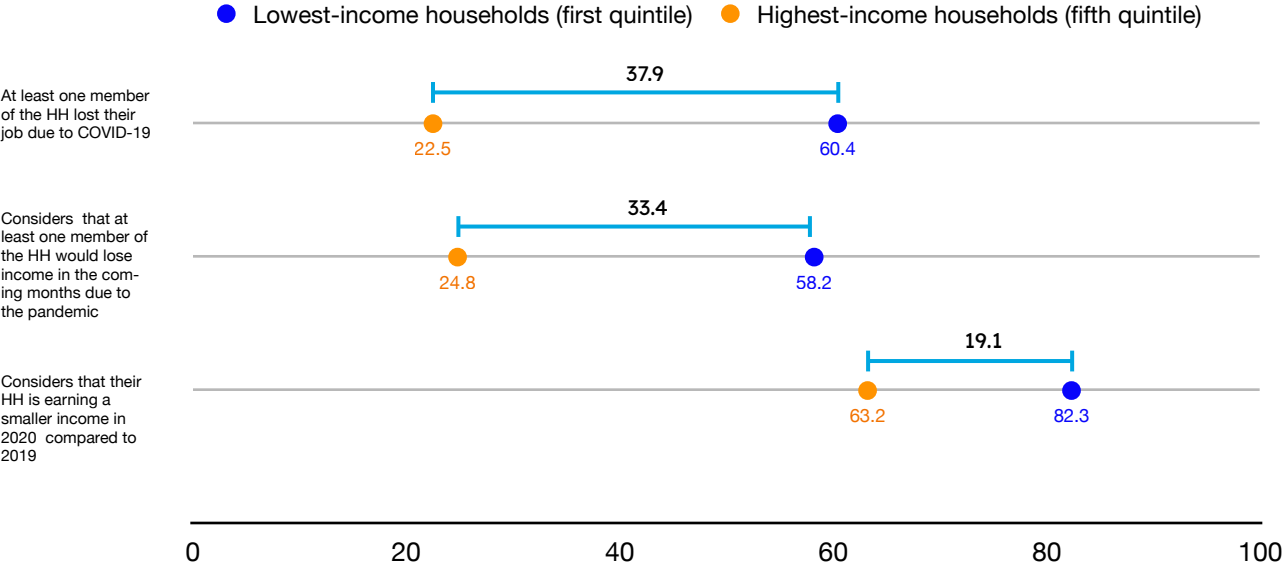
Man, 24 years old, Quintana Roo.

Young adults

Four out of 10 young adults who participated in VOCES-19 perceived an impact of the pandemic in their household employment conditions and income. Forty-one percent considered that they or another family member in their household would lose income in the coming months due to the pandemic. Additionally, 75% perceived that it was somewhat or highly probable that their household would be receiving a smaller income in 2020 compared to 2019 and 41% reported that at least one member in their household lost their main source of income due to the pandemic in the month prior to the survey. Also, 3.6% of young adults stated that since the start of the pandemic their household has rarely or never been able to buy enough food, and 7.6% have been unable to pay important bills and/or to purchase necessary medicines.

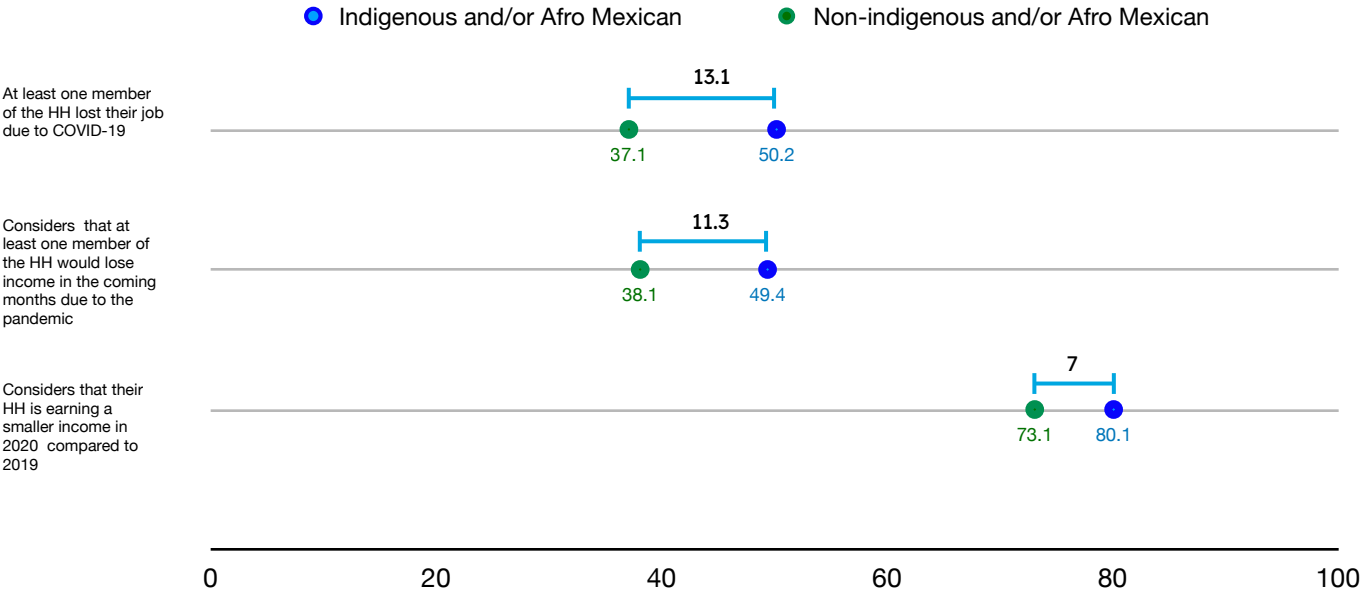
The biggest differences were found among young adults from low-income compared to high-income households. For instance, we found a difference of 33 percentage points between young adults from the lowest SES and the highest SES who anticipated a loss in income in the coming months, of 19 percentage points between young adults from low-income households and high-income households who perceived that their household was earning a smaller income in 2020 compared to 2019, and of 40 percentage points between young adults from the lowest and highest SES who reported that at least one family member had lost their main source of income due to COVID-19 (see Figure 14). Low-income participants were also more likely to report that since the start of the pandemic their household had rarely or never been able to buy enough food, pay important bills, and/or purchase necessary medicines.

Figure 14. Percentage point differences in the financial impact of the COVID-19 mitigation measures among young adults, by SES. VOCES-19.



I/AD young adults, compared to non-I/AD young adults, were also more likely to anticipate a loss in income in the coming months (49% vs. 38%), more likely to perceive that their household was earning a smaller income in 2020 than in 2019 (80% vs. 73%), and more likely to report that at least one family member had lost their main source of income due to COVID-19 (50% vs. 37%) (see Figure 15). When comparing by ethnicity, I/AD young adults were also more likely to report that since the start of the pandemic their household had rarely or never been able to buy enough food, pay important bills, and/or purchase necessary medicines, compared to non-I/AD young adults.

Figure 15. Percentage point differences in the financial impact of the COVID-19 mitigation measures among young adults, by ethnicity. VOCES-19.



For this age group, women were more likely than men to anticipate a loss in income in the coming months (43% vs. 39%) and reported at a higher rate that at least one family member had lost their main source of income due to COVID-19 (45% vs. 37%).



I had to quit my university studies to contribute financially to the family. I had to sell my computer, and currently, I don't have any job, since where I live they are closing everything again.

Man, 19 years old, Puebla.

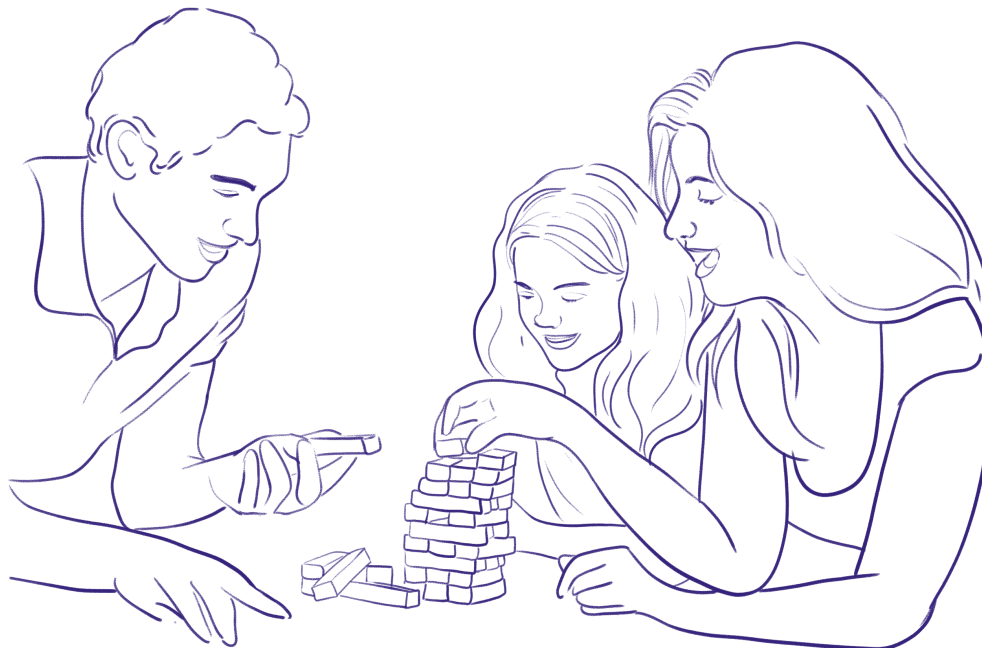
How did participants' households deal with the financial impacts of the COVID-19 pandemic?

Adolescents

Findings show that adolescent participants' households implemented financial measures to counteract the impacts of the pandemic, particularly those from I/AD and low-income households. **Forty-four percent** of adolescents stated that their family had sold items and/or borrowed money, among other measures, to deal with the financial impacts of the pandemic, and 16% reported that their families started receiving support from a government program since the pandemic began. A higher percentage of I/AD vs. non-I/AD participants (47% vs. 42%) and adolescents from low-income vs. high-income households (59% vs. 29%) stated that their family sold items and/or borrowed money, among other measures, to deal with the financial impacts of the pandemic.

Young adults

Young adult participants' households also implemented contingency measures to deal with the financial fallout of pandemic measures. **Fifty-nine percent** of young adults reported that their family sold items and/or borrowed money, to be able to deal with the financial impacts of the pandemic. One out of every 10 young adults stated that their families started receiving support from a government program since the pandemic began. **I/AD and young adults from low-income households reported in a higher frequency that their families had to sell items and/or borrow money**, compared to non-I/AD (65% vs. 56%) and young adults from high-income households (78% vs. 39%). When comparing by gender, we see that more men reported that their families started to receive support from a governmental program since the pandemic began, compared to women (12% vs. 9%).



Credit Illustration: Valeria García Trejo. Instagram grillolunar_vg.

Summary of findings

Participants in VOCES-19 strongly perceive the negative impacts of the pandemic on the employment and income conditions of their households. For nearly every indicator, these negative impacts were reported at higher rates by women compared to men, I/AD participants compared to non-I/AD participants, and lower-income individuals compared to higher-income individuals. For instance, both adolescent and young adult participants belonging to these groups were significantly more likely than their counterparts to report that they or another member of their household would lose income in the coming months due to the pandemic, that at least one member of the household had lost a job or had to close a business due to COVID-19 lockdown measures in the month prior to their taking the survey, and that it was probable that their household would see a smaller income in the current year compared to the previous year.

Participants from the lowest SES were also more likely to state that their household had rarely or never been able to buy enough food, pay important bills, and purchase necessary medicines, compared to participants from the highest SES. The inequalities observed in these employment and financial health indicators support the recent evidence that has shown how young women and workers in low-paid jobs have been disproportionately affected by the pandemic and point to the need to ensure that economic recovery efforts in Mexico are designed and implemented keeping in mind the priorities of the groups in the most vulnerable situations (UN Women 2020).



I personally believe that the generation that had to leave university (22-24 years old) is now very stressed by the little employment that there is for those with our profile, with little or no experience, that is going to cause us to lag behind the rest.

Man, 22 years old, CDMX.



In my personal case, because I have not had an income (I changed jobs) until December 16 (which will be my first fortnight), I have seen difficulty in acquiring food and medicine without feeling that I am getting into debt. My family also brings me food and supports me with rent and utilities in the meantime. It was also the first time I asked for a loan ... Something that relieved me, but creates tension. I consider money to be my main stressor at the moment, although it also makes me uncomfortable not to go out as much as I would like. I believe that my tension will reduce from my first paycheck, since I will stop thinking about my debts and I will be able to resume my psychological therapy.

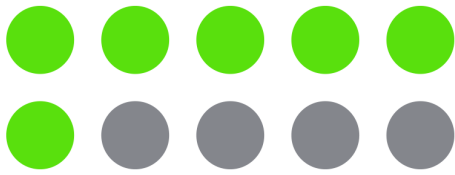
Woman, 24 years old, Jalisco.



MENTAL HEALTH
SOCIAL SUPPORT AND RESILIENCE

Mental health, support, and resilience

Highlights

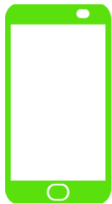


6/10 participants



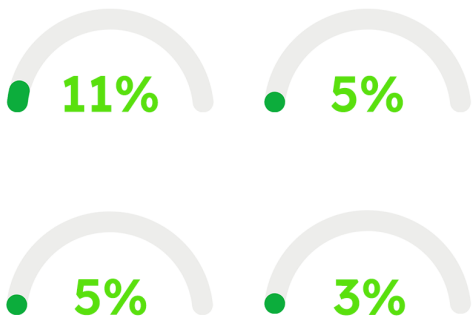
Nearly **six out of every 10 participants** in the study stated that feelings related to symptoms of anxiety and depression have bothered them more **since the start of the pandemic**, compared to before.

The prevalence of depressive and anxiety symptoms was significantly **higher among women and nonbinary individuals** than for men in both age groups.



Young adults and adolescents perceive that throughout the pandemic, they have spent more time on social media than before (55%) and have kept in touch with their friends less (51%).

Therapy for highest VS lowest socioeconomic quintile



Findings illustrate some income-based differences in the use of certain coping strategies to deal with troubling feelings **young adults and adolescents have felt since the start of the pandemic.**

Nearly **11% of young adults and 5% of adolescents in the highest socioeconomic quintiles** stated that they had received **some type of therapy** by phone or through virtual sessions at some point since the start of the pandemic, compared to **5% of young adults and 3% of adolescents in the lowest socioeconomic quintile.**



The American Psychological Association defines mental resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress” (APA 2012). This ability to adapt well and overcome these stressful life events has had relevance during the COVID-19 pandemic, when adolescents and young adults have been faced with extreme uncertainty and loss of control, and have consequently experienced increased rates of anxiety, depression, and stress (Shanahan et al. 2020).

While younger individuals face a lower risk of grave health complications related to COVID-19, the sources of this uncertainty can range from fear of losing family members, the social standstill associated with lockdown measures, and economic hardships. Studies conducted during the pandemic have shown that specific coping strategies such as keeping a daily routine, engaging in consistent exercise, and staying in touch with friends and family are associated with reduced distress (Shanahan et al. 2020).

With VOCES-19, we were interested in exploring Mexican young adults’ and adolescents’ experiences with anxiety and depression throughout the COVID-19 pandemic to learn about how they have been coping with the stressors brought on by pandemic mitigation measures, as well as the pandemic itself. As in the previous sections, we present all results separately by age group, and highlight differences in each dimension among participants based on gender, ethnic status, and socioeconomic status.



The mental health of all young people has collapsed not only because of the change to home school, but also because the human relationship is lost, we feel insecure about not learning and not knowing what to do next with our future. The loss of a loved one in these conditions can be very strong in the long run and we do not have the means to take therapy.

Woman, 22 years old, CDMX.

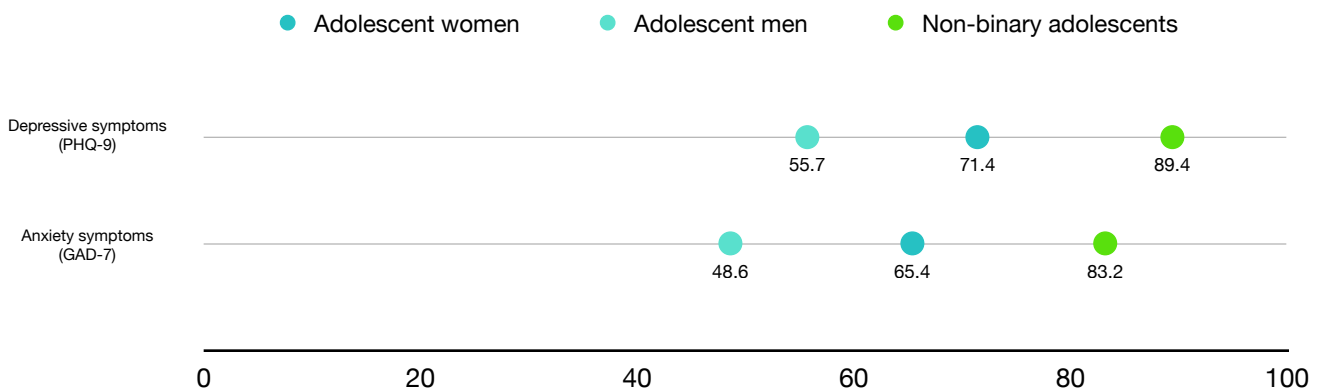
What is the mental health status among adolescents and young adults?

Adolescents

Adolescent participants displayed a high prevalence of symptoms of both anxiety and depression in the two weeks prior to taking the survey. Based on the PHQ-9 and GAD-7 scales scoring criteria, the prevalence of mild to severe depressive symptoms among adolescents in the study was 64%, while the prevalence of mild to severe anxiety symptoms was 57%.

We found significant differences for both depression and anxiety when comparing between adolescent women and men, and nonbinary and binary adolescents. For instance, 71% and 65% of adolescent women displayed symptoms of depression and anxiety, respectively, compared to 56% and 49% of adolescent men. The prevalence among nonbinary adolescents was significantly higher than among binary adolescents (89% vs. 63% for depression and 83% vs. 57% for anxiety) (see Figure 16). There were also significant differences present by SES, where adolescents from high-income households were more likely than participants from low-income households to have experienced depressive symptoms in the two weeks prior to the survey (67% vs. 62%).

Figure 16. Percentage of adolescents with depressive and anxiety symptoms, by gender. VOCES-19.

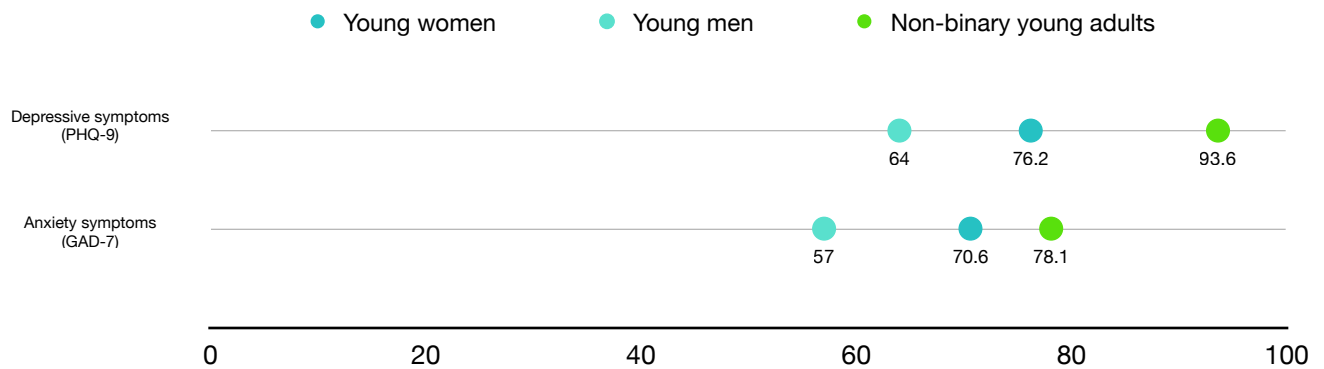


One indicator that illustrates the severity of the situation for adolescents throughout the pandemic is the item on the PHQ-9 scale that asks participants how frequently they considered hurting themselves in some way or experienced thoughts that they would be better off dead. Twenty-six percent of all adolescents who completed the survey reported that they had experienced these thoughts at least some days in the two weeks prior to the survey. A higher percentage of adolescent women (30%) compared to adolescent men (21%), and nonbinary (61%) versus binary adolescents (25%) reported having experienced these thoughts.

Young adults

Prevalence rates for depression and anxiety were also high for young adults: 71% for depressive symptoms and 64% for anxiety symptoms. **Gender differences were found in prevalence rates of both depression and anxiety indicators.** Among this age group, 76% of women, 64% of men, and 94% of non-binary individuals displayed symptoms of depression (see Figure 17). Prevalence rates of anxiety symptoms were 71% for women, 57% for men, and 78% for nonbinary individuals. We found no differences in the prevalence rates by ethnicity or SES.

Figure 17. Percentage of young adults with depressive and anxiety symptoms, by gender. VOCES-19.



Almost three out of every 10 young adults reported having experienced thoughts that they would be better off dead or thoughts of hurting themselves in some way in the two weeks prior to the survey. **Young women were more likely to have experienced these thoughts than men (29% vs. 26%), as were nonbinary individuals when compared to binary individuals (62% vs. 28%).**



Mental health is playing an extremely important role in the life of society since confinement is leaving a mental pandemic.

Woman, 22 years old, Mexico.

Has the pandemic impacted the mental health status of adolescents and young adults?

Adolescents

Five out of every 10 adolescents stated that troubling feelings had bothered them more since the start of the pandemic, compared to before. Notably, adolescent women were around 17 percentage points more likely than adolescent men to report an increase in these symptoms (59% vs. 42%).

Individuals from less marginalized ethnic and socioeconomic groups were more likely than their more marginalized peers to report that troubling feelings increased following the start of the pandemic. Non-I/AD adolescents were around four percentage points more likely than I/AD adolescents to report this impact (52% vs. 48%), while individuals in the highest socioeconomic quintile were also four percentage points more likely to report this than those in the lowest quintile (54% vs. 50%).

Young adults

Among the young adult population, almost six out of every 10 participants stated that anxiety and depressive symptoms have bothered them more since the start of the pandemic, compared to before. As with adolescents, young adult women were more likely to have experienced this increase compared to young men (66% vs. 52%).

In this age group, non-I/AD participants and those from high-income households also reported an increase in these feelings at a higher frequency. Sixty-one percent of non-I/AD young adults reported this increase, compared to 55% of I/AD young adults, and 64% of young adults in the highest SES did so, compared to 56% in the lowest SES.



The pandemic is strongly affecting the mental health of young people since we are in a growth stage which needs greater social awareness, how could this be solved?

Man, 17 years old, CDMX.

What were participants' main concerns about the future following the start of the pandemic?

Adolescents

Beyond being asked about their experience with symptoms of anxiety and depression, respondents were also asked to indicate their top three concerns about their future since the start of the pandemic. **The most cited concern among adolescents was losing a family member or friend:** 44% of adolescents included this response in their top three concerns. Other commonly mentioned concerns included their personal financial situation (29% of adolescent women, 34% of adolescent men, and 41% of nonbinary adolescents cited this), and their family's financial situation (38% of adolescent women, 34% of adolescent men, and 35% of nonbinary adolescents).

There was a higher concern regarding personal and family financial situations among I/AD compared to non-I/AD adolescents. Among I/AD adolescents, 33% cited their personal financial situation and 38% cited their family's financial situation as one of their primary life concerns. Among non-I/AD adolescents, 31% cited their own personal financial situation and 35% cited their family's financial situation as one of their primary life concerns. **Similar results were found when comparing responses by SES:** adolescents from low-income households were 9 percentage points more likely than those from high-income households to cite their family's financial situation as a primary concern (38% vs. 29%).

Young adults

The most cited concern about the future among young adults was their personal financial situation (59%). Young men reported this at a higher rate than young women (61% vs. 56%), while young women were more likely than young men to cite concerns about losing a family member or a friend (54% vs. 44%) and their family's financial situation (53% vs. 47%).

Non-I/AD young adults were more likely to report losing a family member or a friend as a primary concern, compared to I/AD participants (52% vs. 43%). As for SES, young adults from high-income households were more likely to cite losing a family member or friend (58% vs. 41%), and their own financial situation (62% vs. 54%), while young adults from low-income households were more likely to cite their family's financial situation (57% vs. 42%).

How did the pandemic impact social media use, socialization practices, and use of support services among adolescents and young adults?

Adolescents

Participants were asked about their use of social media and communication with friends, as well as whether they had utilized any support service since the start of the pandemic. **VOCES-19 findings suggest that the time adolescents spend on social media increased following the start of the pandemic. Fifty-two percent** of adolescents reported that they perceived an increase in their social media usage, compared to 14% who said it has decreased, and 30% who said it has stayed the same. **Additionally, five out of every 10 adolescents were less in touch with their friends since the pandemic began, compared to before.**

Non-Indigenous and/or Afro-descendant (non-I/AD) individuals and those from high-income households were more likely to report spending more time on social media during the pandemic than their peers in more socially and economically excluded groups. Non-I/AD adolescents were 6 percentage points more likely than I/AD participants to state that their social media usage had increased (54% vs. 48%), while adolescents in the highest SES were 20 percentage points more likely than those in the lowest SES to report this (61% vs. 41%).

Further, adolescent women perceived losing touch with their friends at a higher frequency than adolescent men (57% vs. 44%), as did adolescents from low-income compared to high-income households (54% vs. 48%).

To deepen our understanding of social support networks, we also asked adolescents if, since the start of the pandemic, they had used a governmental support service related to mental health, violence, social support, and others. **Sixty-nine percent of adolescents stated that they have used at least one of the services mentioned since the start of the pandemic.** The use of these services was more common among women than men (71% vs. 67%), among non-I/AD participants than I/AD participants (70% vs. 68%), and among those from high-income households compared to those from low-income households (71% vs. 64%).

Young adults

Fifty-seven percent of young adults perceived that their social media usage had increased since the start of the pandemic, while almost six out of every 10 reported being in touch with their friends less than before. Women were more likely than men to report both higher social media usage (59% vs. 55%) and less frequent contact with their social network (54% vs. 47%).

