

Health and development-related priorities and challenges of adolescents and young people: findings from South Africa and Kenya prior to and during COVID-19 pandemic

Lesley Gittings, Yusra Price, Jane Kelly, Natasha Kannemeyer, Angelique Thomas, Sally Medley, Nokubonga Ralayo, Vidalyne Omollo, Lucie Cluver, Carmen H. Logie, Humphres Evalia & Elona Toska

To cite this article: Lesley Gittings, Yusra Price, Jane Kelly, Natasha Kannemeyer, Angelique Thomas, Sally Medley, Nokubonga Ralayo, Vidalyne Omollo, Lucie Cluver, Carmen H. Logie, Humphres Evalia & Elona Toska (2022) Health and development-related priorities and challenges of adolescents and young people: findings from South Africa and Kenya prior to and during COVID-19 pandemic, *Psychology, Health & Medicine*, 27:sup1, 193-218, DOI: [10.1080/13548506.2022.2108084](https://doi.org/10.1080/13548506.2022.2108084)

To link to this article: <https://doi.org/10.1080/13548506.2022.2108084>



© 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 15 Oct 2022.



Submit your article to this journal [↗](#)



Article views: 2005



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 1 View citing articles [↗](#)

Health and development-related priorities and challenges of adolescents and young people: findings from South Africa and Kenya prior to and during COVID-19 pandemic

Lesley Gittings^{a,b,c}, Yusra Price^b, Jane Kelly^b, Natasha Kannemeyer^{b,d},
Angelique Thomas^{b,e}, Sally Medley^b, Nokubonga Ralayo^b, Vidalyne Omollo^g,
Lucie Cluver^{f,j}, Carmen H. Logie^{c,i}, Humphres Evalia^g and Elona Toska^{b,f,h}

^aSchool of Health Studies, Faculty of Health Sciences, Western University, London, Canada; ^bCentre for Social Science Research, University of Cape Town, Cape Town, South Africa; ^cFactor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada; ^dSchool of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa; ^eInstitute of Humanities in Africa, University of Cape Town, South Africa; ^fDepartment of Social Policy and Intervention University of Oxford, Oxford, UK; ^gCentre for the Study of Adolescence, Nairobi, Kenya; ^hDepartment of Sociology, University of Cape Town, Cape Town, South Africa; ⁱWomen's College Research Institute, Women's College Hospital, Toronto, Canada; ^jDepartment of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa

ABSTRACT

Growing evidence documents the effects of the COVID-19 pandemic on adolescents in East and Southern Africa. We present and explore the longitudinal health and development-related priorities and challenges of adolescent advisors in South Africa and Kenya, including prior to, and during the COVID-19 pandemic. Findings were co-generated with adolescent advisors in the Eastern Cape Province of South Africa (n=15, ages 18–22 in 2019) and Kisumu, Kenya (n=16, ages 10–14 in 2020). Prior to COVID-19, adolescent advisors engaged in a participatory exercise to share and explore their health and development-related priorities and challenges in 2019 and 2020. During the COVID-19 pandemic in 2020 and 2021, members of the same groups shared their experiences, challenges and coping strategies in semi-structured telephone interviews (Eastern Cape: n=14, aged 19–23; Kisumu n=12, aged 11–16) and group-based remote participatory social media activities (n=27 activities with n=12 advisors, Eastern Cape). We thematically analysed COVID-19 activities, considering them alongside pre-pandemic priorities and challenges. Many of the health and development-related priorities and challenges identified prior to COVID-19 remained issues of concern during COVID-19. These included education; victimization and violence; teenage pregnancy; substance use; household tension, conflict and inadequate family and caregiver support; health and medication concerns (South Africa) and water and food shortages (Kenya). Other issues such as financial insecurity, mental health, and crime were strong themes that emerged during COVID-19, which were not directly reported as priorities prior. Although almost all of adolescent advisors' most

ARTICLE HISTORY

Received 22 February 2022
Accepted 25 July 2022

KEYWORDS

Adolescence; COVID-19;
South Africa; Kenya; health &
development

CONTACT Lesley Gittings  lesley.gittings@gmail.com  School of Health Studies, Faculty of Health Sciences, Western University, London, Ontario Canada; Centre for Social Science Research, University of Cape Town, Cape Town, South Africa

© 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Growing evidence documents the challenges brought about by the COVID-19 pandemic, including its indirect effects on adolescents and young people (AYP) in East and Southern Africa (Armbruster et al., 2020; Chauke & Chinyakata, 2020; UNICEF Office of Research, 2020). AYP in low- and middle-income countries are among those bearing the indirect effects of COVID-19, which exacerbated existing challenges faced by this group (Menendez et al., 2020; UNICEF Office of Research, 2020). Documented disruptions and indirect COVID-19 effects experienced by AYP include education, food insecurity and livelihoods (Álvarez-Iglesias et al., 2021; Chauke & Chinyakata, 2020; Douglas et al., 2020; UNICEF Office of Research, 2020). Health-related challenges include worsened pregnancy and sexual and reproductive health outcomes, violence, substance use, and mental and emotional health challenges (Armbruster et al., 2020; Banati et al., 2020; Dyer et al., 2021; Mambo et al., 2020; Murewanhema, 2020; Nearchou et al., 2020). Effects of COVID-19 disruptions on AYP might have lifelong implications given the sensitivity of adolescence as a developmental phase (Desmond et al., 2020).

Although adolescence is a crucial life phase, this group is among those most left behind in international health and development initiatives (Lucie Cluver et al., 2019, 2016; Lorraine Sherr et al., 2020). Prior to the COVID-19 pandemic, adolescent health and development in LMIC contexts was increasingly recognized as requiring further research and intervention, including through participatory approaches which can be transformative and catalyse social change (Mitchell & Sommer, 2016). AYP have been historically excluded from research and decision-making (Swartz & Nyamnjoh, 2018).

We present and explore longitudinal health and development-related challenges and priorities of two groups of adolescents – one in East Africa and the other in Southern Africa – generated using participatory approaches in 2019 and early 2020 prior to the COVID-19 pandemic.

We take stock of these alongside key themes that emerged from their COVID-19 priorities, experiences and challenges. In doing so, we consider emergent and persistent needs, priorities and challenges of this group longitudinally. We explore how COVID-19 may have shaped what is important to adolescents, and how they articulate and understand their priorities and challenges.

Methods

Findings were co-generated with two adolescent advisory groups of the Accelerate Achievement for Africa's Adolescents Research Hub. Adolescent advisory groups engage arts-based and participatory approaches to gather context-specific information and explore the experiences and expertise of advisors to inform further research and policy. This approach is premised on the belief that when young people are meaningfully engaged, research, policy and programming are more responsive to their priorities and needs (Campbell et al., 2009; M Skovdal & Cornish, 2015). We engaged adolescents and young people with whom the research team have built rapport through in-person activities over the course of one to four years. Advisory group members were recruited from two cohort studies in the Eastern Cape Province of South Africa, and through schools with a community-based youth organisation in

Kisumu, Kenya. Details of these groups and methods prior-to-COVID-19 (Cluver et al., 2020; Gittings et al., 2022) and during COVID-19 (Gittings et al., 2022; Gittings et al., 2021; Gittings et al., 2021) are documented elsewhere.

Activities prior to COVID-19

Adolescent advisors in the Eastern Cape Province of South Africa (n = 15, ages 18–22) and Kisumu, Kenya (n = 16, ages 10–14), engaged in a prioritisation exercise to share and explore their health and development-related priorities prior to COVID-19 in 2019/2020 (see [Appendix 1](#)).

Activities were premised on qualitative approaches in development-related research including participatory needs assessment and situational analysis (Skovdal & Cornish, 2015). The use of prioritisation exercises in particular can enable community members – including marginalised groups such as children – to participate and offer critical reflection of the conditions that compromise their well-being; to reflect upon and determine priorities; and provide insight into issues that they deem important (Skovdal & Cornish, 2015). We engaged a modified preference-ranking prioritisation exercise with adolescent advisors in order to gather information about their contextual environments, experiences and priorities to build upon in future research.

In Kenya, adolescent advisors responded to the prompt ‘What issues are adolescents facing in my community?’ using post-it notes (one response per note). Notes were then grouped into themes, and adolescent advisors were given five ‘voting stickers’ each to place on one or more of the issues to denote their priorities.

