

Determination of Young People's Well-Being During the COVID-19 Pandemic



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Birleşmiş Milletler Nüfus Fonu



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This study, ***Determination of Young People's Well-Being During the COVID-19 Pandemic***, which was conducted by the Youth Approaches to Health Association (Y-PEER Turkey) with the financial and technical support of the United Nations Population Fund (UNFPA), aims to reveal the status of youth concerning the variables of education, employment, access to comprehensive sexual health information, access to reproductive health services and their well-being for the purpose of protecting the well-being of young people. Since 1971, UNFPA, the objective of which is to support the reinforcement of local corporate capacity for the protection of the well-being of young people, has been working in Turkey in the areas of promoting maternal and child health, improving reproductive health and rights, supporting gender equality, combating violence against women and humanitarian aid. UNFPA works for a more equal and secure world where every pregnancy is an intended pregnancy, every birth is safe, and every young person can use their full potential.

The Youth Approaches to Health Association (Y-PEER Turkey) and research specialist Assoc. Prof. Dr. Tülin Şener are responsible for the analysis and interpretation of this research. The information in the report does not reflect the views of the organizations that support the research or the beneficiary institutions. Detailed information about the Youth Approaches to Health Association can be found at www.sagliktagenc.org.

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PREFACE

With the identification of COVID-19 in 2019, prevention and treatment efforts began worldwide. These studies conducted on the experiences of young people, who make up the vast majority of the world's population, about the pandemic period are very important so that policies and practice for the COVID-19 pandemic are more inclusive for young people. In this research, we aimed to determine the well-being status of young people between the ages of 18-30 during the COVID-19 pandemic and to determine their access to education, employment and social security, civil participation, comprehensive sexual health education and services together with their experiences about their well-being.

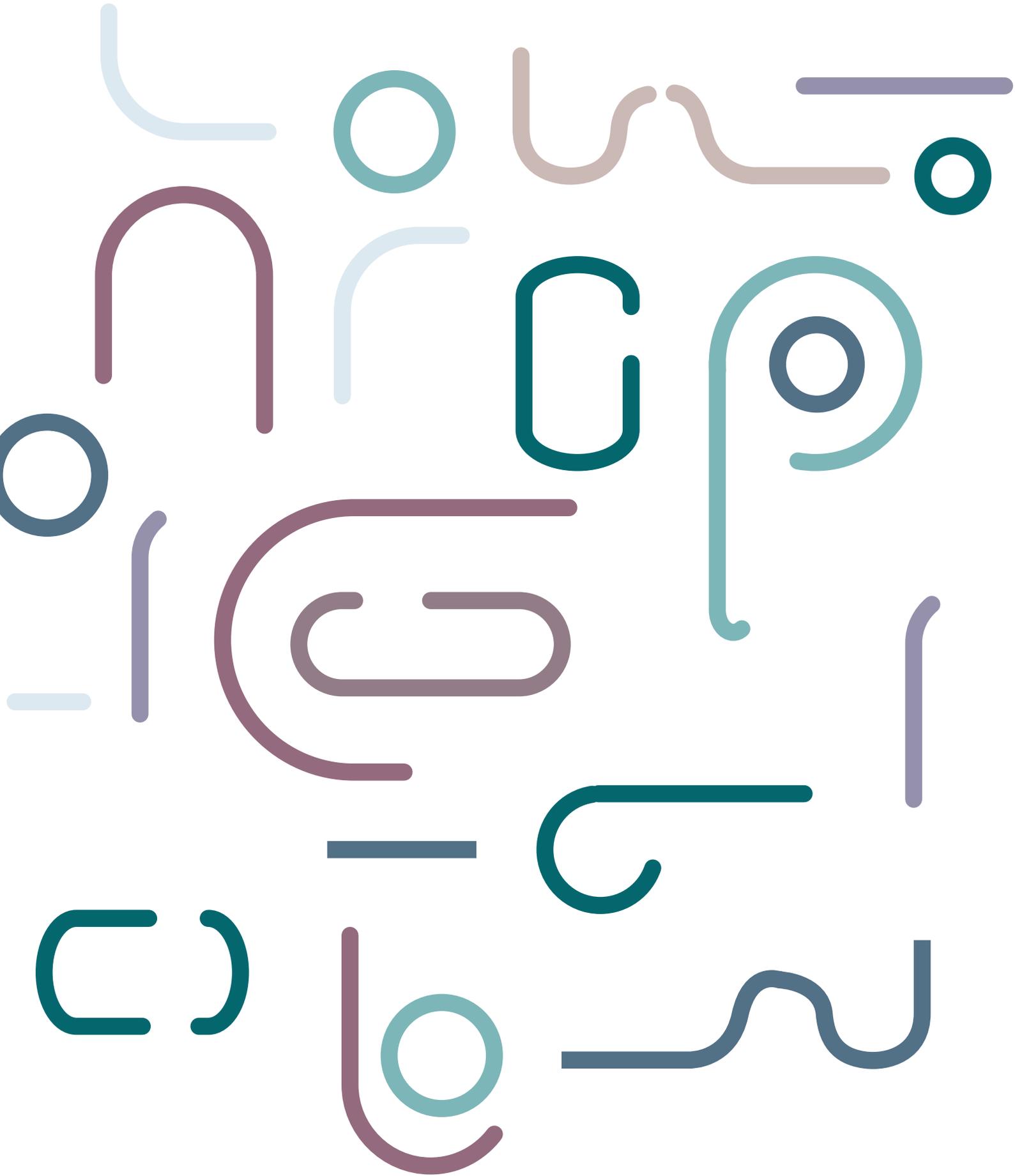
The Youth Approaches to Health Association (Y-PEER Turkey) has been working since 2004 with the support of the United Nations Population Fund (UNFPA) Turkey Office to uncover the experiences of young people, to make their voices heard and to enable young people's access to basic rights, particularly their sexual rights, with efforts to ensure no young people fall behind. Young people have common experiences just because they are young. However, it is also necessary to underline that different groups of youth have special needs for themselves. For this purpose, this research aims to reveal findings on how young people are affected by the pandemic in many areas that will relate to their well-being and to lead other research that focuses on young people as valuable subjects during this period as long as the pandemic continues.

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1. INTRODUCTION

After COVID-19 was first defined in 2019 and turned into a global epidemic by spreading around the world in a very short period of time, various prevention and treatment programs began to be implemented globally. As of November 2020, there were 62,879,006 detected cases worldwide (Worldometers, 2020). Scientific studies on vaccine development and treatment are in progress apace although no definitive treatment method had yet been developed against the virus, which results in permanent health problems and death, to prevent the number of cases. In Turkey, one of the countries with the most cases, the total number of cases had reached 607,628 as of November 2020 (Worldometers, 2020)¹.

Studies on the source, structure and prevention methods of this recently identified virus are ongoing nationally and globally. Because of the high transmission rate of the virus, anti-epidemic management activities have gained importance, and measures such as social isolation and maintaining physical distance have been taken around the world. With the increase in the number of cases, measures have been attempted through legal regulations and restrictions in many areas such as education, social life, travel, labor, and the economy.

One of the first government measures taken in Turkey was in the area of education. Starting on March 16, 2020, education and training activities were physically suspended (MEB, 2020a), followed by a curfew declared by the Ministry of the Interior on April 10 (Republic of Turkey, Ministry of Interior, 2020), and the restrictions, covering mostly weekends, continued until June 28th. These restrictions have affected 12,000,971 young people between the ages of 18-30 in many ways (TUIK, 2018), especially limiting daily life activities such as education, sports, entertainment and peer interactions. With the end of curfews at the beginning of June, the process of adapting to the 'new normal' has begun in Turkey. A large number of new regulations have been made in this direction,

and possible measures have been taken against the continuation of the pandemic. For example, it was decided to continue the fall semester of the 2020-2021 academic year through remote and digital methods (MEB, 2020b).

The imposed travel restrictions are planned to vary according to the requirements. These prevention efforts and restrictions have had some negative effects, particularly on young people. Studies have been conducted around the world on how young people are affected by the COVID-19 pandemic, and numerous reports have been published.

One of the most important reports on this issue belongs to partners of the global initiative Decent Work for Young People (ILO, 2020) as a conclusion of the study aimed at measuring the effects of the pandemic on the lives of young people in the age range of 18-29 and carried out with the participation of young people from 112 countries. The results of this study express the problems and suffering of young people in many parts of the world concerning education, employment, social activism and mental health.

The lifelong well-being of young people is the main subject of this research. When we consider that the vast majority of the world's population is the youth population, that this group is not homogeneous and has different economic, political and cultural structures and contexts in which they have grown up with different requirements, that it includes heterogeneous groups who experience all of the mentioned processes differently, conducting research on the wellbeing of young people and developing support and opportunities for them within this context becomes more and more important. Psychological definitions explain health in terms of general well-being, and well-being is defined as the increase in the level of well-being of people in every area as well as the absence of any disease (Biddle & Mutrie, 2015).

¹ <https://www.worldometers.info/coronavirus/?#countries>

The state of lifelong well-being is defined as follows in Article 25 of the Universal Declaration of Human Rights (United Nations, 1948) accepted by the General Assembly of the United Nations in 1948 and published in the Official Gazette by the Grand National Assembly of Turkey in 1949; "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." In addition, lifelong well-being includes basic human rights such as the right to education, the right to participate in cultural life and enjoy the arts, the right to work and freely choose work, the right to freedom of expression, and the right to participate in the administration of his country (UN, 1948). Being healthy has been defined by the World Health Organization (WHO) since 1946 as not only covering the absence of a disease but also the entire state of physical, psychological, mental and social well-being. WHO considers the enjoyment of the highest attainable standard of health as one of the fundamental rights of every person, regardless of race, religion, political belief, and economic or social status, and emphasizes that states are responsible for ensuring basic health, peace and security (WHO, 2006)². In this definition, health is considered to be multidimensional, and it draws attention to a general state of well-being. In other words, the definition of health may involve the following areas; physical (energy and fatigue), psychological (positive feelings), level of independence (mobility), social relationships (e.g. practical social support), environment (e.g., access to health services) and personal beliefs/spirituality (e.g. the meaning of life). Health is conceptually multidimensional and must include all physical, mental, emotional, and social processes.

The state of well-being is defined as whether the individual is aware of his/her own potential and goals (Ryff, 1995) and evaluates his/her life cognitively and affectively (Diener, 2000). The state of well-being is directly associated with concepts such as happiness, life satisfaction, or psychological well-being, and is often called subjective well-being because it focuses on the meanings that a person imposes on what they experience (Seligman & Csikszentmihalyi, 2000) and is based on subjective assessments (Diener & Lucas, 2000). The state of well-being is associated with many variables. For example, being healthy is an important means of feeling good. Feelings and skills, such as being loved and accepted by peers, feeling belonging to a group, participating in social life, or having an interest, are among the indicators of a state of well-being. These indicators affect the individual's well-being in all dimensions of development throughout his or her life. Studies often emphasize the importance of interactions and experiences in adolescence and the early years of adulthood in this process, which begins in childhood. Positive accumulations acquired as a result of experiences are the basis for young people to feel good and adequate.

There are various studies around the world on indicators that will ensure the well-being of children and young people. WHO established a general framework for the health and development of children and adolescents and created a framework to develop a European strategy, a national child and adolescent health strategy, and action plans. WHO has provided a general framework of required measures to protect and improve the health and development of children and adolescents and emphasizes the importance of taking such measures in the development of all societies. As a matter of fact, the Sustainable Development Goals³ also focus on health and holistic well-being, with an emphasis on environmental issues "to sustainably improve life for future generations". The document WHO Health 2020: European Health and Well-Being Policy sets out strategic points about health and well-being and emphasizes the importance of cross-sector cooperation in combating inequalities, with a particular focus on taking a lifelong approach. The document also emphasizes the empowerment of young people and

² https://www.who.int/governance/eb/who_constitution_en.pdf

³ <https://www.tr.undp.org/content/turkey/tr/home/sustainable-development-goals.html>

mentions the importance of holistic treatment of peer education, youth participation and school-based health literacy programs, and sexual health-related studies (WHO, 2013). Descriptions of well-being in social life include access to rights, free expression, in particular access to health and sexual health opportunities, and participation in civic life. Social well-being studies facilitate the review of local and national regulations and the presentation of a more socially-oriented role for workers in this area (Slade, 2010).

The right to health is part of the fundamental rights and freedoms of individuals. The World Health Organization interpreted the right of health as not only receiving timely and appropriate services but also as a very comprehensive right in which access to safe and potable water, access to adequate sanitation, sufficient and safe nutrition and sheltering opportunities, safe working environments and environmental conditions, including receiving information, education, and services about sexual and reproductive health are included (Kinney, 2001). Rights such as equality and not being subjected to discrimination; obtaining the highest health standard including sexual health; the right to education and comprehensive sex education; freedom of thought, ideas, and expression thereof; the right to take part in the public sphere and political life, all of which also closely concern young people (WAS, 1999). are incorporated into the sexual rights covered in the Declaration of the Sexual Rights issued by the World Sexual Health Union (WAS, 2005). Within this context, the ability of people to control their sex lives consciously and responsibly is considered one of the most basic human rights.

Sexual health also requires the possibility of experiencing sexual intercourse without unintended pregnancy, use of force, violence and discrimination. Studies in the field of sexual health include ensuring that people can freely carry out their sex lives, access the methods of protection they need, and avoid exposure to sexual violence. They also aim to protect society from HIV and other sexually transmitted infections (STIs) and reduce stigmatization and discrimination by supporting people living with HIV and/or AIDS. Additionally, they aim to raise awareness throughout the community through rights-based work on sexual health information and services for those living with sexually transmitted infections, such as HIV, through information and advocacy activities. On the other hand, reproductive health is a state of complete physical, mental, and emotional well-being related to the reproductive system, its functions, and functioning. Reproductive health also includes people's freedom to make decisions about a satisfying and safe sex life, the desire to reproduce, and when and how often to use that desire. Reproductive health services are defined as a set of methods, techniques, and services that contribute to the state of well-being by preventing and solving reproductive health problems (IKGV, 2020). This also includes guidance services. In Turkey, it is worth noting that many people, especially young people, cannot access sexual health services for various reasons and cannot exercise their sexual health rights. These reasons include lack of information, inappropriate or unqualified sexual health services, discriminatory social practices, discrimination against women and LGBTI+ individuals, and limited services that prevent them from making decisions freely about their own sexual life and reproduction. Sexual health is a concept that covers all young people without discriminating based on their gender identity; however, problems related to pregnancy, childbirth, abortion, and miscarriage, as well as genital tract infections, mainly affect women (Republic of Turkey Ministry of Health, 2020).

Current reports show that the youth population between the ages of 15 and 24 has reached 1.2 billion, comprising one in every six people worldwide (UN, 2019). More than 50% of the world's population is under the age of 25 (UNFPA, 2020). When we consider the studies on the sexual and reproductive health of young people, their importance remains very much in place. For example, 700,000 young people in the world were diagnosed with HIV in 2018 (WHO, 2019). 214 million women in developing countries do not have access to safe methods of preventing unintended pregnancy (WHO, 2020). More than a million cases of sexually transmitted infections, which are mostly preventable, are observed every day, and 290 million women worldwide live with HPV (UNAIDS, 2020). In Turkey, a significant segment of the population is young people. Among OECD countries, Turkey is the country with the least spending per student (OECD, 2017). At the same time, according to TUIK's 2018 data, 20.3% of the youth population between the ages of 15 and 24 is trying to cope with unemployment (TUIK, 2018). The same report revealed that the proportion of young people who do not have access to either education or employment opportunities is 24.5%. This figure stands out as 15.6% in young men and 33.6% of young women and also shows the effects of gender inequality. When young people in Turkey are evaluated in terms of sexual health and reproductive health rights, it is noted that 47.4% of women aged 15-49 do not have access to contraceptive methods for unintended pregnancy. As of June 2020, the total number of people living with HIV in Turkey is 24,237, and the vast majority of them, 8,169, are young people aged 15-29 (Republic of Turkey Ministry of Health, 2020).

During a study conducted among young people in Turkey for determination of the level of knowledge about sexual and reproductive health (UNFPA, 2007), young people were determined to have lack of knowledge in many areas such as reproductive and sexual rights, sexually transmitted infections, and adolescent and reproductive health. For example, "among young people who say they have information about the time of pregnancy, the proportion of young people who have accurate information is quite low: 73.8% of young people believe that pregnancy can occur with

single sexual intercourse" (UNFPA, 2007). All other methods referred to as emergency contraception by teenagers other than the use of the emergency contraceptive⁴ pill (day-after pill) were found to be incorrect (UNFPA, 2007). In another study conducted with university students (Karabulutlu & Kılıç, 2011) it was found that the majority of the students participating in the study did not have access to sexual and reproductive health services. Although sex education is a lifelong process, it is emphasized that an important part of it is performed informally 'in the street' (Sungur, 1998). Such outdoors learning, which takes place outside the home and consists of information that young people transmit to each other through their social networks without professional help, is also quite open to incorrect or incomplete interpretation and transmission.

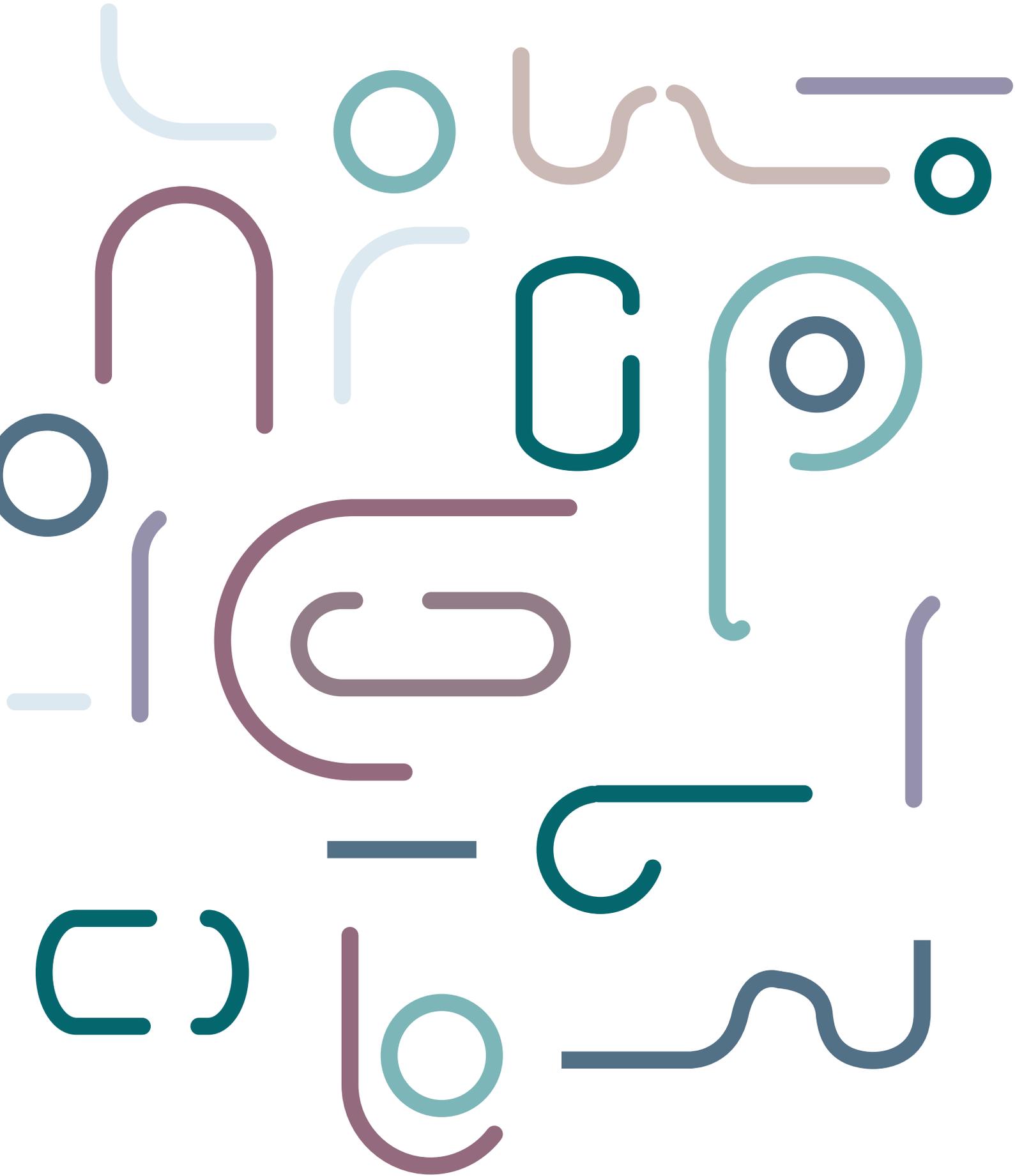
Increasing the quality of young people's daily leisure activities and ensuring their civil participation are also emphasized within the framework of youth rights (Ozmete, 2011). When the violation of young people's rights and discrimination against them are considered, civil participation is becoming a political tool for young people to participate as subjects in issues that are of interest to them. Having young people claim their future as active citizens of the society in which they live and having them participate as subjects in participation mechanisms can be explained with the concept of participation. As well as with traditional types of political participation, such as membership in a political group or voting (Brady, Verba, & Scholzman, 1995), the influence of young people in civic actions involving social development and transformation should not be ignored.

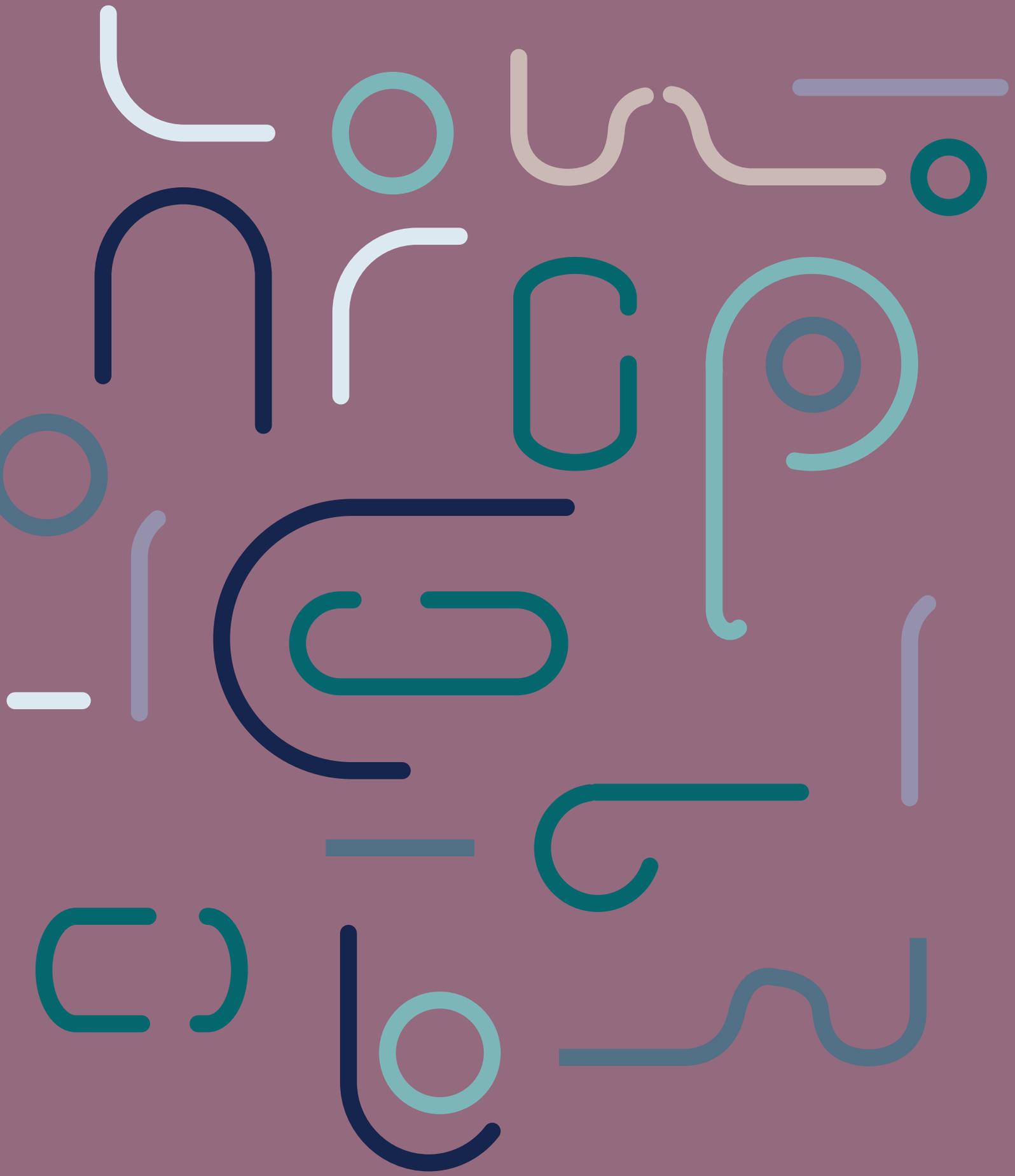
Civil participation includes social mobility, which involves young people being a part of the solution to problems that primarily concern them directly. Within this context, civil participation may transform individuals from 'passive' observers to active individuals who participate and have a say in the development of society. Additionally, the participation of people in decision-making means that they recognize the problems of local communities in an organized manner and make recommendations for their solutions. For lifelong well-being, young people should benefit from civil

⁴The general definition used for methods that prevent pregnancy after unprotected sex without using any effective anti-pregnancy methods

participation opportunities and sexual and reproductive health services as well as benefiting from their rights for education, accommodation, nutrition and employment and the opportunities they need in the social sphere should be created. However, various reports (e.g. Akdogan, 2013) indicate that there are economic, political and cultural barriers for their access to these rights. In particular, factors such as gender, ethnicity, being an immigrant or refugee, being a minority, having special needs, not being in education or work lead to increased inequalities in access to these rights. The requirement for youth policies which have a positive youth understanding that will ensure all young people enjoy equal rights should be highlighted. According to Damon (2004), positive youth understanding focuses on developmental potential more than on inadequacies or disadvantages. Although the positive youth approach began with the aim of protecting the "more risk-sensitive" youth subset from poverty and unemployment, today's understanding focuses on strategies that address all young people and ensure their overall well-being and development (Benson, Scales, Hamilton & Sesma, 2007). It is assumed that the restrictions imposed during and after the COVID-19 pandemic affect the well-being of young people, especially in these groups, which we can identify as key groups.

How young people are affected by these practices in the pandemic period is the problem of this research. The study examined the needs and experiences of young people in education, employment, civil participation, sexual health and reproductive health and tried to determine their general well-being and whether these experiences changed during the pandemic or not.





2. RESEARCH PURPOSE

The overall aim of this research is to determine the well-being status of young people between the ages of 18-30 during the period of the COVID-19 pandemic and to determine their access to education, employment, social security, civil participation, and comprehensive sexual health education and services together with their views and experiences about their well-being. For this purpose, it was examined whether their views and experiences in these areas differ in terms of demographic variables such as age, gender identity, education status, settlement, and comparisons were attempted according to their views and experiences before the pandemic. Furthermore, studies were also conducted to determine whether these variables make a difference in their well-being or not.

3. METHOD

3.1. Research Model

This study uses a relational screening model in which a descriptive method is adopted to determine the problems experienced by young people during the COVID-19 pandemic, as well as their needs and expectations. This screening model is a research approach that aims to describe a situation that existed in the past or that still exists (Karasar, 2011). These studies are conducted on large groups, through which the opinions, attitudes, and perceptions of individuals in the group about a phenomenon and event are gathered, and in these studies, we try to depict the facts and events and to determine the status thereof. This is a quantitative study aimed at identifying variables that affect the well-being of young people living in Turkey during the pandemic as well as describing the relationship between these variables and the young people's access to education, work, civic participation, and sexual health services.

3.2. Participants

The participants of this study comprise young people between the ages of 18 and 30 living in different regions of Turkey: 714 people participated in the study. However, a total of 24 respondents were not included in the study, along with seven people who did not answer any questions even though they marked the statement "I want to participate in the study" on the questionnaire, and 17 people who were outside the 18-30 age range. Within this context, the remaining 690 people constitute the participants of this study, and demographic information is given in Table 1.

When Table 1 is examined, 134 men (19.4%) and 534 women (77.4%) participated in the study. There are 17 people who did not want to declare their gender and five people who expressed their gender identity as non-binary. Within this context, it is seen that there is diversity in gender identity.

