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Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs in Selected Sub-Saharan African Countries

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EXECUTIVE SUMMARY

The outbreak of COVID-19, has negatively impacted teachers, teacher educators and learners. Fear of contracting the disease led to psychological problems like depression, anxiety, frustration and stress. Recent studies have shown that during lockdown, teachers and learners suffered depression, anxiety and stress from having to adapt (in record time) in order to provide online classes (Besser et al., 2020). The factors contributing to the negative impacts of COVID-19 on learners, teachers and teacher educators have closely been associated with closure or disruption of schools. The closure of schools and universities affected more than 1.5 billion children and youth worldwide and has significantly changed how youths and children live and learn during the pandemic (UN, 2020). The preventive measures and yet prolonged closure of schools, lockdown measures, and therefore lack of access to key protective social services, including schools which for many constitute places of refuge have led to sudden interruptions of learners' daily routines, relationships and close ties within social groups. Learners, particularly girls and young women, assumed a greater burden of care and domestic chores in households where economic security has been lost; with increased psycho-emotional duress and stress, sexual harassment, exploitation on children, and sexual related violence from partners or family members, or even rape in many instances. It is based on these effects that this study was specifically conducted to achieve the following objectives.

1. Assess psychosocial impact of the COVID-19 pandemic on in-service teachers, teacher educators and learners;
2. Identify and rank the causes of negative impact of COVID-19 on in-service teachers, teacher educators and learners by their severity;
3. Identify innovative strategies governments are employing to address these challenges;
4. Identify potential challenges school leaders, teachers and teacher educators are facing with providing health and PSS to teachers and learners;
5. Assess the PSS needs of in-service teachers, teacher educators and learners
6. Provide recommendations for resilience development, infection control and provision of PSS to teachers, teacher educators and learners during and after the COVID-19 pandemic;
7. Develop high-level advocacy and Policy Briefs for member states, Regional Economic Commissions (RECs) and other partners based on the key findings of the study.

This study was guided by The Physiopsychosocial model of education in times of emergencies (Tchombe, Wirdze, Muki, Melem and Ndzetar, 2020). This theory outlines the impact of emergencies like health hazards on the physiological, psychological and social development of human beings. Maslow's Hierarchy of Needs (1943) which suggests that people are motivated to fulfil basic needs before moving on to other, more advanced psychological needs. There is equally Latiné's (1981) Social Impact Theory (SIT) which indicates that this study relies on the presumption of the existence of social and educational impacts from launching a package of precautionary and preventive measures to contain the COVID-19 outbreak.

The study adopted the sequential explanatory design, with the collection and analysis of quantitative data as the first phase of the study. This was accomplished using an online survey questionnaire transformed into a google form. The second phase constituted the collection and analysis of qualitative data guided by information drawn from the quantitative findings. Qualitative data was collected with the aid of focus group discussions conducted by using Microsoft Team meetings. The validation of data collection instruments was based on content validity which focused upon the extent to which the content of the instruments corresponded to the content of the theoretical concepts they were designed to measure. Further consistency was done by UNESCO in collaboration with the consulting team.

The target population of the study included teachers, teacher educators, learners, school leaders, education inspectors/government officials, psychosocial support experts and parents from 22 countries. These were

Botswana, Cameroon, Cote D'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Sudan, Uganda, Zambia, Zimbabwe. Out of the 22 countries initially projected for the study, only 14 actually participated. Out of the 14 countries that participated in the study, only 6 actually participated in a significant way with 8 of the countries providing only 1 or 2 responses. Accordingly, a sample size of 1,072 teachers, 141 teacher educators, 1,182 school leaders and 150 inspectors/government officials making a total sample size of 2,545 respondents who participated in quantitative data collection. As concerns qualitative data, a total of 15 Focus Group Discussions (FGDs) were conducted in 4 countries out of the 6 previewed. Cote D'Ivoire, Eswatini, Lesotho, and Rwanda. All the stake holders of the study participated in the FGDs. Teacher Educators (2), Teachers (2), School Leaders (2), Inspectors & Government Officials (3), Learners (2), Parents (2) and Experts (1).

