

Responding to COVID-19: Highlights of a Survey in KENYA

Summary

- Almost all Kenyans 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.’
- The majority of Kenyans are positive about the government’s response to date and trust the information it provides on the virus.
- Kenyans see the virus as both a high personal risk and a threat to their country. They are supportive of a wide range of personal and community public health social measures to help limit the spread of the coronavirus at this comparatively early stage of its spread in Kenya.
- Such interventions may be difficult to comply with as current personal supplies of food and cash will last less than one week and many do not have separate rooms at home to isolate those who may become infected. Effective risk management and relief measures are essential to ensure the successful implementation of public health measures.
- National and local TV and radio, along with social media, are the key information sources the public relies on.

Background

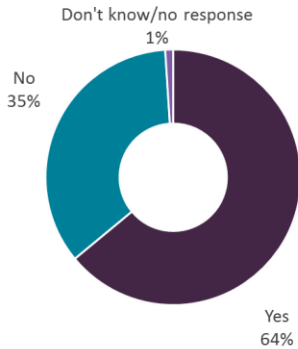
Public health social measures (PHSMs) are an important strategy to delay and reduce the magnitude of COVID-19. PHSMs particularly those that restrict movement or entail the closure of services, can place a significant burden on populations. The effective implementation of PHSMs will require public support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

Key Findings of the Survey

Awareness of COVID-19 is high – but a sizeable minority seeks more information and there is considerable misunderstanding on prevention and ‘cures’

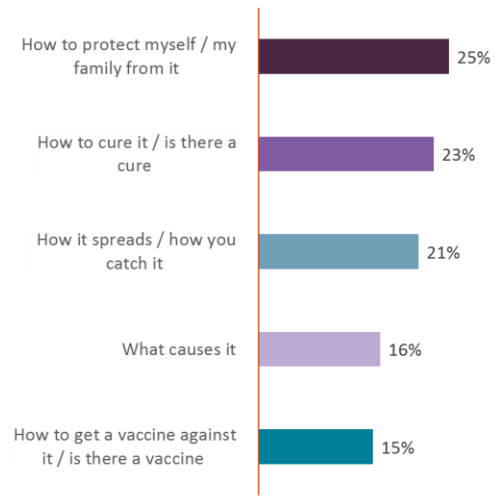
- Almost everyone has heard of COVID-19 (99%). Four in five spontaneously associate the symptoms with a fever (80%) or dry cough (79%), with three in five citing difficulty breathing (61%). Nevertheless, one-third (35%) of Kenyans feel they do not have enough information about it.
- One in five or more would like more information on ‘how to protect myself/my family from it’ (25%), ‘how to cure it/is there a cure’ (23%), and/or ‘how it spreads/how you catch it’ (21%).
- Two in five or more believes that hot climate prevents the spread of COVID-19 (45%) or that it can be prevented by drinking lemon and Vitamin C (40%). Sizeable minorities think it can be cured with garlic (21%); that Africans can’t get it (16%); or that drinking bleach cures it (12%).

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



% who feel they have enough information	
Gender:	
Male	65
Female	63
Age:	
18-25 years	61
26-35 years	62
36-45 years	65
46-55 years	70
56 and older	67
Monthly Household Income:	
\$0-100	62
\$101-200	63
\$201-500	67
\$501+	75

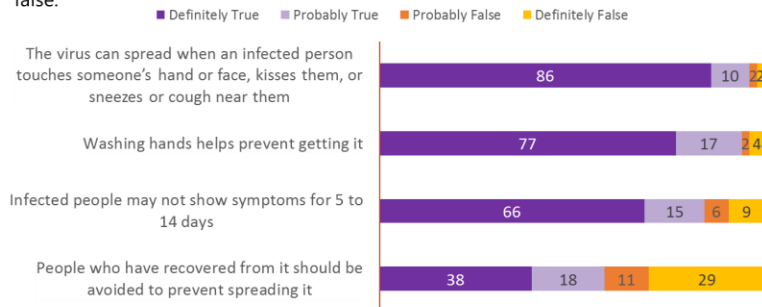
Q11. What are the two things about it that you would like most to have more information about? [Top five mentions]



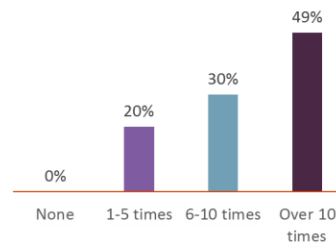
Nevertheless, the basic understanding of close contact transmission and the importance of hand washing stands high

- Almost all think COVID-19 can be spread by touch, kiss, sneeze, or cough (95%, including 86% thinking this is 'definitely true') and that washing hands helps prevent getting it (94%, including 77% 'definitely true'). Over half (56%) think people who have recovered from it should be avoided due to risk spreading the virus.
- Half stated they washed their hands over 10 times in the day prior to their interview compared with one in five washing 5 times or fewer (49% versus 20%).