In South Africa, advisors were provided with the prompt ‘What are the biggest issues facing youth?’ (translated from isiXhosa) and chart paper to write individual responses. Following this, in groups they reviewed and grouped their priority responses into themes, presented these back to their group and in a later session explored using a variety of self-selected approaches which included singing, writing, poetry, storytelling, theatre and drawing.

[Appendix 1](#) contains further details about these processes with each group.

COVID-19 activities

During the COVID-19 pandemic in 2020/2021, members of the same groups shared their experiences, challenges and coping strategies in semi-structured telephone interviews (Eastern Cape: n = 14, 19–23; Kisumu n = 12, 11–16) and group-based remote participatory social media activities (Eastern Cape: n = 27 activities, n = 12 advisors). Across the pre-COVID-19 workshops and COVID-19 activities, the main facilitator in each site remained consistent, ensuring continued rapport with adolescent advisors.

The author team analysed advisors’ COVID-19 responses using a remote group process, based on Braun and Clarke’s (2006) thematic analysis approach and verified emerging themes with adolescent advisors telephonically and with written and visual prompts over social media. We then considered these themes against adolescent-generated pre-pandemic lists of their health and development priorities and challenges. To assist with this longitudinal exploration, we developed convergence coding matrices for each site (see [Table A2](#)), and across sites (see [Table 1](#)). Below, we explore and consider the priorities and challenges that adolescent advisors shared prior to COVID-

Activities were conducted in a mixture of English and isiXhosa (South Africa) and Dholuo (Kenya) and transcribed verbatim into English. Ethical approvals were provided by the University of Cape Town (HREC 226/2017, version 7.0), the University of Oxford (IDREC R48876/RE003) and the African Medical and Research Foundation (AMREF-ESRC P874/2021).

In Kenya, adolescent advisors identified eight priorities pre-COVID-19: schooling, child labour, abuse and harassment, lack of food and water, early pregnancy, inadequate caregiver support, gender inequity and substance abuse. Of these, all but two (child labour and gender inequality) were themes that also emerged from in-depth semi-structured interviews during COVID-19. There were three themes present in COVID-19 that were not raised in their initial prioritisation exercise: household resource insecurity, crime (financially motivated), and isolation/mental health.

Table 1. Pre-COVID-19 and during COVID-19 convergence matrix for Kisumu, Kenya, and Eastern Cape, South Africa, Adolescents.

	Kisumu, Kenya			Eastern Cape, South Africa		
Priority Issue/Theme	Pre-COVID-19 Priority setting exercise February 2020	COVID-19 data collection May-June 2021	Convergence (Yes/No)	Pre-COVID-19 Priority setting exercise June & November 2019	COVID-19 data collection October 2020- August 2021	Convergence (Yes/No)
Education and schooling	X	X	Yes	X	X	Yes
Victimisation & violence	X	X	Yes	X	X	Yes
Pregnancy	X	X	Yes	X	X	Yes
Substance misuse	X	X	Yes	X	X	Yes
Family and caregivers: Tension, conflict and lack of support	X	X	Yes	X	X	Yes
Financial insecurity, unemployment and livelihoods	N/A	X	No	N/A	X	No.
Crime	N/A	X	No	N/A	X	No
Mental health and emotional wellbeing	N/A	X	No	N/A	X	No
Lack of food and water	X	X	Yes	N/A	N/A	N/A
Health and medication	N/A	N/A	N/A	X	X	Yes
Gender inequality	X	N/A	No	N/A	N/A	N/A
Child labour	X	N/A	No	N/A	N/A	N/A

Legend:

- Green: Convergence longitudinally and across sites (pre-COVID-19 and during COVID-19)
- Blue: Convergence across sites, not longitudinally
- Orange: Convergence longitudinally, within one site only
- Red: No convergence before/after, or between sites

blessers was not a strong theme during COVID-19. COVID-19-related challenge areas that were not in the initial exercise included household financial insecurity, mental health/emotional well-being and crime. Themes and priorities are presented and compared in [Table 1](#).

Consistent priorities and challenges (prior to and during COVID-19)

We present below consistent health and development-related priorities and challenges that were raised first by adolescent advisors in the participatory priority-setting exercise, which also emerged from COVID-19 activities as main themes. In both South Africa and Kenya, these included education and schooling; pregnancy; substance use; victimisation; and family tension and lack of support. Additional site-specific consistent priorities included medicine-taking and health (South Africa) and food and water insecurity (Kenya).

Education and schooling

A theme across sites – and over time – was that AYP prioritised education as a means for future opportunities. However, barriers to school attendance prior to COVID-19 were different across sites. Kenyan adolescent advisors – who were still in primary school – described concerns about being able to access secondary education due to school fees (primary education is free). South African adolescent advisors' concerns centred around school dropout, but not fees (fees are not always required for public secondary education in South Africa).

During COVID-19, adolescent advisors in both sites discussed challenges of COVID-19-related school closures, citing concerns about not being able to continue with studies, difficulties schooling remotely, as well as stress, boredom and social isolation. School closures also resulted in indirect social, material and emotional challenges, as well as adolescent advisors not being able to access other resources such as food through school feeding programmes, and social support services. When schools re-opened, changes to schooling routines (e.g., attending only on certain days and partial at-home learning) and protocols (e.g., physical distancing, requirements to wear masks and sanitise) were also reported as disruptive to both groups. Additionally, some Kenyan advisors were unable to return to school due to changes to household finances and an inability to pay school fees.

Pregnancy

Teenage pregnancy was another strong theme in both sites that emerged in priority setting and during COVID-19. In South Africa, concerns included difficulties in attending school after becoming a parent and strained relationships between young parents and their families. In Kenya, young advisors reported their perception that transactional relationships with older men, idleness, peer pressure and insufficient SRH support fuelled teen pregnancies. Despite being a priority issue before COVID-19, adolescent advisors expressed this as a COVID-19 concern, saying that they believed COVID-19 disruptions to health and social services caused an increase in young pregnancies. In both sites, adolescent advisors largely used distancing language, discussing it mostly as a challenge faced by 'other youth', other than in situations in which they or their partners became pregnant.

Substance use

Like pregnancy, substance use was a pre-COVID-19 issue of concern in both sites that was described as exacerbated by the pandemic. Like with pregnancy, adolescent advisors spoke about substance use using distancing language, referring to it primarily as affecting other youth. Across sites, alcohol was the primary substance discussed, alongside Dagga (South Africa) and Bhang (Kenya) (marijuana). Substance misuse was often discussed in relation to other priority issues and challenges including violence, peer pressure and coping with COVID-19 related-stressors. (see [Figure 1](#)).

Victimisation: abuse, harassment and peer pressure

Various forms of victimisation and abuse were described as concerning to adolescents before COVID-19. These included peer pressure and bullying (both sites); gender-based violence (GBV) (both sites), sexual harassment and rape (both sites); cyber bullying (South Africa); and femicide (South Africa). During COVID-19, adolescent advisors raised additional concerns. In Kenya, concerns included harassment by adolescent boys and young men who were spending more time together due to school closures. In South Africa, adolescent girls and young women described increased GBV and femicide, after a spate of high-profile cases during lockdown.

Family and caregivers: tension, conflict and lack of support

In both sites, household tension and lack of family and caregiver support were raised as priority areas and challenges prior to COVID-19. In South Africa, AYP discussed absent fathers and broken families, alongside related concerns over material resources. During COVID-19, adolescent advisors in both sites described finance-related tension and conflict within their families, alongside unequal distribution of resources (such as food and toiletries) and limited childcare. Strained home relationships varied from bickering to physical violence and more severe forms of conflict, which sometimes resulted in transient moving between households. While some AYP described spending positive time with family, increased sense of responsibility within homes and deepening family relationships, many also expressed concerns over inadequate care, poor treatment, and heavy expectations to carry chores and caring for younger children. (see [Figure 1](#)).

Site-specific longitudinal priority issues and challenges

There were also consistent priorities and challenges that were unique to each site. In Kenya, concerns over food and water were presented as a priority issue prior to COVID-19, and described as exacerbated by COVID-19. While food insecurity was related to concerns over household incomes (as discussed above), water concerns were discussed in relation to sanitation and exacerbated due to the imperative to practice increased hand-washing for COVID-19 prevention.

