

POLICY BRIEF

An Assessment of Knowledge, Attitudes, Perception and Practice about COVID-19 among the Kenyan Population

August 2020

KEY MESSAGES

Results

- Basic knowledge on COVID-19 is high, but 62% respondents want more information on treatment, prevention
- Fear of COVID-19 and stigma are high - 71% of respondents said they would not be comfortable being in the same home, office or school with someone who has COVID-19
- Most respondents are not observing COVID-19 control measures at all times – less than half of respondents reported practicing social-distancing and hand hygiene, and only half wear a face mask in public.
- More than half of respondents who experienced COVID-19 like symptoms either bought drugs from local pharmacy or ignored the symptoms hoping they will go away
- Half of the healthcare workers who participated in the survey had neither received any COVID-19 related training nor had PPEs

Recommendations

- Train, empower and facilitate community health workers to educate communities on COVID-19 prevention, treatment and management as part of strengthening the Home-based care option for patients with Covid-19
- Prioritize a multi-pronged approach to ensure that all communities, including remote communities, are reached with COVID-19 public education campaigns
- Review, diversify and intensify public education on COVID-19 including the importance of consistency in adhering to the various intervention measures and what to do if one suspects that they could be having COVID-19 like symptoms – the do's and don't's, and on home-based care
- Increase collaboration with local pharmacies on symptomatic screening and appropriate referral for COVID-19 testing
- Implement measures that destigmatize COVID-19 for effective home-based quarantine and isolation
- Enhance socio-economic cushioning that caters for the new vulnerable persons who have lost their jobs or income as result of the pandemic
- Prioritise training and provision of PPEs and psychosocial support to healthcare workers

Partners



1. INTRODUCTION

The Corona virus disease 2019 is an emerging severe respiratory disease caused by a novel virus SARS-Cov-2. It was first detected in December 2019 in Wuhan, China,¹ and declared a pandemic on 11 March, 2020. The first case was reported in Kenya on 13 March, 2020 and as of 16 September, 2020 there were 36,205 cases, 23,243 recoveries and 624 deaths translating to a case fatality rate of 1.7%.² The Ministry of Health through the National Emergency Response Committee on Coronavirus has put in place several measures to reduce disease transmission and increase prevention efforts including: mandatory face-masking in public, promotion of hand and cough hygiene, dusk to dawn curfew, (including initial restriction of movement into and out of hot-spot counties), promotion of social and physical distancing, suspension of learning in all education institutions, and promotion of working from home modalities. More recently, the government has added the home-care management of the asymptomatic and mild cases. It has also decentralized the COVID-19 response to counties and is focused on optimizing the use of a community strategy in managing and controlling the disease.⁴

To generate evidence needed to inform the ongoing government efforts to control the spread of COVID-19, the Ministry of Health in collaboration with the Kenya Medical Research Institute and the African Institute for Development Policy conducted a Knowledge, Attitudes, Perceptions and Practices survey between June-July 2020.⁵

Survey Design

This was a cross-sectional quantitative survey of a representative sample that interviewed 2,425 Kenyans spread across 21 counties namely: Bungoma, Garissa, Homa Bay, Kakamega, Kiambu, Kilifi, Kisii, Kisumu, Kitui, Machakos, Marsabit, Meru, Migori, Mombasa, Murang'a, Nairobi, Nakuru, Narok, Trans Nzoia, Uasin Gishu, and Wajir counties. The inclusion criteria was all adults (aged 18 years and above) living in Kenya during the COVID-19 pandemic. Exclusion criteria included persons below the age of 18 years; could not speak any of the national official language (i.e. English or Kiswahili); and were unable to give informed consent to participate in the study. GeoPoll, a mobile surveying

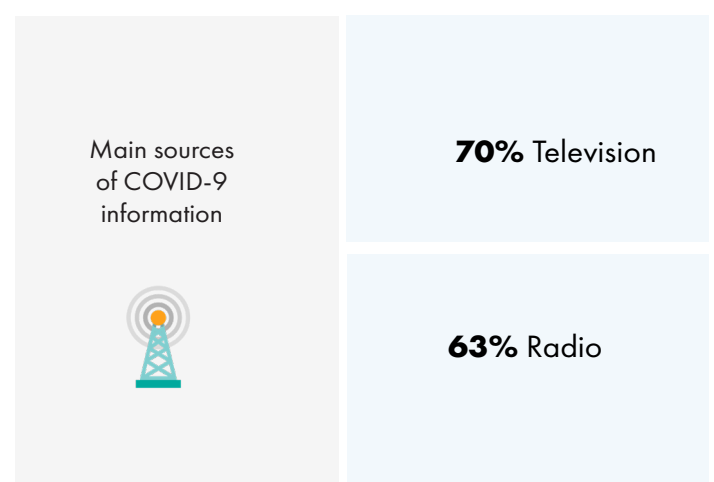
research company, was subcontracted to conduct the telephone interviews using Computer Assisted Telephone Interviews method. Training of the research assistants and pilot testing of the data collection tool was undertaken by the GeoPoll team together with the study team from MoH, KEMRI and AFIDEP. Appropriate data quality checks were conducted regularly throughout the data collection period.

