

## Responding to COVID-19: Highlights of a Survey in ETHIOPIA

### Summary

- Almost all Ethiopians know about COVID-19 and basic understanding about transmission and the importance of regular hand washing is high. However, a sizeable minority seek more information, which may help address some misconceptions on avoidance and ‘cures.’
- There is strong support for government response and high levels of trust in information coming from governments.
- Ethiopians believe that COVID-19 will be a big problem for their country and that they would be seriously impacted but personally feel at relatively low risk.
- Family and friends play an important role in conveying local information.

### Background

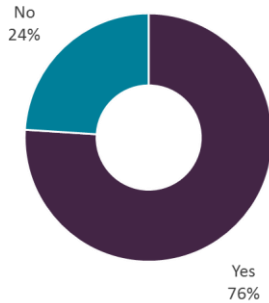
Public health social measures (PHSMs) are an important strategy to delay and reduce the magnitude of COVID-19. PHSMs particularly those that restrict movement or entail the closure of services, can place a significant burden on populations. The effective implementation of PHSMs will require public support and compliance. Hence, this survey was conducted to assess public support for, and the likely social impacts of PHSMs in Ethiopia.

### Key Findings of the Survey

#### Awareness of COVID-19 is high - but a sizeable minority seek more information

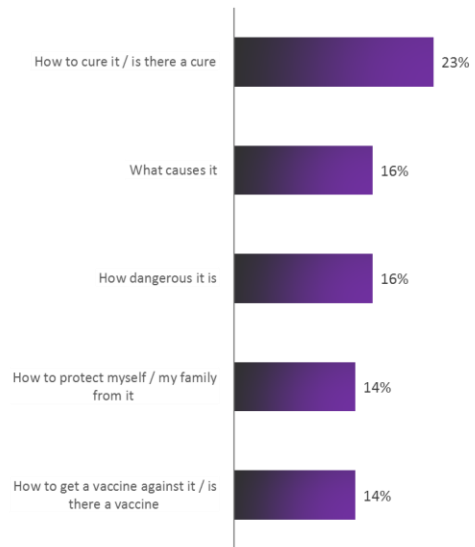
- Awareness of COVID-19 is universal at 100%. Around one in two Ethiopians describe COVID-19 as ‘a virus’ (54%), ‘a sickness, illness, or disease’ (45%).
- Eight in ten or more believe a fever (86%) and dry cough (80%) are symptoms. Just under one in two say difficulty breathing, shortness of breath is a symptom (46%).
- Three in four (76%) of Ethiopians feel they have enough information about it.
- Information needs are spread across a range of issues starting with how to cure it (23%), causes (16%) and how dangerous it is (16%).

Q10. Do you feel you currently have enough information about the coronavirus/Covid-19 situation?



% who feel they have enough information	
<b>Gender:</b>	
Male	77
Female	74
<b>Age:</b>	
18-25 years	70
26-35 years	77
36-45 years	81
46-55 years	74
56 and older	76
<b>Monthly Household Income:</b>	
\$0-100	72
\$101-200	79
\$201-500	80
\$501+	73

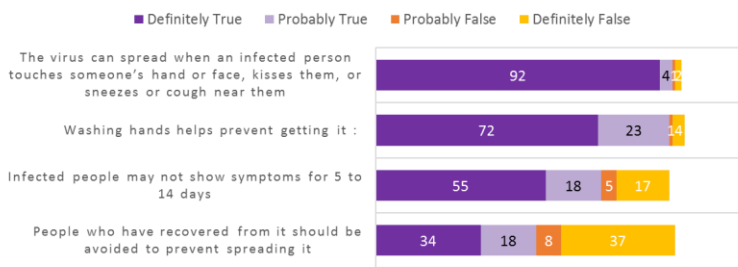
Q11. What are the two things about it that you would like most to have more information about? [Top five mentions]



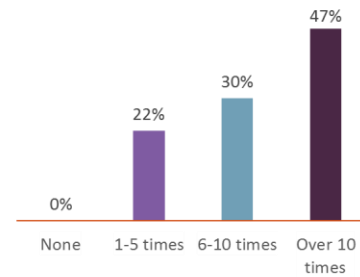
### The basic value and benefit of close contact transmission and the importance of handwashing is seen as credible

- Almost all think COVID-19 can be spread by touch, kiss, sneeze, or cough (96%, including 92% thinking this is 'definitely true') and that washing hands helps prevent getting it (95% including 72% 'definitely true'). Half of Ethiopians (52%) think people who have recovered from it should be avoided due to risk spreading the virus.
- Just over a majority (56%) believe the statement that you can prevent it by drinking lemon and vitamin C to be true, with similar figures for 'hot climate prevents spread' (50%). One in three (35%) believes it can be cured with garlic and around one in 20 Ethiopians believe that Africans 'cannot get it' (5%).
- Close to one in two (47%) stated they washed their hands 10+ times in the day prior to their interview compared with 22% washing 5 times or fewer.

