Impact of COVID-19 on the mental and social wellbeing of adolescent girls in Migori and Nairobi, Kenya

In ordinary times, adolescents undergo rapid physical, psychological, and cognitive developmental changes that create a critical window of opportunity in their lives. At this point of transformation, social and physical conditions can impact their health and wellbeing, and they need the greatest support and guidance in their health, education, social life. A huge proportion of adolescent girls and young women (AGYW) in sub-Saharan Africa live in households with persistently poor socio-economic conditions, inequities, and gender norms that undermine their health and development. They also face serious challenges to fulfilling their sexual and reproductive health and rights (SRHR), including vulnerability to HIV, sexually transmitted infections, and unintended and unsafe pregnancy.

During times of social crisis, the risks for AGYW are intensified. In an unconducive environment with many social and physical changes that are not favorable in their nurturing, adolescents’ health and wellbeing can be negatively impacted heightening their risk of negative health outcomes, bringing a lifetime of negative long and short-term consequences. The emergence of the COVID-19 pandemic certainly had a disproportionate impact on adolescents.

This research sought to understand the effect of COVID-19 and its related preventive measures on the social and mental wellbeing of adolescent girls in Nairobi county urban informal settlements, and rural Migori counties. This evidence brief features voices/words of the adolescent girls, sharing their experiences and individual perspectives on their way of life during the pandemic.

Methods

The findings in this brief are part of a wider study of the gendered impact of COVID-19 in Kenya. The title of the research is: Understanding and mitigating real-time differential gendered effects of the COVID-19 outbreak: A qualitative study amongst female sub-populations within Nairobi and Migori Counties in Kenya. The data presented came from qualitative semi-structured interviews conducted among adolescent girls and young women, aged between 13 and 21 years in Migori and Nairobi Counties, Kenya. A total of 39 in-depth interviews were conducted between March and May 2021. The population was sampled purposefully from LVCT Health DREAMS sites and surrounding host communities in Nairobi informal settlement and Migori county. The interviews were recorded and transcribed for analysis and written consent was obtained. The transcriptions were entered and processed for analysis using the NVIVO software. Ethical approval to conduct the study was secured from the AMREF Ethics and Scientific Review Committee (ESRC).

Findings

The summaries below show that the COVID-19 crisis has had a significant impact on the mental health, daily life in the household and social wellbeing of AGYW. It is critical to understand how these challenges brought on by COVID-19 intersected with their existing vulnerabilities including health status, mental health risks and social wellbeing.

a) Poor mental health status and negative coping strategies

Adolescent girls explained that COVID-19 and its lockdown measures made them more vulnerable to anxiety, isolation and being in a state of constant worry and fear about the future. They said it was no longer easy for the them to sit or interact with their peers as normal. They felt life had been distorted, become lonely, and future plans had been wasted, leading to hopelessness.
The feeling of hopelessness and loneliness was expressed by adolescents residing in rural (Migori) and in urban (Nairobi) areas.

“First of all when I heard that corona is in Kenya the first thing I thought about was my parents. My family, you know I really love my family. Then you see now we are living in Kibera, now I was thinking if only one person gets it and with this our environment in Kibera wont everyone get it?”
Adolescent Girl – Nairobi

Poor mental health was compounded by a fear of being infected with COVID-19, worries about the welfare of caregivers/parents, financial insecurity at home and school closures.

“Things that you use to enjoy/ things that you used to do, now you can’t do them anymore because of this virus…this COVID-19, it has led to pressure because people are being stressed and stress leads to pressure. Now it has led to high rate of pressure... Now that there is no gathering, they just feel lonely.”
Adolescent Girl – Migori

To cope with anxiety and stress, some adolescents reported that they or their peers indulged in alcohol and drug use to de-stress, as a coping mechanism.

“Sometimes I think like when this COVID when my parents maybe get COVID and they die, how are we going to cope up, who is going to help us? And if it’s getting worse then we are told to go out of school, then what is going to happen to us?”
Adolescent Girl – Nairobi

Despite the challenges, some adolescents expressed emotional resilience, sharing narratives of how they coped mentally. Some were fortunate to be part of counseling groups where they could air their frustrations and anxiety about how COVID-19 affected their lives. This shows that in some ways, some communities engaged young people so that they could not give up. Some adolescent girls relied on religious support from their churches as the venue for receiving psychosocial support, whilst others engaged their peer mentors who would provide them with guidance in times of distress and were easily reachable to them.

“Yes there is a certain group that I and my friends normally go to. We are normally counseled. During that time we were told not to panic, to follow all the rules. Even in church that is in the groups in church. They have really helped us to keep us strong. They tell us whatever you are going through during this period you should know it is just a matter of time.”
Adolescent Girl – Nairobi

There was a lot of emphasis on the government organizing counseling sessions within the community so that the young people can talk about the challenges that they are facing in times of crisis.