It is observed that 499 people (75%) who participated in the study were born between 1996 and 2002. This finding shows that the majority of the young people involved in the study were in the 18-24 age range. As far as educational status, participants were asked about the highest level of education they had completed. Since the study intended to include young people from different social and economic spheres, their highest education level completed was asked instead of their current grade of education considering that it would also include young people who are working or cannot continue their education. However, the survey mostly reached young people attending university, and 47.4% of participants (n=327) stated that the highest completed level was high school.

Table 1: Participants' Basic Demographic Information

Participants; Demographic Characteristics	n	%
Gender Identity		
Woman	534	77.4
Man	134	19.4
Non-Binary*	5	0.7
I would rather not specify.	17	2.5
Year of Birth		
1989-1995	166	25
1996-2002	499	75
Highest Education Level Completed		
High school	327	47.4
Undergraduate	302	43.8
Master's degree	46	6.7
Associate degree	10	1.4
PhD	2	0.3
Middle school	1	0.1
Marital Status		
Single	629	91.2
Married	32	4.6
Living with partner	24	3.5
Divorced	1	0.1
I would rather not specify.	4	0.6
Have Children		
Yes	8	1.2
No	682	98.8
Number of Children		
1	6	0.9
2	2	0.3

* Non-binary: Non-binary is an umbrella term used for people who do not define their gender as male or female.

There is no direct information about how many of them continued education after high school, but the high number of students participating in the part of the study where training-related questions are discussed reveals that the majority of young people are attending university. On the other hand, 43.8% (n=302) of the participants are university graduates. Additionally, two people completed a doctorate and 46 people completed a master's degree. According to marital status, most of the participants (n=629, 91.2%) were single. In addition, 4.6% were married (n=32) and 3.5% in a relationship (n=24). It is observed that 98.8% of the young people participating in the study had no children. This is attributed to the fact that most participants were continuing their education and did not yet feel ready to get married and have children.

Table 2: Distribution of Participants by Settlement and Cohabitation

Settlement Unit	n	%
Metropolitan	500	72.5
City	79	11.4
County	76	11.0
Village	23	3.3
Town	10	1.4
Other	2	0.3
Cohabitants		
Family	494	71.6
None	66	9.6
Housemate(s)	61	8.8
Partner	40	5.8
Roommates(s) in the dormitory/institutional campus)	27	3.9
Other	2	0.2
Number of Cohabitants		
3-5 people	442	64.1
2 people	128	18.6
None	68	9.9
6-9 people	45	6.5
More than 10	7	1

In the study, information about the settlement and cohabitants of the participants were also obtained. According to this information, 500 young people (72.5%) lived in a metropolitan area, 79 young people (11.4%) lived in a city, and 76 young people (11.0%) lived in the county (Table 2). The vast majority of participants were young people living in urban settlements.

Among participants, 494 youth (71.6%) lived with their parents. 66 (9.5%) lived alone, and 61 (8.8%) lived with housemates. Although **family and relatives** were among the response options for this question, it was seen that by selecting the other option, terms such as **older brother, older sister, mother, father, and sibling** were included, and these expressions were combined and considered under the family variable. Here, it is believed that **young people who normally live alone, but live with their family during the pandemic**, increase the number of young people living with family. Although the survey form emphasizes that they should mark the place where they spend most of the year, it should be noted that students, especially young people, left their dormitories or student homes during the pandemic, returned to the homes where their families lived, and lived with their families during the pandemic. It is thought that the number of young people living with family would have been lower if they had been assessed independently of the pandemic.

Terms such as **my spouse and former partner** are also combined and considered under the partner variable. In a study in which most participants were students, the low rate of the response **dormitories/institutional campus** (as little as 3.9%), is considered a consequence of dormitories being evacuated and converted into quarantine rooms during COVID-19 and education being carried out remotely (online). Finally, it is seen that expressions such as indefinite or migratory are used in another option. When the number of cohabitants is taken into account, we see that 442 young people (64.1%) live with "3-5 people" while 128 young people (18.6%) live with only two persons. The

number of young people living alone is 68, accounting for 9.9% of the participants. The determination of a small number of young people living alone can again be associated with continuing education remotely during COVID-19, especially when students attending university in a different city leave dormitories or student homes, return to their families, and start living with them. On the other hand, young people prefer to live with their housemates rather than living alone to share expenses such as rent and dues. In the section of the study where demographic information was collected, young people were asked to mark expressions that would best describe themselves. In this question, in particular, groups that are considered to have been subjected to a violation of rights were brought to the fore, and instead of general definitions, determining whether young people identify themselves with one of the key groups or not was attempted. Looking at the results (Table 3), it seems that half of the young people participating in the study (n=380, 55.1%) did not identify with any of these groups. At the same time, since more than one option could be selected for this question, Table 4 also shows multiple choices.

Looking at the proportion of young people who identify themselves by choosing one of the options, it is observed that participants identify themselves as “unemployed young people”, in other words, who are not in work, although they mostly define themselves as needing a job at 17.4% (Table 3). As the second group, the vast majority is LGBTI+ youth at 11.4%. Although under 10%, the survey found that young people identified with socially different identities, such as a minority young person (6.8%), a young person who could not continue their education (4.9%), a rural young person (3.3%), a young person living with disabilities (1.6%) and a young immigrant/refugee (1.2%). On the other hand, 27 young people also marked the "Other" option to identify themselves. It is noteworthy that these young people described themselves as “economically depressed young people”, “young people who try to get educated and try to get somewhere”, “young people who are depressed at home because schools are not open”, “unskilled young people”,

Self-Identification	n	%
Any	380	55.1
A young person in need of work (unemployed)	120	17.4
LGBTQI + young person	79	11.4
A minority young person	47	6.8
A young person who could not continue his/her education	34	4.9
A rural young person	23	3.3
A young person living with disabilities	11	1.6
A young migrant/refugee	8	1.2
A young seasonal worker	8	1.2
I don't want to specify.	24	3.5
Other	27	3.9

Table 3: Self-Identification with any Identity

“feminist young people”, and “a newly graduated teacher who cannot be appointed”. One of the participants described himself as “a young person who leads his future.” Table 4 shows information about young people who express themselves with more than one identity.

According to Table 4, 57 young people identified themselves not only with a single definition in the context of their social identity but with multiple options. In this study, the most intersections were observed in young people who identified themselves as LGBTI+ or unemployed, and young people who were LGBTI+ or unemployed were more likely to identify themselves in one of the other key groups.

This table shows indicators that young people who identify themselves in one of the key groups experience victimization of rights in other areas. For example, it is noteworthy that individuals who identify themselves as LGBTI+ also treat themselves as a minority and are not in work, even though they are in need of a job.

Self-identification with multiple identities	n	%
A LGBTQI + young person; a minority young person	14	24,6
A young person who could not continue his/her education; a young person in need of work (unemployed)	6	10,5
A young person in need of work (unemployed); an LGBTQI + young person; a minority young person	5	8,8
A young person in need of work (unemployed); an LGBTQI + young person	5	8,8
A rural young person; an LGBTQI + a young person	4	7,0
A young person in need of work (unemployed); a rural young person	3	5,3
A young person living with disabilities; a young seasonal worker	2	3,5
A young person living with disabilities; a young person who cannot continue his education; a young person in need of work (unemployed)	2	3,5
A young person living with disabilities; a young person in need of work (unemployed)	2	3,5
A young person living with disabilities; a young person in the minority	1	1,8
A young person in need of work (unemployed); a minority young person; an unhappy young person	1	1,8
A young person who could not continue his/her education; a young seasonal worker	1	1,8
A young person who could not continue his/her education; a young person in need of work (unemployed); a minority young person	1	1,8
A young person who could not continue his/her education; a young person in need of a job (unemployed); a young seasonal worker	1	1,8
A young person who could not continue his/her education; a rural young person	1	1,8
A young seasonal worker; a student	1	1,8
A young immigrant/refugee; a young person (unemployed) in need of a job; an LGBTQI + young person	1	1,8
A young person in need of a job (unemployed); a minority young person	1	1,8
A young person who could not continue his/her education; a young person in need of a job(unemployed); an LGBTQI + young person	1	1,8
A young person who could not continue his/her education; a young seasonal worker; a rural young person	1	1,8
A young person in need of a job (unemployed); a young seasonal worker	1	1,8

Table 4: Information about Participants who Express their Social Identities with Multiple Options

3.3. Data Collection

In order to design the data collection process to learn about the well-being of young people on various issues, especially sexual health and reproductive health, during the COVID-19 pandemic, the primary literature was scanned, and the data collection tools used in the studies conducted on the subject were reviewed. Since there is no structured measurement tool for answering research questions, the research team planned to develop a survey according to the purpose of the research. In this direction, for the first time, experience-sharing and short interviews were conducted with young people between the ages of 18 and 30 on definitions of well-being and variables to be discussed. A question pool was created based on the information obtained from the information shared and the review of the literature, and a draft survey was prepared by selecting the articles that were considered the most appropriate within the scope of the research.

Then a draft form of the survey was given to five specialists, comprising an assessment and evaluation specialist, an expert on Turkish linguistics, an adolescent psychiatrist, and two youth pedagogues, and they were asked to evaluate the scope and language of the survey

in terms of clarity and suitability for purpose. As a result of the evaluation of the referee, the necessary changes and corrections were made, and the survey form was concluded with its final form. After this stage, the preliminary application was done with five young people, and the survey was checked for language, clarity, and ease of application. Since conducting a face-to-face survey application with the participant became impossible during the COVID-19 pandemic, the survey form was converted into an online questionnaire using the Jotform application. The functionality of the online form was tested with participants of different ages. After all checks had been made, the actual implementation phase commenced.

There were seven basic categories determined according to the purpose of the research questionnaire:

Demographic variables, educational life, employment and social security, civil society participation, sexual health information/education and access to sexual health services, well-being, and general impressions. The form as organized to allow participants to skip questions in categories that were not relevant to them. For example, non-students did not answer questions about education.

At the implementation stage, first of all, the data matrix and online link were announced on the social media accounts of the Youth Approaches to Health Association, the United Nations Population Fund Turkey Office, and relevant stakeholders and was shared with various student/youth communities and workplaces and through their social media/digital communication channels (Instagram, WhatsApp/Telegram groups, email groups, etc.). At the beginning of the Jotform survey form, participants were given information about the purpose of the study and the content of the survey, and information was shared that filling out the survey form was voluntary, and they could leave the study at any time. Accordingly, the consent of the participants were received to participate in the study, and those who agreed to participate received access to the survey form. The survey was kept on the online platform between August 1st and September 30th, 2020; considering that universities opened in the first week of October, the period was extended, and the data collection process was completed on October 15th, 2020.



3.4. Data Analysis

Before the data was analyzed, preliminary examinations were made in the data set, and forms that could not be used were eliminated. During the analysis process, Excel (.xls) format data was obtained, and graphical data reports were created. The data was then transferred to IBM SPSS 23, and the frequency and percentages of the variables as well as their graphs (bar charts, pie charts) and binary compliance tables (RxC) were obtained to answer the questions addressed for the purpose of the research. To make comparisons between the variables, cross-tables (contingency tables) were applied since it displays the distribution of binary nominal variable levels or ordinal variable levels together, and chi-square analysis was applied since the variables were constituted of nominal (group-able) and ordinal (order-able) variables. To interpret the chi-square and frequency values obtained from the cross tables, the expected frequency percentage of less than five in the cells of the cross table must be less than 20% (Saraçbaşı & Aktaş Altunay, 2016, p.12). Data that did not meet this assumption was not used. Additionally, the contingency tables created during chi-square analysis were evaluated by reviewing the Fisher's exact test value in those with 2x2 and the Pearson Chi-Square value in those with a size different from 2x2.



4. FINDINGS

In this section, the findings obtained as a result of the data analysis for the research questions and their interpretations will be included. The seven categories in the survey will be considered in order, and the distribution of the participants' demographic information will be reviewed first, then comparisons of the items in these categories will be explained, and the relationships between the variables will be discussed.

4.1. Demographic Variables

Demographic variables discussed in this study are gender, age, education level, settlement, marital status, having children or not, cohabitants, number of cohabitants, and how they self-identify in one of the key groups. Detailed information about these variables will not be discussed here again, as it is provided when introducing the participants, but the distribution of demographic variables by age range is given in Table 5.

According to Table 5, the majority of 18-24 year-old persons participating in the study were women (n=397, 59.7%) whose highest completed education level was high school education (n=307, 46.3%), who lived with their parents in metropolitan cities (n=331, 49.8%) and who did not self-identify with any identity from the key groups (n=287, 43.2%). It is observed that most young people in the 25-30 age group had completed a bachelor's degree (n=117, 17.6%) and six young people (0.9%) had children. Similarly, participants in this age group were mostly women (n=118, 17.7%) living with their family (n=82, 12.3%) in metropolitan cities (n=149, 22.4%).

Findings show that the majority of participants in both the 18-24 (n=484, 72.8%) and 25-30 (n=123, 18.5%) age range were single. Among young people aged 18-24, the proportion of those who had completed a bachelor's degree (n=173, 26.1%) ranks second. This is because participants in the younger age range continued their university education. Additionally, it can be said that more of the 18-24 age group lives with their families compared to the 25-30 age group. This can be considered a result of attending university in general. However, it should also be kept in mind that most of the young people involved in the study lived in dormitories or student houses under normal conditions but were forced to return to their family homes due to the pandemic.

Table 5: Demographic Characteristics of Participants by Age Range

		Age Range				Total
		18-24		25-30		
		n	%	n	%	
Gender identity	Woman	397	59,7	118	17,7	515
	Man	92	13,8	36	5,4	128
	Non-binary	2	0,3	3	0,5	5
	I prefer not to specify	8	1,2	9	1,4	17
Highest education level completed	High school	307	46,3	10	1,5	317
	Undergraduate	173	26,1	117	17,6	290
	Master's degree	9	1,4	34	5,1	43
	Associate degree	8	1,2	2	0,3	10
	PhD	0	0,0	2	0,3	2
	Middle school	1	0,2	0	0,0	1
Marital status	Single	484	72,8	123	18,5	607
	Married	1	0,2	28	4,2	29
	Living with partner	11	1,7	13	2,0	24
	Divorced	0	0,0	1	0,2	1
	I prefer not to specify	3	0,5	1	0,2	4
Have children	Yes	1	0,2	6	0,9	7
	No	498	74,9	160	24,1	658
Settlement unit	Metropolitan	331	49,8	149	22,4	480
	City	70	10,5	7	1,1	77
	County	67	10,1	7	1,1	74
	Village	21	3,2	2	0,3	23
	Town	8	1,2	1	0,2	9
	Other	2	0,3	0	0	2
Cohabitants	Family	394	59,2	82	12,3	476
	None	35	5,3	28	4,2	63
	Housemates/friends	33	5,0	27	4,1	60
	Partner	9	1,4	28	4,2	37
	Roommates/friends in the dormitory/institutional campus	26	3,9	1	0,2	27
	Other	2	0,3	0	0,0	2
Number of Cohabitants	3-5 people	349	52,5	74	11,1	423
	2 people	66	9,9	60	9,0	126
	None	37	5,6	27	4,1	64
	6-9 people	40	6,0	5	0,8	45
	More than 10	7	1,1	0	0,0	7
Not self-identifying with any identity	Yes	287	43,2	98	14,7	385
	No	212	31,9	68	10,2	280

4.2. Information about Education

In this section, the answers to questions about the problems that participants faced regarding their educational lives during the pandemic, their expectations, and what has changed since before the pandemic are discussed. At the beginning of the education section in the survey, participants were asked if they were already students, and only those who checked the yes option answered the questions about education. Participants who stated that they were not students automatically moved on to the next part of the survey.

Table 6: Information about Participants' Educational Lives

Information About the Educational Life	n	%
Student Status		
Yes	496	71,9
No	194	28,1
The Status about the Effect of the Pandemic on the Education Process in the School		
My education was not interrupted; it continued completely online.	359	72,4
Some classes were cancelled, but my school continued online.	102	20,6
My school stopped classes.	17	3,4
Other	18	3,6
Continuing Education During the Pandemic		
I was able to follow my classes regularly and effectively.	193	39,1
Although my technical equipment was sufficient, I did not follow my classes because my motivation was low.	145	29,4
Although my technical equipment was sufficient, I did not follow my classes as I found them dysfunctional/useless.	72	14,6
My classes continued remotely (online), but due to insufficiency of my technical equipment such as a computer, mobile phone, etc. I couldn't follow my classes.	24	4,9
My classes continued online, but I couldn't follow them because my internet connection wasn't sufficient.	23	4,7
I've suspended my education. (e.g. I froze registration, withdrew for one term, etc.)	13	2,6
Other	24	4,9
Maintaining Training-Related Responsibilities During the Pandemic		
I was mostly able to complete my exams or responsibilities to replace the exam (homework/term papers, projects, reports, etc.).	325	65,7
I attended online classes with my own class.	300	60,6
I often used communication tools such as WhatsApp/Telegram to communicate on class-related topics.	276	55,8
I did my homework regularly and delivered it on time.	269	54,3
I completed the necessary readings for my classes.	234	47,3
I actively participated in groups like Skype, Facebook, Zoom, etc., which were established for the classes and to support our work.	179	36,2
I supported my knowledge by reading additional scientific articles and books related to my classes.	151	30,5
I supported my knowledge by watching pre-recorded lessons on topics related to my classes on television or internet channels.	106	21,4
Other	17	3,4

Feelings about Distance Education during the Pandemic		
I don't feel I've learned enough because the time and information transferred in distance education were more limited.	256	51.9
I don't think I can learn enough and functionally through distance education or face-to-face training.	77	15.6
I found distance education as useful and functional as face-to-face training.	73	14.8
I don't feel I've learned enough in distance education because of my technical (internet, computer, etc.) challenges.	44	8.9
There was no distance education at my school.	10	2.0
Other	34	6.9

Feelings Caused by Interruption of Face-To-Face Training during the Pandemic		
I miss my free time at school, except for classes.	359	73.0
I miss my friends so much.	319	64.8
Being with my family all the time made me very depressed.	269	54.7
I felt I wasn't learning enough because classes were suspended.	258	52.4
I was involved in extracurricular activities (school club/community, etc.), and staying away from such events made me very depressed.	226	45.9
I miss my professors/instructors.	199	40.4
It's good for me to be with my family all the time.	64	13.0
I'm glad the extracurricular activities were suspended because I was so tired.	36	7.3
Other	29	5.9

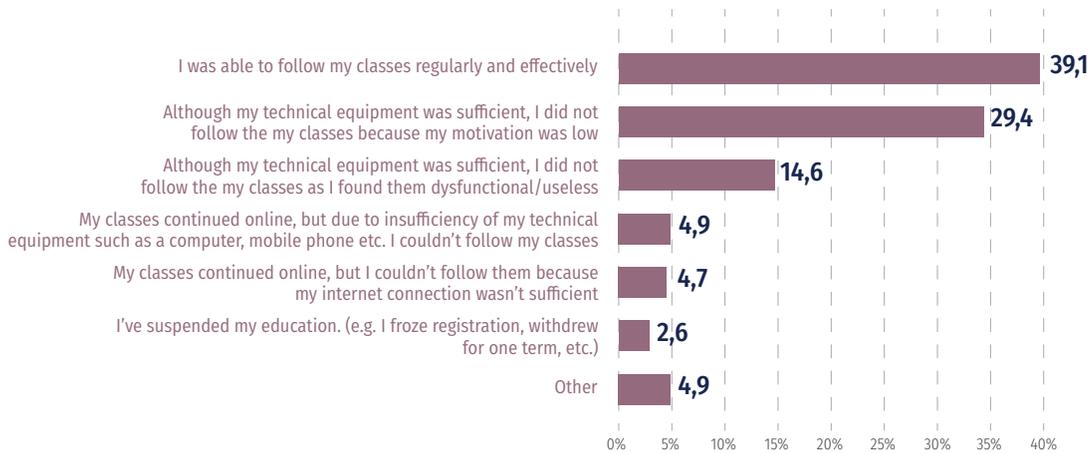
When Table 6 is examined, it is seen that most of the young people participating in the study were students (n=496, 71.9%). This is associated with the fact that the age group reached was mostly in the 18-24 age range. Although the survey was carried out during the period when curfew restrictions had ended and the new normalization period started, researchers tried to reach young people with the digital survey form since face-to-face collection was not possible. This, in turn, has led to more young people who have digital tools and practice using them becoming involved in the study. This can be considered a limitation of the research.

Under the education category, first of all, the status of the effect of the pandemic on education was studied primarily. For this purpose, it was first asked whether education was interrupted or not in the institutions they attend, and then the status of young people about continuing their education by themselves was examined. The majority of young people were found to have continued courses online at the institutions they attended without interruption, stating that either all courses (n=359, 72.4%) or only some courses

continued without interruption (n=102, 20.6%) (Table 6). This finding shows that almost all of the students involved in the study continue their education at a distance in their schools, while a very small proportion of young people (n=17, 3.4%) were unable to continue their courses because their schools stopped education. Additionally, those who responded by checking the "other" option about education that practical training classes were stopped, and hybrid education started, faculty members continued classes through lecture notes or PowerPoint presentations or the people involved in the thesis period have no problem continuing their routine training.

When whether young people continued their courses during the pandemic (Table 6) is examined, 193 young people (39.1%) could regularly and effectively follow their courses, 145 young people (29.4%) could not follow their courses due to low motivation although their technical equipment was sufficient (Chart 1). It was observed that 14.6% of young people (n=72) did not follow the classes because they found them dysfunctional/useless although their technical equipment was sufficient.

Chart 1: Continuing Education during the Pandemic (%)



The young people who checked the "other" option related to continuation of their training stated that the effects of the pandemic were the home environment, having less interaction in online courses than face-to-face interaction, internet/power outages, loss of motivation, and factors such as difficulties with the online system and the difficulties faced by faculty members in distance education which caused the teaching to have a dysfunctional affect, and they also stated they would not attend the courses due to such major reasons. Finally, a participant stated that he necessarily extended his schooling because he was in the dissertation period and was working in a laboratory and could not attend school.

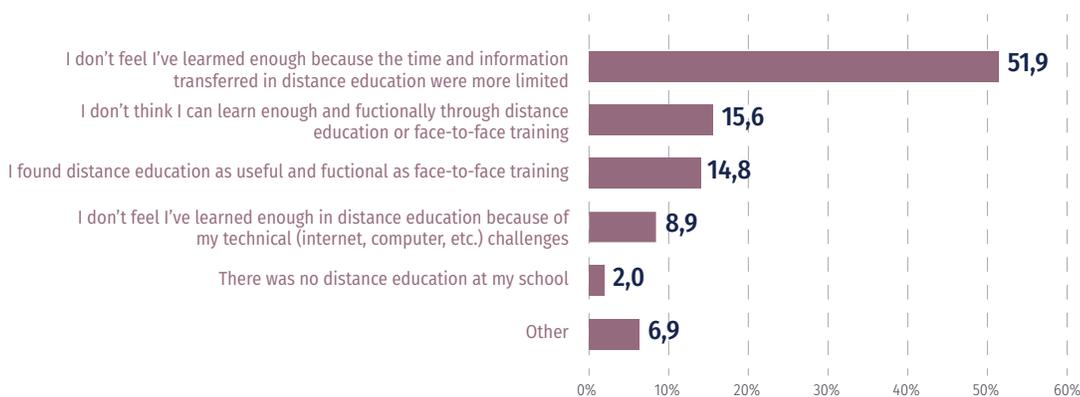
In the study, information was collected about young people maintaining their own educational responsibilities during the pandemic (Table 6 and Chart 2). Participants were mostly able to fulfill responsibilities such as exams and projects (n=325, 65.7%), participate in their online classes (n=300, 60.6%), do their homework regularly and deliver it on time (n=269, 54.3%), and read for courses (n=234, 47.3%). The findings suggest that young people use apps such as WhatsApp and Telegram for lessons-related communications (n=276, 55.8%) and actively participate in the groups like Skype, Facebook, Zoom, etc., which were set up to support their work (n=179; 36.2%). Considering the answers stated for the "other" option, the lesson time on Zoom or other online applications is rather short and, as in previous findings about educational life, low motivation had a negative impact on maintaining responsibilities, and there were young people who had frozen their registration due to various reasons.

Chart 2: Maintaining Training-Related Responsibilities during the Pandemic (%)



In the study, the feelings of the participants were also addressed, both about maintaining distance education and the interruption of face-to-face education besides the problems encountered in education. Considering their feelings about distance education, it is noteworthy that (Table 6 and Chart 3) more than half of the students (n=256, 51.9%) stated that they felt they could not learn enough due to the short time in distance education and the scarcity of information given during distance education. Additionally, considering the answers of the young people who checked "other" amongst other options with respect to their feelings about distance education, they stated that they felt stressed, inefficient, anxious, and distracted as a result of infrastructure and technical insufficiency.

Chart 3: Feelings about Distance Education during the Pandemic (%)



When we consider the feelings of the young people revealed as a result of the suspension of face-to-face education during the pandemic, it is noticeable that they missed the free time spent in their schools outside of classes (n=359, 73.0%) and their friends (n=319, 64.8%), and that constantly being with their families overwhelms them (n=269, 54.7%) (Table 6 and Chart 4). In other words, it is worth noting when young people who socialize at university started to live with their families became a factor in increasing their longing for friends and the social environment. In addition to being a place where academic skills are acquired, universities function as meeting places where young people socialize, develop their social and emotional skills, and meet with their peers. For this reason, it is believed that staying away from school, and therefore from peers and social relationships, negatively affects young people. However, young people who checked the "other" option are more likely to have negative situations in the emotions they express. For example, emotional changes they encounter **as a result of disruption in their lives, withdrawal caused by the family environment, pressure and insufficiency in self-expression skills, craving face-to-face education, becoming exasperated, feeling a loss of independence,**

numbness toward the daily routine, loss of motivation due to crowded homes were observed. However, as part of this research, it seems important that there were also those who were happy about the suspension of face-to-face education and those who expressed that their motivation toward their classes had increased.

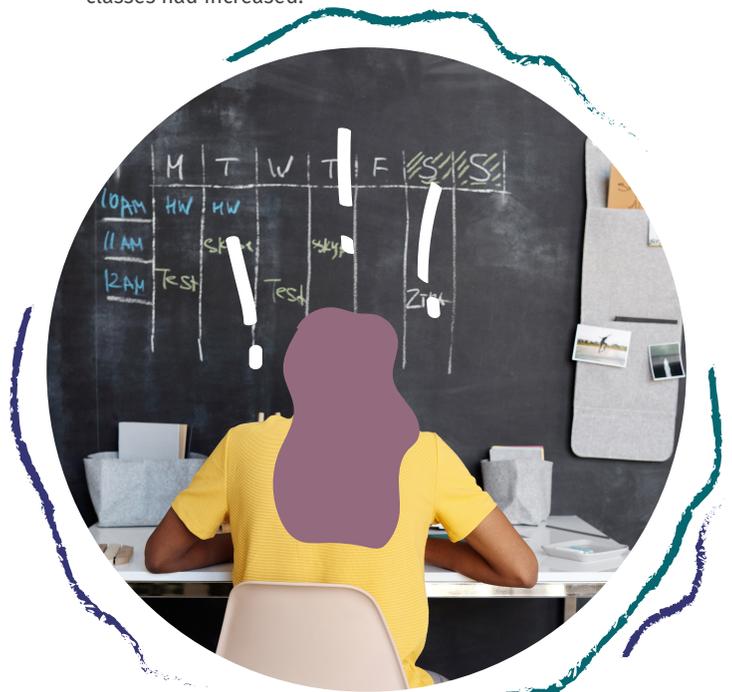
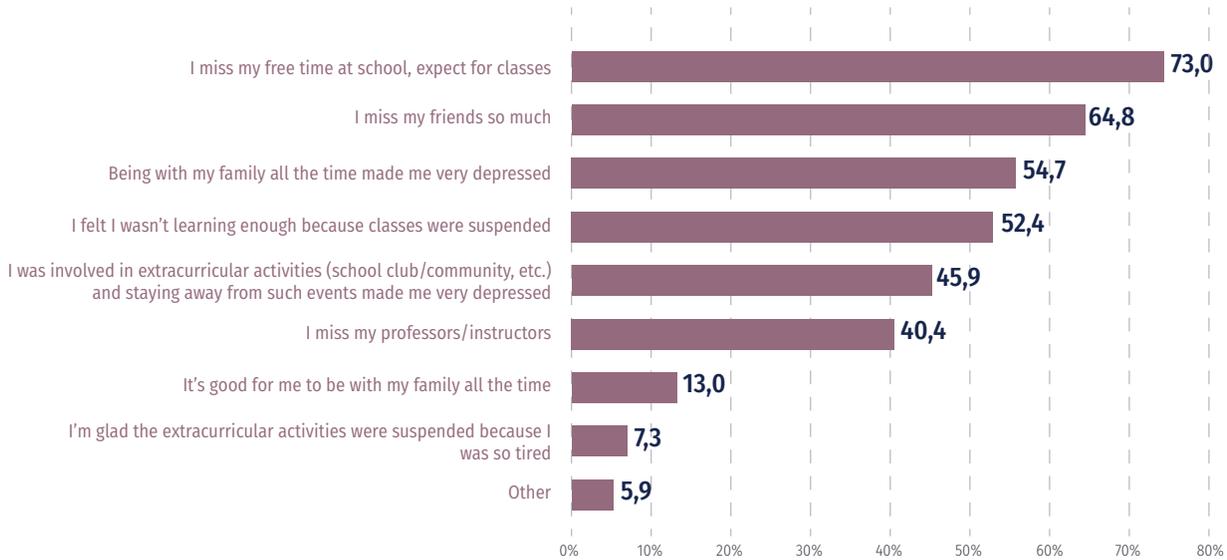


Chart 4: Feelings Caused by Interruption of Face-To-Face Training during the Pandemic (%)



In line with the purposes of the study, the relationship between education-related items and demographic variables was examined, and whether there were differences depending on age group, gender identity, settlement and status of living with family have been examined. The findings show that demographic variables do not make a statistically significant difference in educational life during the pandemic. In other words, education-related experiences during the pandemic had similar effects on all young people, regardless of age, gender, settlement, and whether they live with their families or not.

