



Kenya: COVID-19 Knowledge, Attitudes, Practices & Needs

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

April 13-14, 2020

Highlights

- People are getting more information on COVID-19 from all sources, including highly trusted and less trusted sources. Care must be taken to prevent mis-information spreading or information overload.
- Reported adoption of prevention practices, including social distancing, hand washing and wearing face masks is high. However, significant barriers remain with one-third of participants reporting physical contact with many people and over a quarter of people leaving their residential neighborhood in the last day.
- Due to the effects of COVID-19, the majority - 68% - had skipped a meal or eaten less in the past two weeks because they did not have enough money to buy food. Only 7% had received any type of assistance in response to COVID-19 (e.g., cash, vouchers, food, soap), and only half said the assistance given was enough to cover their households' most important needs.
- Participants expressed their single biggest unmet need was food (74%) followed by cash (17%). This may be related to 77% of participants reporting increased food prices and 87% noting household expenditures increased, as well as more than 4 out of 5 participants reporting complete or partial loss of income/employment.
- Women may be disproportionately affected with increased time spent on chores (67% vs 51% of men); and more women reporting complete loss of income/employment compared to men. Women were twice as likely to forgo essential health services (11% v. 5% of men), including family planning services. Over a third (36%) of women said compared to 2 weeks ago, they were not able to purchase sanitary pads.

Knowledge on Transmission, Symptoms and Prevention

On April 13-14, a second round of the COVID-19 KAP survey was completed via phone interviews with 1,769 adults in Kibera, Huruma, Kariobangi, Dandora and Mathare. This represents 89% of the study cohort that was interviewed on March 30-31. Respondents were 37% male; 63% female and the average age was 36 years. 95% still lived in the same location as two weeks ago.

- Two persistent myths were identified – 27% thought that coronavirus was a punishment from god and 13% thought it could not spread in hot places.
- Accurate identification of high risk groups declined: between round 1 and 2, more people reported that everyone was at risk of serious illness if infected with COVID-19 (22% to 44%), those correctly identifying elderly (64% to 48%) and those that are immunocompromised (26% to 20%) declined.



- Awareness of symptoms improved: between round 1 and 2, respondents saying fever increased (77% to 83%), awareness of difficulty breathing as a symptom increased (42% to 48%); cough stayed about the same (49% to 52%), and although it reduced, sneezing is still being identified as a common symptom (56% vs 53%)

Overall levels of perceived risk of infection have not changed in the past two weeks and young people are less likely to think they are high risk as compared to older people (29% v. 39%)

Sources of Information

- People are increasingly consuming information on COVID-19 from more sources compared to two weeks ago
- This includes the most trusted sources: government channels (>80% in round 2), as well as doubling of exposure to information from health workers (>30%) and NGOs (>30%), the last two which were being underutilized two weeks ago.

Prevention Methods

- **Social distancing:** There is evidence of increasing social distancing as participants report that compared to before COVID-19 they:
 - Saw less of family (56%)
 - Saw less of their friends (87%)
 - Avoided public transportation (76%)
 - Staying at home more (85%)

However, in the day before the survey, 79% had left the house; 37% left once, 24% left twice, 39% left 3 times or more.

- Of those times that people had left home, 34% traveled outside of the slum where the participant resides, suggesting significant travel around Nairobi
- **Face masks¹:** 89% said they had worn a face mask in the last week; 73% said they always wore the face mask when outside of the home.
 - Of those who did not always wear a face mask, the reasons were mainly that they are uncomfortable (57%) and that they are unaffordable (19%)
- **Hand washing¹:** Only 5% of participants say they wash their hands 1-3 times per day, while, 76% wash their hands 7+ times a day. 88% said they always use soap to wash their hands.
 - However, barriers to regular handwashing remain: 25% said they don't have access to water at home and 32% cannot afford extra soap/water.
 - 95% said most public spaces have handwashing stations available.
- **Hand sanitizer:** 40% of participants said they don't use hand sanitizer
 - Barriers to hand sanitizer use were: 83% said it is too expensive/unaffordable; 24% said it is not available in shops

68%

of participants had skipped a meal or eaten less in the past two weeks because of COVID-19

Effects of and Coping with the Response to COVID-19

COVID-19 is having a significant impact on the health, economic and social status of slum dwellers:

- **Food Security:** 68% of participants said they had skipped a meal or eaten less in the past two weeks because they did not have enough money to buy food due to COVID-19
 - Food was mentioned as the single biggest need that participants had (76%), followed by cash (18%)
- **Economic Impacts:** Over 80% have experienced a loss of income (36% complete loss; 45% partial loss). At the same time, 87% reported increases in household expenses and 77% reported increases in food prices

¹ It is likely that these numbers are skewed due to desirability bias given recent government declarations about the need to wear face masks and wash hands

- **Health & Social Impacts:** 37% report increased tension in the household and increased crime in the neighborhood; 61% report an increase in housework, with women taking on more of the increased burden (67% v. 51%). 9% reported foregoing health services such as antenatal care, malaria, immunization/nutrition services for children and care for any acute illness.
- **Lack of Assistance:** Only 7% of participants had received any type of cash or in-kind assistance. The two most common sources of support were good Samaritans/corporate sponsorships (39%) and NGOs (37%). The most commonly received items were soap/sanitizer (72%), followed by food (40%). Those who received assistance were not individuals who reported having lost income or skipped meals, suggesting that those most at need of assistance are not receiving it.

Gender and Subgroups Considerations

- **Gender:** Compared to men, a higher percentage of women have completely lost their income (38% v. 33%), report increased housework (67% v. 51%), increased tension in the home (39% v. 32%) and have skipped health care services (11% v. 5%) and 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.
- **Education:** Those with lower levels of education were more likely to believe in the myths about COVID, but less likely to have left their house in the 24 hours prior to data collection
- **Age:** Youth were less likely to think they were at high risk of infection, less likely to wash their hands as frequently as older people and less likely to have worn a facemask. They were also less likely to have experienced a loss of income.

Recommendations

- The Government of Kenya should continue its public education campaigns, with a focus on:
 - Clarifying that everyone can be infected with COVID-19 and pass on the virus to others, even if they themselves are not at high risk for severe illness
 - Recognize that people are starting to be flooded with information on COVID-19 from all sources – therefore, the messaging can be refocused toward accurate prevention measures (hand-washing, face-masks, staying home) and accessing social protection.
- Address the impacts of income loss and food security, with special attention to women
 - Given the high rates of people forgoing food, and experiencing a complete or partial loss of income, assistance must be provided so as to avoid a secondary humanitarian crisis
 - Current assistance efforts are reaching less than 10% of the participants and should be ramped up in a coordinated fashion, ensuring that the most in need receive assistance
 - 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

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.

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