

‘I am not at peace’:

# Covid-19 impacts on mental health of adolescents in Tanzania

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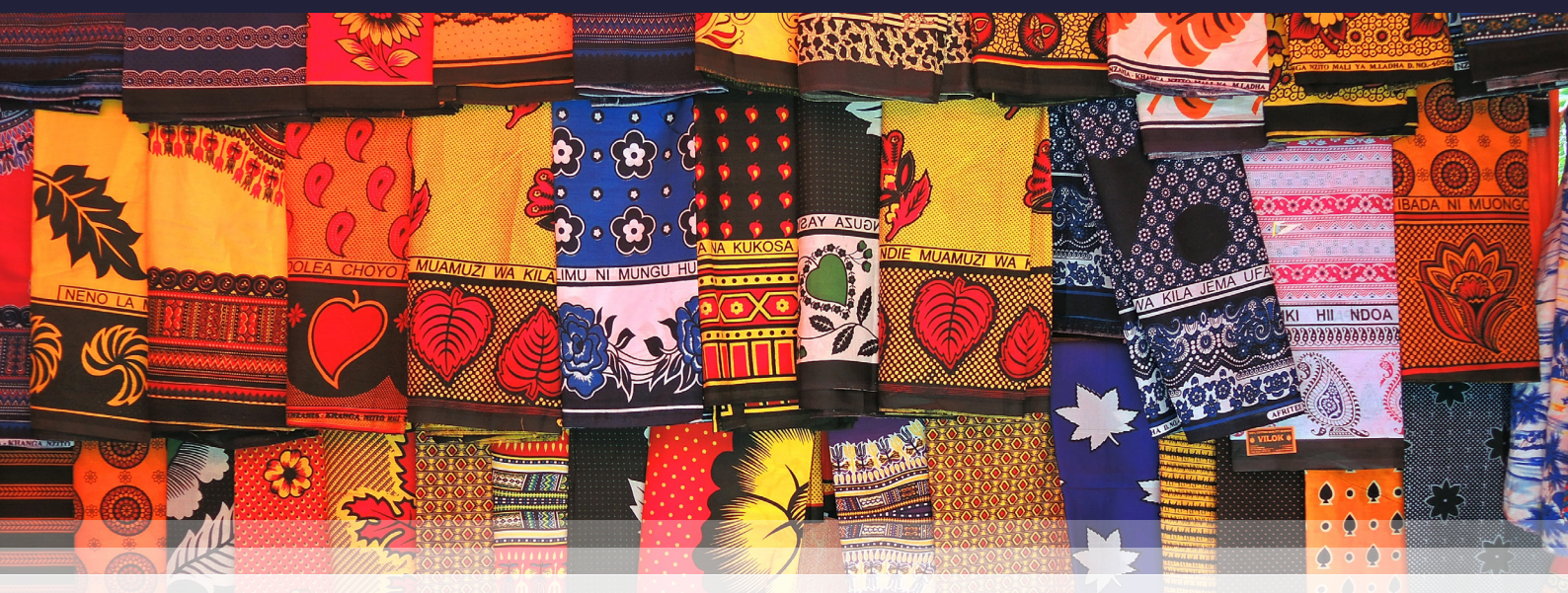
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## Key messages

Adolescents in Tanzania experienced loneliness, stress and fear due to the uncertainties around their future, education, the local economy, and the threat of the coronavirus disease.

An important factor that impacted mental well-being of adolescents, parents and the wider community, was their experience of the circulation of Covid-19 information. Contradicting and confusing information circulating on social media, or at the community level, led to feelings of fear and anxiety.

Gendered impacts emerged, with girls more vulnerable to early marriage and unintended pregnancy when pushed to work outside the home rather than stay ‘idle’, while boys struggled with lack of opportunity in the labour market and feelings of hopelessness in their local context.





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Cover: Vibrantly coloured East African Khanga Cloths from Tanzania and Zanzibar, 2015. Credit: Güldem Üstün / Flickr. CC BY 2.0.

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# 1 Introduction

**Figure 1** Map of project sites in Tanzania



This brief country study draws out key findings on the impact of Covid-19 on the mental health of adolescents between the ages of 11 and 19, in project locations in Tanzania (see [Figure 1](#)). The overall research aims are to discern broader drivers of mental ill-health and the preventative factors that can protect mental well-being of adolescents. The project also seeks to capture wider attitudes towards accessing mental health support, rather than charting the impacts on well-being of a particular crisis.

