Behavioral Compliance and Psychosocial Support as Determinants Mental Health among Adolescents during COVID-19 Pandemic in Kenya

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Background to the Study
Covid-19 pandemic that is raging around the globe has caused unmatched behavioral ‘shock effects’ in various facets of human activity. The impact on adolescents is unprecedented. According to the UNESCO (2020) statistics released on 9 April 2020, there are over 1,500,000,000 learners globally from primary to higher learning institutions who are not attending school. Following the closure of learning institutions, banned recreational activities, and separation from friends, feelings of stress, anxiety, and uncertainty among young people are inevitable.

Undeniably, the spread of COVID-19 has adversely affected the education system globally. To curb the problem, different countries have indeed introduced an array of policies that range from complete closure in Italy and Germany to targeted closure in the United Kingdom. In the education sector, over 100 countries have imposed nationwide closure of schools, and Kenya is not exceptional. While the intention to close the learning institutions is to prevent further spread of the virus within institutions, the closure has had widespread psychological implications to the adolescents.

COVID-19 pandemic poses an unprecedented time for all of the people, especially the adolescents who face an enormous disruption from their routine school life. Because the end time for the virus cannot be envisioned, adolescents are likely to be experiencing worry that is similar to the one experienced by adults people - fear of dying and the fear of when schools will reopen. Birhanu & Hassein (2016) contends that as a result of closing schools, the young people may no longer have that sense of stimulation often provided by the school environment, and now do not have the opportunity to be with peers and get the social support that is vital their good mental well-being. Consequently, young people may find the changes that have taken place challenging to understand thus subjecting them to a feeling of irritability and anger.

In a press conference on 26 March 2020, Dr. Hans Kluge who is WHO Regional Director for Europe said, “with the disruptive effects of COVID-19 that include social distancing that currently dominating our daily lives, it is important that to check on each other, call and video chat, and be mindful of and sensitive to the unique mental health needs of those we care for. Our anxiety and fears should be acknowledged and not be ignored, but better understood and addressed by individuals, communities, and governments” (World Health Organization, 2020). Kluge’s sentiments underscore the importance of upholding behavioral compliance to COVID-19 protocols and enforcing psychosocial support as strategies for improving the mental well-being of individuals.
In Sub-Saharan Africa, the COVID-19 pandemic is causing widespread fear and stress in equal measure among adolescents. Adhikari et al., (2020) argues that the simple strategies that can address these fears could include giving the adolescents the attention they need to resolve perceived fears, being honest with adolescents in explaining the effects coronavirus is posing, and explaining to them what is happening. Additionally, parents need to support the adolescents in managing stress attributable to COVID-19 and further serve as role models to their children in managing their fears. Helping adolescents navigate through the pandemic by establishing routines on how to manage their time at home can be beneficial.

In Kenya, Pavarini et al (2020) study findings reveal that the COVID-19 pandemic is having a pervasive effect on the adolescents’ mental health and well-being, subjecting them to feelings of deep uncertainty and a situation of lacking control. Inspired by Amartya Sen's capabilities framework, the researchers contend that building capacity for parents on civic engagement during this time will help adolescents be mentally stable.

Behavior compliance to COVID-19 protocols and psychosocial support through the COVID-19 crisis among Kenyan adolescents will help in ‘giving voice’ to their experiences and developing resilience that is in turn valuable in enabling adolescents to overcome mental health-related issues. It is against this backdrop that the current study was done to determine how behavioral compliance and psychosocial support influence mental health among adolescents in Kenya during the COVID-19 pandemic.

**Research Objectives**

The study sought to:

i. Determine the relationship between behavioral compliance and mental health among adolescents in Kenya.

ii. Determine the relationship between psychosocial support and mental health among adolescents in Kenya.

iii. Determine whether there are gender differences in mental health among adolescents in Kenya

**Purpose of the Study**

This study sought to establish how behavioral compliance and psychosocial support influence mental health among adolescents during the COVID-19 pandemic in Kenya

**Review of Related Literature**

In the United Kingdom, Holmes et al., (2020) sought to examine how mental health consequences for vulnerable groups can be mitigated during this period of the COVID-19 pandemic. The study, therefore, explored the social, psychological, and neuroscientific effects of coronavirus and established the immediate priorities and long-term strategies for mental health for the vulnerable groups. The priorities were informed by the surveys of the public and an expert panel that was convened by the UK Academy of Medical Sciences and mental health research charity, MQ: Transforming Mental Health, during the initial weeks of the pandemic in the UK. The study results revealed that to rise and mitigate the challenge
requires an in-depth multi-sectoral integration of sectors across the country. In particular, the new funding will be required in meeting the priorities of addressing issues linked to mental health. Since this reviewed literature is from the United Kingdom, there was a dearth of local studies. The current study, therefore, purposes to fill this gap.

