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# 'Now my life is stuck!': Experiences of adolescents and young people during COVID-19 lockdown in South Africa

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**ABSTRACT**

Consequences of COVID-19 pandemic responses have included exacerbated poverty, food insecurity and state and domestic violence. Such effects may be particularly pronounced amongst adolescents and young people living in contexts of precarity and constraint, including in South Africa. However, there are evidence gaps on the lived experiences of this group. We conducted telephonic semi-structured interviews with adolescents and young people in two South African provinces ($n = 12$, ages 18–25) in April 2020 to explore and document their experiences, challenges and coping strategies during strict COVID-19 lockdown. Participants described indirect effects of COVID-19 including food insecurity, lost livelihoods and changes to social service provisions such as municipal electricity services and sanitation. Psychosocial stressors related to uncertainty over education and work futures were also discussed. The aforementioned challenges were particularly present with young parents, 'working poor' participants, and those with pre-existing mental health challenges. Participants demonstrated excellent COVID-19 transmission and prevention knowledge, showing that they had received and correctly interpreted public health messaging. Despite this, many simultaneously held non-scientific COVID-19 beliefs. Engaging a socio ecological framework, findings demonstrate how the indirect effects of COVID-19 may exacerbate underlying multi-layered vulnerabilities for adolescents and young people living in contexts of precarity and constraint.

## Introduction

COVID-19 responses in Africa have been documented as having unintended social consequences of exacerbated poverty, widespread hunger and food insecurity, as well as state and domestic violence (Divala et al., 2020; Senghore et al., 2020). COVID-19-related disruptions may have lifelong implications for children and adolescents, given that these are sensitive developmental phases (Desmond et al., 2020). In low- and middle-income countries with the most stringent restrictions and highest COVID-19 cases such as South Africa, children and young people are expected to bear

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the brunt of indirect pandemic effects (L. Cluver et al., 2020; Govender et al., 2020; Menendez et al., 2020).

The aim of this study was to explore and document the lived experiences, challenges and coping strategies of a group of South African adolescents and young people during strict (Alert level 5) lockdown at the beginning of the COVID-19 pandemic. This lockdown was in place from March 26th 2020 to April 30th 2020 and was enforced by the police and military. During this time, people were not allowed to leave their residences, other than for medical attention and essential goods and services (Republic of South Africa, 2021). It has been described as one of the world's strictest lockdowns (Magome, 2020).

This article presents empirical evidence on the material and psychosocial impacts of COVID-19 lockdown for adolescents and young people living in contexts of precarity and constraint in South Africa's Eastern and Western Cape provinces. Findings document participant experiences of lacking basic necessities, food insecurity, lost livelihoods, changes to social service provisions, school and work disruptions and psychosocial stress. They also report on the strong uptake of public health messaging by participants, alongside counter-epistemic COVID-19 related beliefs.

COVID-19 affected many of the world's high income countries first, which shaped evidence, messaging and public health responses (Kelley et al., 2020; The Lancet Global Health, 2020). It has been suggested that effective pandemic responses in low- and middle-income countries will require context-relevant, locally-driven solutions (Richardson et al., 2020) imbibed with social justice principles (Kelley et al., 2020) that address wider health and socioeconomic inequities (Kelley et al., 2020). In this we can learn a great deal from African responses to infectious diseases such as Ebola and HIV, which have acknowledged pandemics as socioeconomic and political emergencies (Kelley et al., 2020). This requires intersectional approaches that prioritise those with the least ability to absorb pandemic-related shocks (Dalglish, 2020; O Hankivsky & Kapilashrami, 2020; Kelley et al., 2020).

In this time of rapid and extreme change, qualitative and participatory work can generate effective, innovative and context-specific evidence to meet the needs of the most vulnerable (Marston et al., 2020). Engaging adolescents directly in the research process, rather than speaking to adult caregivers or health workers as 'proxies' can generate rich evidence on their experiences, which can be used in designing responses to support them (Hodes et al., 2018).

This research applies social ecological (Lerner, 2005; Ungar, 2011) and intersectional (Crenshaw, 1991; Olena Hankivsky & Kapilashrami, 2020) approaches with the aim to account for the multi-layered experiences, challenges and coping strategies of adolescents and young people and the contexts that shape them during the first few weeks of COVID-19-related lockdown in South Africa. In doing so, it aims to contribute to an evidence base to better understand vulnerabilities and resilience-promoting factors of adolescents and young people during this time (L. D. Cluver et al., 2019; Desmond et al., 2020; Nilsson et al., 2016).

## Theoretical approach

Intersectional theory (Crenshaw, 1991) considers intersecting identities as constitutive of marginalisation and opportunity. Social ecological approaches, namely the 'ecology of youth development' framework (Lerner, 2005) and the social ecology of resilience approach (Ungar, 2011), were engaged in study design, data analysis and writing of this article. These frameworks conceptualise mutually influential relationships between individual, biological and contextual factors as important to adolescents and young people development, resilience, coping, adaptation and well-being (Lerner, 2005; Ungar, 2011). These theoretical frameworks support a strength-focused approach and consideration of the multi-level factors – such as those presented in this paper – that affect resilience, experiences and coping of South African adolescents and young people in a pandemic.

