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Kenya: COVID-19 perceptions, stigma and impact—Responses from fourth round of data collection in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare)

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Kenya: COVID-19 Perceptions, Stigma and Impact

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

June 13-16, 2020

Highlights

- Results suggest that people are relaxing restrictions on their mobility and moving more freely three months into the pandemic. While perceived risk of Coronavirus has stayed about the same, the proportion that said they are at high risk because they interact with a lot of people every day jumped up since May (from 20% to 54%). The proportion of participants reporting they avoid public transportation decreased (75% in May to 66% in June), and the proportion saying they are staying indoors more also decreased (32% in May to 25% in June).
- Stigma is reducing, even though it remains high. When asked hypothetically if they recovered from Coronavirus, 66% say that people in their community would still avoid them, 43% say their employer would not take them back, and 26% said their family would not let them come home.
- The feasibility of caring for mild COVID-19 patients in the home in informal settlements is low; only 1 in 10 report having a separate room in the home for isolation and 2% own a thermometer. The acceptability of care in community facilities needs to be improved as the preferred place for COVID-19 patients to receive care is at hospitals or government quarantine centers. Home- and community-based care would disproportionately put women at risk and increase their care-taking burden as two-thirds reported women in the household would be the primary care giver for a COVID-19 patient.
- Mental health indicators are concerning – about half of participants say they felt little interest or pleasure in doing things they normally do for 1-7 days out of the last 14 days (46%), and about half (45%) also said they felt down, depressed or hopeless. Over half said they felt this way **more** than they did before Coronavirus pandemic started.
- The economic and food security crisis continue to be a major concern. 88% report having lost full or partial income and 75% have skipped meals in the past week due to COVID-19.

Perceived Risk of Infection

On June 13-16, a fourth round of the survey was completed via phone interviews with 1,529 adults; this represents 76% of the original COVID-19 longitudinal study cohort. The average age was 36 years, and 62% were female. Almost all (96%) resided in the same location as in the previous interview three weeks prior.

- *Perceived risk:* Levels of perceived risk have largely remained the same with 26% reporting low risk, 26% medium risk and 40% high risk. While there is no difference between men and women, 18-24 year old men and women are the most likely to think they are at low risk of infection.
- *Reasons for high risk:* The proportion of respondents saying they are at high risk because they interact with a lot of people every day more than doubled – from 20% to 54% between May and June. This suggests increased movement and interaction, possibly due to shortening curfew hours or normalizing of life with COVID-19, that may increase spread of Coronavirus.



- *Reasons for low risk:* The proportion saying they are at low risk because they are staying indoors has decreased (32% in May to 25% in June).

Stigma

While stigma remains high, there have been noted improvements in some measures in the past month.

- The proportion saying people in the community would treat their family badly if they got COVID-19 went down from 73% in May to 56% in June.
- Public messaging to support those with COVID-19 seems to be having an impact as the proportion saying that if they had COVID-19, people they know would bring them food increased (from 42% to 51%) and those saying people they know would bring them medicine also increased (37% to 46%) between May and June.
- However, there is still work to be done in addressing stigma as the proportion who said if they got COVID-19 they would be gossiped about (92%) and that people would stop talking to them (81%) remained high. Across all nine measures of stigma, women reported higher levels of stigma than men. There did not appear to be differences in stigma across age groups.
- There is also concern vis-à-vis home-based care of COVID-19 patients as 76% of participants said if they had to treat an asymptomatic/mild person at home they would face stigma.
- Of concern are the long-lasting effects of stigma remaining even after one recovers from COVID-19. Respondents say that if they were sick and recovered their community would still avoid them (66%), their employer would not take them back (43%), and a quarter (26%) say their family would not let them come home.

Testing and Treatment for Household Members

Participants were asked questions regarding their preferences or what they would do in different coronavirus testing and treatment scenarios. First, what they would do if the government ran a mass testing program, second, if they would be willing and able to care for a sick household member that did not require hospitalization at their home, and third, preferences regarding acceptability of sending the sick household member to a centralized isolation center.

Government run mass testing program

- The proportion of participants saying they would go for testing if the government implemented a mass testing campaign went down from May (82%) to June (76%)
 - The main reason is that the test is painful - 43%, followed by not trusting the test (16%) and not wanting to be quarantined (11%); men were more likely to not want to be quarantined than women (22% v. 12%) and women were more concerned about the pain (52% v. 30%)

Government run isolation center

As Ministry of Health rolls out Home-Based Care (HBC) Guidelines, participants were asked a series of questions regarding feasibility and acceptability of non-hospital-based care. When asked where they prefer a non- or mildly symptomatic patient be cared for, very few (13%) said they would like the patient at home, while most said a government quarantine facility (42%) followed by a hospital (33%).

- On available structures in their community, 57% said they would suggest turning schools into this type of isolation center, followed by public/community halls (20%).
- The main reasons participants would prefer to send a household member to this type of center is because they don't have a place to quarantine a household member in their own home (39%) and because it will reduce risk of infection to other household members (25%)
 - Only 4% said they could afford to pay for this. Of those that said they could pay for it, the average they could afford was KSh 500 per day.

