

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

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

INTRODUCTION

- At the height of the COVID-19 pandemic, schools in Kenya closed for 10 months starting from March 2020.
- There were projected negative effects on adolescents' learning outcomes; school enrollment; mental health status; food security; and prevention of violence, early pregnancy, and child marriage.

THE COVID 19 KAP STUDY

- This study 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.
- It was conducted in four counties in Kenya (Kilifi, Nairobi, Wajir, and Kisumu)
- A total of 2784 adolescents were successfully interviewed between February and May 2022 using a mixed methods approach.

KEY FINDINGS

LEARNING & EDUCATION

Education and Return to School

- While most children enrolled in school prior to the pandemic have re-enrolled, about one-third of girls and one-quarter of boys aged 15-19 were no longer in school.
- Economic constraint was the main reason for not re-enrolling.
- Other secondary reasons had a gendered dynamic: girls were more likely to report pregnancy and having had a baby as a reason for not returning to school; and boys reported engaging in income generating activities as a key barrier to not returning to school

RECOMMENDATIONS

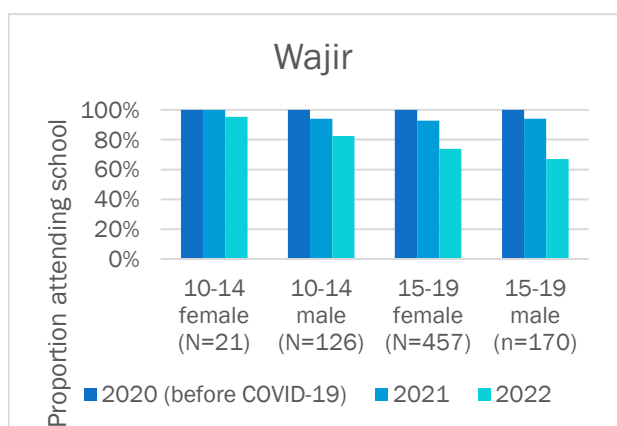
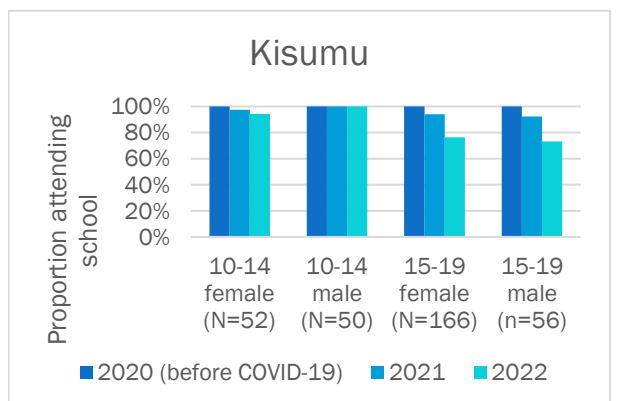
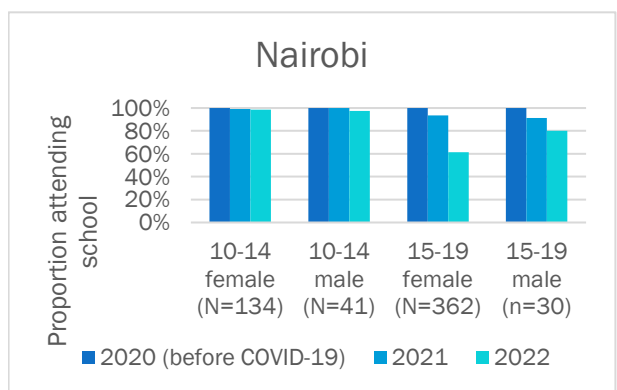
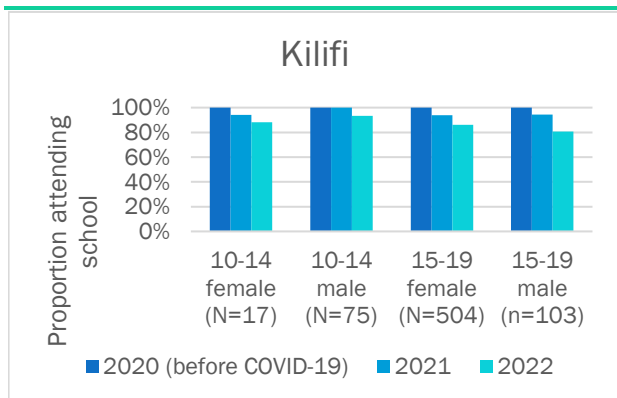
Recommendations to address immediate harms of the pandemic:

- Implement 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.
- 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.
- Continue to 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

- Classroom congestion was reported in Kilifi, Kisumu and Nairobi with an average of more than 40 students per class.
- 40% of students across the four counties did not have sufficient hand washing facilities.
- Students noticed a general improvement in school infrastructure that was put in place during the pandemic (water facilities, more classrooms, etc.)

Learning quality

- The prolonged school closures had some negative effects on adolescents' ability to pay attention in class after returning to school.
- The "compressed" school calendar and syllabus was generally viewed as having a detrimental impact on learning. This was also echoed by some teachers and parents.

"Most of them have gone back to school but are facing a lot of challenges like too much workload in their learning. The learners look like they are new in the school. After being away for so long their concentration level is low...They are physically in school and mentally absent due to workload, timing of the school timetable which is tight, and short holidays." **Parent, Wajir**

HEALTH & WELLBEING

Food Security

- Over half of respondents in Kilifi and Kisumu (and almost half in Nairobi) reported having skipped at least one meal a week.
- For most of those that had to skip meals, it was still happening more often than before the COVID-19 pandemic.
- Others reported having to eat the same type of food every day (lack of nutrition diversity)

Mental health

- About one-third of respondents reported symptoms of depression, anxiety, or stress.
- Reports of depression and stress were highest in 2020 during the school closures & lockdowns. These significantly reduced in 2021 but were seen to increase again in 2022.
- Older adolescents (15-19 years) were more likely to report experiences of depressive symptoms.
- There were, however, gendered differences in reporting by county (higher for males in Kilifi & Kisumu, and higher for females in Nairobi)

- The main sources of mental health concerns included: parents' lack of income; the compressed school calendar; violence in the home; and additionally for girls – stigma related to adolescent pregnancy and/or having had a baby.

“Sometimes you see when I am in school, I start to think about my father, where he is now and how he doesn't have a job. When your mind hits there, then you go to school and your parent doesn't have any money to pay for your fees [it becomes very stressful].” Adolescent boy, 15-19 years, Nairobi

Menstrual Health Management

- For some adolescents, basic hygiene including ability to bathe daily, was a challenge due to inadequate water supply and/or having to travel extremely long distances to fetch water.
- 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.

Pregnancy and early marriage

- Less than 3% of girls aged between 15 to 19 reported being pregnant; 2% in Nairobi and Wajir and 1% in Kilifi and Kisumu.
- The proportion of girls between ages 15-19 who got married increased between 2020-2022. While some was due to aging, for others it was potentially as a result of the COVID-19 pandemic restrictions.

Key Barriers to Accessing Healthcare

- Financial constraint was the key barrier to adolescents accessing healthcare.
- The situation was especially dire for adolescent mothers who lived in unsupportive home environments.

“It was bad, when we (adolescent girl and baby) would get sick we would just take painkillers since we did not have money to go to hospital.”

Adolescent girl 15-19 years, Kilifi

CONCLUSION

- The study findings lay out an array of health and general wellbeing challenges that adolescents are facing.
- 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
- 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; 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 re-enrolling in school and had a significant adverse impact on mental health status.

PARTNERS



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