“First, these organizations and the government need to conduct counseling for us because we are passing through a lot; now there is no socializing so we are left with things in our hearts leading to depression and all that. They are supposed to bring people like you; I can talk to someone like you and then I feel good.”
Adolescent Girl – Nairobi

“Like, things like alcohol. People will be stressed, now you know people believe that if you are stressed, the stress will disappear.”
Adolescent Girl – Migori
b) Increased participation in unpaid, household chores
Adolescent girls reported being assigned household responsibilities whilst they were at home. This ranged from looking after younger siblings, to cleaning and cooking for the family. They felt overwhelmed by the amount of responsibilities at home. In most instances, they found it hard to juggle house chores and their studies.

“I experience challenges because at times you find that my mother gives me house chores to do and reading now becomes difficult.”
Adolescent Girl – Nairobi

“Right now there are challenges because all of us are at home and I am the firstborn in our family. I have to do everything before I go and study... If I come back late, I find other duties waiting for me... There are no changes in fact they have become many; we are many so the work is much if it is washing clothes you wash so many clothes. So I don’t feel if it has changed; I feel it has become so much.”
Adolescent Girl – Nairobi

“...distribution the household chores was gendered – the heavier responsibilities would be assigned to the girls compared to the boys, and significant hours in a day. This was driven by social gender norms.

“...The pandemic made many people lose their jobs and source of income. This affected how they provided for basic needs in their households. Food intake reduced in some households due to increased prices of food items. Since income had reduced for most of the parents, the number of meals per day also reduced. Adolescent girls reported having fewer meals, smaller portions, with anticipated negative impact on their health and nutrition.”

“In our place they say girls are the ones to do work, boys work is to fetch water and look after the animals. So they rely on me for everything.”
Adolescent Girl – Nairobi

“We used to take meals four times a day, now we could only eat once a day and just sleep like that.”
Adolescent Girl – Migori

“...You can clean the house in the morning then go to the business but when you come back, my small sister has stepped around with mud I have to redo the work with a duster if I don’t, my mother asks me how I left the house and I tell her that I cleaned the house... I’m the one who does them because she believes she gave birth to a girl so it’s my job to clean and to sit with her.”
Adolescent Girl – Nairobi

Narratives shared by the adolescent girls showed that distribution the household chores was gendered – the heavier responsibilities would be assigned to the girls compared to the boys, and significant hours in a day. This was driven by social gender norms.
Low incomes meant that non-food expenditure took second place, buying new clothes was no longer a priority.

“It affected buying of clothes since getting money was not easy so if you get money instead of buying clothes you go buy food.”
Adolescent Girl – Migori

Some participants were aware of the financial struggles that their parents/guardians were going through. Through by their own observations, they decided to be mindful about how they were using the household utilities such as water and food.

“This really affected the way we were using our stuff. If it was water you had to bathe with really small amount of water, wash utensils with a small amount of water, sometimes even cooking you would cook one or two meals a day, you still had to survive. If it was clothes, you see me in as much as I am a teenager, I lost interest in things of fashion, and other things... The little that she provides I am okay. If she does I have no problem. Now in the side of clothes that did not affect me that much. Now meals if we have two or one, me I am normally okay. Even if it is one meal I am okay, I will just eat that one and life will continue. Yeah that is how life went.”
Adolescent Girl – Nairobi

d) Increased likelihood of engaging in risky behaviors like transactional sex, early forced marriage

Lack of money led to adolescent girls finding ways to get some money for their own upkeep or to contribute towards the household needs. Adolescent girls explained how their peers were engaging in transactional sex to earn money. This happened in two ways. The first one is when parents forced their girls to engage in sexual activities for money. Some of these parents went ahead and married off their children. Secondly, some girls willingly arranged transactional sexual encounters so that they could get some money for their personal needs since their needs were not catered for by their parents.

“Because we are there at home with no money at home so it forced my parents now to suffer or to send you out as a lady to go look for a man.”
Adolescent Girl – Migori

“They are married already because their parents forced them to get married to other people so they should put tight security, take those girls out of the marriages and take them back to school and pay their school fees.”
Adolescent Girl – Migori

“When Corona started, the schools were closed so people started involving themselves in bad behaviours like girls started prostitution because they didn’t have ways to get what they wanted, you find that most children during this period of Corona got pregnant.”
Adolescent Girl – Migori

“When ladies stay back at home for so long and sometimes they do not have money, they can go to boys asking for the money and boys can ask something in return for that money.”
Adolescent Girl – Migori

Transactional sex is one of the leading factors that led to an increase of teenage pregnancy during the pandemic3.
Conclusion
Mitigating the adverse events of COVID-19 on AGYW should be a priority to improve their lives. The Kenyan government has shown ambition to improve adolescent health and wellbeing by its prioritization of the youth agenda. It is important to understand the vulnerabilities and risks adolescent girls face in order to respond to them adequately enabling them to reach their full potential.

The main challenges that were exacerbated for adolescent girls as a result of the pandemic were economic insecurities, sexual and gender-based violence and mental health concerns. The findings of this research highlight the need for psychosocial support for adolescent girls and their families to cope with the adversities that they faced during the pandemic.

The findings show the need for the Kenyan government to have an inclusive gender responsive plan of action during emergencies. There was emphasis put on having safe spaces where the young people can have sessions to talk about the challenges that they are going through, and also, having skills building opportunities for them. The government should consider multi-sectorial social protection interventions to avoid the adverse consequences described.

References

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