



Gendered Socio-economic and Health Effects of COVID-19 in Informal Settlements in Kenya

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Context to the study

The demand and supply shocks during the COVID-19 pandemic and the measures that were adopted by the government to contain the spread of the disease disrupted economic activities leading to loss of employment, income, and livelihoods. Most affected jobs were mainly in the informal economy, especially the micro, small, and medium enterprises (MSMEs) dominated by women. Lockdowns and curfews and the widespread fear of infection and contagion, and heightened uncertainty about the disease, affected access to prenatal and postnatal health care services.

Highlights of findings

- Most households in the informal settlements lost employment, income, and sources of livelihood, thus heightening the vulnerabilities faced by women and girls.
- A household survey in four informal settlements—Kibra, Mathare, Obunga, and Nyawita—shows that 57% of households lost employment, and 24% lost all income.
- Female-headed households constituted 63% of those reporting such loss, while male-headed households accounted for 51%.
- Use of risky and negative coping mechanisms such as hawking, begging, transactional sex, child and early marriage among the girls and women increased, as these became an easy way of getting resources to access food and other basic needs. Begging and hawking by young girls exposed them to exploitation and sexual abuse leading to an increase in teenage pregnancy and school dropouts.
- The long-term consequences of these coping strategies are an increase in the number of women who lack skills for effective participation in labour markets and resource dependence, which heightens inequality.
- There was restricted access to prenatal and postnatal services.
- Respondents in Kibra informal settlement reported 9% of service disruption, while those in Nyawita informal settlement reported 15%. Obunga and Mathare informal settlements each reported 14% of prenatal service disruption.
- There was also minimal disruption in service delivery for postnatal care.

About 6% of households in Nyawita informal settlement reported disruption of child and infant clinic services. Households in Mathare and Obunga informal settlements reporting child and infant clinic disruptions accounted for 1.4% and 4.1%, respectively, while those in Kibra informal settlement reported none.

Introduction

The Coronavirus Disease (COVID-19), declared by the World Health Organization (WHO) as a pandemic in March 2020, was projected to leave long-lasting economic and social impacts due to disruptions of economic activities across the globe and within countries. In Kenya, after the announcement of the first case in March 2020, the government implemented several measures to contain the spread of the virus. These included regular handwashing with soap, social distancing, use of face masks in public areas, use of alcohol-based sanitizers, closure of education and training institutions, ban on public/social gatherings, movement restrictions through lockdowns and curfews, ban on international travels, closure of some businesses such as bars, restaurants, and nightclubs, and encouraged firms to adopt remote working approach except for essential services.

These measures disrupted economic activities leading to the loss of jobs and livelihoods. Businesses that continued to operate did so but at below capacity. The effects of the pandemic spread across all sectors of the economy. However, some sectors including the informal sector suffered disproportionately larger impacts (Pinchoff, J., et-al, 2021; Koos, 2020). This had a ripple effect, pushing many into poverty and heightening food insecurity, especially for households in the informal settlements (Oluoch-Aridi, et-al, 2020). The informal settlements faced increased risk for rapid viral spread due to high population density, inadequate housing and sanitation facilities, and intense levels of social mixing. Residents in such settlements faced serious challenges in implementing the government directives in combating the spread of the virus. This population group also bore the greatest brunt of loss of income due to the closure of businesses, loss of employment and other income-generating opportunities (Coalition for Women's Economic Empowerment and Equality, 2020).

This policy brief is based on a study which sought to assess the gendered socioeconomic and health effects of COVID-19 and related mitigation measures in the informal settlements in Kenya. Specifically, the study sought to establish the impact of COVID-19 on access to pre/postnatal care services, and to determine the coping mechanisms employed by girls and women to mitigate the impacts of income loss due to the COVID-19 pandemic. The study adopted a mixed-method approach, combining desk review and a cross-sectional survey of households in four informal settlements. Primary data was through structured interviews from a randomly selected sample of 402 households drawn from Kibra and Mathare informal settlements in Nairobi City County and Obunga and Nyawita informal settlements in Kisumu County. Additional qualitative data was gathered through FGDs with girls only, women only and mixed groups, and Key Informant Interviews.

Results

Impact of COVID-19 on access to prenatal and postnatal care services

While there was access to prenatal and postnatal services in the health facilities, it was restricted due to congestion of the hospital beds by the COVID-19 patients. Women and girls who sought pre/postnatal services that required admission were often advised to seek home-based care. This resulted in a change of the discharge policy by hospital management to even two hours for delivery patients. It is also reported that in some cases, some mothers defaulted on different vaccinations for their babies and others resorted to home-based prenatal and postnatal care. This applied across the board even to the teenage mothers, some of whom sought traditional birth assistance at a comparatively higher cost per delivery than their subsequent-delivery counterparts. There was a decline in the proportion of skilled deliveries from 81.5% to 74% from October to December 2020 compared to July to September 2020, corresponding to the sharp rise in the number of COVID-19 cases to 57,929 during the same period. The pattern reveals that increases in COVID-19 cases led to a reduction in the utilization rates of pre and postnatal care services in health facilities in Kenya.