## Materials & methods

Semi-structured telephone interviews ($n = 13$) were conducted with 12 adolescents and young people in April 2020 by researchers at the Accelerating Achievement for Africa's Adolescents Hub (Accelerate Hub). Participants were members of the Accelerate Hub Teen Advisory Groups (TAG) in the Eastern and Western Cape provinces of South Africa. TAG engages qualitative, arts-based and participatory methods to gather context-specific information and explore the subjective experiences and stories of participants (Watts, 2006). This approach is premised on the belief that when young people are meaningfully engaged in research, the research and resulting policy and programming is more responsive to their priorities and needs (Campbell et al., 2009; M Skovdal & Cornish, 2015). This study engaged adolescents and young people with whom the research team have built rapport through in-person activities over the course of four to twelve years. TAG members were recruited from three cohort studies in the Eastern and Western Cape Provinces of South Africa. Ethical approvals were provided by the University of Cape Town (HREC 226/2017, version 7.0) and the University of Oxford (IDREC R48876/RE003).

Interviews ranged from 20–45 min in length. Participants were between the ages of 18–25[1] (7 were 20 years old or under), a mixture of young men ($n = 6$) and women ($n = 6$), and living in the Eastern Cape ($n = 6$) and Western Cape ($n = 6$) provinces. Four were young parents. Participants lived in a mixture of urban, rural and peri-urban areas.

This purpose of these calls were two-fold. First, an initial six exploratory phone calls were conducted to gauge their interest in participating in a COVID-19-related study and to get their input on developing research questions and methods. These were conducted as loosely structured exploratory interviews. Participants responded well to these interviews and suggested a broadly framed research question about the experiences and challenges of adolescents and young people during COVID-19. Most also spoke about their experiences, challenges and coping strategies during this initial call. An additional seven interviews were conducted using an semi-structured research tool that responded to this advice and aimed to generate evidence related to adolescents and young people's interests.

Telephonic interviews were conducted in a mixture of English and isiXhosa by three interviewers, with whom participants have built rapport from previous research engagements. Interviews were audio recorded and transcribed verbatim by the interviewers. isiXhosa language interviews were translated into English. Data was analysed using thematic analysis, a 'method for identifying, analysing and reporting patterns (themes) within data', which provides for flexibility and the ability to provide a 'rich and detailed, yet complex account of data' (Braun & Clarke, 2006, p. 78/9). In keeping with the principles of grounded theory, the themes that emerged most strongly from the data were the focus of analysis and writing.

## Results

In this results section we begin by reporting participant concerns over meeting immediate needs and their longer-term worries about the impact of COVID-19 on their futures. Following this, we explore their emotional and mental-health related challenges. We conclude by presenting participant COVID-19-related knowledge and beliefs, and their perspectives on the South African COVID-19 response.

### *Livelihoods: financial insecurity & lacking basic necessities*

The most commonly cited concern amongst participants in this study was having basic, immediate needs met in a time of uncertainty and extreme precarity. Food and hunger was by far the most commonly discussed challenge. Of the young people we called, half disclosed extreme food insecurity, describing empty cupboards and refrigerators.

Participants faced different situations based on their usual sources of livelihood, with those who were working and acting as breadwinners seemingly the worst affected. Young people in these situations described being unable to make money in informal or service-industry jobs as highly stressful because they did not know how they would meet basic needs for themselves and their families. For these young people, the South African COVID-19 response exacerbated pre-existing structural barriers. This aligns with a growing literature documenting such challenges amongst families and adults, such as the challenges of the 'working poor' who relied on debt, loans and family support in addition to work to manage costs prior to the COVID-19 pandemic (Moore, 2020). With the advent of COVID-19, the working poor have lost the ability to earn income, and do not have a buffer in the form of social grants.

This seemed most common amongst older, male participants, all of whom were already in precarious employment. Expectations on young men to work and provide for families, has been documented globally as well as within southern Africa may have contributed to the stress over not being able to earn money (International Labour Office, Gender Equality and Diversity Branch, & Conditions of Work and Equality Department, 2013; Morrell et al., 2012; Shefer et al., 2014; Silberschmidt, 2001). Another group that was described as a uniquely vulnerable was young parents. Participants spoke about the difficulties faced by this group in providing for their children. Participants reported on these challenges as being specific to COVID-19 lockdown, a claim that is not possible for a study of this size and method to verify with certainty. However, the impacts of lock-down on informal workers who were unable to leave their homes to seek work, and of closed service industries (a common place of employment for young people) aligns with participant claims of additional hardship. It is also possible that COVID-19 lockdown provided participants with additional language to speak about pre-existing challenges. As the interview excerpts below demonstrate, participants shared their challenges with obtaining basic necessities and the stressors of not being able to provide for themselves and their families.