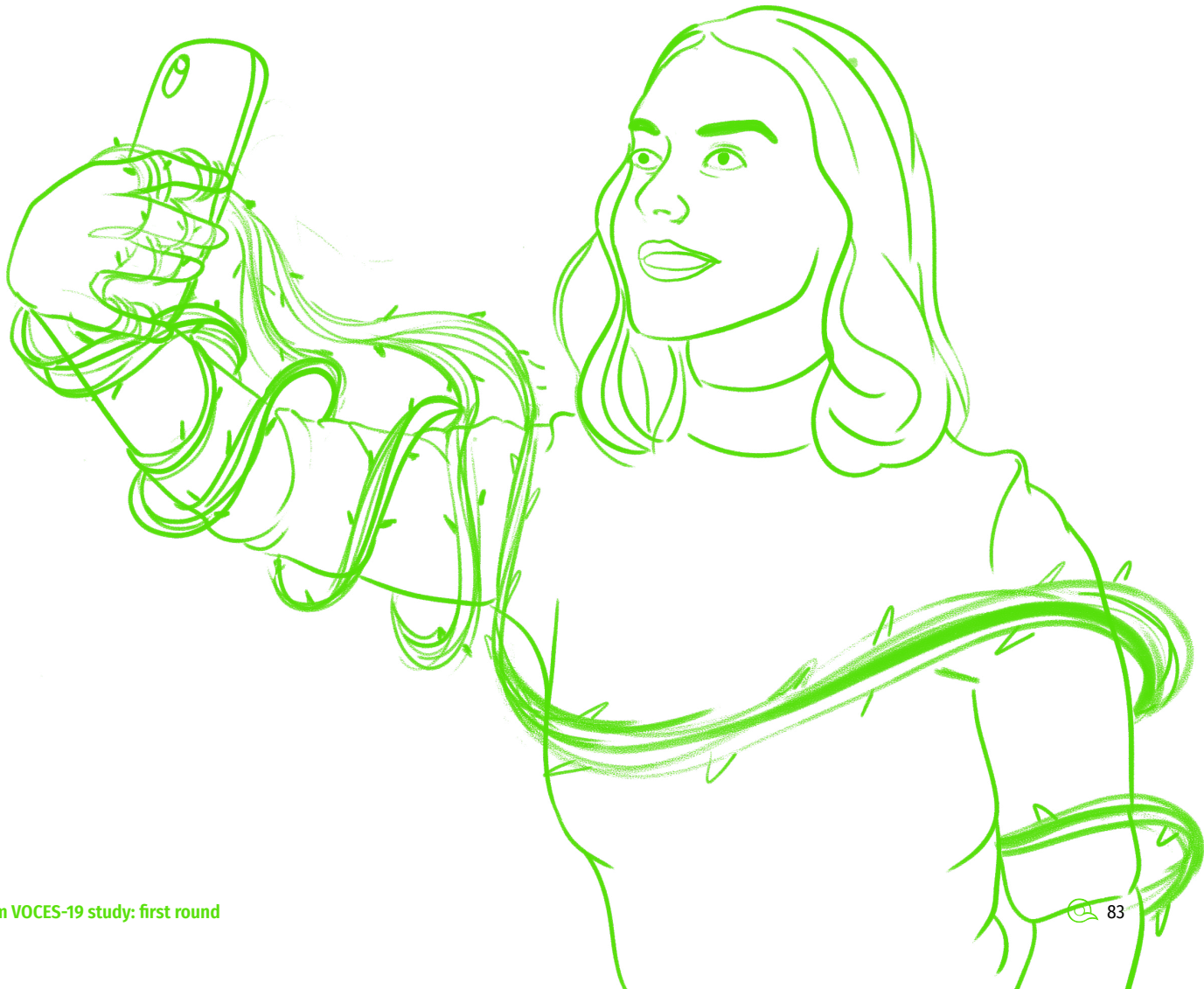
Differences in reported increases of social media usage were also found based on participants' ethnic status and SES. Perceiving this increase was more likely among non-I/AD young adults (60%), and young adults from high-income households (67%), than among I/AD young adults (50%), and young adults from low-income households (44%), respectively.

When asked about the use of governmental support services since the start of the pandemic, **48% of young adults stated that they used at least one service.** More I/AD participants (53%) and young adults from low-income households (50%) used at least one service since the pandemic began, compared to non-I/AD participants (46%) and young adults from high-income households (39%), respectively.



Addiction to social media and the time that people spend consuming YouTube content for example is affecting the mental health of my acquaintances.

Man, 21 years old, Aguascalientes.



What strategies have adolescents and young adults implemented to cope with any troubling feelings experienced as a result of the pandemic?

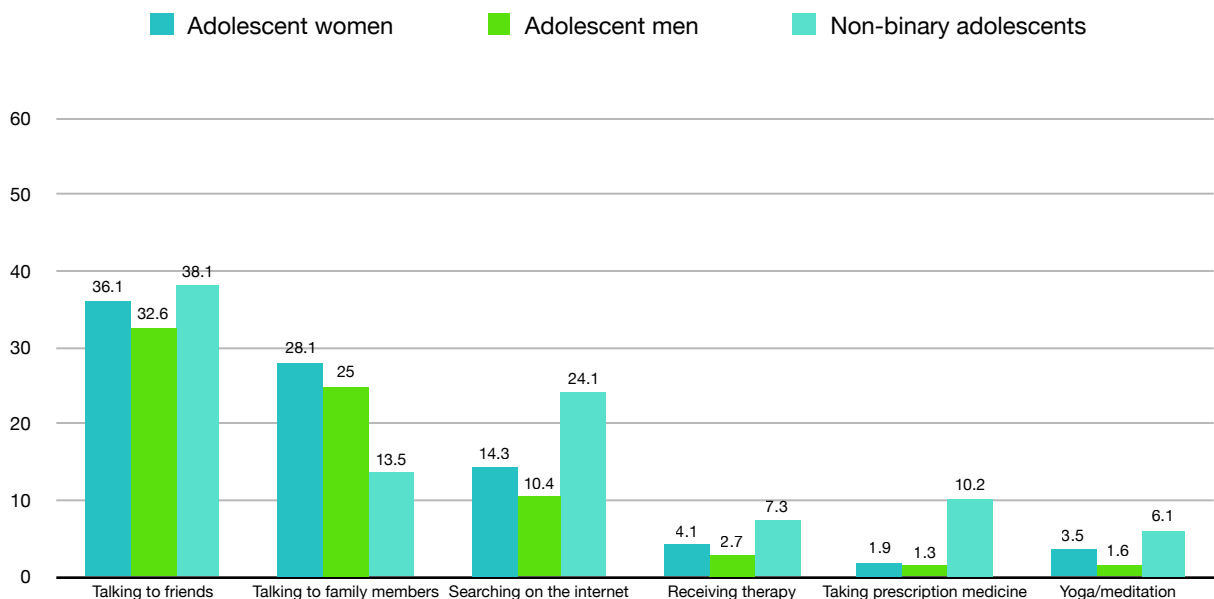
Adolescents

Participants were asked to select a list of strategies they have used throughout the pandemic to cope with any troubling feelings resulting from the pandemic. **The strategy that adolescents reported using the most was talking to friends about the issues bothering them** (34%), followed by talking to a family member (26%), and doing more exercise (25%).

There were significant gender differences in the use of certain coping strategies, both between men and women, and between binary and nonbinary individuals. For those strategies in which significant differences were found between men and women, women were more likely than men to have reported using them. These include talking to friends about these issues (36% vs. 33%), talking to a family member about these issues (28% vs. 25%), searching on the internet for coping strategies (14% vs. 10%), receiving therapy (4.1% vs. 2.7%), taking prescription medication for anxiety or depression (1.9% vs. 1.3%), and starting yoga and/or meditation classes (3.5% vs. 1.6%).

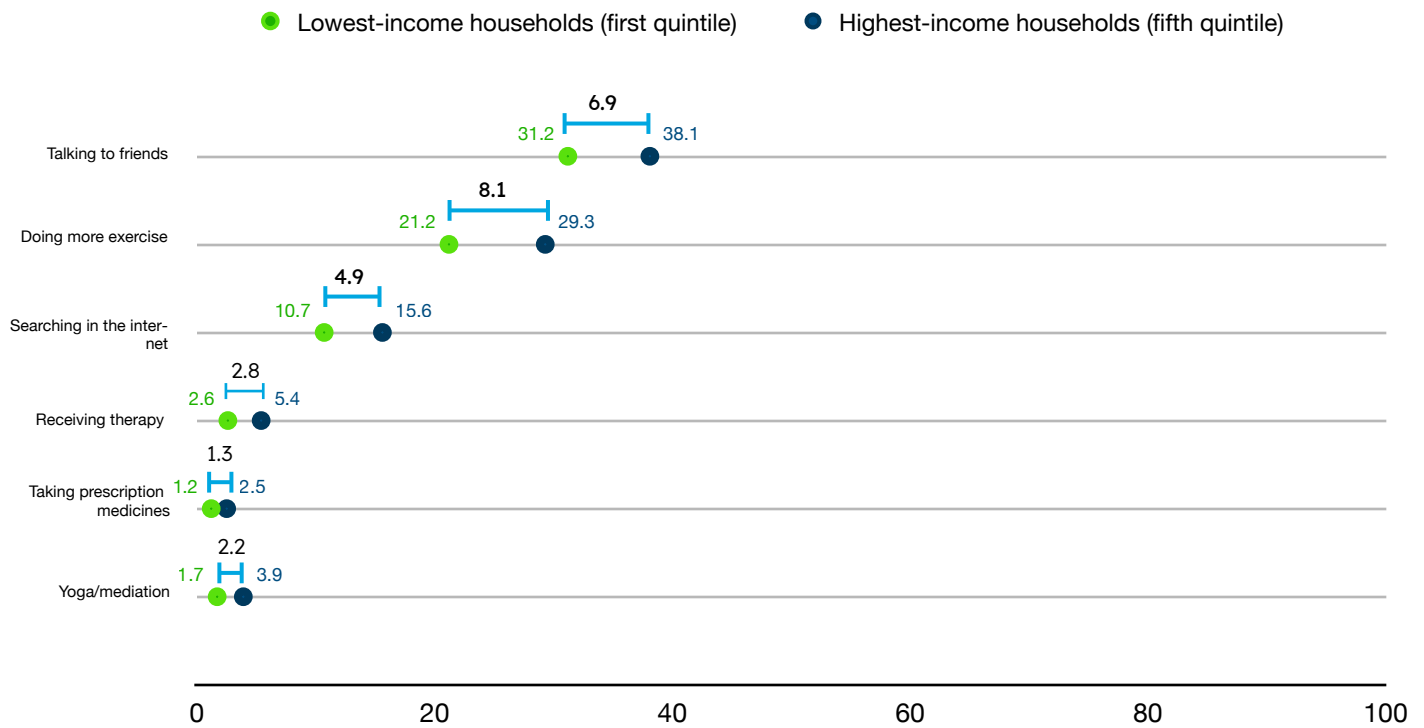
Non-binary individuals reported lower rates of talking with family about their troubling feelings (14% vs. 27% for binary), and higher rates of searching for coping strategies on the internet (24% vs. 12%), taking anxiety or depression medication (10% vs. 1.6%), and going to therapy (7.3% vs. 3.4%) (see Figure 18).

Figure 18. Coping strategies used among adolescents, by gender. Percentages. VOCES-19.



Findings also illustrate some notable differences between more and less advantaged adolescents in terms of their uses of different coping strategies to deal with troubling feelings they have felt since the start of the pandemic. Adolescents in the upper SE quintile, for instance, were about 7 percentage points more likely than those in the lower SE quintile to state that they speak to their friends about their troubling feelings (38% versus 31%). Individuals in higher-income households also reported receiving therapy (psychological or another type) at higher rates than those in lower-income households (5.4% vs. 2.6%). Other coping strategies used at higher rates by adolescents in the upper quintile versus those in the lowest quintile included doing more exercise (29% vs. 21%), searching online for coping strategies (16% vs. 11%), starting yoga and meditation classes (3.9% vs. 1.7%), and taking prescription medicine for anxiety or depression (2.5% vs. 1.2%) (see Figure 19).

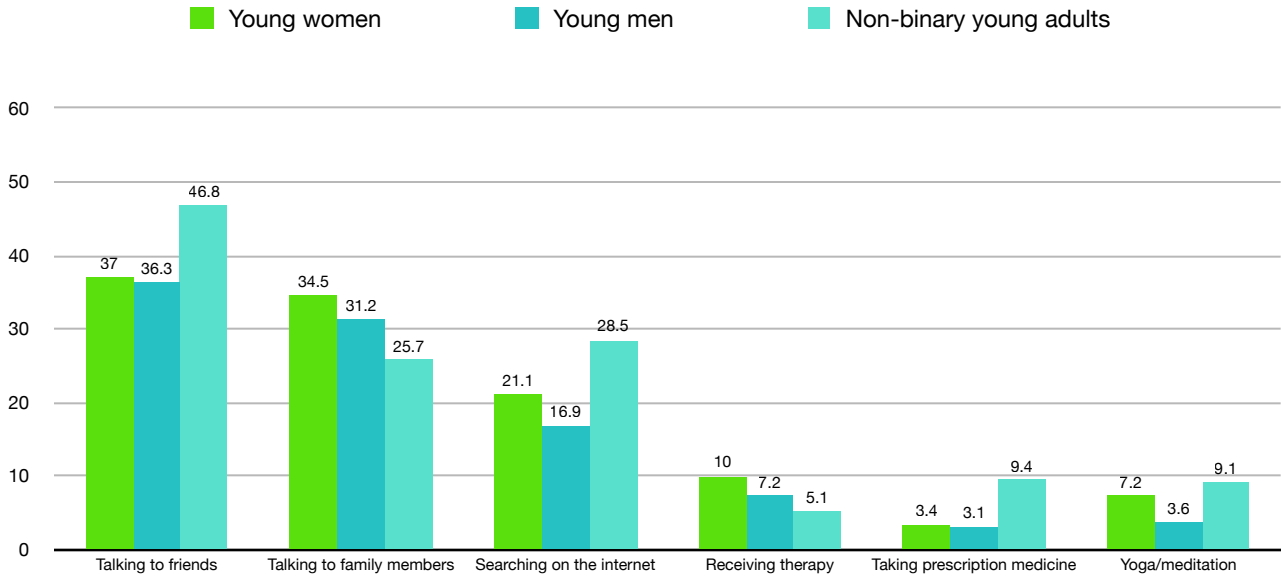
Figure 19. Percentage point differences in coping strategies used among adolescents, by SES. VOCES-19.



Young adults

The three strategies that young adults reported implementing the most to cope with troubling feelings since the pandemic began were talking to friends (37%), talking to a family member (33%), and doing more exercise (30%). As with adolescents, men in this age group were less likely to report adopting one of the coping strategies mentioned in the survey to deal with troubling feelings brought on by the pandemic. Specifically, they were less likely to report talking with family about their problems (31% vs. 35%), searching on the internet for coping strategies (17% vs. 21%), receiving therapy (7.2% vs. 10%), and taking up yoga and/or meditation (3.6% vs. 7.2%) (see Figure 20).

Figure 20. Coping strategies used among young adults, by gender. Percentages. VOCES-19.

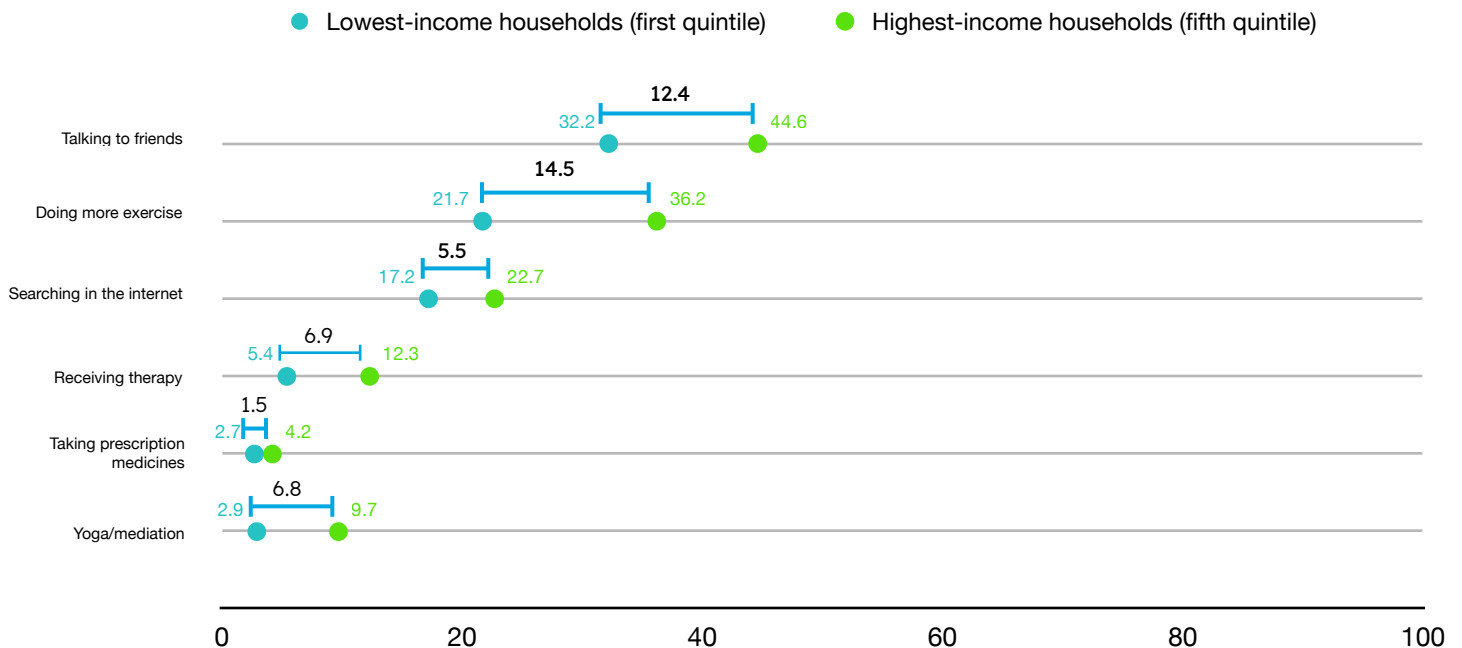


Findings also show that non-I/AD young adults were more likely than I/AD young adults to have started doing more exercise (31% vs. 27%), received therapy (9.3% vs. 7%), and started taking yoga or meditation classes (5.9% vs. 4.4%).

Finally, higher-income young adults reported the use of different coping strategies at

higher rates than their peers in low-income households. Forty-five percent reported talking to friends about their issues (vs. 32%), 12% reported receiving therapy (vs. 5.4%), 23% reported searching for strategies on the internet (vs. 17%), 36% reported doing more exercise (vs. 22%), and 10% reported having started a yoga or meditation class (vs. 2.9%) (see Figure 21).

Figure 21. Percentage point differences in coping strategies used among young adults, by SES. VOCES-19.



Summary of findings

The prevalence of depression and anxiety symptoms was concerningly high across the entire population of VOCES-19 participants, with particularly overwhelming rates being found among nonbinary individuals and women. These latter findings coincide with recent evidence from around the world that young women have borne the brunt of the mental health impacts of the pandemic (Williams et al. 2021).

Given the grave mental health impacts observed among adolescents and young adults in Mexico, it will be vitally important to consider the strategies used by these individuals to cope with the troubling feelings brought on by social isolation, school closures, and more. Findings in this report show that many young people have experienced increases in the amount of time they have spent on social media, while about half of all participants stated that they have stayed in touch with their friends less than they did before the start of the pandemic. They also show that I/AD participants and youth from low-income households implemented coping strategies less frequently to deal with the troubling feelings experienced as a result of the pandemic.

Considering recent evidence that shows that strategies such as engaging in consistent exercise and staying in touch with friends have been associated with reduced distress during the pandemic, going forward it will be important to engage adolescents and young adults in activities that reduce feelings of stress, helplessness, and loneliness (Shanahan et al. 2020). It will continue to be important to analyze the differential uptake of these activities among different groups, in order to implement strategies that increase access to essential supports such as therapy and mutual support groups for anyone who might need one. It is equally important to better understand whether less uptake of these strategies by participants from low-income households, compared to participants from high-income households, is related to their ability to pay for accessing these activities.



I think I have depression and anxiety, but I don't know where they can give me free therapy since my parents can't afford it, and I don't know how to tell them.

Woman, 15 years old, CDMX.

HEALTHCARE ACCESS AND SUBSTANCE USE



Healthcare access and substance use

Highlights



Young people report that the pandemic affected **their access to health services, and their substance intake.**

Barriers in access to health services were perceived by: **53% of adolescents** and **75% of young adults** who tried to access these services.



Adolescents



Young Adults



In both age groups, more **women** than men, and participants from **low-income households** vs. high-income households, perceived **impaired access** to health services during the pandemic.



Regarding substance use during the pandemic, opiates and other hard drugs were the substances whose **increase** was the most common since the start of the pandemic. The greatest proportion of young adults reported an increase of **cannabis use (21%)**.



It's easier to get drugs now than before the pandemic.

Man, 18 years old, CDMX.

Worldwide, COVID-19 mitigation strategies, along with the redistribution of health resources to respond to the pandemic, reduced access to healthcare services, including access to mental health, violence-related, and sexual and reproductive health services (SRH) (Ahmed et al. 2020). The impaired access to health services will have profound consequences on the health of adolescents and young adults. Further, as discussed in the following section on mental health outcomes, young people have had difficulties processing the circumstances surrounding the pandemic. The relation between substance use and mental health is perceived as multidirectional, where an increase in substance intake contributes to poor mental health, but the toll of the pandemic on the mental health of the youth could also in turn increase the risk of substance abuse during this period (Bhatia, Chatterjee, and Dhawan 2021).

Based on this evidence, VOCES-19 aims to identify how the pandemic impacted participants' perceptions regarding healthcare access and substance use by gender, ethnicity, and socioeconomic status. All results are presented separately by age group.



The quality of mental health services is something important to evaluate. As for my experience I can say that, at least the department of psychiatry and mental health of the Faculty of Medicine of the UNAM, are saturated and this causes the care that is offered to not be good, because the center does not give follow-up appointments after a first time consultation (which by the way is extremely brief) despite repeated requests (this as my own experience and shared by friends). For this reason I think it is important to review services such as the above so that they are effective and do not remain just an offer without providing real help.

Man, 21 years old, CDMX.

What are adolescents' and young adults' perceptions of the pandemic's impact on access to health services?

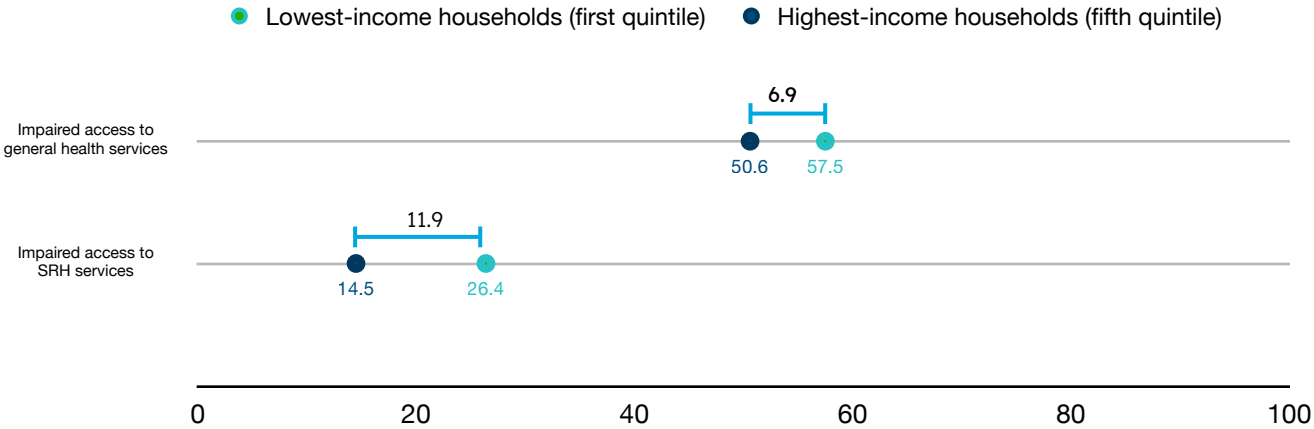
Adolescents

Access to general healthcare services, as well as to sexual and reproductive health services was limited during the pandemic for adolescents who sought these services. Seventy percent of all VOCES-19 adolescent participants (n=44,955) reported that during the pandemic, they or a family member tried to access a general health service and 4% reported that they tried to access an SRH service. When asked if they perceived that the pandemic had in any way affected their access to these, 53% reported a disruption in access to general health services and 20% reported disrupted access to SRH services.

Significant differences were found based on gender and socioeconomic status, with women and nonbinary participants, as well

as those from low-income households, reporting higher rates of interrupted service. For instance, more adolescent women than men (57% vs. 49%) and nonbinary compared to binary adolescents (73% vs. 53%) perceived that their or their family's access to general health services had been disrupted in some way by the pandemic. Similarly, more adolescents from low-income households perceived a disruption in access to both general health and SRH services, compared to their peers from high-income households (58% vs. 51% for general health services and 26% vs. 15% for SRH services) (see Figure 22). No significant differences between I/AD and non-I/AD adolescents were found for perceived disruption in access to general or SRH services during the pandemic.

Figure 22. Percentage point differences in adolescents' perception of impaired access to health services since the start of the pandemic, by SES. VOCES-19.

