

“COVID actually rendered these school-going girls hopeless”: The impact of COVID-19 on girls from low income urban and rural areas in Kenya

Leso Munala (✉ lmunala@stkate.edu)

St Catherine University <https://orcid.org/0000-0003-1816-2991>

Bethlehem Yewhalawork

St Catherine University

Habiba Ibrahim

St Catherine University

Caroline Ajema

International Center for Research on Women

Research

Keywords: COVID-19, Kenya, Adolescent girls, Gender-Based Violence, Impact

Posted Date: May 13th, 2022

DOI: <https://doi.org/10.21203/rs.3.rs-1594640/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Abstract

Background: The COVID-19 pandemic has amplified violence and disparities among vulnerable populations, with women and girls, affected the most. Reports of violence against school-aged girls in the country did increase as a result of COVID-19. The increased vulnerability to various forms of gender-based violence (GBV) among school-going girls can be attributed to several factors, not limited to lockdowns, curfews, restricted movements, and school closures. When the pandemic forced students out of school, it risked not only reversing progress made in increasing girls' equitable access to education, but may have also led to increased incidents of coercion, labour exploitation, sexual abuse, pregnancy, and early/forced marriage. The impact of COVID-19 was further heightened due to the lack of prioritization of GBV response at the onset of the pandemic.

Methods: This qualitative study explores gender-specific experiences of GBV, education, social services, and sexual and reproductive health actors, including school-going girls, to the contribution of COVID-19 to the proliferation of GBV against school-aged girls in rural and low-income urban areas of Kenya. Using purposive sampling, 43 qualitative interviews were conducted with various key stakeholders from 10 counties across the country.

Results: Researchers identified a number of health, social and economic consequences faced by school-aged girls as a result of COVID-19-related school closures. These negative impacts come with long-term consequences such as higher school dropout rates, an increase in teenage pregnancies, long-term health issues such as a rise in HIV and STDs among this group, and the accompanying mental, emotional and psychological trauma that often goes untreated.

Conclusions: The lack of effective responses during the pandemic has led to poor sexual health outcomes and largely ineffective stay-in-school programming that failed to meet the goals of protecting girls from violence and keeping them in school. It is imperative to better understand rural and low-income urban girls' experiences of COVID-19 in order to develop policies and support services and messaging tailored to the lived experiences of the girls during and after the pandemic that mitigates and does not exacerbate violence against them.

Introduction

The World Health Organization (WHO) declared the Coronavirus outbreak (COVID-19) a global health emergency at the end of January 2020 (WHO, 2020). Within three months, the local epidemic became a global pandemic that forced governments to take action to contain its spread. In response to the pandemic, local and national authorities around the world established mobility restrictions, quarantines, and social distancing measures to reduce the contagion rate and try to avoid a public health crisis. While the efforts by different governments were commendable to control the spread of the virus, the risks associated with quarantines and lockdowns for women and girls especially, were not fully considered (Muriithi, 2020). Additional risks to the girls arose from the loss of income at the family level, stay-at-

home measures, stress, and anxiety, which further exposed girls to harm (Graham-Harrison et al., 2020). The gendered impacts of infectious disease outbreaks, as well as natural disasters and their propensity to increase Gender-Based Violence (GBV), have been well-documented in each of the most recent major epidemics (Enarson, 1999; Muriithi, 2020 & Onyango & Regan, 2020). Previous research suggests that public health crises such as natural disasters, wars, and epidemics can increase the risk of numerous forms of violence (Campbell, 2020; Enarson, 1999 & Onyango & Regan, 2020). Disasters exacerbate pre-existing gender inequities and power hierarchies. As a result, violence in the home may worsen as prolonged quarantine, increased alcohol consumption and economic stressors increase tension in the household (Onyango & Regan, 2020). Survivors of domestic violence and sexual assault are a particularly vulnerable population during extended periods of isolation as they are separated from people and resources that can help them (Graham-Harrison et al., 2020).

The Kenyan government similarly adopted strict measures to counter the spread of the COVID-19 virus. But these measures, as necessary as they were, had a negative impact on women and girls, including elevating the risk of GBV. School closures were deemed necessary to prevent the disease spread in schools, most of which are overcrowded. However, these closures affected not only the learners but also their households due to the associated burden of care and disruption of livelihoods (Ngwacho, 2020). Hence a spike in the occurrence of GBV in the country, more during the lockdown period. There continues to be reports of violence against women and girls as a result of the coronavirus restrictions in Kenya (Abramian, 2020; Mutiso, 2020; Muriithi, 2020; Rockowitz et al., 2021). While official statistics on the number of cases of violence against women and girls in Kenya are still unclear, calls to helplines surged more than 10- fold since lockdown measures were imposed in late March (Abramian, 2020; Ahmed et al., 2021), with a noted sharp rise in cases of sexual violence amounting to 35.8% of all criminal cases reported during just two weeks of lockdown (Muriithi, 2020). Findings from reports indicated a staggering 40 percent increase in teen pregnancies from pre-COVID months (Ahmed et al., 2021; Patridge-Hicks, 2020) and a 34 percent increase in STIs (Kairu, 2022). For example, within the first three months of the lockdown and stay-at-home orders, an alarming estimate of 152,000 teen pregnancies was reported in Kenya (Patridge-Hicks, 2020).