> Then let me go to those who are hustling, who find the jobs to feed their families let's say the young fathers and the young mothers. In this quarantine it is hard for young people who are being a breadwinner because there is no time for them to go out to hustle, to find something to eat. Some of them sleep with an empty stomach in their home. It's kind of hurtful because no one can support them. Even if they have a grant for their child … the thing is they will go and borrow money, omachonisa (to borrow money from loan sharks – chonisa: submerge – puts you under) which will get interest. So that's how difficult it is I'm just seeing right now. (23, Male, Eastern Cape)

> Personally, I for one am struggling a lot when it comes to my business. From my side, all things are pointing at me now. Electricity is pointing at me, food, and toiletries and other things. So basically all the responsibilities of the house, I have to carry them all by myself … .I am the one now who needs to juggle around and make ends meet … (25, Male, Western Cape)

> Some of them (other TAG participants) … have three kids and are not working. Honestly speaking, the grant money won't cover the necessities of the household. With that little money you need to dress them and need to feed them. Some of them need to buy milk and need to buy nappies and other things. Sometimes the milk runs before the month end and then you need to make a plan. (25, Male, Western Cape)

Amongst those receiving social grants and in more financially stable households, concerns over food insecurity and meeting basic needs were also ubiquitous. Financial stress was also described by participants who were receiving grants, including a means-tested tertiary education loan, child support grants (a grant for caregivers of legal minors), or who lived in households receiving other grants such as old age pensions. Despite providing some stability, participants receiving grants were concerned about making ends meet. While this was already an issue prior to COVID-19, participants described this as an exacerbated challenge due to additional financial strain caused by the needs during lock-down, or due to delays in grant payments.

> I stay with my family and now things are getting tough in terms of food and basic stuff. We all stay at home no one is moving and a person eats a lot when they are home you see. (20, Male, Eastern Cape)

We are okay because we still have food we bought from the child support grant money and NSFAS when we received it. But then we are running out because when it's locked down we don't get NSFAS money meaning we can't buy more food, a lot is just on hold with this lockdown. (21, Female, Eastern Cape)

### Beyond what money can buy: lockdown, stores and social services

In addition to the financial challenges described by participants, lockdown indirectly affected access to basic necessities and services in different ways. For example, participants described that necessary services, such as electricity repairs needed to power their communities, and informal settlement toilet cleaning sanitation services slowed or stopped altogether. In addition, certain essential items such as baby clothes were unavailable for purchase during level 5 lockdown, as they were deemed non-essential.

Let me share the biggest problem I've also noticed. When there is an electrical problem, which is electricity around the street … They take long. Some of these houses, they don't have gas stoves, stoves that can help with no electricity. So how are they going to eat when there is no electricity? So they take over two weeks for them to come and fix that. That is a black out for almost 3 weeks in the street. It is happening, my granny was on that situation … So when there is no electricity down there (Granny's house), I just go up to see what my elder sister has for my granny to eat. Me, I can go find something to eat (23, Male, Eastern Cape)

This quarantine is killing us badly. Look, my girlfriend is pregnant and it is very hard to find the clothes of the baby. Even the food of the baby, it's going to be hard to find because it's going to end in the store. I'm in that situation too right now (23, Male. Eastern Cape)

### 'Now my life is stuck': Frustration and anxiety over uncertain futures

In addition to concerns over not having their immediate needs met, participants also expressed frustration and anxiety over their uncertain futures due to COVID-19. These took the form of continuing studies, or finding/continuing work. Participants in secondary school expressed concerns about when schools would re-open, the possibility of a missed year and not being able to catch up. Tertiary students discussed difficulties in studying and concentrating at home and concerns over the future of their studies. Education was viewed as a way to improve their lives, and not being able to study brought up concerns of uncertain and precarious futures.

Similarly, those who had lost or looking for work were stressed about the financial and lifestyle implications of lockdowns on livelihoods for themselves and their families. Whether for work or school, there was a sentiment of wanting to move forward with life and to have a sense of purpose. The below interview excerpts are demonstrative of how participants described their situations as being 'on hold' and 'stuck', and how they expressed their resulting anxieties, frustrations and a sense of purposelessness:

… I am not okay because all my things and life is on hold … I have just been employed, so there are things I wanted to do for myself since I have just received employment. (22, Male, Eastern Cape)

… .it's very frustrating not to know where your future is going … it's very stressful not knowing where your life is heading … my main concern with my life is education because know if I can educate myself I can change my situation and do better. Not knowing when will school open is very stressful … (20, Male, Eastern Cape)

Interviewer:     Now, during this time what has been your biggest challenge?
Participant:      Is not having purpose, eish I don't have anything to keep me, I don't know how to describe this … now am just sitting at home and this is killing many things inside me, it's killing the drive I had inside me, so my biggest challenge is that, I don't feel challenged to study when I am just sitting at home and it's very stressful.. (20, Male, Eastern Cape)
Interviewer:     I would like to hear about how has life changed for you with the lockdown and Covid-19?
Participant:      Life has changed now because we stay at home. As a person who was determined with going back to school to change my life for the better, but now my life is stuck … It is clear it is going to be a long struggle for us studying people, it is clear that the study load will be a lot now …

> That scares me a lot because it won't be easy for me to catch up on all my learning areas and write all of them, all at once. A lot of people will fail the subjects with how things are now. (21, Female, Eastern Cape)

### Mental health: ' … this is a very tough situation. It's giving me depression.'

Participants described the emotional challenges of anxiety, stress, depression and sadness that accompanied their experiences of lockdown and uncertain futures. For example, when describing his role of being the primary household breadwinner, one participant spoke about the emotional toll of trying to make ends meet during COVID-19:

| | |
|---|---|
| Participant: | … I am the one now who needs to juggle around and make ends meet so I can have electricity for the house. |
| Interviewer: | That sounds very difficult |
| Participant: | Sometimes I sit in a quiet corner and then I cry. Then I try and gather my thoughts 'ok, fine … you need to man up, you need to face this, even if you face it alone, you need to face it … (25, Male, Western Cape) |

Similarly, when discussing his frustrations over staying at home and not being able to work as a result of COVID-19, another participant described it as 'very tough situation. It's giving me depression'. (20, Male, Eastern Cape)

Participants also spoke about challenges concentrating on studies. Another area meriting further exploration, this may be due to distracting home environments, or responses to psychosocial stressors that may cause challenges with focus. It has been suggested that mental health challenges can affect concentration, mental ability and hinder performance among students (Eisenberg et al., 2009).

