Social, health, education and economic effects of COVID-19 on adolescent girls in Kenya: Responses from the first round of adolescent data collection, August 2020—Wajir

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COVID-19 is taking a large toll on the mental health of adolescents. 1 in 10 adolescents (11%) reported feeling down or depressed in the past two weeks and thinking about COVID-19 makes most respondents (62%) feel threatened, concerned, scared or anxious. Older males report the worst impacts.

During COVID-19 school closures, adolescents are having trouble learning and doing schoolwork from home. Younger adolescents are particularly impacted. Only 32% of boys and 17% of girls ages 10 to 14 have been learning from home. Of those that have not been learning from home, two-thirds (65%) haven’t been provided with lessons and a quarter (25%) are now expected to use school hours to work or do chores at home.

Food insecurity is an issue: over half of the adolescents (55%) are eating less or skipping meals more often than before the COVID-19 pandemic began, with girls reporting eating less often than boys.

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Knowledge and prevention methods among adolescents in Wajir are mixed. Over two thirds of adolescents (70%) do not know that they can pass COVID-19 to others without showing symptoms. While adolescents are staying home on most days, less than half wore a mask the last time they left their home (46%) or reported staying at least 1 to 2 meters from others (38%). It is important to ensure that adolescents are aware that they are a key link in transmission and must practice preventive measures.

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Knowledge, Attitudes, and Perceived Risk of Infection

Between July 16-30, a phone survey was completed with 1,234 adolescents ages 10 to 19 in Wajir, Kenya. The average age of respondents was 16 years and 61% were female. All participants were part of households in the ongoing Adolescent Girls Initiative – Kenya (AGI-K) cohort covering 79 villages in Wajir County. Wajir County is in Northeastern Kenya along the border with Somalia. It is a drought-prone, pastoralist, sparsely populated and under-developed area of Kenya. As of the end of July 2020, there were 28 confirmed cases of COVID-19, largely those who travelled to Somalia and returned to Wajir.

Infection, High-risk Groups and Symptoms

- There is high awareness of COVID-19 symptoms: most respondents identified high fever and cough as symptoms (84% and 80%) and more than half (59%) are aware that difficulty breathing is a symptom. However, only a subset of adolescents (39%) believed that you could be infected with COVID-19 without showing symptoms and over two thirds (70%) did not know that someone who is asymptomatic can pass the virus on to others.

- Most respondents rejected the myths that COVID-19 is a punishment from God (62%) and cannot spread in hot places (81%).
**Perceived Risk**

- Overall, very few adolescents (3%) consider themselves to be at high risk of COVID-19 infection. The main reasons provided were: God protects me (45%), I have been practicing social distancing (27%), I haven’t travelled (25%), I have been staying home (24%), and I have been wearing a face mask (24%).

- Many adolescents (64%) are worried that if they or someone they loved got COVID-19, they would not get the medical care they need.

**COVID-19 Prevention Education and Behavior**

Overall, adolescents’ adherence to recommended prevention behaviors is mixed.

- Adolescents are spending most days at home, with girls leaving the house on 1 out of 7 days in the past week and boys leaving the house on 3 out of 7 days.

- Less than half (46%) of adolescents wore a mask the last time they left their home, with boys reporting less adherence to this guideline than girls (30% vs 73%), and less than half of adolescents (38%) report staying at least 1 to 2 meters away from others.

- Very few respondents (0.2%) know someone who tested positive for COVID-19.

- The main sources of information on COVID-19 for adolescents are school (56%), friends (55%), and radio programs (49%).

**Social, Health and Economic Impacts of COVID-19**

**Education and Risk Of Drop Out**

Most adolescents surveyed (78%) were attending school before the COVID-19 closures; of those approximately half were in primary school (53%) and half in secondary school (47%).

Among those who had been attending school, all are confident that they will return when it reopens and a third (32%) believe COVID-19 will cause them to complete more school than they had planned – likely because they will have to repeat the 2020 school year.

Most adolescents are not doing learning or school work from home with half of older adolescents and 29% of younger adolescents doing no learning. There is also a gender gap among younger adolescents with 32% of boys compared to 17% of girls ages 10 to 14 reporting learning or doing work from home. The primary reasons for not doing school work are that the school hasn’t provided any lessons (65%) and they needed to help at home, work, or do chores (25%). Girls were twice as likely as boys (31% v. 16%) to report that household work was the reason for not doing learning.