While Covid-19 was not the focus of this project (see [Box 1](#)), given that data collection started during the onset of the pandemic,<sup>1</sup> in-country researchers were able to incorporate some questions into the qualitative component of the mixed method baseline study, exploring the effects Covid-19 was having on the mental health of adolescents. This project continues to adapt to the new context and will seek to understand the impact of the pandemic where feasible.

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1 This also led to adjusted ways of working (for further details, see [Chakraborty et al., 2021](#)).

## Box 1 Key project information

***Addressing the mental health needs of adolescents in Tanzania and Viet Nam through the co-creation of digital and non-digital solutions*** is a project awarded by Fondation Botnar to a consortium led by ODI. The Tanzanian Training Centre for International Health, and the Center of Research, Information and Services in Psychology at the Viet Nam National University are the project's in-country partners. Implementation is focused in eight schools within two provinces of Viet Nam: Nha Trang (four schools) and Vinh (four schools), and in two regions of Tanzania: Morogoro (two schools) and Mwanza (two schools).

Starting in May 2020, this project runs for a period of 2.5 years and involves:

- Research to identify drivers of mental ill-health among adolescents, taking into account underlying social norms that may be driving mental distress.
- Co-design and testing of digital and non-digital applications, and other approaches, with adolescents, teachers, parents and local authorities to support mental health and overall well-being of adolescents.
- Assessment of the effects of digital and non-digital solutions, developed through mixed method baseline and endline study and ongoing feedback loops.
- Informing local decision makers of the effectiveness of digital and non-digital applications documented and tested by the project.

This ODI Country study draws on qualitative findings from a forthcoming research report focused on Tanzania. Data was collected during March 2021 in the northern region of Mwanza and the Morogoro region in the east (see [Figure 1](#)), with a total of 93 interactions taking place.

Our qualitative methods consisted of: in-depth interviews (IDIs), with adolescents' girls and boys aged between 11–19; family case studies (FCS), where different members of one household were interviewed separately to explore interactions and dynamics between household members; focus group discussions (FGDs), with parents, adolescents and either student government delegates or members of a chosen club; and key informant interviews (KIIs), including teachers, local government authorities, relevant non-governmental organisations (NGOs), and mental health services providers (see Table 1).<sup>2</sup>

2 For further details of methodology please see forthcoming Leon-Himmelstine et al. (2021) *Mental health and psychosocial well-being amongst adolescents in Tanzania: findings from a mixed method baseline study*, ODI Report, London: ODI.

**Table 1** Number of qualitative interviews conducted, by type and site

|                 | Morogoro  | Mwanza    | Total     |
|-----------------|-----------|-----------|-----------|
| iDIs aged 11–14 | 10        | 10        | 20        |
| IDIs aged 15–19 | 10        | 10        | 20        |
| FCS             | 6         | 7         | 13        |
| FGDs            | 10        | 10        | 20        |
| KIIs            | 10        | 10        | 20        |
| <b>Total</b>    | <b>46</b> | <b>47</b> | <b>93</b> |

Note: IDI, in-depth interview; FCS, family case study; FGD, focus group discussion; KII, key informant interview.

At the onset of the pandemic, the Tanzanian government decided not to implement a lockdown. However between March-June 2021, the government closed schools, restricted public and private gatherings, and requested that students and young children stay at home.<sup>3</sup>

With the new government of Samia Suluhu Hassan (in office since March 2021), Tanzania made Covid-19 data public for the first time in a year in June 2021 – although data is not updated regularly. As of 10 August 2021, 1,017 cases and 21 deaths from Covid-19 were confirmed<sup>4</sup> (equivalent to 0.4 deaths per million population). There is currently no Covid-19 vaccination programme, but Tanzania has applied to join COVAX vaccine-sharing facility.<sup>5</sup>

3 See Haider, Osman, Gadzekpo et al., 2020.

4 Data from the [2019 Novel Coronavirus Visual Dashboard](#) operated by the Johns Hopkins University Center for Systems Science and Engineering.