4.3. Employment and Social Security

In the employment and social security section of the study, which is the 3rd category in this survey; we have included the young people's views and experiences about changes in working life during the COVID-19 pandemic, the conditions of their participation in the labor market, and their leave process, changes in income reported during the pandemic and their status of benefiting health and social support mechanisms (both financial and in-kind). Since the pandemic is assumed to have caused changes in the working and social security conditions of young people, the survey included items on their experiences both before and during the pandemic, and comparisons between both periods were made to determine whether the pandemic changed the conditions of young people related to employment and social security (Table 7).

First, the young people who participated in the study were asked if they worked, and 72.2% (n=498) stated that they were not working before the COVID-19 pandemic (Chart 5). However, this finding should be evaluated taking into account the possibility that young people who were not registered with the SSI and/or worked part-time did not consider themselves "working in a regular job", and participants who continue to study may also not be looking for a job.

Chart 5: Work Status before the COVID-19 Pandemic (%)

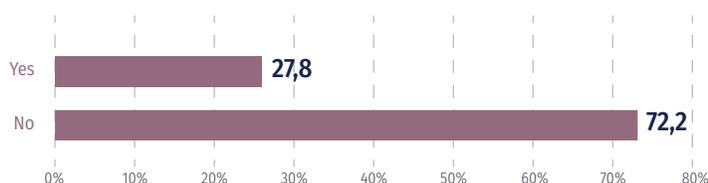
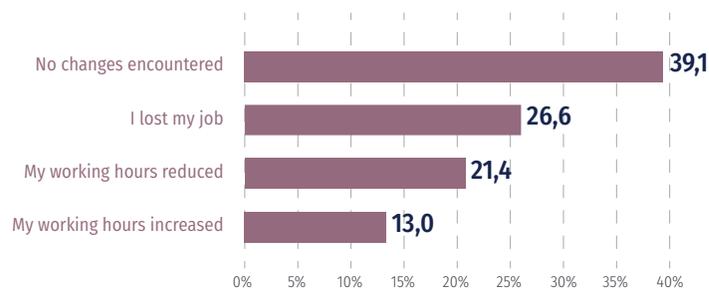


Table 7: Information about the Participants' Income and Work Status

Employment (Income and Working Life)	n	%
Working before the COVID-19 Pandemic		
Yes	192	27.8
No	498	72.2
Change in Work during the COVID-19 pandemic		
No changes encountered.	75	39.1
I lost my job.	51	26.6
My working hours reduced.	41	21.4
My working hours increased.	25	13.0
Applying for a Job during the COVID-19 Pandemic		
Yes	141	25.7
No	408	74.3
Job Application Status		
I couldn't find a job.	106	74.6
I found a job.	21	14.8
I found a job, but I didn't start working.	8	5.6
Other	7	4.9
Forced to go on Leave during the COVID-19 Pandemic		
Yes	33	19.8
No	134	80.2

The survey revealed that there were no changes in the job/working life of 39.1% (n=75) of the participants who answered yes (n=192, 7.8%) to the question of whether they were working in any job before the pandemic, and 26.6% (n=51) lost their jobs during the pandemic. 21.4% (n=41) of the participants stated that their working hours had decreased. However, it should be taken into account that this may also cause a decline in the income of young people whose working hours have decreased, and this cannot be directly associated with improving or worsening working conditions.

Chart 6: Change Work during the COVID-19 Pandemic (%)



It was observed that 25.7% (n=141) of young people applied for a job during the pandemic, and 74.6% (n=106) of this group who applied for a job could not find a job (Table 7). The young people who checked the "other" option in their answers (n=7, 4.9%) said that their job applications were not concluded, especially due to the lack of feedback in the recruitment process or the slow progress of the process. It was observed that 19.8% of working young people were sent on mandatory leave during the pandemic. When we consider the types of leave, it is observed that young people were usually given unpaid leave (n=16, 48.5%) or sent on leave with reduced pay (n=5, 15.2%) (Chart 7).

- Unpaid leave
- Annual leave
- Leave with reduced fee
- Full paid leave
- Administrative leave
- Other



Chart 7: Leave Type (%)

When we review Chart 8, it is observed that 45.1% of participants started working from home when the change in working patterns of young people who were working during the pandemic period was examined. However, despite the decision to quarantine during the first three months of the COVID-19 period, 32.1% of young people (n=52) stated that they regularly went to work. This indicates that young people were subjected to a significant violation of rights. Among the young people who checked the "other" option in their answers, six of them stated that they worked both in the office and at home in a mixed system.

- I started working from home during pandemic
- There was no change, I continued to go to work regularly
- Before the pandemic, I was working from home, and I continued in the same way
- Before the pandemic, I was working from home, I started working in a workplace/office
- Other

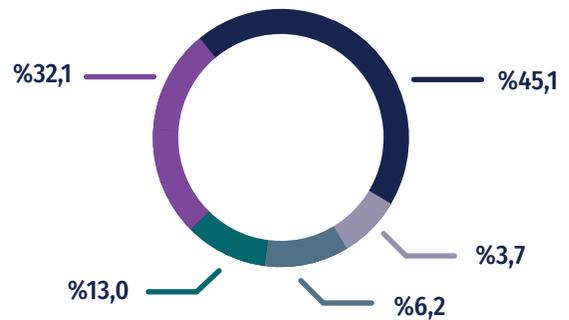


Chart 8: Change in Working Patterns during the COVID-19 Pandemic (%)

Considering the income changes during the pandemic shown in Chart 9, it was observed that the income status of the vast majority of young people (n=361, 52.5%) did not change, that the income of 21.1% of young people (n=145) decreased slightly, and that 14.8% (n=102) decreased significantly. When considered in total, it can be said that the income of 35.9% of young people has decreased. Additionally, it should be emphasized that 5.5% of young people (n=38) had no income during the pandemic.

- It hasn't change
- It has decreased significantly
- A little increased
- Slightly decreased
- With the pandemic, I have no income

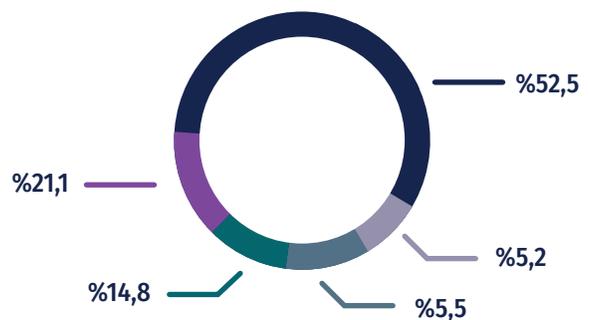


Chart 9: Income Change Status from the Start of the COVID-19 Pandemic (%)

A chi-square analysis was performed to observe differences according to age range, gender identity, and settlement as expressed in the study objectives in the context of employment variables. Within this context, it was tested whether there is a difference during the pandemic according to the variables specified in the case of sending on leave. As a result of the analysis, it is observed that there is no significant difference between age groups and gender identity groups in the case of sending on leave during the pandemic.

At the same time, when income change was considered, no significant differences were observed according to whether the settlement was in metropolitan areas or not and gender identity groups. However, significant differences were found in the age range ($X^2: 17.23, p<0.05$) and settlement ($X^2: 18.92, p<0.05$) in comparison to their job or work status before the COVID-19 pandemic (Tables 8 and 9). The vast majority of the working young people involved in the study stated that they lived in metropolitan cities (Chart 10).

Table 8: Chi-square Table by Age Range, Settlement, and Working Status before the Pandemic

		Working status before the pandemic				
		Yes	No	X ²	sd	p
		n	n			
Age Range	18-24	69	430	17,23	1	0,00*
	25-30	116	50			
Settlement Unit	Metropolitan	162	338	18,92	1	0,00*
	Not Metropolitan	30	160			

Chart 10: Work Status before the Pandemic and Settlement Unit (%)

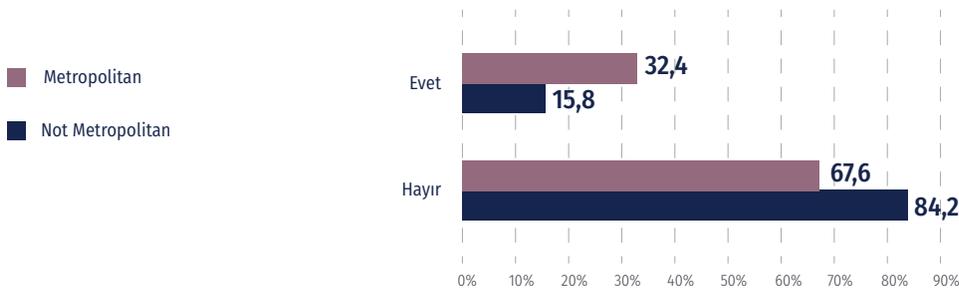
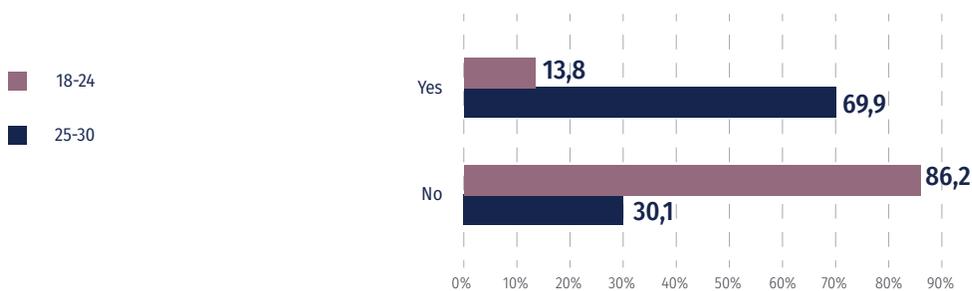


Chart 11: Work Status before the Pandemic and Age Range (%)



Changes in working conditions during the pandemic also differed according to age groups and settlement types. The participants settled in metropolitan cities did not have significant changes in their work lives (χ^2 : 14.18, $p < 0.05$) when compared to the young people who do not live in metropolitan areas. Although the young people who lived in metropolitan cities mostly stated there were no changes in their work or their working hours reduced, it is worth noting that more than the half of young people in non-metropolitan cities or towns, villages, and smaller settlements stated that they had lost their jobs. Additionally, while there was no change in working patterns in the majority of the 25-30 age group, more than half of young people aged 18-24 lost their jobs (χ^2 : 4.52, $p < 0.05$). It is noticeable that the income of young people between the ages of 18 and 24 had decreased more than those aged between 25 and 30.

Table 9: Chi-square table by age range and settlement unit regarding changes in the job or work status after the start of the COVID-19 pandemic

		Changes in Job or Work Status after the Start of the COVID-19 Pandemic						
		My working hours increased.	My working hours decreased.	No changes encountered.	I lost my job.	χ^2	sd	p
		n	n	n	n			
Settlement Unit	Metropolitan	22	39	66	35	14,18	3	0,00*
	Not Metropolitan	3	2	9	16			
Age Range	18-24	6	11	17	35	4,52	3	0,00*
	25-30	17	29	54	16			

* $p < 0,05$

Chart 12: Changes in job or work status after the COVID-19 pandemic and distribution by settlement unit (%)

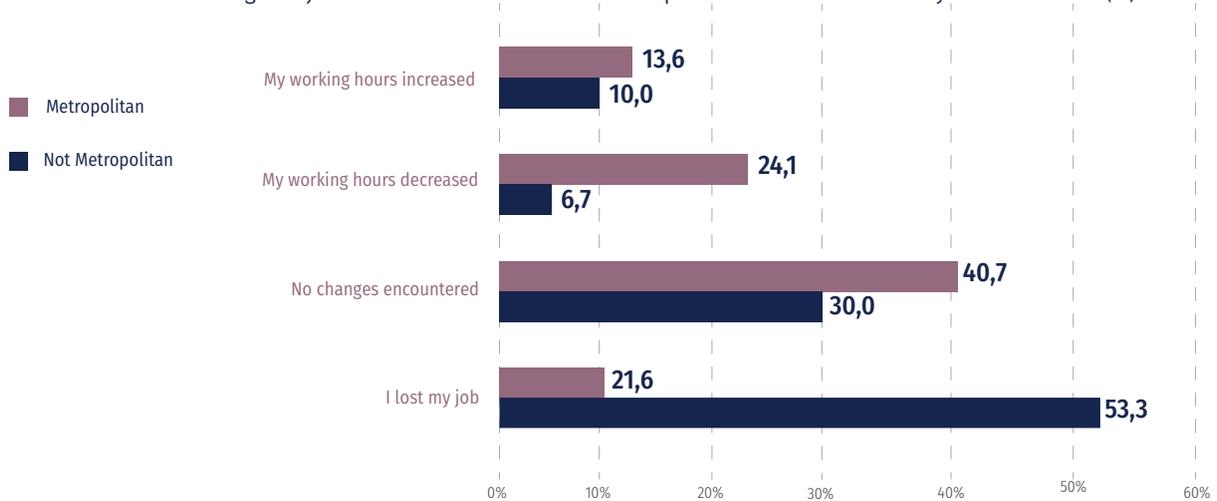


Chart 13: Changes in job or work status after the COVID-19 pandemic and age range (%)

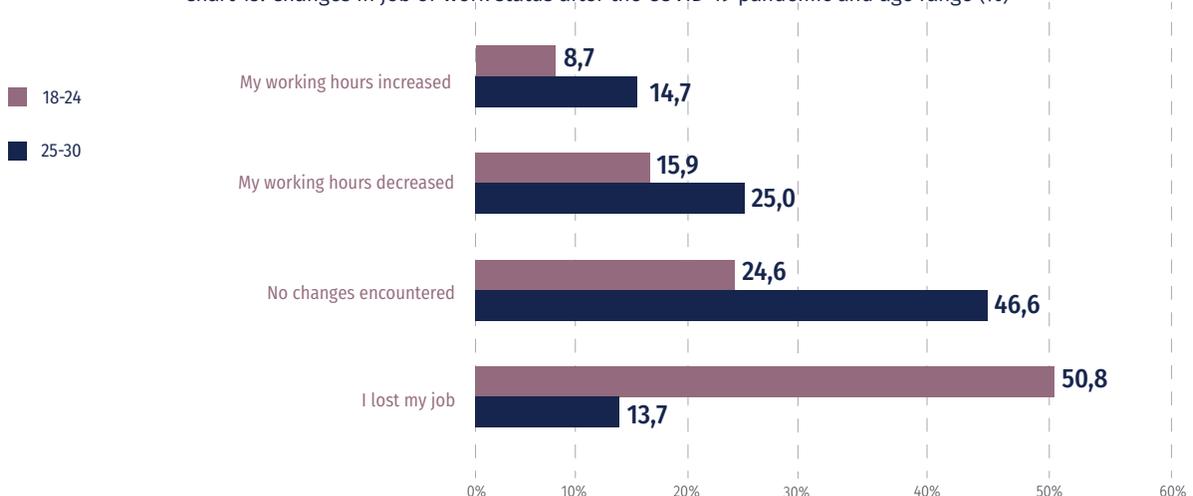
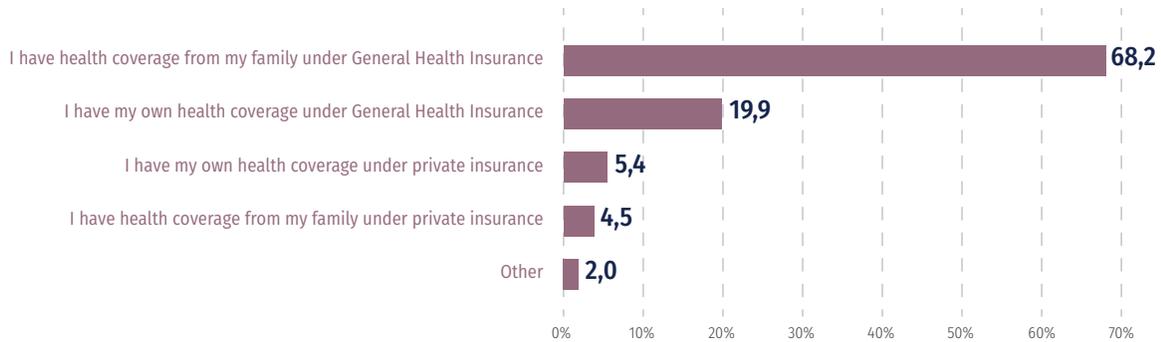


Table 10: Health and social security status of participants

One of the important issues discussed in this study is the determination of the health and social security status of young people. Within this context, participants were asked whether they had health coverage or not and the type and source of their coverage. Table 10 contains findings on this issue.

Health and social security status of participants	n	%
Current Health Coverage		
Yes	558	81.0
No	131	19.0
Type of Health Coverage		
I have health coverage from my family under General Health Insurance.	380	68.2
I have my own health coverage under General Health Insurance.	111	19.9
I have my own health coverage under private insurance.	30	5.4
I have health coverage from my family under private insurance.	25	4.5
Other	11	2.0

Chart 14: Type of Health Coverage (%)



81% of young people (n=558) stated that they had health coverages (Table 10), which is mostly (n=380, 68.2%) health coverage from the family (Chart 14). It is believed that this is because most of the young people involved in the study were students and had not yet started a full-time job/working. The young people who checked the "other" option in their answers stated that they had complementary health insurance provided by their workplace. During the pandemic, it was observed that both government agencies and the private sector and related non-governmental organizations established various support and solidarity units and had initiatives such as information, advice or material assistance through the units.

As part of this study, it was an issue of interest whether young people received financial or in-kind assistance/support, especially from the state, municipalities or non-governmental organizations, and what kind of assistance they received from which institutions/organizations if they received it. Table 11 contains findings on this issue.

Table 11: Supports that participant benefited from during the pandemic process

Status of receiving financial assistance/support from the state, municipalities or non-governmental organizations during the pandemic	n	%
Yes	67	9,7
No	623	90,3
The institution from which Financial Assistance/Support is Received		
State	53	79,1
Non-Governmental Organizations	11	16,4
Municipality	10	14,9
Other	0	0,0
Receiving in-kind support (goods and services) from the state, municipalities or non-governmental organizations during the pandemic		
Yes	26	3,8
No	663	96,2
Receiving In-Kind Support		
Food	15	60,0
Protective materials (gloves, masks, etc.)	12	48,0
Personal hygiene products (pads, tampons, diapers, etc.)	1	4,0
Internet access support (phone, tablet, internet package, etc.)	1	4,0
Clothing/garments	0	0,0
Educational materials (books, notebooks, etc.)	0	0,0
Other	1	4,0

As can be seen in Table 11, the vast majority of young people (n=623, 90.3%) stated that they did not receive any financial assistance. 9.7% received financial assistance/support from the state (n=67), municipalities or NGOs, and 3.8% of young people (n=26) received in-kind support (goods or services). When we review the proportion of those receiving financial assistance/support, it was observed that 79.1% of the aid was received from the state (n=53), while 16.4% (n=11) received support from various NGOs. Within the context of in-kind support, 60% of young people received food support and 48% received protective material support such as gloves, masks, etc. from various institutions and organizations.



Table 12: Areas Where Participants Want to Improve themselves in Skills that are Considered to Create Opportunities in the Labor Market

Areas to be Improved	n	%
Foreign languages	431	62.6
Creativity	191	27.7
Computer technologies	186	27.0
Programming/coding	174	25.3
Effective communication	161	23.4
Digital content production	129	18.7
Time management	123	17.9
Social media	97	14.1
Human management	89	12.9
Digital marketing/commerce	71	10.3
Video/audio production	46	6.7
Accounting	16	2.3
Any	11	1.6
Other	15	2.2

As a final variable on the axis of employment and social security, young people were asked about areas in which they wanted to improve themselves in several skills that are thought to create opportunities in the labor market (Table 12). Young people most often stated that they wanted to improve themselves in the area of foreign languages with a ratio of 62.6% (n=431). This was followed by creativity (27.7%), computer technology (27.0%), programming/coding (25.3%) and effective communication (23.4%). Other young people (2.2%) said they wanted to improve themselves in areas such as psychotherapy, stress management, personal development and in the specific fields of their education.



4.4. Civil Society Participation

When we consider active participation in civil society as an important part of the wellbeing of young people, and since due to various constraints during the pandemic, most activities stopped or were suspended, items about the civil society participation of young people were included in the survey. Researchers tried to examine whether there is any change in young people's participation before and during the pandemic. In this section, the levels of participation of young people in civil society and volunteering activities during the pandemic will be examined, and comparisons will be made on demographic variables.

The survey first asked whether participants were members of any non-governmental organization, regardless of the pandemic. It was found that 33% (n=228) of the young people who participated in the study had active NGO membership, while 67% (n=462) had no active membership. Most of those who were members of NGOs (n=63, 27.6%) had an active membership of between 1-2 years, and 25.9% (n=59), as the second-largest majority, had an active membership of between 2-5 years (Table 13).

Table 13: Status of Participants regarding Civil Society Participation

Civil Society Participation	n	%
Active NGO membership		
Yes	228	33
No	462	67
Duration of NGO membership		
Less than 6 months	29	12.7
6-12 months	58	25.4
1-2 years	63	27.6
2-5 years	59	25.9
More than 5 years	19	8.3

It is noteworthy that most young people (n=280; 60.6%) participated in a voluntary activity when we examine whether young people who did not have an active NGO membership participate in volunteering or community service (Table 14). When we review the activities those in voluntary service were involved in (n=182, 60.6), we see that often women's rights (48.2%), human rights (42.5%), environment and natural rights (42.3%) and LGBTQI+ youth rights (30.6%) are the areas that stand out where they volunteer (Chart 15). Additionally, the young people who checked the "other" option in their answers (7.6%) stated that they conducted volunteer activities in institutions such as LÖSEV, Turkish Red Crescent, various student associations, AFAD, and/or in areas such as EU projects on issues such as cultural rights and social entrepreneurship.

Table 14: Voluntary activity/Community Service Status without NGO membership

Voluntary activity/Community Service Status without NGO membership	n	%
Yes	182	39.4
No	280	60.6

Chart 15: Civil Community Service Areas (%)

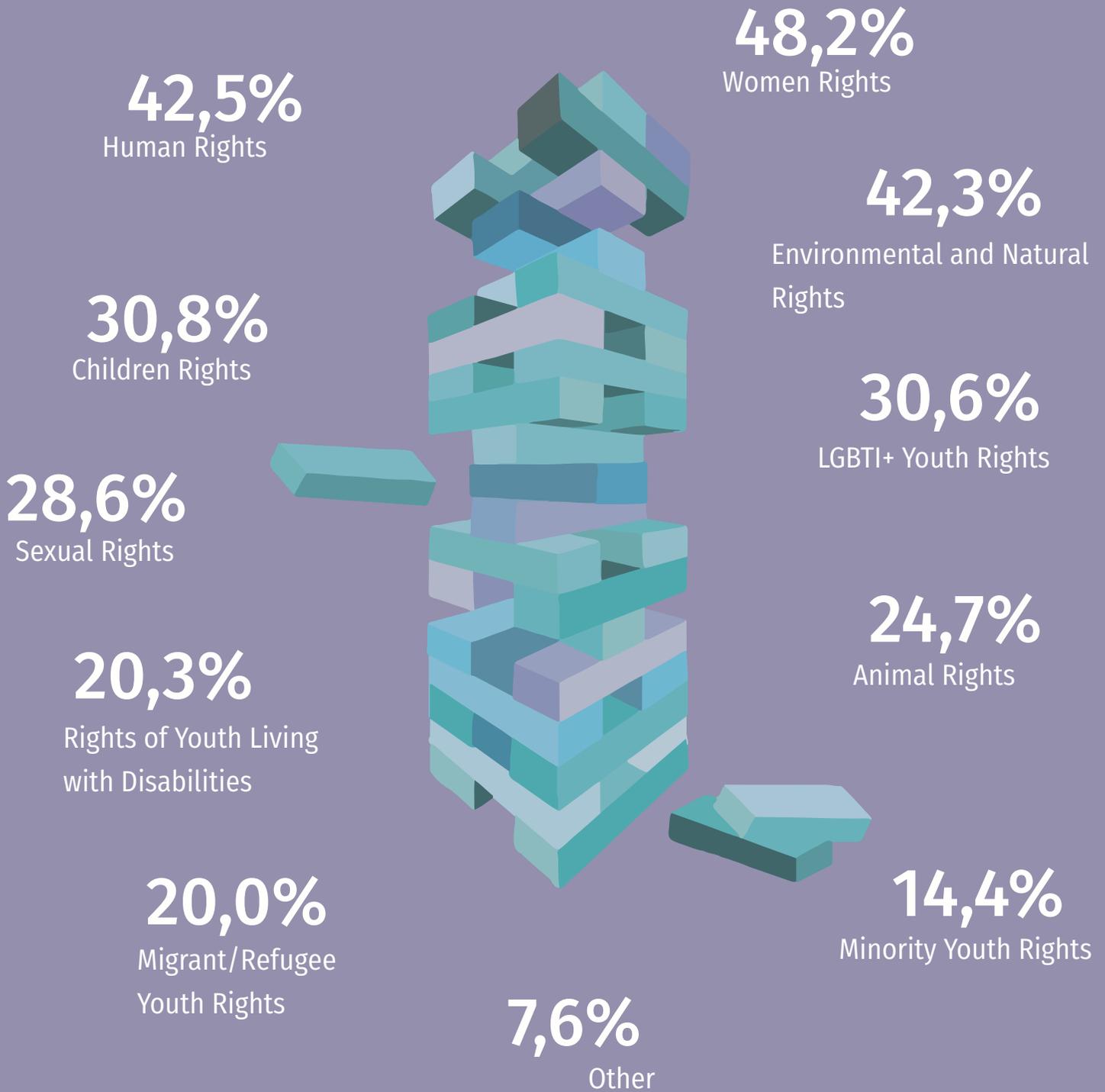
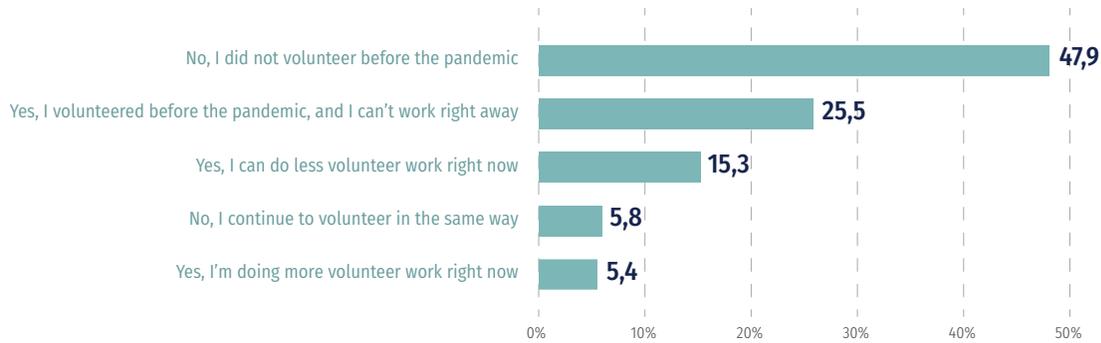


Table 15: Participants' Civil Community Activities during the Pandemic

Voluntary activity/community service status during the pandemic	n	%
Yes	80	11,6
No	610	88,4
Supporting activities like actively sewing/distributing masks, providing medical equipment to hospitals, etc.		
Yes	6	10,3
No	52	89,7
Supporting activities like actively supplying food and medicine to elderly people, providing information about the pandemic, contacting them, etc.		
Yes	11	18,6
No	48	81,4
Being a member of a non-governmental organization/youth organization/Youth Initiative during the COVID-19 pandemic		
Yes	25	42,4
No	34	57,6
Becoming a member of an initiative that supports the civil society participation of young people and provides online services		
Yes	37	58,7
No	26	41,3
Actively participating in public information and meetings related to COVID-19 from social media without being a member anywhere		
Yes	28	44,4
No	35	55,6
Activities for people who have to stay at home during the pandemic		
Yes	46	64,8
No	25	35,2

To see the effects of COVID-19 on civil participation and to determine whether there was a change in civil society activities in the period before the pandemic and after the start of the pandemic, questions were also asked about civil society participation and volunteering activities that participants carried out during the pandemic. It is noted that the rate at which young people participated in voluntary activities and community service during the pandemic period was less than under "normal conditions" (11.6%). As it can be seen from Table 15, it is noticeable that the most young people who participated in voluntary activities organized activities for young people who had to stay at home (n=46, 64.8%) when the activities they conduct during the pandemic process are examined. Additionally, membership in online initiatives (58.7%), participation in information meetings on social media (44.4%) and membership in various youth organizations (42.4%) are high. On the other hand, when the participants were asked whether there was a change in their volunteering activities during the pandemic or not, about half of the young people (n=378, 47.9%) stated that they had no voluntary activities before the pandemic and therefore there was no change in their voluntary activities, and 25.5% (n=175) of them stated that they had voluntary activities before the pandemic but could not participate in any volunteer work during the pandemic. Additionally, 15.3% of young people (n=105) also stated that they did less volunteer work during the pandemic (Chart 16).