> My concentration is not the same, but I try my best to study. (20, Male, Eastern Cape)

> Yho, I can't study at all! Even after reading, you feel blank. (19, Female, Western Cape)

During the course of interviews with the twelve adolescents in this sample, five participants described severe psychological distress, and three of these requested psychosocial support services. Stressors included related to not being able to provide for basic necessities for families and conflict in close inter-personal relationships. For example, three young parents requested support for mediation in their relationships with the other parents of their children, describing strained living situations and persistent conflict. In all of the aforementioned cases, participants had pre-COVID-19 psychosocial challenges related to these issues. These challenges were faced in the contexts of crowded, multi-generational households in which participants live. The situations that participants found themselves in during COVID-19 exacerbated underlying challenges in relation to relationships, finances and emotional well-being.

The above sections have described the indirect effects of COVID-19 on adolescents and young people within this study including livelihood challenges, uncertainty about the future and accompanying psychosocial and mental health challenges. These findings align with the documented numerous mental health threats associated with COVID-19 for children and adolescents.

These findings demonstrate the ways in which such indirect effects exacerbate underlying vulnerabilities. They also suggest that these might be additionally felt for 'working poor' young people, breadwinners, and young parents. These will be explored within the context of an intersectional lens and socioecological approaches to youth and resilience within the discussion section.

### 'Eish! It is too dangerous': fear of COVID-19

COVID-19 fears and anxieties were common among participants, who described feelings of fear and helplessness. Bewilderment and alarm over this new virus that 'came out of nowhere' was

expressed by many participants. This pervasive fear was related directly to getting sick and dying themselves, as well as for their children and families.

We asked 'if COVID-19 was an animal, what animal would it be and why?' as a way to indirectly elicit perceptions and feelings about COVID-19. In response, participants often selected predatory animals that are good at targeting people without them knowing, or animals that are pests: pervasive and hard to kill off. In this way they described their fears of falling prey to COVID-19, and frustrations of not being able to control or rid their communities of the virus. The most commonly cited animal was a snake, described as highly dangerous, fast-moving and stealthy:

> It would be a snake. It would like, strike when no one knows where it was. Before it attacks you it goes silent and just slithers. And, it spits fast like a snake. A snake slithers fast and you don't know where it came from and it just attacks you just like that. So COVID-19 is a snake … It moves fast, and is discrete and no one knows how it works (19, Female, Western Cape)

> I would compare it with a snake. I would say it is a snake because Covid-19 is dangerous, even though we don't know it yet, I also don't know it, I don't want to know it. Yes I want to know about it, hear about it but I don't want to know and feel it from me, for me to understand it's danger. This is because a snake is something I am scared of, it is dangerous, it has poison, one bite from it, poison spreads and goes to your mind, then for some people the body can just not function, the entire body, you get swollen, things like that. This disease is dangerous, but eish it is too dangerous. (21, Female, Eastern Cape)

> A snake! I am afraid of snakes and they bite. Snakes also leave- what' this thing- it leaves something in you and it's not healthy and yho ha.a … . A snake! I am scared of snakes, even as a sweet, I am scared. (19, Female, Western Cape)

COVID-19 was also described as other dangerous animals, including a dog, a lion and a crocodile. In each case these were animals that we deemed predatory and that participants were afraid of. Participants linked this specifically to their fear of dying:

> Participant:     a dog … I'm really scared of them
> Interviewer:    And you are scared of COVID?
> Participant:     Ja. I'm scared I might die (19, Female, Eastern Cape)

> A lion because it's eating people so much! Yup, it's finishing people!
>     (19, Female, Western Cape)

> I think a hyena would fit the description … the hyena likes to scavenge … it always looks for an opportunity. When there is a gap, it takes it, that's what it does. So that's what happened now (this is how the virus behaves).

> (25, Male, Western Cape)

> It is like a crocodile … it is dangerous, covid-19 also caught us unexpectedly, many people say that and I also say so because it caught us off guard … and we have not even received its cure, no one knows how it can be cured, so it is a weird virus.