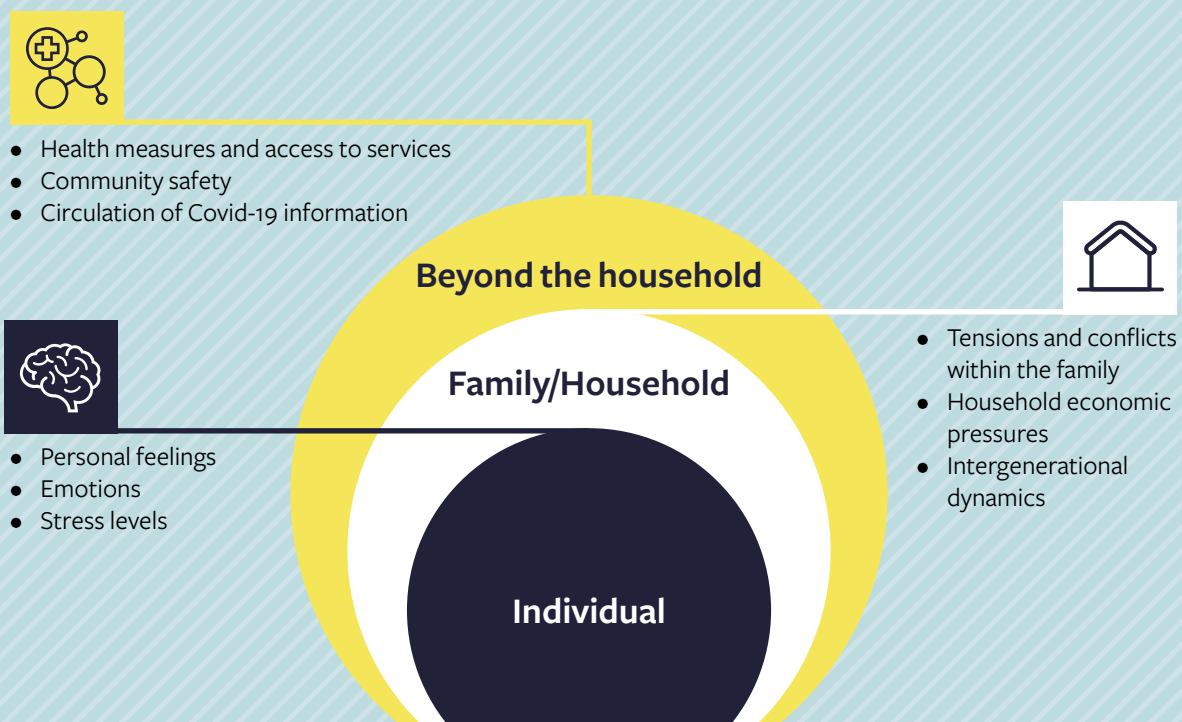
5 Mohammed, O. (2021) 'Tanzania poised to join COVAX vaccine-sharing facility' World Health Organisation (WHO), 17 June (<https://www.reuters.com/world/africa/tanzania-submit-request-join-covax-vaccine-sharing-facility-2021-06-17/>).



## 2 Findings

We explore the effects of Covid-19 across three closely inter-related dimensions and levels: (1) individuals; (2) on families or households; and (3) beyond the household. These three levels all contribute to an individual's mental well-being, and different factors at each level interact with each other to have an effect on mental health and broader well-being. The socio-ecological framework (see Figure 2) represents these different levels, highlighting and summarizing some of the mental health effects identified in this study.

**Figure 2** Socio-ecological model: dimensions affecting mental health



Source: authors own elaboration.

While this country case study focuses on adolescents (aged 11–19), it also touches on the mental health of adults, mostly parents and community members. Although primary data collection was carried out in different kinds of locations, one more urban (Mwanza) and one more rural (Morogoro), no major differences were observed in terms of the effects of Covid-19 on mental well-being. Similarly, while boys and girls of different ages were interviewed, there were no significant differences that emerged in terms of age, but some very important experiences were influenced by gender.



## 2.1 Effects at the individual level

Adolescents mentioned a range of factors that had affected their own mental health and well-being. Many are linked to school closures (see [Box 2](#)) and to certain health measures (such as social distancing, travel restrictions or requirements to stay at home). These were implemented at the onset of the pandemic by local governments and individual families, having an impact on individuals' mental well-being.

Adolescents emphasised that social distancing measures, particularly 'telling people to stay away,' led them to feel stressed and uncertain about the future. Some of these measures limited adolescent's ability to play and socialise.