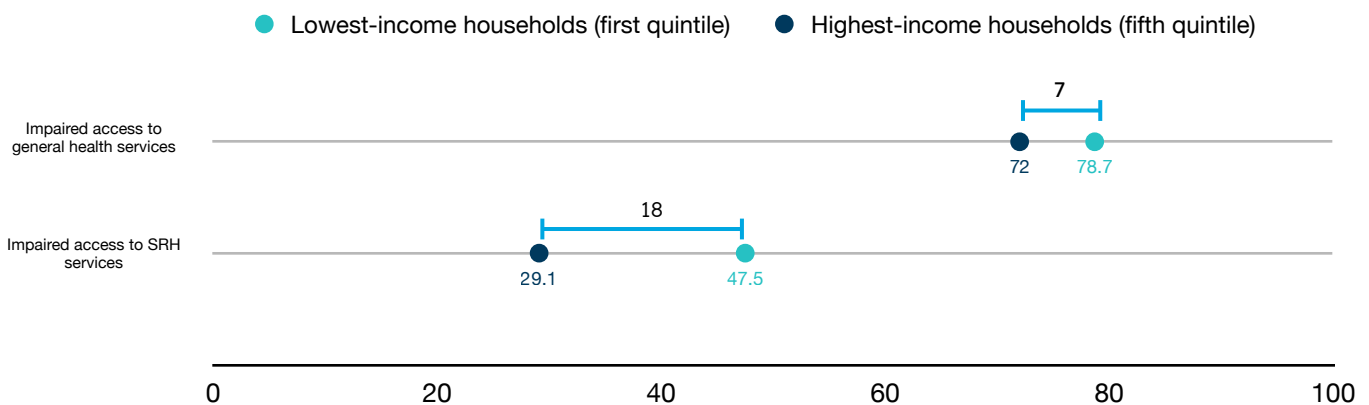


Young adults

Young adults' access to health care was also impacted during the pandemic. Among the total of young adults who participated in the study (n=10,737), 75% reported that they or a family member tried to access a general health service, while 13% reported that they tried to access an SRH service during the pandemic. Seventy-five percent of young adults who tried to access a general health service reported that access had been disrupted in some way by the pandemic, as well as 4 out of every 10 young adults who tried to access an SRH service.

Findings show that access was disrupted for women more than for men, and for low-income young adults more than for their high-income peers. A higher percentage of women, compared to men, perceived that their access to general health services was interrupted by the pandemic in some way (79% vs. 71%). Also, more young adults from low-income households perceived that their access to general health services and SRH services was disrupted, compared to young adults from high-income households (79% vs. 72% for general health services and 48% vs. 29% for SRH services) (see Figure 23). We did not find any significant differences between I/AD and non-I/AD young adults for perceived disruption in the access to general or SRH services during the pandemic.

Figure 23. Percentage point differences in young adults' perception of impaired access to health services since the start of the pandemic, by SEL. VOCES-19.



Hospital services gave priority to COVID patients and one of my brothers needed oncology treatments that were delayed too long. In the end, he passed away.

Man, 23 years old, CDMX.

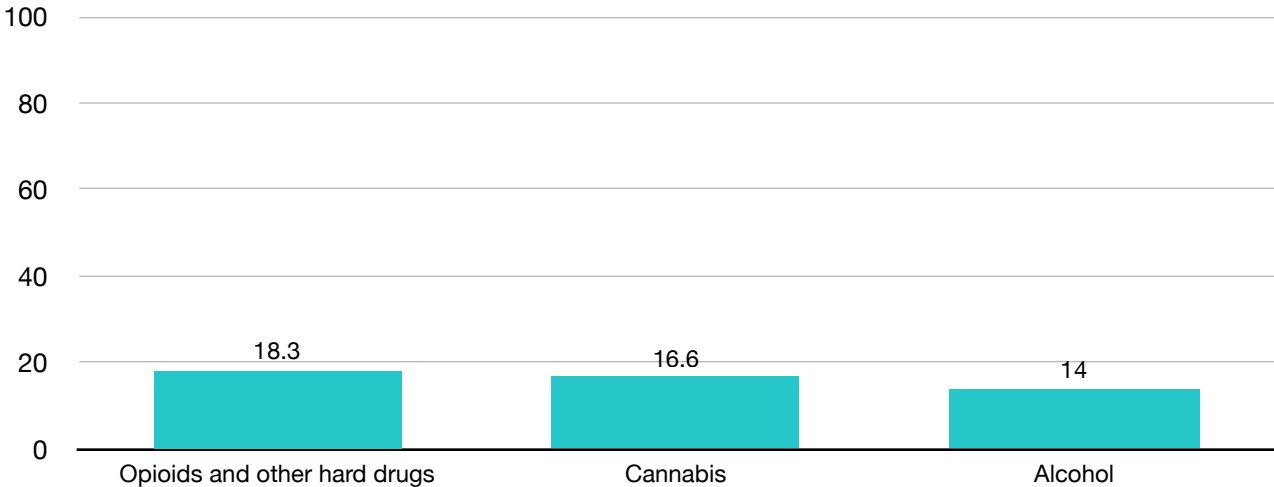
Do adolescents and young adults perceive that their substance intake has changed since the start of the pandemic?

Adolescents

VVOCES-19 participants were asked how frequently they consumed alcohol, marijuana, and other drugs, on a scale of rarely to more than once a day. Of the total number of adolescents who participated in the survey, 25% reported at least some alcohol consumption, 3.4% reported marijuana consumption, and 0.9% reported consumption of opiates and other hard drugs (heroin, cocaine, crack, and/or amphetamines).

Study results show that the highest rate of increased substance intake since the start of the pandemic was found for opiates and other hard drugs: 18% of those who consume these substances reported an increase in their use. This was followed by an increase in cannabis intake (17%), and in alcohol intake (14%) (see Figure 24).

Figure 24. Percentage point increase in substance intake since the start of the pandemic among adolescents. Percentages. VVOCES-19.



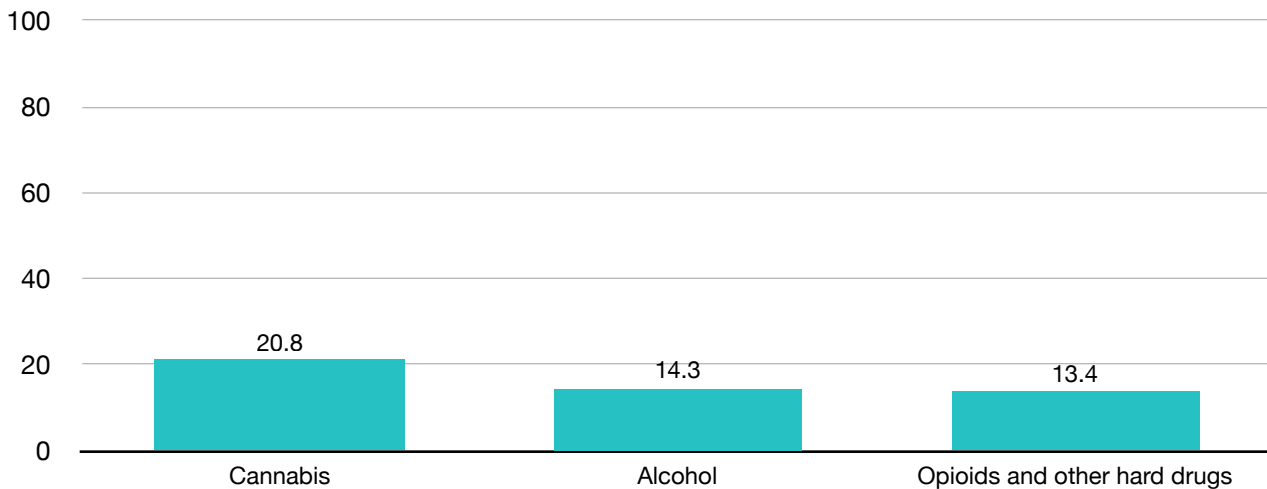
When comparing the increase in alcohol use by gender, ethnicity, and SES in this age group, the only difference found was for alcohol intake, where a higher percentage of adolescents in the upper SE quintile reported an increase compared to their peers in the lowest SE quintile (16% vs. 12%).

Young adults

Fifty-three percent of young adult participants reported some level of alcohol consumption, 8.5% of young adults reported marijuana consumption, and 1.2% of young adults reported consumption of opiates and other hard drugs. For all substances, men in both age groups consume them in a significantly higher frequency than women. In young adults, a slightly higher percentage of binary vs. nonbinary participants consumed heroin and other hard drugs (1.2% vs. 0.1%).

The substance whose increase in use was most common for young adults during the pandemic was cannabis (21%), followed by alcohol (14%), and opiates and other hard drugs (13%) (see Figure 25). There were no differences found by gender, ethnicity, or SES among young adults regarding an increase in substance use since the start of the pandemic.

Figure 25. Percentage point increase in substance intake since the start of the pandemic among young adults. Percentages. VOCES-19.



My friends have become sick because of so much stress. Some no longer want to study, they are unmotivated and their drug and alcohol consumption has increased.

Woman, 15 years old, CDMX.

Summary of findings

The results of VOCES-19 highlight the gender- and wealth-based inequalities in access to health and SRH care, mainly for general health services, where a higher percentage of women, non-binary participants, and participants from lower-income households reported that access to these services had been impacted by the pandemic compared to men, binary participants, and their peers in higher-income households.

Further, the more concerning results regarding increase in substance intake during the pandemic among adolescents, was the self-reported increase in intake of opioids and other hard drugs. The lack of significant differences for these variables when comparing by gender, ethnic status, and socioeconomic status could be related to the low number of participants that self-reported substance consumption.x



As for health services, in order to access my "integral" HIV treatment, I went through several situations. For example, the IMSS treated me 5 months after my diagnosis, since the clinic I was attending was 100% full for Covid cases. During those months I had the initial consultation and initial tests at the "Condesa" clinic in the CDMX, as well as free antiretrovirals, although the follow-up consultations were still suspended.

Man, 21 years old, CDMX.

CONCLUSIONS AND
RECOMMENDATIONS

CONCLUSIONS

At the time of writing this report, Mexico is in the middle of the third wave of the pandemic, with a daily load of new cases higher than the previous peaks, but with lower lethality (due to vaccination coverage). Nevertheless, this third wave is directly affecting younger populations, increasing symptomatic cases among children, adolescents, and young adults.

The findings in this report reveal how the COVID-19 pandemic and accompanying mitigation measures have had large impacts on several dimensions of adolescents' and young adults' lives in Mexico. Findings also reveal the extent to which the pandemic has uncovered and exacerbated pre-existing inequalities among this population, particularly based on gender, ethnicity, and socioeconomic status. For instance, women in the study were more likely than men to perceive negative employment and income impacts, display symptoms of anxiety and depression, and report feeling less safe in their communities since the start of the pandemic. Further, non-Indigenous and/or Afro-descendant participants and those from more affluent households were less likely to have had their access to healthcare services interrupted, to have experienced an increase in exposure to violence in their households, and to perceive negative employment and educational impacts of the pandemic, compared to their peers in more marginalized groups.

Regarding adolescents' and young adults' compliance with COVID-19 mitigation measures, VOCES-19 participants generally self-reported high rates of compliance with official public health recommendations and mandates such as regular handwashing, staying home, and wearing a mask. Higher rates of compliance were reported by women, participants who did not self-identify as being Indigenous and/or Afro-descendant, and those from higher-income households (mainly for the mask-wearing mandate and the use of hand sanitizer). High rates of reported compliance are a promising sign that young people in Mexico are willing to act responsibly to protect themselves and others, particularly given that at the start of the pandemic, this population was identified as a group with potentially low compliance rates with mitigation measures. The less adherence to some of the mitigation strategies found among I/AD and participants from low-income households, could be associated with having fewer resources for purchasing masks and hand sanitizer. It is also important to note that, because these findings are based on self-reported behavior, they may be biased by the respondents' perceptions of socially desirable or acceptable behavior. Thus, future research can improve upon these findings by measuring and controlling for social desirability, or by using methods to observe compliance that do not involve self-reports.

The repercussions of COVID-19 and mitigation measures for young Mexicans and their families go far beyond their direct experiences with the disease. One of the primary interests of the VOCES-19 study was to learn more about how adolescents and young adults in the country were experiencing and perceiving violence in their homes and communities since the start of the pandemic when schools and businesses shut down and families were forced into isolation. Findings show that I/AD adolescents and young adults, compared to non-I/AD participants, and those from lower socioeconomic status, compared to their wealthier peers, were more likely to report that their first experience of household violence occurred after the start of the pandemic. They were also more likely to report an increase in the frequency or severity of violent acts in their households. I/AD youth and participants from lower-income households also reported feeling less safe in their neighborhoods and perceived more of an increase in crime and violence in their

communities compared to non-I/AD participants and higher-income individuals, respectively. These findings may all very well be associated with the hardships and economic stressors faced particularly by lower-income families and communities during the pandemic, which could have led to an increase in violent attitudes against adolescents and young adults within households and communities.

The closing of school facilities following lockdown and social distancing orders is another serious challenge still facing adolescents and young adults in the country. VOCES-19 findings show that since the start of the pandemic, participants enrolled in school have received nearly all their lessons online, yet only a small percentage believe that they have learned more through remote schooling than they did when their school was in-person. Further, individuals from lower socioeconomic status have struggled to consistently access and turn in their homework and assignments throughout the pandemic. These findings are concerning—it is likely that unequal access to internet connectivity and resources such as laptops and other devices to complete schoolwork will greatly widen the socioeconomic education achievement gap in the country (Saavedra and Di Gropello 2021). The inequalities discussed in this report highlight the urgent need to ensure the educational recovery of the country's most vulnerable learners.

Study participants also strongly perceive the negative impacts the pandemic has had on the employment and income conditions of their households, with women and participants in lower-income households being most likely to mention these. For instance, individuals in these two groups were significantly more likely to report that they or another member of their household would lose income in the coming months due to the pandemic and that at least one member of the household had lost a job or had to close a business because of COVID-19 lockdown measures in the month before they took the survey. The gender and socioeconomic differences seen here support recent evidence that shows how young women and workers in low-paid jobs have been disproportionately affected by the pandemic and point to the need to ensure that economic recovery efforts in Mexico are designed and implemented with the priorities of the most vulnerable groups in mind (UN Women 2020).

Not surprisingly, respondents also reported that the pandemic has had negative impacts on several health-related aspects of their lives, including their ability to access healthcare services, mental health, and levels of substance intake. Once again, we see great inequalities in these dimensions. For instance, a higher percentage of adolescents and young adults from lower-income households reported that their access to general health services and sexual and reproductive health services had been impacted by the pandemic compared to their peers in higher-income households. Regarding mental health, the most striking inequalities observed were related to gender. While the prevalence of depression symptoms was concerningly high across the entire population, the rates were particularly overwhelming among nonbinary individuals and women compared to men. These latter findings coincide with recent evidence from around the world that young women have borne the brunt of the mental health impacts of the pandemic (Williams et al. 2021). Overall, the health-related impacts highlighted in this report reveal an urgent need to restore healthcare access for the most vulnerable populations, with focused efforts to support the mental health and well-being of young women and nonbinary populations.

Finally, given the grave mental health impacts observed among adolescents and young adults in Mexico, it is also important to consider the strategies used by these individuals to cope with difficult emotions and situations throughout the pandemic. Findings in this report show that young people in Mexico have had a

hard time coping: more than half of participants stated that troubling thoughts and feelings had bothered them more since the start of the pandemic. They also reported that throughout this time, their social media use increased, and they kept in touch with friends less than they did before. Considering recent evidence that shows that strategies such as engaging in consistent exercise and staying in touch with friends have been associated with reduced distress during the pandemic, going forward it will be important to engage adolescents and young adults in activities that reduce feelings of stress, helplessness, and loneliness.



Very good survey, it covers many areas of life in society, of which we young people should be aware.

Man, 19 years old, Chiapas.



It is a very complete survey which made me reflect on some aspects of my life for which I am grateful to you.

Man, 18 years old, Puebla.



I thank you for your interest in the Mexican youth and how this time in confinement has been, that someone has given us a voice, thank you very much for that because no one in so many months has given it to us and I hope to continue participating with you.

Woman, 22 years old, State of Mexico.

RECOMMENDATIONS

Violence-related support programs for the youth

According to VOCES-19 findings, a high percentage of youth who participated in the survey have suffered some type of violence in their households. Data from 911 calls also showed an increase in violence against women since the start of the pandemic. This violence seems to increase as the pandemic moves forward. In Mexico, violence-related information and services have targeted mainly adult women but left behind nonbinary youth, adolescents, and young men. Since individuals who have experienced violence in their childhood and youth are more prone to either experience or perpetrate violence as adults, violence-related prevention and timely attention are key to breaking this cycle and offering individuals timely counseling and support. Although we understand the importance of having targeted prevention and direct assistance strategies for women and girls, we also believe in the importance of implementing broader strategies for all youth, including men and nonbinary individuals.

As for cyberbullying, in recent years Mexico has had advances in implementing preventive and attention strategies to tackle cyberbullying and online harassment (Ley Olimpia, for example). However, VOCES-19 showed that during the pandemic there was an increase in the experiences of these types of violence. As online strategies in the education and employment sectors will surely endure in the future, new and improved interventions to prevent and timely attend to these types of violence are needed. Increasing information on identifying, preventing, and avoiding cyberbullying and online harassment, as well as how to protect personal

data should be kept in mind for future policies on this topic.

Finally, creating collaborations between the government, nongovernmental organizations (NGOs), and youth-led organizations, and including the experiences and contributions of youth in the design of programs to prevent and attend to violence, as well as increasing the availability, diversity, and dissemination of programs, directed at different populations, could be paths to follow in the future to reduce the experiences of violence among youth.

Education recovery strategies

Education strategies must be designed to meet the needs of the most vulnerable learners in Mexico and aimed at minimizing the long-term negative impacts associated with missing out on more than a year of quality education. As schools begin to re-open, resources will need to be dedicated to recovering students who may have dropped out due to the pandemic, and to identifying and re-engaging students at high risk of dropping out. Further, schools will need to prioritize diagnosing learning gaps to understand the extent of the damage done by unequal access to educational resources while schools were closed. Accurately identifying the needs of vulnerable learners will allow for more targeted and effective recovery strategies.

The COVID-19 pandemic also showed us that it is possible to implement distance-learning strategies. However, when implementing these strategies, it is fundamental to acknowledge the previous inequalities present in the country and the lack of access to the internet and information technologies for some population groups.

As shown in VOCES-19, such access is not universal in Mexico. This lack of access will have unequal education repercussions for youth in the lowest socioeconomic status and will increase the pre-existing educational gap. An increase in access to free internet spots and implementing alternative strategies to distance learning in rural and hard-to-reach communities could be a way forward to reducing this gap.

Income support for women and low-income families

VOCES-19 results show that, even when all the participants perceived a significant impact of the pandemic on the labor and/or family economic aspects, women and participants belonging to households with lower income experienced a greater impact compared to men and participants from higher-income households.

This reality indicates the need to focus on the economic recovery of the most vulnerable youth in order to minimize the worsening of inequalities in the coming years. Expanding interventions that directly support youth with financial resources can be a path forward. However, direct income support may not be enough. For this reason, it is essential to also improve structural determinants of the labor sector.

Increase health care access for low-income communities and implement targeted mental health interventions for youth, women, and non-binary populations

Although there are probable biases in the information because it does not come from a representative sample, the results of the survey are consistent with those reported in other studies, as well as with the predictions made by the

World Health Organization on the impact of the pandemic on access to services and, particularly, on mental health and sexual and reproductive health services. Although the impact of the pandemic on access and health of adolescents and young people has been generalized, the impact is not equal, affecting to a greater extent the groups with the greatest socioeconomic disadvantage and the population that self-identified as nonbinary.

The mental health impact of the pandemic will have a lasting effect. Attention to the mental health of youth must be a priority for government authorities. It is necessary to widely disseminate information to different sectors of society and the responsible authorities on the different challenges that adolescents and young people are facing. Also, to reduce disparities in the supply of and demand for these services, it is important to expand evidence on the perception and knowledge of mental health and what would be the most appropriate means to bring health services closer to different populations, considering their differential needs from a gender and culturally sensitive perspective.

As for access to sexual and reproductive health, counseling and a wide range of contraceptive methods are critical now more than ever. Access should include not only contraceptive methods but also counseling services so that youth can choose the best contraceptive method for themselves. Information and counseling regarding sexual and reproductive health can be provided through a wide range of actions, including telemedicine services and community-based strategies. In addition, it is advisable to create alliances between the government, youth, and civil society organizations that work with youth, to consider the voices of young people and achieve a greater impact with these strategies.

NEXT STEPS

VOCES-19 aims to be an evidence and data hub for decisionmaking on policies designed for the youth in Mexico. The project's website (<https://vocescontralaviolencia.org>), will provide access to an interactive dashboard that will allow youth, NGOs, key actors, and decisionmakers to delve deeper into the data collected. Information to identify gender, income, and ethnic-based inequalities will also be made available through this dashboard. By the end of 2021, the VOCES-19 database will be freely accessible through the website. The VOCES-19 research team will be continuously publishing reports, articles, and policy briefs on the main findings of the project. As the principal focus of VOCES-19 was on violence, the research team is working on an analysis to identify which youth are experiencing the higher rates of violence and how the violence is related to family and community determinants.

We will also push for VOCES-19 to be a platform for youth advocates and a resource hub for youth. We will continuously update the information on the website regarding resources and opportunities for youth so that all relevant information on programs and opportunities for them is easily accessible.

The next round of VOCES-19 will be implemented in November 2021. The follow-up of participants from the first round will allow us to learn more and delve deeper into the impacts of the pandemic on the Mexican youth.



Thank you so much for giving all of us young people the opportunity to express our feelings and share our experiences (both before and after the pandemic) through this medium. Seriously, thank you so much.

Man, 19 years old, CDMX.



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TABLES

A. PARTICIPANTS CHARACTERISTICS

TABLE 2 VOCES-19 participants characteristics

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Age mean (95% CI)	16.0 (16.0,16.0)	16.0* (15.9,16.0)	16.0 (16.0,16.0)	15.9 (15.8,16.0)	16.0 (16.0,16.0)	20.7 (20.7,20.8)	20.6 (20.5,20.7)	20.7 (20.6,20.7)	20.6 (20.1,21.2)	20.7 (20.6,20.7)	19.3 (19.2,19.4)	19.1* (19.0,19.2)	19.2 (19.1,19.3)	19.2 (18.7,19.8)	19.2 (19.1,19.3)
Age group % (95% CI)	-	-	-	-	31.4 (30.6,32.1)	-	-	-	-	68.5 (67.8,69.3)	-	-	-	-	-
Gender % (95% CI)	49.0 (48.2,49.9)	49.6 (48.7,50.5)	98.7 (98.5, 98.9)	1.2 (1.0, 1.4)	-	51.4 (49.8,52.9)	47.2 (45.6,48.7)	98.6 (98.1,98.9)	1.3 (1.0,1.8)	-	50.6 (49.5,51.7)	47.9 (46.8,49.0)	98.6 (98.3,98.9)	1.3 (1.0,1.6)	-
Sexual orientation % (95% CI)															
Heterosexual	82.0 (81.2,82.9)	89.9* (88.9,90.8)	86.0 (85.4,86.6)	14.9 [†] (10.2,21.1)	84.7 (84.0, 85.3)	83.4 (81.8,84.9)	82.1 (80.0,84.1)	82.8 (81.5,84.0)	5.9 [†] (3.0,11.2)	81.5 (80.1,82.8)	83.0 (81.9,84.1)	84.5 (83.0,85.9)	83.8 (82.8,84.7)	8.4 [†] (5.6,12.4)	82.4 (81.5,83.4)
Homosexual, lesbian or gay	0.9 (0.7,1.0)	2.5* (2.1,3.1)	17.6 (15.0,20.6)	14.5 [†] (9.8,21.1)	1.9 (1.7,2.2)	2.1 (1.5,3.0)	8.8* (7.3,10.5)	5.3 (4.5,6.3)	21.5 [†] (13.0,33.4)	5.6 (4.8,6.6)	1.8 (1.3,2.4)	6.8* (5.8,8.1)	4.3 (3.7,4.9)	19.6 [†] (13.2,28.0)	4.5 (3.0,5.2)
Bisexual	14.2 (13.5,15.0)	4.0* (3.5,4.7)	9.0 (8.6,9.5)	54.6 [†] (46.7,62.2)	10.0 (9.5,10.5)	12.0 (10.8,13.5)	7.1* (5.8,8.6)	9.7 (8.7,10.7)	50.1 [†] (36.2,64.0)	10.4 (9.4,11.4)	12.7 (11.7,13.7)	6.1* (5.2,7.2)	9.5 (8.8,10.2)	51.3 [†] (41.0,61.1)	10.2 (9.6, 11.0)
Other	2.7 (2.3,3.1)	3.3* (2.9,3.9)	3.0 (2.7,3.4)	15.8 [†] (11.6,21.1)	3.2 (2.9,3.6)	2.2 (1.6,2.9)	1.8 (1.3,2.6)	2.0 (1.6,2.5)	22.4 [†] (12.7,36.2)	2.3 (1.9,2.8)	2.3 (1.9,2.8)	2.3 (1.9,2.8)	2.3 (2.0,2.7)	20.5 [†] (13.2,30.4)	2.6 (2.3,3.0)
Self-identifies as indigenous and/or Afro Mexican (I/AM) % (IQR)	30.0 (29.1,31.0)	33.8* (32.4,35.2)	31.9 (31.1,32.7)	28.8 (22.4,36.1)	31.9 (31.0,32.7)	26.9 (25.3,28.7)	30.6* (28.4,32.8)	28.7 (27.3,30.1)	15.7 [†] (8.8,26.2)	28.5 (27.2,29.9)	27.9 (26.7,29.1)	31.6* (30.1,33.2)	29.7 (28.7,30.7)	19.5 [†] (13.7,26.9)	29.5 (28.6,30.5)
Socioeconomic Level % (95% CI)															
1 st Quintile	20.7 (19.8,21.6)	17.41* (16.3,18.4)	19.0 (18.3,19.7)	17.3 (12.5,23.5)	19.1 (18.4,19.8)	21.9 (20.4,23.5)	18.21* (16.5,20.0)	20.2 (19.1,21.4)	10.91 [†] (5.6,20.0)	20.3 (19.2,21.5)	21.51 (20.5,22.7)	17.91* (16.7,19.2)	19.8 (19.0,20.7)	12.81 [†] (8.3,19.0)	19.9 (19.1,20.8)
2 nd Quintile	21.2 (20.4,22.1)	17.61* (16.5,18.7)	19.4 (18.8,20.1)	11.21 [†] (8.1,15.1)	19.4 (18.7,20.0)	19.7 (18.2,21.2)	18.2 (16.5,20.0)	19.0 (17.9,20.2)	13.7 (7.3,24.0)	19.0 (17.8,20.1)	20.1 (19.1,21.3)	18.01* (16.8,19.3)	19.2 (18.3,20.0)	12.91 [†] (8.1,20.0)	19.1 (18.3,19.9)
3 rd Quintile	20.1 (19.3,20.9)	18.6 (17.6,19.7)	19.5 (18.8,20.1)	17.4 (12.5,23.6)	19.5 (18.8,20.2)	17.0 (15.6,18.5)	17.7 (16.0,19.5)	17.2 (16.2,18.4)	21.5 (11.6,36.2)	17.3 (16.2,18.4)	17.9 (16.9,19.0)	18.0 (16.8,19.2)	17.9 (17.1,18.8)	20.3 (12.8,20.6)	18.0 (17.2,18.8)
4 th Quintile	19.1 (18.3,20.0)	22.6* (21.5,23.8)	20.9 (20.2,21.7)	20.8 (15.9,26.7)	20.9 (20.1,21.6)	16.9 (15.5,18.4)	18.1 (16.3,19.9)	17.6 (16.4,18.8)	12.8 (5.2,27.8)	17.5 (16.4,18.7)	17.6 (16.6,18.7)	19.51* (18.3,20.9)	18.6 (17.8,19.5)	15.1 (8.9,24.5)	18.5 (17.7,19.4)
5 th Quintile	18.6 (17.9,19.4)	23.6* (22.5,24.8)	20.9 (20.3,21.7)	33.1 [†] (25.7,41.6)	20.9 (20.3,21.6)	24.3 (22.5,26.2)	27.6* (25.5,29.9)	25.7 (24.3,27.2)	41.0 [†] (28.3,55.1)	25.7 (24.3,27.1)	22.6 (21.3,23.9)	26.3* (24.8,27.9)	24.2 (23.2,25.2)	38.7 [†] (29.3,49.0)	24.2 (23.2,25.2)
Marital status % (95% CI)															
Lives with partner(s) (marriage/cohabitating)	0.8 (0.6,1.0)	0.7 (0.5,1.0)	0.7 (0.6,0.9)	0.5 (0.1,1.8)	0.7 (0.6,0.9)	10.8 (9.5,12.3)	7.0* (5.7,8.6)	9.0 (8.0,10.1)	15.5 (6.6,32.1)	9.1 (8.2,10.2)	7.9 (7.0,9.0)	5.1* (4.1,6.2)	6.6 (5.9,7.3)	11.5 (4.9,24.5)	6.6 (6.0,7.4)
Has a partner but does not live with him/her	21.0 (20.2,21.9)	18.8* (17.7,20.0)	19.9 (19.2,20.7)	23.6 (16.9,31.8)	19.9 (19.2,20.6)	33.2 (31.3,35.1)	28.4 (26.2,30.7)	30.9 (29.5,32.4)	32.5 [†] (20.6,47.1)	30.9 (29.5,32.3)	29.7 (28.3,31.1)	25.5* (23.9,27.1)	27.7 (26.6,28.7)	30.1 (21.0,41.1)	27.6 (26.6,28.7)
Single	68.5 (67.5,69.6)	69.4 (68.1,70.8)	69.0 (68.1,69.8)	65.4 (57.2,72.8)	69.1 (68.3,69.9)	51.3 (49.3,53.3)	60.3* (57.9,62.7)	55.6 (54.0,57.1)	46.4 (33.1,60.2)	55.3 (53.8,56.9)	56.2 (54.7,57.7)	63.1* (61.3,64.8)	59.5 (58.4,60.7)	51.5 (40.9,61.9)	59.4 (58.3,60.5)
Other (separated, divorced or widowed)	0.2 (0.1,0.3)	0.8* (0.6,1.1)	0.5 (0.4,0.6)	0.03 [†] (0.004,0.2)	0.5 (0.4,0.6)	0.7 (0.5,1.1)	0.4 (0.2,0.8)	0.6 (0.4,0.8)	1.7 (0.2,11.3)	0.6 (0.4,0.8)	0.6 (0.4,0.9)	0.5 (0.3,0.7)	0.5 (0.4,0.7)	1.2 (0.1,8.4)	0.6 (0.4,0.7)

