Kenya: COVID-19 Knowledge, Attitudes & Practices

Responses from 2,010 households in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, Mathare)
March 30–31, 2020

Highlights

• 100% are aware of COVID-19 and 82% know that anyone can get infected.
• Knowledge of at-risk groups and symptoms of COVID-19 is high, but some misconceptions remain—in particular, misidentification of sneezing as a symptom but not difficult breathing, and the perception that children are at high risk.
• Government SMSs are the most common source of information on COVID-19 (over 90%) and they are a trusted and reliable source of information.
• Ability to practice handwashing and social isolation are the two major challenges due to crowded living conditions, lack of access to water/soap and inability to forgo income.
• People most fear dying from COVID-19 and worry about the impact on their livelihoods; however only a quarter worry about infecting others.

Knowledge on Infection, Symptoms and Prevention

On March 30–31, phone interviews were completed with 2,010 adults in Kibera, Huruma, Kariobangi, Dandora and Mathare. These households were part of ongoing Population Council survey cohorts. Respondents were 37% male; 63% female and the average age was 36.

• All (100%) had heard of COVID-19; 83% of participants responded that anyone could be infected. However, those <35 years old were more likely to say they had a low risk (28%) of infection compared to those ages >50 (19%).
• Less than 2% named some of the common myths of infections, such as that infection is spread by foreigners or that the virus is a hoax.
• Six out of 10 indicated that the elderly are a high risk group and over 4 out of 10 indicated that those with weakened immune systems/HIV/TB are at risk. Over 20% incorrectly indicated that children were at high risk of severe illness.
• Knowledge of COVID-19 symptoms is mixed. Some symptoms mentioned were: cough (86%); fever (77%), difficulty breathing (42%), and sneezing (55%).
• The most frequently mentioned prevention methods fell into two categories: 1) washing hands and using hand sanitizers; and 2) social distancing, including standing far apart, staying home and avoiding gatherings of people.
• If experiencing symptoms of COVID-19, 71% said they would go to the clinic while few said they would stay home (19%) or practice social distancing (17%).
Sources of Information

- 78% of participants reported receiving information on COVID-19 from government SMSs. 95% reported that this was a trusted source of information.
- 70% of people received information on COVID-19 from TV and radio programs and about 60% from family, friends and neighbors. All of these were reported as less trusted source of information.
- Social media (45%) and the internet (40%) were prevalent sources of information on COVID-19, but somewhat less common and considered a less trusted source of information. These methods are more common among young people (52% and 58%), but not necessarily more trusted.
- While 95% of people reported trusting information from health care workers— at facilities, pharmacies and in the community—only about 20% of people reported they had received information on COVID-19 from these sources.

Challenges to Prevention

While 99% of participants reported adoption of a promoted COVID-19 preventive behavior, the main challenges are the inability to properly practice social distancing/self-isolation or proper hand washing.

- 85% report they do not have a place to isolate someone in their household in case of exposure/infection.
- 82% report that they would not be able to self-isolate for 14 days— largely due to not being able to lose income (61%).
- The ability to stay at home was lower for those with less education (14% v. 30%).
- The two main challenges reported to uptake of hand washing behaviors are a lack of a personal water source (37%) and the high cost of hand sanitizer (53%).

Concerns and Needs

Fear and concerns about COVID-19 fall mainly into two categories:

1) Contracting and dying from the virus (68%); however, only 25% reported fear that they would infect others.
2) The economic effect of the pandemic vis-à-vis loss of income (34%) and food shortages (22%).

Participants also responded what their needs would be in the case of an ongoing lockdown, with access to food being a nearly unanimous concern (97%), followed by money (45%) and water (41%).

Gender and Subgroups Considerations

- Gender-related differences: Men were more likely to report concerns about loss of income and women were more likely to report they were staying home.
- Education-related differences: Those with lower levels of education were less likely to have seen the government SMSs and have less accurate information on symptoms.
Recommendations

- The Government of Kenya should *continue its public education campaigns*, increasing the focus on:
  
  - Clarifying the symptoms of COVID-19 and what to do (and, what not to do) if experiencing symptoms.
  - Reminding people that, even if they are not at risk of severe illness, they can pass on the virus to those in their families, neighborhoods, and workplaces.
  - Reaching the less-educated segments of the population with information on symptoms, potentially exploring other channels as they are less likely to be reached by government SMSs.
  - Using community-based health facilities and workers to provide more information as they are widely trusted sources; however, protecting health workers will be critical during the epidemic.

- **Develop a strategy to facilitate social distancing, self-isolation and handwashing** in the informal settlements, including addressing people’s economic needs and concerns about loss of income and potential food and water shortages.

- **Prepare for shortages of cash, food and water in**, which will be exacerbated in a long-term lockdown situation; identification of vulnerable households and distribution of necessities may be necessary.