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?

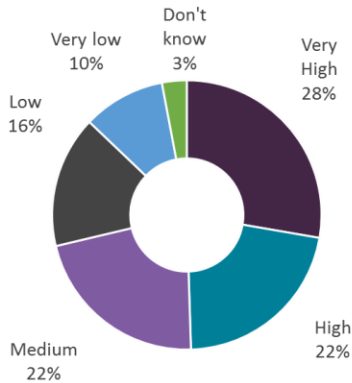


Q14. Share who agree definitely/probably true (%)	Male	Female	18-25 years	26-35 years	36-45 years	46-55 years	56 and older	\$0-100	\$101-200	\$201-500	\$501+
The virus can spread when an infected person touches someone's hand or face, kisses them, or sneezes or cough near them	95	96	98	95	96	95	93	95	94	96	96
Washing hands helps prevent getting it	94	95	93	94	93	97	91	93	95	94	93
Infected people may not show symptoms for 5 to 14 days	81	80	79	82	83	79	76	80	81	81	89
People who have recovered from it should be avoided to prevent spreading it	56	55	58	53	56	53	63	58	53	59	41

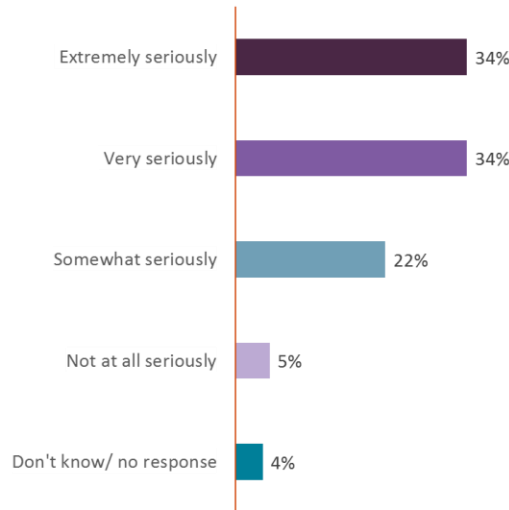
93% of Kenyans believe that COVID-19 poses a big problem for their country; 49% see themselves at high risk for catching COVID-19.

- Almost all Kenyans think that the coronavirus will be a problem for Kenya (93%, including 72% thinking it will become 'a big problem').
- Twice as many Kenyans feel they are at high risk of catching the coronavirus compared to low risk (49% high risk, including 28% 'very high' vs. 26% low risk, including 10% 'very low'). Those in Mombasa are more likely to consider themselves at low risk compared to Nairobi residents.
- The clear majority believes that infection would seriously affect their health (68% 'extremely/very seriously' vs. 28% 'somewhat/not at all seriously'). Younger people are as likely as older people to consider the impact to be serious.
- The most commonly cited rationale for understanding the perceived effect on health is 'it could kill me/make me very sick' (39%), followed by 'it seems serious' (29%), 'it can require hospitalization' (15%), and 'it caused a lot of problems abroad' (14%).
- Kenyans are, on balance, optimistic about receiving help they would need to deal with the illness if they become infected – with more than twice as many confident about being able to get immediate help as those not confident (68% vs. 30%).

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?



