Social, health, education and economic effects of COVID-19 on adolescent girls in Kenya: Responses from data collection in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare), June 2020—Nairobi

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Knowledge, Attitudes, and Perceived Risk of Infection

On June 13-16, 2020, a phone survey was completed with 1,022 adolescents ages 10 to 19 in Kibera, Huruma, Kariobangi, Dandora, and Mathare. The average age of respondents was 16 years and 84% were female. All participants were part of ongoing cohorts of adolescents that Population Council has been following prior to COVID-19s.
Infection, High-risk Groups and Symptoms

- Most adolescents (91%) know that anyone can get infected with COVID-19; however, more than a third (38%) did not know that one could be infected with COVID-19 and be asymptomatic. Well over a third (41%) also did not know that someone who is asymptomatic could pass the virus on to others.

- There is high awareness of symptoms: most respondents identified high fever and cough as symptoms (81% and 86%) and approximately half (49%) are aware that difficulty breathing is a symptom.

- Only 13% of respondents believe the myths that COVID-19 cannot spread in hot places or is a punishment from God. However, girls and younger adolescents (ages 10 to 14) were significantly more likely to believe these myths.

Perceived Risk

Overall, less than a third of adolescents (31%) consider themselves to be at high risk of COVID-19 infection.

- Among those with low perceived risk, the most common reasons are that they have been staying home (45%), washing their hands (45%), wearing a face mask (42%), practicing social distancing (42%), and adhering to government guidelines (36%) – demonstrating the understanding and use of appropriate prevention behaviors to lower risk of infection.

COVID-19 Prevention Education and Behavior

Overall, adolescents report high adherence to recommended prevention behaviors. Nearly all respondents (95%) reported wearing a face mask the last time they left their home, and the vast majority (93%) reported washing their hands upon returning home.

- However, adolescents are leaving their house quite frequently, with boys leaving the house on 4 out of 7 days in the past week. While girls are leaving the house less, they are still leaving every other day on average over the past week.

- Very few respondents (2%) know someone who tested positive for COVID-19, however 1 in 10 respondents (11%) say they have been tested for COVID-19 themselves.

- The most common sources of information on COVID-19 were government TV adverts (84%) followed by TV programs (75%) and government radio adverts (73%). Other common sources are friends (62%), parents (59%) and neighbors (52%). This age group is not yet active on social media with less than 10% of 10-14 year olds and only a third of 15-19 year olds getting information through these channels (e.g. Facebook, WhatsApp).
Education and Risk Of Drop Out

Of adolescents who had been attending school before COVID-19 related closures, 89% are confident that they will return when it reopens. However, over half of respondents (59%) report that difficulty paying school fees could prevent them from returning. Compared to boys, a larger percentage of girls, especially the 15 to 19 year olds, believed trouble paying school fees could prevent their returning to school.

Most respondents (97%) who were in school prior to the closures report doing learning from home. Yet, one fifth of respondents (20%) haven’t been provided with lessons from their schools, and 40% cannot access the lessons provided.

Among those learning at home, the primary methods used to learn are reading books not provided by their school (57%), using books provided by their school (43%), accessing materials via mobile phone (31%), and learning via television or radio (31%).

There is a gender gap in digital access as boys were significantly more likely use a computer or tablet to access materials than females. It should also be noted that less than 1 in 10 respondents ages 10 to 14 years and less than 4 in 10 respondents ages 15-19-years own their own phone. Therefore, they would be dependent on devices from others in the household to support their schoolwork.

Time Use and Work

Compared to boys, girls have been spending more time on household chores since COVID-19 began (36% vs 51%).

Young adolescents who are working or looking for work are particularly vulnerable to school dropout and/or teenage pregnancy. 5% of boys 10 to 14 years old and 2% of girls 10 to 14 years old are working, and another 2% of boys and 1% of girls in that younger age group are currently looking for work. 40% of boys 15 to 19 and 23% of girls 15 to 19 are currently working or looking for work.

Mental Health

COVID-19 is taking a toll on the mental health of adolescents. It appears that younger adolescents are more worried about the virus itself whereas older adolescents are more concerned about the social and economic impacts of the pandemic.

- Nearly half of the adolescents (46%) reported having felt down, depressed, or hopeless at least once during the past two weeks, with frequency increasing as adolescents get older (e.g. 26% of 10-14-year-old girls and 50% of 15 to 19 year old girls).
- Thinking about COVID-19 makes the vast majority of respondents (81%) feel threatened, concerned, scared or anxious. Those ages 10 to 14 report these concerns significantly more often than older adolescents.
- Most respondents (87%) worry that they or their loved ones will be infected with COVID-19.
**Food Security**

A large percentage of respondents (78%) are eating less or skipping meals more often than before the COVID-19 pandemic began. Overall, 73% skip meals or eat less at least once a week.

