

PERFORMANCE MONITORING FOR ACTION

GENDER & COVID-19: RISK PERCEPTION AND PREVENTIVE BEHAVIOR

Risk perception and preventive behavior among adolescents and young adults in Nairobi during the COVID-19 pandemic

November 2020

**Why This Matters**

- Since the first COVID-19 case was reported in Kenya on March 13, 2020, there have been over 55,500 confirmed cases and 1,000 deaths nationally¹ (as of 2 Nov. 2020).
- Adolescents and young adults (ages 10-24) are more likely to engage in health risk behaviors compared to adults over 25 years.²
- While youth may be less likely to develop severe cases of COVID-19, their potential for spreading the virus to more susceptible individuals is still high.³
- It is also crucial to listen to and showcase the voices of young women and young men going through this pandemic to adapt messaging targeted to this group and to understand their perspectives on the effects of the pandemic on their communities on themselves.
- Research in other settings has found adolescents and young adults to be among the least compliant with public health measures aimed at reducing the spread of COVID-19⁴, although, in general, women have been found to be more compliant than men with pandemic public health measures.

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*

- Over half of all respondents reported that they were “very concerned” about the spread of COVID-19 in their community (56.5% of young men, 66.6% of young women).
- Young men were more likely to report that they are “not very able” to avoid contact with people outside of their households compared to young women (17.1% and 14.4%, respectively).
- Risk of exposure is related to gendered roles in the household and community: young men are more likely to be unable to avoid contact with others outside of their household because they need to leave the house to work while young women are more likely to leave the house because they need to obtain supplies like food, water, or fuel.
- Data from youth focus group discussions (FGDs) elucidate potential discrepancy between reported and practiced behaviors by youth and adolescents: most phone survey respondents reported taking preventative measures (>90% reported wearing a mask or face covering when going out and >90% reported washing hands frequently with soap and water, among both young men and young women), but FGD participants noted that many youth are not engaging in protective behaviors and downplaying the seriousness of the virus.

Perception of Risk

While nearly half of respondents think that no one in their community has been infected, young people are very concerned about the spread of COVID-19 in their community and becoming infected themselves (Table 1).

Table 1. Level of concern of COVID-19 and perceived level of spread, by gender (n=1217)

| | Overall % | Young men % | Young women % |
|--|-----------|-------------|---------------|
| Level of concern about the spread of COVID-19 in community | | | |
| Very concerned | 62.5 | 56.5 | 66.6 |
| Concerned | 24.8 | 24.2 | 25.2 |
| A little concerned | 8.5 | 11.5 | 6.5 |
| Not concerned | 4.2 | 7.7 | 1.8 |
| Perceived level of spread of COVID-19 among community members | | | |
| Most people | 8.2 | 8.5 | 8 |
| Some people | 11.4 | 12.7 | 10.6 |
| Few people | 26.5 | 25.5 | 27.2 |
| No one is infected | 48.9 | 46.3 | 50.8 |
| Do not know | 4.9 | 7 | 3.5 |
| Level of concern about becoming infected | | | |
| Very concerned | 68 | 61.8 | 72.3 |
| Concerned | 22.8 | 22.1 | 23.2 |
| A little concerned | 5.2 | 8.6 | 2.7 |
| Not concerned | 4 | 7.2 | 1.8 |
| Has been infected | <1.0 | <1.0 | 0.0 |
| Has had a close friend or relative that has contracted COVID-19 | 7.2 | 6.9 | 7.5 |

The level of concern [about COVID-19] has gone down [among youth] compared to when the COVID-19 started in Kenya. Back then the youth did not go to parties or anything but after some time their concern has gone down currently they are [at] house parties, meet ups, going for FIFA [soccer] and everything. And also the concern depends with where the youth is staying. You find if a youth is staying with their parents, the level of concern will be higher compared to a youth staying on their own.

- 20-year-old male FGD participant

Many youth reported during FGDs that they did not find that young people were taking COVID-19 precautions seriously. However, others did report that young people are concerned about the virus and are engaged in preventive measures, although this may depend on the young person's living situation. Common themes that emerged from the youth FGDs included denial of risks among youth, community fatigue with restrictions, compliance because of other enforcement, like police, and overall knowledge of preventive measures.

Preventive Behaviors

They ask each other, “You do you know person who has got Corona? No and your friend? No.” so **they take it as if it is not there, social distancing they don’t even maintain, mask also they wear because of the police not because of Corona.**

- 21-year-old female FGD participant

Percentage of respondents who think that no one in their community has been infected.



