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Kenya: COVID-19 Perceptions, Prevention Practices, and Impact—Responses from third round of data collection in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare)

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Kenya: COVID-19 Perceptions, Prevention Practices, and Impact

Responses from third round of data collection in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare)

May 10-11, 2020

Highlights

- Fear of being stigmatized if infected with COVID-19 was extremely high overall, and significantly higher for women and the elderly. A higher proportion of women compared to men expressed that people would stop talking to them (85% vs. 74% of men) and treat them badly (77% vs. 66% of men) if infected with COVID-19.
- Acceptability of testing for COVID-19 is high, as 82% said that it is “very likely” they would get tested if the government rolled out mass testing in their neighborhood. Of those who would not, the main reason was because they say the test is painful/uncomfortable (37%); the second reason was concerns related to quarantine (27%).
- 1 in 10 participants said they had been forgoing medical services in the past two weeks; of these, the main reason is that they could not afford it (52%), compared to fear of contracting COVID-19 (17%) or stigma for seeking care (3%).
- Food insecurity remains a major issue: a higher proportion report skipping a meal in May (74%) compared to April (68%). Women are more likely to skip a meal than men (77% vs. 68% of men). Of those that skipped a meal, 64% say they skipped a meal a couple of times per week and 19% every day. Also, 4 out of 5 report that their children are skipping meals or eating less as well.
- Women are disproportionately shouldering the burden of social distancing and lockdown measures; they are more likely to lose their job and take on more cooking, cleaning, and childcare; almost half are now not purchasing sanitary pads (41% in May; 36% in April). They also report more arguments and tension in their home, and fear increased violence inside the home and that their partner may harm them.

Knowledge, Attitudes, and Perceived Risk of Infection

On May 10-11, a third round of the survey was completed via phone interviews with 1,750 adults; this represents 87% of the original COVID-19 KAP study cohort. The average age was 36 years, and 63% were female. Almost all (98%) resided in the same location as in the previous interview three weeks prior.

- *Government hotline knowledge:* Over half (60%) know that the government hotline is “719 for Corona,” although 21% of those who say they would call the hotline if they experience symptoms do not know the number.
- *Myths and misconceptions:* Of concern is a slight increase in the proportion of respondents who believe the myth that COVID-19 does not spread in hot places (13% in April to 19% in May). Also, 30% say COVID-19 is a punishment from god.
- *Future testing:* If the Ministry of Health were to roll out mass testing, 82% would get tested. Among those who say they would not go for the test, the most common response is that the test is painful (37%), followed by the cost or fear of quarantine for oneself or family (27%).



- *Stigma*: A very high proportion of respondents said if they themselves were infected, that people would stop talking to them (82%), people would stop visiting their house/business (92%), people would gossip about them (92%), and people in the community would treat their family badly (73%). Only 42% said people they knew would bring them food, and only 37% said people they knew would bring them medicine. Women reported higher perceived stigma. For example, 85% of women (vs. 77% of men) said people would stop talking to them if infected with COVID-19.
- *Experience with COVID-19*: 5% report knowing someone who has tested positive for COVID-19; less than 2% report having two or more symptoms associated with COVID-19 in the past week.

Overall, almost half (42%) consider themselves to be at high risk of COVID-19 infection and identified accurate reasons for this perception, an increase from April (36%).

- Of those who perceive themselves to be at high risk, the main reasons are that they live in a crowded place and interact with a lot of people.
- Among those who have low perceived risk (24%), the main reason is that they are carrying out recommended behaviors (social distancing, staying home, wearing face masks, and handwashing).
- Perception of risk did not differ by sex or age.

Prevention Methods

Overall, people report high adherence to preventive behaviors such as increased handwashing, use of hand sanitizer, and wearing a mask. However, social distancing remains a challenge as most people report leaving their home at least once in the past 24 hours.

Social Distancing/Mobility Restrictions

- Overall, 4 out of 5 people report they left their house at least once for any reason in the last 24 hours. Of all participants, 20% stayed home, 54% left home but stayed in the neighborhood, and 26% traveled outside of their neighborhood.
- Men were more likely to leave home at all (88% of men vs. 76% of women) and were also more likely to travel outside of their neighborhood.
- Of those who traveled outside of their neighborhood, more than half said it was for a job (57%) or seeking a job (26%).
 - Of those traveling outside their neighborhood for a job, 65% were men (vs. 36% women), whereas of those traveling outside their neighborhood to buy things not available closer, 73% were women (vs. 27% men).



Wearing Face Masks

- Almost all participants report they wear a mask when out of the house (89%); the majority of these are cloth masks (82%) that people purchased (80%). People reported good hygiene with their masks, as 99% said they do not share their mask, and the vast majority say they wash or replace their mask more than once per day (66%) or once per day (18%).
- Ensuring people are wearing masks correctly is important—while 100% know the mask should cover nose/mouth, only 14% know it should also cover your chin.

Handwashing

- 84% say they have a designated hand-washing place, and almost all say they have water and soap at the place.
- 81% say they wash hands after coming in from outdoors—the highest of any occasion, including before eating (56%) and after using the toilet (65%), which were the common pre-COVID-19 recommendations for handwashing.