> (22, Male, Eastern Cape)

In addition to dangerous and scary animals, a couple of participants spoke about COVID-19 as a pervasive and destructive pest that the world cannot be rid of:

> It would be a mouse. If you notice, mice are everywhere. You can think you've killed a mouse, without realising that they already have babies and it will continue to spread (breed) and continue with the destruction it was making. It's hard to kill all the mice, you can kill one but you can't finish them all. (20, Male, Western Cape)

> Mosquito, a parasite, this destroys it does nothing but destroy the world. It's killing the economy, it's killing people, it's doing nothing but killing. It's killing more than people think, how many years will this take? How many years will it take for people to recover from it? How long will it take for South Africa's economy take to boost to the level it was? Our economy was not strong even before and now how much more when the coronavirus is destroying? Its destroying the future of young people, other young people are going to lose their direction very easily, so I would compare it with a Mosquito, a parasite (20, Male, Eastern Cape)

### 'It's like a movie': lockdown and policing

The police and military enforcement of Level 5 lockdown was commonly discussed in interviews. Despite personal frustrations with life being on hold, participants had different perspectives on the importance of lockdown as a public health measure. The lockdown required South Africans to stay at home with the exception of seeking food or essential services or movement to and from work for those considered to be essential workers. Most were in support of lockdown: 'The President has done alright, everything must be locked down'. (21, Female, Eastern Cape). However, some viewed the control of physical movement as undesirable, expressing concerns of increased state control and relinquishing personal freedoms as reminiscent of apartheid measures.

> We are slowly getting to the point of back in the days when we are in apartheid … back then … there would be a certain amount of people who have access to go inside the store. Remember there were long queues? Around them there were police, soldiers.. you see. So this movie of today, because to me it's like a movie, this movie of today it reminds me of the apartheid time. It feels like the politics took away the freedom of movement. (23, Male, Eastern Cape)

Participants also reported various police and military responses, ranging from peaceful controls to violent human rights abuses that left them feeling scared and vulnerable.

> Participant:　We live in informal settlements and our toilets are far, so the soldiers are on our case when we have to go relieve ourselves. Now, we relieve ourselves at home.
> Interviewer:　Okay I hear you. Are there a lot of soldiers in your area?
> Participant:　Yup. They start at 6pm- shops are closed, you can't even go outside at this time.
> Interviewer:　They have a curfew for you?
> Participant:　Someone in the background answers "Yes and they slap people around" (19, Female, Western Cape)

> I would never send people to the street to kick people. Because soldiers are being sent to the street … if they see anyone in the street they kick them. That's not a good idea. (23, Male, Eastern Cape)

Although many participants agreed with lockdown, in practice most left their homes for different reasons. For some participants, urgent needs such as seeking work, food and baby clothes trumped lockdown measures. Others moved between homes based on available food and resources and in response to fraught relationships between household members. While some participants went out only when necessary and promoted mask wearing in their social media display pictures, others spoke about going out in attempt to regain a sense of 'normalcy', for example to get their hair done and meet friends.

These aforementioned findings demonstrate the heterogeneity of adolescents and young people in terms of vulnerabilities, living situations, experiences and risk perceptions. In all cases, it was clear that despite having a drastic impacts, COVID-19 is happening within the context of already complex, full lives.

### COVID-19 knowledge and advising President Ramaphosa

Despite the different perspectives and experiences of participants, they all demonstrated an excellent awareness of the evidence about COVID-19 and public health recommendations to prevent its spread. All had strong understandings of hand washing, mask wearing and disposal, and physical distancing as prevention measures. They also knew about symptoms, and measures to take if they became infected.

Participants also spoke about wanting protective gear including gloves, masks and sanitiser to protect themselves, and believed that community testing should be more easily available. Some were concerned about attending the health facility for fear of contracting COVID-19, suggesting the importance of the promotion of continuing access to health services in a safe way: especially for young people living with HIV and young parents.

Participants who were parents also demonstrated concern about the well-being of their children and some spoke about prevention efforts to keep their children safe. For example, a young man who had a baby during lockdown developed and adhered to an elaborate and rigorous system to protect the child from COVID-19: the child stayed in one room only, and only direct caregivers were allowed to come near the child. They washed their hands using a bucket of water and soap at the door and always wore a mask while outside the home.

These findings stand in contrast to the suggestion that young South Africans do not have adequate COVID-19-related information, or are behaving recklessly. Such discourse of adolescent recklessness has also been documented in the HIV literature (Toska et al., 2015).

In response to the question: 'If you could write a letter to your previous self before COVID-19, what would you write and why?' participants reflected on what they had learned since the advent of COVID-19. The excerpts in Appendix are demonstrative of participant knowledge and perspectives on COVID-19 prevention measures, testing and symptoms. Many also reflected that they would advise themselves to prepare emotionally and financially, and that they would stock up on necessities including food and sanitiser. This triangulates with the aforementioned finding on the material impacts of unexpected lockdown related shocks.

We also asked young people what they would advise the South African President, Cyril Ramaphosa, if they were one of his advisors. Making community testing and protective equipment more available was consistent advice. In this way, participants also demonstrated a strong awareness of protective measures, alongside an understanding that testing is part of a comprehensive public health response.

### *'To me it is a man-made virus': Non-biomedical beliefs & responses*

Despite strong COVID-19 'literacy' amongst participants, a number of participants held 'non-epistemic community' beliefs about COVID-19. The term 'epistemic community' is used here to describe certain scientific understandings that are popular in internationally-accepted policy and academic discourse. In this case, it refers to the belief that COVID-19 originated from animals (rather than being human-made with the intention to harm people), that there is not a cure, and that a vaccine would prevent transmission and save lives. The term has been used in the study of the South African HIV response (Fourie, 2006; Youde, 2005) and is relevant here. Two separate non-epistemic community beliefs were present among participants: (1) conspiracy beliefs; and (2) a belief in traditional health products and services.

