NAIROBI INFORMAL SETTLEMENTS: COVID-19 PERCEPTIONS, PREVENTION PRACTICES & IMPACT

Population Council Kenya
May 20, 2020
Overview – Round 3 Data Collection

- Phone survey conducted on May 10-11
  - Kibera, Huruma, Kariobangi, Dandora, Mathare
  - 1750 interviews completed (87% of Round 1)
  - 37% male; 63% female
  - Mean age: 37 years
    - 18-24: 21%
    - 25-34: 20%
    - 35-45: 38%
    - >45: 21%
  - 95% living in same location as Round 1
Myths & Misconceptions on COVID-19

- Coronavirus cannot spread in hot places
- Coronavirus is a punishment from God
- Coronavirus cannot spread to rural areas*

*Question only asked in Round 3 (May)

- Myths remain and have increased from April to May

Reported TRUE (%)

- Coronavirus cannot spread in hot places
  - April: 13
  - May: 19

- Coronavirus is a punishment from God
  - April: 27
  - May: 30

- Coronavirus cannot spread to rural areas*
  - May: 7
What is your risk of being infected?

- Increase in % who think they are high risk
- No longer a difference by age/sex
- Those who say ‘low risk’ because they are following government guidelines (staying home, washing hands, wearing masks)
- Those who say ‘high risk’ because they interact with a lot of people on daily basis or live in a crowded place
If you had symptoms of COVID-19, what would you do?

- Go to Clinic: 71% (March), 61% (April), 60% (May)
- Call Government Hotline: 42% (March), 52% (April), 45% (May)
- Go for COVID-19 Test: 29% (March), 25% (April), 26% (May)
- Self quarantine/Self isolate*: 26% (March), 29% (April, May)

* Not asked in Round 1
How likely is it you would go for testing if available in your community?

- Very likely: 82%
- Somewhat likely: 7%
- Somewhat unlikely: 4%
- Very unlikely: 7%

Reasons why not “very likely” to test:
- 37% - test is painful/uncomfortable
- 27% - quarantine related
- 8% - do not have symptoms
- 8% - do not trust the test
Stigma: “If you tested positive/ were suspected of having COVID-19...”

- People would stop talking to me: 82%
- People would stop visiting my house/business: 92%
- People would gossip about me: 92%
- People I know would bring me food I need: 42%
- People I know would bring me medicine: 37%
- People in the community would treat my family badly: 73%
Did you leave the home in the past 24 hours?

- 88% left their neighborhood
- Of those that left their neighborhood, 83% said it was for work or to look for work
Hand Washing Behavior

- Have designated place to wash hands at home: 84%
- Designated place has soap: 97%
- Wash hands before preparing food: 31%
- Wash hands before eating: 56%
- Wash hands after using the toilet: 65%
- Wash hands after coming home from public place: 81%
Use of Face Masks is High

- 88% report always wearing a mask when outside their house
  - 10% report sometimes wearing a mask
- 83% use a cloth mask
- 99% report they do not share; 83% report washing/changing at least daily
- Over 99% know mask should cover mouth and nose
  - Only 13% said it should cover chin
Food Security

7 out of 10 report that their biggest need currently NOT being addressed is food.

IN MAY:
- 19% skipping meals every day
- 64% skipping meals several times per week

Skipped Meals/Ate Less in the Past Two Weeks

- April 2020: 64% Men, 71% Women
- May 2020: 68% Men, 77% Women
Economic Effects of COVID-19

Over 4 out of 5 participants report a complete or partial loss of income

- Complete loss of job/income: 43%
- Partial loss of job/income: 41%
- Increased cost of cooking fuel: 51%
- Increased cost of food: 83%
Social Effects of COVID-19

Percentage (%)

- See family less: 56%
- See friends less: 91%
- More cooking: 40%
- More childcare: 55%
- More crime in the neighborhood: 49%
- More tensions in the house: 34%
- Increased violence in the home: 5%
9% reported forgoing health services.
Effects of COVID-19 on children

Similar for boys and girls – apart from spending time inside (90% girls v. 84% boys) and spending time idling out in community (24% boys v. 19% girls)
Receiving Assistance?

• Only 21% reported receiving assistance (vs 7% in April)
• Of those that received any assistance:
  – 68% received soap/hand sanitizer
  – 30% food
• Source of assistance:
  – 62% from NGOs
  – 35% from Government
  – 17% from Good Samaritans/corporate donations

Mismatch between what people say their greatest need is (food) and what they are receiving (soap)

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 (47% v. 36%)
  - increased cleaning (61% v. 25%)
  - increased childcare (66% v. 36%)
  - forgone health care services (11% v. 6%)
  - skipped meals due to COVID-19 (77% v. 68%)
  - increased violence in the home (6% v. 3%)
Recommendations:
Public Education Campaigns

1) Provide clear messaging on what one should do if they have symptoms (self-isolate, call hotline, get tested)

2) Emphasize importance of testing if available in the community; ease worries about pain/quarantine

3) Address stigma → people with COVID-19 should be loved and cared for

4) Commend the public for adhering to guidelines on hand washing and face mask wearing
Recommendations: Social Protection

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

2. Ensure that those most at need of assistance are the ones receiving it
   a) Consider ensuring that assistance is getting into the hands of women given their increased burden of social and economic impacts

3. Consider waiving health services fees as cost is the main reason for skipping health care
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Protocol and questionnaires are openly available, and data available on request. Please be in touch with the study team if you are interested in collaboration.

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Population Council COVID-19 Research & Evaluations
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.