50.8%
AMONG
YOUNG
WOMEN

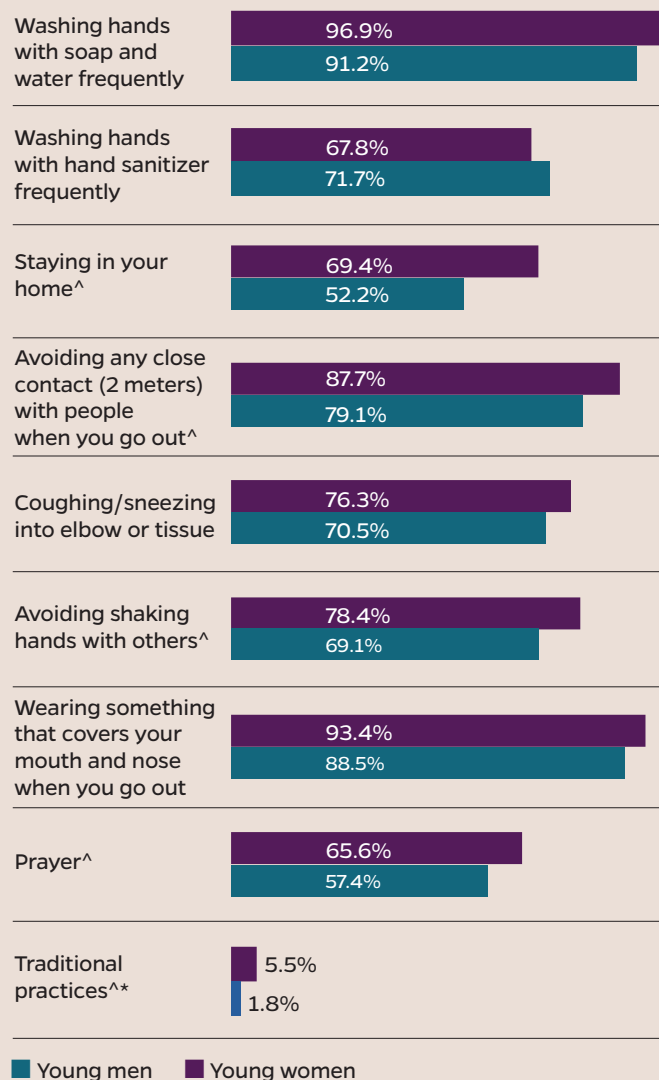


46.3%
AMONG
YOUNG
MEN

Preventive Behaviors

All respondents reported engaging in at least one preventive behavior against COVID-19, and young women reported engaging in protective behaviors more than young men. (Figure 1).

Figure 1. Preventive behaviors reported by gender (n=1217)



Responses not mutually exclusive

[^]Gender differences statistically significant at $p < 0.05$

^{*}Further details about traditional practices were not asked in survey

About half of respondents (50.7%) reported that they were very able to avoid contact with others outside of their household. Though there were no gender differences in ability to avoid contact, gender differences emerged in **reasons** for not being able to avoid contact, with young men more likely to report needing to leave the house for work $p < 0.001$, and young women more likely report needing to obtain household supplies like food, water, or fuel $p < 0.001$.

Figure 2. Reasons unable to avoid contact with others outside of household (n=628)*



Responses not mutually exclusive

^{*}Among respondents who are somewhat, not very, or not at all able to avoid contact with others outside of their household

[^]Gender difference statistically significant at $p < 0.05$



Okay according to me [young people] are concerned, most of the youths they wash [their] hands, they make the masks and they are told to stay at home, they stay safe and to avoid unnecessary movements.

- 18-year-old female FGD participant



Table 2. Ability to avoid contact with people outside household if necessary (n=1217)

| | Overall % (n) | Young men % (n) | Young women % (n) |
|-----------------|---------------|-----------------|-------------------|
| Very able | 50.7 | 47.0 | 53.2 |
| Somewhat able | 29.7 | 30.5 | 29.3 |
| Not very able | 15.5 | 17.1 | 14.4 |
| Not at all able | 4.1 | 5.4 | 3.2 |

Action Steps

- Qualitative data showed that compliance is linked to sanctions by police, even as young women (72%) and young men (63%) reported that they are very concerned about COVID-19 infections.
- As seen in previous research on pandemics, Gender differentials: the majority of youth engaged in preventive behaviors, though young women were more engaged as compared with men, and gaps in prevention reflected gendered social roles. Targeted, positive and action-oriented messages that showcase influencers wearing masks, washing hands, and demonstrating other preventive measures are needed.
- Most young people surveyed had adopted at least one preventive behavior at the time of the survey. As school resumes in Nairobi, and young people’s interactions with others outside of their households increase, and as fatigue with general social distancing measures increases, campaigns that target young people through social media and where they gather, such as schools, workplaces, churches, and social and sports clubs are essential to reinforcing preventive behaviors.



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

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References

- ¹ WHO. Kenya: WHO Global Health Observatory. “The current COVID-19 situation.” <https://www.who.int/countries/ken/>. Accessed Nov 2, 2020.
- ² Steinberg L. (200a8). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28(1): 78–106.
- ³ Castagnoli R, et al. (2020). Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infection in children and adolescents: a systematic review. *JAMA Pediatrics*, 174(9):882-889.
- ⁴ Nivette A, et al. (2020). Non-compliance with COVID-19-related public health measures among young adults in Switzerland: Insights from a longitudinal cohort study. *Social Science and Medicine*, 268:113370.