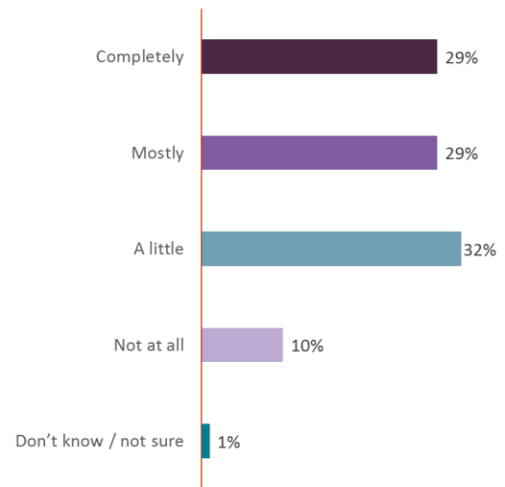
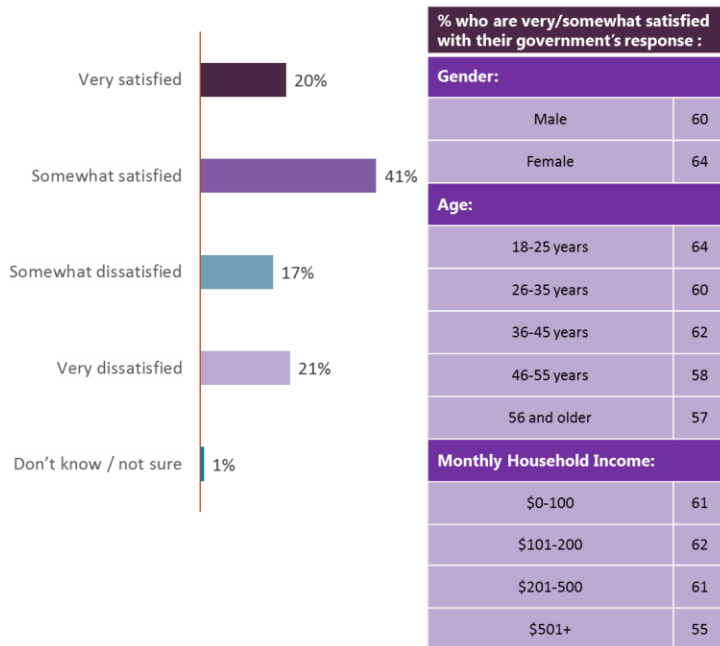
% who think coronavirus would affect their health extremely seriously/very seriously:	
Gender:	
Male	67
Female	70
Age:	
18-25 years	68
26-35 years	69
36-45 years	70
46-55 years	72
56 and older	72
Monthly Household Income:	
\$0-100	65
\$101-200	71
\$201-500	68
\$501+	73

Kenyan's perceptions of the governmental response to COVID-19 is broadly positive

- The majority are satisfied with their government's response (61% vs. 38% dissatisfied). Younger Kenyans tend to be more in favor of the government's response.
- Kenyans are also more likely than not to trust the information provided by the government (57%, including 29% 'completely' trust vs. 42%, including 10% 'not at all'). Those aged 18-25 are less likely to trust the information than older Kenyans.

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

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



Support for personal public health social measures (PHSMs) runs high

- Almost all Kenyans support stopping handshake/kiss greetings (95%), requiring those who have contact with infected people to self-isolate (91%), and requiring those with COVID-19 to remain home until they are well (87%).

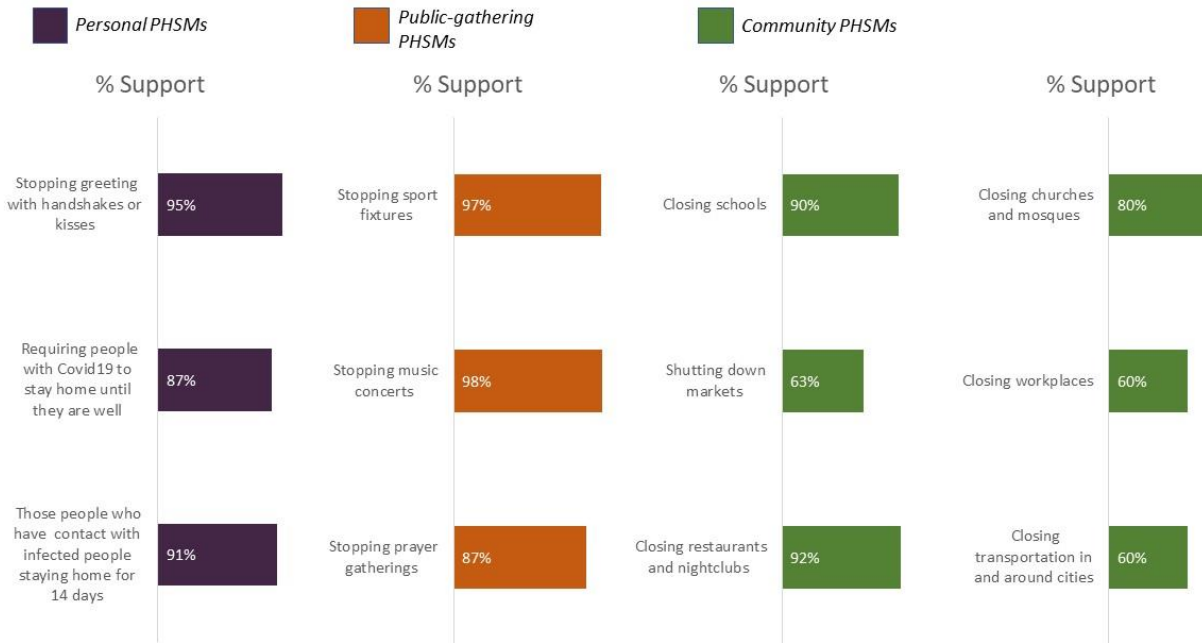
Kenyans also support restricting public gatherings