Children are at heightened risk of all forms of violence, including violent discipline by family members, emotional abuse, and sometimes incest (Wadekar, 2020). Families in highly pressured situations may also resort to child labor, transactional sex, female genital cutting/mutilation (FGC/M), and child marriage (Mutavati & Zaman, 2020). Staying in school has been found to be a protective factor in terms of delaying sexual activity and teenage pregnancy and removing children from a protective environment such as school, exacerbates these risks. School closures from March 2020 through January 2021 due to the COVID 19 pandemic led to millions more girls dropping out before they complete their education, especially girls living in poverty, with a disability, or living in rural isolated places (Flowe et al., 2020; Rockowitz et al., 2021).

Violence Against Girls During The Covid-19 Pandemic

Kenya has a long history of sexual and gender-based violence, and the incidence of these cases increases during times of national crisis. The 2019 Kenya Violence Against Children Survey accentuated the increased prevalence of sexual violence experienced by girls. An alarming 62.6% of girls reported experiencing multiple incidents of sexual violence before age 18 (VACS, 2019). While research in the areas of sexual violence across sub-Saharan Africa is extensive, the relationship between GBV and pandemics is still wanting. Additionally, the adolescent age group of girls 13–18 has been under-studied, with literature on the subject matter of sexual violence being at least a decade old. This lack of current understanding of the matter has led to poor sexual health outcomes and largely ineffective stay-in-school programming that fails to meet the goals of protecting girls from violence and keeping them in school. When the pandemic forced students out of school, it risked not only reversing progress made in increasing girls' equitable access to education, but may have also led to increased incidents of coercion, labor exploitation, sexual abuse, pregnancy, and early/forced marriage (Onyango & Regan, 2020; Wadekar, 2020).

Methods

Design

This qualitative study aimed to gain an understanding of the impact COVID-19 has had on the proliferation of GBV against school-aged girls in rural and low-income urban areas of Kenya.

Participants

Purposive sampling was utilized to recruit key stakeholders across 10 counties in Kenya, namely: Kakamega, Kericho, Kiambu, Kilifi, Kisumu, Kitui, Migori, Nairobi, Nakuru, and Vihiga. In order to gain diverse perspectives and experiences from individuals, we recruited a varied sample of stakeholders. To be eligible to participate, individuals had to be aged 18–65 years and be key members of their community who work directly with or provide services for school-aged girls in rural or low-income urban areas of Kenya. Additionally, schoolgirls were recruited to participate in this study in order to gain an understanding of their lived experiences during the COVID-19 pandemic. All interviews were conducted by two trained qualitative researchers in the Spring of 2021. Actual interviews ranged from 18–160 minutes in duration and the average was 69 minutes. In total, 43 participants were interviewed, 26 female and 17 male. Participants included in this study were two parents, nine primary and secondary school girls, one college student, five health and education county officials, five primary and secondary school teachers, two principals, one social worker, one community health volunteer, two police officers, one officer commanding police station, two chiefs, six GBV service providers, one magistrate, two elected grassroots political leaders and three representatives from Civil Society Organizations (CSOs). Participants were informed that they could answer in English or Kiswahili depending on their comfort level.

Data Collection

Ethical approval was obtained from both the University Review Committee and the AMREF Ethics & Scientific Review Committee. A research permit from the National Council of Science and Technology (NACOSTI) was also secured. The interview protocol contained 20 open-ended questions generated based on a review of the literature on public health crises such as natural disasters, wars, and epidemics. The in-depth interviews followed a semi-structured interview format. To protect the confidentiality of the participants, all interviewees were assigned a pseudonym post-interview.

Data Analysis

All interviews were digitally recorded with the permission of the study participants and transcribed verbatim by professional transcriptionists who had prior research experience.

Conventional content analysis method was used to analyze the data because it has historically been used when researching a phenomenon with limited existing research literature, as in this case the impact that COVID-19 had on schoolgirls in Kenya (Hsieh & Shannon, 2005). Three of the four authors engaged in the data analysis process. Transcripts were independently read multiple times to properly get a sense of the narratives discussed in the interviews. Codes were then derived from reading data word by word and highlighting key thoughts and concepts that met the research objectives. Once researchers took note of thoughts and impressions through the initial analysis, labels for codes were developed and became the initial coding scheme. Codes were then sorted into categories and from those categories, group codes were organized into meaningful clusters. Researchers worked together to identify the major themes and subthemes that emerged from the data as the main areas of impact that COVID-19 had on school-aged girls.

Results

Although some of the issues discussed by study participants are long-standing problems in Kenya, our data analysis identified three main areas of impact that COVID-19-related restrictions and school closures had on school-aged girls dwelling in rural and low-income urban areas of Kenya. These are: Health impact, Social impact, and Economic impact.