Q14. I'm going to read things people have said about coronavirus or Covid-19. Please tell me if you think each is definitely true, probably true, probably false, or definitely false. %



Q40. Yesterday, how many times did you wash your hands with soap or use hand sanitizer?

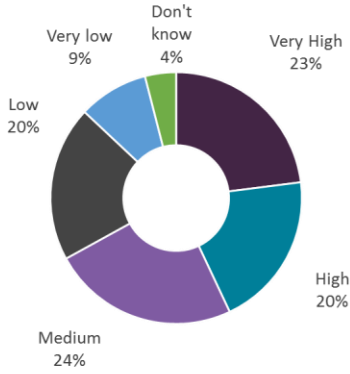


Q14. Share who agree definitely/probably true	Male	Female	18-25 years	26-35 years	36-45 years	46-55 years	56 and older	\$0-100	\$101-200	\$201-500	\$501+
The virus can spread when an infected person touches someone's hand or face, kisses them, or sneezes or cough near them	98	96	96	99	97	93	95	97	97	95	95
Washing hands helps prevent getting it	95	94	93	95	95	93	97	95	94	96	93
Infected people may not show symptoms for 5 to 14 days	72	73	71	77	69	77	71	73	78	70	59
People who have recovered from it should be avoided to prevent spreading it	51	53	51	47	53	57	64	55	51	50	41

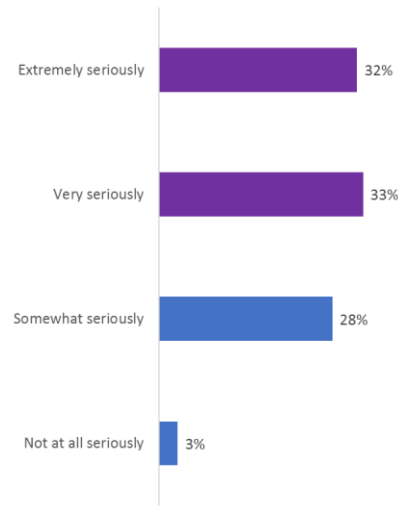
## 77% of Ethiopians perceive COVID-19 as a problem for their country; 43% believe they are at high or very high risk of catching COVID-19.

- Nearly eight in ten (77%) think that the Coronavirus will be a 'big problem' in their country, with six percent indicating it will be 'not much of a problem.' Few see it as a 'big problem but will be dealt with' (13%). There are no notable or consistent variations by age or gender.
- Two in five Ethiopians believe they are at very high or high risk of catching COVID-19 (43%, including 23% 'very high') versus three in ten who believe they are at low (20%) or very low risk (9%).
- A majority believes that infection would seriously affect their health (65% 'extremely/very seriously' vs. 31% 'somewhat/not very seriously'). Men (60%) and younger Ethiopians (60% among 18 to 25; 59% among 25 to 34) are less likely to perceive a serious risk.
- The most commonly cited rationale for understanding the perceived effect on health is 'it could kill me/make me very sick' (34%), followed by a perception that 'it is serious' (22%).
- Three in five (63%) are confident about being able to immediately get the help they need versus one in three (35%) who are not confident.

Q5. Please indicate what you think your level of risk of catching coronavirus or Covid-19 is?



Q6. If you were infected by coronavirus or Covid-19, how seriously do you think it would affect your health?



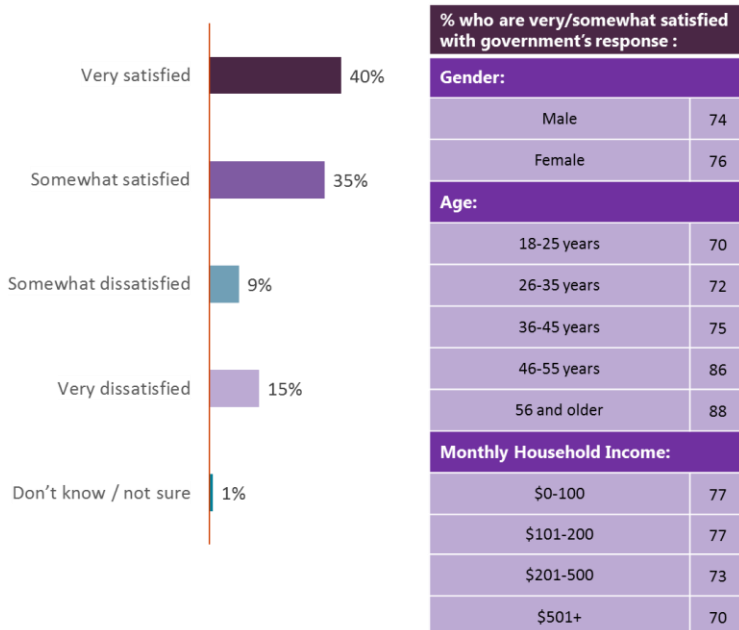
**% who think coronavirus would affect their health extremely seriously/very seriously:**