Early union or marriage (before the age of 18)	0.6 (0.5,0.8)	0.6 (0.4,0.8)	0.6 (0.5,0.7)	0.4 (0.1,1.6)	0.6 (0.5,0.7)	2.9 (2.2,3.7)	1.5* (0.9,2.3)	2.2 (1.8,2.8)	2.2 (0.4,9.8)	2.2 (1.8,2.8)	2.2 (1.7,2.8)	1.2* (0.8,1.7)	1.7 (1.4,2.1)	1.7 (0.4,6.8)	1.7 (1.4,2.1)
Pregnant at the time of the study (only women)	1.7 (1.2,2.4)	-	-	-	-	1.7 (1.1,2.6)	-	-	-	-	1.7 (1.2,2.5)	-	-	-	-
Household characteristics % (95% CI)															
Lives in an overcrowded household	32.7 (31.7,33.7)	30.0* (28.7,31.3)	31.3 (30.5,32.2)	28.9 (22.7,36.0)	31.4 (30.6,32.2)	27.4 (25.7,29.1)	24.9 (23.0,27.0)	26.2 (24.9,27.5)	25.3 (14.9,39.6)	26.3 (25.1,27.7)	29.0 (27.8,30.2)	26.6* (25.2,28.0)	27.8 (26.9,28.8)	26.3 (18.3,36.3)	27.9 (27.0,28.9)
Lives in a family household	99.6 (99.5,99.7)	99.6 (99.5,99.7)	99.6 (99.5,99.7)	99.8 (98.6,99.9)	99.6 (99.5,99.7)	99.5 (99.0,99.7)	99.7 (99.4,99.8)	99.6 (99.3,99.7)	94.4 (72.7,99.1)	99.5 (99.2,99.7)	99.5 (99.2,99.7)	99.7 (99.5,99.8)	99.6 (99.4,99.7)	96.0 (79.6,99.3)	99.5 (99.3,99.7)
Lives in a female-headed household	41.0 (40.0,42.0)	39.0* (37.7,40.4)	40.0 (39.1,40.9)	47.1 (39.4,54.8)	40.1 (39.3,41.0)	38.7 (36.8,40.6)	33.5* (31.3,35.8)	36.2 (34.8,37.7)	28.7 (18.4,41.8)	36.2 (34.7,37.6)	39.4 (38.0,40.7)	35.3* (33.7,36.9)	37.4 (36.3,38.4)	34.0 (25.6,43.4)	37.4 (36.4,38.4)
Has access to private internet (WiFi) in the household	80.2 (79.3,81.1)	83.1* (82.0,84.1)	81.7 (81.0,82.3)	86.0 (78.9,91.0)	81.6 (80.9,82.3)	75.3 (73.5,76.9)	79.8* (77.8,81.6)	77.4 (76.1,78.7)	90.9 [†] (80.7,96.0)	77.4 (76.1,78.6)	76.8 (75.5,77.9)	80.8*** (79.4,82.1)	78.7 (77.8,79.6)	89.5 [^] (82.7,93.8)	78.7 (77.8,79.6)
Education and employment % (95% CI)															
Enrolled in school at the time of the survey	99.6 (99.4,99.7)	99.5 (99.3,99.7)	99.5 (99.4,99.6)	96.7 (90.6,102.8)	99.5 (99.3,99.6)	73.5 (71.6,75.4)	76.3 (74.0,78.6)	74.8 (73.3,76.3)	85.6 (76.6,94.7)	75.0 (73.5,76.5)	81.3 (79.9,82.7)	83.8* (82.1,85.4)	82.5 (81.4,83.6)	88.8 (82.1,95.4)	82.6 (81.6,83.7)
Working at the time of the survey	18.3 (17.5,19.2)	26.7* (25.5,27.9)	22.5 (21.8,23.3)	19.5 (13.6,25.4)	22.5 (21.8,23.3)	40.5 (38.5,42.5)	48.3* (45.9,50.8)	44.2 (42.6,45.8)	40.7 (26.2,55.1)	44.1 (42.5,45.6)	34.0 (32.5,35.4)	41.4* (39.7,43.2)	37.6 (36.4,38.7)	34.5 (23.8,45.1)	37.5 (36.3,38.6)
Received government aid/program since the start of the pandemic	70.6 (69.7,71.6)	67.2* (65.7,68.6)	68.9 (68.0,69.7)	73.4 (65.1,80.3)	68.9 (68.1,69.8)	46.6 (44.7,48.6)	48.7 (46.3,51.1)	47.6 (46.1,49.2)	48.5 (34.9,62.3)	47.7 (46.2,49.2)	53.8 (52.4,55.3)	54.6 (52.9,56.4)	54.2 (53.1,55.3)	55.8 (45.2,65.9)	54.3 (53.2,55.4)
Family and household dynamics % (95% CI)															
Index of division of household responsibilities mean (average score, ±SD)	21.7 (0.06)	22.9* (0.06)	22.3 (0.04)	21.1 (0.75)	22.3 (0.04)	21.0 (0.13)	23.3* (0.11)	22.0 (0.09)	20.7 (0.96)	22.0 (0.09)	21.2 (0.09)	23.1* (0.07)	22.1 (0.06)	20.9 (0.68)	22.1 (0.06)
Index of division of household decision-making responsibilities mean (average score, ±SD)	8.2 (0.02)	8.2 (0.02)	8.2 (0.01)	8.2 (0.15)	8.2 (0.01)	7.8 (0.03)	8.0* (0.04)	7.9 (0.02)	7.6 (0.25)	7.9 (0.02)	7.9 (0.02)	8.0* (0.03)	8.0 (0.02)	7.8 (1.2)	8.0 (0.02)
Lives in a household where women manage income	12.0 (11.3,12.7)	13.8* (12.7,15.0)	12.9 (12.3,13.6)	13.2 (7.5,22.1)	12.9 (12.2,13.6)	14.0 (12.6,15.5)	14.1 (12.5,15.9)	14.1 (13.0,15.2)	16.3 (9.0,27.8)	14.1 (13.1,15.3)	13.4 (12.4,14.5)	14.0 (12.8,15.3)	13.7 (12.9,14.5)	15.4 (9.7,23.8)	13.7 (13.0,14.5)
Mother or father frequently consumes alcohol or drugs (among those who have a family member that consumes alcohol or drugs)	4.8 (4.4,5.2)	5.0 (4.3,5.8)	4.9 (4.5,5.3)	9.7 [†] (6.2,14.8)	4.9 (4.5,5.3)	5.6 (4.7,6.6)	6.4 (5.2,7.7)	6.0 (5.2,6.8)	7.6 (3.8,14.6)	6.0 (5.2,6.8)	5.3 (4.7,6.1)	5.9 (5.1,6.9)	5.6 (5.1,6.2)	8.2 (5.1,13.0)	5.6 (5.1,6.2)
Mother or father has depression or another mental illness (among those who have a family member with depression or another mental illness)	3.6 (3.2,4.1)	2.0* (1.7,2.3)	2.8 (2.5,3.1)	9.9 (4.4,20.5)	2.9 (2.6,3.2)	8.5 (7.3,9.8)	5.1* (4.0,6.4)	6.8 (6.0,7.7)	23.5 [†] (11.9,40.9)	7.1 (6.2,8.0)	7.1 (6.2,8.0)	4.1* (3.4,5.0)	5.6 (5.0,6.2)	19.7 [†] (10.9,33.0)	5.8 (5.2,6.4)

Notes: (1) Differences were tested between females and males, and between binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values. (4) N/O = No observations.

p-value: *p-value < 0.05 for difference between females and males; †p-value < 0.05 for difference between binary and non-binary participants.

B. COMPLIANCE WITH COVID-19 MITIGATION MEASURES

TABLE 3 Compliance with COVID-19 mitigation measures, by age group and gender

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Reported compliance with lockdown and mitigation measures % (95% CI)															
Regular handwashing	91.8 (91.2,92.4)	91.3 (90.4,92.1)	91.5 (91.0,92.0)	86.5 (77.9,92.0)	91.4 (90.9,91.9)	93.8 (92.8,94.7)	91.0* (89.6,92.3)	92.5 (91.6,93.3)	76.2 (58.4,87.9)	92.2 (91.3,93.0)	93.2 (92.5,93.9)	91.1* (90.1,92.0)	92.2 (91.6,92.8)	79.2 [†] (66.2,88.1)	92.0 (91.3,92.5)
Social distancing	56.7 (55.7,57.7)	53.6* (52.2,55.0)	55.1 (54.3,56.0)	57.3 (49.9,64.4)	55.1 (54.3,56.0)	59.0 (57.1,60.9)	55.4* (53.1,57.8)	57.3 (55.8,58.8)	63.9 (50.4,75.6)	57.3 (55.8,58.8)	58.3 (56.9,59.7)	54.8* (53.2,56.5)	56.6 (55.5,57.7)	62.0 (52.2,70.9)	56.6 (55.6,57.7)
Staying at home	82.2 (81.4,83.1)	77.3* (76.0,78.5)	79.7 (79.0,80.5)	74.9 (66.1,82.1)	79.6 (78.9,80.4)	83.0 (81.4,84.4)	79.3* (77.3,81.1)	81.2 (80.0,82.4)	78.8 (65.0,88.1)	81.18 (79.9,82.3)	82.7 (81.7,83.8)	78.6* (77.3,80.0)	80.7 (79.9,81.6)	77.6 (68.0,85.0)	80.7 (79.8,81.5)
Mask wearing	97.4 (97.0,97.8)	94.2* (93.5,94.9)	95.8 (95.4,96.2)	98.8 [†] (97.7,99.4)	95.8 (95.4,96.2)	97.3 (96.6,97.9)	95.3* (94.2,96.2)	96.3 (95.7,96.9)	95.3 (86.7,98.5)	96.3 (95.7,96.8)	97.3 (96.8,97.8)	95.0* (94.2,95.6)	96.2 (95.8,96.6)	96.4 (90.5,98.7)	96.2 (95.7,96.6)
Using hand sanitizer	89.7 (89.0,90.4)	84.7* (83.7,85.7)	87.2 (86.6,87.8)	88.2 (83.0,91.9)	87.2 (86.6,87.7)	89.9 (88.6,91.0)	85.7* (84.0,87.3)	87.9 (86.9,88.8)	89.8 (80.8,94.8)	87.8 (86.8,88.8)	89.8 (88.9,90.7)	85.4* (84.2,86.5)	87.7 (86.9,88.4)	89.3 (83.3,93.3)	87.6 (86.9,88.3)
Complying with all mitigation measures	46.6 (45.5,47.6)	41.4* (40.0,42.8)	44.0 (43.1,44.8)	38.6 (31.8,45.9)	43.8 (43.0,44.7)	48.5 (46.5,50.5)	42.7* (40.3,45.1)	45.7 (44.2,47.3)	36.6 (25.0,49.9)	45.5 (44.0,47.0)	47.9 (46.5,49.3)	42.3* (40.6,43.9)	45.2 (44.1,46.3)	37.2 (28.5,46.8)	45.0 (43.9,46.1)
Does not take any preventive measure	0.5 (0.4,0.7)	1.1* (0.8,1.6)	0.8 (0.6,1.1)	0.5 (0.1,1.9)	0.8 (0.7,1.1)	0.6 (0.3,1.1)	1.4* (0.9,2.2)	1.0 (0.7,1.4)	0.9 (0.1,4.9)	1.0 (0.7,1.4)	0.6 (0.3,0.9)	1.3* (0.9,1.8)	0.9 (0.7,1.2)	0.8 (0.2,3.2)	0.9 (0.7,1.2)
Leaves the household only for essential reasons	56.3 (55.2,57.4)	52.0* (50.5,53.5)	54.1 (53.2,55.1)	50.2 (42.0,58.3)	54.2 (53.3,55.1)	61.3 (59.2,63.3)	56.3* (53.8,58.8)	58.9 (57.3,60.5)	41.9 [†] (29.2,55.8)	58.7 (57.1,60.2)	59.8 (58.3,61.3)	55.0* (53.2,56.8)	57.5 (56.3,58.6)	44.2 [†] (34.3,54.6)	57.3 (56.2,58.5)
Leaves the household only for non-essential reasons	7.7 (7.1,8.3)	8.7 (7.8,9.7)	8.2 (7.7,8.8)	8.2 (4.9,13.5)	8.3 (7.7,8.9)	3.0 (2.4,3.7)	3.3 (2.6,4.2)	3.1 (2.7,3.7)	5.4 (1.7,15.9)	3.2 (2.7,3.8)	4.3 (3.9,4.9)	5.0 (4.4,5.6)	4.6 (4.3,5.1)	6.2 (2.9,12.7)	4.7 (4.3,5.1)

Notes: (1) Differences were tested between females and males and binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p≤0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values.
p-value: *p-value<0.05 for difference between females and males; †p-value <0.05 for difference between binary and non-binary participants.

TABLE 4 Compliance with COVID-19 mitigation measures, by age group and ethnicity

Variable	15-17 years			18-24 years			Total		
	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Compliance with lockdown and mitigation measures % (95% CI)									
Regular handwashing	91.5 (90.5,92.4)	91.4 (90.7,92.0)	91.4 (90.9,91.9)	93.9 (92.6,95.0)	91.5* (90.4,92.6)	92.2 (91.3,93.0)	93.1 (92.2,93.9)	91.5* (90.7,92.2)	92.0 (91.3,92.5)
Social distancing	54.3 (52.7,55.9)	55.5 (54.5,56.5)	55.1 (54.3,56.0)	60.4 (57.7,63.1)	56.1* (54.3,57.8)	57.3 (55.8,58.8)	58.4 (56.5,60.2)	55.9* (54.6,57.2)	56.6 (55.6,57.7)
Staying at home	79.7 (78.2,81.0)	79.6 (78.7,80.5)	79.6 (78.9,80.4)	83.5 (81.4,85.5)	80.2* (78.7,81.6)	81.18 (79.9,82.3)	82.2 (80.8,83.6)	80.0* (79.0,81.0)	80.7 (79.8,81.5)
Mask wearing	94.8 (93.9,95.5)	96.3* (95.9,96.8)	95.8 (95.4-96.2)	95.0 (93.7,96.1)	96.8* (96.1,97.4)	96.3 (95.7,96.8)	94.9 (94.0,95.7)	96.7* (96.2,97.1)	96.2 (95.7,96.6)
Using hand sanitizer	84.8 (83.6,86.0)	88.3* (87.6,88.9)	87.2 (86.6,87.7)	84.4 (82.3,86.4)	89.2* (88.1,90.3)	87.8 (86.8,88.8)	84.6 (83.1,85.9)	88.9* (88.1,89.7)	87.6 (86.9,88.3)
Complying with all mitigation measures	43.4 (41.8,45.0)	44.0 (43.0,45.0)	28.3 (27.5,29.1)	47.9 (45.2,50.7)	44.6* (42.8,46.6)	29.1 (27.7,30.5)	46.4 (44.5,48.3)	44.4 (43.1,45.7)	45.0 (43.9,46.1)
Does not take any preventive measure	1.2 (0.8,1.9)	0.7* (0.5,0.8)	0.8 (0.7,1.1)	1.1 (0.6,1.9)	0.9 (0.6,1.5)	1.0 (0.7,1.4)	1.1 (0.8,1.7)	0.9 (0.6,1.2)	0.9 (0.7,1.2)
Leaves the household only for essential reasons	58.6 (56.9,60.3)	52.1* (51.0,53.2)	54.2 (53.3,55.1)	68.2 (65.4,70.8)	54.9* (53.1,56.8)	58.7 (57.1,60.2)	65.1 (63.1,67.0)	54.1* (52.7,55.5)	57.3 (56.2,58.5)
Leaves the household only for non-essential reasons	7.8 (6.6,9.1)	8.5 (7.9,9.1)	8.3 (7.7,8.9)	1.6 (1.1,2.2)	3.8* (3.2,4.6)	3.2 (2.7,3.8)	3.6 (3.1,4.2)	5.2* (4.7,5.7)	4.7 (4.3,5.1)
<p>Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p≤0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status. p-value: *p-value<0.05</p>									

TABLE 5 Compliance with COVID-19 mitigation measures, by age group and socioeconomic

Variable	15-17 years			18-24 years			Total		
	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total
	n=8,852	n=8,778	n=44,955	n=2,288	n=2,331	n=10,737	n=11,140	n=11,109	n=55,692
Compliance with lockdown and mitigation measures % (95% CI)									
Regular handwashing	88.4 (86.8,89.9)	93.2* (92.2,94.0)	91.4 (90.9,91.9)	91.7 (89.9,93.2)	92.0 (89.9,93.7)	92.2 (91.3,93.0)	90.7 (89.4,91.9)	92.3 (90.8,93.6)	92.0 (91.3,92.5)
Social distancing	47.9 (46.0,49.9)	62.1* (60.3,63.9)	55.1 (54.3,56.0)	52.8 (49.7,56.0)	63.2* (59.9,66.3)	57.3 (55.8,58.8)	51.4 (49.1,53.7)	62.9* (60.5,65.2)	56.6 (55.6,57.7)
Staying at home	75.8 (74.0,77.6)	79.4* (77.7,81.0)	79.6 (78.9,80.4)	82.6 (80.2,84.8)	78.7* (75.8,81.3)	81.18 (79.9,82.3)	80.6 (78.8,82.2)	78.9 (76.8,80.9)	80.7 (79.8,81.5)
Mask wearing	90.9 (89.3,92.3)	97.7* (97.1,98.2)	95.8 (95.4-96.2)	94.0 (92.5,95.2)	97.6* (96.1,98.5)	96.3 (95.7,96.8)	93.0 (91.9,94.0)	97.6* (96.6,98.3)	96.2 (95.7,96.6)
Using hand sanitizer	77.9 (76.1,79.6)	92.5* (91.5,93.4)	87.2 (86.6,87.7)	81.7 (79.1,83.9)	93.3* (91.4,94.7)	87.8 (86.8,88.8)	80.5 (78.7,82.2)	93.1* (91.7,94.2)	87.6 (86.9,88.3)
Complying with all mitigation measures	37.2 (35.3,39.1)	49.7* (47.8,51.5)	28.3 (27.5,29.1)	42.3 (39.2,45.5)	50.0* (46.7,53.2)	29.1 (27.7,30.5)	40.8 (38.5,43.1)	49.9* (47.5,52.3)	45.0 (43.9,46.1)
Does not take any preventive measure	1.2 (0.6,2.4)	1.0 (0.7,1.5)	0.8 (0.7,1.1)	1.0 (0.5,2.0)	0.6 (0.3,1.2)	1.0 (0.7,1.4)	1.1 (0.6,1.8)	0.7 (0.4,1.1)	0.9 (0.7,1.2)
Leaves the household only for essential reasons	72.4 (70.4,74.3)	38.4* (36.5,40.3)	54.2 (53.3,55.1)	81.4 (78.6,83.9)	39.1* (35.8,42.4)	58.7 (57.1,60.2)	78.9 (76.8,80.8)	38.9* (36.4,41.4)	57.3 (56.2,58.5)
Leaves the household only for non-essential reasons	6.9 (5.7,8.4)	10.3* (9.0,11.7)	8.3 (7.7,8.9)	1.5 (1.0,2.3)	4.4* (3.3,5.8)	3.2 (2.7,3.8)	3.1 (2.5,3.7)	5.9* (5.0,7.0)	4.7 (4.3,5.1)

Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p<0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values.
p-value: *p-value<0.05

C. VIOLENCE

TABLE 6 Impact of COVID-19 mitigation measures on exposure to violence, by age group and gender