Health Impact

The pandemic exposed girls to various negative secondary health outcomes. We identified several ways the COVID-19 pandemic impacted the health of the girls, mainly: Rape, pregnancy, incest, abortion, mental health - suicide ideation, FGC/M, and STDs/STIs.

Rape

Participants overwhelmingly discussed the striking increase in reported cases of rape during school closures due to the COVID-19 pandemic. The economic shocks meant that girls were assisting their

parents with casual labour jobs outside the house in an effort to contribute to household income, but this put them at an increased risk of exposure to perpetrators. A project coordinator shared an incident:

We saw situations where young girls were being taken, when their mothers went to look for manual jobs for washing clothes they also tagged along with the young when they went to look for work. And there were situations where some these girls the homes they went to we had one or two cases in Nakuru where the girls were raped in the homes where they went work in.

School closures and curfews resulted in girls being left at home alone, and more susceptible to sexual violence at the hands of those closest to them, one high school student shared, 'you find that many girls were even being raped, some were even raped by their parents, forced and raped by their parents or even relatives.'

Pregnancy and abortion

Increased rate of pregnancy among school-aged girls was one of the most discussed health consequences associated with prolonged school closures due to the COVID-19 pandemic. This was attributed to the lack of protection offered through schools, thus exposing learners to early motherhood. A county education official talked about the wretched reality girls in their district were faced with, 'we are really disturbed by these cases of pregnancy, many people prey on them, as early as class five at the age of 10 years all the way to those in secondary schools.'

Young girls under the age of 17 are considered high-risk pregnancies and have a higher chance of experiencing pregnancy-related morbidity and mortality. One GBV service provider spoke about their experience working with these young pregnant girls.

Right now I know there are very many girls who are pregnant who are at home who are just waiting for the last day for them to deliver. So, you see, even when these girls get pregnant and they're underage, they're not able to come and deliver in a facility like this one [deleted location]because of their body structure.

The increased proportion of school girls seeking abortions was greatly discussed by participants, one high school student explained how and why this was happening:

Abortion increased because when people were home, you find that many girls were getting pregnant, and abortion increased because if you get pregnant and you're still a schoolgirl, you just decide to abort to be able to continue studying. And also, the fear of parents. You find that as soon as a girl realises she's pregnant and she's still a schoolgirl, the first thing that rings in her mind is, I should abort before my parents find out.

Girls undergoing abortions by unskilled or untrained workers puts them at an even greater risk of death, one county health official discussed, 'another problem now is the issue of abortion. Some of them procure abortion. They're procuring this abortion from "quacks" and that becomes fatal.'

Incest

While girls were forced to shelter in place during the COVID-19-related school closures, enacted curfews, and other travel restrictions, they were at risk of being trapped at home with an abusive relative. One GBV service provider spoke about the psychological impact this can have on girls. “If a girl reports to you, ‘my dad has done this and that to me.’ and yet you’re sending this girl back to that family. She wouldn’t be comfortable, and next time she will just commit suicide.”

These cases of incest are oftentimes underreported, further perpetuating the violent act. A college student reported,

I don’t think all have been reported because some keep quiet, some are silenced, some are forced to keep quiet, maybe they’ve been raped by a family member, an uncle, and a friend of the family and so they wouldn’t speak.

Mental health - suicide ideation

Mental health and suicide ideation were heavily discussed by participants. The psychological stress brought on by the COVID-19 pandemic matched with the increased incidence of sexual gender-based violence had a significant impact on the mental health of school-going girls. A GBV service provider explained:

What I’ve come to realise right now is that we have a lot of mental health issues around us, that is psychological and the emotional, and even the social part of it, the psychosocial part of it. So, you find that most of these people have undergone this form of Gender-Based Violence. It becomes a little hard for them to go back to the community and be accepted or feel like they’re ready to go back to that community.

The stigma associated with early pregnancy often left girls vulnerable to the feeling of rejection, which was discussed by a county health official, ‘Feeling of rejection...they’re some, I know a number... they have reported a number [of school girls] who even end up committing suicide as a result of that.’

Female Genital Cutting/Mutilation

The cultural practice of FGC/M was another health consequence that was exacerbated due to school closures. A county education official explained how this health issue arose over the course of the pandemic.

This violence also went to an extent of what we call genital mutilation for the girls. It’s a traditional activity which some communities like where we live, it has not been completely eradicated and since girls were at home most of the time for over six, seven months, now some notorious members of the community felt this was the right time to do it.

A county health official also discussed the issue of FGC/M and why these cases are underreported:

You have no idea that the girl was circumcised. You just saw her walking and when you followed up you're informed she crossed the river with other girls, they went and got circumcised. This COVID thing has really messed up, and now these kids when they come home, they will not tell the truth because they're being intimidated by the parents who made them do it.

STDs/STIs

The incidence of STDs/STIs increasing due to the high rates of sexual gender-based violence during the COVID-19 pandemic was an issue discussed by participants.

