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Kenya: COVID-19 knowledge, attitudes and practices—Preliminary findings

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Kenya: COVID-19 Knowledge, Attitudes & Practices
Responses from 2,010 households in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, Mathare)
March 30-31, 2020

Highlights

- 100% are aware of COVID-19 and 82% know that anyone can get infected
- Knowledge of at-risk groups and symptoms of COVID-19 is high, but some misconceptions remain – in particular, misidentification of sneezing as a symptom but not difficult breathing, and the perception that children are at high risk
- Young people had the lowest perceived risk of being infected with COVID-19
- Government SMSs are the most common source of information on COVID-19 (over 90%) and they are a trusted and reliable source of information
- Ability to practice handwashing and social isolation are the two major challenges due to crowded living conditions, lack of access to water/soap and inability to forgo income
- People most fear dying from COVID-19 and worry about the impact on their livelihoods, however only a quarter worry about infecting others

Knowledge on Infection, Symptoms and Prevention

On March 30-31, phone interviews were completed with 2,010 adults in Kibera, Huruma, Kariobangi, Dandora and Mathare. These households were part of ongoing Population Council survey cohorts. Respondents were 37% male; 63% female and the average age was 36 years.

- All (100%) had heard of COVID-19; 83% of participants responded that anyone could be infected. However, those <35 years old were more likely to say they had a low risk (28%) of infection compared to those >50 (19%)
- Less than 2% named some of the common myths on infections such as it is spread by foreigners or that the virus is a hoax.
- 6 out of 10 indicated that the elderly were a high risk group and over 4 out of 10 indicated those with weakened immune systems/HIV/TB are at risk. Over 20% incorrectly indicated that children were at high risk of severe illness.
- Knowledge of COVID-19 symptoms is mixed. Some symptoms mentioned are - cough (86%); fever (77%) – difficulty breathing (42%) and 55% indicated that sneezing was a symptom.
- The most frequently mentioned prevention methods fell into two categories: 1) washing hands and using hand sanitizers and 2) social distancing – including standing far apart, staying home and avoiding gatherings of people.
- If experiencing symptoms of COVID-19, 71% said they would go to the clinic while few said they would stay home (19%) or practice social distancing (17%)

42% of slum dwellers knew that difficulty breathing was a symptom
Overall awareness of COVID-19 is high, but knowledge of all symptoms is mixed
Sources of Information

• 78% of participants reported receiving information on COVID-19 from government SMSs. 95% reported that this was a trusted source of information.

• NGOs are also a highly trusted source of information (90%), but their messages have not reached a wide audience in the informal settlements (16%)

• 70% of people received information on COVID-19 from TV and radio programs and about 60% from family, friends and neighbors. All of these were reported as less trusted source of information

Government SMSs, TV and radio adverts, as well as health facilities/workers are the MOST TRUSTED sources of COVID-19 information

• Social media (45%) and the internet (40%) were prevalent sources of information on COVID-19, but somewhat less common and considered a less trusted source of information. These methods are more common among young people (52% and 58%), but not necessarily more trusted.

• While 95% of people reported trusting information from health care workers – at facilities, pharmacies and in the community – only about 20% of people reported they had received information on COVID-19 from these sources.

Challenges to Prevention

While 99% of participants reported adoption of a promoted COVID-19 preventive behavior, the main challenges are the inability to properly practice social distancing/self-isolation or proper hand washing.

• 85% report they do not have a place to isolate someone in their household in case of exposure/infection

• 82% report that they would not be able to self-isolate for 14 days – largely due to not being able to lose income (61%).

• The ability to stay at home was lower for those with less education (14% v. 30%)

• The two main challenges reported to uptake of hand washing behaviors are a lack of a personal water source (37%) and the high cost of hand sanitizer (53%).

Concerns and Needs

Fear and concerns about COVID-19 fall mainly into two categories:

1) Contracting and dying from the virus (68%); however, only 25% reported fear that they would infect others

2) The economic effect of the pandemic vis-à-vis loss of income (34%) and food shortages (22%)

Participants also responded what their needs would be in the case of an ongoing lockdown, with access to food being a nearly unanimous concern (97%), following by money (45%) and water (41%).

Gender and Subgroups Considerations

• Gender related differences: Men were more likely to report concerns about loss of income and women were more likely to report they were staying home.

• Education related differences: Those with lower levels of education were less likely to have seen the government SMSs and have less accurate information on symptoms.
Recommendations

- The Government of Kenya should continue its public education campaigns, with a focus on:
  - clarifying the symptoms of COVID-19 and what to do (and, what not to do) if experiencing symptoms
  - reminding people that even if they are not at risk of severe illness, they can pass on the virus to those in their families, neighborhoods and workplaces
    - This is particularly important for young people who perceive themselves as being at lower risk of infection
  - reaching the less educated segments of the population with information on symptoms, potentially exploring other channels as they are less likely to be reached by government SMSs
  - encouraging NGO partners to increase their education campaigns as they are a highly trusted source of information, but to date have not had a wide reach
  - using community-based health facilities and workers to provide more information as they are widely trusted sources, but currently underutilized; however, protecting health workers will be critical during the epidemic
  - if using social media to disseminate information to younger people, ensure that it is clear that the source of the information is GoK or an NGO partner
- Develop strategies to facilitate social distancing, self-isolation and handwashing in the informal settlements, including addressing people’s economic needs and concerns about loss of income and potential food and water shortages.
  - A social protection strategy should be considered to address the inability to self-isolate or practice social distancing due to an inability to forgo income
  - Invest in hand-washing facilities in informal settlements where personal water sources are scarce and the cost of hand sanitizers is prohibitive
- Prepare for shortages of cash, food and water in, which will be exacerbated in a long-term lockdown situation; identification of vulnerable households and distribution of necessities may be necessary