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Exposure to violence in their households perpetrated by someone living in the same household at some point in their lifetime % (95% CI)															
Exposure to any type of violence in their household	38.6 (37.5,39.6)	33.8* (32.5,35.2)	36.2 (35.4,37.0)	63.4† (55.8,70.5)	36.5 (35.7,37.4)	49.2 (47.2,51.2)	41.9* (39.5,44.3)	45.7 (44.2,47.3)	72.8† (59.2,83.1)	46.1 (44.6,47.6)	46.0 (44.6,47.4)	39.3* (37.6,41.0)	42.7 (41.6,43.8)	70.0† (60.5,78.1)	43.1 (42.0,44.2)
Exposure to psychological violence in their household	38.9 (37.8,40.0)	30.4* (29.1,31.7)	34.5 (33.7,35.4)	65.1† (56.8,72.5)	35.0 (34.1,35.8)	47.9 (45.9,50.0)	38.9* (36.6,41.4)	43.6 (42.0,45.2)	74.0† (59.7,84.5)	44.0 (42.5,45.6)	45.3 (43.8,46.8)	36.2* (34.5,37.9)	40.8 (39.7,42.0)	71.5† (61.3,79.8)	41.3 (40.2,42.2)
Exposure to physical violence in their household	20.2 (19.3,21.0)	19.9 (18.8,21.1)	20.0 (19.3,20.8)	38.6† (30.8,47.0)	20.3 (19.6,21.0)	25.0 (23.2,26.8)	24.1 (22.1,26.3)	24.6 (23.2,26.0)	33.2 (22.0,46.7)	24.7 (23.4,26.1)	23.6 (22.3,24.9)	22.8 (21.3,24.3)	23.2 (22.2,24.2)	34.7† (26.1,44.5)	23.3 (22.4,24.3)
Exposure to sexual violence in their household	3.6 (3.3,4.1)	1.1* (0.9,1.5)	2.4 (2.1,2.6)	11.4† (6.1,20.2)	2.6 (2.3,2.8)	5.1 (4.3,6.1)	3.3* (2.4,4.4)	4.2 (3.6,4.9)	8.0 (2.3,24.3)	4.3 (3.7,5.0)	4.7 (4.1,5.3)	2.6* (2.0,3.3)	3.6 (3.2,4.1)	8.9 (3.9,19.0)	3.7 (3.3,4.2)
Witnessing of violence against a sibling or a female partner of their fathers in their households perpetrated by someone living in the same household % (95% CI)															
Ever witnessed any type of violence in the household against their siblings	12.3 (11.7,13.0)	9.8* (9.0,10.6)	11.0 (10.5,11.6)	23.3† (18.0,29.5)	11.2 (10.7,11.8)	20.0 (18.4,21.8)	13.1* (11.6,14.8)	16.7 (15.6,17.9)	31.9† (20.7,45.5)	16.9 (15.8,18.1)	17.7 (16.5,18.9)	12.0* (11.0,13.2)	14.9 (14.1,15.8)	29.3† (21.1,39.2)	15.1 (14.3,15.9)
Ever witnessed any type of violence in the household against a female partner of their fathers	10.3 (9.7,10.9)	7.3* (6.6,8.0)	8.8 (8.3,9.2)	24.4† (17.9,32.4)	9.0 (8.6,9.5)	20.1 (18.5,21.8)	15.1* (13.4,17.0)	17.7 (16.5,19.0)	28.4 (17.6,42.4)	17.8 (16.6,19.0)	17.1 (16.0,18.3)	12.6* (11.4,13.9)	14.9 (14.1,15.8)	27.2† (19.1,37.2)	15.0 (4.3,14.2)
Exposure to cyberbullying and online harassment at some point in their lifetime % (95% CI)															
Exposure to any type of cyberbullying	43.5 (42.5,44.6)	24.3* (23.1,25.6)	33.9 (33.1,34.7)	65.6† (58.2,72.3)	34.4 (33.6,35.3)	56.6 (54.6,58.5)	37.7* (35.3,40.1)	47.5 (46.0,49.1)	66.0† (51.9,77.8)	47.7 (46.2,49.2)	52.6 (51.2,54.0)	33.4* (31.7,35.1)	43.3 (42.2,44.4)	65.9† (55.8,74.7)	43.6 (42.5,44.6)
Exposure to offensive name calling	17.2 (16.4,18.1)	12.6* (11.8,13.6)	14.9 (14.3,15.6)	32.9† (25.9,40.8)	15.3 (14.7,15.9)	16.8 (15.3,18.4)	17.6 (15.8,19.6)	17.2 (16.0,18.4)	34.0† (22.4,48.0)	17.4 (16.2,18.6)	16.9 (15.8,18.0)	16.0 (14.7,17.4)	16.5 (15.6,17.4)	33.7† (24.9,43.7)	16.7 (15.9,17.6)
Exposure to defamation	17.9 (17.1,18.7)	11.0* (10.2,11.9)	14.4 (13.9,15.0)	36.4† (29.1,44.4)	14.8 (14.2,15.3)	20.2 (18.6,21.9)	19.2 (17.2,21.3)	19.7 (18.5,21.1)	34.5† (22.9,48.2)	19.9 (18.6,21.2)	19.5 (18.4,20.7)	16.5* (15.2,18.0)	18.1 (17.2,19.0)	35.0† (26.3,44.9)	18.3 (17.4,19.2)
Exposure to prolonged cyber harassment	3.9 (3.5,4.3)	1.7* (1.5,2.1)	2.8 (2.6,3.1)	8.9† (5.9,13.0)	2.9 (2.6,3.1)	7.4 (6.3,8.6)	4.1* (3.2,5.1)	5.8 (5.1,6.6)	10.8 (5.6,19.9)	5.9 (5.2,6.7)	6.3 (5.6,7.2)	3.3* (2.7,4.0)	4.9 (4.4,5.4)	10.3† (6.2,16.4)	5.0 (4.5,5.5)
Exposure to online stalking	8.8 (8.2,9.5)	2.8* (2.5,3.3)	5.8 (5.5,6.2)	15.7† (11.5,21.1)	6.0 (5.6,6.3)	15.3 (13.9,16.9)	4.9* (4.0,6.0)	10.3 (9.4,11.3)	21.2† (12.6,33.5)	10.4 (9.5,11.4)	13.3 (12.3,14.5)	4.2* (3.6,5.0)	8.9 (8.3,9.6)	19.6† (13.2,28.2)	9.0 (8.4,9.7)

Exposure to online sexual harassment	9.0 (8.5,9.7)	2.9* (2.4,3.5)	5.9 (5.6,6.4)	23.4† (18.1,29.7)	6.2 (5.8,6.6)	14.1 (12.7,15.6)	5.4* (4.4,6.7)	10.0 (9.1,10.9)	36.1† (23.0,51.7)	10.3 (9.4,11.3)	12.6 (11.6,13.7)	4.6* (3.9,5.5)	8.7 (8.1,9.4)	32.4† (22.6,44.0)	9.0 (8.4,9.7)
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Increases in violence at home since the start of the pandemic (among those who reported some lifetime experience with that type of violence) % (95% CI)

Psychological Violence															
	n=9,149	n=4,649	n=13,798	n=285	n=14,083	n=2,652	n=1,413	n=4,065	n=87	n=4,152	n=11,801	n=6,062	n=17,863	n=372	n=18,235
Only experienced psychological violence following the start of the pandemic and not beforehand	5.8 (5.0,6.7)	5.7 (4.4,6.9)	5.7 (5.0,6.5)	2.8† (0.6,5.1)	5.6 (4.9,6.3)	5.6 (4.4,6.8)	6.9 (4.9,8.9)	6.1 (5.0,7.2)	8.4 (-0.1,17.0)	6.2 (5.2,7.3)	5.6 (4.7,6.6)	6.6 (5.1,8.0)	6.0 (5.2,6.9)	7.0 (0.6,13.4)	6.1 (5.2,6.9)
Increase in frequency and/or severity of psychological violence at the household level since the start of the pandemic	28.9 (27.2,30.7)	30.0 (27.5,32.4)	29.4 (27.9,30.9)	27.4 (19.1,35.7)	29.5 (28.1,30.9)	28.8 (26.1,31.5)	30.1 (26.3,33.8)	29.3 (27.1,31.6)	34.7 (18.3,51.1)	29.4 (27.2,31.6)	28.8 (26.8,30.9)	30.0 (27.2,32.9)	29.4 (27.7,31.1)	32.8 (20.4,45.2)	29.4 (27.8,31.1)
Physical Violence															
	n=4,917	n=2,982	n=7,899	n=180	n=8,079	n=1,448	n=878	n=2,326	n=48	n=2,374	n=6,365	n=3,860	n=10,225	n=228	n=10,453
Only experienced physical violence following the start of the pandemic and not beforehand	4.2 (3.4,5.1)	4.9 (2.4,7.4)	4.6 (3.3,5.9)	2.0† (0.1,3.8)	4.5 (3.2,5.8)	5.7 (3.8,7.6)	7.0 (4.3,9.7)	6.3 (4.7,7.9)	11.4 (-4.3,27.0)	6.4 (4.8,8.0)	5.3 (3.9,6.8)	6.4 (4.3,8.5)	5.9 (4.6,7.1)	8.3 (-2.5,19.1)	5.9 (4.7,7.1)
Increase in frequency and/or severity of physical violence at the household level since the start of the pandemic	20.1 (18.1,22.0)	17.2 (14.6,19.8)	18.6 (17.0,20.2)	23.0 (12.0,34.0)	18.8 (17.2,20.4)	16.6 (13.7,19.5)	23.1* (18.7,27.6)	19.6 (17.0,22.2)	21.8 (4.2,39.4)	19.6 (17.1,22.2)	17.4 (15.2,19.7)	21.5* (18.2,24.8)	19.4 (17.4,21.3)	22.2 (9.8,34.6)	19.4 (17.5,21.3)
Sexual Violence															
	n=948	n=171	n=1,119	n=39	n=1,158	n=321	n=95	n=416	n=12	n=428	n=1,269	n=266	n=1,535	n=51	n=1,586
Only experienced sexual violence following the start of the pandemic and not beforehand	7.0 (2.4,11.7)	9.0 (1.6,16.5)	7.5 (3.6,11.5)	0.0 (0.0,0.0)	7.1 (3.4,10.7)	3.1 (0.1,6.1)	23.4* (8.6,38.3)	10.6 (4.3,17.0)	0.0† (0.0,0.0)	10.3 (4.1,16.5)	4.0 (1.5,6.6)	21.3* (8.4,34.2)	10.0 (4.8,15.2)	0.0† (0.0,0.0)	9.6 (4.6,14.6)

Increase in frequency and/or severity of sexual violence at the household level since the start of the pandemic	9.9 (6.8,13.0)	25.6* (14.8,36.5)	14.1 (10.3,17.9)	2.7 [†] (-0.7,6.2)	13.2 (9.7,16.8)	10.2 (5.4,15.0)	36.6* (21.7,51.5)	20.5 (13.5,27.5)	0.0 [†] (0.0,0.0)	20.0 (13.3,26.8)	10.2 (6.4,13.9)	35.0* (22.2,47.9)	19.3 (13.6,24.9)	0.9 [†] (-0.3,2.2)	18.6 (13.2,24.1)
Any type of violence															
	n=10,075	n=5,454	n=15,529	n=313	n=16,115	n=2,882	n=1,619	n=4,501	n=91	n=4,646	n=12,957	n=7,073	n=20,030	n=404	n=20,761
Experiencing any type of violence in the household for the first time since the start of the pandemic (among	4.2 (3.6,5.0)	4.6 (3.4,6.2)	4.4 (3.7,5.2)	2.2 [†] (0.9,5.3)	4.3 (3.6,5.1)	4.0 (3.0,5.2)	5.9* (4.4,8.0)	4.8 (3.9,5.9)	4.1 (0.9,16.0)	4.9 (4.0,5.9)	4.0 (3.3,4.9)	5.6* (4.4,7.1)	4.7 (4.0,5.5)	3.6 (1.0,11.6)	4.7 (4.0,5.5)
Increase in frequency and/or severity of violent acts at the household level since the start of the pandemic	27.5 (25.9,29.2)	27.1 (24.9,29.4)	27.3 (26.0,28.)	25.1 (18.2,33.5)	27.4 (26.1,28.8)	27.1 (24.7,29.8)	29.3 (25.9,32.9)	28.1 (26.0,30.2)	32.4 (18.7,50.1)	28.1 (26.1,30.2)	27.2 (25.3,29.2)	28.7 (26.1,31.4)	27.9 (26.3,29.5)	30.5 (19.9,43.8)	27.9 (26.4,29.5)
Increases in witnessing violence and exposure to cyberbullying (among those who reported some lifetime exposure to that type of violence) % (95% CI)															
	n=4,597	n=2,174	n=6,771	n=170	n=7,065	n=1,556	n=767	n=2,323	n=56	n=2,401	n=6,153	n=2,941	n=9,094	n=226	n=9,466
Increase in frequency and/or severity of violent acts against sibling or female partner of their fathers at the household level since the start of the pandemic (among respondents who have reported witnessing some type of violence in their lives)	23.3 (21.2,25.6)	23.5 (20.4,26.9)	23.4 (21.5,23.5)	22.6 (14.3,33.9)	23.5 (21.7,25.4)	24.0 (21.0,27.4)	22.8 (18.9,27.2)	23.5 (21.1,26.2)	34.9 (16.0,60.0)	23.9 (21.4,26.5)	23.9 (21.4,26.6)	22.9 (19.8,26.4)	23.5 (21.5,25.6)	31.56 (16.8,51.3)	23.8 (21.8,25.9)
	n=18,854	n=10,597	n=29,451	n=382	n=30,353	n=4,680	n=2,760	n=7,440	n=107	n=7,630	n=23,534	n=13,357	n=36,891	n=489	n=37,983
Increase in frequency and/or severity of cyberbullying and online harassment since the start of the pandemic (among respondents who have reported being exposed to these types of violence in their lives)	49.5 (48.2,50.8)	44.8* (43.0,46.6)	47.2 (46.1,48.3)	42.0 (33.8,50.6)	47.0 (46.0,48.1)	55.1 (52.8,57.4)	51.1* (48.2,54.0)	53.3 (51.4,55.1)	51.1 (36.0,66.0)	53.3 (51.5,55.0)	53.5 (51.8,55.2)	49.2* (47.1,51.2)	51.5 (50.2,52.8)	48.5 (37.3,59.9)	51.4 (50.1,52.7)
Use of violence-related government services % (95% CI)															
	n=10,075	n=5,454	n=15,529	n=313	n=16,115	n=2,882	n=1,619	n=4,501	n=91	n=4,646	n=12,957	n=7,073	n=20,030	n=404	n=20,761

Has used the 911 violence-related government service since the start of the pandemic	2.9 (2.4,3.6)	3.5 (2.9,4.3)	3.2 (2.8,3.7)	6.6 (3.3,12.7)	3.3 (2.9,3.8)	3.5 (2.6,4.8)	4.3 (2.9,6.4)	3.9 (3.0,5.0)	11.3 (2.9,3.4)	4.0 (3.1,5.2)	3.4 (2.6,4.3)	4.1 (3.0,5.6)	3.7 (3.0,4.5)	10.0 (3.3,26.7)	3.8 (3.2,4.7)
Has used the “No estás sola” violence-related government service since the start of the pandemic	3.2 (2.6,4.0)	2.6 (1.7,4.0)	2.9 (2.3,3.6)	5.6 (2.6,11.6)	3.0 (2.5,3.7)	1.6 (1.1,2.5)	0.7* (0.3,1.5)	1.2 (0.8,1.8)	9.7 (2.3,32.9)	1.4 (1.0,2.1)	2.0 (1.5,2.7)	1.2* (0.8,1.9)	1.7 (1.3,2.1)	8.7 (2.6,25.2)	1.8 (1.5,2.3)
Perception of household and community security since the start of the pandemic compared to before % (95% CI)															
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Feels less safe in their household since the start of the pandemic	6.5 (6.0,7.1)	7.6* (6.8,8.4)	7.0 (6.6,7.5)	11.6 (7.5,17.5)	7.1 (6.7,7.6)	9.3 (8.1,10.5)	10.3 (8.8,12.0)	9.8 (8.8,10.8)	14.4 (7.3,26.3)	9.8 (8.9,10.8)	8.5 (7.6,9.4)	9.4 (8.4,10.6)	8.9 (8.3,9.6)	13.6 (8.1,22.0)	9.0 (8.3,9.7)
Feels less safe in their neighborhood since the start of the pandemic	21.5 (20.6,22.4)	16.5* (15.4,17.5)	18.9 (18.3,19.6)	30.3* (24.1,37.4)	19.2 (18.5,19.9)	29.0 (27.2,30.9)	23.1* (21.2,25.2)	26.2 (24.9,27.6)	38.3 (25.2,53.4)	26.3 (25.0,27.7)	26.8 (25.5, 28.1)	21.0* (19.6,22.5)	24.0 (23.0,25.0)	36.1* (26.3,47.3)	24.1 (23.2,25.1)
Perceives increased crime in their neighborhood since the start of the pandemic	20.7 (19.5,21.9)	14.7* (13.6,15.8)	17.5 (16.7,18.3)	17.8 (12.2,25.2)	17.5 (16.7,18.3)	28.4 (26.3,30.6)	22.3* (20.1,24.7)	25.5 (24.0,27.1)	37.1 (21.8,55.4)	25.7 (24.2,27.3)	26.5 (24.9,28.2)	20.1* (18.5,21.8)	23.3 (22.2,24.5)	32.3 (20.5,47.0)	23.5 (22.3,24.7)
Perceives increased violence in their neighborhood since the start of the pandemic	15.0 (14.1,15.9)	12.0* (10.9,13.1)	13.4 (12.6,14.1)	15.2 (0.9,22.7)	13.4 (12.7,14.1)	24.6 (22.7,26.7)	19.1* (17.1,21.4)	22.0 (20.5,23.5)	20.7 (17.3,48.2)	22.0 (20.6,23.6)	22.2 (20.7,23.8)	17.0* (15.5,18.7)	19.6 (18.6,20.8)	26.8 (16.5,40.4)	19.7 (18.6,20.8)

Notes: (1) Differences were tested between females and males and binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values.
p-value: *p-value < 0.05 for difference between females and males; †p-value < 0.05 for difference between binary and non-binary participants.

TABLE 7 Impact of COVID-19 mitigation measures on exposure to violence, by age group and ethnicity

Variable	15-17 years			18-24 years			Total		
	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Increases in violence at home since the start of the pandemic (among those who reported some lifetime experience with that type of violence) % (95% CI)									
Psychological Violence									
	n=4,242	n=10,086	n=14,328	n=1,129	n=3,071	n=4,200	n=5,371	n=13,157	n=18,528
Only experienced psychological violence following the start of the pandemic and not beforehand	6.7 (5.4,8.0)	5.1* (4.2,5.9)	5.6 (4.9,6.3)	8.0 (5.7,10.4)	5.6 (4.4,6.8)	6.2 (5.2,7.3)	7.6 (5.9,9.3)	5.5* (4.5,6.4)	6.1 (5.2,6.9)
Increase in frequency and/or severity of psychological violence at the household level since the start of the pandemic	32.0 (29.4,34.7)	28.3* (26.6,30.0)	29.5 (28.1,30.9)	38.6 (34.1,43.0)	26.1* (23.6,28.5)	29.4 (27.2,31.6)	36.6 (33.4,39.9)	26.6* (24.7,28.5)	29.4 (27.8,31.1)
Physical Violence									
	n=2,516	n=5,693	n=8,209	n=667	n=1,733	n=2,400	n=3,183	n=7,426	n=10,609
Only experienced physical violence following the start of the pandemic and not beforehand	5.1 (2.4,7.7)	4.2 (2.8,5.6)	4.5 (3.2,5.8)	8.6 (5.3,11.9)	5.5 (3.7,7.4)	6.4 (4.8,8.0)	7.5 (5.1,10.0)	5.2 (3.8,6.6)	5.9 (4.7,7.1)
Increase in frequency and/or severity of physical violence at the household level since the start of the pandemic	20.2 (17.5,22.8)	18.1 (16.1,20.1)	18.8 (17.2,20.4)	26.6 (21.1,32.0)	16.9* (14.1,19.7)	19.6 (17.1,22.2)	24.7 (20.8,28.7)	17.2* (15.0,19.3)	19.4 (17.5,21.3)
Sexual Violence									
	n=394	n=789	n=1,183	n=148	n=284	n=432	n=542	n=1,073	n=1,615
Only experienced sexual violence following the start of the pandemic and not beforehand	7.7 (-0.2,15.6)	6.7 (3.4,9.9)	7.1 (3.4,10.7)	12.6 (2.2,22.9)	9.0 (1.2,16.7)	10.3 (4.1,16.5)	11.5 (3.2,19.8)	8.5 (2.3,14.7)	9.6 (4.6,14.6)
Increase in frequency and/or severity of sexual violence at the household level since the start of the pandemic	17.8 (11.2,24.4)	10.4 (6.4,14.5)	13.2 (9.7,16.8)	22.6 (10.5,34.7)	18.6 (10.5,26.7)	20.0 (13.3,26.8)	21.6 (11.9,31.2)	17.0 (10.5,23.5)	18.6 (13.2,24.1)

Any type of violence									
	n=4,811	n=11,304	n=16,115	n=1,266	n=3,380	n=10,586	n=6,077	n=14,684	n=20,761
Only experienced a specific type of violence in the household for the first time since the start of the pandemic	5.6 (4.1,7.4)	3.7* (3.0,4.5)	4.3 (3.6,5.1)	6.0 (4.3,8.5)	4.4 (3.5,5.7)	4.9 (4.0,5.9)	5.9 (4.5,7.6)	4.2 (3.5,5.2)	4.7 (4.0,5.5)
Increase in frequency and/or severity of violent acts at the household level since the start of the pandemic (among respondents who have reported being exposed to any type of violence in their lives)	29.7 (27.3,32.3)	26.3* (24.7,27.9)	27.4 (26.1,28.8)	36.4 (32.3,40.7)	25.0* (22.7,27.4)	28.1 (26.1,30.2)	34.4 (31.4,37.6)	25.3* (23.5,27.2)	27.9 (26.4,29.5)
Increases in witnessing violence and exposure to cyberbullying (among those who reported some lifetime exposure to that type of violence) % (95% CI)									
	n=2,253	n=5,128	n=7,381	n=695	n=1,780	n=2,475	n=2,948	n=6,908	n=9,856
Increase in frequency and/or severity of violent acts against sibling or female partner of their fathers at the household level since the start of the pandemic (among respondents who have reported witnessing some type of violence in their lives)	22.1 (19.3,25.1)	24.3 (22.0,26.7)	23.5 (21.7,25.4)	28.3 (23.7,33.5)	22.0* (19.2,25.2)	23.9 (21.4,26.5)	26.8 (23.2,30.7)	22.5 (20.1,25.0)	23.8 (21.8,25.9)
Increase in frequency and/or severity of cyberbullying and online harassment since the start of the pandemic (among respondents who have reported being exposed to these types of violence in their lives)	51.3 (49.3,53.3)	45.0* (43.7,46.3)	47.0 (46.0,48.1)	59.3 (56.2,62.4)	50.8* (48.7,53.0)	53.3 (51.5,55.0)	56.7 (54.5,58.9)	49.1* (47.6,50.7)	51.4 (50.1,52.7)
Use of violence-related government services % (95% CI)									
	n=4,811	n=11,304	n=16,115	n=1,266	n=3,380	n=10,586	n=6,077	n=14,684	n=20,761
Has used the 911 violence-related government service since the start of the pandemic	3.2 (2.7,3.7)	2.3* (2.0,2.6)	3.3 (2.9,3.8)	2.9 (2.0,4.0)	2.5 (2.0,3.3)	4.0 (3.1,5.2)	4.2 (3.1,5.7)	3.7 (2.9,4.7)	3.8 (3.2,4.7)
Has used the "No estás sola" violence-related government service since the start of the pandemic	2.5 (2.2,3.0)	2.2 (1.8,2.7)	3.0 (2.5,3.7)	0.6 (0.4,1.0)	1.3* (0.9,1.7)	1.4 (1.0,2.1)	1.3 (1.0,1.6)	2.1* (1.6,2.8)	1.8 (1.5,2.3)
Perception of household and community security since the start of the pandemic compared to before % (95% CI)									
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Feels less safe in their household since the start of the pandemic	8.7 (7.7,9.9)	6.3* (5.9,6.8)	7.1 (6.7,7.6)	11.1 (9.3,13.2)	9.3 (8.2,10.5)	9.8 (8.9,10.8)	10.3 (9.1,11.7)	8.4* (7.7,9.3)	9.0 (8.3,9.7)

Feels less safe in their neighborhood since the start of the pandemic	19.7 (18.4,21.1)	18.9 (18.2,19.7)	19.2 (18.5,19.9)	27.8 (25.3,30.4)	25.7 (24.2,27.3)	26.3 (25.0,27.7)	25.1 (23.3,26.9)	23.7 (22.6,24.9)	24.1 (23.2,25.1)
Perceives increased crime in their neighborhood since the start of the pandemic	18.1 (16.6,19.6)	17.1 (16.2,18.1)	17.5 (16.7,18.3)	28.4 (25.6,31.5)	24.6* (22.8,26.5)	25.7 (24.2,27.3)	25.2 (23.2,27.4)	22.7 (21.3,24.1)	23.5 (22.3,24.7)
Perceives increased violence in their neighborhood since the start of the pandemic	14.8 (13.3,16.4)	12.6* (11.9,13.4)	13.4 (12.7,14.1)	24.6 (21.9,27.5)	21.0* (19.3,22.8)	22.0 (20.6,23.6)	21.6 (19.6,23.6)	18.8* (17.6,20.2)	19.7 (18.6,20.8)

Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.
p-value: *p-value<0.05

TABLE 8 Impact of COVID-19 mitigation measures on exposure to violence, by age group and SES

Variable	15-17 years			18-24 years			Total		
	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total
	n=8,852	n=8,778	n=44,955	n=2,288	n=2,331	n=10,737	n=11,140	n=11,109	n=55,692
Increases in violence at home since the start of the pandemic (among those who reported some lifetime experience with that type of violence) % (95% CI)									
Psychological Violence									
	n=2,709	n=3,032	n=5,741	n=821	n=1,023	n=1,844	n=3,530	n=4,055	n=7,585
Only experienced psychological violence following the start of the pandemic and not beforehand	8.4 (6.7,10.1)	4.4* (2.7,6.1)	5.6 (4.9,6.3)	10.0 (6.8,13.3)	4.5* (2.8,6.3)	6.2 (5.2,7.3)	9.6 (7.2,12.0)	4.5* (3.1,6.0)	6.1 (5.2,6.9)
Increase in frequency and/or severity of psychological violence at the household level since the start of the pandemic	37.0 (33.6,40.3)	25.6* (22.6,28.5)	29.5 (28.1,30.9)	44.0 (38.6,49.5)	20.6* (17.0,24.2)	29.4 (27.2,31.6)	42.2 (38.1,46.4)	21.6* (18.7,24.6)	29.4 (27.8,31.1)
Physical Violence									
	n=1,562	n=1,789	n=3,351	n=483	n=583	n=1,066	n=2,045	n=2,372	n=4,417
Only experienced physical violence following the start of the pandemic and not beforehand	6.1 (4.1,8.1)	2.2* (1.4,2.9)	4.5 (3.2,5.8)	12.7 (7.8,17.6)	4.4* (1.6,7.2)	6.4 (4.8,8.0)	11.1 (7.3,14.8)	3.9* (1.7,6.0)	5.9 (4.7,7.1)
Increase in frequency and/or severity of physical violence at the household level since the start of the pandemic	27.2 (23.3,31.1)	12.5* (10.2,14.9)	18.8 (17.2,20.4)	37.9 (30.5,45.2)	12.1* (8.3,15.9)	19.6 (17.1,22.2)	35.3 (29.6,40.9)	12.2* (9.2,15.2)	19.4 (17.5,21.3)
Sexual Violence									
	n=267	n=195	n=462	n=133	n=70	n=203	n=400	n=265	n=665