Chart 16: Change in Voluntary Service during the Pandemic (%)



In addition to the articles contained in the survey, young people were observed to make various statements about their voluntary activities and civil participation during the pandemic. In their statements they mentioned as follows

“they were unable to actively participate in online activities due to internet and connection problems”

“they have performed “voluntary online meditation activities”

“they provided psychological support to those who need it and who are affected by COVID-19 by opening a ... site and they currently continue to provide support to women and children who are victims of violence with an NGO”

“The fact that one of the participants stated that he/she gives training to women on digital marketing, digital literacy, financial literacy for individuals, security in the digital world, mobile photography and internet advertising through Zoom and Teams as a master trainer of an entrepreneurship program for the employment of women in an association, is regarded as

an important indicator of the contribution of young people in civil society.



Conclusively, although participation in NGOs has increased, there is a decrease in existing voluntary work compared to the period before the pandemic.

One of the goals of the study was to determine whether young people's participation in civil society varies according to demographic variables or not. Within this context, differences in gender identity, age, settlement unit, education status and self-identification with any identity were examined and significant differences in age group ($\chi^2: 4,9, p<0,05$) were found (Table 16). Among the young people participating in the study, it seems that young people aged between 18-24 have more NGO membership than young people aged between 25-30 (Chart 17).

Table 16: Chi-square Table of Active Membership in NGO/Youth Organization and Age Range

		Active Membership in NGOs/Youth Organizations				
		Yes	No	χ^2	sd	p
		n	n			
Age Range	18-24	179	320	4,9	1	0,02*
	25-30	44	122			

*p<0,05

Chart 17: Active NGO Membership and Age Range (%)

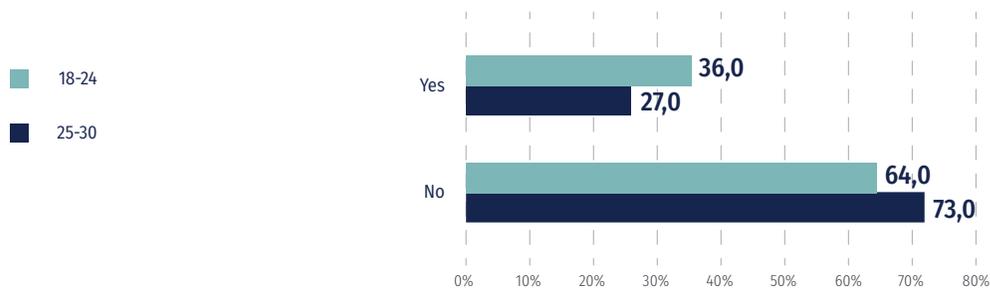


Table 17: Chi-square Table for the Duration of Active Membership in NGOs/Youth Organizations, Age range, and Education Status

		Membership Period					χ^2	sd	p
		1-2 years	2-5 years	More than 5 years	Less than 6 months	6-12 months			
		n	n	n	n	n			
Age Range	18-24	56	41	7	22	53	36,98	4	0,00*
	25-30	5	17	12	6	4			
Education Status	Undergraduate degree and higher	29	36	12	19	23	9,34	4	0,05*
	Associate degree	34	23	7	10	35			

*p<0,05

Chart 18: Duration of Active NGO Membership and Age (%)

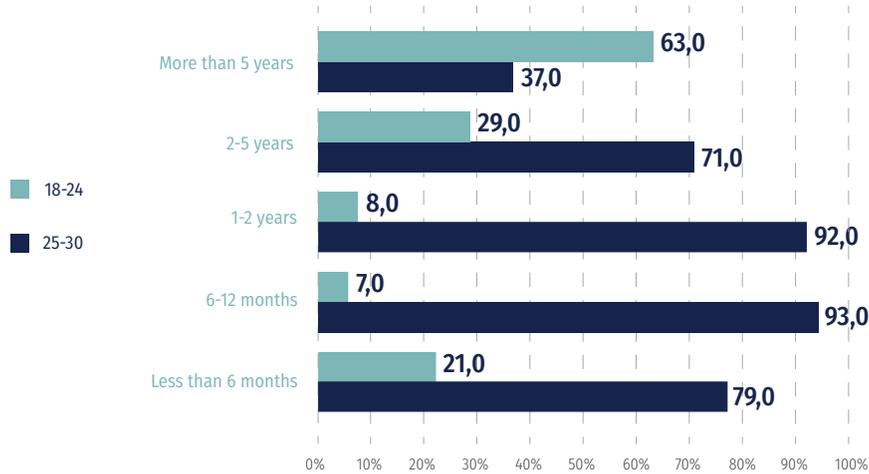
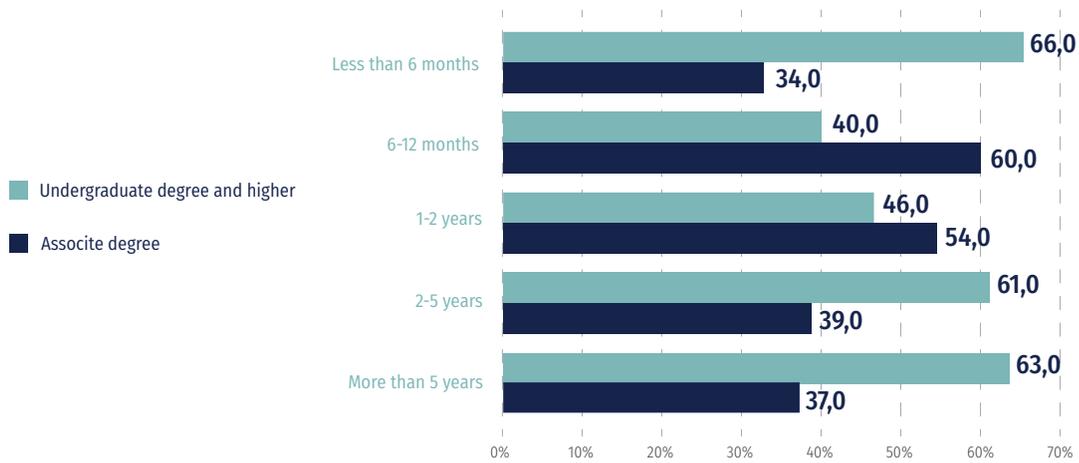


Chart 19: Duration of Active NGO Membership and Education Status (%)



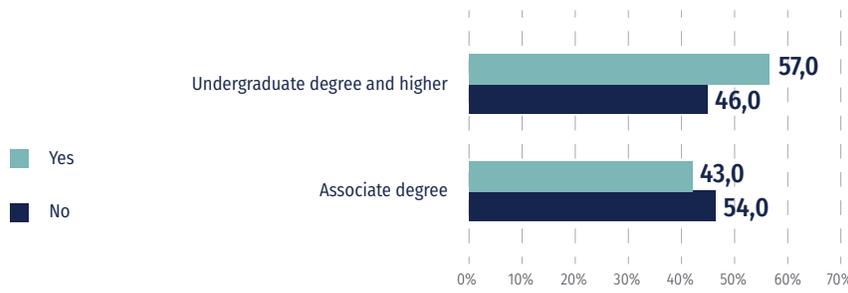
As can be seen in Table 17, there is a statistically significant difference ($X^2: 36.98, p < 0.05$) between young people aged 18-24 and 25-30 years who participated in the study and have active membership in NGOs regarding the duration of their participation in civil society. The young people aged 25-30 have longer NGO membership (more than 5 years), while the membership period of the younger group is concentrated between 6 months and 5 years (Chart 18) ($X^2: 36.98, p < 0.05$). It is also important that the duration of membership in NGOs shown in Chart 19 also differs significantly depending on the level of education ($X^2: 9.34, p < 0.05$), and those with a high level of education have spent longer periods in civil society (Chart 19) ($X^2: 9.34, p < 0.05$).

Table 18: Chi-square Table of Voluntary Activity/Community Service and Education Status without NGO membership

		Although you are not a member of an NGO/ youth organization, have you done any voluntary activities/community service?				
		Yes	No	χ ²	sd	p
		n	n			
Education Status	Undergraduate degree and higher	103	128	5,8	1	0,01*
	Associate degree	77	152			

*p<0,05

Chart 20: Performing Voluntary Activity/Community Service and Education Status without NGO membership (%)



As shown in Table 18 and Chart 20, there is a statistically significant difference between the young people who participate in voluntary activities and community service without membership in an NGO according to their educational status: participation of young people with bachelor's and graduate degrees is higher ($\chi^2 : 5,8; p<0,05$).

Finally, among the participating young people, there is no statistically significant difference in their gender identity, whether their settlement units are in metropolitan cities or not, their self-identification with any identity, the state of their participation in civil society, the duration of volunteer activities, and volunteering and voluntary activities carried out during pandemic without membership in NGOs.

4.5. Access to Comprehensive Sexual Health Education and Sexual Health Services

In this section, findings on young people's access to comprehensive sexual health education, their access to sexual health services, and their access experiences are included.

First of all, the young people who participated in the study were asked if they had received any comprehensive sexual education to date. 57.4% of young people said they had received comprehensive sexual health education, while 42.6% said they had not received it (Chart 21). When asked where they received this education (Table 19), 41% of young people who participated in the study emphasized that they received sexual health education from their schools or universities before the pandemic, but this rate decreased to 6.1% during the pandemic. During the pandemic, it is observed that the internet is the most frequently preferred source of information at 19.9%. The fact that this rate was also quite close to the school rate before the pandemic shows that the internet was an important source of information in obtaining sexual health information regardless of the pandemic. On the other hand, there is a significant decrease in access to all resources during the pandemic compared to the pre-pandemic period (Chart 22). This highlights that the university and school environment is an important resource for young people to receive sexual health information. It is noticeable that there is a significant decrease in young people's access to sexual health information when they are away from the school environment. With young people closed in their homes, their access to the source of information is limited.

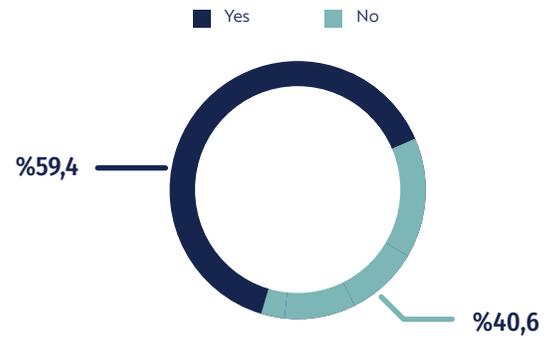


Chart 21: Receiving Comprehensive Sexual Health Education (%)

Chart 22: Change in participants' resources for comprehensive sexual health information and access to sexual health education according to the period before and after the pandemic (%)

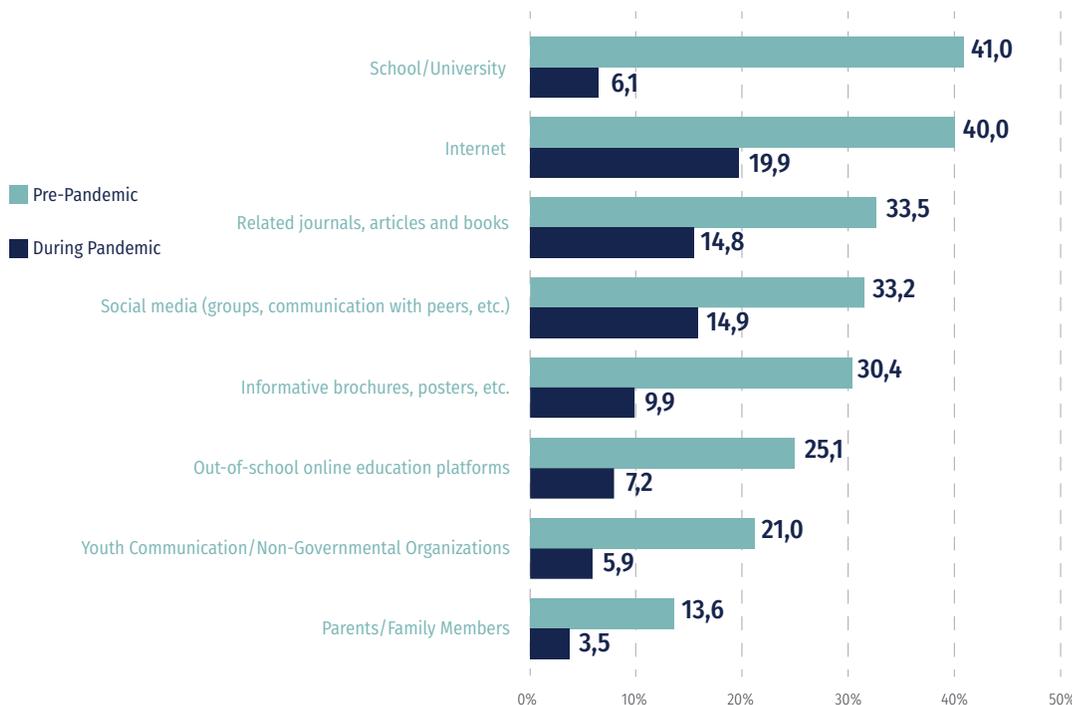


Table 19: Change in Participants' Resources for Comprehensive Sexual Health Information and Access to Sexual Health Education in the period before and during the pandemic

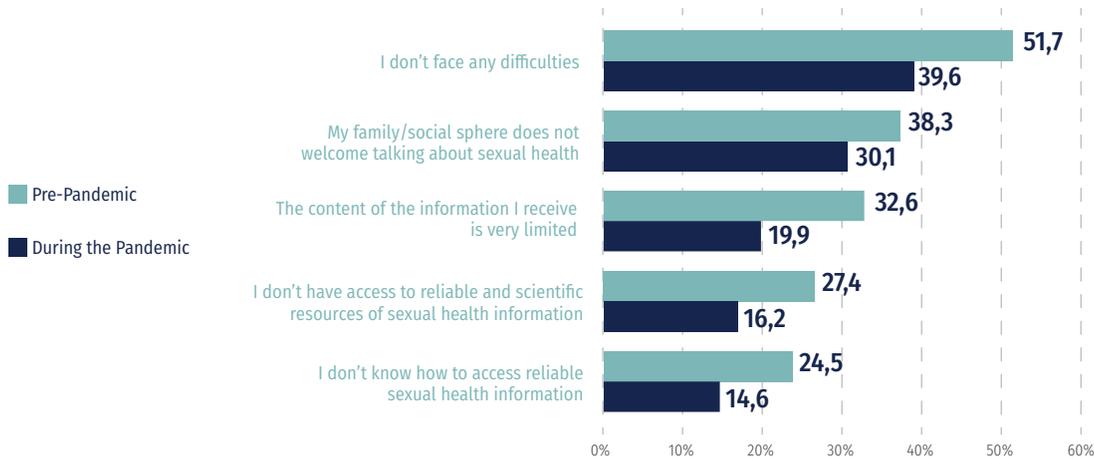
Comprehensive Sexual Health Education Resources	Pre-Pandemic		During the Pandemic	
	n	%	n	%
School/university	283	41,0	42	6,1
Internet	276	40,0	137	19,9
Related journals, articles, and books	231	33,5	102	14,8
Social media (groups, communication with peers, etc.)	229	33,2	103	14,9
Informative brochures, posters, etc.	210	30,4	68	9,9
Out-of-school online education platforms	173	25,1	50	7,2
Youth communities/non-governmental organizations	145	21,0	41	5,9
Parents/family members	94	13,6	24	3,5

Table 20: Change of Difficulties encountered in Participants' Access to Comprehensive Sexual Health Information and Resources for Sexual Health Education according to pre-and post-pandemic period

Difficulties Encountered in Comprehensive Sexual Health Education	Pre-Pandemic		During the Pandemic	
	n	%	n	%
I don't face any difficulties.	357	51,7	273	39,6
My family/social sphere does not welcome talking about sexual health.	264	38,3	208	30,1
The content of the information I receive is very limited.	225	32,6	137	19,9
I don't have access to reliable and scientific resources of sexual health information.	189	27,4	112	16,2
I don't know how to access reliable sexual health information.	169	24,5	101	14,6

When we review the difficulties experienced by young people with access to such education, it is noticeable that there are generally various limitations both before the pandemic (51.7%) and during the pandemic (39.6%), although young people note that they do not experience difficulties (Table 20). The fact that conversation about sexual health is not welcomed by their social sphere, especially by their families, which is the most frequently mentioned challenge, is considered an important finding. Societal pressures seem to make it harder for young people to demand comprehensive sexual health education. It is noteworthy that the rate of the young people who say that the sexual health information they receive is limited and do not have access to reliable/scientific resources was about one-third of the participants before the pandemic (Chart 23). In general, this rate seems to have decreased during the pandemic, which may be associated with longer times spent by young people on the internet, and, as seen in the previous findings, they mostly use the information they obtain from the internet during the pandemic. Although this rate was kept at a minimum, the finding that one-fourth of the young people involved in the study stated that they did not know how to access reliable sexual health information is very important.

Chart 23: Change of Difficulties encountered in Participant Access to Comprehensive Sexual Health Information and Resources for Sexual Health Education according to pre-and post-pandemic period (%)



When a comparative analysis is made of the difficulties in accessing comprehensive sexual health education, first of all, any significant difference is examined according to the issue of their family/social sphere not welcoming them to talk about sexual health versus the age ($X^2: 3.9, p<0.05$) and the educational status ($X^2: 4.57, p<0.05$), and statistically significant differences were found (Table 21). It was observed that the issue of their family/social sphere not welcoming them to talk about sexual health increased during the pandemic for the young people between the ages of 18 and 24 in comparison to the age range of 25 to 30 (Chart 24) ($X^2:3.9, p<0.05$). When this is analyzed according to educational status, the issue of their family/social sphere not welcoming them to talk about sexual health was observed more in the group of young people who are in associate degree programs and the inability to access informational resources significantly increased during the pandemic compared to the period before the pandemic (Chart 25) ($X^2: 4.57, p<0.05$).



Table 21: Chi-square table about Difficulties in Accessing Comprehensive Sexual Health Education Resources according to Age and Education Status

		My family/social sphere does not welcome talking about sexual health.				
		Pre-Pandemic	During the Pandemic	χ ²	sd	p
		n	n			
Age Range	18-24	185	191	3,9	1	0,00*
	25-30	37	48			
Education Status	Undergraduate degree and higher	95	111	4,57	1	0,00*
	Associate degree	131	133			

		I don't have access to reliable and scientific sources of sexual health information.				
		Pre-Pandemic	During the Pandemic	χ ²	sd	p
		n	n			
Education Status	Undergraduate degree and higher	75	65	4,1	1	0,00*
	Associate degree	77	82			

*p<0,05

Again, as can be seen in Table 21, there is a statistically significant difference in access to reliable and scientific resources according to educational status ($X^2: 4.1, p<0.05$). The inability of young people in associate degree programs to access these resources during the pandemic increased compared to those with a bachelor's degree or higher. Looking at the cross-tables, there was a decrease in access to comprehensive resources of sexual health information during the pandemic compared to the period before the pandemic (Chart 26).

Chart 24: My family/social sphere does not welcome discussion about Sexual Health and Age Range (%)

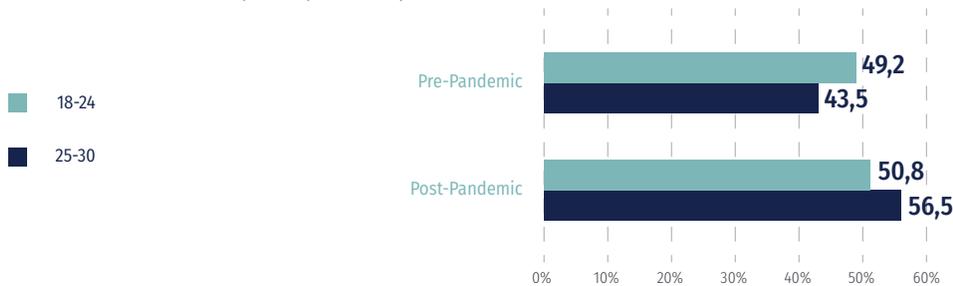


Chart 25: My family/social sphere does not welcome discussion about sexual health and Education Status (%)

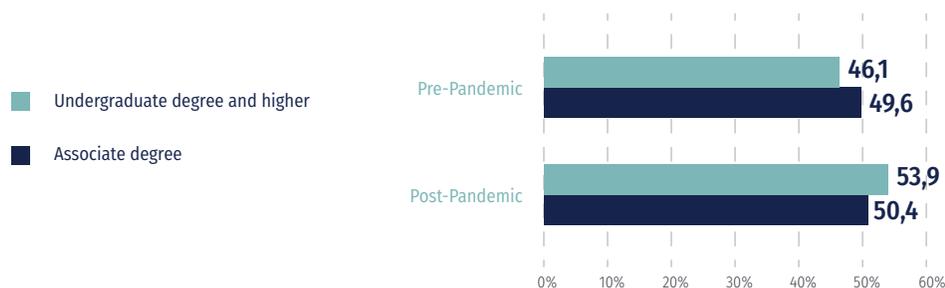


Chart 26: Access to Reliable and Scientific Resources related to Sexual Health Information and Education Status (%)

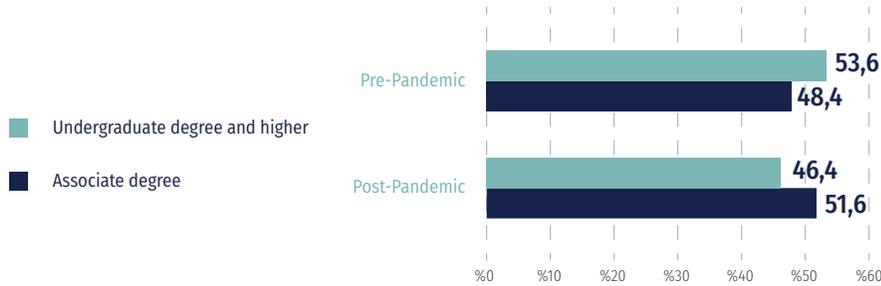
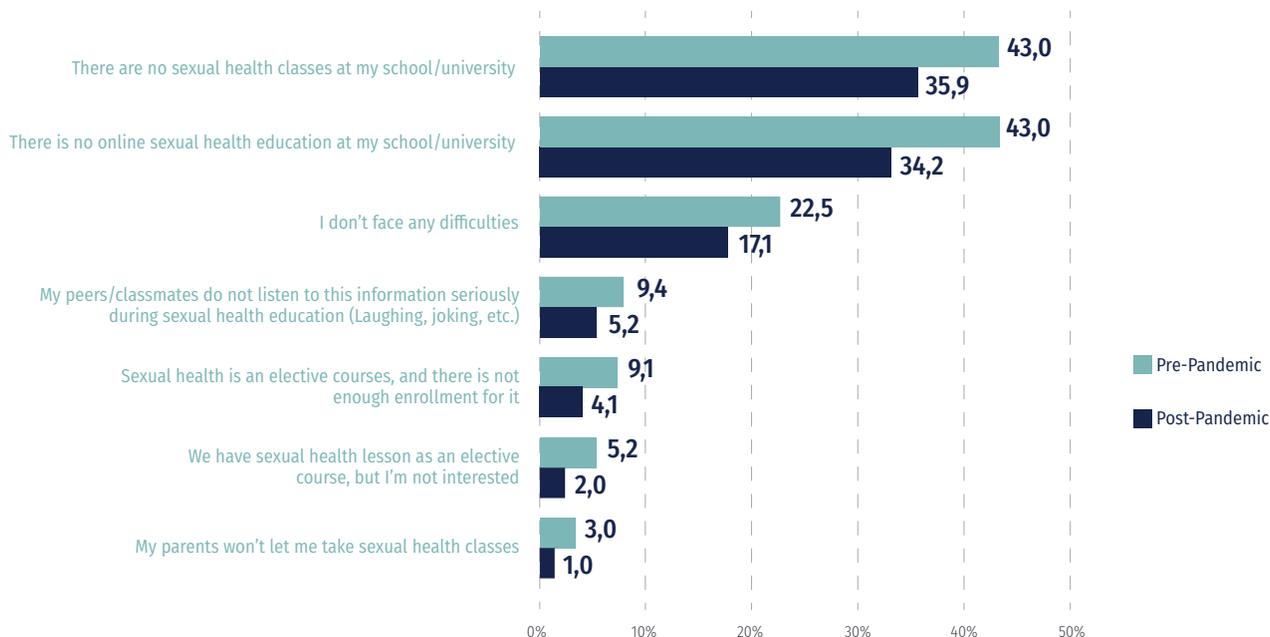


Table 22: Difficulties Encountered in Participant Access to Comprehensive Sexual Health Education at School

Difficulties encountered in access to comprehensive sexual health education at school	Pre-Pandemic		During the Pandemic	
	n	%	n	%
There are no sexual health classes at my school/university.	297	43,0	248	35,9
There is no online sexual health education at my school/university.	297	43,0	236	34,2
I don't face any difficulties.	155	22,5	118	17,1
My peers/classmates do not listen to this information seriously during sexual health education. (Laughing, joking, etc.)	65	9,4	36	5,2
Sexual health is an elective course, and there is not enough enrollment for it.	63	9,1	28	4,1
We have sexual health lesson as an elective course, but I'm not interested.	36	5,2	14	2,0
My parents won't let me take sexual health classes.	21	3,0	7	1,0

When young people's difficulties in accessing comprehensive sexual health education in schools (Table 22 and Chart 27) are examined, it is observed that they mostly stated they had no sexual health education classes in schools before the pandemic (n=297, 43%) but also during the pandemic (n=248, 35.9%). Similarly, it is noteworthy that there is no online sexual health education at schools. Again, while the rate of not experiencing difficulties in accessing sexual health education in schools decreased from 22.5% to 17.1% during the pandemic, and difficulties in young people's access to sexual health education in their schools increased during the pandemic.