**During the Corona break, I was affected because I didn't get freedom to go playing, and playing is one of children's right. (FGD with adolescent boys aged 15–19 years-old, Mwanza)**

Several adolescents also expressed that stress levels among young people increased. This was due to the amount of contradicting and confusing information circulating on social media, or at the community level, where 'everyone became an expert on addressing the pandemic.'

Although the Tanzanian government have been cautious about publishing data on deaths related to Covid-19, adolescents commented on how information (unofficial, and anecdotal numbers and estimates) were shared on the internet about Covid-19 deaths. This caused feelings of 'distrust' towards others, as well as feelings of 'fear.'

Adolescents in Morogoro perceived that deaths in their communities had increased, although they could not confirm that Covid-19 was the direct cause of such deaths. Some adolescents feared that if deaths continued, people (and perhaps themselves and their families) would need to migrate to avoid the disease, which also caused feelings of fear.

**When a person sees their neighbour get this disease, he decides to travel with his family to another country while people die. Therefore, when a person sees his country is suffering from this disease, he decides to take his family and leave. (FGD with adolescent boys aged 15–19 years-old, Morogoro)**



## Box 2 Spotlight on school closures



**School closures affected the mental health of adolescents in multiple ways, and pandemic tensions arose around learning and schooling.** School closures generated impacts across the socio-ecological levels, particularly in terms of adolescents and their own mental well-being, exacerbating tensions within families, as well as influencing dynamics beyond the household. Some adolescents mentioned that school closures during the initial lockdown exacerbated their fears about the disease.

Adolescents in our sample highlighted that online education was not an option (most adolescents lacked computers and/or internet connection, and schools in our research sites did not offer an online modality),<sup>6</sup> which led them to think that it was better to pursue other endeavours. This was also influenced by the uncertainty around the length of time schools would be closed. As such, some adolescent boys and girls dropped out of school to join the labour market.

Covid-19 has affected many students... Some decided to engage themselves in income generating activities and they don't see the need to continue with studies. (FGD with adolescent girls aged 15-19 years-old, Mwanza)

Another factor leading to mental health distress was the use of schools for alternative purposes during the pandemic. Fathers of adolescents in Morogoro observed that some school buildings were used as healthcare facilities for Covid-19 patients. As a result, one father observed that 'the whole town was in fear,' leading some teachers to not attend the school anymore once they reopened.

Similarly, once schools reopened, some adolescents and parents indicated that a number of parents prevented their children from attending due to fears of contracting Covid-19. Key informants from local government confirmed this reluctance and mentioned their need to monitor such cases.

6 Some schools (especially private) took initiatives to offer online education. Also, adolescents with TV and radio at home could continue learning using these media.

Another important factor that affected adolescents' mental health and well-being is the perceived effects of the pandemic on the local economy and employment opportunities. Adolescents mentioned the negative impacts of Covid-19 on the local economy, leading to feelings of uncertainty and stress, particularly among boys who work after classroom hours or during the weekends and holidays.

It can cause distress to youth. It is true that Covid-19 does exist in the country and people have been asked to take caution. Therefore, money circulation decreases because people close their business, and others have been made redundant from work. So as youth, when you think of that and when you are used to depending on a certain source of money, and that source gets closed, it gives you stress and leads you to think 'how can I get money?' Thus, this causes lots of stress to youth. (FGD with adolescent boys aged 15-19 years-old, Morogoro)

Other adolescents, particularly girls, emphasised that some parents were unwilling to let their daughters spend time sitting at home idle, and instead sent them to the streets to sell face masks and hand sanitisers. This exposed them to vulnerable environments that on some occasions led to unintended pregnancy (see [Section 2.2](#)). Thus, while adolescent boys worried about the potential lack of work opportunities, adolescent girls resented that they had to work while schools remained closed.

Feelings of uncertainty and fear also affected adolescents when they observed that their relatives or their teachers lost their jobs due to the pandemic. Some adolescents observed that while community members usually migrated out of the country to look for economic opportunities, this was probably no longer possible. Others indicated that reduced trade, visible through lack of food and goods in the market, was a cause of personal distress. The idea that 'development does not depend on one place, but needs to come from different places,' as shared by one adolescent boy, led to feelings of hopelessness for some about the future of their economy and their country.