Only experienced sexual violence following the start of the pandemic and not beforehand	9.5 (0.8,18.3)	4.0 (0.8,7.1)	7.1 (3.4,10.7)	15.0 (2.0,28.0)	3.8 (-2.9,10.5)	10.3 (4.1,16.5)	14.1 (3.0,25.3)	3.9 (-1.6,9.3)	9.6 (4.6,14.6)
Increase in frequency and/or severity of sexual violence at the household level since the start of the pandemic	26.4 (14.5,38.2)	8.7* (2.9,14.5)	13.2 (9.7,16.8)	29.7 (15.4,44.0)	9.8* (0.2,19.3)	20.0 (13.3,26.8)	29.2 (16.9,41.6)	9.5* (1.8,17.3)	18.6 (13.2,24.1)
Any type of violence									
	n=3,044	n=3,446	n=16,115	n=919	n=1,119	n=10,586	n=3,963	n=4,565	n=20,761
Only experienced a specific type of violence in the household for the first time since the start of the pandemic	5.6 (4.4,7.0)	3.2* (2.0,5.0)	4.3 (3.6,5.1)	9.0 (6.3,12.7)	3.5* (2.2,5.5)	4.9 (4.0,5.9)	8.1 (6.0,10.8)	3.4* (2.4,5.0)	4.7 (4.0,5.5)
Increase in frequency and/or severity of violent acts at the household level since the start of the pandemic (among respondents who have reported being exposed to any type of violence in their lives)	35.1 (32.0,38.4)	23.6* (21.0,26.5)	27.4 (26.1,28.8)	42.4 (37.3,47.8)	20.0* (16.8,23.7)	28.1 (26.1,30.2)	40.5 (36.6,44.5)	20.8* (18.1,23.7)	27.9 (26.4,29.5)
Increases in witnessing violence and exposure to cyberbullying (among those who reported some lifetime exposure to that type of violence) % (95% CI)									
	n=2,253	n=5,128	n=7,381	n=695	n=1,780	n=2,475	n=2,948	n=6,908	n=9,856
Increase in frequency and/or severity of violent acts against sibling or female partner of their fathers at the household level since the start of the pandemic (among respondents who have reported witnessing some type of violence in their lives)	27.6 (23.4,32.2)	24.2 (19.5,29.6)	23.5 (21.7,25.4)	34.1 (28.2,40.6)	17.5* (13.5,22.3)	23.9 (21.4,26.5)	32.8 (28.0,37.9)	18.7* (15.3,22.7)	23.8 (21.8,25.9)
	n=6,008	n=5,948	n=30,353	n=1,571	n=1,659	n=7,630	n=7,579	n=7,607	n=37,983
Increase in frequency and/or severity of cyberbullying and online harassment since the start of the pandemic (among respondents who have reported being exposed to these types of violence in their lives)	46.9 (44.6,49.3)	46.3 (44.0,48.6)	47.0 (46.0,48.1)	59.1 (55.4,62.7)	46.8* (42.9,50.6)	53.3 (51.5,55.0)	55.5 (52.8,58.2)	46.6* (43.7,49.6)	51.4 (50.1,52.7)
Use of violence-related government services % (95% CI)									
	n=3,044	n=3,446	n=16,115	n=919	n=1,119	n=10,586	n=3,963	n=4,565	n=20,761
Has used the 911 violence-related government service since the start of the pandemic	3.7 (2.8,4.8)	3.9 (2.8,5.4)	3.3 (2.9,3.8)	3.8 (2.2,6.4)	4.8 (3.0,7.4)	4.0 (3.1,5.2)	3.8 (2.5,5.6)	4.6 (3.2,6.6)	3.8 (3.2,4.7)

Has used the “No estás sola” violence-related government service since the start of the pandemic	3.0 (2.2,4.1)	3.2 (2.3,4.4)	3.0 (2.5,3.7)	1.8 (0.8,3.8)	2.6 (0.7,3.7)	1.4 (1.0,2.1)	2.1 (1.2,3.4)	2.0 (1.1,3.4)	1.8 (1.5,2.3)
Perception of household and community security since the start of the pandemic compared to before % (95% CI)									
	n=8,852	n=8,778	n=44,955	n=2,288	n=2,331	n=10,737	n=11,140	n=11,109	n=55,692
Feels less safe in their household since the start of the pandemic	9.7 (8.6,11.0)	5.5* (4.7,6.3)	7.1 (6.7,7.6)	12.3 (10.1,14.9)	8.4* (6.7,10.5)	9.8 (8.9,10.8)	11.5 (9.9,13.3)	7.6* (6.3,9.2)	9.0 (8.3,9.7)
Feels less safe in their neighborhood since the start of the pandemic	22.6 (20.9,24.4)	15.1* (14.0,16.3)	19.2 (18.5,19.9)	32.1 (29.1,35.3)	21.3* (18.8,24.1)	26.3 (25.0,27.7)	29.3 (27.1, 31.6)	19.7* (17.8,21.7)	24.1 (23.2,25.1)
Perceives increased crime in their neighborhood since the start of the pandemic	22.0 (20.1,24.0)	13.8* (12.4,15.4)	17.5 (16.7,18.3)	30.2 (26.9,33.8)	22.5* (19.5,25.8)	25.7 (24.2,27.3)	28.1 (25.6,30.8)	20.4* (18.1,23.0)	23.5 (22.3,24.7)
Perceives increased violence in their neighborhood since the start of the pandemic	16.9 (15.2,18.7)	9.9* (8.7,11.1)	13.4 (12.7,14.1)	24.9 (21.8,28.2)	19.8* (16.9,23.0)	22.0 (20.6,23.6)	22.8 (20.5,25.3)	17.3* (15.1,19.7)	19.7 (18.6,20.8)
<p>Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n’s are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n’s may vary minimally between one variable and another due to missing values.</p> <p>p-value: *p-value<0.05</p>									

D. EDUCATION AND LEARNING

TABLE 9 Impact of COVID-19 mitigation measures on education and learning experiences, by age group and gender

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
School Dropout and Attendance % (95% CI)															
	n=77	n=76	n=153	n=2	n=155	n=866	n=445	n=1,311	n=16	n=1,327	n=943	n=521	n=1,464	n=18	N=1,482
Left school specifically due to the COVID-19 pandemic (among respondents not currently enrolled in school)	34.1 (15.7,52.6)	39.4 (21.1,57.7)	37.1 (23.9,50.4)	98.4 [†] (94.0,102.8)	42.3 (26.6,58.1)	9.1 (6.4,11.7)	9.7 (6.7,12.7)	9.3 (7.3,11.3)	3.4 (-2.4,9.1)	9.2 (7.3,11.2)	9.2 (6.6,11.8)	10.0 (7.0,13.0)	9.6 (7.6,11.5)	11.3 (-5.2,27.7)	9.5 (7.5,11.4)
	n=26,354	n=15,926	n=42,280	n=483	n=43,479	n=5,360	n= 3,536	n=8,896	n=120	n=9,120	n=31,714	n=19,462	n=51,176	n=603	N=52,599
Attended at least 70% of their classes since their school facilities closed (among respondents currently enrolled in school)	92.8 (92.2,93.4)	90.8* (89.9,91.7)	91.8 (91.3,92.4)	91.8 (88.3,95.2)	91.8 (91.2,92.3)	91.5 (90.3,92.7)	88.4* (86.7,90.1)	90.0 (89.0,91.0)	78.1 (64.4,91.9)	89.8 (88.7,90.8)	92.0 (91.2,92.8)	89.3* (88.2,90.4)	90.7 (90.0,91.4)	82.4 (72.7,92.0)	90.5 (89.8,91.2)
Participants reports receiving classes through each of the following modes (among respondents currently enrolled in school) % (95% CI)															
	n=26,354	n=15,926	n=42,280	n=483	n=43,479	n=5,360	n= 3,536	n=8,896	n=120	n=9,120	n=31,714	n=19,462	n=51,176	n=603	N=52,599
Online	99.2 (99.0,99.4)	98.8 (98.4,99.2)	99.0 (98.7,99.2)	99.2 (98.6,99.8)	99.0 (98.8,99.2)	98.3 (97.7,98.9)	98.5 (97.8,99.3)	98.4 (97.9,98.9)	100 [†] (100.0,100.0)	98.4 (98.0,98.9)	98.6 (98.2,99.0)	98.6 (98.1,99.1)	98.6 (98.3,98.9)	99.7 [†] (99.5,100)	98.6 (98.3,98.9)
Television	2.7 (2.3,3.1)	2.7 (2.1,3.3)	2.7 (2.4,3.1)	2.8 (0.5,5.1)	2.7 (2.3,3.1)	0.3 (0.2,0.5)	0.8 (0.3,1.3)	0.6 (0.3,0.8)	0.0 [†] (0.0,0.0)	0.6 (0.3,0.8)	12 (10,14)	15 (11,19)	14 (12,16)	0.9 (0,1.6)	1.4 (1.2,1.6)
Radio	0.1 (0.0,0.1)	0.2* (0.1,0.3)	0.1 (0.1,0.2)	0.0 (0.0,0.0)	0.1 (0.1,0.2)	0.1 (0.0,0.2)	0.6 (0.1,1.1)	0.3 (0.1,0.6)	0.0 (0.0,0.0)	0.3 (0.1,0.6)	0.1 (0.0,0.1)	0.4* (0.1,0.7)	0.3 (0.1,0.4)	0.0 (0.0,0.0)	0.2 (0.1,0.4)
Take-home materials	4.7 (4.2,5.2)	4.5 (3.9,5.1)	4.6 (4.2,5.0)	3.7 (1.3,6.0)	4.6 (4.2,5.0)	2.1 (1.3,2.8)	2.0 (1.2,2.8)	2.1 (1.5,2.6)	0.5 [†] (-0.5,1.6)	2.0 (1.5,2.5)	3.1 (2.4,3.5)	3.0 (2.4,3.5)	3.0 (2.6,3.4)	1.5 [†] (0.4,2.6)	3.0 (2.6,3.3)
Participant perceptions of access and learning (among respondents currently enrolled in school) % (95% CI)															
	n=26,354	n=15,926	n=42,280	n=483	n=43,479	n=5,360	n= 3,536	n=8,896	n=120	n=9,120	n=31,714	n=19,462	n=51,176	n=603	N=52,599
Since school facilities closed, participant has had the means necessary to access homework and assignments	60.3 (59.3,61.4)	59.8 (58.3,61.2)	60.1 (59.2,61.0)	62.7 (55.8,69.5)	60.0 (59.1,60.9)	59.1 (57.0,61.3)	56.9 (54.3,59.5)	58.1 (56.4,59.7)	77.3 [†] (65.9,88.7)	58.2 (56.5,59.8)	59.6 (58.1,61.0)	58.0 (56.3,59.7)	58.8 (57.7,59.9)	72.6 [†] (64.3,80.9)	58.9 (57.8,59.9)
Since school facilities closed, participant has had means necessary to complete and submit homework and assignments	65.0 (64.0,66.1)	64.8 (63.4,66.3)	64.9 (64.1,65.8)	66.0 (59.3,72.7)	64.9 (64.0,65.7)	62.3 (60.2,64.5)	60.0 (57.5,62.6)	61.2 (59.6,62.9)	81.5 [†] (71.1,91.9)	61.5 (59.8,63.1)	63.3 (61.9,64.7)	61.9 (60.2,63.5)	62.6 (61.5,63.7)	76.5 [†] (68.9,84.2)	62.7 (61.7,63.8)

Since school facilities closed, participant perceives that they learn more than they did when school was in-person	9.6 (9.0,10.1)	14.7* (13.5,15.8)	12.1 (11.5,12.7)	9.9 (5.5,14.2)	12.1 (11.5,12.8)	11.8 (10.3,13.3)	13.7 (11.9,15.4)	12.7 (11.5,13.8)	9.1 (2.8,15.4)	12.7 (11.5,13.8)	11.0 (10.0,11.9)	14.0* (12.9,15.2)	12.5 (11.7,13.2)	9.4 (4.8,13.9)	12.5 (11.7,13.2)
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Notes: (1) Differences were tested between females and males and binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values.
p-value: *p-value < 0.05 for difference between females and males; †p-value < 0.05 for difference between binary and non-binary participants.

TABLE 10 Impact of COVID-19 mitigation measures on education and learning experiences, by age group and ethnicity

Variable	15-17 years			18-24 years			Total		
	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and descendant par	Non-Indigenous or Afro-descendant participants	Total
School Dropout and Attendance % (95% CI)									
	n=55	n=102	n=157	n=383	n=954	n=1,337	n=438	n=1,056	N=1,494
Left school specifically due to the COVID-19 pandemic (among respondents not currently enrolled in school)	13.7 (4.4,23.0)	60.7* (41.5,79.8)	42.3 (26.6,58.1)	9.5 (5.7,13.2)	9.1 (6.8,11.4)	9.2 (7.3,11.2)	9.5 (5.8,13.2)	9.5 (7.2,11.8)	9.5 (7.5,11.4)
	n=12,373	n=31,106	n=43,479	n=2,447	n=6,673	n=9,120	n=14,820	n=37,779	N=52,599
Attended at least 70% of their classes since their school facilities closed (among respondents currently enrolled in school)	90.3 (89.2,91.4)	92.5* (91.9,93.1)	91.8 (91.2,92.3)	86.4 (84.1,88.6)	91.1* (89.9,92.2)	89.8 (88.7,90.8)	88.0 (86.6,89.4)	91.6* (90.8,92.3)	90.5 (89.8,91.2)
Participants reports receiving classes through each of the following modes (among respondents currently enrolled in school) % (95% CI)									
	n=12,373	n=31,106	n=43,479	n=2,447	n=6,673	n=9,120	n=14,820	n=37,779	N=52,599
Online	98.4 (97.8,99.0)	99.2* (99.1,99.4)	99.0 (98.8,99.2)	97.7 (96.5,98.8)	98.7 (98.2,99.2)	98.4 (98.0,98.9)	98.0 (97.3,98.7)	98.9* (98.6,99.2)	98.6 (98.3,98.9)
Television	3.1 (2.3,3.8)	2.5 (2.1,2.9)	2.7 (2.3,3.1)	0.9 (0.1,1.6)	0.4 (0.2,0.6)	0.6 (0.3,0.8)	1.8 (1.2,2.3)	1.2 (1.0,1.4)	1.4 (1.2,1.6)
Radio	0.1 (0.0,0.2)	0.1 (0.0,0.2)	0.1 (0.1,0.2)	0.8 (0.0,1.6)	0.1 (0.0,0.3)	0.3 (0.1,0.6)	0.5 (0.1,1.0)	0.1 (0.0,0.2)	0.2 (0.1,0.4)
Take-home materials	5.1 (4.2,5.9)	4.4 (4.0,4.8)	4.6 (4.2,5.0)	3.6 (2.2,5.0)	1.4* (1.0,1.9)	2.0 (1.5,2.5)	4.2 (3.3,5.1)	2.5* (2.2,2.8)	3.0 (2.6,3.3)
Participant perceptions of access and learning (among respondents currently enrolled in school) % (95% CI)									
	n=12,373	n=31,106	n=43,479	n=2,447	n=6,673	n=9,120	n=14,820	n=37,779	N=52,599

Since school facilities closed, participant has had the means necessary to access homework and assignments	53.3 (51.6,55.0)	63.1* (62.1,64.1)	60.0 (59.1,60.9)	46.0 (42.9,49.1)	62.9* (61.0,64.8)	58.2 (56.5,59.8)	48.9 (47.0,50.9)	63.0* (61.7,64.2)	58.9 (57.8,59.9)
Since school facilities closed, participant has had means necessary to complete and submit homework and assignments	58.8 (57.1,60.5)	67.7* (66.7,68.7)	64.9 (64.0,65.7)	51.3 (48.2,54.4)	65.4* (63.5,67.3)	61.5 (59.8,63.1)	54.3 (52.3,56.3)	66.2* (65.0,67.5)	62.7 (61.7,63.8)
Since school facilities closed, participant perceives that they learn more than they did when school was in-person	13.8 (12.5,15.0)	11.4* (10.7,12.1)	12.1 (11.5,12.8)	14.0 (11.9,16.1)	12.2 (10.8,13.5)	12.7 (11.5,13.8)	13.9 (12.5,15.3)	11.9* (11.0,12.8)	12.5 (11.7,13.2)

Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.
p-value: *p-value < 0.05

TABLE 11 Impact of COVID-19 mitigation measures on education and learning experiences, by age group and SES

Variable	15-17 years			18-24 years			Total		
	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total
School Dropout and Attendance % (95% CI)									
	n=47	n=19	n=157	n=319	n=290	n=1,337	n=366	n=309	N=1,494
Left school specifically due to the COVID-19 pandemic (among respondents not currently enrolled in school)	12.8 (2.6,23.1)	88.1* (73.0,103.3)	42.3 (26.6,58.1)	10.2 (5.7,14.7)	5.5 (2.3,8.8)	9.2 (7.3,11.2)	10.2 (5.8,14.7)	6.0 (2.7,9.3)	9.5 (7.5,11.4)
	n=8,354	n=8,613	n=43,453	n=1,856	n=2,006	n=9,116	n=10,210	n=10,619	N=52,569
Attended at least 70% of their classes since their school facilities closed (among respondents currently enrolled in school)	86.9 (85.2,88.5)	94.8* (94.0,95.6)	91.8 (91.2,92.3)	82.3 (79.3,85.2)	93.1* (91.2,95.0)	89.8 (88.7,90.8)	84.0 (82.0,86.0)	93.6* (92.3,94.9)	90.5 (89.8,91.2)
Participants reports receiving classes through each of the following modes (among respondents currently enrolled in school) % (95% CI)									
	n=8,354	n=8,613	n=43,453	n=1,856	n=2,006	n=9,116	n=10,210	n=10,619	N=52,569
Online	97.7 (96.9,98.5)	99.6* (99.4,99.9)	99.0 (98.8,99.2)	97.9 (96.8,99.0)	98.8 (98.1,99.5)	98.4 (98.0,98.9)	97.8 (97.1,98.6)	99.1* (98.6,99.6)	98.6 (98.3,98.9)

Television	2.9 (2.0,3.8)	2.8 (2.2,3.4)	2.7 (2.3,3.1)	1.3 (0.2,2.3)	0.3 (0.1,0.5)	0.6 (0.3,0.8)	1.9 (1.1,2.6)	1.1 (0.9,1.4)	1.4 (1.2,1.6)
Radio	0.3 (0.1,0.5)	0.2 (0.0,0.3)	0.1 (0.1,0.2)	1.3 (0.0,2.5)	0.0* (0.0,0.0)	0.3 (0.1,0.6)	0.9 (0.1,1.7)	0.1* (0.0,0.1)	0.2 (0.1,0.4)
Take-home materials	4.1 (3.2,5.0)	5.0 (4.2,5.7)	4.6 (4.2,5.0)	3.3 (1.7,4.9)	1.3* (0.5,2.2)	2.0 (1.5,2.5)	3.6 (2.5,4.6)	2.5 (1.9,3.1)	3.0 (2.6,3.3)
Participant perceptions of access and learning (among respondents currently enrolled in school) % (95% CI)									
	n=8,354	n=8,613	n=43,453	n=1,856	n=2,006	n=9,116	n=10,210	n=10,619	N=52,569
Since school facilities closed, participant has had the means necessary to access homework and assignments	35.8 (33.9,37.7)	77.4* (75.6,79.1)	60.0 (59.1,60.9)	27.8 (24.6,31.0)	79.8* (77.0,82.7)	58.2 (56.5,59.8)	30.8 (28.6,32.9)	79.0* (77.1,81.0)	58.9 (57.8,59.9)
Since school facilities closed, participant has had means necessary to complete and submit homework and assignments	40.3 (38.4,42.3)	81.0* (79.3,82.6)	64.9 (64.0,65.7)	32.0 (28.7,35.3)	81.1* (78.3,83.8)	61.5 (59.8,63.1)	35.0 (32.8,37.3)	81.0* (79.1,83.0)	62.7 (61.7,63.8)
Since school facilities closed, participant perceives that they learn more than they did when school was in-person	13.9 (12.3,15.4)	11.6* (10.3,12.8)	12.1 (11.5,12.8)	12.4 (10.1,14.6)	12.7 (10.4,15.1)	12.7 (11.5,13.8)	12.9 (11.4,14.5)	12.3 (10.7,14.0)	12.5 (11.7,13.2)
<p>Notes: (1) Differences were tested between participants in the lowest and highest socioeconomic quintiles; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.</p> <p>p-value: *p-value<0.05</p>									

E. EMPLOYMENT AND INCOME

TABLE 12 Impact of COVID-19 mitigation measures on employment and family financial health, by age group and gender

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Participant Employment Status % (95% CI)															
Currently has a job or business	18.3 (17.5,19.2)	26.7* (25.5,27.9)	22.5 (21.8,23.3)	19.5 (13.6,25.4)	22.5 (21.8,23.3)	40.5 (38.5,42.5)	48.3* (45.9,50.8)	44.2 (42.6,45.8)	40.7 (26.2,55.1)	44.1 (42.5,45.6)	34.0 (32.5,35.4)	41.4* (39.7,43.2)	37.6 (36.4,38.7)	34.5 (23.8,45.1)	37.5 (36.3,38.6)
Employed Participant Activity % (95% CI)															
	n=513	n=447	n=960	n=20	n=999	n=291	n=232	n=523	n=5	n=531	n=804	n=679	n=1,483	n=25	n=1,530
Employed participants who cited COVID-19 contingency measures as a primary reason for not having worked for at least one hour in the week prior to taking the survey	47.0 (38.5,55.5)	44.9 (37.5,52.2)	45.7 (40.1,51.3)	6.5 [†] (-1.1,14.2)	43.4 (37.6,49.3)	39.2 (31.2,47.1)	52.4* (42.9,62.0)	45.9 (39.6,52.2)	31.4 (-12.4,75.2)	45.9 (39.6,52.1)	40.2 (33.2,47.2)	51.0* (43.1,58.9)	45.9 (40.5,51.3)	20.4 [†] (-1.2,41.9)	45.5 (40.2,50.7)
Unemployed Participant Activity % (95% CI)															
	n=10,586	n=5,176	n=15,762	n=190	n=16,158	n=1,504	n=715	n=2,219	n=34	n=2,272	n=12,090	n=5,891	n=17,981	n=224	n=18,430
Unemployed participants who cited COVID-19 contingency measures as a primary reason for not having looked for work in the week prior to taking the survey	35.4 (33.8,37.0)	42.9* (40.5,45.3)	38.7 (37.3,40.1)	17.1 [†] (8.9,25.3)	38.4 (37.0,39.8)	48.7 (44.5,52.8)	55.5 (49.6,61.5)	51.5 (48.1,55.0)	37.6 (12.3,62.8)	51.3 (47.9,54.7)	42.6 (40.2,44.9)	49.4* (46.2,52.7)	45.5 (43.6,47.4)	28.1 [†] (13.4,42.8)	45.2 (43.3,47.1)
Household employment conditions and income % (95% CI)															
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Considers that they or another member of their household would lose income in the coming months due to the pandemic	37.1 (36.1,38.2)	30.4* (29.1,31.8)	33.7 (32.9,34.6)	34.4 (26.7,42.2)	33.8 (33.0,34.7)	43.4 (41.4,45.4)	38.8* (36.5,41.2)	41.2 (39.7,42.8)	44.2 (30.4,58.0)	41.3 (39.8,42.8)	41.5 (40.1,43.0)	36.1* (34.5,37.8)	38.9 (37.8,40.0)	41.4 (31.4,51.5)	39.0 (37.9,40.1)
Reports that at least one member of the household lost their job or closed their business due to COVID-19 measures in the month prior to taking the survey	40.2 (39.1,41.3)	31.0* (29.6,32.3)	35.5 (34.6,36.4)	35.4 (28.0,42.9)	35.6 (34.7,36.5)	45.0 (42.9,47.0)	36.8* (34.4,39.2)	41.0 (39.5,42.6)	29.5 (16.3,42.7)	40.9 (39.3,42.4)	43.6 (42.1,45.1)	35.0* (33.3,36.7)	39.4 (38.2,40.5)	31.2 (21.4,40.9)	39.3 (38.2,40.4)

States that it is somewhat probable or highly probable that their household will earn a smaller income in the current year, as compared to the previous year	63.8 (62.8,64.9)	61.9* (60.5,63.3)	62.9 (62.0,63.7)	62.5 (54.8,70.1)	62.8 (61.9,63.6)	76.4 (74.7,78.1)	73.8 (71.7,75.9)	75.2 (73.8,76.5)	73.1 (60.8,85.3)	75.1 (73.8,76.5)	72.7 (71.4,73.9)	70.0* (68.5,71.5)	71.4 (70.4,72.4)	70.1 (61.0,79.1)	71.3 (70.3,72.3)
Family had taken some financial measure (sell items, borrow money, or something else) to deal with COVID-19 measures	47.5 (46.4,48.6)	39.7 (38.2,41.1)	43.6 (42.6,44.5)	45.7 (37.5,53.8)	43.7 (42.8,44.6)	61.1 (59.1,63.1)	55.8 (53.3,58.3)	58.6 (57.0,60.2)	62.2 (48.6,75.8)	58.7 (57.1,60.3)	57.2 (55.7,58.7)	50.7 (48.9,52.5)	54.1 (52.9,55.2)	57.8 (47.4,68.1)	54.2 (53.0,55.3)
Family started to receive support from a government program since the start of the pandemic (versus no or I don't know)	14.1 (13.4,14.8)	17.8* (16.6,18.9)	15.9 (15.3,16.6)	15.6 (10.0,21.1)	15.9 (15.2,16.6)	9.3 (8.1,10.5)	12.4* (10.8,13.9)	10.7 (9.8,11.7)	9.0 (2.9,15.0)	10.7 (9.8,11.7)	10.7 (9.8,11.6)	14.1* (13.0,15.2)	12.4 (11.6,13.1)	10.9 (6.2,15.6)	12.3 (11.6,13.0)
Respondents who report that since the beginning of the pandemic, their households have almost never or never been able to do the following % (95% CI)															
Buy enough food for the people in the household	2.8 (2.4,3.2)	2.2 (1.9,2.6)	2.5 (2.2,2.8)	2.6 (0.5,4.7)	2.5 (2.2,2.8)	3.9 (3.1,4.6)	3.2 (2.4,4.1)	3.6 (3.0,4.1)	1.5 [†] (-0.3,3.3)	3.6 (3.0,4.2)	3.5 (3.0,4.1)	2.9 (2.3,3.5)	3.2 (2.8,3.6)	1.8 (0.4,3.3)	3.3 (2.9,3.6)
Pay important bills, such as rent	7.1 (6.5,7.7)	7.3 (6.4,8.1)	7.2 (6.6,7.7)	6.8 (3.1,10.5)	7.3 (6.8,7.9)	8.0 (6.9,9.1)	7.4 (6.1,8.7)	7.7 (6.9,8.6)	0.7 [†] (-0.3,1.7)	7.6 (6.8,8.4)	7.7 (7.0,8.5)	7.4 (6.4,8.3)	7.6 (6.9,8.2)	2.5 [†] (1.1,3.8)	7.5 (6.9,8.1)
Purchase necessary medicines for household members	7.5 (6.8,8.2)	6.8 (6.0,7.6)	7.1 (6.6,7.6)	5.8 (2.9,8.8)	7.2 (6.7,7.7)	8.1 (7.0,9.1)	6.9 (5.7,8.2)	7.5 (6.7,8.3)	6.1 (-0.1,12.3)	7.5 (6.7,8.3)	7.9 (7.1,8.7)	6.9 (6.0,7.8)	7.4 (6.8,8.0)	6.0 (1.5,10.5)	7.4 (6.8,8.0)
Notes: (1) Differences were tested between females and males and binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p<0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values. p-value: *p-value<0.05 for difference between females and males; †p-value <0.05 for difference between binary and non-binary participants.															

