

The BOMA Project
Report
COVID-19 Knowledge, Attitudes, and Practices
among REAP participants and their communities

Introduction

From 4-18 May, 2020, The BOMA Project carried out a rapid Knowledge, Attitudes, and Practices (KAP) Survey with the goal of understanding knowledge, attitudes, and practices related to COVID-19 in order to inform programming going forward.

Given the social distancing restrictions in place nationally and no movement orders in place internally within BOMA, the survey was carried out using mobile phones with a convenience sample. Each REAP mentor in the three counties where BOMA implements its programming directly sought to contact at least ten respondents: five randomly-selected women enrolled in the [Rural Entrepreneur Access Project \(REAP\)](#), two REAP Locational Committee Members, and three other people in REAP-targeted communities. While some limitations arose due to mobile phone network, the team completed 645 interviews across Isiolo, Marsabit, and Samburu Counties.

Summary of Respondent Demographics

Of the respondents, 323 were women enrolled in REAP, 127 were members of REAP Locational Committees, and 195 were other community members. Of the 645 respondents, 480 (74%) were female. Overall, nearly half (47%) of respondents were from Samburu County, 37% from Marsabit County, and 15% from Isiolo County. Most respondents were in the 20 to 49 years age group, with 31% aged 30-39, 26% aged 20-29, and 15% aged 40-49. Most respondents (50%) came from households with 4-6 household members, 36% from households with 7-10 members, 11% from 1-3 member households, and 3% from households with more than 10 members. Reflecting low rates of formal education among both BOMA's target population and the wider population in the three counties, 61% of respondents had no schooling. Eleven percent of respondents attended some primary school, and 11% completed primary school. Two percent completed some secondary school, and 10% completed primary school. Six percent of respondents had at least some higher education. In Isiolo County, a majority of respondents were Muslim (70%). In Marsabit County, 45% of respondents were Christian and 44% Muslim. In Samburu county, 96% of respondents were Christian.

Knowledge about COVID-19

General awareness. Nearly all of the respondents had heard of COVID-19 at the time of the survey, with only 4 of the 645 respondents saying they had never heard of it.

Identification of risk groups. 29% of respondents said that everybody was at risk of serious illness if they were infected with COVID-19. More than this, 73% of respondents correctly identified the elderly and 52% named people who are already sick or have weak immune systems as high risk groups. Beyond this, 14% named children and 11% named pregnant women as high risk groups.

Awareness of symptoms. The most commonly cited COVID-19 symptoms from respondents were dry cough (76%), fever (75%), headache (66%), sneezing (57%), difficulty breathing (56%), chest pain (21%), and sore throat (17%).

Perceived risk of infection. Only 2% of respondents believed there was no chance of personally getting infected with COVID-19. Thirty five percent of respondents believed there was a high risk of getting infected; 29% believed there was a medium risk; and 23% believed there was a low risk. However,

12% of respondents did not know their risk of infection. For those who believed they were at low risk, most explained that they believed this because they had not traveled (40%), God will protect them (39%), or there were no infections in their community but it is only in towns or other counties (27%).

Prevention methods. The most commonly identified prevention method, cited by 90% of respondents, was handwashing with soap and water, followed by using hand sanitizer (61%), avoiding shaking hands (59%), wearing a mask to cover the nose and mouth (41%), avoiding touching the face (37%), and staying at home (34%).

Fewer respondents cited measures such as not attending church/mosque (23%), using mobile money instead of physical cash (11%), reduce the number of people you come in contact with (11%), not touching anything outside the household (9%), isolation of anyone who is sick away from others (6%), self-quarantining after travel (6%), and getting tested for coronavirus (5%).

Still smaller numbers of respondents mentioned taking traditional herbs (3%), taking chloroquine/malaria medication (1%), drinking alcohol or chewing miraa (1%) or drinking hot water and lemon (3%) could prevent COVID-19 infection.

Sources of Information. Respondents got information about COVID-19 from radio programs (60%), NGOs (53%), friends (42%), government SMS (32%), a health facility (31%), community health workers/volunteers (22%), and community meetings/leaders (15%). Of all information sources, radio programs, NGOs, government SMS, friends, and community health workers/volunteers. For the respondents without any formal schooling, the most trusted sources of information were NGOs followed by radio programs, friends, and health facilities.