Chart 27: Difficulties Encountered in Participant Access to Comprehensive Sexual Health Education at School (%)



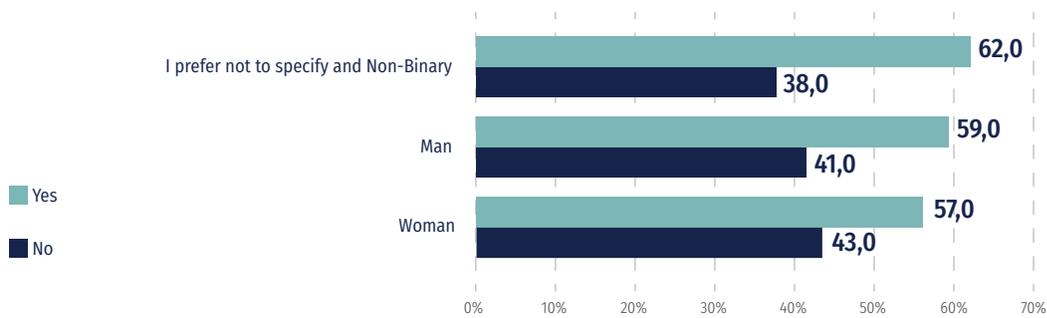
In line with the objectives of the study, the state of receiving comprehensive sexual health education and the difficulties encountered in this training was examined according to any differences in gender identity, age group, education status, settlement unit, and active NGO membership, and significant differences were found only in gender identity and active NGO membership (Table 23). When the participant young people's status of receiving comprehensive sexual health education is analyzed according to gender identity, a statistically significant difference is found ($X^2: 4.18, p < 0.05$), and this difference reveals that women received this training to a lesser extent than individuals who declared another gender (Chart 28). Furthermore, there is a significant difference in the context of being an active NGO member and receiving comprehensive sexual health education ($X^2: 8.75, p < 0.05$), and Table 23 shows that those who are NGO members receive more sexual health education than those who are not.

Table 23: Chi-square Table on the Receiving Comprehensive Sexual Health Education and Gender Identity

		Receiving Comprehensive Sexual Health Education				
		Yes	No	X^2	sd	p
		n	n			
Gender Identity	I prefer not to specify and Non-Binary	13	8	4,18	2	0,00*
	Man	79	55			
	Woman	302	229			
Active NGO membership	Yes	149	79	8,75	1	0,00*
	No	245	213			

*p<0,05

Chart 28: Receiving Comprehensive Sexual Health Education and Gender Identity (%)



When the participant young people were asked about the ideal resource for comprehensive sexual health education, the vast majority of young people answered receiving counselling from health professionals (64.4%), and others answered face to face or online training at schools (38.1%), and books and magazines that contain sexual health education (27.8%) (Table 24).

In our study, when the participants were asked about the topics they most want to study within the scope of sexual health education, it is seen that safe sexuality (73.4%) comes first, followed by the issues of sexual rights (66.6%) and STIs (63.7%) (Table 24). It seems important that young people want to learn about safe sex lives and their rights. Additionally, the young people who checked the "other" option (1.4%) expressed their desire to receive education in all of the specified areas, like HPV awareness, vaccine dissemination, and gender-based violence.

Table 24: The Ideal Resource for Comprehensive Sexual Health Education and the Topics on which Information is Required

The Ideal Resource for Comprehensive Sexual Health Education	n	%
Counselling of health professionals	433	64.4
Online or face-to-face education in schools	256	38.1
Books and journals containing sexual health education	187	27.8
Participation in structured peer education programs	183	27.2
Access to youth-friendly health care services	150	22.3
Activities of relevant NGOs	136	20.2
Face-to-face communication with peers	130	19.3
Documentaries	101	15.0
Communication with parents	88	13.1
Related websites	66	9.8
Telephone/online consulting services (support lines)	37	5.5
TV /radio programs/series/movies	28	4.2
Brochures in clinics	26	3.9
Social media/online chats with peers	24	3.6
Other	4	0.6

Table 24: The Ideal Resource for Comprehensive Sexual Health Education and the Topics on which Information is Required

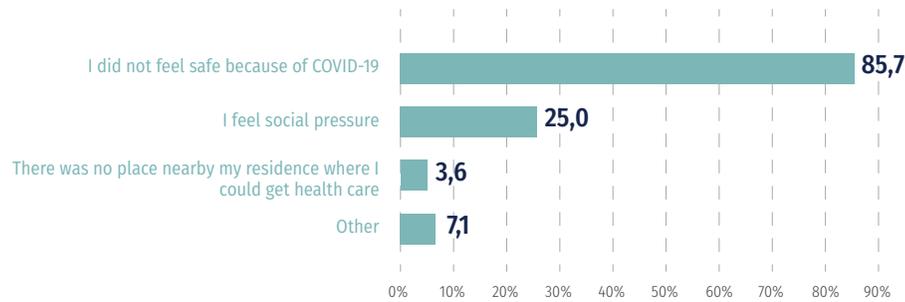
Topics on which Information is Required about Comprehensive Sexual Health	n	%
Safe sexuality	479	73.4
Sexual rights	435	66.6
Sexually transmitted infections	416	63.7
Access to health services	313	47.9
HIV and AIDS	303	46.4
Contraceptive methods (birth control methods)	303	46.4
Prevention method (condom use, etc.)	291	44.6
Patient and consultant rights	285	43.6
Optional safe miscarriage (abortion)	254	38.9
Access to prevention methods	247	37.8
Reproductive organs	186	28.5
Other	9	1.4

When we look at Table 25, referring to access to sexual health services, the vast majority of young people did not need to receive services from specialist doctors or medical institutions for any sexual health problems they experienced during the COVID-19 pandemic (91.9%). It seems that the rates of people who needed to receive services are close to each other concerning access to the relevant services. However, the stated reasons why people could not receive the services are noteworthy. These were stated as not feeling safe to go to health institutions due to COVID-19 (85.7%) and social pressure (25.0%) (Chart 29).

Table 25: Access to Sexual Health Services during the COVID-19 Pandemic

Access to sexual health services during the COVID-19 pandemic	n	%
The need to receive services from a specialist physician or medical institution for any sexual health problem during the COVID-19 pandemic		
Yes	55	8,1
No	624	91,9
Receiving Sexual Health Care		
Yes	28	52,8
No	25	47,2
Reasons for not Receiving the Services Despite Being Needed		
I didn't feel safe because of COVID-19.	24	85,7
I feel social pressure.	7	25,0
There was no place nearby my residence where I could get health care.	1	3,6
Other	2	7,1

Chart 29: Reasons for Not Receiving Services despite Being Needed (%)



The results obtained by examining whether access to sexual health services, which is one of the goals of the study, differs according to gender identity, age range, settlement unit, education status, and non-identification with any identity are given in Table 26.

Table 26: Chi-square table of the Need to Receive Services from a Specialist Physician or Medical Institution for any Sexual Health Problem during the COVID-19 Pandemic

		The Need to Receive Services from a Specialist Physician or Medical Institution for any Sexual Health Problem during the COVID-19 Pandemic				
		Yes	No	X ²	sd	p
		n	n			
Gender Identity	I prefer not to specify and Non-Binary	6	16	11,32	2	0,00*
	Man	9	123			
	Woman	40	485			
Age Range	18-24	34	454	5,19	1	0,02*
	25-30	21	145			
Settlement Unit	Metropolitan	48	446	6,36	1	0,01*
	Not Metropolitan	7	178			

*p<0,05

The education levels of the young people involved in the study and their inability to self-identify with any identity do not show any statistically significant difference in the rates of needing to receive services for sexual health problems during the COVID-19 pandemic. However, there are statistically significant differences based on gender identity, age group, settlement unit, and the individual's inability to self-identify with any identity (Table 26). In terms of gender identity, men were observed to make fewer applications than women, non-binaries, and individuals who did not declare any gender ($X^2: 11,32, p<0,05$). In terms of the settlement unit, it was observed that those living in a metropolitan city need to receive more sexual health services ($X^2: 5,19, p<0,05$). Another statistically significant result is that the 25-30 age group needs more sexual health care than the 18-24 age group ($X^2: 6,36, p<0,05$).

Table 27: Assessment of recently received sexual health care either online or face-to-face

Assessment of recently received sexual health care either online or face-to-face		I Totally Disagree.	I Disagree.	I'm undecided.	I Agree.	I Totally Agree.
I have received all the necessary information.	n	4	7	4	7	11
	%	12,1	21,2	12,1	21,2	33,3
The medical professional was respectful.	n	1	2	4	8	18
	%	3,0	6,1	12,1	24,2	54,5
The medical professional was interested.	n	2	4	6	3	18
	%	6,1	12,1	18,2	9,1	54,5
After the service I received, I learned what to do.	n	4	5	6	6	12
	%	12,1	15,2	18,2	18,2	36,4
Hygienic conditions were provided.	n	1	2	4	2	24
	%	3,0	6,1	12,1	6,1	72,7
The health professional showed a non-discriminating attitude.	n	3	3	8	4	15
	%	9,1	9,1	24,2	12,1	45,5
The examination area was suitable for patient privacy.	n	1	4	2	6	19
	%	3,1	12,5	6,3	18,8	59,4

According to Table 27, young people were generally satisfied with the sexual health care they received. However, considering the frequency, it is observed that the undecided percentage is also high, which is an important finding. For example, the rate related to the non-discriminating attitude of the health professional is 24.2%. When it is considered with a holistic perspective, a total of 45.4% of respondents stated that they were indecisive, or they had not received all the necessary information referring to the option about receiving all the necessary information. When we examine the answers related to the non-discriminating attitude of the health professional, a total of 42.4% of young people stated that they were indecisive, or the health professional didn't show a non-discriminating attitude.

Table 28: Access to Contraceptive Methods during the COVID-19 Pandemic

Access to Contraceptive Methods	n	%
A need to use contraceptive methods (condoms, pills, injections, etc.) during the COVID-19 pandemic (between March and September 2020)		
Yes	167	24.5
No	514	75.5
Facing difficulty accessing contraceptive methods		
Yes	18	10.8
No	149	89.2
Difficulties encountered in accessing contraceptive methods		
I was ashamed/afraid to get it.	9	50.0
I didn't get it because of our economic difficulties.	8	44.4
I didn't know what to use/buy.	5	27.8
I couldn't find it in the pharmacy.	1	5.6
The doctor didn't have supplies he/she could give for free.	1	5.6
I didn't know where to find it.	0	0.0
Other	2	11.1

During the COVID-19 pandemic, 24.5% of young people stated that they needed contraceptive methods (Table 28 and Chart 30). It was observed that 89.2% of those who needed them (Chart 31) had no difficulty accessing these methods.

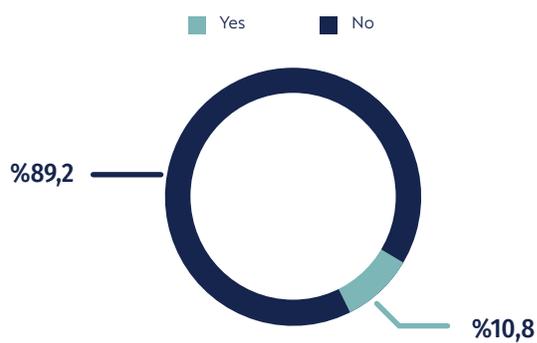


Chart 31: Facing difficulty accessing contraceptive methods (%)

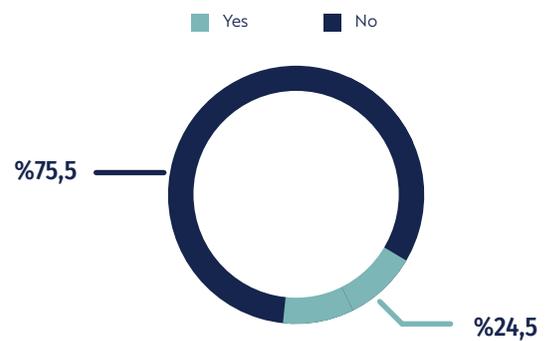
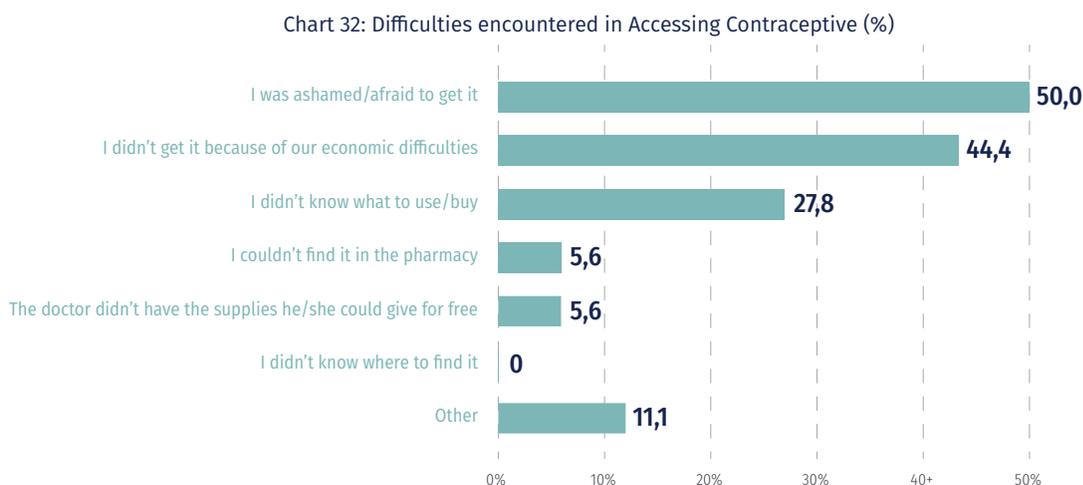


Chart 30: The Need to Use Contraceptive Methods during the COVID-19 Pandemic (%)

Participants were asked about the reasons for experiencing difficulties in accessing contraceptive methods, and it was found that embarrassment and hesitation (50.0%) to purchase them or to seek advice on them were the biggest reasons. Economic difficulties (44.4%) also occur as another important cause (Chart 32). The young people who checked the "other" option said that they did not want to go to the *grocery store to buy condoms because of COVID and were subjected to psychological pressure by the pharmacist.*



In the study, young people were asked about their experiences with the difficulties and obstacles they experienced regarding their access to discretionary abortion services in unintended pregnancies. The frequency and percentage distributions of responses to these experiences are given in Table 29.

Table 29: Access to Discretionary Abortion Services

Access to Discretionary Abortion Services	n	%
Going to Health Care Services for Discretionary Abortion		
Yes	64	9,4
No	616	90,6
Difficulty in Accessing a Health Care Institution for Receiving Discretionary Abortion Service		
Yes	38	59,4
No	26	40,6
Factors Preventing Access to Discretionary, Safe Abortion Service		
The fee for access to the service was very high.	24	63,2
I was prevented from receiving this service by the hospital/doctor.	15	39,5
I was embarrassed/afraid.	15	39,5
I couldn't apply because of the pressure in my social sphere (I will be labelled/my family will hear/I will be excluded, etc.).	14	36,8
I didn't know where to go.	8	21,1
This service was not offered where I went.	5	13,2
I was afraid because of COVID-19.	4	10,5
Physical access to the clinic was difficult (It was far away with no public transport, etc.)	4	10,5
There was a long waiting queue/late appointment time.	3	7,9
There were no doctors/hospitals where I lived.	2	5,3
Although it was a hospital/health center, there was no obstetrician.	1	2,6
Other	1	2,6

When we look at Table 29, it is seen that 9.4% of the young people in the study went to receive abortion services by themselves or for another young person they know. This finding is also shown in Chart 33. However, 59.4% of applicants had difficulties accessing abortion (Chart 34).

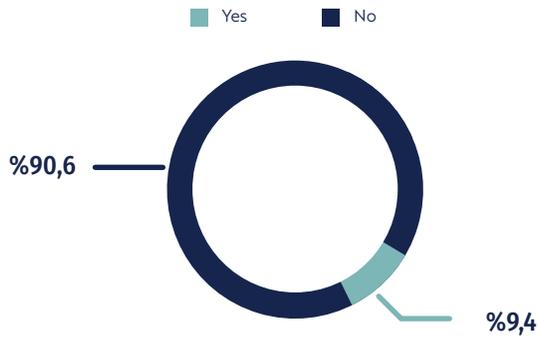


Chart 33: Health Care Application Status for Discretionary Abortion Services (%)

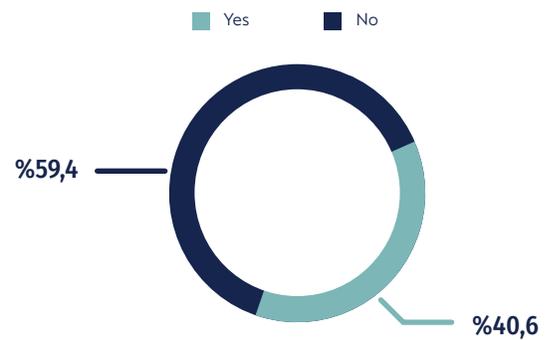


Chart 34: Experiencing Difficulty in Accessing Health Care for Discretionary Abortion Services (%)

When we examine the most prohibitive factors for benefiting from these services amongst those who tried to access abortion, they stated that they didn't access these services because the access fee is very high (63.2%), they were ashamed/afraid (39.5%), they were not permitted by the hospital/doctor to receive this service (39.5%), and they were unable to access the services because of the fear of repression and exclusion in the social sphere (36.8%). One of the young people who participated in the study described the economic difficulties in accessing abortion services as follows:

“Single women don't usually have abortions in public hospitals, and my friend had to have an abortion in a private clinic. She also suffered financially in the process, and she could barely put that amount of money together.”

In line with the purpose of the research, when the difference between settlement unit, age group, active NGO membership, and education status for the need to use contraceptive methods and access discretionary abortion services during the COVID-19 pandemic were analyzed (Table 30), it is seen that variables other than active NGO membership indicate a significant difference.

Table 30: Chi-square Table Regarding the Need to Use Contraceptive Methods during the COVID-19 Pandemic

		The need to use contraceptive methods during the COVID-19 pandemic (condoms, pills, injections, etc.)				
		Yes	No	χ ²	sd	p
		n	n			
Age Range	18-24	98	392	22,95	1	0,00*
	25-30	64	102			
Settlement Unit	Metropolitan	139	357	38,16	1	0,00*
	Not Metropolitan	28	157			
Education Status	Undergraduate degree and higher	107	242	14,24	1	0,00*
	Associate degree	60	270			

*p<0,05

According to Table 30, there are significant differences in the need for access to contraceptive methods according to age range (X^2 : 22.95, $p < 0.05$), settlement unit (X^2 : 38.16, $p < 0.05$) and education level (X^2 : 14.24, $p < 0.05$). When age groups are considered on the first hand, it seems that the 25-30 age group needs these methods more than the 18-30 age group (Chart 35). According to the settlement unit (Chart 36), it is observed that young people living in metropolitan areas are more likely to use contraceptive methods than those who are not in metropolitan areas. Considering differentiation by education level (Chart 37), it was found that young people with undergraduate and graduate degrees need these methods significantly more than young people with associate degrees. Considering that young people attending university are also evaluated within the associate degree category, this finding is considered important. The fact that the difference between educational levels is significant also seems to be associated with age as well as with the level of knowledge and awareness. Within the context of needing and accessing these methods, gender identity did not differ from not self-identifying with any identity.

Chart 35: Needing to use Contraceptive Methods during the COVID-19 pandemic and Age Group (%)



Chart 36: Needing to use Contraceptive Methods during the COVID-19 pandemic and Settlement Unit (%)

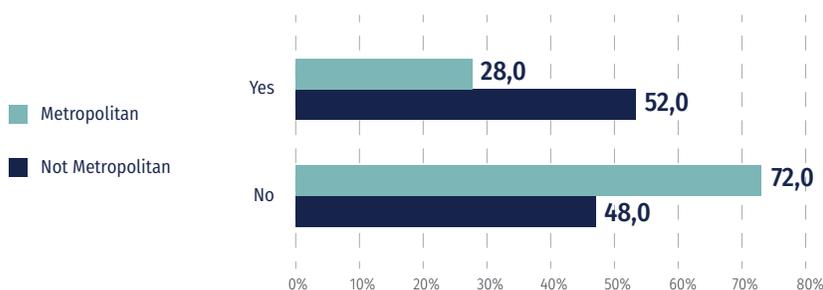
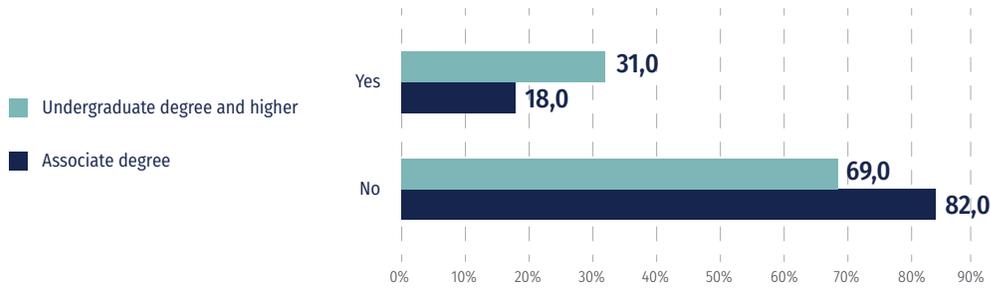


Chart 37: Needing to use Contraceptive Methods during the COVID-19 pandemic and Education Level (%)



The status of young people involved in the study going to a health care facility for discretionary abortion showed statistically significant differences by age group ($X^2: 9.34; p<0,05$) and self-identifying with any identity ($X^2: 5.73, p<0.05$) (Table 31). When compared to the age group, it seems that there are more applications in the 18-24 age range (Chart 38). Young people who self-identify with a group who faces a violation of rights access abortion at proportionally lower rates when compared to the young people who don't self-identify with any identity (Chart 39).

Table 31: Chi-square table about Applying to Health Care Services for Discretionary Abortion

		Status of Applying to Health Care Services for Discretionary Abortion				
		Yes	No	X^2	sd	p
		n	n			
Age Range	18-24	37	452	9,34	1	0,00*
	25-30	26	140			
Do Not Self-Identify with any Identity	Yes	28	365	5,73	1	0,01*
	No	36	251			

* $p<0,05$

Chart 38: Health Care Application Status for Discretionary Abortion Service and Age Range (%)

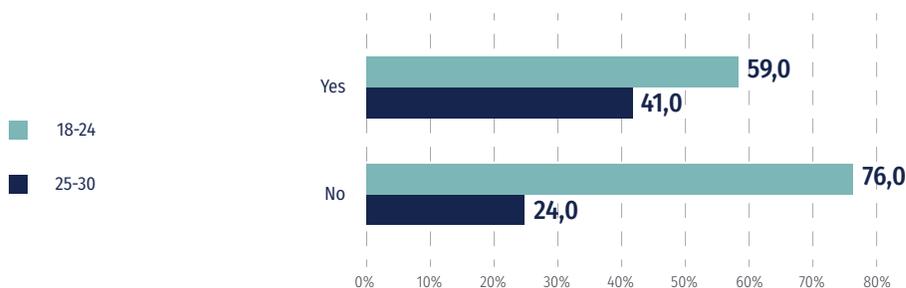
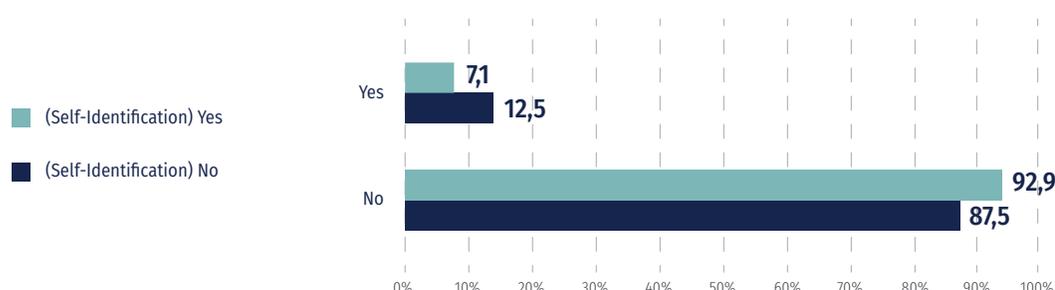


Chart 39: Health Care Application Status for Discretionary Abortion Service and Self Identification (%)



When the general status of young people during the COVID-19 pandemic about comprehensive sexual health education and their access to sexual health services is examined, it is observed that they require information and services about sexual and reproductive health, and this requirement differs according to variables like age range, education level, and settlement units.

4.6. Well-Being of Young People

In this section, young people's sources of information during COVID-19, their exposure to domestic/partner-based violence and their experiences of combating violence are discussed. Here, changes in the moods of young people within the first 4 weeks of the pandemic are also examined in this section.

According to Table 32, it was observed that 68.3% of young people used the social media accounts and websites of official public institutions, 52.8% used radio/television and 39.9% used social media and websites outside of official institutions as their main sources of information about COVID-19. The young people who checked the "other" option (3.7%) said that they had learned about COVID-19 from the World Health Organization's webpage, scientific publications, and articles, whereas the young people studying or graduating from medical schools/health sciences had information about it as a result of their occupational field.

Table 32: Basic Sources of Information about COVID-19

Basic sources of information about COVID-19	n	%
Social media accounts and websites of official government agencies	467	68,3
Radio/television	361	52,8
Social media and websites outside of official institutions	273	39,9
Health institutions	241	35,2
Virtual newspapers	160	23,4
Family and/or circle of friends	157	23
Non-governmental organizations	98	14,3
Municipality announcements	43	6,3
Newspapers (printed press)	38	5,6
Other	25	3,7
I don't have information about COVID-19.	4	0,6

When the general mood of young people in the first four weeks of the pandemic (Table 33) is examined, it is noteworthy that the vast majority of young people (78%) stated that they felt nervous when considering the state of the country, if we take the ratings I agree and I completely agree into account together.

Again, most of the young people stated that they were worried about the health of their family members and friends (71%) rather than being worried about their own health (56%). They stated that they did not feel well due to being unable to go shopping and to go out (74%), and due to their impaired regular sleep (63%) and eating patterns (47%). The findings show that not going to school or work is not good for young people (53%) and that they do not feel good and happy in their relationships with friends (45%). Additionally, feeling anxious about their economic situation (55%) should be considered one of the important variables associated with well-being. On the other hand, it seems important that young people are not comfortable and calm (50%) and that spending time with family does not make them feel good (40%).

