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

Population Council

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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%).



Large families living in single room houses, combined with shared toilet facilities, make social-distancing very challenging in informal settlements

## 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
  - remind 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
  - encourage 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

The Population Council conducts research and delivers solutions to improve lives. As COVID-19 spreads around the world, the Population Council is working to lessen the health, social, and economic impact of the outbreak. On the ground in 50 countries and 14 offices, our experts are partnering with governments to develop approaches for rapid research, data collection, monitoring, and mapping, and to test and evaluate behavioral interventions.

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