Regarding data analysis, quantitative data, the Google Form resume section and a pre-designed EpiData Version 3.1 database, which has in-built consistency and validation checks, was used to enter the data. Further consistency, data range and validation checks were also performed using SPSS version 25.0 to identify invalid codes. Frequencies, percentages and ranks were used for descriptive statistics. The analysis of qualitative data was done following the systematic process of thematic and content analysis and narrative analysis. The following were established as findings of the study according to objectives of the study.

Psychosocial impact of COVID-19: As concerns psychological impact of COVID-19, depression was the most felt psychological impact affecting 31.0% of teachers and 33.0% of teacher educators. This was followed by anxiety affecting 24.6% of teachers and 25.5% of teacher educators. The least psychological impact was stress, affecting 20.8% of teachers and 19.9% of teacher educators. More males than females were affected by psychological impacts in terms of depression, anxiety and stress. Psychological impacts were mostly faced by teachers and teacher educators working in rural areas than those working in urban areas. Psychological impacts were mostly faced by secondary school teachers and teacher educators than primary school teachers and teacher educators. There were fewer or no gender, living area and school level differences in terms of social impacts. In relation to social impact of COVID-19, teachers and teacher educators faced a social impact on each category at various degrees of impact. However, society related impacts such as many deaths and restricted movements were the highest (2.2%) felt by teachers, while society and family related impacts (2.8%) were mostly felt by teacher educators. Domestic violence was the least impact faced by both teachers (1.1%) and teacher educators (1.4%).

Despite the negative impact of COVID-19, as depicted in quantitative data, qualitative information brought out some positive outcomes of the pandemic. Prominent amongst these were development of resilience, improved communalism and communication skills, increase in ICT skills for teaching and learning, the introduction of blended learning in most educational systems and institution of healthier and safe environments in schools.

Factors contributing to negative impact of COVID-19: According to teachers "many deaths" as a result of COVID-19, with an overall score of 1,718 was seen to be the most contributing factor to the negative impact of COVID-19. Teacher educators considered "restricted movements" as the most contributing factor, with an overall score of 206. School leaders equally identified "many deaths" with an overall score of 1,979 as the most contributing factor to the negative impact of COVID-19.

Potential challenges faced in the provision of psychosocial support: In relation to teachers that participated in the study, "lack of financial resources" with an overall score of 1,924 was seen to be the highest challenge faced in the provision of psychosocial support. In relation to teacher educators, "lack of financial resources", "inadequate personal protective effects" and "ineffective online/distance education system" with an overall score of 195 were the highest challenges faced in the provision of psychosocial

support. School leaders equally identified “Poor internet connection” as the top most challenge with an overall score of 2,305.

Innovative strategies governments are employing to address challenges: Based on responses from inspectors and government officials that participated in the study, “communication tools” with an overall score of 279 was seen to be the most innovative strategy governments were employing to address challenges. This was followed by “joint task force” with an overall score of 229 and “hybrid model” with an overall score of 208.

Psychosocial needs: In relation to psychological needs, “more funding”, “capacity development seminars”, “special remedial programmes”, “referral centres” were the top most important psychological needs. As far as social needs were concerned, “increase incentives”, “capacity development and training”, “hand washing stations” and “provision of online/distance education support” were the top most social needs according to teachers, teacher educators and school leaders.

Recommendations: As far as recommendations of the study were concerned, “well-equipped counselling units”, “academic counselling sessions, workshops and specialised therapies”, “adjustment of the curriculum and academic calendar”, “diverse learning platforms” and “provision of personal protective tools and vaccination” were the top most recommendations according to teachers, teacher educators, school leaders and inspectors/government officials. Further recommendations emerging from qualitative findings included recommendations in relation to resilient development, infection control and provision of PSS.

Policy briefs: The policy briefs suggestions of the study were made in relation to building resilience; revising curricular for teacher education; increasing education budgets; an inclusive recovery policy; and partnerships for community involvement in education. It is clear that interventions and rehabilitations must be addressed including providing and creating new learning platforms.

This study therefore identifies capacity building in development of resilience skills amongst teachers and learners. This brings to light The International Institute for Capacity Building in Africa (IICBA)’s effort to support government and other partners to strengthen national and international educational systems, including social services, to be risk-informed in order to reduce negative impact and foster psychosocial support.

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