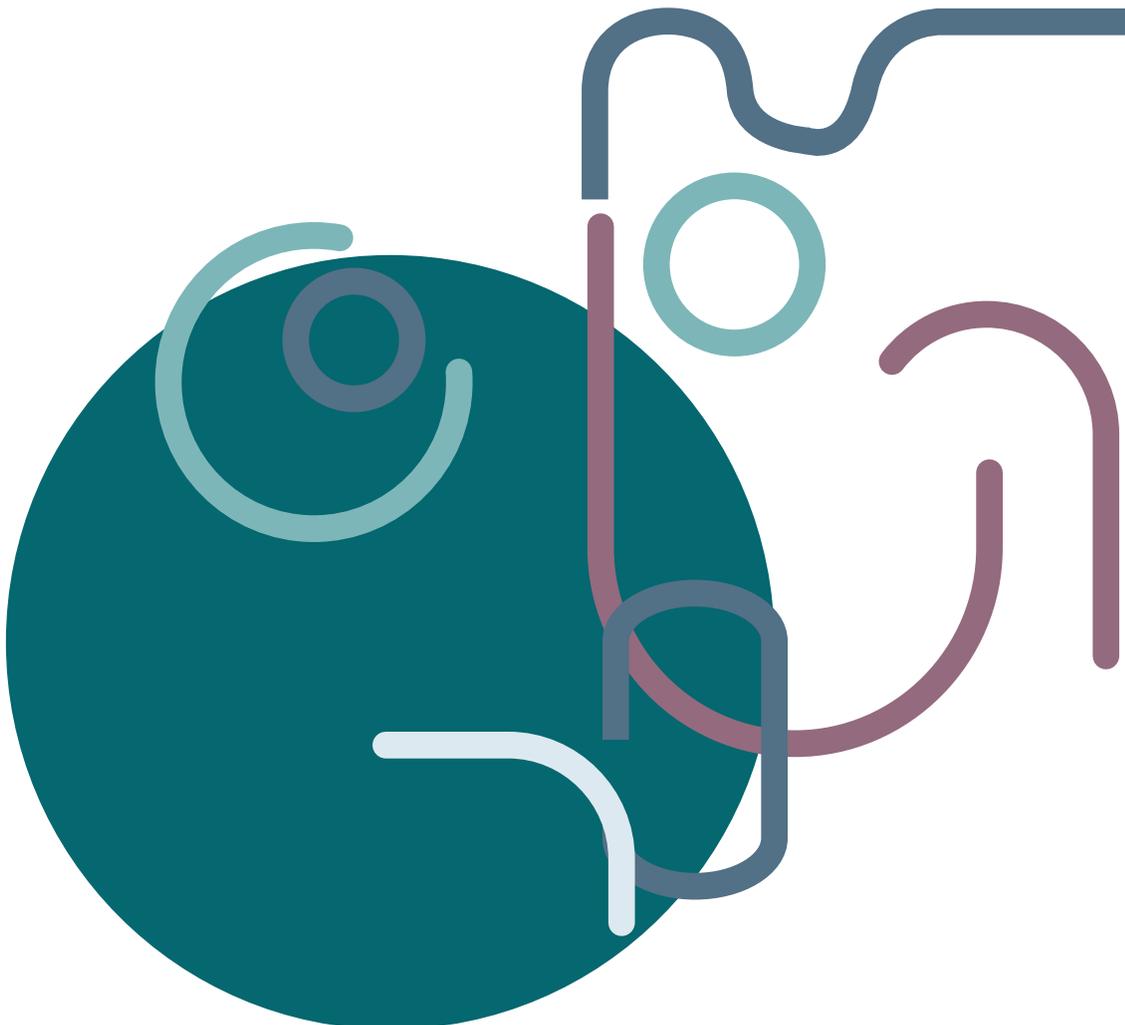


Table 33: General Mood in the First 4 Weeks of the Pandemic

General mood in the first 4 weeks of the pandemic		I Totally Disagree.	I Disagree.	I'm Undecided.	I Agree.	I Totally Agree.
Overall, I was relaxed and calm.	n	173	160	129	109	95
	%	26	24	19	16	14
I felt nervous when I thought about the state of the country.	n	24	37	83	202	319
	%	4	6	12	30	48
I worried about my health.	n	67	93	132	181	197
	%	10	14	20	27	29
I worried about the health of my family members and friends.	n	24	31	68	183	362
	%	4	5	10	27	54
I worried about issues like being unable to go shopping and go out, etc.	n	40	53	81	226	269
	%	6	8	12	34	40
I was concerned about my economic situation.	n	101	95	109	152	211
	%	15	14	16	23	32
My sleep pattern was disrupted: I went to bed too late, or I slept in.	n	103	70	73	123	299
	%	15	10	11	18	45
I didn't feel well because of my disrupted eating habits.	n	159	117	81	124	183
	%	24	18	12	19	28
I eat healthier foods and eat more regularly than ever, which makes me feel good.	n	244	136	108	88	90
	%	37	20	16	13	14
My emotional state has turned upside down.	n	324	110	84	56	85
	%	49	17	13	8	13
I always feel useless and unhappy.	n	163	120	138	112	130
	%	25	18	21	17	20
Spending time with my family made me feel good.	n	147	120	193	142	59
	%	22	18	29	21	9
I felt comfortable and good not going to school or work.	n	241	106	134	101	77
	%	37	16	20	15	12
Because I had a lot of time, I enjoyed devoting time to activities/hobbies that I wanted to do long since.	n	158	110	154	142	95
	%	24	17	23	22	14
I was happy about my relationships with my friends and the people I loved.	n	154	146	150	134	75
	%	23	22	23	20	11

The study examined whether there was a difference in the well-being of young people according to demographic variables such as age, gender identity, education status, settlement unit, family cohabitation, or self-identification. For this purpose, comparisons were made with the items created to determine the state of well-being, taking these variables into account individually. Here, only statistically significant results are given. Whether civil participation made a difference in well-being or not was also examined, and it was found that being an active NGO member and doing voluntary service did not make a difference in well-being.

Table 34: Chi-square table on Feeling Concerned about the Economic Situation

		I was concerned about my economic situation.					
		Disagree	I'm indecisive	I Agree	X ²	sd	p
		n	n	n			
LGBTI+	Yes	32	14	33	6,52	2	0,04*
	No	164	95	330			
Gender Identity	I prefer not to specify and Non-Binary	4	1	17	10,30	4	0,03*
	Man	49	21	60			
	Woman	143	87	286			
Unemployed	Yes	12	11	92	37,64	2	0,00*
	No	184	98	271			

*p<0,05

When Table 34 is examined, a statistically significant difference can be seen between individuals who identify themselves as LGBTI+ and non-LGBTI+ on feeling concerned about their economic situation. Individuals who identify as LGBTI+ had more concerns in the first 4 months of the pandemic about their economic situation in comparison to non-LGBTI+ persons (X²: 6.52, p<0.05). According to gender identity, women appear to have a statistically significant difference, and it has been observed that young women are more concerned about their economic situation than other gender identities (X²: 10,30, p<0.05). Considering concerns about the economic situation, unemployed young people are significantly more concerned than employed young people (X²: 37.64, p<0,05).

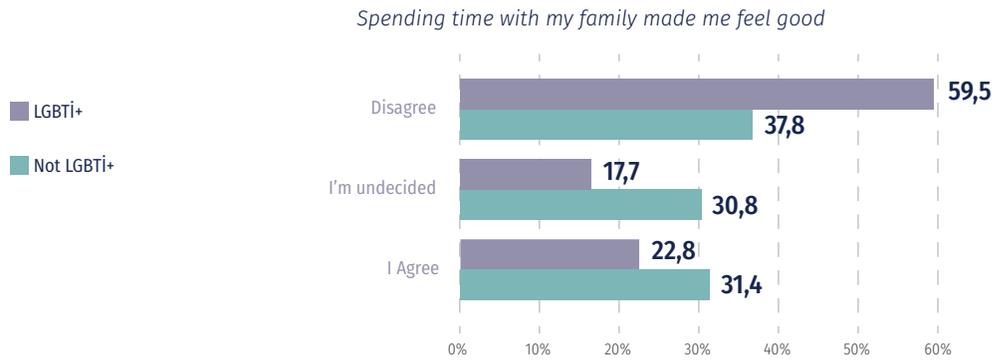
Table 35: Chi-square Table about being LGBTI+ and Spending Time with Family

		Spending time with my family made me feel good.					
		I Disagree.	I'm Undecided.	I Agree.	X ²	sd	p
		n	n	n			
LGBTI +	Yes	47	14	18	13,87	2	0,00*
	No	220	179	183			

*p<0,05

When Table 35 is examined, young people with LGBTI+ identity stated that they did not feel good when they had to spend time with their families in the first 4 weeks of the pandemic, with a significant difference ($X^2: 13.87, p<0.05$) compared to other key groups (Chart 40).

Chart 40: Being LGBTI+ and Spending Time with Family (%)



According to Table 36, it was found that men were less worried about health during the first 4 weeks of the pandemic than women, those who did not declare gender, and non-binary young people ($X^2:35.45, p<0.05$). At the same time, unemployed young people were observed to have more concerns about their health ($X^2: 6.34, p<0.05$) than employed young people (Charts 41 and 42).

Table 36: Chi-square Table of Being Concerned about Health Status

		I worried about my health.			X ²	sd	p
		I Disagree.	I'm Undecided.	I Agree.			
		n	n	n			
Gender Identity	I prefer not to specify or Non-Binary	3	2	16	35,45	4	0,00*
	Man	55	95	330			
	Woman	102	1	17			
Unemployed	Yes	20	18	77	6,34	2	0,04*
	No	140	114	301			

*p<0,05

Chart 41: Gender Identity and Being Concerned about Health Status (%)

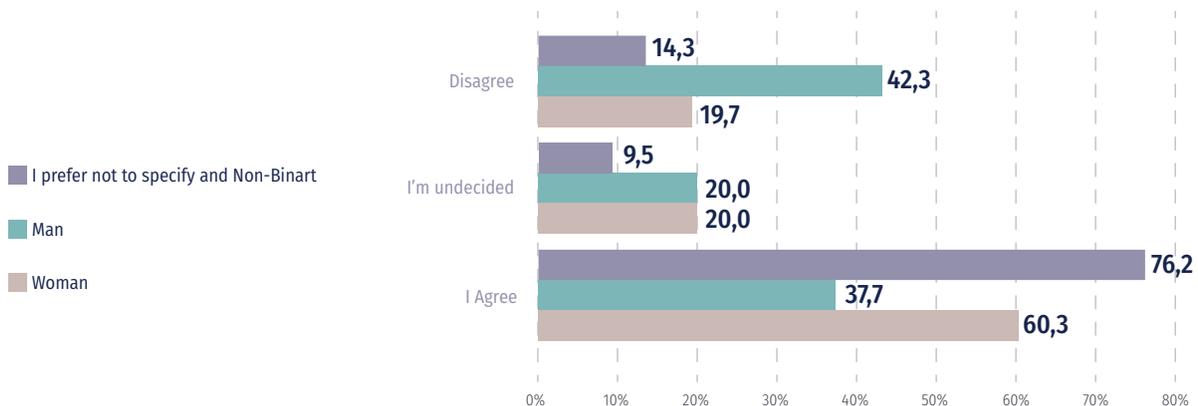


Chart 42: Being an Unemployed young person and Being Concerned about Health Status (%)



Within the first 4 weeks of the pandemic, it was observed that there were differences based on gender identity and living with family (Table 37) when the responses regarding whether not going to school or work made young people feel good are examined. According to gender identity, it is observed that the group where young people felt best about not going to school/work was women and non-binary young people who did not declare a gender ($X^2: 16.64, p<0.05$). Considering the situation of living with family, it is observed that young people living with family do not feel good about not going to school/work ($X^2: 12.00, p<0.05$).

Table 37: Chi-square Table about Not Going to School/Work Status

		I felt very good about not going to school or work.					
		I Disagree.	I'm Undecided.	I Agree.	χ^2	sd	p
		n	n	n			
Gender Identity	I prefer not to specify or Non-Binary	6	8	8	16,64	4	0,00*
	Man	57	38	33			
	Woman	102	1	17			
Living with Family	Yes	267	92	112	12,00	2	0,00*
	No	80	42	66			

*p<0,05

Chart 43: Gender Identity and Feeling Good about Not Going to School/Work (%)

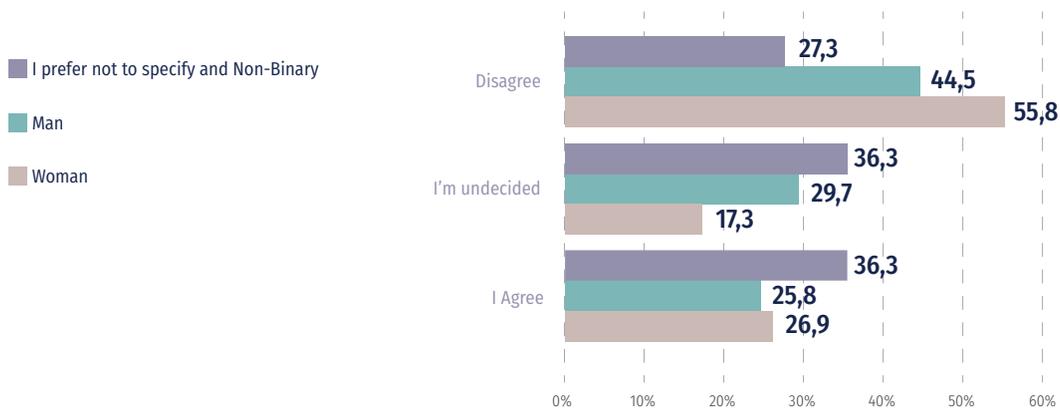


Chart 44: Feeling Good about Living with Family and Not Going to School/Work (%)

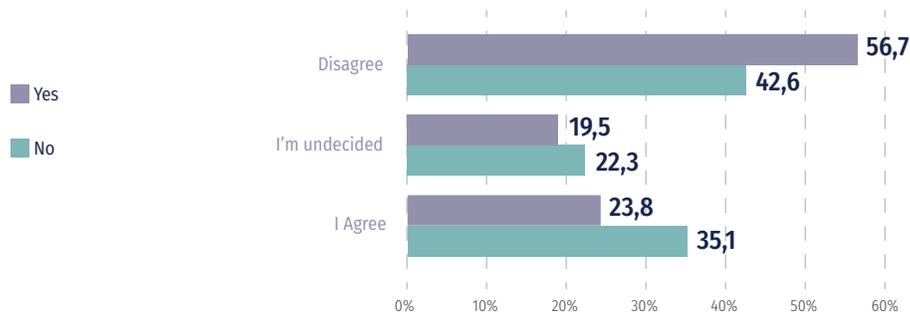
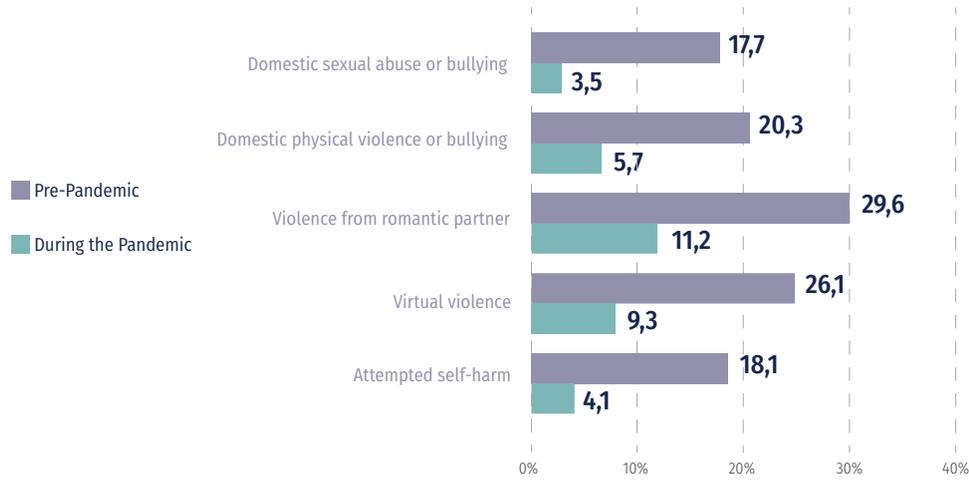


Table 38: Participants' Experience with Violence before and during the Pandemic

Experience of Violence	Pre-Pandemic		During the Pandemic	
	n	%	n	%
I/a friend / peer encountered domestic sexual abuse or bullying.	122	17.7	24	3.5
I/a friend / peer encountered domestic physical violence or bullying.	140	20.3	39	5.7
I/a friend/peer encountered (physical /sexual/psychological/ economic) violence from my/his/her romantic partner.	204	29.6	77	11.2
I/a friend / peer was subjected to violence in a virtual environment.	180	26.1	64	9.3
I/a friend/peer attempted self-harm.	125	18.1	28	4.1

According to Table 38, it is noteworthy that young people who participated in the study stated that they were most exposed to violence from their romantic partners before the pandemic (29.6%) when their experiences of violence were examined. A decrease in this rate to 11.2% during the pandemic can be attributed to the fact that young people have returned to their family homes and cannot leave the house due to various measures and restrictions. Similarly, during the pandemic, it was observed that the rate of exposure to violence in the virtual environment was higher before the pandemic and decreased during the pandemic. On the other hand, these findings are not considered comparable due to the fact that participants did not respond equally in pre-pandemic and post-pandemic periods. For example, compared to responses regarding domestic violence, the fact that the frequency of participants responding to this item after the pandemic was low should not be interpreted as a decrease in the violence that participants are exposed to.

Chart 45: Young People's Experiences of Violence (%)



According to gender identity and living with family, the charts below depict the experiences of young people who declared LGBTI+ identity with violence.

Chart 46: Self-harm attempts and Gender Identity (%)

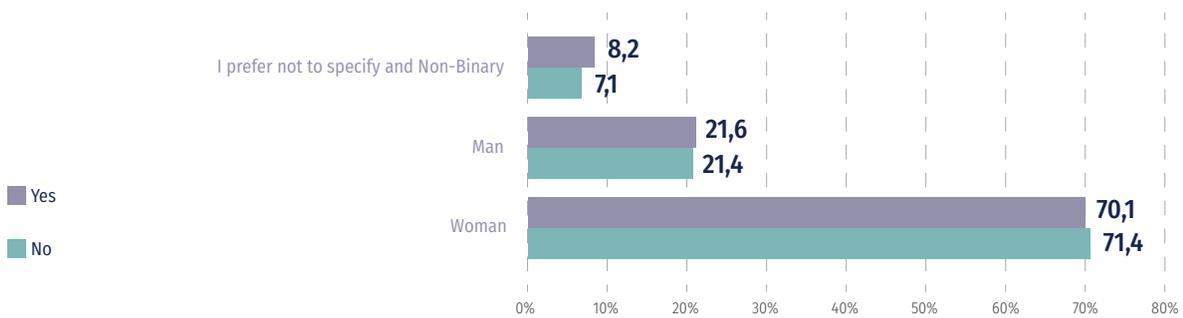


Chart 47: Virtual violence and Gender identity (%)

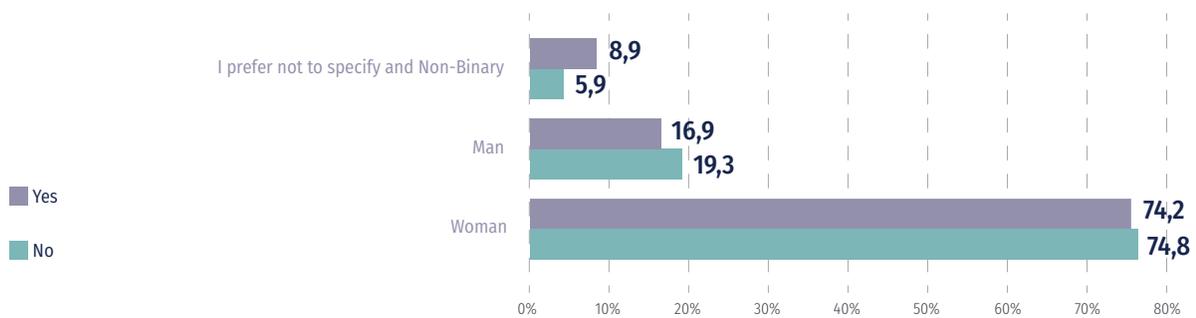


Chart 48: Domestic sexual abuse/bullying and Gender identity (%)

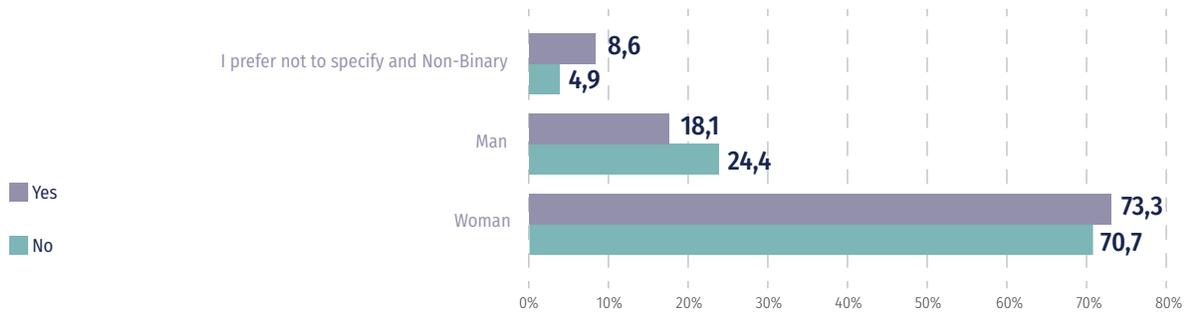


Chart 49: Domestic Physical Violence/Bullying and Gender identity (%)

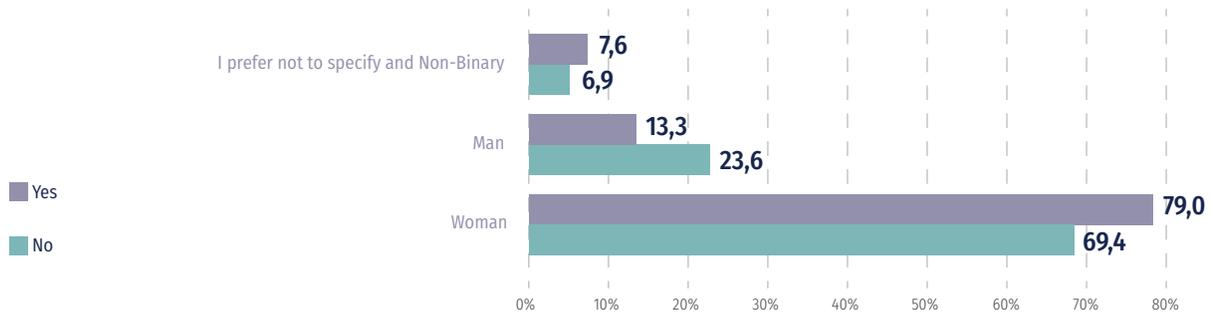
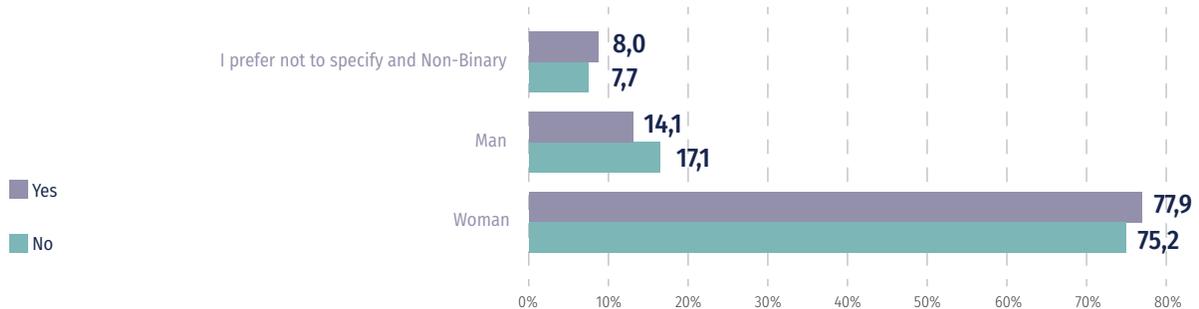
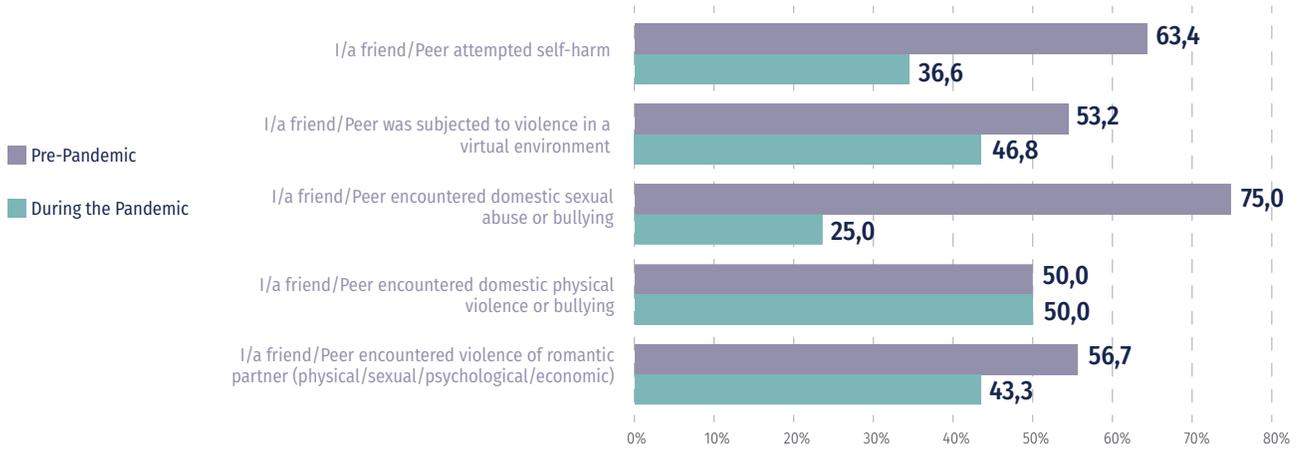


Chart 50: Violence by romantic partner and Gender identity (%)



According to chart 46 and referring to the period before and during the pandemic, self-harm among men and young people who did not declare gender or are non-binary decreased relatively while it increased from 70.1% to 71.4% among women. When exposure to violence in a virtual environment was considered, both men's and women's exposure to this type of violence increased (Chart 47). On the other hand, exposure to domestic sexual abuse and bullying among women and those who did not declare a gender /non-binary young people decreased, while men's exposure to this type of violence during the pandemic increased from 18.1% to 24.4% (Chart 48). When domestic physical violence/bullying was addressed, it was observed that men were more exposed to this type of violence during the pandemic. Finally, when Chart 50 is examined, women were exposed to more violence by romantic partners before the pandemic while the exposure of men to this type of violence during the pandemic increased.

Chart 51: Experiences of LGBTI+ young people with violence (%)



According to Chart 51, young LGBTI+ people's exposure to violence during the pandemic decreased compared to the pre-pandemic period in 4 types of violence, excluding domestic physical violence, which is discussed in the study. The biggest decrease was observed in sexual abuse and bullying, especially at home.

Chart 52: Experiences of Violence by family and living arrangement before the Pandemic (%)

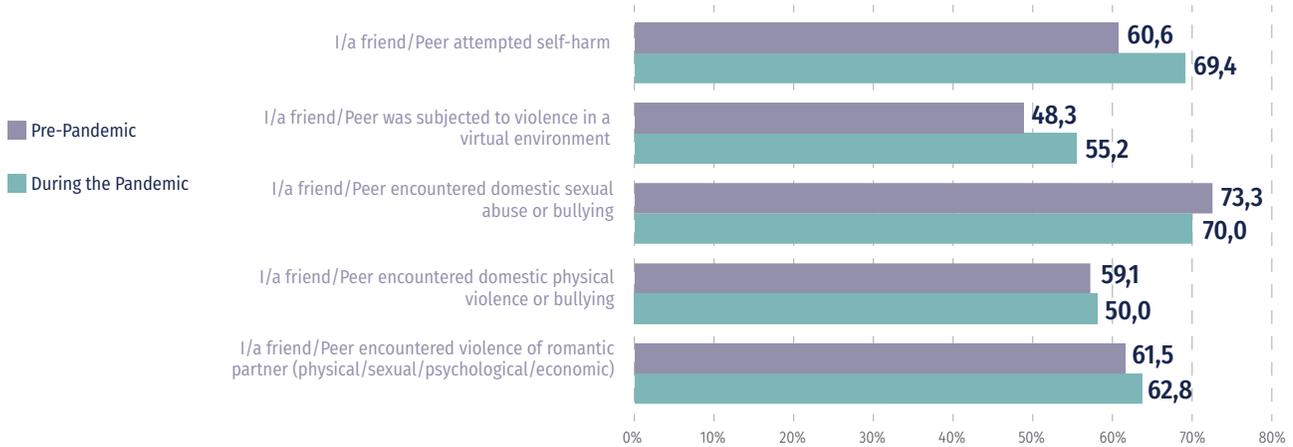
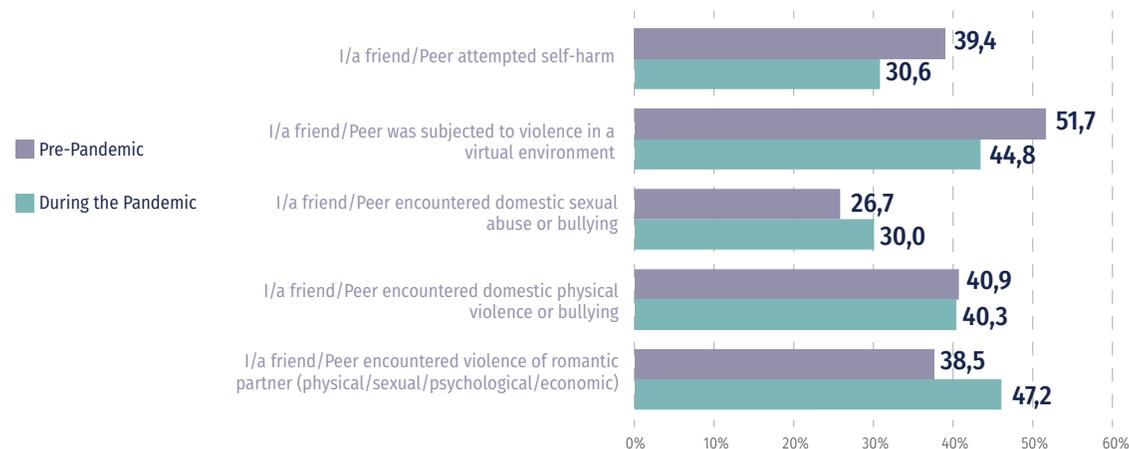


Chart 53: Experiences of Violence by family and living arrangement during the Pandemic (%)



According to Chart 52, young people who lived with their families before the pandemic were more exposed to domestic sexual abuse/bullying and intimate partner violence than young people who did not live with their families. Additionally, young people living with their families were less exposed to violence in terms of virtual violence, self-harm, and exposure to domestic physical violence than young people who do not live with their families.