- Support is almost universal for restricting public gatherings to help limit a COVID-19 outbreak by stopping music concerts (98%), sports fixtures (97%); and prayer gatherings (87%). The majority say that stopping prayer gatherings would be made easier by TV/internet (67%) or radio broadcast (53%).

A clear majority of Kenyans also support other temporary 'community PHSMs' to help slow the COVID-19 outbreak

- This includes closing restaurants/nightclubs (92%), churches and mosques (80% - with no significant difference by religious denomination) and markets (63%). On balance, women are a little more likely than men to oppose shutting markets, as are those aged 46 and over compared to younger Kenyans. Those on household monthly incomes of \$501+ are more likely than average to support market closures. This higher household income group is also more likely to support closing churches and mosques.
- Three in five or more would support closing transport between cities (67%), closing transport in and around cities (60%) and closing a city off for two weeks (59%).
- Three in five would support closing workplaces (60% vs 40% who would oppose) – a view which is polarized among those who work outside the home (51% support vs. 49% oppose).
- Nine in 10 (90%) would support school closures, regardless of whether or not they have children. Of those with children, only around half say they would have someone to look after them.

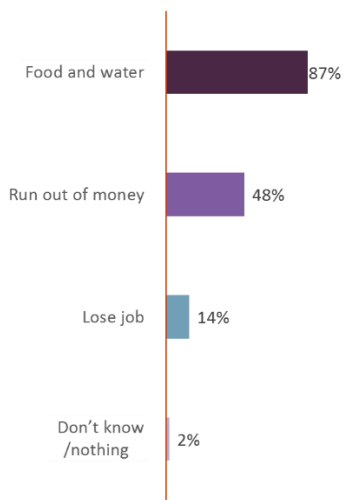
Level of support for Public health social measures (PHSMs) by type of intervention



PHSMs will place a significant burden on many Kenyans

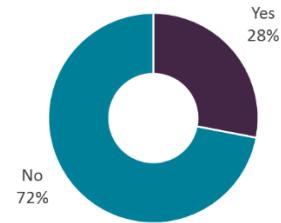
- Nearly three times as many work outside the home as in it to earn money (39% vs. 14%) and fewer than three in 10 have a separate room to isolate someone who becomes sick (28% - with those in Nairobi more likely to face this potential problem compared to those in Mombasa). Four in ten doubt that their workplace could accommodate staggered shifts (42%).
- Asked about the biggest problems posed if asked to stay home for two weeks, most spontaneously talk about access to food and water (87%). Those living in informal housing and those without running water in the house are especially likely to cite this challenge. Almost half talk of running out of money (48%), while one in seven say losing their job (14%).
- If asked to stay at home, on median average, Kenyans would need to get more money after 4 days and food after 5 days. Women as well as those with a lower household income tend to estimate this time be shorter.

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
Gender:			
Male	86	50	17
Female	88	45	12
Age:			
18-25 years	87	44	14
26-35 years	85	52	15
36-45 years	89	47	13
46-55 years	90	45	17
56 and older	83	37	15
Monthly Household Income:			
\$0-100	93	45	11
\$101-200	89	50	16
\$201-500	84	53	20
\$501+	73	43	16

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



Mass media like national TV and radio are relied on for national information, supplemented by friends and family and radio more locally, suggesting that multiple channels are useful for communicating COVID-19 information

- Over three-quarters of Kenyans say they normally get their information on what's happening in the country from TV (78%); with sizeable reach also coming from radio (31%) and social media (28%). For local news, friends and family also provide for an important source of information (42%); along with local TV (36%) and local radio (22%). Social media and community leaders also have a smaller but important role (11% and 10% respectively).

Technical Note

The fieldwork on this study was conducted by Ipsos with results based on 1,031 interviews with adults aged 18+ in Nairobi (822 interviews) and Mombasa (209 interviews). Fieldwork was administered by Computer Assisted Telephone Interviewing (CATI) using a Random Digit Dial (RDD) approach incorporating both landline and mobile sample. 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 PHSMs 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.