Conspiracy beliefs can be related to trust of a group of people, such as health professionals or a government, rather than as evidence of ignorance (Heller, 2015). Believing in public health conspiracies, is often considered to be a result of lack of 'awareness' and education. However, the high level of scientific literacy about COVID-19 displayed by adolescent participants demonstrated that this may not have been the case. Another apt biomedical example of denialism being related to trust, rather than to education or exposure, is that of vaccine deniers, many of whom are highly educated conspiracy theorists (Wolfe & Sharp, 2002).

Although a number of participants demonstrated non-epistemic beliefs, these beliefs varied. These included that a cure exists in China, that COVID-19 was a virus made to harm people, and that it can spread through eye contact and skin.

> I would tell him to go to China because they have had a cure since it started there, understand how it happens, and how it started, go find out how they received or got hold of it and then bring the cure here (22, Male, Eastern Cape)

> To me it is a man-made virus. I'll send you a video that gave me proof that it is man-made … If and everyone stays home and one person (in that household) goes out and buys bread, even if he has masks or a glove he can still get it. They say it can be got with eye contact, but I'm not a scientist … . (23, Male, Eastern Cape)

There is robust evidence of the use of both traditional and biomedical products and services (medical pluralism) in South Africa, (Moshabela et al., 2017) and traditional health practitioners are often

the first health care providers patients visit when they become ill (Langlois-Klassen et al., 2007). It has been suggested that high levels of medical pluralism are driven by socio-cultural beliefs, as well as dissatisfaction with the biomedical health system (Sobiecki, 2014; Wreford, 2008). Some participants felt that the solution to COVID-19 would be found through traditional health practitioners rather than biomedical responses:

> They haven't tried the method of traditional doctors. I think it would work because dating back, we used traditional medicine and we weren't sick … So I think it is about time they tried the method of traditional doctors. yea, to try their Muti (traditional medicine) … (25, Male, Western Cape)

## Study limitations

The limitations of this research should be noted. This data was collected in two areas of South Africa when the country was under level 5 (strict) lockdown in April 2020. These findings are thus retrospective in the face of a rapidly changing epidemic response. Despite this, collecting these early responses to extreme lockdown conditions offer unique insight into the experiences of South African adolescents during an unprecedented time. Data were collected with a small group of adolescent and young advisors ($n = 12$), a subset of a larger group of 41 adolescents that make up the western and eastern Cape Teen Advisory Groups. These initial calls were part of consulting with adolescents and young people at the beginning of setting up a bigger qualitative sub-study, which was rolled out in a different phase of COVID-19 lockdown and is therefore not reported on here.

Despite similarities in health and social service provisions to other poorly-resourced areas in eastern and southern Africa, each location has its own unique combination of social and epidemiological determinants of risk and resilience (Hodes et al., 2017). Therefore, these findings should not be transferred to other settings without due consideration of those differences. Context must be recognised as paramount in designing, tailoring and monitoring effective programmes according to the specific needs of local populations (R Hodes & Morrell, 2018; RIATT-ESA, 2016; M Skovdal & Cornish, 2015). However, findings from across two South African contexts suggest a degree of applicability within South Africa, and in other African contexts with similar infrastructure and COVID-19 responses.

Given that interviews were conducted over the phone, interviewers were not able to pick up and respond to visual and contextual cues that would be present in a face-to-face interview. Despite longstanding relationships with interviewees and strong rapport, social desirability bias was likely to have been present in interviews in which participants may have encouraged us to conduct COVID-19-related research because of our clear interest in the topic and previous research work with this group. Further, participants engaged the research encounter as an opportunity to seek support – including psychosocial support and basic necessities such as food and baby clothes – a finding documented by Vale and Thabeng (2015) and Cluver et al. (2014), in the studies from which participants were recruited. Lastly, this group is an older group of adolescents and young people and perspectives of younger adolescents are not represented.

Further research could engage more geographically and age-diverse groups of adolescents and young people, including longitudinal research to stay abreast of the rapidly evolving situations and needs of this group. Engaging different methods, including individual and group on-line research using participatory and arts-based remote approaches could generate different evidentiaries needed to better understand and respond to the experiences, challenges and coping strategies of this important group. Last, further research should consider the experiences and challenges of young people with respect to gender, racial and class identities.

## Discussion

The results presented above describe and document the experiences, challenges and coping strategies of participants during COVID-19 lockdown. Most participants described lacking basic

necessities, with a focus on food insecurity and hunger, and lost individual and family livelihoods. Changes to social service provisions, such as municipal electricity services and sanitation were also described as exacerbating already precarious situations.

These immediate material impacts were confounded by uncertainties about the future. Despite not using formal diagnostics for psychological distress and mental health, interviews revealed severe emotional impacts from immediate COVID-19 related shocks and uncertainties about the future. A number of participants disclosed depression, fraught family relationships and feelings of not coping. They described distress over not being able to continue their studies or work and feeling 'stuck', not having purpose and that their lives were 'on hold'. Fears of contracting and dying of COVID-19 were ubiquitous, and young parents feared for their children.