Gender:	
Male	62
Female	68
Age:	
18-25 years	60
26-35 years	59
36-45 years	66
46-55 years	85
56 and older	73
Monthly Household Income:	
\$0-100	69
\$101-200	65
\$201-500	64
\$501+	55

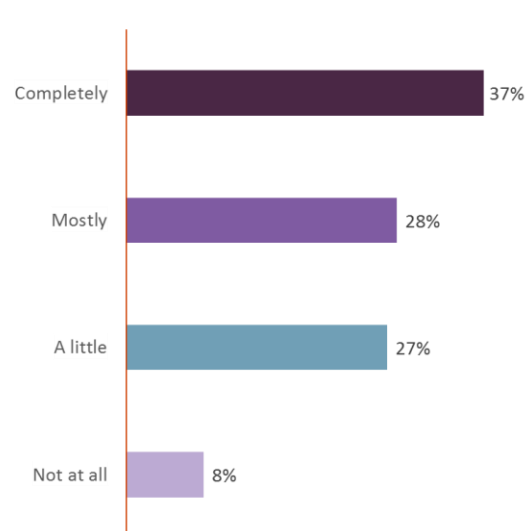
### Perceptions of the governmental response to COVID-19 is leaning positive

- There is a relatively high degree of satisfaction with the government's response to COVID-19 with 75% satisfied (including 40% 'very satisfied').
- The levels of satisfaction may be reflected in the trust in information from the government with 37% indicating they 'completely trust' the information received and 28% who 'mostly trust' the information.

Q12. How satisfied are you with the government's response to coronavirus or Covid-19?



Q13. How much do you trust information from the government about the coronavirus or Covid-19?



**Widespread support for Public health social measures (PHSMs)**

- Almost all Ethiopians support stopping handshake/kiss greetings (98%). Although above a majority, fewer support requiring those who have contact with infected people to self-isolate (70%) and requiring those with COVID-19 to remain home until they are well (62%).

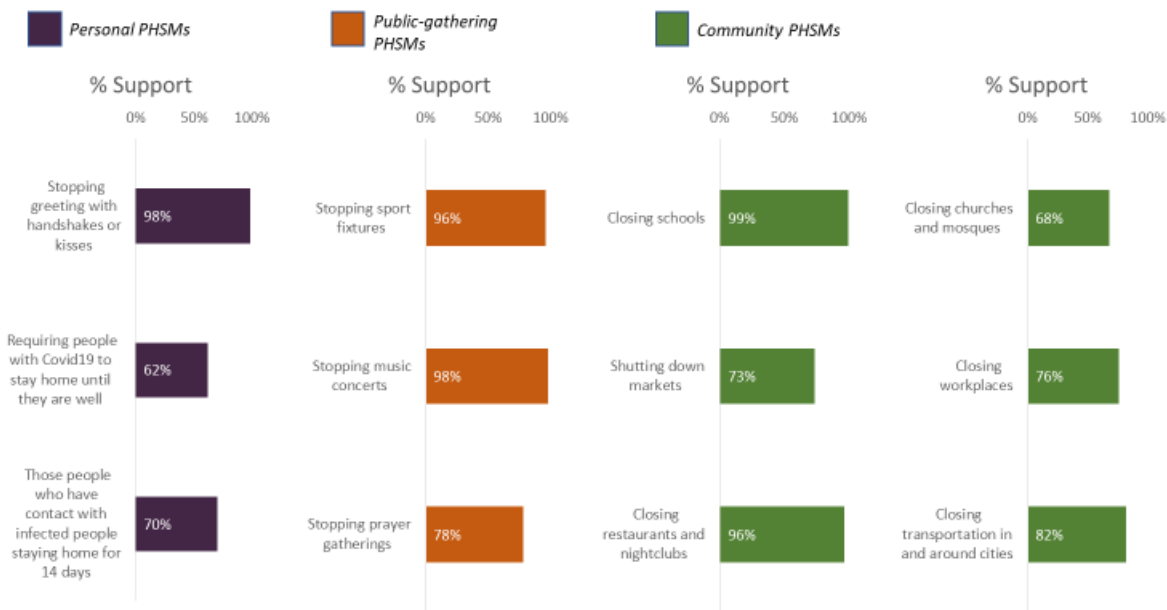
**Ethiopians also support restricting public gatherings**