According to Chart 53, there was a significant change during the pandemic compared to the pre-pandemic period, and self-harm, virtual violence, exposure to domestic physical violence increased for young people living with their families compared to young people not living with their families, but the rate of exposure to intimate partner violence among young people living with their families decreased compared to the pre-pandemic period, and the rate of domestic sexual violence and abuse for the young people who do not live with their families during the pandemic increased.

Table 39: Chi-square table of Domestic Physical Violence or Bullying

		I/a friend / peer was subjected to domestic physical violence or bullying				
		Pre-Pandemic	During the Pandemic	χ ²	sd	p
		n	n			
Gender Identity	I prefer not to specify and Non-Binary	8	5	3,12	2	0,00*
	Man	14	17			
	Woman	83	50			
Age Range	18-24	65	55	2,86	1	0,00*
	25-30	36	17			

*p<0,05

According to Table 39, the rates of exposure to domestic physical violence or bullying among young people participating in the study show a significant difference depending on the situation before and during the pandemic. In other words, there was an increase during the pandemic. According to gender identity, male exposure to violence increased during the pandemic compared to the pre-pandemic period (X²: 3.12, p<0.05). When compared in terms of age, it was observed that the 18-24 age group suffered more domestic physical violence (X²: 2.86, p<0.05). Additionally, other experiences of violence did not differ significantly by age and gender.

Table 40: Availability of Assistance Mechanisms in Cases of Domestic Violence/Partner Violence

Knowledge of assistance mechanisms in cases of domestic violence/partner violence	n	%
Yes	448	66.0
No	231	34.0
First assistance mechanism in cases of domestic violence/partner violence	n	%
Law enforcement agencies (police, gendarmerie, etc.)	183	40.8
ALO 183 call line (domestic violence emergency hotline)	116	25.9
Non-governmental organizations working on this issue	64	14.3
Legal advice	25	5.6
Judicial units (public prosecutor's office, courts)	31	6.9
Health organizations	23	5.1
Support units of municipalities	2	0.4
Other	4	0.9

According to Table 40, in the answers to the question of whether young people knew where to go for assistance in cases of domestic violence/partner violence that they were exposed to, 66% of young people stated that they knew the assistance mechanisms. Then, when asked which mechanism to go to first, 40.8% of young people said they would go to law enforcement and 25.9% to the ALO 183 call line, which is a domestic violence and emergency hotline. Another situation that stands out in the results is the fact that 14.3% would go to non-governmental organizations. The fact that young people exposed to violence seek support from an NGO on this issue is an empowering and guiding finding in terms of the effectiveness of NGOs. Other young people (0.9%) said they would not go to any of these services as an assistance mechanism but go to a psychologist, or because he/she is a lawyer, they would file charges directly. After the questions about assistance mechanisms, participants were given information about the relevant mechanisms.

4.7. General Impressions

One of the main issues covered in the study was the adoption of recommendations on what could be done to increase the role of young people in preventing and ending the COVID-19 pandemic. On the other hand, the study also aimed to discuss the expectations of young people and the problems they experienced in detail, and within this context, it was intended to conduct focus group interviews and collect detailed information. However, when we considered the challenges in meeting with young people during the pandemic, it seemed impossible to conduct focus group interviews. To collect detailed information on the roles of the young people, the biggest influence of the pandemic on their lives, and its impact on their future plans and expectations, three open-ended questions were included at the end of the questionnaire.

When the suggestions about conducting studies for raising awareness among young people were reviewed, we should note that the issues are that young people who are active, tired of being at home, and therefore want to be outside more, are mostly expressed in addition to their need for raising more awareness about prevention measures:

"First of all, young people and adolescents need to be informed by an approach that is not considered didactic and paternalistic, and they should be shown that there are healthy alternatives to the social interactions they normally experience."

"The basic issues of life (death, hunger, disease, etc.) should be transferred to young people and adolescents by reaching them in a really serious and educational way, especially through social media, through the experts who take the issue really seriously. (The method of reaching young people or adolescents is not rap, but being able to convey things in life by expressing their importance and most importantly to convey their importance before the community gets used to it.)"

"Most of the population of Turkey is young people. As we have an active youth population, contact also naturally increases. It is very important that young people act within the framework of prevention measures and raise the awareness of the people around them."

"Young people go out because they are very bored in their homes, but when they go out, unavoidably social distancing is disrupted, and this creates problems. It may be possible to take young people out of the house and make them come together in an open area with attention to distance, and inform young people that they should be aware of the people who may be affected by the disease who live in their homes; therefore they should be more careful outside and in contact, etc."

"I see a lot of young people out there trusting their youth and walking around without masks. I believe we, the young people, should not go out too much and we should be extremely cautious when we go out. If we are called model youth, then it is our duty to be an example for others"

Within the context of digital activism through social media and virtual awareness projects as expressed by one participant, the recommendations were stated as follows:

I think virtual awareness is very important. Because of the pandemic, most of our information came from the internet, and unfortunately, along with information pollution, I think misdirection negatively affects people, especially young people, who are the majority of the active internet users in numbers. Training can be organized to teach and disseminate media literacy skills. Such processes can be better managed if there is awareness.

Young people with tools such as a 3D printer can help to provide the necessary materials such as visors, and those who are not in risk groups can distribute required masks and disinfectants to nearby hospitals, clinics, etc. Additionally, the most effective method would be to use social media to inform people about COVID-19 and to focus on the importance of prevention measures.

I think that communities, especially in rural areas, have a lack of information and a lack of access to up-to-date information. I think that if young people were better reached through social media and this information were transmitted reliably, they could spread it in the areas where they live.

I expect programs to be broadcast from national channels such as social media and television/radio that include topics that encourage young people, as well as the broadcast of programs that describe the difficulties that health workers experience during the pandemic.

During this period, young people who are bored with staying at home more than adults can be assigned some duties while taking health issues into consideration. So their normal lives and the pandemic period can be improved.

A proposal was introduced for queer students affected by the pandemic:

“Online psychological support units can also be established in schools that continue their online education. I think that the stress of returning to stay at home with their families plus the academic stress, worrying about their financial situation, and the limitation of their individual freedom creates a great need for therapy for young people as well as for every segment of society. This need, in particular, is very obvious to queer students. I believe that young people who have a point of relief in this way will be more careful.”



While ensuring the participation of young people, especially the need for psychological support, was expressed by other participants as follows for all young people, just as it was for queer individuals:

“First of all, I think the deteriorated mental health of young people and adolescents during the COVID-19 period should be treated. After this step, online COVID-19 patient monitoring places should be established, where teenagers and adolescents can be involved. In this way, a generation that has already grown up with technology will also be offered a job opportunity”

“Considering the existing family situation of young/adolescent individuals (outside the minority), it will be the most important position to prevent the reckless behavior of young individuals during a period when there are challenging efforts given to prevent current psychological violence, which may lead to a greater psychological depression during the pandemic, and such reckless behavior can be faced as a consequence of the inability to protect mental health in society.”

One participant also took a more desperate view of the situation, stating that young people do not have the power to make change:

“I do not believe that it is possible to stop the pandemic with civil action. I do not think that an issue that has been the focus of the whole world for 6 months can be solved with the help of teenagers and adolescents. I think what young people can do is to read, understand the opinions of honest experts who have gained respect in the world, and change their habits according to this new lifestyle.”

When asked the biggest impact of the COVID-19 pandemic had on their lives, the answers mentioned “disrupted educational lives”, “changed eating habits”, “a negative impact on their mental health” and “conflicts with family and partner come to light” and “struggles developed against the difficulties they experienced”.

In the sense that the COVID-19 pandemic process young people explained how negatively this affects the mental health of young people, causes anxiety and depressed mood, and also affects other body functions; as follows:

"It had a negative impact on my mental health. I've started to spend my days depressed. My energy has constantly reduced; my joy of life is at the point of exhaustion. It had a huge effect in my education; very inefficient online lessons have just wasted time"

"I was always at home. I got to know myself better. My eating disorders and psychological disorders have increased."

"My psychological condition, which has been improving for two years, has suffered a serious decline. My eating disorder reappeared, and my anxiety attacks, which I hadn't experienced in a year, returned. I also lost my economic independence."

"My mood changed very quickly, and this caused me to be in a difficult situation in my relationships with people around me. At the same time, being away from my own rhythm and routines in an instant made me feel bad, and I still feel bad"

"I was psychologically challenged, my increased anxiety triggered my physical ailments (reflux, gastritis, etc.), I left the city where I lived, and my routines and came to another city."

"Believe me, I don't want to do anything. Every hour of every day is the same, there is no difference. I don't have the strength to achieve my goals and take another step I set for myself to be a good person in my life. Motivationally, I'm in the cons in every action. It's like I'm doing everything by force..."

"My social life has stopped. I wasn't a person who went out a lot before COVID-19, but it was even very

difficult for me. I lost the concept of a day, because every day was the same. My sleep patterns are disrupted. As a medical student, the inability to do practical courses that I attend also reduced my motivation for theoretical courses."

One of the participants stated that losses during COVID-19 also caused him/her to develop some psychological disorders:

"My grandfather's death had the biggest impact when the tests of my family, my relatives, and I came up positive for COVID. At the same time, COVID and its aftermath have left psychological damage, such as depression, panic attacks, and nervous breakdowns that still continue..."

Referring to young people's statements, some pathological indicators were revealed in their psychological states in the context of decreased sexual desire, a sense of not feeling safe, and the thought of self-harm:

"I also felt distanced from myself because I was away from my school, my friends and my regular living rhythm there. I waited and waited with constant hope, and I was disappointed since this situation did not end, and since I could not return to my dorm and school. I was really upset, I cried. I was in a depressive state. I had such an active, exciting, happy life there that I miss it so much, and when I'm here, I feel like I can do nothing. It was as if there was nothing I could do to achieve my goals in life. I was just trying to pass the time. Everyone went on vacation and had fun. The more I heard the virus was growing, the more I got angry, nervous, and withdrawn from people. While I was not leaving the house and just waiting, I saw people on social media who were travelling from city to city, always taking photos from the holiday, sharing that they were having fun. And this caused schools not to open because it spread the virus, so my overwhelmed state continued to increase. If I didn't have loved ones in this life and hope for the future, I wouldn't want to live like this, and maybe I could even try to harm myself. And I'm sick and tired of people being irresponsible. If everyone had done their part, it wouldn't have lasted this long. The country's economy is also bad; many people were unemployed during this period. There's a lot more to say, but anyway, I briefly mentioned the impact on my life."

"My fear of loneliness increased to a high degree. I had to seek psychological assistance because it caused anxiety to think about the possibility that my social isolation would be so high for the rest of my life. Although the first 2 months were like a rest period, it now seems to me like a psychological trigger of a greater size."

"I gained weight, I had psychological problems, I had a lack of interest in my sexual desire and what I wanted to do about life in general, and I started smoking marijuana to feel comfortable."

"Increasing the time we spend at home is one of the biggest impacts. Also, our anxieties and emotions of not feeling safe are on the rise. And because so much fake news and censored information circulates, this caused the complete loss of trust in the media and the state (which in fact never existed)."

"Mentally, it made me very tired; I can't focus on anything, I don't enjoy anything."

It was also stated by young people that problems with family and partners also turned into a more pronounced situation of conflict during the COVID-19 period:

"I've gained weight, my boyfriend cheated on me, and I feel disgusting"

"I was worried because my parents were doctors, and I was overwhelmed because I returned to the family home; Mom, Dad, & I... no one left to spend days without arguing."

"I learned how troublesome my family is indeed. I've learned that there are people who are married only due to cultural pressure and have no knowledge of raising children, who feel threatened when their children grow up and start using their own minds and start saying their mistakes, such parents gets into fights as if they were children."

"I've been through difficult situations with my partner. While I was struggling with the challenges of having a child (4 months old) the factor why my mental state did not improve very well was that we were trapped at home."

"This time I realized that my parents should get divorced. I've noticed that they've been spitting in the wind for years. My father's lack of a decent income throughout his life (not even minimal); he is not a person who likes to work; he likes to judge people as the armchair general, and my father's rudeness is one of the important factors."

In terms of changing the economic situation, the negative effects on young people were expressed as follows:

"I've learned bitterly how bad it is to be broke"

"I've lost my active working life, and I'm having financial difficulties"

"I was very despondent about my work life. I have already been fighting depression for many years with a diagnosis of dysthymia, and the project has stopped in my training, I planned to start work this summer, but the project has not even started yet; I have no financial power to support my project, my family is threatening to withdraw the financial support they provide in a short time: their financial situation is getting worse too, and such causes exacerbated my depression"

"My economic conditions worsened, I'm trying to get through the troubles of my workplace, even though I've found a job."

The strategies and awareness that young people develop in the face of the challenges they experience are as follows:

"In my preparatory year at the department, I faced the reality of the pandemic, and it made it difficult for me to get the result of my efforts over the years, I survived the situation relatively well, but most of my friends delayed their education just for that reason."

"I learned how to prevent domestic conflicts."

"I was a person who experienced a lot of fear of losing the people I loved before COVID. At first, it relapsed very much, but over time I saw that my fear decreased even more than before."

"I was a very complaining person before, but thanks to what I witnessed in the COVID pandemic, I realized that what I thought was a problem was very simple, and that much worse things could happen to us. I felt how lucky I was since I am able to breathe."

"I had the opportunity to distinguish between false friendships and real friendships. Other than that, I've learned never to give up."

"I became more clearly aware of the situations in life that I care about. I've noticed the importance of my own physical, spiritual, and psychological health and made decisions in this regard. I had the opportunity to review my boundaries towards my family and other people and my relationships with them."

"This year I prepared to take the university entrance exam for the second time, and it was one of the turning points of my life. I managed to get enrolled in the faculty of medicine. I've learned that great things can be achieved without leaving your home. I've discovered the benefits of technology that I had never discovered, and I've spent more time with my family, at home, than I've ever spent in my life. I'm lucky for that. All we could do as spectators who weren't in the event was to stay and work at home. It didn't really push me because I was used to it. It was a different period. I've learned to maintain my motivation under all circumstances and discipline myself. I was so scared, but when I saw that I was doing what I could, I overcame those fears."

⁵ Uzun süre görülen hafif seyreden depresyon

Finally, when young people were asked about their expectations for the future and their thoughts and expectations, in general, they mentioned the changes to their plans, which had been turned upside down. However, despite the uncertainty and despair created by COVID-19, they expressed how important it was to recognize the positive and different aspects of their lives:

"This process caused an increase in my level of awareness and allowed me to question myself and to create different plans for the future."

"I've learned that life is short; it can end in an instant. So I care more about myself, and I decided to think about what I really want. Now I know my goal, and I'm taking steps to be sure of it. It has had a positive impact in this direction."

"I have dozens of dreams about the future, the present etc. But in these conditions, from external factors (state, administration, school, etc.) there is no development, no change that will bring a positive benefit to my wishes and my dreams. The only development I have are my individual efforts to learn, to change, and to produce."

"It became essential to make a plan for the future today. We were very concerned about the uncertainty in our plans for the future. The COVID-19 period also fueled this. The number of unknowns has increased considerably. The only positive thing is that let's say it was a big gap for us to think about ourselves. It's like an interrogation..."

"My hopes and plans for the future have been positively affected, but it is difficult to say anything because the pandemic has created great uncertainty..."

In a professional sense, the young people also stated that the COVID-19 pandemic has had an empowering and transformative aspect:

"I want to be a lawyer. I want to fight against this violence against women. I was more ambitious together with the COVID-19 pandemic. Because, unfortunately violence against women continues."

"Since I managed to get enrolled in medical school, I want to be a good doctor in 6 years with good working performance and to develop a drug against similar viral diseases. Because there are also practical classes in medical school, we will not be able to take the classes which are usually given in the lab, and we can't take them online, that is the only thing that upsets me."

"I want to become specialized in a field where I'll feel good in the future and do the necessary work on this issue. I want to understand what measures should be taken in the field of public health in public institutions in the future. During the pandemic, I have witnessed many people around me fall into the wrong ideas on issues related to COVID from places where the source is unclear, and they believed in ungrounded things, and I would like to do whatever necessary and help in facilitating the access of adults to the right resources."

The study also raised concerns about young people practicing their professions and their concerns about career changes:

"I am a student in the faculty of communication; I need a lot of experience even during my student life to get the position I want in the future. The internship, work experience, all of them are completely suspended. Assuming that the next period will be online, it seems that due to my health concerns, I will continue my education in my hometown of Balıkesir, not Istanbul. I will stay away from my school and learn less online because there is no effective method, and I will be

deprived of opportunities in Balıkesir. The work life has been disrupted at the moment, but it has not stopped. Being passive in Balıkesir right now will probably drag me back a few steps in the future."

"I was firmly committed to the nursing profession, but I saw how worthless and helpless my colleagues were during the pandemic, I changed my future career plans. I was thinking about postgraduate studies and being an academic, but now I want to work at institutions such as the family health center (ASM) or the public health center (TSM) where I can work more comfortably."

"I'm a trainee lawyer. I had to do an internship this year and learn how to be a lawyer. During the pandemic, lawyers began not looking for interns but removing interns. My internship didn't work out either. I don't think I can find a job in the future with this inexperience."

Because of the COVID-19 pandemic, there have also been changes in the plans of young people to go abroad, which are in their future plans, and there is despair about this situation:

"It negatively affected the process of preparing for my university entrance exam and entering the exam and negatively affected my process of going abroad."

"I completely gave up my study abroad plans, and besides, I had to postpone my work and internship plans."

As another element, the young people stated that they have developed themselves in foreign languages during the COVID-19 period and have significant achievements in this regard:

"I lost the habit of reading books during the preparation stage for the university exam, but now I

have it back. I managed to establish an eating pattern. I've had more time to improve myself in foreign languages. I couldn't do sports, unfortunately; I wanted to go to a swimming and tennis course, but I couldn't go."

"The foreign language course I took switched to online training during COVID. I've spent a lot of time studying foreign languages and improving myself."

"I will not delay my time to travel more and see new places but rather try to create time for them. This process has helped me develop myself in language. I could spend more time to learn German and Spanish." Finally, they stated that a period is being experienced during which the expectations of young people in terms of universities, university communities, and NGOs have changed in some ways, and during this term their expectations could not be realized:

"I started going to a university in a different city. There were associations, activities, and various courses that I would attend to improve myself and related to the university, but I could not perform any of them."

"There were a lot of courses I wanted to attend. I'm halfway due to COVID. It affected me very badly. It exhausted all my enthusiasm. The only thing keeping me afloat right now is that schools will open in October."

"I wanted to be more active in some student organizations that I was a member of at the university where I studied. I had a plan to attend all the events. But during the pandemic, we all switched to the online system, including organizations. There were restrictions on participants at online events I wanted to attend, and I couldn't get access to them either. It was a negative change caused by the pandemic in terms of me and what I planned."

⁶ Ankara İl Sağlık Müdürlüğü

⁷ Toplum Sağlığı Merkezi

"Continuing my activities professionally in the fields of civil society and social entrepreneurship is among my future plans, and the pandemic process did not negatively affect these plans. Because my access to the digital world was comfortable, I was able to continue my activities online. The only downside was that I couldn't get together with individuals during this period because I was performing my activities face-to-face, which made me feel really bad."

"I had a plan to work in the summer and move into a apartment during school time. But because I couldn't find a job during the pandemic, my dream ended negatively. I couldn't go to the cities I planned to visit because of the pandemic. Because I had to continue my education online, I didn't get the efficiency and average success I wanted to achieve during this term."

5. DISCUSSION

The main focus of this research is to identify problems and expectations in specific areas that are generally thought to affect young people's well-being during the COVID-19 pandemic. 714 young people participated in the data collection process in the online survey prepared for this purpose, but 24 of the forms were deemed invalid, so 690 survey forms were included in the analysis. In this section, the results obtained from the research will be evaluated, and within this context, seven main categories considered in line with the purpose of the research will be discussed in subheadings. These categories are ***demographic variables, educational life, employment and social security, civil society participation, sexual health information/education and access to sexual health services, well-being, and general impressions.***

5.1. Demographic Variables

A total of 714 young people participated, and 690 of them were included in the study. The study's demographic findings suggest that women made up the vast majority of participants. The fact of women's participation in greater numbers can be associated with their being more sensitive to social issues (Kahn & Yoder, 2003). Socially, it is believed that women are subjected to more violations of rights due to normative and oppressive values, and in this sense, they are more affected by various practices, especially the 'social isolation' experienced in the COVID-19 period. On the other hand, regarding sexual and reproductive health, which is one of the main focus areas of the study, women's greater participation in the study may be a consequence of them being more influenced by this period. Among the participating young people, the presence of those who do not want to specify a gender identity and those who responded outside of the binary gender system (non-binary) is valuable in terms of the representation of different groups of youth we have reached within the scope of the research. Although the age range of participants was defined as 18-30 years old, the majority of participants were young people

aged 18-24 years. At the same time, when the highest completed education level data was analyzed, it was found that the vast majority of participants completed their education at the high school or undergraduate level. This finding indicates that the majority of the research is made up of young people who have graduated from university or are currently studying at university. Since it was planned to include participants from different groups, while collecting information about education level at the beginning of the study, we have asked the most recently completed education level but not where they continue to attend considering that the participants may include young people who were unable to continue their education, and/or those who were employed. This has caused young people who continue their university education to check off the level of education they have completed, not the level they have continued. Although a complete separation could not be made, they were asked if they were students in the section on educational life included in the survey, from which we understand that the vast majority of participants were students. The fact that the survey form of the study was disseminated through online applications and social media seems to have made it easier for university students in particular to participate in the study. At the same time, digital means such as university forums or email networks were used to spread the survey, resulting in reaching participants, the vast majority of which are university students. Working through various workplaces, we tried to reach employed young people and to reach unemployed young people (who did not continue their education and were unemployed) through relevant social media accounts with announcements, but not many responses could be achieved. When we consider that the variables such as education, employment, civil participation, young people's well-being, sexual and reproductive health are the focus of this research, since those who are assumed to be more active in these areas and who are more vulnerable to suffering from the limitations are university students, this may have influenced the fact that they constitute the majority of the participants within the scope of the research.

The fact that the majority of participants were not married and didn't have children can again be associated with their age group and being students. The age group reached is concentrated in the range of 18-24, so it can be assumed that young people who continue their education are focused on their career and development of their individual interests and skills rather than plans such as marriage or having children. From a developmental perspective, contemporary approaches predict the redefinition of developmental stages and the regulation of developmental tasks according to these definitions. Individuals in the 18-24 age range are at the beginning of their emerging adulthood (Arnett 2000, 2001) and have not yet felt the pressure to fully assume social expectations such as stereotypical marriage, having children, working in a job after completing their education, and living independently by leaving their families as indicators of adult life. Although the criteria for adulthood vary according to cultural structure and context, there is evidence all over the world that these criteria have been postponed to further years. In Turkey, it is reported that the age of marriage, completion of education, and having children has been delayed in the last 35 years (Hacettepe University Institute of Population Studies, 2014, 2015). On the other hand, it is known that in settlement areas such as towns or villages, both the age of marriage and the age of having children coincide with an earlier age than in metropolitan areas.

It is noteworthy that the vast majority of young people checked off the family answer to the question about cohabitants. This was followed by living alone, living with roommates, living with a partner, and housing in a dorm or institutional campus, respectively. Because of the pandemic, the transition to a distance education system by the suspension of face-to-face education caused a large number of young people who continue their education outside their hometown where their families live to return to their family homes. At the same time, decisions made to evacuate dormitories and turn them into quarantine centers, especially in metropolitan areas, forced young people living in dormitories to return to their family

houses. Although the survey asked to answer questions about the settlement unit and cohabitants, especially taking into account the place where and people with whom they spent most of the year, the fact that young people were trapped at home with their families for a long time may have caused the perception that they were constantly living with their families. For this reason, it is thought that the proportion of young people living with their friends in the dormitory and institutional campus or in student houses is less. Likewise, having both a small number of young people who say they live alone and the number of cohabitants concentrated in the range of 3-5 people, may be a consequence of switching to distance education and the evacuation of student houses or dormitories by the return of young people to family homes.

In collecting the demographic information of the participants in the study, the young people's self-identification was also the subject of curiosity. Within this context, in particular, the survey options included youth groups that are considered to be more frequently exposed to violations of rights and qualify as key groups. The reason why the options include only definitions that are more frequently exposed to violations of rights is as follows: This study was aimed at determining the frequency of key groups and the needs of relevant groups in the context of variables of this study rather than conducting a direct self-perception scan. The results obtained in this direction show that more than half of the young people involved in the study did not identify themselves with one of the key groups specified in the survey form. It is believed that this may be due to restrictions on the data collection process. According to the items given in the survey, it is noticeable that the majority of young people who identified themselves as needing a job but not working that means unemployed young people. Given that unemployment rates are steadily rising and that this increase has been negatively affected by the pandemic, young people have been experiencing difficulties in employment. According to the latest report issued by the T.R. Ministry of Development (2018), the employment rate of the youth population in Turkey is 34.1%. Therefore, the difficulties faced by young people in employment should be

evaluated together with the job opportunities offered to young people in general. In the study, the definitions of young people they believe to express themselves were most often centered around key groups representing different identities, such as young LGBTI+ people, minority young people, young people who could not continue their education or young refugees/immigrants. Key groups included in the survey form were covered in this study to identify, make visible the crises, neglect, and abuse or discrimination faced by these young people, and to reveal their approaches to violations of rights as subjects. This emphasis was based on understanding young people and based on a power-based approach, the Positive Youth Approach (Damon, 2004), which is in the way of thinking that they have the potential for change and development with an open and flexible style when adequate support and guidance are provided to improve, instead of "remediating" certain situations that are defined as inability or incompatibility. OECD reports (2020a; 2020b) show that the negative impact of the pandemic on key groups is more pronounced and could exacerbate possible inequalities. Intersecting identity and socio-economic indicators, such as gender identity, being a minority, being an immigrant/refugee, having a disability, or young people who are not in education or training (NEETs), seem to increase the violation of rights that young people are subjected to. The pandemic period can further expose ongoing inequalities and increase the vulnerability of key groups. Additionally, the pandemic period also seems to increase the likelihood that these factors creating the inequalities faced by key groups will intersect.

Identifying the problems that young people in these groups experience in crises that can have multifaceted and multidimensional effects, such as COVID-19, is important for the creation and implementation of prevention and intervention programs that will be prepared for them. The participation of diverse groups is important in terms of understanding the violation of rights through the experiences of different groups of youth and for creating policy proposals.

After the section on demographic information in the study, we tried to address the problems that young people experience in basic areas that are thought to be directly related to their well-being and their relationship with the COVID-19 period. In the following section, these variables are discussed and interpreted individually.

5.2. Educational Life

During the COVID-19 pandemic, after the first case was seen in Turkey, various measures were taken throughout the country, and as the number of cases began to increase, face-to-face training was suspended and continued through digital means. According to the OECD (2020) report, 191 countries, which account for about 91% of registered students worldwide, have closed their schools to try to control the spread of the virus after the outbreak of COVID-19. However, the lack of technical infrastructure and equipment to ensure that distance education activities were maintained throughout the country, both at the basic level of education and in higher education, has led to some limitations in education and the lack of equal use of opportunities. On the one hand, imbalances in the economic income levels of families and on the other hand, in the educational opportunities and opportunities offered by schools, have created an obstacle for young people to access these opportunities at an equal and sufficient level. Even if there is sufficient infrastructure, the lack of knowledge and experience of both students and faculty members in digital education techniques and materials in some universities or schools has also caused concern that this type of education is not as functional as face-to-face education. Reasons such as internet limitations, a lack of computers and tablets, the presence of more than one student or teacher in the same house, and therefore a lack of relevant resources has also increased these concerns and problems. Although the T.R. Ministry of Education has made various broadcasts through the TRT-EBA channel at the basic education and high school level, especially to enable students in public schools to continue their education, these could not have been achieved at the university or higher levels. During this process, the level of attendance and the use of students also varied based on the services offered by universities and the

students' own opportunities.