In China, a study by Ahmed et al (2020) examined the effect of COVID-19 and the associated psychological problems. An online survey was carried on a sample of 1074 Chinese people, where the majority of them were from Hubei province. The study results revealed that people aged 21–40 years are the most vulnerable to alcohol use and mental health conditions. The study recommended that it is time to implement a multi-faceted approach to curb the adverse effects of the pandemic, notably, forming multidisciplinary mental health teams, providing psychiatric treatment services, utilizing online counseling avenues, strengthening rehabilitation programs, and ensuring specialized care for vulnerable groups. The present study, however, used adolescents of age bracket 13–20 years.

Rakhmanov & Dane (2020) study carried out in Nigeria examined the levels of information and anxiety among African university students regarding the COVID-19 epidemic. The first case of the novel virus was reported in Nigeria on March 10, 2020. With the stable increment in numbers, all tertiary educational institutions were closed with an order from the Ministry of Education and the government announced its initial lockdown of big cities on March 30, 2020. In this study, 183 (69 male and 114 female aged 17-21 years) Nigerian university students participated. To obtain their knowledge and anxiety scores, the survey questions were anchored on referencing previous and current epidemic studies. Results revealed that to overcome the pandemic related anxiety among students, knowledge levels should be increased while anxiety levels should be minimized via online platforms. Further, the mental health of university students should be monitored constantly. The current will, however, use secondary school students.

To find out the coping strategies used by the young people in addressing the health implications fronted by COVID-19, Fegert et al (2020) carried out an online survey and collected data on the greatest concerns regarding mental health implications of COVID-19 and the coping strategies used by adolescents. The survey was executed by use email to MQ's supporter network. Cumulatively, 2198 young people completed the survey. It was established that even though the current pandemic can bring with it opportunities that will be critical for personal growth, the disadvantages posed by the outbreak of the novel virus outweigh the perceived benefits. Anxiety, absence of peer contact, and reduced opportunities for stress regulation are major concerns. To address the mental issues attributable to the current pandemic, adolescent psychiatrists must ensure continuity of care during all phases of the pandemic. A deeper understanding of how mental health-related issues among adolescents can be addressed in the wake of COVID-19 is, therefore, important is shedding more light on curbing disorder disorders that form the basis of the current study.

In Kenya, a study by Karijo et al (2020) sought to establish knowledge levels, gaps, and attitudes of the adolescents with regard to the novel virus and identify the effects of the pandemic on their health seeking behavior. Consequently, cross-sectional descriptive
research was conducted among 2,153 adolescents across 47 counties. The researchers used a combined online survey and phone interviews as a means of collecting data. All the survey responses were analyzed using STATA version 15 and tabulated by age, gender, and education level. To test for differences among the variables, chi-square tests were done at a significance level of 0.05. The study results revealed that the need to track health service use among adolescents is essential in laying long-term strategies meant to minimize the potential long-term mental health consequences of the COVID-19 pandemic. Strategies to sustain positive behavior compliance and leverage the vast network of adolescents as champions of behavior change will be critical in reducing the spread and psychological impacts of COVID-19. While this study sued a descriptive research design, the current study used a correlational design.

**Statement of the Problem**
The novel virus first reported in Kenya in March 2020 has led to the closure of learning institutions. In addition to learning, these institutions served as socializing and counseling centers; services that are unparalleled in the mental wellbeing of adolescents. The closure of these institutions and social distancing measures have negatively the adolescents’ physical and mental health. Due to uncertainties surrounding the virus outbreak, millions of Kenyan adolescents are at a risk of facing mental health issues due to the potential prolonged effects of the pandemic in the country. Further, restrictions on routine socialization and the need for behavioral compliance to COVID-19 protocols, psychosocial stress is inevitable consequently exacerbating the harmful effects on the adolescents’ mental health. As a result, there is a need for the adolescents’ to comply with the COVID-19 behavioral protocols and receive psychosocial support as a platform for minimizing stress, therefore, enhancing their mental wellbeing.

**Research Methodology**

**Research Design**
A correlational research design was used in this study. Correlation design was appropriate in discovering predictive relationships and the degree of association among variables. Data was collected using a quantitative approach.

**Sampling**
Secondary school students in Kenya were the target population of this study. To obtain the sample size, purposive sampling was therefore used. Simple random sampling was then be used to obtain the 546 participants who took part in this study.