From a parent's perspective, 'many girls have been impregnated, many have contracted HIV, the ones who were lucky are pregnant and have given birth. For the unlucky ones, they got pregnant and also contracted HIV.' A GBV service provider mentioned, 'there are different types of GBV which we were not seeing previously, like what we're seeing now, like teenage girls getting impregnated, teenage girls getting infected with HIV and other diseases.'

Social Impact

We identified a number of social consequences experienced by girls that were heightened due to the COVID-19 pandemic, namely: Early marriage, school dropout, increased vulnerability, and increased risk factors.

Early marriage

School closures, disruptions in family livelihoods, and increased care burden resulted in some caregivers marrying off their underage daughters to reduce their economic burden or for monetary gain. One college student described this trend:

Others were taken for early marriages because this is also a time when parents are struggling to provide for their children considering the curfew, and the curfew has taken a big toll on economic activities, and so you find parents actually giving out their children to get married early.

Early marriages were also associated with the shame linked to early pregnancies. Participants reported that this stigma resulted in some of the young mothers being forced to marry the perpetrator who sexually assaulted them. One high school student said, 'the parents can throw her out of the home and tell them to go and marry the person who impregnated them.'

School drop out

The significant increase in girls dropping out of school was greatly discussed by participants. One CSO representative talked about this issue stating, 'From our interaction with the headteachers of a number of schools, when the schools re-opened there was a sharp decline in the number of the pupils or students who came back to school, especially the girls'. Factors associated with school dropout included, early pregnancy, early marriage, moving to a different city, and prioritizing employment; however, early

pregnancy topped the list. One college student recalled, 'We have heard of stories of so many girls being impregnated. Recently we had research done and so many girls were forced to drop out of school because during this pandemic, they got pregnant, and others were raped'

From a GBV service provider:

Right now post-COVID, we have a majority of very young girls who are pregnant, between the ages of 11, 12, 13. And once they get pregnant due to lack of proper counselling and guidance, they refuse to go back to school.

Increased vulnerability

Participants discussed the issue of rape or sexual harassment by police when girls were found outside of curfew hours, one primary school girl stated, 'sometimes they were also harassed by the police officers when they were caught outside during the curfew hours. So, the police would sexually harass them.' Girls were also vulnerable to sexual abuse if they had to find an alternate accommodation to avoid violating curfew, a high school student describe this scenario:

When the curfew was introduced you could find that someone goes to visit their friend, and then the curfew hours catch up with them, they're forced to spend the night there and that leads to some problems, maybe it can even lead to that Gender-Based Violence.

Increased risk factors

Participants discussed the risk of rape increasing due to COVID-19 lockdowns and school closures. One college student talked about this troubling issue, stating:

I would say we've had so many cases, especially during this pandemic of girls undergoing rape, and I think that has been the most rampant because of course now girls are all home and we both know girls are a lot more vulnerable than the boy child in the society.

From a GBV service provider:

COVID actually rendered these school-going girls hopeless. And anything that came their way, like it was just; I don't know what happened, but I think it just rendered them hopeless and they were easy and targeted for everything and everything was coming back to sexual violence.

Economic Impact

We identified multiple economic impacts that were exacerbated by the COVID-19 pandemic and directly impacted the lives of school-going girls. These were: Economic vulnerability, unintentional child neglect, and loss of services for girls

Economic vulnerability

Girls lost access to basic necessities due to COVID-19-related school closures. Participants extensively discussed how these girls needed to fend for themselves financially to buy sanitary pads and other basic needs. This oftentimes left girls vulnerable to predators as they lured them with money and other non-monetary benefits. One county education official discussed:

Being able to access the sanitary towels, it became a big problem. Because when they were in school they would get them from maybe donations, the government, and so on. But now, of course, now that they're not in school, they're not able to be reached and therefore now... it becomes necessary for them, they need to get them, yet the parents are not able to provide for them. That's now where people like the young boys and boys in the village would take advantage of them and maybe the motorbike riders because they have some little money, when they transport a bit they're able to support them. And of course, that would mean that in exchange they sleep with some of the girls. Therefore, now this is where teenage pregnancies, transactional sex from the very immediate members of the community.

Girls were also influenced by their parents to engage in transactional sex as a means to provide income for their families. One GBV service provider stated:

Girls who have also been through transactional sex during this time of COVID where families' sources of income were lost. So, you're a young girl, you're 14,15, you're forced by your parents or you're made by your parents to go and trade your body for money for the family to survive.

Unintentional child neglect

Due to economic hardships experienced by families during the pandemic, parents had to work and children were not in school due to school closings, leaving them vulnerable to being preyed upon by perpetrators. A county education official discussed this scenario:

The parents were not there for them, to protect them. The struggle for livelihood was a challenge and for that reason, as I had also said, just to meet their basic needs, to get something for their upkeep and for their survival. Many people took advantage of them in exchange for what they needed and so they're really molested to an extent that some became pregnant.

One Chief described, 'the moment the parents leave the house in the morning, and in the other door there you have a neighbor who is stable so that particular neighbor will take advantage and maybe molest your girl there.'