In South Africa, concerns over health and medicine-taking were expressed prior to, and during COVID-19. It is possible that this difference is due to a selection bias, as many South African adolescent advisors were recruited from a study of AYP living with HIV. Prior to COVID-19, South African advisors prioritised 'health challenges', 'not accepting an HIV-

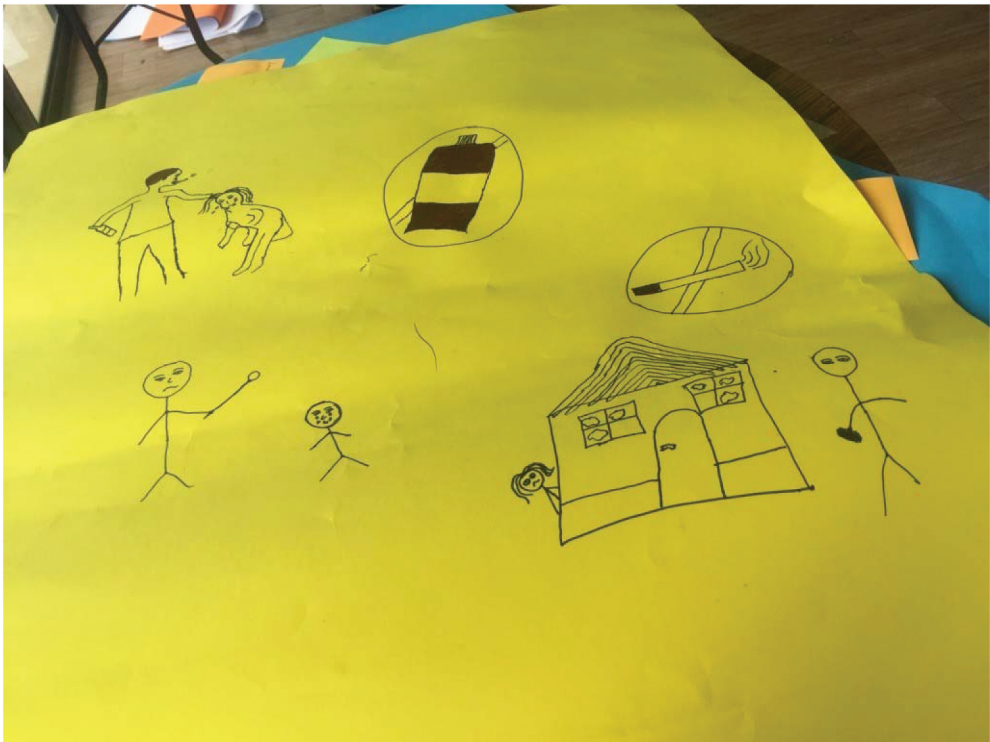


Figure 1. November 2019, Eastern Cape South Africa. An adolescent boy visually depicts relationships between substance abuse and domestic violence.

positive status', not going to the clinic, and adolescent deaths as concerns. During COVID, they spoke about long wait times, having to queue outside clinics, interruptions to health services (Kelly et al., 2022) and increased concerns over illness and fear of death.

Emergent themes from COVID-19 activities

In both South Africa and Kenya, three themes emerged strongly from COVID-19 activities that were not raised as priority areas by adolescent advisors in either site prior. First, AYP described feeling isolated and alone, and many described feelings characteristic of mental health challenges.

Second, concerns over increased financially motivated crime such as theft and break-ins were also presented as strong concerns. Third, AYP spoke directly about financial insecurity and livelihoods as related to COVID-19 shocks.

In Kenya, issues of financial insecurity and livelihoods were not directly discussed as priority issues prior to COVID-19, although they were implicit within other priorities, such as lack of school fees and food insecurity. In COVID-19 activities, a strong theme amongst Kenyan adolescent advisors was strained caregiver livelihoods, and household financial insecurity. They described how caregivers, many of whom had worked informally as traders and vendors were now at home, unable to earn money. The knock-on effects of this included food insecurity and inability to cover school fees. Similarly, in

South Africa, adolescent advisors reported concerns prior to COVID-19 about their employment prospects within a context of high unemployment. However, household financial insecurity was not spoken about as a direct priority issue prior to COVID-19. During COVID-19, South African AYP similarly discussed concerns over caregiver livelihoods and lacking basic necessities.

There were other issues and challenges that differed between the priority-setting exercise and main themes from the COVID-19 activities. Gender inequality and concerns over child labour were priority issues in Kenya pre-COVID-19 but did not emerge as themes in COVID-19 activities. In South Africa, gender-based violence, rape, and femicide were discussed as common concerns during COVID-19 while not being listed as pre-COVID-19 priority issue. It is difficult to discern whether these differed due to actual changes in priorities, differences in activities, or if COVID-19 brought issues to the fore in different ways.

Table 1 summarises results across sites.

Discussion

Most of the health and development-related challenges identified by adolescent advisors as priority issues prior to COVID-19 remained issues of concern for them during the COVID-19 pandemic. These included access to, and retention in education; victimization and violence; teenage pregnancy; substance use; tense home environments including conflict and inadequate family and caregiver support; health and medication concerns (South Africa) and water and food shortages (Kenya). Other issues such as financial insecurity, mental health, and crime were strong themes that emerged as challenges during COVID-19, which were not directly reported as priority issues prior to COVID-19.

We suggest two separate, yet related phenomena to explain how adolescents reported on the COVID-19 challenges facing youth in their communities. First, they articulate how the COVID-19 pandemic has exacerbated pre-existing vulnerabilities, a finding that has been well documented in the literature. Indeed, the negative effects of COVID-19 on adolescents globally across domains of education (Chauke & Chinyakata, 2020; UNICEF Office of Research, 2020), livelihoods and food insecurity (Álvarez-Iglesias et al., 2021; Chauke & Chinyakata, 2020), worsened pregnancy and sexual and reproductive health outcomes (Armbruster et al., 2020; Dyer et al., 2021; Mambo et al., 2020; Murewanhema, 2020), violence and substance use (Banati et al., 2020; Bhatia et al., 2021) are indisputable.

Second, we argue that the COVID-19 pandemic has brought about a new awareness of, and language to discuss pre-existing health and development-related challenges. Almost all of adolescent advisors' most pressing pandemic-related challenges were also issues that they presented as priority issues prior to COVID-19. These priorities mapped clearly onto well-documented pre-COVID-19 health and development-related challenges.

That COVID-19 may have brought about a new paradigm for adolescents to make sense of and articulate their challenges aligns with a literature on how people engage narrative to make sense of and find meaning in difficult experiences. For example, Colvin (2018) documents how a community group engaged storytelling following apartheid in

South Africa as a personally, socially, and politically significant process that enabled new understandings of possibility and self-identities. Similarly, Bury's (1982) theory of biographical disruption suggests that illness results in a disruption to narratives of how people understand themselves and their life trajectories. The advent of the COVID-19 pandemic may have fundamentally shifted how AYP understand and speak about their lives and challenges. In other words, AYP may leverage forms of COVID-19 narratives to make sense of their experiences and form new understandings of themselves, their lives and possibilities. This was sometimes explicit within some AYP's narratives. As put by one South African adolescent advisor 'The problem, there is no food ... So, COVID started, we already did not have food, okay. But then it affected my mother because she also did not work ...'. (Female, Age 21).

More often, however, this was implicit and gleaned from exploratory, close longitudinal work through which researchers and advisors built longstanding relationships. This could also be seen in demographic studies in each of the respective regions, and in the case of South Africa, cohort studies by the research team from which adolescent advisors were recruited. For example, both the Eastern Cape and Kisumu see high levels of poverty, HIV and adolescent pregnancies. Challenges with health facility access and retention in care, violence victimisation, and teenage pregnancy, and substance use have been documented by the research team with the same cohort studies in South Africa that adolescent advisors were recruited from (L L Cluver et al., 2018; Hodes et al., 2016). Yet, many of these were discussed as new or severely worsened challenges. Similarly, in another paper in this issue, South African adolescent advisors' accounts of scolding nurses and inadequate health services are detailed as COVID-19-related stressors, alongside a body of evidence documenting similar barriers prior to COVID-19 (Kelly et al., 2022). While these issues were likely exacerbated by COVID-19, they were not altogether new. That they were spoken about openly in mass media and became part of daily parlance during COVID-19 may have provided new language and space for AYP to speak about these pre-existing issues differently, and in more open ways.

Adolescent advisors discussed previously identified issues as new, caused by the onset of COVID-19. In doing so, they leveraged new narratives to make sense of, and articulate their experiences. Drawing on dominant discourse, AYP spoke about things going '*back to normal*', despite having also previously articulated serious deficits in their daily lives and opportunities. While access to education with school closures and changes to hours, remote learning and protocols was described as an explicit change due to COVID-19 prevention measures, other previously documented priority issues such as victimisation, substance use, pregnancy and inadequate family support were described as caused by the indirect effects of the COVID-19 pandemic on financial, social and health systems. Adolescent advisors articulated these challenges as either severely worsened or new, despite having identified them previously as issues of concern.