Mathare and Obunga informal settlements had the highest proportion of households reporting disruption of immunization services at 14% each. Kibra informal settlement had few households reporting disruption of immunization services at 3%, while households in Nyawita informal settlement reporting disruption of immunization services stood at 13%. In Kibra, Mathare, and Obunga informal settlements, most households reporting disruption of infant/child clinic services were female-headed at 58%, 7%, and 8%, respectively. However, in Nyawita informal settlement, male-headed households were most of those reporting disruption of infant/child clinic services during the COVID-19 pandemic.

Coping mechanisms employed by girls and women to mitigate the impacts of income loss due to the COVID-19 pandemic

Households in the informal settlements mitigated income losses by reducing eating or skipping a meal, and use of social support systems. Use of reduced eating or skipping a meal to mitigate income loss due to COVID-19 is gendered and varies with location and other household characteristics. Households also coped by means of social support systems, including financial support from relatives, migration of a member to live with another family member or sending of some children to rural home. Male-headed households were particularly more advantaged than the female-headed households in accessing social support. The implication is that vulnerable female-headed households are more likely to have been non-resilient in the absence

of government and institutional support. The weak targeting of the government's social assistance programmes during the pandemic, therefore, heightened the gender inequalities that existed even before the pandemic. Adolescent girls, young and older women used risky and negative coping strategies to mitigate income losses due to COVID-19. These include child labour, begging, and hawking transactional or exploitative sex, and early or forced marriage. The risky and negative coping strategies have the potential to increase vulnerabilities of girls and young women.

Early and forced marriage specifically interfere with school enrolment and transition for the girls and young women, or slow down their school-to-work transition and participation in the labour market. The implication is that, girls and young women will find it difficult to work themselves out of poverty. The increased number of child and early marriages was also fuelled by the prolonged closure of learning institutions, peer pressure, and increased conflicts with parents who put pressure on girls to look for income to support their needs and increased care burdens at home. Early marriage of young females during the COVID-19 pandemic was higher in Kisumu informal settlements (Obunga and Nyawita) than in Nairobi informal settlements (Kibra and Mathare). The incidence of early marriage was 15% higher in households that lost employment. Child labour, hawking and begging, as well as soliciting support from boyfriends by young girls (10-14 years old) exposed them to exploitation and abuse, thereby leading to an increase in teenage pregnancy and child marriage. Some adolescent girls (15-17 years old) also resorted to transactional sex and some others got married in the belief that the husbands would relieve their suffering.

Transactional sex increased among school-age girls as well as young and older women. In Obunga, it was reported that *“many women obtained money to feed their children and pay for rent from transactional sex. The vice was fuelled by the attitude of most women viewing sex as something you do not buy to sell hence is a ready instrument to generate income”*. In Mathare, *“some landlords took advantage of women who had accumulated rent arrears and demanded such women to submit to their sex demands to be allowed to continue living in the houses. Officers who were listing beneficiaries in government social protection programmes such as the Kazi Mtaani programme also asked for bribes and some demanded sex from young women who could not raise the money for bribes to get enlisted”*. Use of transactional or exploitative sex by girls and women to access government support for the socioeconomically vulnerable population, or get rental waivers, is a breach of human rights and signifies violence towards the female gender.

Policy recommendations

To ensure that there is access to prenatal and postnatal health services, members of households and the general community should be sensitized that women of reproductive age can still access prenatal and postnatal health services, even during curfews and restricted movements without having to experience police brutality.

Such sensitization can be done through digital and social media platforms. Also, partners should utilize the community strategy for demand creation and provision of authorized services at the service delivery points. To increase access to prenatal and postnatal health services, the Ministry of Health should come up with postnatal care follow-up protocol, especially during a pandemic.

The government's departments of gender both at national and county government levels, private institutions, and non-governmental organizations should facilitate economic empowerment programmes that generate employment opportunities with stable incomes for women. Business development programmes and financial products targeted at women entrepreneurs will be critical for effective recovery.

Government interventions to cushion socioeconomically vulnerable households should be based on proper targeting criteria. Considerations of gender, location of households, and socioeconomic characteristics of households should be considered as key indicators for enlisting of programme beneficiaries. The criteria for enlisting of beneficiaries to the social protection programmes should be open and transparent, and free from harm, manipulations, and abuse of the rights of the vulnerable girls and women

During crises such as those experienced during the pandemic that occasion long school closures, the government, through the Ministry of education, should run programmes that enhance continuous learning. For school and college going girls, this can avert early marriage and the negative consequences on girls and young women. County government departments for gender, youth, and cultural services in collaboration with community and faith-based organizations should design and implement sensitization programmes targeting girls and young women aimed at empowering them to shun early marriage and transactional sex.

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