

11-12-2020

Kilifi, Kenya: Adult COVID-19 perceptions, prevention practices and impact—Responses from the first round of adult data collection in Kilifi, Kenya

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Recommended Citation

"Kilifi, Kenya: Adult COVID-19 perceptions, prevention practices and impact—Responses from the first round of adult data collection in Kilifi, Kenya," COVID-19 Research & Evaluations brief. Nairobi: Population Council, 2020.

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

Responses from the first round of adult data collection in Kilifi, Kenya

August 2020

Highlights

- Overall, knowledge of COVID-19 risk factors, symptoms and preventive behaviors in Kilifi are mixed. While over half (58%) correctly identified the elderly as at high risk if infected, 41% also incorrectly stated children are at high risk. Men were more likely to know correct symptoms of COVID-19.
- Overall, compared to before COVID-19, almost all participants reported staying at home more (82%), stopping attending events (79%), keeping a distance of 1-2 meters (89%), washing hands more (96%) and checking the news more (60%).
- Fear of being stigmatized if infected with COVID-19 is pervasive: 84% said if infected, people would gossip about them, 64% said people would treat their family badly, and after recovering, 56% people would still avoid them and 22% said they would not be welcomed back into their own home – higher for females vs males (23% vs 18%).
- Less than a third (28%) of participants reported county health officials or community health workers had been working in their community; those that did said they were there to do education (89%), install handwashing stations (37%), and do contact tracing (19%).
- Food insecurity is a major threat: over half (60%) said they were eating less since COVID-19, with 77% saying they skip meals a couple times per week.
- Almost three-quarters of participants reported complete (31%) or partial (40%) loss of income. 76% say they are earning less than before COVID-19, and 58% say their partner is earning less. Men are more likely to say they are earning less (82%) compared to women (72%).

Knowledge, Attitudes, and Perceived Risk of Infection

Between August 15th – 18th, a COVID-19 phone survey was completed with 1,288 adults in Kilifi, Kenya. The average age was 43 years, 61% were female and almost all own their own cell phone. Households were part of the [Evaluation of the Nia Project cohort](#). Kilifi county is along the coast of Kenya, north of Mombasa. As the end of July 2020, there were 101 confirmed cases of COVID-19 in Kilifi.

- *Knowledge:* Overall, respondents in Kilifi have high knowledge of COVID-19 symptoms and transmission. Over half (58%) correctly identified the elderly as at high risk if infected, but 41% incorrectly stated children were at risk. Over half correctly identified fever (62%), cough (70%) and difficulty breathing (44%) as main symptoms; men were more likely to correctly state symptoms.



- *Prevention*: almost all participants knew handwashing (92%) and wearing masks (87%) were preventive methods, about half (53%) also mentioned staying 1-2 meters apart. Knowing that staying 1-2 meters apart is a prevention method was higher for men and for those with higher educational attainment.
- *Myths*: female participants were more likely to believe certain myths, for example that drinking alcohol or tea can kill Coronavirus (15% of female vs 12% of male respondents), that only the rich can get it (11% vs 5%), that COVID-19 is a curse from god (44% vs 35%), and that COVID-19 cannot spread to rural areas (22% vs 13%). Almost a quarter also report they would not be welcome back home, higher for women than men (23% vs 18%).
- *Information source*: the main sources of information reported were government radio advertisements (81%), more so among men than women (87% vs 77%). Many reported getting information from friends (70%), also higher for men. Only 56% receive information from government SMS. Almost half (41%) said from chiefs, higher among men than women (46% vs 38%). Only 13% said from social media, higher for men than women (20% vs 8%). Almost all sources were listed as highly trustworthy; the lowest trust was in information from acquaintances or neighbors (74%) or friends (75%).
- *Stigma*: if infected, there are major concerns regarding stigma. Over three-quarters report people would stop talking to them (76%), stop visiting their home or business (84%), and would gossip about them (84%). 64% said people would treat their family badly if they were infected with COVID-19, and after recovering, 56% reported that people would still avoid them and 21% said they would not be welcomed back home – higher for females vs males (23% vs 18%).
- *Experience with COVID-19*: most participants do not know anyone who tested positive or is suspected positive (97%). About 5% said they had been tested themselves.
- *Perceived risk*: Overall, only 13% consider themselves to be at high risk of COVID-19 infection. Among those who have low perceived risk (37%), the main reasons are: staying home (19%) and carrying out recommended prevention behaviors, including physical distancing (21%), wearing a mask (26%), and washing hands (25%). Few responded their low risk was because they are young (2%) or god protects me (5%).

