
Responses from the first round of adolescent data collection on August 2020.

Kisumu

Highlights

Adolescent knowledge of COVID-19 risk factors, symptoms and preventive behaviors in Kisumu was high. Over half (59%) knew asymptomatic transmission was possible. Perceived risk is mixed; those who perceive their risk as high mainly attribute this to interacting with a lot of people each day, higher for boys (25%) than girls (16%).

Almost all (91%) adolescents said they had been doing some learning or school work from home, mainly reading other books (53%), reading materials from school (28%), or television/radio lessons (19%). The main reason for not doing any was that the school hasn’t provided any lessons (38%) or trouble accessing the lessons provided (23%).

Food insecurity is a major threat: Many participants have been skipping meals or eating less since the COVID-19 pandemic began with 47% reporting they are skipping meals a couple times per week, and 79% say this is more so than before COVID-19. Before schools closed, 68% said they were receiving at least one meal at school. This was higher for older adolescents, and highest for older adolescent girls (72%).

Mental health is a concern, as school closures become prolonged. Many respondents (47%) have felt down or depressed in the last week, Over half very much agreed COVID-19 made them feel threatened or concerned (64%) and that they were worried they or someone they love would get COVID-19 (62%).

Knowledge, Attitudes, and Perceived Risk of Infection

Between August 15th-18th, 2020 a COVID-19 phone survey was completed with 603 10-19 year old adolescents in Kisumu, Kenya. The average age was 17 years, 71% were female and 39% have their own cell phone. Households were part of the DREAMS program and evaluation cohort. Kisumu county is a port city on Lake Victoria and as of August 2020, there were 66 confirmed cases of COVID-19 in Kisumu.

Knowledge: Overall, respondents in Kisumu correctly identified the elderly as at high risk if infected (63%) and those with weakened immune systems (27%), although half incorrectly stated children are at highest risk (53%). Knowledge of fever (78%), cough (84%) and difficulty breathing (57%) as symptoms was high. Over half (59%) knew asymptomatic transmission was possible. Almost all (86%) knew that people of all ages can become infected. A small proportion believed COVID-19 cannot spread in hot places (12%) and that it is a punishment from god (17%).

Prevention: Most adolescents (95%) correctly identified handwashing as a method to prevent the spread of COVID-19 and over three-quarters identified wearing masks (83%) and standing 1 to 2 meters apart (80%) as prevention methods.
Almost all (85%) adolescents were in school before COVID-19 related closures, this was highest for younger adolescents, and lowest for older adolescent girls (77%). When asked if they would return after school reopened, 93% said absolutely (lowest for older adolescent girls; 89%). The main reason for not returning was not being able to afford school fees (76%).

Almost all (91%) adolescents said they had been doing some learning or school work from home, mainly reading other books (53%), reading materials from school (28%), or television/radio lessons (19%). The main reason for not doing any was that the school hasn't provided any lessons (38%) or trouble accessing the lessons provided (23%).

Over half of participants (63%) were spending more time on household chores such as cooking, cleaning, collecting water or firewood, or washing clothes. The number of hours was highest for older adolescent females (15-19 year old girls spent an average of 3.5 hours per day, males 15-19 spent 2.5 hours, and younger females spent 2.2 hours and younger boys only spent 1.9 hours).

Some were engaging in income generating activities since COVID-19 started, mostly older adolescents and more so males (24% of older adolescent males, followed by 14% of older adolescent females). About 1 in 5 older adolescents was looking for work unsuccessfully.
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%).

Food Security

- Many participants have been skipping meals or eating less since the COVID-19 pandemic began. In the past 7 days, 47% said they are skipping meals a couple times per week, and 79% say this is more often than before COVID-19.

- Before schools closed, 68% said they were receiving at least one meal at school. This was higher for older adolescents, and highest for older adolescent girls (72%).

Health and Safety

- Almost half of participants reported feeling down, depressed or hopeless, or feeling little interest or pleasure in things they normally do (47%). This was higher for older adolescents, highest for adolescent males.

- Of girls who have started menstruating, disposable sanitary pads are the most commonly used product, and over half (54%) say they are having challenges getting their preferred product, mainly due to them or their parents not being able to afford it.

- About 12% of participants reported having been humiliated, insulted or threatened in the past one month, highest for males than females, and highest for youngest males (19% of males 10-14 years of age). About 8% overall reported having been hit, slapped, kicked or beaten in the last one month, highest for younger adolescents (16% of younger adolescent boys, 13% of younger adolescent girls).

- 94% of girls are not currently pregnant and do not wish to get pregnant, 2% were pregnant or probably pregnant. Male condoms were the most commonly reported contraceptive method used. Over a third (39%) were currently doing something to avoid or delay pregnant. The main reason for not using a method was that the participant is not currently sexually active.
Conclusions and Recommendations

COVID-19 public education campaigns in Kisumu should continue with a focus on:

- As knowledge of symptoms and transmission was relatively high, most adolescents still say they interacting with a lot of people when they go out. Ensuring mask wearing, handwashing, and staying home unless urgent is critical to reducing transmission.

Address the health, economic, and social impacts of lockdowns:

- Ensuring access to educational materials at home while schools are closed is critical, with attention to older adolescent girls who may be more likely to fall behind.

- Adolescents are missing meals, especially since they are also not receiving meals from school during closures. Food distributions are necessary, targeting older adolescents who were receiving more meals at school prior to closures.

- Address mental health, as many adolescents say they feel depressed or down due to the pandemic, and many report anxiety about themselves or someone they love getting COVID-19.