Loss of services for girls

Due to the COVID-19 lockdown and prolonged school closures, the distribution of social services provided to victims of GBV at school and within the communities/villages was halted. A county education official discussed this major loss for girls:

When COVID came the schools were closed, and all students were supposed to go home. There are usually those services they get when they are at school, for example, menstrual hygiene because they're

given some kits when they're in school, now they're no longer able to get them.

In addition to the deprivation of feeding programs and sanitary towel distribution, girls were also unable to access essential counseling services. A GBV service provider discussed the health implications this had on those girls:

Girls who are on HIV care, and during the time they used to go to school, they used to get a lot of support like counselling, they used to have those group therapies and it's kind of like COVID came and put a pause to most things. So, what I've come to realise, most of these girls or rather most of these teenagers defaulted their medication, like the ARVs they've been taking. So, later on when COVID particles were losing and we started going back to look for them and get them back to be on care, most of them... their conditions have really deteriorated.

Discussion

Conducted post the crisis phase of the pandemic, our study identifies how the pandemic impacted learners from a health, social and economic perspective. Women and girls were disproportionately affected due to the measures put in place by the government. Restricted access to learning and comprehensive health services increased their vulnerability to negative health outcomes, such as gender-based violence, unintended pregnancies, and abortions, among others.

Our findings and those from previous research show a correlation between school closures and increased GBV against girls (Stevens 2020; Zulaika et al., 2022). A study conducted by the White Ribbon Alliance in April and May 2020 among adolescent girls reported an increase in sexual activity during the pandemic (Bewa, 2021). In Kenya, while sexual and gender-based violence has been pervasive prior to the COVID-19 pandemic (VACS, 2019), the early months of the pandemic have seen a disproportionate increase in GBV (Onyango & Regan, 2020; Muriithi, 2020). Similar trends of GBV have been reported globally during this pandemic (Muriithi, 2020). However, most of this information was from news reports and concept papers. A study by Ngwacho (2020) showed that schools contribute significantly as safety nets for learners, more so for girls from rural areas, poor, and marginalized communities in Kenya. Our findings suggest government measures such as school closures and stay-home orders to contain the spread of COVID-19 had serious unintended consequences for school-age girls in multiple ways.

Health Impact:

Overall well-being and mental health of the learners were also affected due to the COVID-19 response measures or lack thereof. Participants from our study that included GBV service providers mentioned seeing a striking increase in GBV against school-age girls including rape, teen pregnancy, incest, abortion, FGC/M, STDs/STIs, and mental health issues such as suicide and suicidal ideation. This increase is corroborated by data from the International Rescue Committee (IRC) that showed a threefold increase in unintended teen pregnancy between March and June of 2020 (Smith, 2020). Prolonged school closures and stay-at-home orders have left most school girls vulnerable to abuse within their homes and

communities. Additionally, local media reports have reported a sudden surge in teen pregnancies within one county, with the latest statistics showing 4,000 pregnancies by the time schools were reopening in January 2021 (Wadekar, 2020). These pregnancies often mean that the girls likely won't return to school. Data on the school attrition among girls due to pregnancies is limited. The increase in unintended pregnancy among girls attributed to the school closure is not unique to Kenya. Previous research during the Ebola pandemic in Sierra Leone revealed that school closures left girls at heightened risks of rape, and resulted in a 65% increase in early pregnancies (Griffith, 2020). Our study findings resonate with previous research that shows, that the closure of schools as protection zones resulted in the exposure of more girls to sexual violence and early pregnancy.

Additionally, restrictions on movement and curfews have made access to sexual and reproductive health services difficult. Our findings suggest the high rate of teen pregnancies has led to an increase in the number of girls seeking an abortion. Given the limited access to safe abortion services due to the COVID-19 lockdown, study participants in GBV service provision discussed an increase in unsafe abortions among these girls in rural and low-income urban areas. Moreso, pregnancy reduces their chances of going back to school, social stigma within their families and communities, and increases the risk of forced and early marriages to the perpetrators, leaving unsafe abortions as the only option young girls have. Additionally, the compounding impact of psychological stress brought by the pandemic, sexual violence, family rejection, and social stigma after pregnancy has led to serious mental health issues especially suicide and suicidal ideation. Previous studies have documented increased gender-based violence during public health crises (Campbell, 2020; Enarson, 1999 & Onyango & Regan, 2020). In countries with limited resources, public health crises also take preference over other primary services such as sexual and reproductive health services as the limited resources are allocated to contain the epidemic/pandemic (Muriithi, 2020).

Social Impact:

Similar to the health impact, the study found several social consequences as a result of the measures to contain the pandemic. There is a noted increase in early marriages, a higher rate of school dropout, increased vulnerability, and other risk factors. As families struggled to make ends meet due to the pandemic shutdown, girls were at a higher risk of being married off for financial gain at young ages. The consequences of sexual violence especially pregnancy also come with stigma and shame for the family, as a result, girls are often forced to marry their sexual perpetrators. School shut down, economic stress, and isolation from friends and support networks during the pandemic all increased the risk of early marriages. Globally, UNICEF (2021) estimates that up to 10 million girls are at risk of becoming child brides because of the pandemic.

