Nairobi informal settlements: COVID-19 knowledge, attitudes, practices and needs—Round 2

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NAIROBI INFORMAL SETTLEMENTS: COVID-19 KNOWLEDGE, ATTITUDES, PRACTICES & NEEDS

Population Council Kenya
April 22, 2020
Overview – Round 2 Data Collection

• Phone survey conducted on April 13-14
  – Kibera, Huruma, Kariobangi, Dandora, Mathare
  – 1769 interviews completed (88% of Round 1)
  – 37% male; 63% female
  – Mean age: 36 years
    • 18-24: 21%
    • 25-34: 20%
    • 35-45: 38%
    • >45: 21%
  – 95% living in same location as Round 1
Who is at high risk of severe illness?

Knowledge on high risk groups remains mixed and declined from Round 1.
What are symptoms of Coronavirus?

- Knowledge levels largely remained the same between Round 1 and Round 2
- Fever and cough correctly identified
- Misconception re: sneezing as a symptom
- Difficulty breathing is a severe symptom but only listed by less than half

### Symptoms

- **Fever**
  - Round 1: 77%
  - Round 2: 82%
- **Cough**
  - Round 1: 86%
  - Round 2: 85%
- **Difficulty Breathing**
  - Round 1: 42%
  - Round 2: 48%
- **Fatigue**
  - Round 1: 17%
  - Round 2: 20%
- **Sneezing**
  - Round 1: 56%
  - Round 2: 53%
Myths & Misconceptions on COVID-19

- Africans cannot get infected with COVID-19: 3%
- Drinking alcohol, tea, juices or other concoctions will kill Coronavirus: 7%
- Coronavirus is just a common cold: 8%
- Coronavirus cannot spread in hot places: 13%
- Coronavirus is a punishment from God: 27%
How can infection be prevented?

- Knowledge levels largely remained the same between Round 1 and Round 2 apart from increased awareness on wearing masks.
Sources of Information on Coronavirus

- Across all sources, there is an increase
- Risk of “floods of information”

*Government, NGOs and health facility/worker sources are the most trusted (>90%)
What is your risk of being infected?

- Younger people less likely to say high risk than older people (29% v. 39%)
- 3 out of 5 who say ‘low risk’ because they are staying at home
- 4 out of 5 who say ‘high risk’ because they interact with a lot of people on daily basis
If you had symptoms of COVID-19, what would you do?

- Go to Clinic: 71%
- Call the Government Hotline: 52%
- Go for COVID-19 Test: 29%
- Stay at Home More: 19%
- Keep a Distance of 1-2 Meters: 17%
- Stop Attending Social Gatherings: 8%
Movement outside home/neighborhood

- Did you leave the home in the past 24 hours?
  - Men: 84%
  - Women: 76%

- How many times - total?
  - Men: 2.8
  - Women: 2.9

- How many times - outside neighborhood?
  - Men: 0.7
  - Women: 0.3
Barriers to hand washing

75% report washing hands 7+ times per day
88% report always using soap when washing hands
95% report most public areas have hand washing stations

Risk of social desirability bias

- Don't have water in my house: 25%
- Don't have access to soap in my house: 13%
- Don't have access to water in the community: 17%
- Don't have access to soap in the community: 15%
- Cannot afford extra soap/water: 32%
Barriers to use of hand sanitizer

- 40% report not using hand sanitizer at all
- 39% report using hand sanitizer 1-6 times per day

![Bar chart showing the percentage of people facing barriers to using hand sanitizer.](chart)

- 84% report that it is too expensive or they cannot afford it.
- 24% report that hand sanitizer is not available in the shops.
- 4% report that it does not help.
Use of Face Masks

- 73% report always wearing a mask when outside their house
  - 24% report sometimes
- Common barriers
  - 57% report they are uncomfortable
  - 19% report they cannot afford face masks

High likelihood of social desirability bias due to recent government decree on use of face masks in public
• 76% report that their biggest need currently NOT being addressed is food

• 98% report that this is due to COVID-19
• 70% report that others in community are skipping meals/eating less due to COVID-19
Social Effects of COVID-19

- See family less: 56%
- See friends less: 87%
- Avoid public transport: 76%
- More housework: 61%
- More tensions in the house: 37%
- Increased violence in the home: 3%
In total 4 out of 5 have had a complete or partial loss of income.
Health Effects of COVID-19

- 9% reported forgoing health services
Receiving Assistance?

- Only 7% reported receiving assistance
- Of those that received:
  - 72% - soap/hand sanitizer
  - 40% food
  - 39% from Good Samaritans/corporate donations
  - 37% from NGOs
  - 35% from Government

★ Those who received assistance were not those who were most likely to report losing income or missing meals
Gender Considerations

• Women are impacted more on many of the social, health and economic dimensions. Compared to men they are more likely to have:
  – completely lost their income (38% v. 33%)
  – increased housework (67% v. 51%)
  – increased tension in the home (39% v. 32%)
  – forgone health care services (11% v. 5%)
  – skipped meals due to COVID-19 (71% v. 64%).

• They also have less accurate knowledge of transmission, symptoms and preventive behaviors and are less likely to wear masks outside the home.
Recommendations: Public Education Campaigns

1) Maintain clear messages on symptoms
2) Clarify that all can be infected and pass on the virus to others – even if asymptomatic
3) People are being flooded with information from multiple sources → re-focus on prevention methods and how to access social protection
Recommendations – Social Protection

1. Address the impacts of income loss and food security, with special attention to women

2. Ensure that those most at need of assistance are the ones receiving
   a) Consider ensuring that assistance is getting into the hands of women given their increased experience of social and economic impacts
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Partnering with national health ministries and other government agencies in sub-Saharan Africa, South Asia, and Latin America, Population Council global and in-country scientists are conducting COVID-19 public health and social science research to produce relevant and timely evidence to support policymakers in controlling the spread of coronavirus, evaluating the effectiveness of prevention and mitigation measures, and assessing longer-term health, social and economic effects of the pandemic.