Home based care for asymptomatic or mildly symptomatic COVID-19 patients

In the informal settlements, while two-thirds of respondents were willing to care for a non- or mildly symptomatic household member in the home, feasibility remains a barrier as noted in the MoH HBC guidelines:

- Only 1 in 10 respondents have a place in the home where the patient could be kept separate from other household members. Only 2% have a thermometer at home.

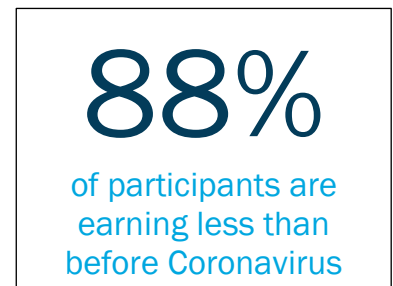
- Only 1 in 10 respondents said they have enough food and other resources to feed the patient and other household members. Half say they have enough water, soap and sanitizer to care for a sick household member.
- Half of participants have a household member that is older than 65 years, a child, pregnant, immunocompromised, or has a chronic health condition.
- Over half say it is most likely a woman would provide the care (64%)

Job Security and Assistance

Overall, almost everyone (88%) has lost income due to COVID-19 and for many they have lost all their income. Very few report receiving assistance that is sufficient to meet their basic needs. While assistance had increased from April to May, it decreased between May and June. Meanwhile prices for food, cooking fuel and other basic needs remain high.

Employment

- Almost half (48%) of participants have partially lost their income (up from 42% in May) and 39% have completely lost their income (compared to 43% in May).
- A high proportion (88%) say they are earning LESS than before Coronavirus; of those that said less, 42% said they are making none and another 40% were only earning half to three-quarters of what they were previously earning.
- Of those who said they were earning less, 77% said their partner is **ALSO** making less.
- Of those who said they were doing more cooking, cleaning or childcare than before Coronavirus, almost half said this was causing them to earn less or stop earning money (46%)



Continued High Costs and Food Insecurity

- 81% said food prices were higher and 69% said cooking fuel prices were higher now compared to before Coronavirus.
- About three out of four participants report skipping a meal in the last week due to Coronavirus (73%) with 69% saying they skip meals a couple times per week.

Assistance

- The proportion of respondents reporting they have received any assistance in the last 7 days decreased between May (21%) and June (14%)
- The source of this assistance was similar as in May, 59% from an NGO, 21% from a corporate sponsorship/Good Samaritan, and 13% from the government.
 - The proportion receiving cash increased (from 9% to 23%), proportion receiving food increased (30% to 38%), but soap/sanitizer is still the most received item (65%).
- In May, 38% said this was meeting their needs, in June 45% say this is meeting their needs. Of needs not being met, this continues to be similar as in April and May – food, followed by cash, followed by shelter are the basic needs not being met by the assistance received.

Effects of and Coping with the Response to COVID-19

Overall, most participants are impacted in some way by COVID-19 and the associated physical distancing and lockdown policies. This includes changes in household dynamics, forgoing health services, and mental health.

Household Dynamics and Mental Health

- The proportion reporting more household tension increased slightly from 34% to 38% and the proportion reporting more arguing also went up (26% to 30%). Fear of violence in the home (6%) or neighborhood (24%) remained the same from May to June.
- Over the last 2 weeks, almost half (46%) of participants said there were days that they had little interest or pleasure in doing things they normally do. One out of 10 felt this way every day. 45% said there were days they had felt down, depressed or hopeless. One out of 7 felt this way every day.

- On both measures of mental health, women were faring more poorly than men. However, women ages 18-24 reported better mental health than women ages 25 and above.
- Over half (52% and 61%, respectively) said these feelings were happening **more frequently** than before Coronavirus.

Healthcare Seeking

- The proportion saying they are not accessing medical care increased by over a third (from 9% to 12%); mostly for acute care and malaria. 1 in 10 women who skipped health care services skipped a family planning service.
- The main reason (47%) for skipping health care services is not being able to afford it.

Recommendations

- The Government of Kenya public education campaigns should continue to focus on:
 - Addressing stigma and ensuring that those who test positive for COVID-19 are loved, cared for and smoothly reintegrated into home and work after recovery
 - Survey data confirms the home-based care guidelines that it is not feasible to care for COVID-19 patients in the home setting in informal settlements and that community facilities will need to be established. However, public sensitization should be carried out to educate communities on the difference between quarantine and isolation centers and why a community facility is preferable to a hospital. Consider leveraging community health workers as they were reported to be trusted sources of information.
 - Be aware that community-based care is likely to fall on women and the government should ensure that they are supported with the necessary PPE and resources.
 - People are not able to continue staying at home, avoiding public transport and forgoing work opportunities. Continue education on the importance of facemask wearing, hand washing and social distancing while in public. People need to understand that they can still reduce the risk of spread even if they are out and interacting with others. Ensure that facemasks are widely available and affordable.
- Address the economic, social, and health impacts of lockdowns:
 - A secondary humanitarian crisis is occurring – people are jobless and going hungry. Given the high rates of people forgoing meals, and experiencing a loss of income, assistance must be provided.
 - Current assistance efforts are reaching fewer participants now than in May 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 once it is available.
 - A second concern is the growing mental health crisis. Make counselling resources available. De-stigmatize mental health in public education campaigns.
 - As about 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.

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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