Among those learning at home, the primary methods used to learn are using papers, books, and other materials provided by school (54%) and reading other books (34%). As only 1 in 5 adolescents (20%) own their own mobile phone, very few are using mobile phones to access schoolwork.
Time Use and Decision Making

Compared to boys, girls have been spending more time on household chores since COVID-19 began (63% vs 41%). This links to girls reporting spending more time at home than boys (86% v. 55%).

When asked whether they have more, less, or the same amount of control over when to leave the house compared to before COVID-19, most boys reported having less control (54%) while girls reported having more control (50%).

Mental Health

COVID-19 is taking a toll on the mental health of adolescents, with older males reporting the greatest impact.

- 1 in 10 adolescents (11%) reported having felt down, depressed, or hopeless at least once during the past two weeks and 16% of adolescents reported feeling little interest or pleasure in doing things they normally enjoy during that period. Boys reported these feelings significantly more often than girls.

- Among those who reported feeling down or losing interest in things, 87% noted that they were having these feelings more often since the COVID-19 pandemic began.

- Thinking about COVID-19 makes many respondents (62%) feel threatened, concerned, scared or anxious. Those ages 15 to 19 report these concerns significantly more often than younger adolescents ages 10 to 14.

Food Security

Over half of respondents (55%) are eating less or skipping meals more often than before the COVID-19 pandemic began. Overall, 39% skip meals or eat less at least once a week.

- Girls have been more impacted than boys, with a significantly larger percentage who report skipping meals or eating less (35% vs 20%).

- A possible factor contributing to food insecurity among adolescents is that a substantial percentage (43%) used to receive at least one meal a day at school before the COVID-19 closures.

Health Services

- A third of girls (34%) have been having trouble accessing their preferred menstrual hygiene management product since the COVID-19 pandemic began, largely because they no longer receive it from school since the closures (58%), they cannot currently afford it (58%), or because their parents, relatives, or friends cannot currently afford it (71%).

- Few adolescents are forgoing medical services (2%); however, among those who are forgoing care, not being able to afford the cost of health services was the primary reason.
**Relationships**

- At the time of the survey, 8% of the adolescent girls were married, of which 16% got married since the COVID-19 mitigation response began. Most adolescents (80%) did not believe that COVID-19 would change the timing of their marriage.
- Since the COVID-19 pandemic began, most adolescents (80%) have less control over the amount of time they spend with friends.

**Conclusions and Recommendations**

Adolescents in Wajir have been impacted by COVID-19 and related mitigation measures, primarily through school closures and economic losses. Many adolescents have been unable to do continue learning or school work from home while schools have been closed, and meal distribution to address rising food insecurity is needed. The pandemic has also taken a toll on adolescents’ mental health. If COVID-19 becomes a prolonged crisis, these negative effects on adolescents’ education and health may worsen or be compounded, so strong social support systems must be implemented quickly.

**COVID-19 Harm Reduction**

- Adolescents in Wajir have good knowledge of COVID-19 symptoms and prevention methods; however, it is important to clarify on COVID-19 myths, as well as that a person does not need to show symptoms to spread the virus to others. This may improve adherence to government recommendations, such as wearing masks when outside of the home and remaining 1 to 2 meters from others.

**Education**

- In the wake of prolonged school closures, adolescents need access to resources to continue learning from home. Access to technology (e.g. televisions, radios, cell phones, and computers) is limited, so distribution of lesson books and reading materials must be improved.
- Consider non-school based sanitary pad distribution during school closures as that was the most common source of obtaining sanitary pads for girls and it is currently inaccessible.

**Highly Vulnerable Adolescents**

- There are small numbers of highly vulnerable adolescents that are forgoing needed health services and have been married since the COVID-19 pandemic began. These adolescents need immediate social protection and assistance.

As the pandemic and accompanying mitigation response continues, the risks for adolescents may increase. Monitoring and addressing food insecurity, challenges with remote learning, and child marriage in the short-term will be critical to ensure that no adolescents are left behind.