## 2.2 Effects within the family/household

Covid-19 led to tensions and conflicts within the family and/or household which also affected the mental health of adolescents, particularly girls. Most of these tensions were driven by two interconnected factors: uncertainty about the length of school closures, and parents' need to reduce the economic pressure on their households.

Key informants noted that polygamous households, and/or those where the head of the household lost their job, were probably most affected economically. As a result, adolescent girls indicated that some parents 'convinced' or 'forced' their daughters to engage in early marriage or join the labour market, on several occasions against their will.

During Corona there were parents, who convinced their girls to find men for themselves, they were forced to marry. Some fathers told their girls 'Corona will not end, and schools will not be resumed so you need to get married.' Therefore, during Corona, most of the girls got early marriages, which they did not expect in their early ages. (FGD with adolescent girls aged 11–14 years-old, Morogoro)

Adolescent girls also observed an increase in early and unintended pregnancies and abortions amongst young women and adolescent girls.

**Q** Corona has affected some people... Those who we used to study with, when we went for the holiday some of them got married, others got pregnant.

**Q** Parents thought we had to stay at home much longer, thinking 'Corona will not end, it's better to get the children married or send them [off] for domestic work, so that they can at least bring income.' (FGD with adolescent FEMA Club members aged 15–19 years-old, Mwanza)

An equally important factor leading to unintended pregnancies appears to be lack of parental supervision when adolescents spent more time at home. Key informants mentioned that adolescents staying at home during the lockdown were unsupervised for lengthy periods of time while parents were working. On other occasions, adolescents who were at home for longer feared for the health of their parents who were outside the home working. For example, a few adolescents mentioned that while at home, they would monitor their parents when they returned from work to confirm that they did not have any Covid-19 symptoms.

For some adolescent boys, this lack of parental supervision meant that they could spend longer with friends outside their households. Conflict between parents and sons emerged when schools reopened, and some adolescent boys were reluctant to return to school (see [Box 2](#)).

Key informants at the local government level observed that some parents considered that ‘they have failed to handle their children’ during the pandemic, and local authorities had to intervene to monitor adolescents to make sure they were indeed going back to school.

In the case of adolescent girls, once schools reopened, girls noted that several of their female peers terminated their pregnancies before returning to school, as education became an opportunity for them to fulfil their life aspirations again.



## 2.3 Effects beyond the household

Key informants noted that despite increasing anxiety and stress because of the pandemic, it was unclear whether more people were seeking mental health services. Most health providers reported no change in the number of people seeking health services, while a few observed a reduced demand for health services because people were afraid to attend due to fears of contracting Covid-19, and instead treated themselves at home.

At health centres, some adults and adolescents indicated longer delays and stricter social distancing measures from doctors and nurses. Other participants noted that prices to access health services increased, along with transport and other Covid-19 prevention related costs (e.g. face masks and hand sanitisers). This reduced their possibilities to access formal health services, even if they wanted to.

Some parents noted feeling stressed because they had to contemplate these increased health costs. At times, they instead treated themselves or their relatives at home. This increased their stress levels and feelings of uncertainty. Conversely, others noted that it was quicker to access health services than usual because fewer people were attending hospitals in-person. However, attending hospitals or health facilities became a cause of stress due to the required precautions to avoid infection.

But when you comeback from there [the hospital] also you need to take an extra precaution. Because you know you came from the hospital, you have to wash your hands properly, you have to remove the clothes you wear and place it somewhere they can be washed. Something which we did not do before, even if you came from the hospital. (KII with local female government representative, Mwanza)

Some health workers also emphasised that they began to offer health services through mobile phones and started to use some digital modalities – although this was more for administrative tasks (e.g. saving files and health records online). Several health workers confirmed that in their line of work the pandemic had not led to a significant shift towards digital service provision (at the time of data collection). For mental health services, this likely also remained unchanged, leaving potential mental health patients unable to access online support, or unwilling to physically attend a health facility.

Informants reported some potential positive effects on mental health. Some health workers noted that Covid-19 probably increased preventive healthcare behaviours among the population, contributing positively to mental health. For example, a key informant in local government in Mwanza indicated that the pandemic increased people's awareness of the importance of health, leading to more nutritious dietary choices (e.g. more fruit consumption) and healthier lifestyles, especially engaging in more outdoor exercise.