Three exceptions to the longitudinal consistency of adolescent priority issues were (1) mental health; (2) crime; and (3) directly articulated household financial insecurity. In both sites, adolescent advisors described feeling isolated, alone, down and stressed, with many describing feelings characteristic of mental and emotional health challenges, findings of which have been reported in more depth elsewhere (Gittings, Toska et al.

2021). Adolescent mental health-related challenges brought about and exacerbated by the COVID-19 pandemic are documented in a growing literature (Álvarez-Iglesias et al., 2021; Banati et al., 2020; Nearchou et al., 2020; L. L. Sherr et al., 2021). (see Figure 2).

Whereas South African AYP shared concerns over finding work prior to COVID-19, issues of livelihoods and household financial insecurity only emerged directly as themes during COVID-19. Given well-documented COVID-19 pandemic shocks (Darmody, Smyth, Russell, 2021; Chauke & Chinyakata, 2020), this finding is notable although not surprising. Despite this, many concerns related to household resources including lack of food (Kenya), money for school fees (Kenya) and inability to find work (South Africa) were reported and well-documented prior to the pandemic. It is likely that COVID created new spaces and language to discuss these existing challenges.

In both sites, a new issue linked directly to COVID-19 included crime, exacerbated by financial challenges. While crime is certainly not new – especially within the South African context, which has been ranked amongst the highest-crime countries in the world due to inequality, poverty, unemployment, social exclusion and normalisation of violence (World Population Review, 2022) – various stages of COVID-19 lock-downs saw fluctuations in crime (Greyling et al., 2021; Kriegler, 2021).

In an earlier study exploring South African AYP experiences at the beginning of the COVID-19 pandemic (Gittings et al., 2021), we suggested that while exacerbating existing challenges, COVID-19 lockdown provided AYP with additional clarity of, and language to speak about existing difficulties. Through this additional analysis, it is clear indeed that the issues reported on during COVID-19 were mostly not new or completely attributable to COVID-19 lockdowns and their effects. While not diminishing the



Figure 2. Visual translation of South Africa adolescent advisors' depiction of COVID-19-related mental health challenges.

severity of adolescent COVID-19 experiences, or their understandings of their experiences, we suggest that it is crucial not to lose sight of the existence of significant health and social challenges experienced by adolescents prior to the COVID-19 pandemic. Considering such challenges through a longitudinal lens comes with the possibility of not only responding and ‘recovering from’ the urgent harmful effects of COVID-19 but also improving the socio-structural and material conditions of a highly vulnerable and important population of people. Such a longitudinal and structural lens will no doubt also support pandemic and disaster preparedness for future emergency situations.

This research has some limitations. First, activities were conducted with two demographically different groups of AYP, limiting close comparisons across these groups. Further, approaches differed slightly across sites (see [Appendix 1](#)): (1) we were unable to conduct a follow-up to explore Kenyan adolescents’ priorities in more depth due to the onset of the COVID-19 pandemic; (2) COVID-19 reported experiences were not generated from the same priority-setting exercise, but rather from exploratory activities to understand adolescent experiences, coping and challenges; (3) although the COVID-19 call scripts were similar across sites, Kenyan advisors had significantly less technology access and relied more heavily on care-giver phones which undoubtedly shaped their responses; and (4) in South Africa, AYP additionally took part in closed online group activities which generated further insights. Given these limitations, longitudinal activities using consistent methods may be better placed to compare aspects of AYP’s experiences. Despite these, the longitudinal nature of engagements with adolescents spanning the periods before and immediately after the start of the COVID-19 pandemic, combined with the depth of participatory and adolescent-driven insights provide rich and important insight into adolescent experiences, challenges and priority issues across time. These were possible due to long-standing relationships and rapport between researchers and adolescent advisors.

Findings presented in this paper also demonstrate the ability of AYP in different LMIC contexts to identify and articulate their health and development-related priorities when given the opportunities to do so, and the possibilities of participatory and arts-based methods to support priority-setting. Such methods including in-person (Lucie Cluver et al., 2020; Lesley Gittings et al., 2022) and remote (Gittings et al., 2022; Gittings, L., Toska, E., Medley, S., Cluver, L., Logie, H., Ralayo, N., Chen, J, Mbithi, n.d.; L. Gittings, Toska et al., 2021; Gittings et al., 2021) approaches set the ground for developing rapport and trust with adolescent advisors, and encouraging their confidence. These participatory prioritisation approaches – in-person and remotely – have relevance beyond research. They can equally be tools to engage adolescents in co-generating priorities and rich contextual information to inform health and development-related policy, program and intervention initiatives. As demonstrated here, such groundwork can be leveraged in pandemic and emergency contexts to generate rich and rigorous experiential data to understand the needs of this important, and often left-behind group.

Acknowledgments

Foremost thanks to the adolescents and young people of the Eastern Cape and Kisumu, Kenya, Teen Advisory Groups for generously sharing their experiences and challenges before and during COVID-19 lockdown in South Africa with us. Authors thank and acknowledge the crucial support of the research and support teams based at the Universities of Cape Town and Oxford. Thank you to Ms Nosiphiwo Lawrence and Mr Nabeen Petersen who supported study design and data collection, and to Dr Megan Wainwright who provided valuable guidance to the research analysis process. We acknowledge and thank Dr Rebecca Hodes, Ms Mildred Thabeng, Dr Jenny Doubt, Dr Inge Wessels and Dr Carine Asnong for their long-term involvement and support of the Teen Advisory Groups study on which this work builds. Teen advisors were recruited from the Young Carers, Mzantsi Wakho and HEY BABY studies, and we are grateful to the research teams from these research studies. We are grateful to the anonymous reviewers who commented on previous drafts of this article.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This study was possible due to funding from: the UKRI GCRF Accelerating Achievement for Africa's Adolescents (Accelerate) Hub (Grant Ref: ES/S008101/1); the UKRI GCRF/Newton Fund [GCRF NF39: COVID-19 Child Abuse Prevention Emergency Response]; the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation programme (n° 771468); the UK Medical Research Council (MRC) and the UK Department for International Development (DFID) under the MRC/DFID Concordat agreement, and by the Department of Health Social Care (DHSC) through its National Institutes of Health Research (NIHR) [MR/R022372/1]; the Fogarty International Center, National Institute on Mental Health, National Institutes of Health under Award Number K43TW011434, the content is solely the responsibility of the authors and does not represent the official views of the National Institutes of Health; a CIPHER grant from International AIDS Society [2018/625-TOS & 155-Hod], the views expressed do not necessarily reflect the official policies of the International AIDS society; Research England [0005218] and UNICEF Eastern and Southern Africa Regional Office (UNICEF-ESARO). This study was possible thanks to the support of Oak Foundation [R46194/AA001] and [OFIL-20-057]. LG's research is also supported by the Social Sciences and Humanities Research Council of Canada (SSHRC), including PEG-511078, and the SSHRC Postdoctoral Funding Scheme. Co-funding was received from: Nuffield Foundation [CPF/41513], but the views expressed are those of the authors and not necessarily those of the Foundation; Evidence for HIV Prevention in Southern Africa (EHPSA), a UK aid programme managed by Mott MacDonald; Janssen Pharmaceutica N.V., part of the Janssen Pharmaceutical Companies of Johnson & Johnson and the Regional Inter-Agency Task Team for Children Affected by AIDS – Eastern and Southern Africa (RIATT-ESA). Further funding provided by the Economic and Social Research Council [grant number ES/J500112/1], the Leverhulme Trust [PLP-2014-095], the John Fell Fund and the University of Oxford's ESRC Impact Acceleration Account.

