## POLICY BRIEF



## ADOLESCENT EDUCATION, HEALTH, AND WELLBEING STATUS IN NAIROBI COUNTY – TWO YEARS INTO THE COVID-19 PANDEMIC

Results from the third round of adolescent data collection in Nairobi, Kenya, 2022

#### **INTRODUCTION**

- At the height of the COVID-19 pandemic, schools in Kenya closed for 10 months starting from March 2020.
- This likely had negative effects on various indicators and outcomes including: learning outcomes; school enrollment; mental health status; food security; and prevention of violence, adolescent pregnancy and child marriage.

#### **THE COVID 19 STUDY**

- This study was conducted in Nairobi and aimed to build understanding of the impact of the COVID-19 pandemic on adolescents' education, health, and wellbeing; by exploring knowledge, attitudes, and practices (KAP) of adolescents and their households.
- A total of 657 adolescents were successfully interviewed between February and May 2022 using a mixed method approach.

## **EDUCATION FINDINGS**

#### **School Enrollment**

- Two years into the pandemic almost 100% of 10–14-yearolds (range: 98%-99%) were enrolled in school, with minimal gender gaps.
- About two-thirds of 15–19-year-olds (range: 61%-80%) were enrolled with varying gender gaps.
- In Nairobi County, more females than males reported to have completed schooling in Nairobi County.
- A large proportion of the adolescents were no longer in school either due to dropout or secondary school completion.
- Reasons for dropout included:
  - Domestic responsibilities, pregnancy, and childbirth for girls.
  - And engaging in income generation, and drug & alcohol abuse for boys.

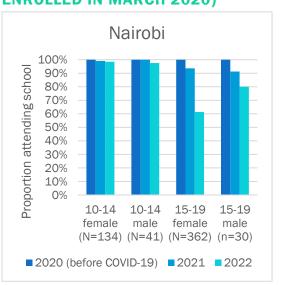
### RECOMMENDATIONS

Recommendations to address immediate harms of the pandemic:

- Implementation of a short-term program to identify girls and boys that have dropped out of school due to the pandemic and provide the necessary support for re-enrollment.
- Offer short-term, intensive learning support programs so that those students that were not able to study remotely during the school closure can close the learning gap. These programs could potentially be offered through schools.
- Deliver short-term psychosocial support to adolescents via schools and community-based programs to address the accumulated and remaining stress and anxiety caused by the impacts of the pandemic.

#### Recommendations to build resilience for future pandemic or crisis induced extended school closures:

- Set up systems and protocols to be able to specifically target sub-groups of adolescents, and their households, that are the most marginalized.
- Strengthen systems for multi-sectoral programming and cooperating between government ministries so that future responses can address the array of issues that adolescents will face in an integrated fashion.
- Strengthen the implementation of Kenya's 'return to school' policy for pregnant and parenting mothers, and other adolescents who are not enrolled in school for financial or other reasons.
- Implement policy measures that will further reduce the cost of schooling in Kenya.
- Establish the digital and analogue infrastructure for wider access to remote learning, should that be needed in a future crisis.



# **RETURN TO SCHOOL (AMONG THOSE WHO ENROLLED IN MARCH 2020)**

#### School Environment

- There was overall improvement in physical infrastructure of schools compared to pre COVID-19.
- Nonetheless, there was reported congestion of classrooms (more than 40 students per class) with 68% of the females aged 15-19 reporting higher congestion.

#### Learning quality

- The COVID-19 pandemic was shown to have a negative effect on adolescents' ability to pay attention in class after returning to school.
- More than 60% of the adolescents had forgotten some of what they learned the previous term with the 15-19 age category reporting the highest percentage (88%).
- The new 'compressed' school calendar and syllabus were also generally viewed as having a detrimental impact on learning.

## HEALTH AND WELLBEING FINDINGS

#### **Food Security**

- Reduced food and nutrition security was reported as a result of the pandemic & related parental loss of income.
- More than 50% of the adolescents reported skipping meals, having one meal a day, or eating only one type of food for several consecutive days.

#### Mental health

- About 1/3 of the adolescents stated having little interest or pleasure in doing things they normally enjoyed before the COVID-19 pandemic.
- Highest % of depressive symptoms was experienced in 2020, coinciding with lockdown restrictions & school closures.
- Older adolescents (15-19 years) reported higher levels of symptoms; with females being more affected in Nairobi
- There were gender-specific mental health issues for adolescent girls who fell pregnant or had children during the school closures e.g., due to stigma & ridicule from others.

#### **Menstrual Health Management**

- For some adolescents, basic hygiene including ability to bathe daily, was a challenge due to inadequate water supply.
- For girls in particular, menstrual hygiene and the related unaffordability of sanitary products, presented a gendered challenge that significantly impacted on their health and wellbeing.
  - "Mostly you get us girls we have our periods every month and sometimes we get scared...you will find that someone lives with their [sole parent] father. So, it's hard to tell him to give you 50/= shillings to buy something. Because some live with fathers who are drunkards. So, it becomes hard. It is not easy for [such fathers] to think of giving [their daughters] money to buy such things, like Always [sanitary pads]. You find it hard." Adolescent girl 15-19 years, Nairobi

#### Violence

- Some participants in Nairobi reported having been personally humiliated, insulted, or threatened during the COVID-19 pandemic period.
- Highest percentage (9%) was reported amongst the 10-14 year old male adolescents.

• Some sexual violence was also reported by female adolescents; 1% of those aged 10-14 years and 2% of those aged15-19 years.

#### **Key Barriers to Accessing Healthcare**

- Barriers to accessing healthcare emerged as an important concern for adolescents, which in turn impacted on their health and wellbeing.
- Financial constraints were the key barrier to access (including resources to pay for transport to health facilities).
- The situation was especially dire for adolescent mothers who lived in unsupportive home environments.

## CONCLUSION

- The study findings lay out an array of health and general wellbeing challenges that adolescents faced two years into the pandemic.
- Economic constraints were a key barrier to education and returning to school for both girls and boys.
- In particular, the compressed school calendar and syllabus had an adverse impact on learning ability and adolescents' mental health and wellbeing.
- Food insecurity continues to be a challenge even two years into the COVID-19 pandemic.
- The COVID-19 pandemic and related restrictions generally had a negative impact on adolescents' mental health, although some improvement has been observed two years into the pandemic.
- For adolescent girls in particular, pregnancy and motherhood were a key barrier to not reenrolling in school and had a significant adverse impact on mental health status.

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#### PARTNERS



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