The study ethical approval was obtained from the Kenya Medical Research Institute's Scientific and Ethical Review Unit prior to conducting the study (NON KEMRI 692). A Research permit was also obtained from the National Council of Science, Technology & Innovation (Research License 459169).

2. KEY RESULTS

Basic knowledge on COVID-19 is high, but many want more information on treatment, prevention

All respondents had heard about COVID-19 and majority correctly identified the ways in which the disease is transmitted. However, 62% of the respondents wanted more information on the treatment and prevention of COVID-19. While most respondents reported that they heard about COVID-19 from the TV and radio, they mainly go to the Internet to find more information they need on COVID-19 or some indicated that they call the short-code 719 provided by the government to get more information on COVID-19.



Implication: Kenyans who have no access to TV, radio, Internet may not have adequate knowledge on COVID-19. There is still a notable need for more information on COVID-19 prevention and treatment.

Kenyans are willing to share their COVID-19 results, but are less willing to be near people who have COVID-19

While 95% of respondents reported willingness to share their COVID-19 test results with family and friends, 71% indicated that they would not be comfortable being in the same place (i.e. home, work or school) with someone who has COVID-19 symptoms. In regard to respondents' preferred places for quarantine if they have come in contact with people who have tested positive for COVID-19, 47% reported self-quarantine at home, while 40% would opt for Government designated facilities such as the Kenya Medical Training College or the Kenya School of Government. If they tested positive for COVID-19, 70% of respondents indicated that they would prefer being isolated at a Government health facility.

Implication: There is a lot of fear of COVID-19, which could affect the Home-based care intervention and fan the spread of the disease.

Most respondents are not observing COVID-19 control measures all the time

While most respondents have access to face-masks and water and soap or hand sanitisers, most reported not observing the COVID-19 control measures all the time or always as represented in the table below. Only 36% reported practicing social distancing always, 48% frequent hand-washing with soap and water or hand-sanitizing always, 59% observe dusk-to-dawn curfew, and 51% wear a face-mask when in public. Besides not always practicing COVID-19 control measures, respondents also reported observing sub-optimal practice of prevention activities in their neighbourhoods.



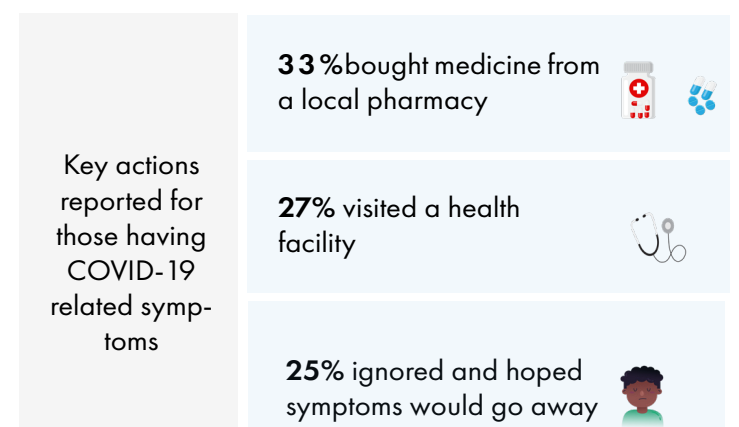
Observed level of implementation of Covid-19 prevention activities in the neighbourhood, KAPP Survey, June/July 2020				
Covid-19 Prevention activity	% that indicated (n = 2425)			
	Always	Mostly	Sometimes	Never
Social distancing and avoidance of crowded places	36	23	31	9
Frequent hand washing with soap and water or hand sanitizing	48	28	20	2
Dusk to dawn curfew	59	22	12	3
Mandatory wearing of a face mask when in public	51	23	23	2

Implication: Since majority of Kenyans are not adhering to COVID-19 all the time, community transmission will continue.

Most respondents who reported experiencing COVID-19 like symptoms reported buying drugs from pharmacies or ignoring the symptoms

13% of the respondents indicated that they had experienced symptoms akin to COVID-19 including headache, fever and fatigue. When respondents experienced these symptoms, 33% bought medicine from a local pharmacy, 27% visited a health facility, and 25% ignored the symptoms and hoped that they would go away.

In the absence of a cure for COVID-19, respondents indicated resorting to alternative remedies



15% of respondents indicated that they were aware of alternative remedies for COVID-19 other than the treatment provided at the health facility. The top three alternative remedies reported were: herbal medicine (40.5%); vitamins and mineral supplements (20.8%); and hot water and lemon (13.5%).