Attitudes regarding COVID-19

Concern and Fears. Respondents expressed that they would be highly concerned if they (92%) or someone in their household (91%) were infected with COVID-19. When asked about their top fears or concerns related to COVID-19, the most common concern was that the virus could kill people (89%), that there is no cure or treatment (63%), and that it could cause food shortage (44%) followed by market closures (29%), loss of income/jobs (26%), being separated from family (15%), and that children are out of school (13%). Notably, 12% of respondents mentioned that they feared being quarantined.

Blame and Stigma. Most respondents (75%) did not believe there was a specific group or type of people responsible for spreading COVID-19. Of 66 respondents who felt a particular group was to blame, 29% believed travelers were responsible, 26% said travelers from affected counties or cities (i.e. Nairobi, Mombasa, Mandera), 17% said businessmen and/or youth, and 11% felt foreigners were responsible.

Practices regarding COVID-19

Prevention Measures. Most respondents across all categories (97%) said most members of their household were doing something to prevent COVID-19. However, at community level, RLC members were more likely to think most people in their community were doing something to prevent infection (94%), whereas of 88% of REAP participants and 87% of other respondents believed most people in the community were doing something to stop the disease.

Compared to their behaviors a month prior, most respondents said they had stayed home more (77%), stopped attending social gatherings (66%), stopped greeting with handshakes (58%), kept a distance of 2 meters away from others (55%), and washed hands or used sanitizer more frequently (50%)

compared to the month prior. Only 24% of respondents had begun wearing a mask, with only 18% of REAP participants using masks.

The most commonly cited barriers to following the health directive of more frequent hand washing with soap or sanitizer were high price or lack of availability of hand sanitizers, not enough handwashing facilities in the homestead, cannot afford or access soap, hand sanitizers have run out in stores, or cannot afford extra water.

Since the Kenyan government advises everyone to wear a mask covering the nose and mouth in public places, the survey also inquired about any challenges in adopting this new behavior. The most common barrier, cited by 43% of respondents, was that masks were not available for purchase. Other challenges included that masks are uncomfortable (37%), masks are unaffordable (34%), people will stigmatize you or be afraid or think you are sick if you wear a mask (26%), and people will laugh at you if you wear a mask (20%). 18% of respondents did not know they were supposed to wear a mask, while 19% felt it was unnecessary, because no cases of COVID-19 had been identified in their location. Furthermore, 14% did not know how to properly use or wash a mask, while 9% believed that using a mask in the hot climate could cause sickness.

Containment Measures. When asked what they would do if they showed signs of COVID-19, over half of respondents replied they would seek a test (53%) or go to a clinic (49%). Beyond this, 41% responded that they would stay at home more, 33% said they would keep a distance of 2 meters from others, and 29% said they would stop attending social gatherings. When asked if it would be possible for a household member showing signs of COVID-19 to isolate away from others for 14 days (with a separate sleeping area, utensils, toiletries, etc.), 77% of respondents believed it was possible. For those who said it was not possible, the most common barriers cited were that many people live in a one room house, all family members share a bed or sleeping area, many families share the same toilet area, and they lack money for a place to self-isolate.

Other Feedback from Respondents

At the end of the survey, mentors provided respondents the opportunity to share their questions or concerns about COVID-19. Many wanted more information about whether there was a cure, vaccine, or treatment for the virus. Others requested information about prevention measures. A few respondents were curious as to whether the virus could be transmitted to animals or can be passed through milk or meat. Thirty-one respondents wanted more information about government measures (curfew, quarantine, lockdown, market closures) and testing. Others were rightfully curious about whether BOMA, the government, or others would provide assistance in the form of items such as masks and sanitizers, food, or other economic support.

Conclusions and Recommendations

Many REAP participants and other community members in the three counties are aware of COVID-19 and have some basic knowledge about prevention methods. To inform action going forward, it will likely be important to invest in the following:

- Counteracting misinformation and continuing provision of accurate messaging through trusted sources
- Addressing economic and social barriers to adoption of prevention practices, especially regarding handwashing, mask wearing, and socioeconomic inability to practice social distancing

- Cushioning the economic and food security impacts that are coming about as a result of the public health measures in place