ORCID

Lesley Gittings  <http://orcid.org/0000-0002-0463-0478>

Jane Kelly  <http://orcid.org/0000-0002-1216-6273>

Lucie Cluver  <http://orcid.org/0000-0002-0418-835X>

Carmen H. Logie  <http://orcid.org/0000-0002-8035-433X>

Elona Toska  <http://orcid.org/0000-0002-3800-3173>

References

- Álvarez-Iglesias, A., Garman, E., & Lund, C. (2021). Effects of COVID-19 on the economy and mental health of young people in South Africa: Opportunities for strengthening social protection programmes by integrating mental health. *South African Journal of Psychology*, 51(2), 199–204. <https://doi.org/10.1177/00812463211015348>
- Armbruster, M., Fields, E., Campbell, N., Griffith, D., Kouoh, A., Knott-Grasso, M., . . . Agwu, A. (2020). Addressing health inequities exacerbated by COVID-19 among youth with HIV: Expanding our toolkit. *Journal of Adolescent Health*, 67(2), 290–295. <https://doi.org/10.1016/j.jadohealth.2020.05.021>
- Banati, P., Jones, N., & Youssef, S. (2020). Intersecting vulnerabilities: The impacts of COVID-19 on the psycho-emotional lives of young people in low- and middle-income countries. *European Journal of Development Research*, 32(5), 1613–1638. <https://doi.org/10.1057/s41287-020-00325-5>
- Bhatia, G., Chatterjee, B., & Dhawan, A. (2021). Adolescents, drugs, and COVID-19: Special challenges during the pandemic. *Indian Journal of Psychological Medicine*, 43(2), 95–99. <https://doi.org/10.1177/0253717621988998>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health & Illness*, 4(2), 167–182. <https://doi.org/10.1111/1467-9566.ep11339939>
- Campbell, C., Gibbs, A., Maimane, S., Nair, Y., & Sibiya, Z. (2009). Youth participation in the fight against AIDS in South Africa: From policy to practice. *Journal of Youth Studies*, 12(1), 93–109. <https://doi.org/10.1080/13676260802345757>
- Chauke, T., & Chinyakata, R. (2020). The effects of the Covid-19 outbreak on the positive development of young people in Malamulele, South Africa the development of human capabilities through the family view project. *The Thinker*, 84(2), 70–75.
- Cluver, L., Doubt, J., Wessels, I., Asnong, C., Malunga, S., Mauchline, K., . . . Thabeng, M. (2020). Power to participants: Methodological and ethical reflections from a decade of adolescent advisory groups in South Africa. *AIDS Care*, 32(sup2), 1–9. <https://doi.org/10.1080/09540121.2020.1845289>
- Cluver, L., Meinck, F., Toska, E., Orkin, M., Hodes, R., & Sherr, L. (2018). Violence exposure and adolescent antiretroviral non-adherence in South Africa. *AIDS*, 32(No. 8), 975–983. <https://doi.org/10.1097/QAD.0000000000001795>
- Cluver, L. D., Orkin, F. M., Campeau, L., Toska, E., Webb, D., Carlqvist, A., & Sherr, L. (2019). Improving lives by accelerating progress towards the UN sustainable development goals for adolescents living with HIV: A prospective cohort study. *The Lancet Child & Adolescent Health*, 3(4), 245–254. [https://doi.org/10.1016/s2352-4642\(19\)30033-1](https://doi.org/10.1016/s2352-4642(19)30033-1)
- Cluver, L. D., Orkin, F. M., Meinck, F., Boyes, M. E., Yakubovich, A. R., & Sherr, L. (2016). Can social protection improve sustainable development goals for adolescent health? *PLOS ONE*, 11(10), e0164808. <https://doi.org/10.1371/journal.pone.0164808>
- Colvin, C. J. (2018). Traumatic storytelling and memory in post-apartheid South Africa: Performing signs of injury. In *Traumatic storytelling and memory in post-apartheid*. London & New York: Routledge. <https://doi.org/10.4324/9780429491818>
- Darmody, M., Smyth, E., & Russell, H. (2021). Impacts of the COVID-19 Control Measures on Widening Educational Inequalities. *YOUNG*, 29(4), 366–380. <https://doi.org/10.1177/11033088211027412>
- Desmond, C., Sherr, L., & Cluver, L. (2020). Covid-19: Accelerating recovery. *Vulnerable Children and Youth Studies*, 16, 1–6. <https://doi.org/10.1080/17450128.2020.1766731>

- Douglas, M., Katikireddi, S. V., Taulbut, M., McKee, M., & McCartney, G. (2020). Mitigating the wider health effects of covid-19 pandemic response. *The BMJ*, 369(m1557). <https://doi.org/10.1136/bmj.m1557>
- Dyer, J., Wilson, K., Badia, J., Agot, K., Neary, J., Njuguna, I., . . . Kohler, P. (2021). The psychosocial effects of the COVID-19 Pandemic on youth living with HIV in Western Kenya. *AIDS and Behavior*, 25(1), 68–72. <https://doi.org/10.1007/s10461-020-03005-x>
- Gittings, L., Casale, M., Kannemeyer, N., Rayalo, N., Cluver, L., Kelly, J., Logie, C., & Toska, E. (2021). ‘Even if I’m well informed, I will never get it’: COVID-19 vaccine beliefs, intentions and acceptability among adolescents and young people in South Africa. *South African Health Review*, 2021, 297–307. https://www.hst.org.za/publications/South%20African%20Health%20Reviews/Chapter28_SAHR21_04022022_OD.pdf
- Gittings, L., Medley, S., Logie, C. H., Ralayo, N., Cluver, L., Petersen, N., . . . Toska, E. (2022). Art-based reflections from 12 years of adolescent health and development-related research in South Africa. *Health Promotion International*, 37(Suppl_2), ii83–ii96. <https://doi.org/10.1093/heapro/daac020>
- Gittings, L., Ralayo, R., Kelly, J., Coakley, C., Peterson, N., Medley, S., Price, Y., Thomas, A., Kannemeyer, N., Chen-Charles, J., Bray, S., & Toska, E. (2022). *Remote Methods for Engaging Adolescents and Young People in Research: Lessons from Adolescent Advisors in South Africa and Kenya During COVID-19*, University of Cape Town. <https://www.heybaby.org.za/poster-presentations/tag-toolkit>
- Gittings, L., Toska, E., Medley, S., Cluver, L., Logie, H., Ralayo, N., Chen, J., & Mbithi, J. (2021). ‘Now my life is stuck!’: Experiences of adolescents and young people during COVID-19 lockdown in South Africa. *Global Public Health*, 16(6), 947–963. <https://doi.org/10.1080/17441692.2021.1899262>
- Greyling, T., Rossouw, S., & Adhikari, T. (2021, January 1). The good, the bad and the ugly of lockdowns during Covid-19. *PLoS ONE*, 16(1), e0245546. <https://doi.org/10.1371/journal.pone.0245546>
- Hodes, R., Toska, E., & Gittings, L. (2016). Babies for bling: Are teenage girls having children to access grants? *HIV Nursing Matters*, (2), 20–23. <https://sahivsoc.org/Files/Nursing%20Matters%20June%202016.pdf>
- Kelly, J., Gittings, L., Laurenzi, C., Glinksi, C., Mangalaza, H., Ralayo, N., & Toska, E. (2022). SRH and HIV healthcare delivery experiences of South African healthcare workers and adolescents and young people during COVID-19. *Psychology, Health and Medicine*. <https://doi.org/10.1080/13548506.2022.2108080>
- Kriegler, A. (2021). *Crime statistics show South Africa’s lockdown “crime holiday” is over. The Conversation*. Retrieved February 2, 2022, from <https://theconversation.com/crime-statistics-show-south-africas-lockdown-crime-holiday-is-over-166785>
- Mambo, S. B., Ssebuufu, R., Mulumba, Y., Wasswa, H., Health, R., Thompson, U. K., . . . Kyamanywa, P. (2020). *Sexual and reproductive health and rights challenges among Ugandan youth during COVID-19 pandemic lockdown: An online cross-sectional study*. Research Square.
- Menendez, C., Gonzalez, R., Donnay, F., & Leke, R. G. F. (2020). Avoiding indirect effects of COVID-19 on maternal and child health. *The Lancet Global Health*, 8(7), e863–e864. [https://doi.org/10.1016/s2214-109x\(20\)30239-4](https://doi.org/10.1016/s2214-109x(20)30239-4)
- Mitchell, C. M., & Sommer, M. (2016). Participatory visual methodologies in global public health. *Global Public Health*, 11(5–6), 521–527. <https://doi.org/10.1080/17441692.2016.1170184>
- Murewanhema, G. (2020). Adolescent girls, a forgotten population in resource-limited settings in the COVID-19 pandemic: Implications for sexual and reproductive health outcomes. *The Pan African Medical Journal*, 37(1), 41. <https://doi.org/10.11604/pamj.suppl.2020.37.41.26970>
- Nearchou, F., Subramaniam, S. S., Flinn, C., Niland, R., & Subramaniam, S. S. (2020). Exploring the impact of covid-19 on mental health outcomes in children and adolescents: A systematic review. *International Journal of Environmental Research and Public Health*, 17(22), 8479. <https://doi.org/10.3390/ijerph17228479>
- Sherr, L., Cluver, L., Desmond, C., Toska, E., Aber, L., Dhaliwal, M., and Dugbahaz, J. (2020). A new vehicle to accelerate the UN sustainable development goals. *The Lancet Global Health*, 8(5), e637–e638. [https://doi.org/10.1016/S2214-109X\(20\)30103-0](https://doi.org/10.1016/S2214-109X(20)30103-0)