- Adolescents ages 10 to 14 years are the most impacted, with a significantly larger percentage who report skipping meals or eating less more often than those in other age groups.

- A potential factor contributing to food insecurity among young adolescents is that the majority of all respondents (74%) used to receive at least one meal a day at school before the COVID-19 closures.

**Health Services**

- Over half of girls (51%) have been having trouble accessing their preferred menstrual hygiene management product since the COVID-19 pandemic began.

- 1 in 10 adolescents (12%) reported that they are forgoing medical services. Within that group, the majority (66%) report that the reason they are forgoing care is that they or their parents cannot currently afford the cost of health services.

**Sexual Relationships**

- About half of girls and boys ages 10 to 19 are not currently in a relationship. 18% and 11% of 15-19 years old girls report having serious and casual boyfriends, respectively, compared to 24% and 7% of 15-19 year old boys. 5% of 15 to 19 year olds currently live with their partner.

- COVID-19 seems to have reduced the number of relationships that adolescents have as more than one-third of girls (39%) reported having fewer relationships due to COVID-19 and the vast majority of girls (80%) reported spending less time with their partner.

- About 18% of girls report that there is more tension in their relationships since COVID-19 started and another 39% report that tension levels have remained the same.

- Nearly all (94%) girls do not currently want to get pregnant. Only about 7% are using a method of family planning (mainly male condoms, and injectables). Almost all of those who are not using a method report not currently being sexually active.

- Only 0.5% of girls 15-19 have gotten pregnant since the start of the COVID-19 pandemic. While this is a small percentage, applied onto a population of adolescent girls living in Nairobi's informal settlements, is close to 600 unintended teenage pregnancies.
Violence and Sexual Exploitation

- Nearly 1 in 5 of adolescents with a romantic/sexual partner (18%) report more tension with their main partner since COVID-19 began.
- Overall, 8% of respondents report experiencing emotional violence in the past month, and 5% report experiencing physical violence. Over half (53%) of those who have experienced emotional violence in the past month report that it has increased since COVID-19 started, and nearly a third (28%) of those who experienced physical violence report that the violence has occurred more often since COVID-19 began.
- 2% of girls reported sexual violence in the past month, two thirds of which was committed by sexual partners.
- Approximately 3% of female adolescents participated in transactional sex for food, money, or gifts in the past month, mainly 15 to 19 year olds who report that they are engaging in transactional sex more since the start of COVID-19. No males reported transactional sex.

Conclusions and Recommendations

Overall, adolescents living in the informal settlements in Nairobi have been severely impacted by COVID-19 and the mitigation measures put in place, mainly due to school closures and economic stress experienced by their households. Social protection and food distributions are needed, with attention on reaching adolescents who are experiencing hunger.

There are gender differences emerging in how adolescents are experiencing the pandemic. There appears to be more pressure on boys to go out and work or look for income, while girls are picking up more of the increased domestic burden – reinforcing traditional gender norms and putting at increased risk of sexual exploitation to meet their needs. While it is too early to see a spike in teenage pregnancy due to COVID-19, the environment for girls is ripe to see a spike in the next six months – including girls being out of school, experiencing challenges accessing medical services and economic stress in the household. If measures are not taken to reduce the social, health and economic stressors on girls and their households, there will be long-term negative impacts on Kenyan adolescents.

COVID-19 Harm Reduction

- Adolescents have near universal awareness of COVID-19 and good knowledge on symptoms and prevention methods. It is important to clarify that those not yet showing symptoms play a role in the spread of the virus.
- Adolescents are frequently leaving their houses, and therefore need to be encouraged to practice social distancing, handwashing and facemask wearing to prevent the spread of the virus in their communities and especially in multi-generational households.

Education

- As school closures are prolonged, adolescents will need access to resources to continue learning – enhancing television and radio-based learning may be more equitable due to the gender digital divide. Relying on mobile phones and tablets may put girls at a disadvantage.
- Adolescents expressed concern that their families will not be in a position to pay school fees when schools re-open, girls more so than boys. Policy makers must account for the economic hardship caused by COVID-19 and not penalize the children if households cannot afford to send them back to school. This is particularly important for girls in secondary school who may be at higher risk of not re-enrolling in school.
Highly Vulnerable Adolescents

- There are small pockets of highly vulnerable adolescents that are forced to work, engage in transactional sex and/or are experiencing violence. These adolescents are in need of immediate social protection and assistance. While the numbers are small, these extreme outcomes should be monitored and addressed as they are likely rise with prolonged social and economic hardship.

As the pandemic, school closures and partial lockdowns continue, the health and wellbeing of adolescents will decline. Ensuring access to food, remote learning, and social protection in the short-term, as well as supporting a return to school for all adolescents regardless of income in the longer term will be critical to ensure that adolescents, in particular vulnerable ones, are not left behind.