

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The impact of COVID-19 on the lives of vulnerable young people in New Delhi, India : a mixed method study
AUTHORS	Napier-Raman, Sharanya Rattani, Ananya Qaiyum, Yawar Bose, Vijayluxmi Seth, Rajeev Raman, Shanti

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Dr. Peter Flom Institution and Country: Peter Flom Consulting Competing interests: None
REVIEW RETURNED	04-Jun-2021

GENERAL COMMENTS	I confine my remarks to statistical aspects of this paper. These were simple, but appropriate, and I recommend publication.
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REVIEWER	Reviewer name: Dr. David Wood Institution and Country: East Tennessee State University James H Quillen College of Medicine, Pediatrics Competing interests: None
REVIEW RETURNED	14-Jun-2021

GENERAL COMMENTS	This is an important and well-written study that has immediate and important implications for the work of the non-profit organization (BUDS) serving the CYP that were the subjects of the study and well as generalizable findings that can be applied elsewhere. This study, in a microcosm, highlights the enormous stress experienced by CYP during this pandemic in one of the poorest populations in the world. They highlight, strikingly, the gender differences in how CYP experience the pandemic, including the increased family responsibilities of girls and young women and the unique stresses they experience because of this inequitable allocation of responsibilities and cultural expectations
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REVIEWER	Reviewer name: Dr. Raman Krishna Kumar Institution and Country: Amrita Institute of Medical Sciences and Research Centre, Department of Pediatric cardiology Competing interests: None
REVIEW RETURNED	22-Jun-2021

GENERAL COMMENTS	This is an in-depth investigation into impact of COVID-19 on the lives of young individuals from poor and marginalised sections of the society. The information that has been gleaned from the questionnaires and in-depth interviews is critically important because it would otherwise not surface in our collective consciousness. The methodology appears sound and the paper is
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	very well written. My only concern is the length of the manuscript. Details on the in-depth interviews make compelling reading but consume considerable space. The editors of the journals will need to make a decision on how much will need to be in the main paper and how much can be made available as an online supplement.
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VERSION 1 – AUTHOR RESPONSE

Dear Professor Choonara

Re: ID bmjpo-2021-001171, entitled "COVID is a disastrous disease, it has destroyed everyone": Mixed method study investigating the impact of COVID-19 on the lives of vulnerable young people in India
Revised to: The impact of COVID-19 on the lives of vulnerable young people in New Delhi, India: a mixed method study

Authors: Sharanya Napier-Raman, Ananya Rattani, Yawar Qaiyum, Vijayluxmi Bose, Rajeev Seth, Shanti Raman

Thank you for the opportunity to respond to the reviewers comments and improve the strength of this paper. We have responded to each of the suggestions, changes are documented in the table below and highlighted in the revised paper. As the strength of this paper lies in the qualitative results and analysis and the privileging of young people's voices as the reviewers have acknowledged, we have chosen to retain the Qualitative Results, but cut down words considerably.

Editors comments Responses

Editor in Chief

1. Title Amendment Changed to: The impact of COVID-19 on the lives of vulnerable young people in New Delhi, India : a mixed method study
2. Abstract Methods Added "60 children (aged 10-17 years) and 62 young adults (aged 18-25 years) as suggested.

3. Abstract Results Changes made as suggested. (54 (90%) children and 53 (85%) young adults); (59 (98%) children and 56 (90%) young adults).

Abstract re-written to reduce words

Add RAQ to Appendix A sample of the RAQ attached as Appendix 1

Suggest case histories

We feel that this would disrupt the flow of the thematic analysis too greatly and we have decided not to do that. We have reduced the words in the Qualitative Results section, where possible

Discussion We have made attempts to shorten the text

Associate Editor

1. The development of RAQ needs to be described in some more detail. Current version appears to be simplistic in description for that matter. The authors mention that RAQ was conceptualized in English and later translated to Hindi. Was there any back translation and validation to see how well the RAQ was translated? If so, provide details.

We have added more detail, including: In consultation with the research support team in Australia, the questionnaire was further refined. RAQs were conceptualised in English then translated to Hindi, using simple, direct language, by bi-lingual staff.

Back translation did not occur, as BUDS staff who undertook the questionnaire are bi-lingual.

A sample of the RAQ has been attached as an appendix, which demonstrates that each question is stated in both English and Hindi.

2. The authors present the aims of the two components of the study together and it is stated broadly. It would be nice to state the primary /secondary objectives separately for the quantitative and qualitative part.

The tables 1,2 and 3 (comparison based on sex) seems to be not part of the stated aims. If they are please state them.

Interpreting the p values without a sample size estimation for these types of comparisons are tricky. The significant differences are fine but the non-significant ones may be due to low power. It is better to avoid several sex-based comparisons as the sample size appears too small for such an objective.

- 2.1 This is a mixed-methods study and the aims are integrated. We believe this provides a much more

robust understanding of CYP's experience. Which is why there are no primary/secondary objectives.
2.2 We have amended and included gender differentials as part of the aims, thank you:

2.3 We acknowledge the sample size issues. This is why we have used Fischer exact test. We have only presented selected responses and not included all questions. We have also provided other information in the Results, without doing gender comparisons, as they were not warranted. We believe that the gender-based differences are significant- other studies and reports have noted gender-based differentials in South Asia as well.

3. In P9, L46, the authors mention that the RAQ was administered to 122 individuals. It is not clear how they arrived at this number. Was it from a sample size estimation or is it a fixed percent subset of all eligible people in the list? Please clarify. 3.1 We have provided further details on the sampling. The sample was selected from a list of BUDS beneficiaries. The RAQs were part of a rapid evaluation of needs and BUDS services. Given time constraints and urgent need, there was no sample size calculation.

4. In P9L48, the authors mention that the respondents were randomly selected from list of BUDS beneficiaries. Please provide details of this random selection. Greater detail has been provided: A list of beneficiaries was obtained from the BUDS frontline health workers. From this list, minors above the age of 10 but below the age of 18 and \young adults above age 18 but below 25 years were selected. We selected a sample based on age and sex criteria. We also segregated the sample based on the area in which they lived (Sarai Kale Khan or Mori Gate). From this final sample, we chose participants for the study based on a random numbers selection process.

5. In page 10, L48, the authors mention that five out of nine interviews were transcribed to English for aiding analysis. Why were the remaining four interviews left out from this process? Budgetary constraints limited our ability to translate all nine interviews, which we have mentioned. BUDS staff are bilingual, so the interviews that were not translated were included in the iterative process of the qualitative analysis as well as triangulation of results.

6. The qualitative part is very well presented and I have no comments. It would be nice to cut short some of the descriptions. We thank you for your comments. We have made several cuts.

Reviewer 1: thank you for your comments.

Reviewer 2; thank you, comments noted.

Reviewer 3: Thank you for your comments; we have made cuts to the qualitative results, which as you point out were a strength.