Varying perspectives and responses to government-imposed lockdown were held by participants. However, most did not strictly observe lockdown laws for reasons of unstable home environments, lacking basic necessities, and in some cases, the desire for life to be 'normal'.

When asked for their 'advice' to the President of South Africa and policymakers, they suggested the provision of sanitisation and protective equipment, stopping state violence, and supporting them to continue their studies. In contrast to the suggestion that further COVID-19 'education' is needed, participants consistently demonstrated strong knowledge about COVID-19 prevention, symptoms and public health responses.

The varied reports of the COVID-19 experiences, challenges and coping strategies of participants is demonstrative of the heterogeneity of adolescents and young people and their contexts. Although not a novel finding, it reinforces the importance of acknowledging the diversity of adolescents and young people in pandemic research and response and cautions against singular ideas of young peoples' experiences and realities. That the COVID-19 pandemic 'lays bare stark disparities in power' (Lokot & Avakyan, 2020), with intersections of race, gender, poverty, geopolitics and age producing different experiences and impacts (O Hankivsky & Kapilashrami, 2020; P. Hankivsky, 2020) was evident in this study.

While recognising the creativity, resilience and agency of South African adolescents and their communities, (Hutchby & Moran-Ellis, 1998; Morten Skovdal & Andreouli, 2011; Morten Skovdal & Daniel, 2012) the contextual factors that limit their ability to exercise agency, build resilience and cope in the time of COVID-19 should be considered. Findings demonstrate the ways in which COVID-19 exacerbates underlying socio-structural vulnerabilities and life challenges. Individual, relational and contextual realities faced by participants shaped their abilities to buffer against material and psychosocial shocks and constrain their ability to cope. Intersecting factors including poverty, geopolitics, age, gender, mental health and parenthood contributed to different experiences and impacts of COVID-19 (O Hankivsky & Kapilashrami, 2020; P. Hankivsky, 2020). For example, young parents, and participants who were among the 'working poor' described particularly difficult realities in buffering against COVID-19-related shocks. These findings bolster the suggestion that intersectional approaches are needed that prioritise those with the least ability to absorb pandemic-related shocks (Dalglish, 2020; O Hankivsky & Kapilashrami, 2020; Kelley et al., 2020). In this way, findings of this study dovetail with an emergent literature on how the indirect effects of COVID-19 exacerbate precarious socio- structural realities.

Participants' immediate challenges of meeting basic needs were confounded by psychosocial impacts of COVID-19 interruptions to studies and work were acutely felt by participants, who described feelings of 'being stuck', life being 'on hold' and a lack of purpose. These were expressed alongside sentiments of stress, anxiety and sadness. This exploratory, preliminary evidence also suggests that the two-aforementioned stressors (immediate needs and concerns about the future) may have a significant impact on the psychosocial wellbeing of adolescents and young people. Despite being a small sample, participants with pre-existing mental health issues and/or relationship challenges with their children's parents or household members seemed particularly affected.

Many participant narratives of their emotional worlds were suggestive of depression, anxiety and trauma. Mental-health related findings correspond with South African research which showed a

strong correlation between food insecurity and psychological distress (Orkin et al., 2020). Further research is needed to elucidate the nature and extent of mental health challenges, as well as their relationships to COVID-19. Interviews also revealed broad-based fears of contracting and dying from COVID-19, a new and poorly understood virus. A sense of a 'predatory' virus (due to its high transmission risks and unclear transmission mechanisms) was present in most participant narratives. Together, these findings on the emotional and psychosocial impacts of COVID-19 affirm the literature on the grave and multilayered direct and indirect effects of COVID-19. Alongside the urgent need for social protection responses to meet their basic needs, responses to support the psychosocial realities of young people are also warranted. These might include COVID-19-sensitive, combination approaches and the identification of development accelerators that respond to multi-level needs and vulnerabilities.

Study findings dovetail with emergent evidence of the experiences of adolescents during COVID-19 in a number of contexts. For example, a study on with displaced Rohingya adolescents in Bangladesh found intersecting vulnerabilities and heightened pre-existing challenges including food insecurity, economic and educational marginalisation (Guglielmi et al., 2020). Elevated symptoms of depression and anxiety were found amongst American adolescents, (Rogers et al., 2021) and high rates of depressive symptoms, fears of COVID-19 and increased hunger were reported amongst adolescents living in urban Bangladesh (Oakley et al., 2020).

Findings also document that COVID-19 is occurring against the backdrop of already full, complex, and often precarious lives. This was evident in how participants responded to lockdown regulations. Although most were in agreement with the decision to lock down the country to prevent the spread of COVID-19, in practice many left their homes outside of legally mandated lockdown regulations. Not having basic needs met and living in unstable home environments, as well as in some cases desires for life to be 'normal' often trumped lockdown measures, a kind of compromised agency. Despite generally favourable perspectives towards lockdowns, there were also participants who cited concerns over revoking their rights to freedom of movement, in some cases situating their concerns within the context of South Africa's recent oppressive state regime. Fears of police brutality were also common, and a critique of the state response to COVID-19. A few participants spoke about fears over contracting COVID-19 in health facilities, suggesting that an emphasis on safe access to services will be important to continue to serve adolescents and young people who require HIV and other health services.