TABLE 13 Impact of COVID-19 mitigation measures on employment and family financial health, by age group and ethnicity

Variable	15-17 years			18-24 years			Total		
	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Participant Employment Status % (95% CI)									
Currently has a job or business	27.5 (26.0,29.1)	20.1* (19.3,20.9)	22.5 (21.8,23.3)	47.4 (44.6,50.3)	42.7* (40.9,44.6)	44.1 (42.5,45.6)	40.8 (38.8,42.8)	36.0* (34.7,37.4)	37.5 (36.3,38.6)
Employed Participant Activity % (95% CI)									
	n=352	n=647	n=999	n=159	n=372	n=531	n=511	n=1,019	n=1,530

Employed participants who cited COVID-19 contingency measures as a primary reason for not having worked for at least one hour in the week prior to taking the survey	47.6 (36.8,58.4)	40.7 (34.0,47.4)	43.4 (37.6,49.3)	52.9 (42.0,63.8)	42.3 (34.7,49.8)	45.9 (39.6,52.1)	51.9 (42.8,60.9)	42.0 (35.6,48.5)	45.5 (40.2,50.7)
Unemployed Participant Activity % (95% CI)									
	n=3,952	n=12,206	n=16,158	n=482	n=1,790	n=2,272	n=4,434	n=13,996	n=18,430
Unemployed participants who cited COVID-19 contingency measures as a primary reason for not having looked for work in the week prior to taking the survey	43.1 (40.1,46.1)	36.6 (35.0,38.1)	38.4 (37.0,39.8)	55.4 (48.1,62.7)	50.2 (46.3,54.0)	51.3 (47.9,54.7)	48.8 (45.1,52.5)	44.0 (41.8,46.2)	45.2 (43.3,47.1)
Household employment conditions and income % (95% CI)									
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Considers that they or another member of their household would lose income in the coming months due to the pandemic	39.8 (38.2,41.5)	31.0* (30.0,31.9)	33.8 (33.0,34.7)	49.4 (46.6,52.2)	38.1* (36.3,39.9)	41.3 (39.8,42.8)	46.2 (44.2,48.1)	36.0* (34.7,37.2)	39.0 (37.9,40.1)
Reports that at least one member of the household lost their job or closed their business due to COVID-19 measures in the month prior to taking the survey	41.0 (39.3,42.8)	33.0* (32.0,34.0)	35.6 (34.7,36.5)	50.2 (47.3,53.1)	37.1* (35.3,38.9)	40.9 (39.3,42.4)	47.2 (45.2,49.3)	35.9* (34.6,37.3)	39.3 (38.2,40.4)
States that it is somewhat probable or highly probable that their household will earn a smaller income in the current year, as compared to the previous year	67.3 (65.8,68.8)	60.6* (59.6,61.6)	62.8 (61.9,63.6)	80.1 (78.0,82.3)	73.1* (71.5,74.8)	75.1 (73.8,76.5)	75.8 (74.3,77.4)	69.4* (68.2,70.6)	71.3 (70.3,72.3)
Family had taken some financial measure (sell items, borrow money, or something else) to deal with COVID-19 measures	47.4 (45.6,49.1)	41.9* (40.9,43.0)	43.7 (42.8,44.6)	65.2 (62.5,67.9)	56.1* (54.2,58.0)	58.7 (57.1,60.3)	59.4 (57.4,61.3)	52.0* (50.6,53.4)	54.2 (53.0,55.3)
Family started to receive support from a government program since the start of the pandemic (versus no or I don't know)	18.3 (17.1,19.5)	14.8* (14.0,15.6)	15.9 (15.2,16.6)	12.0 (10.2,13.7)	10.2 (9.1,11.4)	10.7 (9.8,11.7)	14.1 (12.9,15.3)	11.6* (10.8,12.4)	12.3 (11.6,13.0)
Respondents who report that since the beginning of the pandemic, their households have almost never or never been able to do the following % (95% CI)									
Buy enough food for the people in the household	3.4 (2.9,4.0)	2.1* (1.8,2.3)	2.5 (2.2,2.8)	4.6 (3.4,5.7)	3.2* (2.6,3.8)	3.6 (3.0,4.2)	4.2 (3.4,5.0)	2.9* (2.4,3.3)	3.3 (2.9,3.6)
Pay important bills, such as rent	10.2 (8.9,11.5)	6.0* (5.5,6.5)	7.3 (6.8,7.9)	11.0 (9.2,12.9)	6.3* (5.4,7.2)	7.6 (6.8,8.4)	10.8 (9.5,12.1)	6.2* (5.5,6.8)	7.5 (6.9,8.1)

Purchase necessary medicines for household members	9.3 (8.2,10.4)	6.1* (5.6,6.7)	7.2 (6.7,7.7)	9.4 (7.7,11.0)	6.7* (5.8,7.6)	7.5 (6.7,8.3)	9.3 (8.2,10.5)	6.6* (5.9,7.2)	7.4 (6.8,8.0)
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Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p≤0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.
p-value: *p-value<0.05

TABLE 14 Impact of COVID-19 mitigation measures on employment and family financial health, by age group and SES

Variable	15-17 years			18-24 years			Total		
	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total
	n=8,852	n=8,778	n=44,955	n=2,288	n=2,331	n=10,737	n=11,140	n=11,109	n=55,692
Participant Employment Status % (95% CI)									
Currently has a job or business	27.1 (25.1,29.0)	21.2* (19.7,22.6)	22.5 (21.8,23.3)	44.4 (41.1,47.6)	44.8 (41.4,48.1)	44.1 (42.5,45.6)	39.3 (36.9,41.7)	38.5 (36.0,41.0)	37.5 (36.3,38.6)
Employed Participant Activity % (95% CI)									
	n=208	n=229	n=999	n=118	n=136	n=531	n=326	n=365	n=1,530
Employed participants who cited COVID-19 contingency measures as a primary reason for not having worked for at least one hour in the week prior to taking the survey	59.7 (48.9,70.5)	32.7* (23.9,41.5)	43.4 (37.6,49.3)	55.3 (42.4,68.2)	32.7* (21.7,43.7)	45.9 (39.6,52.1)	56.0 (45.1,67.0)	32.7* (23.3,42.1)	45.5 (40.2,50.7)
Unemployed Participant Activity % (95% CI)									
	n=2,707	n=3,610	n=16,158	n=368	n=627	n=2,272	n=3,075	n=4,237	n=18,430
Unemployed participants who cited COVID-19 contingency measures as a primary reason for not having looked for work in the week prior to taking the survey	43.3 (39.8,46.9)	32.4* (29.9,35.0)	38.4 (37.0,39.8)	59.5 (51.9,67.2)	46.5* (40.0,53.0)	51.3 (47.9,54.7)	51.5 (47.2,55.8)	41.0* (36.9,45.0)	45.2 (43.3,47.1)
Household employment conditions and income % (95% CI)									
	n=8,852	n=8,778	n=44,955	n=2,288	n=2,331	n=10,737	n=11,140	n=11,109	n=55,692
Considers that they or another member of their household would lose income in the coming months due to the pandemic	47.7 (45.7,49.7)	22.3* (20.8,23.9)	33.8 (33.0,34.7)	58.2 (55.0,61.3)	24.8* (22.0,27.5)	41.3 (39.8,42.8)	55.0 (52.7,57.3)	24.1* (22.0,26.2)	39.0 (37.9,40.1)
Reports that at least one member of the household lost their job or closed their business due to COVID-19 measures in the month prior to taking the survey	53.7 (51.5,55.9)	20.4* (18.8,21.9)	35.6 (34.7,36.5)	60.4 (57.1,63.7)	22.5* (19.6,25.3)	40.9 (39.3,42.4)	58.4 (56.0,60.8)	21.9* (19.8,24.1)	39.3 (38.2,40.4)

States that it is somewhat probable or highly probable that their household will earn a smaller income in the current year, as compared to the previous year	68.9 (66.9,70.8)	53.3* (51.4,55.2)	62.8 (61.9,63.6)	82.3 (80.0,84.7)	63.2* (60.0,66.4)	75.1 (73.8,76.5)	78.4 (76.6,80.1)	60.5* (58.1,62.9)	71.3 (70.3,72.3)
Family had taken some financial measure (sell items, borrow money, or something else) to deal with COVID-19 measures	58.8 (56.8,60.8)	29.3* (27.6,31.1)	43.7 (42.8,44.6)	77.7 (75.1,80.3)	38.5* (35.2,41.9)	58.7 (57.1,60.3)	72.3 (70.3,74.3)	36.1* (33.6,38.6)	54.2 (53.0,55.3)
Family started to receive support from a government program since the start of the pandemic (versus no or I don't know)	15.7 (14.4,17.0)	14.3 (13.0,15.6)	15.9 (15.2,16.6)	10.0 (8.1,12.0)	8.9 (7.0,10.8)	10.7 (9.8,11.7)	11.7 (10.3,13.1)	10.4 (8.9,11.8)	12.3 (11.6,13.0)
Respondents who report that since the beginning of the pandemic, their households have almost never or never been able to do the following % (95% CI)									
Buy enough food for the people in the household	5.5 (4.6,6.4)	11* (0.7,1.5)	2.5 (2.2,2.8)	9.6 (7.5,11.6)	12* (0.5,1.9)	3.6 (3.0,4.2)	8.3 (6.9,9.8)	12* (0.6,1.7)	3.3 (2.9,3.6)
Pay important bills, such as rent	15.1 (13.2,16.9)	2.9* (2.4,3.5)	7.3 (6.8,7.9)	15.9 (13.4,18.4)	2.5* (1.5,3.4)	7.6 (6.8,8.4)	15.7 (13.8,17.5)	2.6* (1.9,3.3)	7.5 (6.9,8.1)
Purchase necessary medicines for household members	13.1 (11.6,14.6)	2.9* (2.4,3.4)	7.2 (6.7,7.7)	14.8 (12.5,17.2)	2.7* (1.7,3.8)	7.5 (6.7,8.3)	14.4 (12.6,16.1)	2.8* (2.0,3.6)	7.4 (6.8,8.0)
<p>Notes: (1) Differences were tested between participants in the lowest and highest socioeconomic quintiles; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.</p> <p>p-value: *p-value<0.05</p>									

G. MENTAL HEALTH, SUPPORT, AND RESILIENCE

TABLE 15 Impact of COVID-19 mitigation measures on resilience outcomes by age group and gender

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Resilience Indicators % (95% CI)															
States that the time they spend on social media has increased since the start of the pandemic	52.3 (51.2,53.3)	51.6 (50.2,53.1)	52.0 (51.1,52.8)	56.7 (49.1,64.3)	51.8 (51.0,52.7)	58.6 (56.6,60.5)	55.4* (53.0,57.8)	57.1 (55.5,58.6)	58.1 (44.1,72.1)	57.1 (55.6,58.6)	56.7 (55.3,58.1)	54.2* (52.5,55.9)	55.5 (54.4,56.6)	57.7 (47.5,67.9)	55.4 (54.4,56.5)
Reports being in touch with their friends less than they were before the start of the pandemic	56.9 (55.8,57.9)	43.9* (42.5,45.3)	50.4 (49.5,51.3)	51.7 (43.8,59.6)	50.5 (49.7,51.4)	54.0 (52.0,56.0)	47.3* (44.9,49.7)	50.8 (49.2,52.4)	48.4 (34.5,62.3)	50.8 (49.2,52.3)	54.9 (53.4,56.3)	46.2* (44.5,47.9)	50.7 (49.6,51.8)	49.3 (39.1,59.5)	50.7 (49.6,51.8)
Has utilized at least one support service since the start of the pandemic (eg. 911, mental health phone lines, social programs)	70.7 (69.7,71.6)	67.2* (65.8,68.6)	68.9 (68.1,69.8)	73.5 (65.8,81.1)	69.0 (68.1,69.8)	46.7 (44.7,48.7)	48.8 (46.3,51.2)	47.7 (46.1,49.2)	48.6 (34.5,62.6)	47.8 (46.2,49.3)	53.9 (52.4,55.3)	54.7 (53.0,56.4)	54.3 (53.1,55.4)	55.8 (45.3,66.3)	54.4 (53.3,55.5)
Respondents who report that since the beginning of the pandemic have used the following coping strategies % (95% CI)															
Has spoken to friends about the issues bothering them as a coping strategy during the pandemic	36.1 (35.1,37.1)	32.6* (31.2,33.9)	34.3 (33.5,35.2)	38.1 (30.3,46.0)	34.3 (33.5,35.1)	37.0 (35.2,38.9)	36.3 (34.0,38.6)	36.7 (35.2,38.2)	46.8 (33.0,60.6)	36.7 (35.3,38.2)	36.8 (35.4,38.1)	35.1 (33.5,36.7)	35.9 (34.9,37.0)	44.2 (34.2,54.3)	36.0 (34.9,37.0)
Has spoken to family about the issues bothering them as a coping strategy during the pandemic	28.1 (27.1,29.0)	25.0* (23.7,26.3)	26.5 (25.7,27.3)	13.5 [†] (9.1,17.9)	26.2 (25.4,26.9)	34.5 (32.5,36.4)	31.2* (29.0,33.5)	32.9 (31.4,34.4)	25.7 (12.8,38.5)	32.7 (31.3,34.2)	32.5 (31.2,33.9)	29.2* (27.6,30.8)	30.9 (29.9,32.0)	22.0 (12.8,31.2)	30.7 (29.6,31.7)
Has received therapy (psychological or another kind) via telephone or virtual sessions	4.1 (3.7,4.6)	2.7* (2.3,3.1)	3.4 (3.1,3.7)	7.3 [†] (4.2,10.4)	3.5 (3.2,3.8)	10.0 (8.8,11.3)	7.2* (5.9,8.6)	8.7 (7.8,9.6)	5.1 (1.5,8.6)	8.7 (7.7,9.6)	8.3 (7.4,9.2)	5.8* (4.8,6.7)	7.0 (6.4,7.7)	5.7 (3.0,8.4)	7.0 (6.4,7.7)
Has taken prescription medication for anxiety or depression	1.9 (1.6,2.1)	1.3* (1.0,1.5)	1.6 (1.4,1.7)	10.2 [†] (3.1,17.3)	1.7 (1.5,1.9)	3.4 (2.7,4.2)	3.1 (2.2,3.9)	3.2 (2.7,3.8)	9.4 (-1.2,20.0)	3.3 (2.7,3.9)	2.9 (2.4,3.5)	2.5 (1.9,3.1)	2.7 (2.3,3.1)	9.7 (2.0,17.4)	2.8 (2.4,3.2)
Has searched on the internet for strategies to deal with troubling feelings	14.3 (13.5,15.0)	10.4* (9.5,11.3)	12.3 (11.8,12.9)	24.1 [†] (16.9,31.4)	12.4 (11.9,13.0)	21.1 (19.4,22.8)	16.9* (15.0,18.8)	19.1 (17.8,20.4)	28.5 (14.8,42.3)	19.2 (17.9,20.4)	19.0 (17.8,20.3)	14.8* (13.5,16.2)	17.0 (16.1,17.9)	27.2 [†] (17.3,37.1)	17.1 (16.2,17.9)
Has participated in mutual support groups online	1.0 (0.8,1.2)	1.4 (0.9,1.8)	1.2 (0.9,1.4)	1.9 (0.5,3.4)	1.2 (1.0,1.4)	3.1 (2.2,3.9)	3.2 (2.3,4.1)	3.1 (2.5,3.7)	4.4 (-0.8,9.7)	3.1 (2.5,3.7)	2.4 (1.9,3.0)	2.6 (2.0,3.2)	2.5 (2.1,2.9)	3.7 (-0.0,7.4)	2.5 (2.1,2.9)
Has started doing more exercise	25.6 (24.8,26.5)	25.1 (23.9,26.3)	25.4 (24.6,26.1)	21.7 (16.0,27.4)	25.2 (24.5,25.9)	29.3 (27.5,31.2)	30.8 (28.6,33.1)	30.0 (28.6,31.5)	22.2 (11.8,32.7)	29.8 (28.4,31.2)	28.2 (26.9,29.5)	29.0 (27.4,30.6)	28.6 (27.6,29.6)	22.1 (14.6,29.6)	28.4 (27.4,29.4)
Has started taking yoga and/or meditation classes	3.5 (3.1,3.9)	1.6* (1.3,1.8)	2.5 (2.3,2.8)	6.1 (2.0,10.2)	2.6 (2.4,2.8)	7.2 (6.1,8.3)	3.6* (2.8,4.5)	5.5 (4.8,6.2)	9.1 (1.5,16.7)	5.5 (4.8,6.2)	6.1 (5.3,6.8)	3.0* (2.4,3.6)	4.6 (4.1,5.1)	8.2 (2.7,13.6)	4.6 (4.1,5.1)

Notes: (1) Differences were tested between females and males and binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n 's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n 's may vary minimally between one variable and another due to missing values.
p-value: *p-value < 0.05 for difference between females and males; †p-value < 0.05 for difference between binary and non-binary participants.

TABLE 16 Impact of COVID-19 mitigation measures on resilience outcomes, by age group and ethnicity

Variable	15-17 years			18-24 years			Total		
	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Resilience Indicators % (95% CI)									
States that the time they spend on social media has increased since the start of the pandemic	48.4 (46.7,50.0)	53.5* (52.5,54.5)	51.8 (51.0,52.7)	50.3 (47.5,53.1)	59.8* (58.0,61.5)	57.1 (55.6,58.6)	49.6 (47.7,51.6)	57.9* (56.6,59.1)	55.4 (54.4,56.5)
Reports being in touch with their friends less than they were before the start of the pandemic	49.8 (48.2,51.5)	50.9 (49.9,51.9)	50.5 (49.7,51.4)	49.5 (46.7,52.3)	51.3 (49.4,53.1)	50.8 (49.2,52.3)	49.6 (47.7,51.6)	51.2 (49.8,52.5)	50.7 (49.6,51.8)
Has utilized at least one support service since the start of the pandemic (eg. 911, mental health phone lines, social programs)	67.7 (66.1,69.3)	69.6* (68.6,70.6)	69.0 (68.1,69.8)	52.5 (49.7,55.3)	45.9* (44.1,47.7)	47.8 (46.2,49.3)	57.6 (55.6,59.6)	53.0* (51.7,54.4)	54.4 (53.3,55.5)
Respondents who report that since the beginning of the pandemic have used the following coping strategies % (95% CI)									
Has spoken to friends about the issues bothering them as a coping strategy during the pandemic	35.5 (33.9,37.1)	33.7 (32.8,34.7)	34.3 (33.5,35.1)	35.2 (32.6,37.8)	37.3 (35.6,39.1)	36.7 (35.3,38.2)	35.3 (33.5,37.1)	36.3 (35.0,37.5)	36.0 (34.9,37.0)
Has spoken to family about the issues bothering them as a coping strategy during the pandemic	28.4 (26.9,29.9)	25.1* (24.2,26.0)	26.2 (25.4,26.9)	33.7 (31.1,36.3)	32.3 (30.6,34.1)	32.7 (31.3,34.2)	31.9 (30.1,33.7)	30.2 (28.9,31.4)	30.7 (29.6,31.7)
Has received therapy (psychological or another kind) via telephone or virtual sessions	3.4 (2.9,3.9)	3.5 (3.2,3.9)	3.5 (3.2,3.8)	7.0 (5.6,8.4)	9.3* (8.2,10.5)	8.7 (7.7,9.6)	5.8 (4.8,6.8)	7.6* (6.7,8.4)	7.0 (6.4,7.7)
Has taken prescription medication for anxiety or depression	1.6 (1.3,1.9)	1.8 (1.5,2.0)	1.7 (1.5,1.9)	2.7 (1.7,3.7)	3.5 (2.8,4.3)	3.3 (2.7,3.9)	2.3 (1.7,3.0)	3.0 (2.5,3.5)	2.8 (2.4,3.2)
Has searched on the internet for strategies to deal with troubling feelings	11.8 (10.9,12.8)	12.7 (12.0,13.4)	12.4 (11.9,13.0)	18.1 (15.9,20.4)	19.6 (18.0,21.1)	19.2 (17.9,20.4)	16.0 (14.5,17.5)	17.5 (16.4,18.6)	17.1 (16.2,17.9)

Has participated in mutual support groups online	1.2 (0.9,1.4)	1.2 (0.9,1.5)	1.2 (1.0,1.4)	3.1 (2.1,4.2)	3.1 (2.4,3.8)	3.1 (2.5,3.7)	2.5 (1.8,3.2)	2.5 (2.0,3.0)	2.5 (2.1,2.9)
Has started doing more exercise	25.8 (24.4,27.2)	24.9 (24.0,25.7)	25.2 (24.5,25.9)	27.3 (24.9,29.8)	30.8* (29.1,32.5)	29.8 (28.4,31.2)	26.8 (25.1,28.5)	29.0* (27.8,30.2)	28.4 (27.4,29.4)
Has started taking yoga and/or meditation classes	2.8 (2.3,3.2)	2.5 (2.2,2.8)	2.6 (2.4,2.8)	4.4 (3.3,5.5)	5.9* (5.0,6.8)	5.5 (4.8,6.2)	3.8 (3.1,4.6)	4.9* (4.3,5.5)	4.6 (4.1,5.1)

Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of ps0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.
p-value: *p-value<0.05

TABLE 17 Impact of COVID-19 mitigation measures on resilience outcomes, by age group and SES

Variable	15-17 years			18-24 years			Total		
	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total
	n=8,852	n=8,778	n=44,955	n=2,288	n=2,331	n=10,737	n=11,140	n=11,109	n=55,692
Resilience Indicators % (95% CI)									
States that the time they spend on social media has increased since the start of the pandemic	40.9 (39.0,42.8)	61.0* (59.1,62.8)	51.8 (51.0,52.7)	43.5 (40.3,46.7)	67.2* (64.1,70.2)	57.1 (55.6,58.6)	42.8 (40.4,45.1)	65.5* (63.2,67.8)	55.4 (54.4,56.5)
Reports being in touch with their friends less than they were before the start of the pandemic	53.8 (51.9,55.8)	47.9* (46.0,49.7)	50.5 (49.7,51.4)	53.2 (49.9,56.4)	51.1 (47.8,54.4)	50.8 (49.2,52.3)	53.4 (51.0,55.7)	50.2 (47.7,52.7)	50.7 (49.6,51.8)
Has utilized at least one support service since the start of the pandemic (eg. 911, mental health phone lines, social programs)	64.4 (62.6,66.3)	70.7* (68.9,72.6)	69.0 (68.1,69.8)	49.8 (46.5,53.0)	39.2* (36.1,42.4)	47.8 (46.2,49.3)	54.1 (51.8,56.5)	47.8* (45.3,50.2)	54.4 (53.3,55.5)
Respondents who report that since the beginning of the pandemic have used the following coping strategies % (95% CI)									
Has spoken to friends about the issues bothering them as a coping strategy during the pandemic	31.2 (29.4,32.9)	38.1* (36.3,40.0)	34.3 (33.5,35.1)	32.2 (29.3,35.2)	44.6* (41.3,47.8)	36.7 (35.3,38.2)	31.9 (29.8,34.0)	42.8* (40.4,45.2)	36.0 (34.9,37.0)

Has spoken to family about the issues bothering them as a coping strategy during the pandemic	26.8 (25.1,28.5)	26.7 (25.1,28.4)	26.2 (25.4,26.9)	35.0 (32.0,38.1)	35.1 (32.0,38.3)	32.7 (31.3,34.2)	32.6 (30.4,34.8)	32.9 (30.5,35.2)	30.7 (29.6,31.7)
Has received therapy (psychological or another kind) via telephone or virtual sessions	2.6 (2.1,3.1)	5.4* (4.5,6.3)	3.5 (3.2,3.8)	5.4 (3.9,7.0)	12.3* (10.1,14.5)	8.7 (7.7,9.6)	4.6 (3.5,5.7)	10.4* (8.8,12.0)	7.0 (6.4,7.7)
Has taken prescription medication for anxiety or depression	1.2 (0.9,1.4)	2.5* (1.9,3.1)	1.7 (1.5,1.9)	2.7 (1.5,3.9)	4.2 (2.9,5.6)	3.3 (2.7,3.9)	2.2 (1.4,3.1)	3.8* (2.8,4.8)	2.8 (2.4,3.2)
Has searched on the internet for strategies to deal with troubling feelings	10.7 (9.3,12.0)	15.6* (14.3,16.9)	12.4 (11.9,13.0)	17.2 (14.7,19.7)	22.7* (19.9,25.6)	19.2 (17.9,20.4)	15.2 (13.4,17.0)	20.8* (18.7,22.9)	17.1 (16.2,17.9)
Has participated in mutual support groups online	1.1 (0.8,1.5)	1.6 (1.2,2.1)	1.2 (1.0,1.4)	3.1 (1.9,4.3)	3.6 (2.2,5.0)	3.1 (2.5,3.7)	2.5 (1.7,3.3)	3.1 (2.0,3.0)	2.5 (2.1,2.9)
Has started doing more exercise	21.2 (19.5,22.8)	29.3* (27.7,30.9)	25.2 (24.5,25.9)	21.7 (19.1,24.4)	36.2* (33.0,39.3)	29.8 (28.4,31.2)	21.6 (19.7,23.5)	34.3* (32.0,36.7)	28.4 (27.4,29.4)
Has started taking yoga and/or meditation classes	1.7 (1.3,2.0)	3.9* (3.2,4.5)	2.6 (2.4,2.8)	2.9 (1.9,3.9)	9.7* (7.7,11.7)	5.5 (4.8,6.2)	2.6 (1.8,3.3)	8.1* (6.7,9.6)	4.6 (4.1,5.1)

Notes: (1) Differences were tested between participants in the lowest and highest socioeconomic quintiles; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.
p-value: *p-value<0.05

F. HEALTHCARE ACCESS AND SUBSTANCE USE

TABLE 18. Impact of COVID-19 mitigation measures on health-related outcomes by age group and gender