COVID-19 Prevention Methods

Social Distancing / Wearing Face Masks

- Both men and women reported interacting with others less than before the COVID-19 pandemic began. Overall, 82% are staying at home more, 79% stopped attending events.
- Almost all respondents (98%) wore a face mask in the last week; 84% said always.
- Participants reported seeing family and friends less (55% and 80%, respectively), and avoiding public transport (72%).

Handwashing

- Almost all (97%) respondents report that there are handwashing stations in public areas near their home, and 99% have a designated place in their home to wash hands. All respondents have water (99%) and soap (97%) for handwashing.
- 61% say they wash hands after using the toilet and 63% before eating, which were the common pre-COVID-19 recommendations for handwashing. Many respondents also wash their hands after coming home from a public place (65%) but few did after caring for sick people (1%).

Awareness of government intervention

- About a quarter (28%) of participants reported county health officials or community health workers had been working in their community to do education (89%), install handwashing stations (37%), and do contact tracing (19%).

Impact of the COVID-19 Mitigation Response

The COVID-19 pandemic and associated social distancing and lockdown measures have had a large economic, health, and social impact on respondents. Many are earning less income due to COVID-19 even as costs of household items have risen, and a substantial percentage report experiencing food insecurity. Relative to need, very few adults are receiving assistance in the form of cash, vouchers, or essential items.

Income/Job loss

- Almost a third (31%) of participants reported complete loss of income, and 40% reported a partial loss of income. Men were more likely to report partial loss, there was no gender difference for full loss of income. Partial loss of income was also higher for older participants.
- Overall, 76% of respondents report earning less in the past month than they earned before the pandemic began, and 58% say their partner is also earning less.
- Meanwhile, participants reported increasing costs of food (76%), cooking fuel (49%) and overall increased expenses for the household (77%).
- Women are taking on more unpaid labor since the start of COVID-19: they are more likely than men to report they are doing more cooking (55% vs. 24%), fetching water (50% vs 17%), cleaning (69% vs. 19%), and childcare (64% vs. 24%) since the pandemic began.

Food Security

- Many participants have been skipping meals or eating less since the COVID-19 pandemic began. In the past 7 days, 60% skipped a meal, with 92% of those individuals reporting that the skipped meal was due to COVID-19 disruptions.
- 77% say they skipped a meal on a couple days last week and 6% say they skipped every day.
- Almost no adults in Kilifi reported receiving any assistance (91%). When asked what their biggest need is that's not being addressed, 58% of respondents said food, followed by cash (45%); men mentioned cash more and women mentioned food more.

Health and Safety

- Almost half (46%) had been to a health facility since the start of COVID-19 (slightly higher for women than men), and 94% received the care they were seeking. Only 19% said the service or commodity they sought was not available.
- All participants said providers were wearing masks (99%) and that there was a handwashing station at the facility (99%).
- Only 5% of participants reported forgoing health services, the main reason being cannot afford it right now (43%) followed by the facility does not have medication needed (26%).
- In the past one week, 42% of participants reported feeling little interest or pleasure in the things they normally do and 40% reported feeling down, depressed, or hopeless. About half say this is more so than before COVID-19.
- Almost a quarter of participants reported more tensions in the household (21%), more arguing (20%), and increased neighborhood crime (24%). About 5% reported more violence in the home and 4% reported more fear their partner would harm them.

Gender

- More women than men report taking on more chores since COVID-19, such as more time cooking (54% of females vs 22% of males), cleaning (51% vs 20%), childcare (62% vs 33%), and fetching water (39% vs 21%).
- Most women (72%) were not currently pregnant and did not wish to be pregnant, with over three-quarters saying they would be unhappy if they became pregnant. Almost half (43%) were using a contraceptive method before COVID-19, mainly injectables (11%), and most (91%) are still using this method. Only 7% report a challenge accessing their preferred method.
- Only 6% have started a new method since COVID-19 that were not using a method before.
- Women were more likely than men to report an increased reliance on their partner due to financial loss (40% of women vs 29% of men).

Conclusions and Recommendations

COVID-19 public education campaigns in Kilifi should continue with a focus on:

- Addressing stigma and ensuring that those who test positive for COVID-19 receive needed food and medical care.
- Target COVID-19 information to women who so far have less accurate knowledge regarding symptoms and some preventive methods.

Address the health, economic, and social impacts of lockdowns:

- Food distributions may be necessary to address the pervasive food insecurity in Kilifi, with over half of participants skipping meals.

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.

Suggested citation: Population Council. 2020. "Kilifi, Kenya: Adult COVID-19 Perceptions, Prevention Practices, and Impact. Responses from the first round of adult data collection in Kilifi, Kenya"

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