Another key informant working at an NGO in Morogoro explained that the local government lockdown improved safety within the community, in part due to reducing theft and drug use, particularly marihuana consumption. Although, a few key informants observed that youths had increased their drug consumption since they had more time to spend outside with friends.

Again, an important factor that impacted mental well-being of parents and the wider community, was their experience of the circulation of Covid-19 information, particularly at the onset of the pandemic. These experiences were mixed among adults, with some sharing feelings of fear and anxiety, while others noting how reassurance and messages disseminated by the Late President John Magufuli gave the population a sense of calm. A response by a father highlights the duality of this experience:

I am so thankful to our President because he chose to stick with God. The fear of Corona has been the main disease, more than Corona itself. When people hear about Corona, they think that they are going to die. So, what I can say is that Corona has contributed to the increase of fear among community members, it doesn't matter [if] you have it or not. (FGD with fathers of adolescent children, Morogoro)

Individual perceptions about the lethality of Covid-19 seems to have mediated the effects on mental health. Key informants noted that although community and religious events continued, people in general 'were fearful from each other,' leading them to limit their social contact by not shaking hands, reducing the number of attendants at events, or avoiding long conversations with people outside the household. This generated feelings of loneliness and a loss of community support. Other key informants noted that the lack of information regarding Covid-19's lethality and transmissibility caused fear, anxiety and stress among the population.

I think there are changes [to people's mental health] due the information provided about this disease, about how it kills, there are shifts in people's mind. It's true that something has to be done about this, and especially the provision of education [on Covid-19], I can tell this from the experience. I received a patient with an anxiety disorder, after testing and looking into details he/she thought that he/she had Covid... We have received more than three patients who are being affected psychologically [by Covid-19] and they need psychological treatment. (Male health worker, Morogoro)

Elsewhere, parents, caregivers and healthcare providers have been found to play a crucial role in addressing adolescents' mental health concerns during Covid-19.<sup>7</sup> However, in Tanzania, key informants in the health sector highlighted their own uncertainty and fear, which probably affected their ability to share information and reduce concerns of the population (including adolescents). One health worker explained:

Covid has caused depression among people, even myself I was so frightened... Up to now we are still frightened because we receive patients with chest problems and we take care of them, but I am so worried, I am not at peace. It reaches a point when we leave everything to God, we are ready for anything that will happen, and we also take precautions, but the situation is not good. (Female health worker, Morogoro)

At the same time, some health workers shared their worries over a lack of personal protective equipment (PPE) such as masks, sanitisers, and of feeling unsafe at their workplace.

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7 See [Chakraborty and Samuels, 2021](#).



### 3 Conclusion

This brief country study highlighted the key findings from research about the mental well-being of young people and their communities in Tanzania. Findings indicate that from the start of the pandemic, adolescents faced a heightened risk of experiencing mental ill-health. At the individual level, social isolation led to adolescents feeling stressed and trapped at home. Misinformation from several sources about the pandemic caused feelings of fear, anxiety and distress for adolescents.

Gendered impacts were also observed. While boys worried about the availability of work, some girls experienced mental distress and resentment at being forced to work by their parents. At the household level, uncertainties around school reopening added pressures on heads of households to meet family needs. This led some parents to push their daughters to join the labour market (exposing them to environments where they were vulnerable), or find a husband that could meet their economic needs.

Girls also increased their risk of unintended pregnancy due to lack of parental supervision or alternatives in the absence of schooling. These significant gendered impacts reinforce existing evidence from epidemics on women and girls' heightened risk of early and unintended pregnancies (e.g. in Sierra Leone during the Ebola outbreak),<sup>8</sup> and of working outside of the home to fulfill their household needs (e.g. Democratic Republic of Congo, also during the Ebola outbreak).<sup>9</sup>

At the community level, misinformation and the fear of Covid-19 appeared to be important drivers of mental ill-health within the communities of our study sites. Going forward, it is critical to monitor the situation and provide tailored mental health support to adolescents as the Covid-19 situation evolves. Addressing the distinctive mental health needs of girls and boys is crucial, as the drivers and coping mechanisms to deal with the pandemic seem to be gender-specific.

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8 See Bandiera et al., 2018.

9 See [International Rescue Committee, 2019](#).

Find the latest information on this project here:

*Addressing the mental health needs of adolescents  
in Tanzania and Viet Nam through the co-creation  
of digital and non-digital solutions*