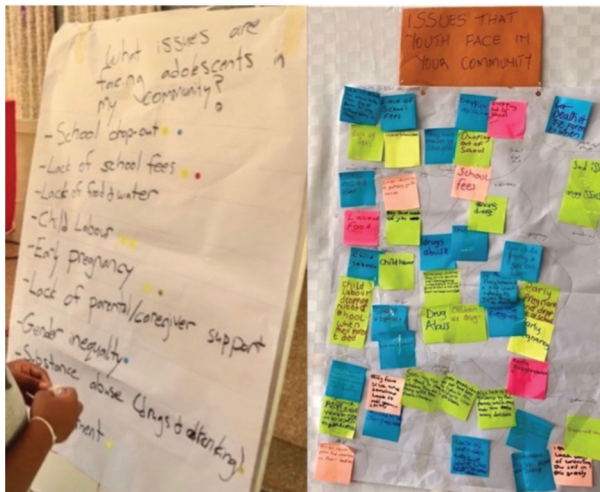
- Sherr, L., Cluver, L., Tomlinson, M., Idele, P., Banait, P., Antony, D., and Hunt, X. (2021). *Mind matters: Lessons from past crises for child and adolescent mental health during COVID-19*, Florence: UNICEF Office of Research – Innocenti. <https://www.unicef-irc.org/publications/pdf/Mind-Matters-Lessons-from-past-crises-for-child-and-adolescent-mental-health-during-COVID-19.pdf>
- Skovdal, M., & Cornish, F. (2015). *Qualitative research for development: A guide for practitioners*. Practical Action Publishing. <https://doi.org/10.3362/9781780448534>
- Swartz, S., & Nyamnjoh, A. (2018). Research as freedom: Using a continuum of interactive, participatory and emancipatory methods for addressing youth marginality. *HTS Theologies Studies/Theological Studies*, 74(3), a5063. <https://doi.org/10.4102/hts.v74i3.5063>
- UNICEF Office of Research. (2020). *Beyond masks: Societal impacts of COVID-19 and accelerated solutions for children and adolescents: Innocenti research report*.
- World Population Review. (2022). *Crime rates by country 2022*. Retrieved February 8, 2021, from <https://worldpopulationreview.com/country-rankings/crime-rate-by-country>

Appendices

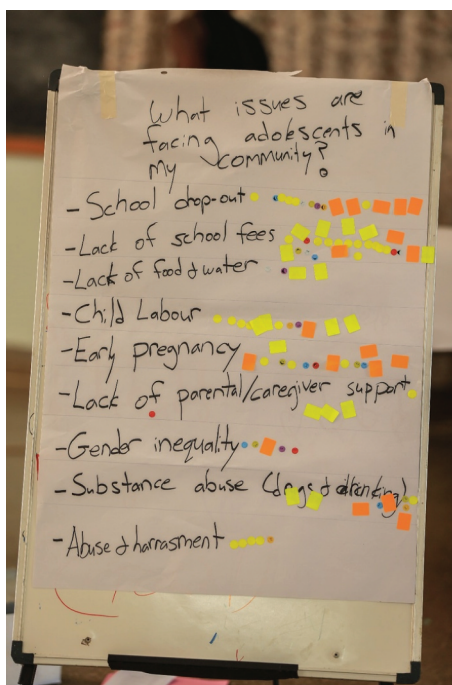
Appendix 1: Priority-setting exercise pre-COVID-19 (Images and description)

Kisumu, Kenya

Advisors in Kisumu, Kenya, were asked: what issues do youth face that are important to me? They wrote issues using sticky notes, which they then grouped and 'voted' on using stickers.



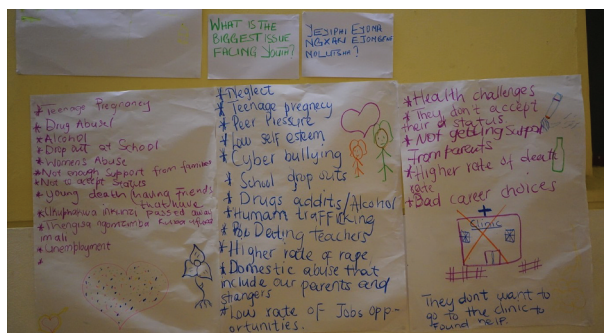
Priority setting with adolescent advisors in Kisumu, Kenya, February 2020.
List of priority issues:



- school dropout
- lack of school fees
- lack of food and water
- child labour
- early pregnancy
- lack of parental/caregiver support
- gender inequality
- substance abuse
- abuse and harassment

(1) Eastern Cape, South Africa

June 2019: This reflective activity was structured as a participatory youth exhibition. Adolescent advisors in Eastern Cape, South Africa, were provided with various arts materials to record their thoughts on the topic of 'issues faced by youth'. Summary of EC adolescent advisor responses:



October 2019

Adolescent advisors in Eastern Cape, South Africa, conducted a word association activity on their priorities generated during the June workshop. They visited stations and wrote thoughts on one sticky note for each theme of *Pregnancy/Ukukhulelwa*; *Blessers*; *Substance abuse (drugs and alcohol)/Ukuhlukunyezwa kweziyobisi*; *Peer pressure & bullying/Ifuthe labahlobo kunye nokuxhaphaza*; *unemployment and career/Intswela-ngqesho nemisebenzi*; *health and medicine/Ezempilo namachiza*.



Priority exploration in a follow-up activity with adolescent advisors in the Eastern Cape Province of South Africa, November 20.

Table A2. Data time-point convergence matrices from adolescent advisors in Kisumu, Kenya, and Eastern Cape, South Africa.

Kisumu, Kenya		Convergence (Yes/No)
Priority setting exercise February 2020 (pre-COVID-19)	COVID-19 data collection May–June 2021	
School (fees and dropouts)	Education – COVID-19 exacerbating/disrupting	Yes
Abuse and harassment	Gender-based violence, home violence, bullying, peer pressure	Yes
Lack of food and water	Lack of basic necessities – food, water and sanitation	Yes
Early pregnancy	Early Pregnancy	Yes
Lack of parental/caregiver support	Lack of social support (inc. from caregivers)	Yes
Substance abuse (drugs and drinking)	Substance abuse	No
Gender inequality		No
Child labour		No
	Financial insecurity and trade	No
	Crime	No
	Isolation, mental and emotional challenges	No
Eastern Cape, South Africa		Convergence (Yes/No)
Priority setting exercise	COVID-19 data collection	
June and November 2019 (pre-COVID-19):	October 2020–August 2021	
Substance abuse	Alcohol and substances	Yes
Unemployment and career	Livelihoods (income, financial insecurity, career)	Yes
Health and medication	Health and healthcare services (included non-COVID as well as COVID health system disruptions)	Yes
Pregnancy	Pregnancy and having children	Yes
Education and school drop out	Education, schooling – often discussed as part of broader livelihoods/unemployment and career	Yes
Lack of family support and neglect	Home tensions with caregivers	Yes
Peer pressure and bullying	Peer pressure	Yes
Blessers (Age disparate transactional sexual partners)		No
	Mental health and emotional wellbeing	No
	Crime	No

Table A3. Exemplary quotes from adolescent advisors in South Africa and Kenya.