Another social consequence of the pandemic the study found is higher school dropout rates, especially among girls. While Kenya has introduced a re-entry program to the school system in case of pregnancy, there is no social, economic or health services support to bring back and retain the girls in school. Thus, leaving an overwhelming majority of the teenage pregnancy during the pandemic out of school permanently. Additionally, COVID-19 mitigation measures have exacerbated the vulnerability and risk

factors for school girls. With school closure and limited mobility, girls faced sexual violence and abuse from several fronts including police officers, friends, and family members. The findings indicate, that staying at home has made them easy targets for sexual predators and increased hopelessness among these young girls.

Economic Impact:

Public health epidemics have both health and economic implications. The economic impact of COVID-19 mirrors other findings on the impact of pandemics in general. The cost of the 2002–2004 SARS outbreak, per the Asian Development Bank (ADB), was between US\$10 billion and US\$30 billion (Ibrahim et al. 2021), while estimates of the cost of the COVID-19 pandemic range between US\$6 and US\$9 trillion (Barai & Dhar, 2021), accounting for about 10% percent of annual global economic output (Alegado 2020). Existing research evidence associates the occurrence of GBV with loss of income and disrupted livelihoods, both of which increase negative mental health tendencies such as depression during a pandemic (Wanqing, 2020).

Kenya has no social safety net to mitigate the loss of income and livelihood activities during COVID-19. This has impacted the lives of families, especially among urban poor and rural communities. This study finds that as a result of the COVID-19 mitigation measures, economic vulnerability, unintentional child neglect and loss of services among the study participants have increased. During the pandemic, girls lost access to basic necessities such as sanitary pads and school lunches. This has increased the risk of the girls participating in transactional sex to meet their basic needs. This often lured the girls to sexual predators for monetary and non-monetary benefits. Unfortunately, due to the loss of income and livelihoods, girls were also influenced by their parents to engage in transactional sex to provide income for their families. Another economic impact the study found is due to school closures, most children were left at home unsupervised. Many daily wage-earning parents leave the home to look for work, this makes girls vulnerable to sexual predators. These findings are consistent with recent studies across several East African countries that found economic stress as the primary driver of unplanned pregnancies, resulting from transactional sex in order to meet basic needs (Oulo, Sidle, Kintzi, Mwangi & Akello, 2021). With no government social safety net in place during the lockdown, adolescent girls were pressured from many fronts to engage in unhealthy and dangerous activities to survive.

One limitation of this study was that there was no discussion from the participants on the variation in consequences of COVID-19 by different groups of women and girls, such as girls with disabilities, and those from sexual minority groups such as girls from the LGBT community.

Conclusion

While governments across the globe have been applauded for their actions to curb the spread of COVID-19, the unintended consequences of those measures, especially on the most vulnerable like the girls discussed in this study, received little attention. As corroborated in the foregoing discussion, the lockdown and school closures had serious negative impacts on the lives of schoolgirls, specifically those living in

poverty on many fronts - health, social and economic. The study identified the unique challenges school-age girls faced during school closures. Schools did not only provide protection from sexual exploitation, but teenage girls depended on schools for other basic needs such as food, menstrual hygiene supplies, social support, and information on reproductive health. These negative impacts come with long term consequences on the lives of these girls such as a higher school dropout rate, a rise in teenage mothers living in poverty, long term health issues as the data indicated a rise in HIV and STDs among this group, and the accompanying mental, emotional and psychological trauma that goes untreated.

The findings from this study have implications for both practice and policies. As schools reopen, there is a dire need to establish psychosocial support systems and networks for the affected teenage girls and their families related to the emotional, social, and health impacts highlighted in this study to provide trauma counseling and other immediate support needed. Additionally, in the Kenyan context, teen parenthood comes with a lot of stigma, the psychosocial support should include de-stigmatization efforts within the school community.

Secondly, the school re-entry program for girls after pregnancy should be funded and supported to create a pathway for the affected girls to continue with their education. When schools reopened in January of 2021 after almost a year of closure, there were no programs initiated to support students back to school and it was assumed business as usual. A study by Brookings Institution found that 16% of adolescent girls in Kenya did not return when schools re-opened after COVID-19 school closures (Kwauk, Schmidt & Ganju, 2021). However, there are no outreach efforts, programs, or policies to support and bring back those girls to school. While the Ministry of Education introduced the “2020 national school re-entry guidelines” to facilitate and formalize teenage parents' re-entry into schools, the policy has largely been left at the discretion of school headteachers and lacks sufficient directions and guidelines for implementation (Muriithi, Jones & Brailovskaya, 2022). School administrators also noted that the ministry did not allocate any resources for the program to be implemented. Given the disproportionate impact of COVID-19 on adolescent girls, funding and implementing the re-entry program will be key in reducing the long-lasting impact of Covid-19 school closure on these girls. Finally, Kenya lacks any form of social safety net for daily wage earners who had no cushions to fall back on during the pandemic, making transactional sex a contributing factor to teenage pregnancies during Covid-19. Therefore, similar to the policy reactions that the health sector received internationally to contain the virus, these economic impacts call for governments' policies to protect those for whom their livelihoods have been adversely affected and their income-generation possibilities have been put on hold.