- Support is almost universal for restricting public gatherings to help limit a COVID-19 outbreak by stopping music concerts (98%) and sports fixtures (96%); whilst still majority, there are lower levels of support and stopping prayer gatherings (78%).
- The most frequently cited way to make prayer or religious gatherings easier would be to offer services on TV or internet (44%), having smaller groups instead of large gatherings (37%) and radio broadcasts (29%).

**There is majority support – in some cases strong support – for closures to prevent the spread of the virus**

- Almost all support closure of schools (99%), closing restaurants and nightclubs (96%) and, slightly lower, shutting down markets (73%).
- About eight in ten support closing transportation around cities (76%) or closing workplaces (82%). A clear majority also supports closing churches or mosques (68%).

**Level of support for Public health social measures (PHSMs) by type of intervention**

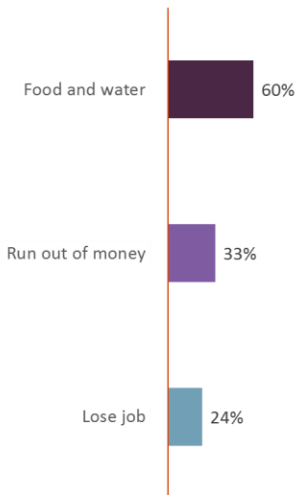


**Results suggest that quarantines could be challenging for many Ethiopians although more impactful on those with lower income**

- Three-quarters (65%) work outside the home and 4 percent work within the home. Three in ten (32%) indicate they are not working. Of those employed outside the home, just under half (47%) indicate that their workplace could accommodate staggered shifts.
- Only three in 10 have a separate room to isolate someone who becomes sick (28%); this rises to 70% among the highest income category (\$500+).

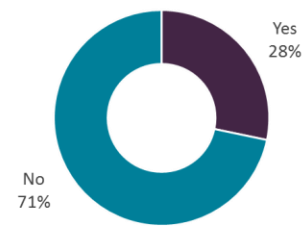
- Three in five (60%) indicate that food and water would be a problem if they had to be at home for 14 days, varying from 66% among the lower income category to 43% among the highest. One in three (33%) indicate they would run out of money and one in four (24%) believe they would lose their job.
- If asked to stay at home, on median average, Ethiopians would need to get food after 15 days and money after 7 days.

Q17: What would be the biggest problems for people like you to stay at home for 14 days?



Share who think the following would be the biggest problem... (%)	Food and water	Running out of money	Losing your job
<b>Gender:</b>			
Male	62	34	25
Female	57	31	24
<b>Age:</b>			
18-25 years	57	33	27
26-35 years	63	36	28
36-45 years	57	31	23
46-55 years	62	35	23
56 and older	64	22	15
<b>Monthly Household Income:</b>			
\$0-100	66	38	23
\$101-200	57	28	28
\$201-500	56	33	25
\$501+	43	11	23

Q38. Would you have a separate room in your home to keep someone isolated if they are sick?



**Television receives the highest reported usage of any of the media tested**

- Two in three use television as a media source (65%), lower among those 18 to 25 (55%). Radio (16%) and Facebook (14%) follow television as a media source.
- Family and friends are ranked as the most important source of information for what is happening in the local area (57%), higher than television (22%) or social media (14%).

**Technical Note**

The fieldwork on this study was conducted by Ipsos with results based on 1,021 interviews with adults aged 18+ in Addis Ababa Addis Ababa. Fieldwork was administered by Computer Assisted Personal Interviewing (CAPI) using a random walk approach to household selection and Kish grid for respondent selection. Data are representative of the populations of the urban area (s) included and are unweighted. Fieldwork took place between March 29 and April 1, 2020.

This program of research is an outcome of a partnership between Resolve to Save Lives, an initiative of Vital Strategies, Africa CDC, the World Health Organization’s African Regional Office (AFRO) and Eastern Mediterranean Regional Office (EMRO), and the World Economic Forum to form a new public-private partnership to support evidence-based implementation of NPIs to reduce COVID-19 transmission in African countries (“flattening the curve”) while working with governments to mitigate social and economic disruption and other unintended consequences.