Priority issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020-August 2021)
Education and schooling	<p>'When Corona came we were told to stay at home, the nine months has affected our education, where we were told that we have to learn online which I didn't have a smart phone so I couldn't access internet. In our school people had WhatsApp group which they were using. Unfortunately I didn't use it because I didn't have a phone. This affected me but I will try all my best ...' (Male, 16)</p> <p>'when we came back (to school) you find that some parents cannot afford the fees, so children are just at home stressed and growing thin. They do not have a good life. Some also delivered during that corona period and were not able to come back and some parents are now mistreating them'. (Female, 16)</p> <p>"I am trying but now I am at home due to school fees. My Mum is struggling to make ends meet since she is a single mother and she is taking care of me, my two brothers, my uncle and one of my cousins who are living with us. They are in school one is in class four while our last born brother is not going to school due to school fees problems, while the remaining two, my cousin and my uncle are still in school". (Male, 12)</p>	<p>'I was stressed because of books because I couldn't study some of us in this online thing and we didn't have data so that makes me stressed because in the studies I was getting behind a lot'. (Male, 22, online data collection)</p> <p>'Time is running and as it is running it feels like ... Ever since this Corona outbreak everybody was scared, you see? I mean even now we are writing yet we know nothing. And when schools are going to be closed we are all scared that we are not going to perform well. So I can say that young people were scared when all these things started and now ... Nobody wants to be stagnant. A person wants to finish studying. So there is no person ... I mean ... You want to study and be independent'. (Female, 22, phone interview)</p> <p>'Now, I am staying at home with my grandmother. We are just living because there is nothing we can do. And most of the time it is difficult for me to even apply for school because of the circumstances. But we are trying to survive every day. There is nothing new'. (Female, 20, phone interview)</p>

(Continued)



Table A3. (Continued).

Priority Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020–August 2021)
Victimisation & violence	<p>'... during that period of corona, it (violence at home) was happening because the parents were stressed, children are at home, there is no money, there is no food to eat. So you find when he comes back home he starts having problems with the children ...'</p> <p>(Female, 16)</p> <p>'Interviewer: If you were to tell the world what is happening to young people in your community, what would you say?</p> <p>Adolescent advisor: Let me say like home violence. During that long period [of lockdown], what some teenagers are going through made them stay at home since they don't want to be told to do this and that. This has made them stay away so that they can find peace. Some of the people let's say situation where girls are sexually abused by their fathers.'</p> <p>(Male, 16)</p> <p>'... some (adolescent girls who become pregnant) of them have been raped by men from the streets or some of them their parents, their fathers or some of them by their friends or boyfriends ... some girls kill themselves when they hear that they are pregnant. So we should tell the boys that they should stop being violent and take responsibility for the child'.</p> <p>(Female, 11)</p>	<p>'One of the most experiences that youth is experiencing is that they are the kind of people who are women. Women during this time were killed. And now that thing does not reach police most of the time'.</p> <p>(Female, 20, phone interview)</p> <p>'We have a pressure most of the time that challenges us. If your friend does something you look at it without thinking about yourself – whether it is going to be right for me. I personally think the most challenging thing in South Africa is peer pressure. If a person can live his life and stop living [his] friend's life and then things could be right. Our youth is only suffering from peer pressure – even dating. A person dates because he saw another person dating not because of the feelings. That is where he is going to want to experience what his friend is doing, because peer pressure is the most thing that is killing this country the most. In drugs, crime, in credits, dating and in many other things we suffer from peer pressure'.</p> <p>(Male, 22, phone interview)</p> <p>'Interviewer: What do you think the country needs to know about young people here in South Africa – about the things they are experiencing?</p> <p>...</p> <p>Adolescent advisor: how can I put it? I would say that they are strong people. They are imbokodos (rocks) ... Because I can see most of the young people are being abused, but others can withstand those things. And they also fight for other people's rights'.</p> <p>(Female, 20, phone interview)</p> <p>'So ever since I had ... neh, I had a child then things like ... They became real ... ever since I had a child – even while my baby mama, the mother of my child, was there – things were not grand [good] even at home. But I was acting cool'.</p> <p>(Male, 22, phone interview)</p> <p>'Uhm, I think we young people are people who like entertainment neh ... that certain person is pregnant ... these are things we need to be monitored with'.</p> <p>(Female, 21, phone interview)</p> <p>'... all those things of dating and pregnancy ... It seems as if it is cool to have five children ...'</p> <p>(Male, 21, phone interview)</p>
Pregnancy	<p>'... like during this period many girls are getting pregnant ... like the period was long and some teenagers saw what their friends did this they also wanted to do the same by experimenting, some end up doing things they don't know ...'</p> <p>(Male, 16)</p> <p>'There have been many changes ... like some of my classmates have gotten pregnant like my desk mate ... some girls feels embarrassed which is hard for them to cope with other students, some even went back home like a form one who has not came back to school up to this time, even some of the girls have not came back to school they are just staying at home ...'</p> <p>(Male, 16)</p> <p>'... the issue of teen pregnancies that are a lot in this village of ours. That is what I am seeing a lot now'.</p> <p>(Female, 16)</p>	<p>...</p> <p>Adolescent advisor: how can I put it? I would say that they are strong people. They are imbokodos (rocks) ... Because I can see most of the young people are being abused, but others can withstand those things. And they also fight for other people's rights'.</p> <p>(Female, 20, phone interview)</p> <p>'So ever since I had ... neh, I had a child then things like ... They became real ... ever since I had a child – even while my baby mama, the mother of my child, was there – things were not grand [good] even at home. But I was acting cool'.</p> <p>(Male, 22, phone interview)</p> <p>'Uhm, I think we young people are people who like entertainment neh ... that certain person is pregnant ... these are things we need to be monitored with'.</p> <p>(Female, 21, phone interview)</p> <p>'... all those things of dating and pregnancy ... It seems as if it is cool to have five children ...'</p> <p>(Male, 21, phone interview)</p>

(Continued)

Table A3. (Continued).

Priority Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020–August 2021)
Substance use	<p>‘Some went back to school and they are tough headed. When the teachers speak to them they [don’t] listen. Some just left like that and saw drugs are good. They have not gone back to school. They have really changed. You find that some now are not concerned about their lives as long as they get the drugs and take them. They don’t care about food and are continuing to grow thin. They just don’t have good life. Even taking a bath or changing clothes, they are just dirty’.</p> <p>(Female, 16)</p>	<p>‘Like alcohol. You see alcohol? Young people will never stop drinking it. They like it. There are few people of us who do not drink alcohol, but most of us like to entertain themselves with alcohol and others even take drugs and smoke. A person would say ‘After I smoked I became right and forget everything in my life. They have inner peace when they have these things’.</p> <p>(Female, 20 Phone interview)</p>
	<p>‘Some have tried to stop using drugs . . . you can find someone going to school with drugs making it hard for them to stop using drugs since once they have been addicted. You can find . . . primary pupils just around the corner taking bhang yet they are just teenagers aged thirteen, fourteen. I ask myself what is the use of smoking bhang since they don’t gain anything from it, hence it just affects their health’.</p> <p>(Male, 16)</p>	<p>‘I will have peer pressure because my friends are smoking, and I will want to smoke, and these are not right things. I do not know how I will be helped. If there could be people – and from government – who would advise and help the children. It is not nice to see children smoking drugs. Sometimes when others are smoking the drugs is because there is something that is stressing them. I won’t smoke them because there is something that is stressing me. I would smoke because of peer pressure and deluded that one has beautiful eyes after smoking therefore I would also want to. And other children are facing painful things. For instance, others lost their parents and they were hurt – broken – and decided to alcohol abuse or use drugs’.</p> <p>(Female, 21, phone interview)</p>
	<p>‘When corona came at first and schools were closed, the youth didn’t have anything to do so they started forming groups and ended up abusing drugs. They got addicted and some are doing it secretly so it’s just hurting them and no one knows’.</p> <p>(Male, 16)</p>	<p>‘When someone is sober they’d never do illegal things. When they are drunk or on drugs, people have the guts to do things such as decapitation, rape and a general increase in crime. The government and the police must have stricter laws around the sale of drugs and alcohol. People who sell alcohol must be monitored and there should be a limit of how much alcohol they sell to decrease the amount of fights’.</p> <p>(Male, 19, phone interview)</p>

(Continued)

Table A3. (Continued).