Effects of and Coping with the Response to COVID-19

Overall, most participants are impacted economically and socially by the COVID-19 pandemic and associated social distancing and lockdown policies. Many report losing their source of income while also reporting increased costs of household items and needs as well as worsening household tensions. While more were receiving assistance in May than in April, more report this is not sufficient to meet basic needs.

Food Security

- The proportion of participants reporting that they skipped a meal in the last 7 days increased between survey rounds from 68% in April to 74% in May.
 - 64% say they skipped a couple times per week, 19% say they skipped a meal every day
 - Women are more likely to skip a meal (77% vs. 68% of men)

Income/Job loss

- 84% report losing complete or partial income due to COVID-19. The percent of people reporting a complete loss of income rose from 36% to 42% between April and May
- 87% report increased household expenses. This includes 83% reporting an increase in food prices and over half reporting increased costs of cooking fuel.

Crime/Gender-based Violence Perceptions

- Participants report an increase in crime experienced in their neighborhood, rising from 37% in April to 49% in May
- Participants report a slight increase in violence experienced at home (3.3% in April up to 5% in May, higher for women (5%) vs. men (3%); and 6% of respondents report more fear that their partner will harm them, also higher for women (7%) vs. men (5%))
- A third of participants report more household tension due to COVID-19, and a quarter report more arguing taking place in their home

Access to and Use of Health Services

- 1 in 10 reported that they were forgoing medical services (9% of all participants). Of that 9%, the main medical care they are forgoing is for acute illness (21%), routine health services (20%), malaria (16%), and immunization/nutrition (16%).
- Of those forgoing medical services, the main reason is they cannot afford it (over half). Only 3% say they are scared people will think they have COVID-19 if they go, and only 17% are scared they will get COVID-19 if they go. Twelve percent say facilities are closed.

Receiving Assistance

Overall, more participants report receiving some type of assistance in May compared to April, but most say it is still not enough to meet basic needs, and the aid does not appear to be targeted to those who are most vulnerable. The proportion receiving assistance significantly increased from 7% to 21% between April and May.

- Of the 21% that received assistance, only 37% say this assistance covers their basic needs. This is fewer than in April when 47% said their basic needs were covered by assistance received.
- Lack of targeting: the same proportion of those who have lost complete income or not, or skipped meals or not are receiving assistance, indicating that the neediest are not the ones being targeted for assistance
- The most common assistance received is soap/hand sanitizer (68%) and food (30%); however, when asked their single biggest need participants say food (68%) and cash (23%).
- Participants report they are receiving assistance from NGOs (62%), the government (19%), and from a good Samaritan (17%)

Women and Children:

Women are disproportionately bearing the brunt of the pandemic

- Women are more likely to report they are doing more cooking (49% vs. 24% of men), cleaning (61% vs. 25% of men), and childcare (67% vs. 36% of men)
- Women are more likely to skip meals (77% vs. 68% of men), experience tension (36% vs. 31% of men) or violence (6% vs. 3% of men) in their home, and are more likely to have completely lost their job/income (47% vs. 36% of men)



Children are vulnerable¹

- 15% of participants say their children are doing online learning, and almost half of participants say their children are doing learning on TV/radio
- 80% say their children skipped meals/ate less due to COVID-19
- 5% say their children did something to help earn money; these children were more likely to be in households that had skipped meals (6% vs. 2%)
- 5% report they skipped health care/immunizations for their children

Recommendations

- The Government of Kenya public education campaigns should continue with a focus on:
 - Addressing stigma and ensuring that those who test positive for COVID-19 are loved and cared for
 - The COVID-19 test is slightly uncomfortable, yet quick; quarantine is free, and while it is inconvenient, it is free and the best way to protect your family and community from further infection. Consider financial assistance to families of those whose breadwinner is in quarantine to encourage testing and cooperation with quarantine.
- Address the health, economic, and social impacts of lockdowns, with special attention to women:
 - There is risk of a secondary humanitarian crisis—in particular people going hungry. Given the high rates of people forgoing food, and experiencing a complete or partial loss of income, assistance must be provided. This will also increase willingness to be tested, enter quarantine, and practice prevention guidelines.
 - Current assistance efforts are only reaching 1 in 5 of the participants and should be ramped up in a coordinated fashion. Assistance should be targeted to those who are most needy, as they are not currently the ones receiving assistance. Improve public education around where to access food assistance if available.
 - As more than half of people skipping health services are doing so because they cannot afford the cost, consider waiving fees for health services to ensure continuity of care for non-COVID-19 health issues.
 - If schools remain closed, seek out additional avenues for children to access learning content, as currently only 15% of children are accessing online learning.
 - Women are experiencing greater loss of complete income, taking on more work in the home, and are more likely to forgo food and health care than men. It is critical that assistance gets into the hands of women to help them cope with these challenges. Address rise in cases of SGBV.

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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MINISTRY OF HEALTH



¹ Asked in households with children ages 5-17.