Abbreviations

GBV - Gender-based violence

CSOs - Civil Society Organizations

FGC/M - Female Genital Cutting/Mutilation

Declarations

Ethics approval and consent to participate: Ethical approval was obtained from both the University Review Committee(Protocol #1536) and the AMREF Ethics & Scientific Review Committee(ESRC-956/2021). A research permit from the National Council of Science and Technology(NACOSTI) was also secured.

Consent for publication: Not Applicable

Availability of data and materials: The authors confirm that the data supporting the findings of this study are available within the article, although the complete dataset supporting this analysis is not available as the in-depth interviews contain information that would make the participants identifiable, compromising their confidentiality

Competing interests: The authors declare that they have no competing interests.

Funding: This work was supported by an Innovated Scholarship Grant under the GHR Foundation's Academic Excellence Grant to St. Catherine University

Authors' contributions: Authors LM and CA conducted in-depth interviews. LM and BY analyzed and interpreted the data from the in-depth interviews. All authors contributed, read, and approved the final manuscript.

Acknowledgments: None

References

Ibrahim, H., M. Magu, S., & Ibrahim, M. (2021). To starve or to catch covid-19? emergency management of a public health crisis and impact on economically distressed communities. *Journal of Sociology and Social Work, 9*(2). <https://doi.org/10.15640/jssw.v9n2a3>

Abramian, J. (2020, July 9). Kenyan Peace Builder Rose Mbone Fights Against Gender Based Violence During Covid-19. Forbes.Com. <https://www.forbes.com/sites/jackieabramian/2020/07/09/kenyan-peace-builder-rose-mbone-fights-against-gender-based-violence-during-covid-19/#76d594785289>

Ahmed, S. A., Changole, J., & Wangamati, C. K. (2021). Impact of the COVID-19 pandemic on intimate partner violence in Sudan, Malawi and Kenya. *Reproductive Health, 18*(1). <https://doi.org/10.1186/s12978-021-01272-y>

- Alegado, S. (2020). *Global cost of coronavirus could reach 4.1 trillion ADB says*. Bloomberg.com. Retrieved January 19, 2022, from <https://www.bloomberg.com/news/articles/2020-04-03/global-cost-of-coronavirus-could-reach-4-1-trillion-adb-says>
- Barai MK, Dhar S. COVID-19 Pandemic: Inflicted Costs and Some Emerging Global Issues. *Global Business Review*. March 2021. doi:10.1177/0972150921991499
- Bewa, J. M. (2021). School closures and teenage pregnancy. *Bulletin of the World Health Organization*, 99(1), 6–7. <https://doi.org/10.2471/BLT.21.020121>
- Campbell A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, 100089. <https://doi.org/10.1016/j.fsir.2020.100089>
- Chandan, J. S., Taylor, J., Bradbury-Jones, C., Nirantharakumar, K., Kane, E., & Bandyopadhyay, S. (2020). Covid-19: A public health approach to manage domestic violence is needed. *The Lancet Public Health*, 5(6). [https://doi.org/10.1016/s2468-2667\(20\)30112](https://doi.org/10.1016/s2468-2667(20)30112)
- Enarson, E(1999). Violence against women in disasters: A study of domestic violence programs in the US and Canada. *Violence Against Women*, 5(7): 742–768.
- Flowe, H. D., Rockowitz, S., Rockey, J., Kanja, W., KAMAU, C., Colloff, M. F., ... Davies, K. (2020, July 27). Sexual and Other Forms of Violence during the COVID-19 Pandemic Emergency in Kenya. <https://doi.org/10.31234/osf.io/7wghn>
- Graham-Harrison, E., Giuffrida, A., Smith, H., & Ford, L. (2020, March 28). *Lockdowns around the world bring rise in domestic violence*. The Guardian. Retrieved January 18, 2022, from <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- Griffith, A. K. (2020). Parental burnout and child maltreatment during the COVID-19 pandemic. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-020-00172-2>
- Hsieh, H.-F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, 15(9), 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Kairu, P. (2022, January 15). *STI spike among Kenyan teens blamed on lockdown*. The East African. Retrieved January 19, 2022, from <https://www.theeastafrican.co.ke/tea/science-health/sti-spike-among-kenyan-teens-blamed-on-lockdown-3683582>
- Kwauk, C., Schmidt, D., & Ganju, E. (2021). What Do We Know About the Effect of Covid-19 on Girls Return to School? Brookings Institute. Retrieved Apr 20, 2022 from <https://www.brookings.edu/blog/education-plus-development/2021/09/22/what-do-we-know-about-the-effects-of-covid-19-on-girls-return-to-school/>

