PERFORMANCE MONITORING FOR ACTION

GENDER & COVID-19: MENTAL HEALTH AND SOCIAL SUPPORT

Mental health and social support among adolescent and young adults in Nairobi during the COVID-19 pandemic

November 2020

GENDER

Why This Matters

- Restrictions related to the COVID-19 pandemic have contributed to increased social isolation and major disruptions to daily life.
- These changes have raised concerns related to mental health globally[1] and in Kenya[2], where the mental health support infrastructure is limited.[2]
- It is critical to monitor mental health impacts of the pandemic as well as sources of support to meet the comprehensive health and wellness needs of adolescents and young adults.

Spotlight on Gender Analysis

A gender analysis is critical, inclusive of gender-stratified quantitative analysis and attention to gendered social and economic power dynamics, norms, and underlying inequities.

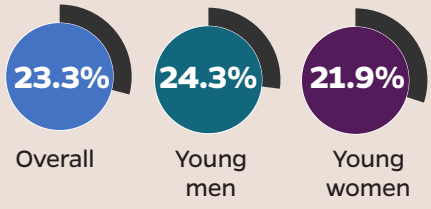
Key Findings: Mental Health

Table 1. Depressive symptoms, by gender (n= 1,217)

	Overall sample (col %)	Young men (col %)	Young women (col %)
Depressive symptoms (PHQ-2[a])			
Little interest or pleasure in doing things			
Not at all	46.1	48.5	44.5
Several days	38.4	37.7	38.9
More than half of the days	7.1	5.2	8.4
Nearly every day	8.4	8.7	8.2
Feeling down, depressed or hopeless			
Not at all	50.3	57.0	45.6
Several days	31.5	28.0	33.9
More than half of the days	9.3	8.7	9.8
Nearly every day	8.9	6.3	10.7

a. The PHQ-2, or Patient Health Questionnaire-2, is a brief (two item) screening tool for depression. The PHQ-2 assesses the frequency of core depression symptoms over the past 2 weeks.

Probable depression[a], by gender
(n= 1,217)



a. Probable depression (<2/>3) is a dichotomized indicator based on symptom severity scores from PHQ-2 instrument.

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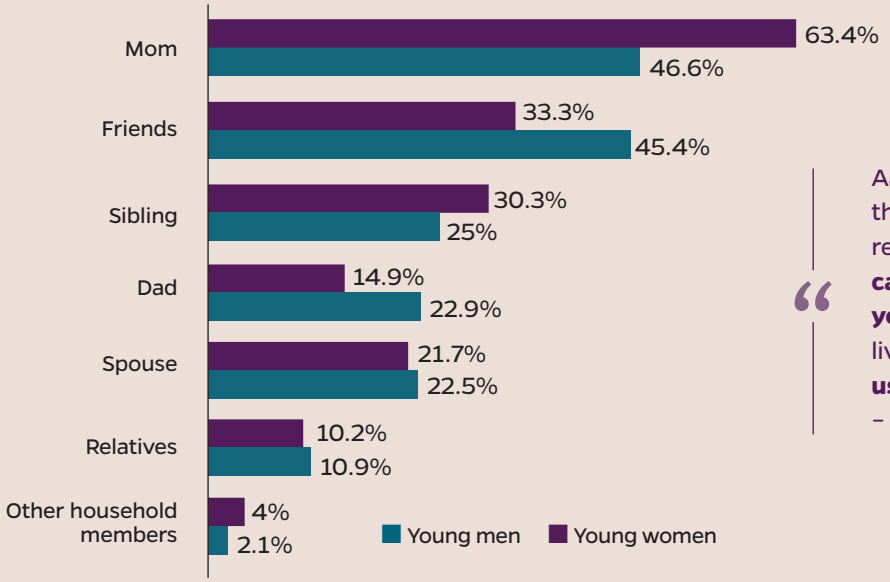
Table 3. Perceived social support item prevalence, by gender (n= 1,217)