Priority Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020-August 2021)
Family and caregivers: Tension, conflict and lack of support	<p>'I believe that children can speak for themselves and if their hearts want them to speak they could speak but some of them are shy because some parents cane them, shout at them because they don't know what to do they think that they should run away, they think that they should kill themselves yeah. I think that's all'. (Female, 11)</p> <p>'The boys you find has friends and bad company and start involving him in drugs and he just changes and is chased away from home and thinks the parents are harsh and he cannot speak about it because he thinks he will be beaten or quarrel so he keeps quiet about it and it affects him. Sometimes you find the parent at home are harsh or sometimes they don't have time for the children. Also at school you find there are no teachers that he trusts. He feels like if he tells the teacher he will share with others'. (Female, 16)</p> <p>'They find it difficult to open up because everyone in the community will talk about it. So they feel just to keep it to themselves. You will find that someone is going through a lot of stress and asking herself what she can do, some of them even think of committing suicide'. (Male, 16)</p>	<p>'People who have been having relationships with me and supporting me have been people from my father's side. But during this lockdown there is nothing – now one asking 'Do you need toiletries? Oh, I will buy them for you. Come let me buy you something. Come home we will do something'. I told myself "No, I must leave these people the way they are ... when my stepmother buys for her kids, she would say she is also going to do something for me. While my grandmother would cover that space. I told her that I do not have a problem with her neh. She is the one who has a problem with me. I do not know that I have done to her. Maybe ... I think it's because I dropped out at [school] but she knows the reasons. But she does not want to understand and she thought 'Okay, there is nothing left because this is not my child. It was his/her child"'. (Female, 19, phone interview)</p> <p>'The reason I did not want to come here is because of the treatment by my grandmother. Like the way she is treating us children. She is not treating us equally. You see? She favours those who she raised as children the most'. (Male, 22, phone interview)</p> <p>'During this lockdown my step dad stopped doing things for me, what he was doing he was buying his children who came after me and said he doesn't have time for me, a person who was uniting us is no longer there ... that was bothering me every day because there are many things my mother did'. (Female, 18, online data collection)</p>

(Continued)

Table A3. (Continued).

Priority Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020-August 2021)
Financial insecurity, unemployment and livelihoods	<p>'People are just at home. There are no jobs so people are not going anywhere. They cultivate vegetables and they eat. Potatoes are grown near the river and cassava also. There are places that my grandma could go and work, now she cannot go. She was going to trade in the market'. (Male, 14)</p> <p>'It [COVID-19] has made money to be scarce. My grandmother's business has collapsed. She was selling oil, sugar and omena here at home. She is just seated at home if she gets something small and sometimes we are assisted by neighbours and we eat'. (Male, 13)</p> <p>'Life has been tough a little bit but we are trying. Now that corona came, life became tough, now people are just trying to sell small things like mandazis, chapatis, and small fish. Those things that can move fast in the market but the things are not moving. They are just struggling'. (Female, 16)</p>	<p>'Grandmother is granting so we are depending on her grant to buy clothes and for her to buy groceries ...' (Female, 21, phone interview)</p> <p>'As the man of the house I tried to make means to get some groceries. My life is really bad. I've also got to pay school fees. I live with my mother and we both depend on her pension fund. I told my uncle. I was supposed to sleep at school till 15 December 2020 so I told him I wouldn't be able to go as R600 is too much and I'm also looking after the house. He spoke to the principal and the event got cancelled. Now they will be putting money together for food so that the students can eat till 7pm. We will also attend Saturdays. I did struggle with food but was saved by the fact that my mother recently got paid'. (Male, 19, phone interview)</p> <p>'We the youth that lives now, especially Black people neh – when we have to look at school or think about your life we do not have people that support us. We have to do things for ourselves. You have to do things for yourself and take decisions ... and in all of that you have to wake up and hustle and study. We have to look for schools for ourselves and think of the transport fare amount and not eat the whole day at school ... and have to study at the same time because one has to pass. So there is too much that is happening to youth and we do not get the support'. (Female, 22, phone interview)</p>

(Continued)

Table A3. (Continued).

Priority Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020–August 2021)
Crime	<p>'In our community boys have formed many groups. There is more theft cases due to boys who have dropped out of school. Even during this Corona period some boys broke into our house and took some of our belongings. It has also increased crime and theft. You see, most of the boys are engaged in drug abuse'. (Male, 16)</p> <p>'There were a lot of accidents like some people were being arrested because they work at night and some people kill each other and a lot of them usually take drugs. we saw on the news like someone killed someone because of a remote control TV'. (Female, 11)</p>	<p>'On level 3 when alcohol was reinstated we were affected because the crime levels went up. There were break-ins and it wasn't safe. My area has had many cases of old people being murdered so I was scared as my mother is a target. When people started selling drugs there was more crime that also affected us'. (Female, 20, phone interview)</p> <p>'You know sisi [interviewer name] that when it (alcohol) is unregulated people become lawless. When it is unregulated irrational things are going to happen. Crime, murder, conflicts. Yet those things were scarce when alcohol was not sold. Yes, sisi [interviewer name]'. (Male, 22, phone interview)</p> <p>"Interviewer: If you are an advisor to president Ramaphosa. What would you advise him? Interviewee: Because of lockdown? ... I would advise him to work hard to protect the people ... everybody to be right ... make sure that there are things that help that everybody is protected. Interviewer: Okay, what kind of things? 10:32–1 Interviewee: Like crime and sickness. And abuse". (Female, 20, phone interview)</p>

(Continued)

Table A3. (Continued).

Priority Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020-August 2021)
Mental health and emotional wellbeing	'I would advise him (the governor) to distribute counsellors in schools or in the villages so that they can counsel ... those students with some little stress during the corona period ...' (Female, 16)	'I won't lie sister. I have that wish to talk with someone and to tell my pain and how I feel at this time. I really wish because there are many things that has happened that I cannot'. (Female, 18, phone interview)
	'... for example he (a young person) has been having this problem and when people are learning they will not be able to concentrate. He will just be remembering his problems. When exams come you will find he has dropped, he doesn't do well ...' (Female, 16)	'Life is kind difficult sister [interviewer name]. Nothing is right. Do you get me? While things are not right at all, I am the kind of person who likes his own circle and I respect my circle. So I won't let the Devil destroy my happiness'. (Male, 22, phone interview)
	"Hiding themselves for people not to see them, they feel so embarrassed of themselves in that if one has a problem cannot even approach a parent to talk to, because of this, you find that one may undergo emotional torture because she doesn't have a person to talk to about what she is going through ... Yes like they (youth) find it difficult to open up because everyone in the community will talk about it so they feel just to keep it to themselves, you will find that someone is going through a lot of stress and asking herself what she can do, some of them even think of committing suicide ... I even had a friend just realized what he has been going through, he never used to be the way he was earlier, he was no longer jovial ..." (Male, 16)	'When things get tough n no one to talk. When there's no hope for me ☹ ... <i>praying is the best medicine</i> ...' (Female, 22, Online data collection)
	'The community is lacking water to wash hands and sanitizers'. (Male, 16)	N/A
Lack of food and water	'Just a few problems like lack of water in the community and sometimes lack of electricity. It's just affecting those who do not have water taps'. (Female, 15)	
	'Interviewer: What would you tell governor nyong'o if you were the advisor of the governor, what would you tell him are the needs of the young people?' Adolescent advisor: I would tell him to take action now like go to our village and help those who are in need because some children are still in the streets and some don't even have food or anything to eat and they are just in the streets." (Female, 11)	

(Continued)

Table A3. (Continued).

Priority/ Issue /Theme	Kisumu, Kenya, COVID-19 data collection (May/June 2021)	Eastern Cape, South Africa, COVID-19 data collection (October 2020-August 2021)
Health and medication	N/A	<p>'Certain places were closed and at certain places entrance was forbidden ... the clinic I had to wait outside with her in the scorching sun ...' (Female, 21, phone interview)</p> <p>'It was only her alone who would go inside. She would forget the instructions of how many times to take her pills. Some of the pills the nurses would not write them. We did not go as usual sister. They would have their dates. They changed'. (Female, 18, phone interview)</p> <p>'... it was hard time ... I don't wanna lie ... they shouted at me (at the clinic) ... Wow then ... they don't know my problems, and they don't wanna hear ...' (Male, 22, phone interview)</p> <p>'So COVID started, we already did not have food, okay. But then it affected my mother because she also did not work ...' (Female, 22, phone interview)</p>
Exemplar of how priorities were discussed in relation to COVID-19:	<p>'... I would say the young people are going through hard times, let's say for example, the girls, there are some girls that cannot even afford pads so they get involved in some behaviours that can later spoil their lives, and the boys you can find some can't afford school fees so some drop out of school ... So that is also a challenge ... another one is that the youth are getting involved in drug abuse. You find that during that corona period, when they went to school and saw people have stayed for a long time without going back to school and they said ooh! We are tired and they decided just to drink and get involved in drugs so that they can forget about school. Some girls have also gotten married so they have not come back to school ... also you will find when we went for corona, when we came back you find that some parents cannot afford the fees, so children are just at home stressed and growing thin. They do not have a good life ... Some also delivered (had babies) during that corona period and were not able to come back and some parents are now mistreating them ...' (Female, 16)</p>	