**Procedure**
An online survey was created. The survey was carried out during the lockdown period coronavirus when all the students were at home. This ensured the results obtained from the survey were reliable. In the survey, the questionnaires were posted online for participants. To ensure confidentiality of the survey, a secured internet link was developed and shared only with the respective participants. A total 300 male (mean age =17.62, SD = 2.794) and 246 female (mean age = 16.50, SD= 2.268) volunteers participated in this survey.
Research Instrument
Spitzer, Kroenke, Williams, & Löwe coined (2006) that assesses generalized anxiety disorder, and the researcher's peer-reviewed questionnaire was used in this study.

Data analysis
Descriptive statistics and Pearson product-moment were used in data analysis.

Results
Demographic Information

![Demographic Information](image)

Figure 1: Demographic Information based on gender
From figure 1, 55% of the participants who took part in this study were males while 45% were female.

Relationship between Behavioral Compliance and Mental Health among Adolescents
In order to determine the relationship between behavior compliance and the state of mental health among adolescents, the Pearson correlation coefficient was determined.

Table 1: Pearson Correlation Coefficient

<table>
<thead>
<tr>
<th>Behavioral compliance</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>546</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.740**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>546</td>
</tr>
</tbody>
</table>

Premised on the results of table 1, a correlation coefficient ($r_{xy}$) obtained was .740. The results reveal that there is a strong positive relationship between behavior compliance and mental health.
**Relationship between Psychosocial Support and Mental Health among Adolescents**

Table 2: Pearson Correlation Coefficient

<table>
<thead>
<tr>
<th>Psychosocial Support</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pearson Correlation</strong></td>
<td><strong>Sig. (2-tailed)</strong></td>
</tr>
<tr>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td>.860**</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>546</td>
</tr>
<tr>
<td>.000</td>
<td>546</td>
</tr>
<tr>
<td>N</td>
<td>546</td>
</tr>
<tr>
<td>.860**</td>
<td>546</td>
</tr>
</tbody>
</table>

Premised on the results of table 2, a correlation coefficient ($r_{xy}$) obtained was .860. The results reveal that there is a strong positive relationship between psychosocial support and mental health.

**Gender Differences in Mental Health among Adolescents**

Table 2: Difference in gender mean

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>300</td>
<td>17.62</td>
<td>2.794</td>
</tr>
<tr>
<td>Female</td>
<td>246</td>
<td>16.50</td>
<td>2.268</td>
</tr>
</tbody>
</table>

Based on table 2, males had a higher mean (17.62) compared to females (16.50). To determine whether the means are statistically different, a t-test for independent samples was run.

Table 3: Independent Sample Test

<table>
<thead>
<tr>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
</tr>
<tr>
<td>Mental health</td>
<td>Equal variances assumed</td>
</tr>
<tr>
<td>Mental health</td>
<td>Equal variances not assumed</td>
</tr>
</tbody>
</table>
The p-value obtained was .0094. A p-value less of than 0.05 is regarded as significant demonstrating that there is a significant difference in the means of the male and female participants. Consequently, during this period of COVID-19, male adolescents have higher mental health-related issues compared to female adolescents.

Discussion
COVID-19 period is undoubtedly an unprecedented time for all people, especially for adolescents who face an enormous disruption to routine school life. According to the findings, adolescents reported experiencing worry, anxiety, and fear concerning the resumption of schools; a situation that is subjecting them to psychological distress. It was established that observing the laid down protocols by the Ministry of health – keeping the social distance, wearing masks, washing hands, and regularly sanitizing characterizes the behavioral compliance will enable adolescents to reduce the risk of exposure to COVID-19 that will further aggravate their stress.

Following the closure of schools, banned recreational events, and separation from friends, feelings of anxiety, stress, and uncertainty among children were found to be inevitable. Children need love and affection now more than ever before. Parents could help in engaging children in proactive conversations regarding the novel virus. Enlightening children about basic issues around the pandemic such as hand washing and social distancing as preventing measures against the disease is not only important for their cognitive development but can also serve as a means of preparing the adolescents about COVID-19 containment measures before schools open. This will be invaluable in boosting their mental wellbeing while at home.

Further, since community-based activities and children’s recreational activities have been banned as a safety measure of keeping the social distance, parents can play an important part in filling the void. It is critical for parents to understand that adolescents might feel frustrated and depressed due to the absence of their playgroups in their midst. Parental support should, thus, should aim at reducing the negative impact of the crisis on the emotional well-being of children. Empathy is instrumental as the adolescents seek to navigate the unprecedented crisis.

Suggestion for Further Studies

i. More male students reported to be facing mental health issues during this period of COVID-19 compared to female students. Perhaps a study should be carried out to determine why the gender difference in mental health issues exist and recommend appropriate curbing strategies.
References


Rakhmanov, O., & Dane, S. (2020). Knowledge and anxiety levels of African university students against COVID-19 during the pandemic outbreak by an online survey. Journal of Research in Medical and Dental Science, 8(3), 53-56.