Variable	15-17 years					18-24 years					Total				
	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total	Women	Men	Binary	Non-binary	Total
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
Access to health services % (95% CI)															
	n=18,679	n=12,113	n=30,792	n=363	n=31,576	n=4,844	n=3,079	n=7,923	n=116	n=8,113	n=23,523	n=7,977	n=38,715	n=479	N=39,689
Perceive that their access (or a family member's access) to general health services has been impacted in some way	56.6 (55.3,57.8)	49.3* (47.7,51.0)	52.8 (51.8,53.9)	72.7 [†] (64.1,79.9)	53.1 (52.1,54.1)	78.9 (77.2,80.6)	70.5* (68.0,72.9)	74.9 (73.4,76.4)	78.1 (61.9,88.7)	74.8 (73.4,76.3)	72.8 (71.5,74.1)	63.9* (62.1,65.7)	68.5 (67.4,69.6)	76.6 (65.3,85.1)	68.5 (67.4, 69.6)
	n=1,105	n=808	n=1,913	n=42	n=1,974	n=891	n=521	n=1,412	n=22	n=1,443	n=1,996	n=1,329	n=3,325	n=64	N=3,416
Perceive that their access to sexual and reproductive health services has been impacted in some way	18.8 (14.9,23.5)	19.2 (15.3,23.7)	19.0 (16.2,22.2)	37.5 (17.0,63.7)	19.5 (16.7,22.7)	38.6 (33.8,43.8)	36.9 (30.8,43.3)	37.8 (33.9,41.9)	32.6 (10.9,65.5)	37.6 (33.7,41.6)	36.7 (32.2,41.4)	34.6 (29.3,40.4)	35.7 (32.2,39.3)	33.3 (13.3,61.8)	35.5 (32.1,39.1)
Symptoms of Anxiety and Depression % (95% CI)															
	n=27,112	n=16,548	n=43,660	n=501	n=44,955	n=6,367	n=4,107	n=10,474	n=137	n=10,737	n=33,479	n=20,655	n=54,134	n=638	N=55,692
According to the PHQ-9 grading scale, displayed depressive symptoms in the two weeks leading up to taking the survey	71.4 (70.3,72.5)	55.7* (54.1,57.3)	63.2 (62.2,64.3)	89.4 [†] (84.1,94.6)	63.7 (62.7,64.7)	76.2 (74.5,78.0)	64.0* (61.5,66.5)	70.4 (68.8,71.9)	93.6 [†] (88.0,99.2)	70.7 (69.2,72.2)	74.9 (73.6,76.3)	61.5* (59.7,63.3)	68.3 (67.2,69.4)	92.5 [†] (88.1,96.9)	68.7 (67.6,69.8)
According to the GAD-7 grading scale, displayed anxiety symptoms in the two weeks leading up to taking the survey	65.4 (64.3,66.5)	48.6* (47.1,50.1)	56.9 (56.0,57.9)	83.2 [†] (76.3,90.2)	57.3 (56.3,58.2)	70.6 (68.8,72.5)	57.0* (54.4,59.5)	64.1 (62.5,65.7)	78.1 [†] (64.4,91.9)	64.3 (62.7,65.8)	69.1 (67.8,70.5)	54.4* (52.6,56.2)	62.0 (60.8,63.1)	79.5 [†] (69.1,89.9)	62.2 (61.1,63.3)

Reports having experienced thoughts that they would be better off dead or thoughts of hurting themselves in some way in the two weeks prior to completing the survey	29.7 (28.7,30.6)	21.3* (20.1,22.4)	25.4 (24.6,26.1)	60.9 [†] (53.0,68.8)	26.1 (25.4,26.9)	29.2 (27.3,31.1)	26.0* (23.8,28.2)	27.7 (26.2,29.1)	62.4 [†] (48.3,76.5)	28.3 (26.9,29.7)	29.3 (28.0,30.7)	24.6* (23.0,26.1)	27.0 (26.0,28.0)	62.0 [†] (51.5,72.5)	27.6 (26.6,28.7)
Reports that troubling feelings/symptoms have bothered them more since the start of the pandemic than before	58.6 (57.5,59.7)	42.4* (40.9,43.9)	50.6 (49.6,51.5)	56.5 (48.5,64.6)	50.7 (49.8,51.6)	65.8 (63.9,67.7)	52.4* (49.9,54.9)	59.5 (57.9,61.1)	66.2 (52.1,80.2)	59.5 (57.9,61.1)	63.7 (62.3,65.1)	49.3* (47.5,51.2)	56.8 (55.7,58.0)	63.4 (53.2,73.7)	56.9 (55.7,58.0)

Primary Life Concerns % (95% CI)

Reports that losing a family member or friend has been one of their top three concerns for their future since the start of the pandemic	50.0 (48.9,51.0)	38.0* (36.7,39.4)	44.0 (43.1,44.8)	52.6 [†] (45.1,60.1)	44.0 (43.2,44.9)	54.4 (52.4,56.3)	43.7* (41.3,46.1)	49.3 (47.7,50.8)	64.6 [†] (51.6,77.6)	49.4 (47.9,50.9)	53.1 (51.6,54.5)	41.9* (40.2,43.6)	47.6 (46.5,48.7)	61.1 [†] (51.6,70.7)	47.7 (46.6,48.8)
Reports that their personal financial situation has been one of their top three concerns for their future since the start of the pandemic	28.8 (27.9,29.8)	33.6* (32.3,34.9)	31.3 (30.4,32.1)	40.9 [†] (33.3,48.4)	31.3 (30.5,32.1)	56.4 (54.5,58.3)	61.0* (58.7,63.3)	58.6 (57.1,60.1)	70.9 (58.7,83.0)	58.7 (57.3,60.2)	48.1 (46.7,49.6)	52.2* (50.5,53.9)	50.1 (49.0,51.2)	62.1 [†] (52.9,71.4)	50.2 (49.1,51.3)
Reports that their family's financial situation has been one of their top three concerns for their future since the start of the pandemic	38.0 (37.0,39.0)	33.8* (32.4,35.2)	35.9 (35.0,36.7)	35.4 (28.6,42.2)	35.8 (35.0,36.6)	53.1 (51.2,55.1)	47.0* (44.6,49.4)	50.2 (48.7,51.7)	47.5 (33.5,61.5)	50.0 (48.5,51.6)	48.6 (47.2,50.0)	42.8* (41.1,44.5)	45.8 (44.7,46.9)	44.0 (33.8,54.1)	45.6 (44.5,46.7)

Substance use % (95% CI)

Reports some level of alcohol consumption	25.5 (24.6,26.4)	24.7 (23.6,25.8)	25.1 (24.4,25.8)	26.3 (20.5,33.1)	25.1 (24.4,25.8)	50.2 (48.3,52.2)	55.4* (53.0,57.7)	52.7 (51.1,54.2)	70.9 [†] (56.0,82.3)	52.8 (51.3,54.3)	42.8 (41.4,44.3)	45.5* (43.8,47.2)	44.1 (43.0,45.2)	58.0 [†] (47.9,67.4)	44.2 (43.1,45.3)
Alcohol consumption once or more than once a week	1.5 (1.2,1.9)	2.0* (1.7,2.3)	1.7 (1.5,2.0)	2.8 (1.2,6.7)	1.8 (1.5,2.0)	5.0 (4.1,6.1)	8.0* (6.7,9.5)	6.4 (5.6,7.3)	15.1 (6.6,30.9)	6.5 (5.7,7.4)	3.9 (3.3,4.7)	6.1* (5.2,7.1)	5.0 (4.4,5.6)	11.5 (5.3,23.2)	5.0 (4.5,5.6)
Daily alcohol consumption	0.09 (0.05,0.1)	0.1 (0.09,0.2)	0.1 (0.08,0.1)	0.1 (0.02,1.0)	0.1 (0.09,0.1)	0.1 (0.04,0.3)	0.7* (0.3,1.3)	0.4 (0.2,0.7)	0.1 (0.04,0.7)	0.4 (0.2,0.6)	0.1 (0.05,0.2)	0.5* (0.3,0.9)	0.3 (0.1,0.5)	0.1 (0.05,0.5)	0.3 (0.1,0.5)
Reports some level of cannabis consumption	2.5 (2.1,2.9)	4.2* (3.6,5.0)	3.4 (3.0,3.8)	6.6 [†] (4.2,10.3)	3.4 (3.0,3.8)	6.2 (5.3,7.4)	10.5* (9.1,12.2)	8.3 (7.4,9.2)	19.4 (10.2,33.9)	8.5 (7.6,9.4)	5.1 (4.4,5.9)	8.5* (7.5,9.6)	6.8 (6.1,7.4)	15.7 (8.9,26.3)	6.9 (6.3,7.6)
Cannabis consumption once or more than once a week	0.3 (0.2,0.5)	0.8* (0.6,1.0)	0.6 (0.5,0.7)	1.9 (0.6,5.5)	0.6 (0.5,0.7)	1.0 (0.6,1.6)	2.7* (2.0,3.6)	1.8 (1.4,2.3)	3.4 (0.7,15.4)	1.8 (1.4,2.3)	0.8 (0.5,1.2)	2.1* (1.6,2.7)	1.4 (1.1,1.8)	3.0 (0.8,10.6)	1.4 (1.2,1.8)
Daily cannabis consumption	0.1 (0.08,0.2)	0.3* (0.2,0.4)	0.2 (0.1,0.3)	0.08 [†] (0.02,0.3)	0.2 (0.1,0.3)	0.3 (0.1,0.6)	1.3* (0.7,2.1)	0.7 (0.5,1.2)	3.0 (0.4,16.6)	0.8 (0.5,1.2)	0.2 (0.1,0.5)	0.9* (0.6,1.5)	0.6 (0.4,0.9)	2.1 (0.3,12.1)	0.6 (0.4,0.9)

Reports some level of consumption of opiates and other hard drugs	0.5 (0.4,0.7)	1.1* (0.9,1.4)	0.8 (0.7,1.0)	3.7* (1.7,7.7)	0.9 (0.8,1.0)	0.6 (0.4,1.0)	1.9* (1.4,2.5)	1.2 (0.9,1.6)	0.1* (0.04,0.7)	1.2 (0.9,1.5)	0.6 (0.4,0.8)	1.6* (1.,2.1)	1.1 (0.9,1.3)	1.2 (0.6,2.4)	1.1 (0.9,1.3)
Opiates and other hard drugs consumption once or more than once a week	0.1 (0.1,0.3)	0.4* (0.3,0.5)	0.3 (0.2,0.3)	2.0 (0.6,6.2)	0.3 (0.2,0.4)	0.05 (0.02,0.1)	0.7* (0.4,1.2)	0.3 (0.2,0.6)	0.09* (0.01,0.6)	0.3 (0.2,0.6)	0.09 (0.05,0.1)	0.6* (0.3,0.9)	0.3 (0.2,0.5)	0.6 (0.2,1.9)	0.3 (0.2,0.5)
Daily opiates and other hard drugs consumption	0.07 (0.03,0.1)	0.2* (0.1,0.3)	0.1 (0.09,0.2)	N/O	0.1 (0.09,0.2)	0.03 (0.008,0.1)	0.2* (0.1,0.8)	0.1 (0.06,0.4)	N/O	0.1 (0.06,0.4)	0.04 (0.02,0.1)	0.2* (0.1,0.6)	0.1 (0.07,0.3)	N/O	0.1 (0.07,0.3)

Increase in substance intake since the pandemic % (95% CI)															
	n=6,647	n=4,130	n=10,777	n=137	n=11,087	n=3,044	n=2,087	n=5,131	n=92	n=5,270	n=9,691	n=6,217	n=15,908	n=229	n=16,357
Increase in alcohol intake since the start of the pandemic	14.5 (13.2,15.9)	13.2 (11.7,14.9)	13.8 (12.8,14.9)	16.2 (8.6,28.4)	14.0 (13.0,15.1)	13.8 (11.8,15.9)	14.4 (12.2,17.0)	14.1 (12.6,15.8)	24.5 (12.0,43.6)	14.3 (12.8,15.9)	13.9 (12.3,15.7)	14.2 (12.3,16.4)	14.1 (12.8,15.5)	23.6 (12.2,40.6)	14.2 (13.0,15.6)
	n=1,028	n=1,190	n=2,218	n=55	n=2,313	n=494	n=576	n=1,070	n=35	n=1,119	n=1,522	n=1,766	n=3,288	n=90	n=3,432
Increase in cannabis intake since the start of the pandemic	18.7 (15.3,22.6)	15.3 (12.3,18.8)	16.5 (14.1,19.1)	15.2 (4.8,28.9)	16.6 (14.3,19.2)	20.6 (14.9,27.8)	21.7 (16.7,27.7)	21.3 (17.4,25.8)	11.4 (2.6,38.1)	20.8 (17.0,25.1)	20.3 (15.4,26.3)	20.5 (16.4,25.4)	20.4 (17.2,24.1)	11.8 (3.3,34.2)	20.0 (16.9,23.6)
	n=488	n=636	n=1,124	n=24	n=1,173	n=192	n=244	n=436	n=10	n=451	n=680	n=880	n=1,560	n=34	n=1,624
Increase in opiates, heroin, cocaine, crack, or amphetamines intake since the start of the pandemic	15.3 (10.8,21.1)	18.6 (12.9,26.1)	17.5 (13.2,22.9)	29.9 (10.6,60.5)	18.3 (14.1,23.5)	9.7 (4.9,18.2)	15.8 (9.8,24.4)	13.7 (9.3,19.9)	1.4 (0.1,14.3)	13.4 (9.0,19.4)	10.9 (6.8,17.1)	16.5 (11.5,23.0)	14.6 (10.9,19.3)	8.4 (1.8,30.8)	14.5 (10.9,19.1)

Notes: (1) Differences were tested between females and males and binary and non-binary participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of $p \leq 0.05$ were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) N/O = No observations.
p-value: *p-value < 0.05 for difference between females and males; *p-value < 0.05 for difference between binary and non-binary participants.

TABLE 19 Impact of COVID-19 mitigation measures on health-related outcomes, by age group and ethnicity

Variable	15-17 years		18-24 years			Total			
	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total	Indigenous and/or Afro-descendant participants	Non-Indigenous or Afro-descendant participants	Total
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Access to health services % (95% CI)									
	n=9,285	n=22,291	n=31,576	n=2,236	n=5,877	n=8,113	n=11,521	n=28,168	n=39,689
Perceive that their access (or a family member's access) to general health services has been impacted in some way	54.3 (52.4,56.2)	52.5 (51.3,53.7)	53.1 (52.1,54.1)	74.8 (72.1,77.3)	74.9 (73.1,76.5)	74.8 (73.4,76.3)	68.2 (66.2,70.1)	68.6 (67.3,69.9)	68.5 (67.4, 69.6)
	n=652	n=1,322	n=1,974	n=416	n=1,027	n=1,443	n=1,067	n=2,349	n=3,417
Perceive that their access to sexual and reproductive health services has been impacted in some way	20.4 (15.8,25.9)	19.0 (15.6,23.1)	19.5 (16.7,22.7)	42.2 (35.3,49.4)	35.8 (35.3,49.4)	37.6 (33.7,41.6)	39.3 (33.3,45.7)	34.0 (29.9,38.3)	35.5 (32.1,39.1)
Symptoms of Anxiety and Depression % (95% CI)									
	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
According to the PHQ-9 grading scale, displayed depressive symptoms in the two weeks leading up to taking the survey	63.1 (61.2,65.0)	64.0 (62.9,65.2)	63.7 (62.7,64.7)	68.6 (65.7,71.5)	71.4 (69.7,73.2)	70.7 (69.2,72.2)	66.9 (64.8,68.9)	69.4* (68.1,70.7)	68.7 (67.6,69.8)
According to the GAD-7 grading scale, displayed anxiety symptoms in the two weeks leading up to taking the survey	57.9 (56.1,59.6)	57.0 (55.9,58.1)	57.3 (56.3,58.2)	64.4 (61.6,67.3)	64.2 (62.4,66.0)	64.3 (62.7,65.8)	62.3 (60.3,64.3)	62.1 (60.8,63.5)	62.2 (61.1,63.3)
Reports having experienced thoughts that they would be better off dead or thoughts of hurting themselves in some way in the two weeks prior to completing the survey	26.5 (25.0,27.9)	26.0 (25.1,26.9)	26.1 (25.4,26.9)	27.9 (25.3,30.5)	28.5 (26.7,30.2)	28.3 (26.9,29.7)	27.4 (25.6,29.2)	27.7 (26.5,29.0)	27.6 (26.6,28.7)
Reports that troubling feelings/symptoms have bothered them more since the start of the pandemic than before	47.7 (45.9,49.4)	52.1* (51.1,53.2)	50.7 (49.8,51.6)	55.1 (52.2,58.0)	61.2* (59.4,63.1)	59.5 (57.9,61.1)	52.7 (50.6,54.7)	58.6* (57.3,60.0)	56.9 (55.7,58.0)
Primary Life Concerns % (95% CI)									

	n=12,843	n=32,112	n=44,955	n=2,930	n=7,807	n=10,737	n=15,773	n=39,919	n=55,692
Reports that losing a family member or friend has been one of their top three concerns for their future since the start of the pandemic	42.6 (41.0,44.2)	44.7* (43.7,45.7)	44.0 (43.2,44.9)	42.7 (40.0,45.5)	52.0* (50.2,53.8)	49.4 (47.9,50.9)	42.7 (40.8,44.6)	49.8* (48.5,51.1)	47.7 (46.6,48.8)
Reports that their personal financial situation has been one of their top three concerns for their future since the start of the pandemic	32.7 (31.1,34.2)	30.7* (29.8,31.6)	31.3 (30.5,32.1)	57.5 (54.8,60.3)	59.2 (57.5,61.0)	58.7 (57.3,60.2)	49.1 (47.2,51.1)	50.6 (49.3,51.9)	50.2 (49.1,51.3)
Reports that their family's financial situation has been one of their top three concerns for their future since the start of the pandemic	38.4 (36.7,40.0)	34.6* (33.6,35.5)	35.8 (35.0,36.6)	51.2 (48.4,54.0)	49.6 (47.7,51.4)	50.0 (48.5,51.6)	46.9 (44.9,48.8)	45.0 (43.7,46.4)	45.6 (44.5,46.7)
Increase in substance intake since the pandemic % (95% CI)									
	n=3,437	n=8,892	n=11,087	n=1,305	n=4,014	n=5,270	n=4,742	n=12,906	n=17,648
Increase in alcohol intake since the start of the pandemic	14.2 (12.3,16.3)	13.9 (12.8,15.2)	14.0 (13.0,15.1)	14.9 (12.1,18.2)	14.1 (12.3,16.0)	14.3 (12.8,15.9)	14.8 (12.5,17.4)	14.1 (12.6,15.7)	14.2 (13.0,15.6)
	n=480	n=1,015	n=2,313	n=255	n=574	n=1,119	n=735	n=1,589	n=2,324
Increase in cannabis intake since the start of the pandemic	15.5 (12.0,19.9)	17.2 (14.4,20.5)	16.6 (14.3,19.2)	21.5 (15.2,29.5)	20.5 (16.1,25.8)	20.8 (17.0,25.1)	20.1 (15.1,26.3)	20.0 (16.2,24.5)	20.0 (16.9,23.6)
	n=140	n=277	n=1,173	n=64	n=105	n=451	n=204	n=382	n=586
Increase in opiates, heroin, cocaine, crack, or amphetamines intake since the start of the pandemic	21.2 (12.9,32.7)	16.6 (12.6,21.7)	18.3 (14.1,23.5)	20.6 (11.7,33.5)	9.5 (5.7,15.6)	13.4 (9.0,19.4)	20.7 (13.5,30.6)	11.2* (7.8,15.7)	14.5 (10.9,19.1)
<p>Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p<0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values; (4) The sum of the total population in each age group and for total participants may not coincide with the sum of the subgroups analyzed, due to the fact that questions were not compulsory for participants. Thus, participants may not have wanted to disclose their ethnic status.</p> <p>p-value: *p-value<0.05</p>									

TABLE 20 Impact of COVID-19 mitigation measures on health-related outcomes, by age group and SES

Variable	15-17 years			18-24 years			Total		
	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total	Lowest-income households (first quintile)	Highest-income households (upper quintile)	Total
	n=8,852	n=8,778	n=44,955	n=8,852	n=8,778	n=44,955	n=8,852	n=8,778	n=55,692
Access to health services % (95% CI)									
	n=5,920	n=6,559	n=31,576	n=1,626	n=1,873	n=8,113	n=7,546	n=8,432	n=39,689
Perceive that their access (or a family member's access) to general health services has been impacted in some way	57.5 (55.2,59.8)	50.6* (48.4,52.7)	53.1 (52.1,54.1)	78.7 (75.7,81.4)	72.0* (68.7,75.0)	74.8 (73.4,76.3)	72.8 (70.6,75.0)	66.5* (64.0,68.9)	68.5 (67.4, 69.6)
	n=353	n=485	n=1,974	n=257	n=373	n=1,443	n=610	n=858	n=3,417
Perceive that their access to sexual and reproductive health services has been impacted in some way	26.4 (18.4,36.5)	14.5* (10.1,20.5)	19.5 (16.7,22.7)	47.5* (38.4,56.7)	29.1 (22.5,36.6)	37.6 (33.7,41.6)	45.2 (37.1,53.6)	27.4* (21.5,34.1)	35.5 (32.1,39.1)
Symptoms of Anxiety and Depression % (95% CI)									
	n=8,852	n=8,778	n=44,955	n=8,852	n=8,778	n=44,955	n=8,852	n=8,778	n=55,692
According to the PHQ-9 grading scale, displayed depressive symptoms in the two weeks leading up to taking the survey	62.0 (59.6,64.4)	67.2* (65.2,69.1)	63.7 (62.7,64.7)	66.9 (63.5,70.2)	70.8 (67.6,73.9)	70.7 (69.2,72.2)	65.5 (63.0,68.1)	69.8* (67.4,72.3)	68.7 (67.6,69.8)
According to the GAD-7 grading scale, displayed anxiety symptoms in the two weeks leading up to taking the survey	58.6 (56.4,60.7)	57.9 (56.0,59.8)	57.3 (56.3,58.2)	64.3 (61.0,67.5)	62.5 (59.2,65.8)	64.3 (62.7,65.8)	62.7 (60.3,65.1)	61.3 (58.8,63.8)	62.2 (61.1,63.3)
Reports having experienced thoughts that they would be better off dead or thoughts of hurting themselves in some way in the two weeks prior to completing the survey	28.5 (26.5,30.5)	27.6 (25.9,29.3)	26.1 (25.4,26.9)	27.3 (24.3,30.3)	27.4 (24.3,30.5)	28.3 (26.9,29.7)	27.7 (25.5,29.9)	27.4 (25.1,29.8)	27.6 (26.6,28.7)
Reports that troubling feelings/symptoms have bothered them more since the start of the pandemic than before	49.6 (47.6,51.7)	53.5* (51.5,55.4)	50.7 (49.8,51.6)	56.2 (52.8,59.6)	64.4* (61.1,67.6)	59.5 (57.9,61.1)	54.3 (51.8,56.8)	61.5* (59.1,64.0)	56.9 (55.7,58.0)
Primary Life Concerns % (95% CI)									

	n=8,852	n=8,778	n=44,955	n=8,852	n=8,778	n=44,955	n=8,852	n=8,778	n=55,692
Reports that losing a family member or friend has been one of their top three concerns for their future since the start of the pandemic	37.0 (35.2,38.8)	47.2* (45.4,49.1)	44.0 (43.2,44.9)	41.2 (38.0,44.3)	58.2* (55.0,61.4)	49.4 (47.9,50.9)	39.9 (37.7,42.2)	55.2* (52.8,57.6)	47.7 (46.6,48.8)
Reports that their personal financial situation has been one of their top three concerns for their future since the start of the pandemic	30.5 (28.8,32.2)	32.3 (30.5,34.2)	31.3 (30.5,32.1)	53.8 (50.7,57.0)	61.6* (58.5,64.7)	58.7 (57.3,60.2)	46.9 (44.5,49.2)	53.6* (51.2,56.0)	50.2 (49.1,51.3)
Reports that their family's financial situation has been one of their top three concerns for their future since the start of the pandemic	38.1 (36.2,40.0)	29.3* (27.6,31.1)	35.8 (35.0,36.6)	57.0 (53.9,60.2)	41.6* (38.3,44.8)	50.0 (48.5,51.6)	51.4 (49.1,53.7)	38.3* (35.8,40.7)	45.6 (44.5,46.7)
Increase in substance intake since the pandemic % (95% CI)									
	n=2,108	n=2,792	n=11,087	n=868	n=1,450	n=5,270	n=2,976	n=4,242	n=17,648
Increase in alcohol intake since the start of the pandemic	12.2 (10.0,14.8)	15.8* (13.7,18.2)	14.0 (13.0,15.1)	14.5 (10.8,19.1)	16.3 (13.4,19.7)	14.3 (12.8,15.9)	14.0 (11.0,17.8)	16.3 (13.7,19.2)	14.2 (13.0,15.6)
	n=288	n=363	n=2,313	n=118	n=268	n=1,119	n=406	n=631	n=2,324
Increase in cannabis intake since the start of the pandemic	14.7 (10.1,20.9)	17.2 (12.8,22.7)	16.6 (14.3,19.2)	20.6 (11.8,33.5)	21.3 (14.9,29.6)	20.8 (17.0,25.1)	19.0 (12.2,28.4)	20.8 (15.1,28.0)	20.0 (16.9,23.6)
	n=107	n=96	n=1,173	n=39	n=48	n=451	n=146	n=144	n=586
Increase in opiates, heroin, cocaine, crack, or amphetamines intake since the start of the pandemic	15.1 (10.2,21.8)	14.5 (8.9,22.7)	18.3 (14.1,23.5)	21.6 (9.5,42.0)	13.3 (6.9,23.9)	13.4 (9.0,19.4)	19.9 (10.3,35.1)	13.5 (8.1,21.8)	14.5 (10.9,19.1)
<p>Notes: (1) Differences were tested between ethnic and non-ethnic minority participants; (2) Tests used: Chi-squared test was used for qualitative variables and the Mann-Whitney U test for quantitative variables. Differences with values of p<0.05 were considered statistically significant; (3) If analysis were done in a subgroup of the population, values of n's are included before the specific variable(s). For all other variables, the total n of the population is included before the group of variables. It is important to note that n's may vary minimally between one variable and another due to missing values. p-value: *p-value<0.05</p>									



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