Perceived social support			
	Overall sample (col %)	Young men (col %)	Young women (col %)
There is someone in my life I can share my joys and sorrows with			
Strongly agree	39.7	37.2	41.5
Agree	48.8	49.8	48.1
Neither agree nor disagree	4.8	3.9	5.4
Disagree	4.9	7.4	3.3
Strongly Disagree	1.8	1.7	1.8
I have someone to count on when things go wrong			
Strongly agree	34.4	33.4	35.1
Agree	52.1	53.6	51.0
Neither agree nor disagree	6.2	6.3	6.2
Disagree	5.7	5.5	5.7
Strongly Disagree	1.7	1.3	1.9
I can get the emotional help and support I need from people in my life			
Strongly agree	36.5	34.7	37.7
Agree	49.4	51.6	47.9
Neither agree nor disagree	6.0	4.9	6.8
Disagree	6.9	6.7	7.1
Strongly Disagree	1.2	2.1	0.5
Average social support score, *mean (sd)*	2.6 (2.3)	2.6 (2.3)	2.5 (2.2)

> At the moment **the greatest need according to me for youth now is psychological support** ... The way status of the family is ..., the way poverty has started to reign in the family ... So, **they see as if there is no other solutions on the problems they have now. So right now they need counseling.**
>
> *– 17-year-old male FGD participant*

Key Findings: Social Support

Figure 3. Source of social support, by gender (n=1,217)



> Aaa, what I can say on how this pandemic has affected our relationship eh, **you find that you cannot be able to see members of your family** may be people are not living ... **it has really affected all of us our way of life.**
> *– 17-year-old male FGD participant*

Changes to Daily Life Contribute to Increased Risk of Mental Health Concerns

In focus group discussions (FGDs), youth described feeling depressed and hopeless in the face of the uncertainty created by the COVID-19 pandemic, especially as it related to school and work. In particular, youth discussed how economic stress due to COVID-19 may create or exacerbate mental health concerns. Participants proposed that increased counseling services and support may help to address mental health concerns among youth.

> There is disappointments among the youth because **most people had other plans maybe some they will go to campus** ... **they lost hope.** COVID-19 has also affected the mental health of many many, many of us. **Because most people lost their jobs.** Others had their plans and their plans had, bumped on a rock ... **So, mental health has really, really gone down this time.**
> *– 17-year-old female FGD participant*

> **I think due to this lack of job opportunities and the way people have lost their jobs eeh, man it has led to depression.** You are there and there are people who want to eat, I mean they depend on you ... I think most of the people are getting depressed, you find someone seated like this. **I mean till you are losing it, you are really losing it you don't know what you will do**.
> *– 17-year-old female FGD participant*

Increased Idle Time Among Youth Felt to Contribute to Risk of Unhealthy Behaviors

Youth described how lack of work opportunities and school closings have contributed to increased free time among youth. Both youth and stakeholders explained how such interruptions to daily life have led to mental health concerns as well as unhealthy behaviors, including drug use and crime.

> It has affected because **you find someone was going to work** and right now the way he doesn't work ... He/she will be forced to steal, you see. **He/she will be forced to engage himself in drugs, so he/she will start using Khat [stimulant drug],** you see.
> *– 20-25-year-old female Youth advocate*

Table 3. Probable depression, by participant characteristics

	Probable depression[a] (row %)		
	Overall	Young men (n= 605)	Young women (n= 612)
Age group			
16-18 years	21.7	24.2	20.1
19-21 years	21.8	23.8	20.8
22-26 years	25.0	19.8	29.2
Highest level of education attended			
Less than secondary	35.5	32.4	37.5
Secondary / 'A' level	21.6	20.6	22.3
College / University	22.6	21.0	23.7
Main activity prior to COVID-19 restrictions			
Student	20.6	22.3	19.7
Formal economy	36.1	24.9	42.4**
Informal economy	26.2	25.2	27.2
Working in home/ Caregiver	31.6	32.5	31.3
Self-employed	16.4	13.1	19.7
Other	9.5	0.0	12.3
Marital status			
Not married or partnered	23.1	21.9	23.9
Married/partnered	25.6	21.7	27.5
Living situation			
Lives alone	21.0	19.0	31.0
Lives with parent(s), with or without other(s)	22.5	24.5	21.7
Lives with partner with or without other(s), excluding parent(s)	35.2	34.2	35.5
Other	23.9	20.9	25.3