- Mutiso, P. (2020, June 7). *Uphold the rights of SGBV victims in the COVID-19 response in Kenya*. African Women in Law. Retrieved January 18, 2022, from <https://www.africanwomeninlaw.com/post/uphold-the-rights-of-sgbv-victims-in-the-covid-19-response-in-kenya>
- Muriithi, M. (2020, June 9). *Government responses to covid-19 are exacerbating gender-based violence*. OpenGlobalRights. Retrieved January 18, 2022, from <https://www.openglobalrights.org/government-responses-to-covid-19-exacerbating-gender-based-violence/>
- Mutavati, A., Zaman, M., & Olajide, D. (2020, April 27). *Fighting the 'Shadow pandemic' of violence against women & children during COVID-19 | Africa Renewal*. United Nations. Retrieved January 18, 2022, from <https://www.un.org/africarenewal/web-features/coronavirus/fighting-%E2%80%98shadow-pandemic%E2%80%99-violence-against-women-children-during-covid-19>
- Ngwacho, A. G. (2020). COVID-19 pandemic impact on Kenyan education sector: Learner challenges and mitigations. *Journal of Research Innovation and Implications in Education*, 4(2), 128-139.
- Oulo, B., Sidle, A.A., Kintzi, K., Mwangi, M., Akello, I. (2021). *Understanding the Barriers to Girls' School Return: Girls' Voices from the Frontline of the COVID-19 Pandemic in East Africa*. AMPLIFY COVID-19 Research Brief. Nairobi, Kenya.
- Onyango, M., & Regan, A. (2020, May 10). *Sexual and gender-based violence during COVID-19: lessons from Ebola*. <https://theconversation.com/sexual-and-gender-based-violence-during-covid-19-lessons-from-ebola-137541>
- Partridge-Hicks, S. (2020) *Rise in Teenage Pregnancies in Kenya Linked to COVID-19 Lockdown*, Global Citizen (blog), 19 August 2020. Retrieved from www.globalcitizen.org/en/content/rise-in-teenage-pregnancies-during-kenya-lockdown.
- Pereda, N., Díaz-Faes, D.A. Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors. *Child Adolesc Psychiatry Ment Health* 14, 40 (2020). <https://doi.org/10.1186/s13034-020-00347-1>
- Rockowitz, S., Stevens, L. M., Rockey, J. C., Smith, L. L., Ritchie, J., Colloff, M. F., Kanja, W., Cotton, J., Njoroge, D., Kamau, C., & Flowe, H. D. (2021). Patterns of sexual violence against adults and children during the COVID-19 pandemic in Kenya: A prospective cross-sectional study. *BMJ Open*, 11(9). <https://doi.org/10.1136/bmjopen-2021-048636>
- School closures and teenage pregnancy. (2021). *Bulletin of the World Health Organization*, 99(1), 6–7. <https://doi.org/10.2471/BLT.21.020121>
- Smith, E. (2020, August 14). *Dramatic rise in Kenya early pregnancies amid school* <https://www.devex.com/news/dramatic-rise-in-kenya-early-pregnancies-amid-school-closures-irc-data-suggests-97921>

Stevens, L., Rockey, J., Rockowitz, S., Kanja, W., Colloff, M. F., & Flowe, H. D. (2021). Children's vulnerability to sexual violence during covid-19 in Kenya: recommendations for the future. <https://doi.org/10.31234/osf.io/7sn3w>

The World Bank. (2017). Social inclusion in Africa. Retrieved from <https://www.worldbank.org/en/region/afr/brief/social-inclusion-in-africa>

UNICEF. *Covid-19: A threat to progress against child marriage*. UNICEF DATA. (2021, September 22). Retrieved January 19, 2022, from <https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/>

Violence Against Children in Kenya: *Findings from a 2010 national survey. summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*. Save the Children's Resource Centre. (2012). Retrieved January 18, 2022, from <https://resourcecentre.savethechildren.net/document/violence-against-children-kenya-findings-2010-national-survey-summary-report-prevalence/>

Wadekar, N. (2021, April 1). *Kenya's teen pregnancy crisis: More than covid-19 is to blame*. The New Humanitarian. Retrieved January 18, 2022, from <https://www.thenewhumanitarian.org/news/2020/07/13/Kenya-teen-pregnancy-coronavirus>

Wanqing, Z. (2020, March 13). Domestic violence cases surge during covid-19 epidemic. Sixth Tone. Retrieved January 18, 2022, from <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>

World Health Organization. (2020, February 12). *Covid-19 public health emergency of international concern (PHEIC) global research and innovation forum*. World Health Organization. Retrieved January 18, 2022, from [https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-\(pheic\)-global-research-and-innovation-forum](https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum)

Zulaika, G., Bulbarelli, M., Nyothach, E., van Eijk, A., Mason, L., Fwaya, E., Obor, D., Kwaro, D., Wang, D., Mehta, S. D., & Phillips-Howard, P. A. (2022). Impact of covid-19 lockdowns on adolescent pregnancy and school dropout among secondary schoolgirls in Kenya. *BMJ Global Health*, 7(1). <https://doi.org/10.1136/bmjgh-2021-007666>