A large proportion of the young people involved in the study stated that during the pandemic, their universities continued their educational activities online without any interruption. Some of the young people, although quite few, have stated that education in their schools has stopped completely. However, young people who were able to continue their education through distance education stated that their status of attending classes was negatively affected due to various reasons. At the beginning of these reasons, young people most often indicated a lack of technical equipment and internet connections. This suggests that not every young person can benefit equally from their right to education. When their responses to the questions about the problems related to distance education are examined, it is found that students often voluntarily suspended their education due to these infrastructure deficiencies, as well as they did not follow online classes because of low motivation or because they found them dysfunctional/useless. If we compare pre-pandemic and post-pandemic periods, findings of another study that examines the life experiences of students in the process of educational life, (Kara, 2020) reveals that it also caused a decrease in their motivation besides the anxiety and concerns created on the young people since schools are closed (as mentioned earlier, the vast majority of young people had to return to the family home, and it is quite difficult to focus on online education within the environment of a large family, and never have been engaged in efforts to continue their education in a system not used before then). Due to the increase in the number of cases, it was decided in a very short time to switch education to digital platforms, and education was continued without time to allow for making adequate arrangements. For this reason, both faculty members and teachers and students have little previous experience with the platforms, tools, and course content used in distance education, which made the courses more dysfunctional. On the other hand, less usage of methods such as discussion, brainstorming, question and answer, which are often used in face-to-face education, in distance education has

reduced students' participation in courses. Therewithal, it is believed that many factors, such as the contents of some courses that make it difficult for students to discuss in a family environment, the problems they face at home makes it difficult for them to focus on their education, staying alone away from the support of their friends, and trying to overcome it alone and losing their previous performance during the process of adapting to the digital platform, also caused a reduction in their motivation for participating in education. Young people have emphasized that their course content and duration are insufficient in the online education period, which can be considered another finding that may cause them to experience low motivation. The findings are very important for young people to show that even if there is no problem with technical infrastructure equipment or internet access, they are overwhelmed by staying at home or have lost interest in classes due to the other reasons mentioned. In fact, some young people have stated that they feel under too much stress or experience anxiety disorder and added that the regulations introduced in education due to the pandemic have negatively affected them psychologically. When young people were asked to express their feelings about being away from the face to face training; they stated that they miss their friends, teachers, and the school environment and what they can do at school, and they also feel constrained since they have constantly been involved in the family environment and got bored of trying to continue their education under restricted conditions. It is also observed in their answers to the open-ended questions at the end of the questionnaire that young people participating in the study often express that their anxiety and depression persist, and therefore they need to receive psychological support. The results of a study conducted by partners of the Global Initiative for Decent Work for Youth (ILO, 2020) show that four out of every five young students surveyed after the onset of the pandemic (79%) had their working or educational life interrupted. The study emphasizes that young people who experience educational or work-related disruptions and interruptions, especially in the 18-24 age range, are likely to have a high rate of being affected by anxiety or depression. As observed in previous findings during the pandemic process, it is worth

noting that for young people who socialize at university, starting to live with their families again is a factor in increasing longing for friends and the social environment. In addition to being a place where academic skills are acquired, universities function as meeting places where young people become socialized, develop their social and emotional skills, and meet with their peers. Although there were young people who expressed satisfaction with the interruption of face-to-face training, some said they longed for their former lives or experienced emotional changes that they could not understand as a result of sudden changes. More importantly, they stated that they withdrew from the family environment and struggled with the feeling of losing their freedom. Closing schools and continuing with distance education has deprived all students, especially those in key groups, of academic skills but more likely social and emotional support. It is possible to mention that any young person cannot experience the social satisfaction and feeling of sharing that they experience with their peers with their families. In particular, young people in key groups have not explained their identity to their families to avoid psychological and/or physical violence, so they may feel that they have lost their freedom in the family environment and are deprived of the previous social and physical opportunities.

5.3. Employment and Social Security

As another important variable of the study, the problems faced by young people related to employment and social security and their expectations were discussed. During the planning of the study, it was a question whether the pandemic increased the problems faced by young people who experienced various employment-related problems and violation of rights in their jobs and working lives and, accordingly, whether their access to social security rights was prevented or not. As a result of the study, the vast majority of participating young people stated that they could not find a place in the labor market; however, this was an expected result when we consider that the majority reached consists of young people who continue their education. Almost half of the participants who were

employed/working stated that they faced various problems with the onset of the pandemic. Together with the pandemic, most young people lost their jobs while the working hours of the rest were reduced. Like in education, the transition to online work patterns in workplaces has reduced the need for labor, which caused young people to face an economically difficult condition. Problems associated with reducing working hours or dismissal directly or indirectly affected people of all ages. Because young people who have lost their jobs or financial income are very unlikely to look for/find a new job, the disadvantages they have faced also increased. The majority of young people who applied for new jobs in this period stated that they could not find a job while the rest stated that they could not achieve a positive result in their search for a job because the process was very slow and they did not receive any response. It is believed that the stress and future anxiety caused by these difficulties negatively affected young people's well-being. International research findings measuring the impact of the pandemic on young people in a report by the International Labour Organization (ILO, 2020) show that one in six young people lost their jobs during the pandemic, and two in five young people lost their income. At the same time, the report highlights that young people who are working also have their income reduced due to reduced working hours. As a matter of fact, this study also found that young people who continue to stay in the labor market are forced to take unpaid leave or leave with reduced wages. This caused economic difficulties, as well as negative emotions such as despair, loss of motivation, and disappointment. It is also worth noting that young people do not have access to the sufficient support they need in this sense. Another finding obtained is that a substantial number of the young people who continue to work were physically forced to go to work in the first three months, despite the social distancing and quarantine decisions made during the pandemic period. This leads to the conclusion that young people and their environment are imperatively at risk. In previous studies on the employment of young people (Akdogan, 2013), it is emphasized that there are various problems due to biases and an unfriendly view of young people. During the pandemic, almost half of the young people who participated

in the study stated that their income status was negatively affected by the increase in these problems. According to the comparisons performed based on age group, it is revealed that young people aged between 18-24 were more affected by both job loss and lower-income levels than young people aged between 24-30. This finding can be interpreted as an outcome that employers can sacrifice young people of a younger age earlier in the labor market first with the justification of a lack of experience and skills. As a result of dismissal or reduced working hours, a decrease in the income level of young people can also lead to restrictions on other basic rights, such as health or housing. The vast majority of the young people involved in the study stated that they had health assurance while they were dependents of their families in terms of insurance since they are students and did not have a job. The findings also show that very few young people received financial or in-kind support during the pandemic. An important reason for this may be that most of the young people who participated in the study lived with their families; however, there is also a lack of support provided by both the state or municipalities and inefficiency of the mechanisms for access to these supports.

One of the important areas of young people's well-being is their empowerment to develop their capacity and skills for independent living. Within this context, it is important to make space for young people in areas where they will want to improve themselves. Although the findings of this study about the areas in which young people want to improve themselves reveal that young people most want to learn foreign languages, the outcomes also show that their focus has shifted to technology areas such as digital content production, computer technologies, programming and coding. Together with the pandemic, it seems that the switch of both workforce and education to digital platforms in a global sense also led young people to want to develop themselves more in technological areas. Under the "other" category, it was observed that they had an interest in areas such as personal development, coping with stress, or psychotherapy concerning the psychological problems that they dealt with during the pandemic period.

5.4. Civil Participation

The value of young people taking part in decision-making processes on issues of interest to them and taking an active role in civil society activities is supported by the findings of many studies (Acar & Karataş, 2008). One of the important indicators of psychological and social well-being is the degree to which a society accepts individuals and provides them with the rights and policies it presents. Becoming a member of a non-governmental organization or participating in voluntary activities for social benefit is important for the empowerment of young people. Moreover, it is also important for the establishment of a positive youth approach. During the COVID-19 period, the curfew restriction imposed on particularly young people under the age of 20 and the rapid spread of the virus forced young people to be isolated, and young people were forced to move away from social activities.

In this study, the types and levels of participation of young people in civil society were discussed. The survey focused on their participation at two levels, before and after the pandemic. The findings showed that the vast majority of young people do not have active NGO memberships. Numerous studies (e.g.; Sener, 2014; Eckstein, 2015) suggest that these findings are based on the insufficient level of knowledge of young people about civil participation opportunities, the lack of civil society institutions and organizations about young people in the general in comparison to the youth population (Booth, Too, & Sener, 2015), especially the restrictions imposed during the pandemic to the process of NGOs and, consequently the limitation of young people's options and access to civil participation. Among young participants who had active membership in NGOs, the proportion of young people who had been active members for between 1-2 years and 2-5 years was quite close to each other. This finding is consistent with the results of other studies (Ataman & Sener, 2016; Sener, 2015) showing that age is an important factor in young people's participation. In the study, it was found that young people aged 18-24 had more NGO membership than young people aged 25-30 years, and young people at undergraduate

and higher education levels compared to young people in lower education levels.

Young people who are undergraduates and above are also more likely to participate in civil society. Young people aged between 18-24 who are studying undergraduate degrees and above can participate for a longer period of time and in a large number of civil societies because the social environment and opportunities offered by university communities and the courses they take are more convenient since they have not yet entered the pace of work life. The findings revealing that the civil participation of young people, in general, is quite limited is consistent with the findings of other studies (e.g. Sener, 2012). The results of this study show that a significant proportion of young people who did not have any NGO membership were engaged in volunteering or community service work. When it is considered that the majority of participants was made up of young people who continue their education in universities, we see that they often had social participation through student groups within the universities; on the other hand, the compulsory courses of education faculties to engage in community service and volunteer activities can be regarded as a tool to introduce the NGOs to the students and allow them to engage in voluntary activities.

When we take the areas where the young people are actively engaged in voluntary community services both within and outside NGOs into account, we see that these match the key groups in the society, such as women's rights, LGBTI+ rights, immigrant/refugee rights, or youth rights and that these are observed to be concentrated in the areas of human rights where violations of rights are encountered, such as animal rights, the environment, and nature rights. This finding reveals the sensitivity of young people to social issues and the diversity of areas in which they contribute. However, compared to their pre-pandemic participation, there was a decline in young people's active NGO membership and voluntary social service work during the pandemic. NGOs have also been forced to switch their activities to online platforms due to the restrictions imposed, and therefore have faced difficulties in many

projects and implementations they carried out. Due to reasons such as loss of motivation or lack of computer/internet access experienced by young people who were trying to carry out all of their education, work, and social life in a virtual environment, participation rates in activities that switch to the digital platform have reduced.

Although NGO membership and volunteering services of young people declined during the pandemic, the vast majority of young people who continued their activities took an active role in organizing events for people who had to stay at home. Within this context, they adopted means such as becoming a member of online initiatives, participating in informational meetings on social media, and becoming a member of youth organizations. All of these indicate that young people are sensitive to social problems that have developed during the pandemic and are also open to experimenting with new ways that can ensure their civil participation and continue to participate in an organizational sense. Even young people did not only offer voluntary services but also contributed to civil society by using their own areas of expertise. As active actors, young people realize their own desires, skills, training, and equipment through new ideas and project formations that they have started both in volunteering and in initiatives.

Findings on civil society participation show that both NGO membership-related activities and volunteering services of young people were affected by the COVID-19 pandemic. Although it is seen that some young people continue their active civil participation by adapting to this situation, the pandemic period seems to have negatively affected young people's participation in civil society as active subjects.

5.5. Access to Comprehensive Sexual Health Education and Sexual Health Services

Sexual health and reproductive health is the ability of a person to maintain their sex life without coercion in line with their free choice, with satisfaction, and without any harm. This also relates to the state of experiencing sexual intercourse without unwanted pregnancy, use of force, violence, and discrimination. Access to sexual health education and services is also among the most basic human rights. In particular, quality and accessible sexual health education and services are even more important for youth who are just beginning to discover and experience sexuality. In this part of the study, we will discuss young people's access to sexual health education and services before and during the pandemic, the ways through which they can provide this access, and the differences in the experiences of different groups of youth.

The vast majority of the young people involved in the study stated that they had received sexual health education to date and they usually accessed education about this through their schools or universities. However, the extent of the received sexual health education is unknown. As a result of the pandemic, the rates of young people receiving sexual education decreased significantly when schools started distance education. Therefore, it has been seen that the university and school environment is an important resource for young people to gain knowledge about sexual health and have the opportunity to participate in related education. At the same time, young people can share their problems and suggestions for solutions in their social environment in their schools and motivate each other to learn about sexual health. Furthermore, youth also mentioned that they use resources such as out-of-school educational platforms, informative brochures, youth associations, and NGOs to find opportunities to access sexual health education. This information also reveals the extent of the importance of such education organized outside of school and university environments and the importance of the prepared materials. Although the internet was an important tool before the

pandemic in accessing sexual health education, it became the most referenced resource, especially during the term of the pandemic. This can be attributed to the transfer of all training to online platforms during the term of the pandemic. However, one of the comments that can be an outcome of this argument is that the pandemic led to a decrease in the sources of information about young people's sexual and reproductive health. In this case, given that the internet was one of the most important sources both before and during the pandemic, it is noticeable that the internet is perceived as an important tool for accessing comprehensive sexual health information.

The first and foremost of the problems faced by young people in access to sexual health education is that their families and/or social circles do not welcome talking about sexual health issues, so young people feel under pressure. Women are seen to experience more pressure based on gender roles in circles where sexuality cannot be expressed comfortably and clearly. The vast majority of the participants in this study were women, and the social pressure they experience was also expressed in this study. Young people's interest in sexuality is not considered as a developmental requirement, but rather because of social stereotypes, it is seen as unnecessary by their social sphere, especially their families, to receive education on this subject. Within this context, it is an important finding that young people see their families and immediate surroundings as one of the challenges they face in accessing sexual health education. Young people pay attention and are interested in sexual health education, but their access to information and to services in this regard is primarily suppressed by their own families. Other obstacles that they express in the difficulties they face can be listed as the limitation of the information they can access, reliability of this information, the lack of access to scientific resources, and the inability to know how they can access it. This points out that although the internet is considered an important resource by young people, it has some other challenges, such as the abundance of information and lack of reliability. Even if young people access sexual and reproductive health information over the internet, they doubt the accuracy and reliability of this

information. To remedy the lack of knowledge among young people on digital literacy and digital safety and to support them in opportunities of access to reliable resources and accurate information, various institution and authorities, primarily the schools, public institutions, and organizations, including NGOs, should direct and provide guidance both to young people and their families. It is an important finding that young people who participated in the study noted that they did not take any sexual health education classes, either online or face-to-face, from their schools both during and before the pandemic. There has also been a significant decrease in the opportunities they can access through their schools compared to the pre-pandemic period.

Analysis of young people's access to sexual health education according to gender identity showed that young people whose gender identity is female are the least likely group to receive sexual health education. It can be interpreted as an expected finding that prejudice and traditions that exist in society regarding sexuality and sexual health are most likely to pressure women on this issue due to the functioning of a patriarchal society. During the pandemic, it was observed that the status of families in not welcoming discussion about sexuality increased compared to the pre-pandemic period. This finding may be related to the fact that young people returned to their family houses and it became easier to experience and share the difficulties they have experienced in their families when it comes to sharing sexuality. Another observed finding is that there are significant differences in the pandemic period about the difficulties that young people experience in accessing reliable sources of sexual health and education depending on their level of education. It was observed that the difficulties of young people with an associate degree in accessing these resources increased during this period. In the research survey, since young people were asked to indicate the most recently completed levels of education, levels of education below an undergraduate degree represent young people who have completed the high school level and are studying at university. The fact that most of these youth have

difficulty accessing resources during the pandemic period shows the importance of being in a university environment for accessing reliable resources about young people's sexual health and education.

Young people have stated that the ideal resources they find for their sexual health and education are receiving counseling from health professionals, training at schools, and books and magazines that contain sexual health information. This finding demonstrates the importance of both the content and accessibility of professional counseling on sexual health education, education in universities, and extracurricular resources. In sexual health education content, the topics that young people most need to be informed about are safe sexuality, sexual rights, and sexually transmitted infections. Under the heading of "other", they emphasized education on all determined areas and training about HPV awareness, vaccine dissemination, and gender-based violence. This finding shows that young people need support in how they can experience safe sexuality and what their sexual rights are. Although the vast majority of young people during the pandemic stated that they did not need sexual health care, only half of those who needed it were able to access these services. The reasons for not receiving services were that they did not feel safe going to a health care facility due to COVID-19 and therefore did not try to contact sexual health professionals. This finding shows that if there is a risk of another infection, such as COVID-19, young people were willing to put their sexual health on the back burner. This highlights the importance of informing young people about their availability of access to sexual health education and services once again. Another reason for not being able to access services is that young people feel social pressure. Sexual health is of as much importance as any other area of health, but the concern about being tagged or the expectation of being confirmed, besides the health services they experience with an unfriendly view of young people cause them to develop an abstaining attitude for receiving such services.

Looking at young people's applications to sexual health services in the context of other variables, it was found that

men made fewer applications than young people in all other gender declarations. This may indicate that women and individuals outside the binary gender plane need sexual health services more, as well as that men are less likely to seek services depending on gender stereotypes in the society. At the same time, young people who specified their settlement as metropolitan areas were more likely to access sexual health services than all other settlement areas. It is also an important finding that this requirement is more often mentioned by young people in metropolitan cities due to the restriction of sexual health services in non-metropolitan settlements and the greater social pressure imposed therein. Finally, age group comparisons have shown that the 25-30 age group needs more sexual health services than the 18-24 age group. It is promising that young people who have access to health services have indicated that they are generally satisfied with issues such as privacy, hygiene, or content when they were asked to evaluate these services. But it is also worth noting that there are young people who indicate that they are indecisive. This finding of the widespread ambivalence about young people's satisfaction highlights the importance of privacy in health care, access to adequate information, and receiving such services free from bias.

As part of the study, the requirements of young people for contraceptive methods and their access to them were also discussed, and it was found that a very large proportion of young people who need these contraceptive methods have difficulty accessing them. The reasons for the difficulties they face were noted as lack of economic resources, embarrassment and fear; because of COVID-19, they do not want to go to the grocery store to buy condoms, and they are subjected to psychological pressure by the pharmacists. As part of these findings, it is understood that young people need financial support for access to sexual health services, put their sexual health on the back burner, and experience problems with access to services due to social and psychological pressures. When we examine the needs of young people to access discretionary abortion services, although most of the respondents in the study stated that they did not need the service, more than half of

those who tried to access this service experienced difficulties in accessing it. When we focus on the challenges they faced, it is seen that they state that the high fees for access to the service, being ashamed of or hesitating to access it, the blocking of this service by the hospital/doctor, social pressure and, moreover, the fear of exclusion. These findings show that young people are unable to perform one of their most basic sexual rights, discretionary abortion, due to economic reasons, as well as difficulties caused by society and even by the professionals that lead to the extent of violation of their rights. Current policies and social pressure prevent young people from having safe sexual relationships, learning about sexuality, and even receiving the services they need. It was found that the need for access to discretionary abortion was greater among young people at the undergraduate and higher education level, in the 25-30 age range, and those who live in metropolitan areas. Young people who identified with an identity that was subject to violations of rights made fewer applications for discretionary abortion services than those who did not. This finding proves that the discrimination, suppression, and violation of rights that young people experience due to their sexual identity also negatively affect their access to sexual health, such as discretionary abortion. It was also found that young people in the 18-24 age range also made more applications. The latest finding within the scope of discretionary abortion is that young people living in metropolitan areas stated that they face more challenges and obstacles. This is a consequence of having participating young people in the study who are mostly those living in metropolitan cities whereas young people living in metropolitan areas can experience a more active sex life than young people in other settlement areas and have more freedom in trying to access discretionary abortion services.

5.6. Well-Being of Young People

Young people stated that they obtained information about COVID-19 from the social media accounts and websites of official public institutions, social media, and websites outside of official institutions, the website of the World Health Organization, scientific publications and articles, or the information that is acquired by the young people in the field of health/medicine. It seems that young people have a variety of sources for information during the pandemic period.

During the first four weeks of the pandemic period, the findings on the moods of young people revealed that they did not feel relaxed and calm, they did not feel good when they had to spend time with their families, their healthy eating habits were disrupted, and they were concerned about the general and economic condition of the country. This has shown that the COVID-19 pandemic significantly and negatively affects the overall well-being of young people in a physical, psychological, and mental sense. When their concerns about economic conditions were examined, the group that was most concerned was young people whose gender identity was female. This concern of young women is an expected result because women are not in a position with equal opportunities in the labor market, including issues such as low employment rates, lower pay than men despite being in the same position, and being subjected to more pressure in the workplace. Negative feelings about spending time with family were found to be more common among LGBTI+ youth than other young people. As discussed above, this indicates that the experience of living with family of key groups who are forced to hide their identity from their families or face intense pressure results more negatively.

Looking at the differences in gender identity related to health concerns, it was found that men were less likely than young people who declared all other genders. This finding reveals that people show differentiation towards their gender identity and the personal focus they develop according to these declarations. At the same time,

unemployed young people were found to be more concerned about their health than employed young people. This is an expected finding since being unemployed led them to feel more stressed by the low available economic opportunities.

Analysis of young people's exposure to violence shows that intimate partner violence during the pandemic increased compared to the pre-pandemic period. The increase in the duration of staying at home with partners as a result of quarantine policies can be associated with an increase in violence. At the same time, it has been noted that the violence experienced in virtual environments during the pandemic has also increased. This is believed to be a consequence of young people staying at home having to use digital platforms more both with their existing partners and with the desire to find partners. The analysis based on variables concerning the experiences of violence young people faced revealed that exposure to domestic violence was most common among women and young people in the 18-24 age range. More than half of young people who were the victims of domestic violence said they knew where to go for assistance and checked off the following options: law enforcement, the Alo 183 domestic violence and emergency hotline, and non-governmental organizations. Besides the support provided by the state, the fact that young people cite NGOs as a mechanism for assistance in case of violence is a very important finding with respect to the importance of NGOs. In the "other" option, young people stated that they would not access any existing mechanisms, which indicates that young people should be informed of the reliability and accessibility of the mechanisms that they can reach in cases of violence. Another finding related to the experience of violence is that women are the group who are most aware of the mechanisms they can access within the given gender identities. This finding is expected as women are considered the group most exposed to violence.

6. CONCLUSION AND RECOMMENDATIONS

How the well-being of young people aged 18-30 was affected by the COVID-19 pandemic, including education, employment, civil participation, sexual health education, and access to sexual health services, was evaluated according to the findings. Both reaching more young women and young people aged 18-24, as well as reaching key groups that are disadvantaged in society within the scope of the study revealed the problems and expectations that these groups experience more clearly. In general, the findings indicate that young people's educational status was negatively affected by the switch of education to digital platforms due to the pandemic and caused them to experience a significant loss of motivation. At the same time, young people have experienced negative effects in the labor market both in line with existing jobs and in line with their efforts to find a job. Young people also experienced a decline in their civil participation due to the economic, psychological, and technical difficulties they experienced. However, the fact that they emphasize the importance of active civil participation both before and during the pandemic, as well as resources such as education, activities, or brochures provided by NGOs, reveals how important civil society activities are for young people. The pandemic appears to affect young people related to adolescent health, access to age-appropriate sexual health education and services, frequency of exposure to violence, and deprivation of services such as discretionary abortion. At the same time, findings on access to age-oriented sexual health education, counseling, and adolescent health services have shown that young people are suppressed by their families and society due to traditional judgments. As a result of all these findings, it is revealed that the well-being of young people has been significantly affected by the COVID-19 pandemic process.

This research aims to lead other studies that focus on young people as valuable subjects during this period as long as the pandemic continues by revealing findings on how young people are affected by the pandemic in many areas that will cover their well-being. Regardless of the pandemic, the findings show that different groups of youth have different challenges and needs. Young people are not a homogeneous group; they are a group that needs to be focused on and given a say, taking into account their differences and qualities. Youth has a rather complex structure and therefore has various needs. As a result, it is necessary to produce policies without ignoring the existence of special needs and being aware of young people who have common needs and demands. Different needs and situations can also create inequality in access to rights. Speaking out and defending young people's access to human rights is of critical importance within this context. For example, there may be special needs and demands of young women, girls, mobile youth groups, young refugees and young LGBTI+ persons, which are the groups that Y-PEER Turkey has long been working for. During the pandemic, young people need to maintain access to education, social support mechanisms, and health services, and the responsibility for maintaining and providing these services falls on all of us. There are more than 13 million young people in Turkey, and about half of these young people are women. Although young women's employment rates are lower compared to men's, women are also more likely to work in precarious and informal jobs in current employment areas. Inequalities in the distribution of domestic roles can cause the burden of care at home to be left to the women. Therefore, gender inequality, along with intersecting inequalities, increases the extent of discrimination and violation of rights. Segments deprived of basic human rights may also be deprived of their rights in the area of sexual health and reproductive health. Along with access to general health services, there are also disruptions in access to sexual health services. However, access to contraceptive methods, emergency contraceptive methods, and information on these issues retain their importance, especially for young women. Along with these services, it is

also quite important for young people to access sexual health-related resources (HPV vaccines, condoms, contraceptive pills, etc.). For economic reasons, they are often unable to access sexual resources. As can be seen, gender inequality significantly affects young people's access to sexual health care.

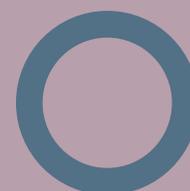
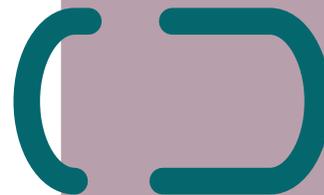
The findings of this study reveal the needs of young people for education, well-being, employment, comprehensive sexuality education, access to sexual health services, and civil participation. In this direction, it is seen that young people need new regulations to cover economic and technological support in line with the difficulties they experienced together with online education. The fact that many young people who continued their education continued via distance education with the suspension of formal education has caused access problems. During distance access methods, the different socioeconomic levels of young people should also be taken into account, and the necessary opportunities should be provided to young people by government agencies. In addition, young people who have a shortage of access to services and information related to sexual and reproductive health, especially in the absence of an outbreak, remain at greater risk in the event of an outbreak. Comprehensive, age-appropriate, structured sexual education should be included in the curriculum. Young people should be able to study in a safe and facilitating environment. Educational content should be gender sensitive. Along with the pandemic period, young people have identified many obstacles against the integrity of their well-being, which suggests that they should be provided with access to psychological support. New regulations are also needed to include young people in the labor market in line with their education and skills.

Considering the findings of the study on the status of young people in sexual health information and access to sexual health services, it seems that sexual health services and opportunities should be increased, as well as elevating the quality of the service. There are numerous areas where young people are discriminated against in sexual and

reproductive health services. This can also cause young people to become more vulnerable to HIV and other sexually transmitted infections (STIs). Because of discrimination, lack of awareness and knowledge among health care providers, or inappropriate services, people are underserved in this sector. Health care services such as sexual health and reproductive health should be inclusive for young people. It is necessary to implement anti-discrimination policies, to ensure that health care providers are informed to understand the needs of young people and respond effectively, and to provide safe areas and services meet the health needs of young people.

In this study, young people's access to sexual health information was examined with findings aimed at improving health services. On the other hand, it was seen that young people became members of non-governmental organizations in accessing sexual health information. Research analyses have shown the importance of organizing non-governmental organizations and young people. The most important finding of this research is that it reveals the value of researching young people as active subjects. It is seen how important it is to support young people's participation in decision-making mechanisms and civil society and to increase the importance given to areas of voluntary service in terms of their capacity to emerge. Therefore, it is expected that this research will contribute to the support of young people in all areas of well-being.

During and after the pandemic, young people have the potential to play important roles both in minimizing the negative effects of the pandemic and in accelerating recovery, improvement, and development thereafter. Bringing this potential to life, empowering young people in all these processes, and making them take active roles, will be more possible with young and adult cooperation. As during the pandemic, practices and policies shaped by the active participation of young people in this period will be one of the main tools for eliminating the lost opportunities and experiences of negative issues and to enable the achievement of Sustainable Development Goals, and in a sense will be among the driving forces in terms of closing this deficit. As part of the results of this study, the opportunities provided to young people during and after the pandemic will also be among the most important areas for combating the consequences of the pandemic.



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