Despite evident challenges and vulnerabilities, findings also affirm the creativity, resilience and agency of South African adolescents and their communities (Hutchby & Moran-Ellis, 1998; Morten Skovdal & Andreouli, 2011; Morten Skovdal & Daniel, 2012). In contrast to documented concerns about lack of/misinformation about COVID-19 for adolescents and young people, all participants demonstrated strong understandings of available COVID-19 science, including prevention and symptoms. This suggests that young South Africans have received and correctly interpreted public health messaging. They also demonstrated a familiarity with aspects of effective public health responses, calling for more testing, alongside protective and sanitation materials to keep them safe. Last, some participants held non-biomedical beliefs about the origins and spread of COVID-19 and control measures. These did not point to the need for more information but are potentially indicative of a lack of trust in international and national responses, and beliefs in the possibilities of alternative approaches to health. This finding demonstrates successful public health messaging reach and uptake, but raises a set of challenges in relation to behaviour change and trust of governmental and scientific institutions. It demonstrates that it is possible to understand scientific aspects of COVID-19 transmission and prevention while at the same time not accepting them to be true. This complicates dominant approaches to public health messaging, and also raises important consideration for those working to design public health interventions for the control of COVID-19. Lessons from the HIV epidemic, in which a similar phenomenon has been documented may be relevant here. Specifically, intervention and research will need to recognise and take into account non-epistemic community beliefs that are common in South Africa. These include (1)

conspiracy-related beliefs, mistrust of government responses and biomedical health interventions, and (2) a belief by many South Africans in traditional products and services, alongside a conceptualisation of illness that sees health issues as related to within the context of an underlying psychosocial, spiritual, communal or ancestral issues (Moshabela et al., 2016).

In this study, adolescents and young people participated actively and provided practical advice on research questions and approaches, demonstrating the possibilities of their meaningful engagement in remote, pandemic-related research. This supports the well-documented assertion of the importance of community participation in informing pandemic research and responses (Marston et al., 2020) as crucial to the 'coproduction of health' (Kelley et al., 2020; Kuruvilla et al., 2016; UNAIDS, 2020). This research also demonstrates the value of investing in participatory processes to build long-term relationships between researchers and participants, without which it would have been difficult to recruit, engage and receive advice on research questions and methods from a difficult to reach group during a pandemic-related lockdown. These bi-directional, intentional investments set the foundation engaging this group of young advisors, demonstrating that such participation is possible for adolescents and young people – a group that is among the most left behind in research and development initiatives (L. D. Cluver et al., 2019) –remotely during this time of COVID-19.

## Note

1. Age definitions of 'adolescence' and 'young adults' vary. In line with international practice (such as in UNICEF, 2017), adolescents are defined as people between the ages of 10–19. Participants who were twenty years old or older are referred to as 'young people', most of whom were in their early twenties, with the oldest being 25. We also acknowledge the limitations of these age definitions. They do not account for variations of life experiences and transitions within this group, nor for contextual differences in understandings of age and life phase. For example, a central organising factor for age of many of the male participants would be if they have undergone ulwaluko (traditional Xhosa initiation (Mfecane, 2016)), which would mean they are recognised as men even if they are under twenty and fit into the UNICEF definition of adolescence. Despite these limitations, the terms 'adolescents' and 'young people' are used as imperfect approximations of participant age groupings.

## Data availability statement

Data are not publicly available due to the ethical necessity of maintaining participant confidentiality.

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# Appendix

**Table A1.** Additional participant responses.

| If you could write a letter to your previous self before COVID-19, what would you write and why? | Okay, I would prepare myself to stay at home … Then check myself when I interact with a person, distance myself and don't be close to a person when I am speaking with them. Wash my hands every time I touch something, when I am about to eat and all that … I would prepare myself emotionally and commit to washing my hands regularly, not hold hands with anyone, distance myself when speaking with them, listen and follow the regulations the president mentioned. (22, Male, Eastern Cape)<br>Our lives are all at risk, we need to just stay at home, be in our houses. As soon as you feel anything strange, sore throat or anything you need to run and go to the clinic. Even when you get to the clinic when you are there you will be with people who are sick, you are just putting yourself in a worse situation (21, Female, Eastern Cape)<br>I would think about groceries, buy necessities, things I will need and not just anything so I can save, look at my budget, you see I would do that … . when you have no information, you … make wrong choices. When you are prepared and have information before you can be safe. (20, Male, Eastern Cape) |
|---|---|
| Image for a second that you are an advisor for President Ramaphosa. What would you tell him needs to be done? | I would advise the president to make sure that there is testing available in every location, because some people don't know where to test. They are just confused, if a person gets sick, especially in the local town, they wouldn't know where to go (19, Female, Western Cape)<br>What I would do, I would give people what they want but they need to protect themselves. I would provide them with the protection they need like the masks (20, Male, Western Cape)<br> … therefore sanitiser and masks should be handouts …<br>Handouts should happen everywhere … Everywhere he should give people things they need to protect themselves, give as much as possible. In order for them to not be infected by the disease. (21, Female, Eastern Cape)<br> … you need to have a sanitiser. A lot of people can't have these, you have mix and mix different stuff (21, Female, Eastern Cape) |