	Overall	Young men (n= 605)	Young women (n= 612)
Time at home since COVID-19 restrictions			
Home less	17.3	17.4	17.1
Unchanged	26.2	31.8	20.5
Home more	23.6	21.4	25.1
Household members' time at home since COVID-19 restrictions[b]			
Home less	27.5	18.4	36.3
Unchanged	13.5	30.4	7.4*
Home more	23.4	23.7	23.3
Varies by family member	33.4	29.9	35.0
Changes in household privacy since COVID-19 restrictions			
Privacy unchanged	22.6	41.6	9.3
Home with more privacy	23.3	17.2*	35.0**
Home with less privacy	31.3	22.8	23.7
Perceived COVID-19 risk			
Very concerned	23.0	21.7	23.8
Concerned	23.2	19.8	25.4
A little concerned	29.9	36.3	16.0
Not concerned	20.9	13.0	43.2
Able to meet basic needs since COVID-19			
Very able	9.5	12.7	6.1
Somewhat able	21.6	23.8	19.9*
Not very able	26.2	23.3	27.9**
Not at all able	40.4	19.5	53.8**

Sample size floats to accommodate small amounts of missing data.
a. Probable depression (> 3/ <3) is a dichotomized outcome based on symptom severity score from Patient Health Questionnaire-2
b. Among participants who reported living with others (n= 918)
*Significant difference across indicator within gender at $p < 0.05$
**Significant difference across indicator within gender at $p < 0.01$

Synthesis and Action Steps

- Mental health issues affected adolescents and young adults irrespective of gender, with close to one in four youth reporting symptoms consistent with depression.
- Among both young men and women, those living with individuals other than family or partners had higher risk of mental health concerns. Gender differentials were identified in risk factor for depressive symptoms, and reflected gendered roles and gendered COVID-19 impacts.
  - Among young women only, risk was highest for those in the formal economy prior to COVID-19 restrictions.
  - A steep economic risk gradient was evident for women but not young men; over half of those unable to meet basic needs demonstrated depressive symptoms.
  - Loss and gains in privacy affected young men and young women differently with regard to depressive symptoms, reflecting both privacy constraints as well as risks related to isolation.
- In focus group discussions with Nairobi youth and stakeholders, participants emphasized the mental health impact of the pandemic on youth, in particular how job loss and school closures have led to an increase in idle time and in turn, potential for increased unhealthy behaviors.
- Despite these concerns, youth did report moderate levels of social support. Mothers were a dominant source of support, followed by friends.
- Qualitative findings spoke to a sense of resilience among youth who have found alternate ways to meet their needs and maintain social connections.
- Future steps must focus on the development of COVID-19-safe provision of mental health services to at-risk youth, and gender-differentiated care to meet the unique needs of young men and women, respectively.
- Qualitative results suggest that among youth already using social media to maintain social connection, mobile technologies may be a promising medium through which to deliver mental health services, though they must overcome gender differences in access.

Methods

In 2019, Performance Monitoring for Action (PMA) Agile carried out a Youth Respondent-Driven Sampling Survey (YRDSS) among adolescents and youth ages 15-24 (N=1357, male N=690 and female N=664) in Nairobi, Kenya between June and August. In 2020, a fully remote follow-up study was conducted with the study cohort (now ages 16-26) to track changes in contraceptive dynamics, and assess the gendered impact of COVID-19. The quantitative surveys were conducted by phone in two distinct sessions to limit participant burden: YRDSS Follow-up (N=1223, male N=610 and female N=613) and Gender/COVID-19 Survey (N=1217, male N=605 and female N=612). Sampling weights accommodate the RDS study design, post-estimation adjustment and non-response adjustment. Virtual qualitative methods included focus group discussions (FGDs) with unmarried youth ages 15-24 (N=64, over 8 groups), FGDs with youth-serving stakeholders (N=32, over 4 groups), and key informant interviews with higher-level stakeholders (N=12). Data collection was conducted from August to October 2020.

Suggested Citation

PMA Agile/Gender & ICRHK. [Brief Title]. 2020. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Health.

References

1. The Lancet Infectious Diseases. The intersection of COVID-19 and mental health. Lancet Infect Dis. 2020;20(11):1217.
2. Jaguga F, Kwobah E. Mental health response to the COVID-19 pandemic in Kenya: a review. Int J Ment Health Syst. 2020;14(1):68.

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