Implication: This could be a possible explanation as to why community transmission is on the rise given that a number of symptomatic persons are not seeking medical advice when unwell and/or are opting to use alternative home made remedies.

Kenyans are supportive of the Government's COVID-19 measures, but more than a third have lost their jobs

74% of respondents felt that the COVID-19 interventions implemented by the Government are adequate. While 61% of respondents reported coping well the COVID-19 measures, 33% reported that they had lost their jobs or their sources of income as a result of these measures.

Implication: Loss of income is a reality for many Kenyans, and has dire impacts on the economy and health outcomes.

Kenyans are aware that health facilities are continuing to offer services for other conditions, nearly half who reported having scheduled hospital visits reported that these visits were affected by COVID-19 measures

Implication: The reduced access to other health care services may result in far reaching consequences for the country's health outcomes.

Half of the healthcare workers who participated in the survey had neither received any COVID-19 related training nor had PPEs

Of the 2,425 survey respondents, 44 were healthcare workers (13%), comprising members of county health management (18.2%), frontline healthcare workers (43.2%), national MoH personnel (15.9%), pharmacist (4.5%), and others accounted for 6.8%. 81.8% (36) reported that they had experienced anxiety and fear since the first case of COVID-19 was reported in the country. About half of the healthcare workers (47.7%) reported having attended some training relating on COVID-19. A similar proportion of healthcare workers (47.7%) reported they had access to personal protective equipment (PPEs) when they need them. Only about 30% of healthcare workers reported they have all the necessary resources to support your

work during the COVID-19 pandemic session. And, only 36.4% (16) reported there was a procedure/mechanism in place to support them to manage stress.

Implication: Healthcare workers may not be adequately prepared to fight the COVID-19 pandemic.

3. RECOMMENDATIONS

Recommendations to Counties

- 1. Train, empower and facilitate community health workers to educate communities on COVID-19 prevention, treatment and management**

Community health workers (CHWs) can play a key role in reaching communities at the grassroots and in remote locations with COVID-19 information. They can also play a role in educating communities about the home-based care strategy that is currently being implemented. CHWs could also be instrumental in reducing the fear and stigma associated with COVID-19. County Governments should strive to adequately train and facilitate CHWs if they are to play this role effectively.

- 2. Prioritise remote communities with COVID-19 public education campaigns**

Government should prioritise remote communities with the public education on COVID-19.

- 3. Prioritise training and provision of PPEs and psychosocial support to healthcare workers**

The central and county Governments need to do much more to ensure more healthcare workers are trained in handling COVID-19 and are provided with PPEs and psychosocial support. The war against the COVID-19 pandemic will not be won if healthcare workers are not adequately prepared and protected.



Recommendations to Ministry of Health in collaboration with the counties

1. Review, diversify and intensify public education on COVID-19, and on home-based care

To address the information gap that many Kenyans have on COVID-19 prevention and treatment, there is need to review the ongoing public education strategy and content and incorporate the following; address the fear and stigma associated with COVID-19; educate Kenyans on the home-based care programme and guidelines; encourage Kenyans to seek care in health facilities if they have COVID-19 like symptoms; and communicate to Kenyans that they can visit health facilities for any other health related issue when need arises.

2. Increase collaboration with local pharmacies on symptomatic screening for COVID-19

Government should increase its collaboration with local pharmacies for COVID-19 symptomatic screening where many respondents reported going to buy drugs when they experience COVID-19 like symptoms. This collaboration should link pharmacies to a referral system where they can refer people presenting with COVID-19 like symptoms for testing.

3. Implement measures that destigmatize COVID-19 for effective home-based quarantine and isolation

There is an urgent need to implement efforts that address the fear and stigma associated with COVID-19. Focused public education campaigns are needed to enable more and more Kenyans appreciate the effectiveness of strict adherence to COVID-19 control measures of face-masking and hand and other hygiene in controlling the spread of the disease. The public education campaign should also prioritise educating Kenyans on the home-based care guidelines so as to give more Kenyans confidence in managing COVID-19 cases at home.

Recommendations to Ministry of Social Protection

Enhance socio-economic cushioning that caters for the new vulnerable persons who have lost their jobs or income as result of the pandemic.

The Government needs to expand its cash-transfers programme to cushion the new vulnerable persons who have lost their jobs or income as result of the pandemic against adverse socio-economic outcomes. Other mechanisms of cushioning these groups should also be explored with the relevant stakeholders.

References

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For more information, refer to the study report:

Kenya Ministry of Health, Kenya Medical Research Institute, and African Institute for Development Policy (2020) An Assessment of Knowledge, Attitudes, Perception and Practice (KAPP) about COVID-19 among the Kenyan Population. Nairobi: MoH, KEMRI and AFIDEP.

FUNDERS: *The Alliance for Health for Health Policy & Systems Research, and the Wellcome Trust.*