



MINISTRY OF HEALTH

Knowledge Attitude and Practice Survey

Assessing progress in adherence to preventive measure
and vaccine hesitancy in communities



April 2021

Background

At the onset of the global pandemic associated with the Coronavirus disease, The Kenyan Ministry of Health (MoH) launched the National Response and Emergency Committee (NERC) to steer the country's prevention, containment, and mitigation measures. Kenya adopted several public health measures to prevent or slow down the transmission of the disease, which the NERC is implementing and promoting. These include case identification and follow-up of contacts, environmental disinfection, and use of personal protective equipment, social distancing, and regular handwashing with soap or disinfection with hand sanitizer.

Since March 2020, the MoH has partnered with various agencies including research firms to generate evidence for action. The ministry through the Division of Community Health has been working closely with Population Council (PC) to conduct four rounds of survey that generated evidence on knowledge attitude and practices (KAP) among a cohort of communities in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare). An expansion to three other counties where PC has had existing cohorts is ongoing and has generated two rounds of survey in the urban informal settlements of Kisumu and two rural communities of Kilifi and Wajir to compare not only the trends of adherence and uptake of preventive measures with the Nairobi cohort but collect additional evidence on return to school gender-based violence and mental health as well as vaccine hesitancy. The MoH with funding from the World Bank designed a nationwide survey based on inclusivity rather than rigorous statistical process to generate evidence on the status of adherence of preventive measures, vaccine hesitancy, mental health, return to school, and social and economic effects of the pandemic, among others.

Purpose of the Technical Brief

This brief summarizes the key findings of the survey and compares them with round four data collected from the informal settlement. The evidence will help review existing risk communication and community engagement activities and help strengthen continuous adherence to preventive measures and enhance risk communication on COVID-19 vaccine uptake.

Summary of the Key Findings:

Perceived Risk and preferred channels of Communication:

- Community members prefer to receive Covid-19 information via Radio, CHV, TV, and religious meetings.
- To reach the most vulnerable communities information needs to be tailored to local languages
- There is an increased perception of the risk of infection perhaps due to
 - Effect of the third wave of the pandemic.
 - Increased awareness resulting from risk communication through various channels
- Female and VMGs were more likely to report the possibility of experiencing stigma if they had COVID-19

Vaccine Acceptance:

- Increased COVID-19 vaccine acceptance from 51% to 72%.
- Vaccine hesitant levels have dropped from 48.8% to 25.4%.
- Those reporting a lack of trust in the vaccine or worry about side effects were twice more likely to be vaccine-hesitant.
- Those who reported that the MoH guidelines are easy to follow, or their communities are working together to fight the virus were less likely to be vaccine-hesitant.
- Vaccine hesitancy reduced with age.

Adherence to preventive measures:

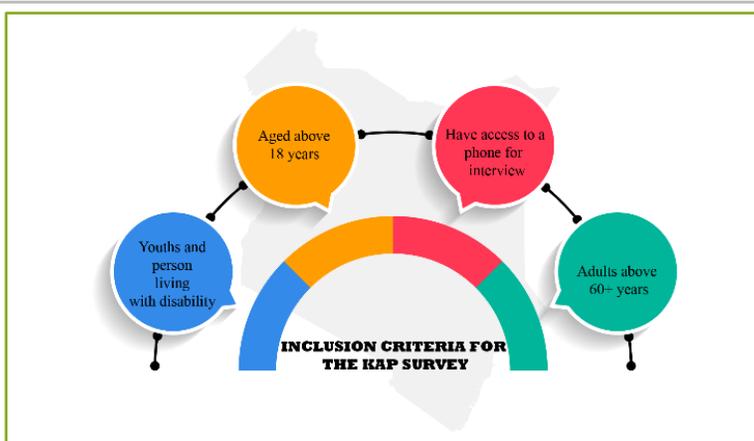
- Use of mask is generally high at 98%
- There is increased reporting among those wearing a mask less compared to Round 4.
- There is a slight increase among those reporting wearing a mask properly from 74% to 80%.
- Social distancing is reportedly adhered to in Religious settings more- 69% compared to other social gatherings (54%).
- There seems to a drop in the availability of handwashing facilities in public places from 81% to 24%, BUT an improvement in all other handwashing indicators.

Food security & social-economic effects:

- Reduced reporting of eating less or skipping a meal from 63% to 46%
- Among those who reported skipping a meal, there was higher reporting that this was due to the pandemic from 37-98%.
- People see family and friends less in Round 5 compared to Round 4 perhaps coinciding with the period of partial lockdown in five disease-infected zones.
- There was increased tension in the home, violence at home and outside the home compared to previous rounds of survey
- The effects of pandemic on complete loss of job remained at 28% BUT there was increased partial loss of income and cost of fuel from 77% to 89%.

How were respondents sampled?

The survey team enrolled survey respondents through the community health system. The Division of Community Health tasked Community Health Volunteers (CHV) with support from County Community Health Focal Persons (CHFP) to identify five community health units from different sub-counties in each county. They then recruited ten households using an inclusion criterion (Box 1) upon which one household member



Box 1: Inclusion Criteria for the KAP survey

was identified for a mobile phone interview.

The recruitment was mounted on their

routine household visits as they adhere to the Government of Kenya Guidelines on Continued Provision of Community Health Services in the Context of Corona Virus Pandemic[2]. An additional listing was conducted to include other vulnerabilities such as Vulnerable and Marginalized Groups (VMG) from 32 counties. The VMG contact leaders helped identify at least 5-8 VMGs across the 32 counties for inclusion in the survey. The role of CHVs and VMG leaders was limited to identifying eligible participants from the communities they serve using an automated listing form for online data submission. Where this was not practical, they submitted an excel list of potential participants with their phone numbers. The link was developed using kobo collect:

<https://ee.humanitarianresponse.info/x/e7sotMle>

How was data collected?

From the enrolled participants, a team of 40 MoH members drawn from the division of community health and monitoring and evaluation department and health promotion department were trained for four days on the mobile phone data collection technique, data collection tool adapted from the round four PC KAP survey. Data collection was conducted between 12-16th April 2021. A total of 2001 respondents were interviewed with a response rate of 80% among communities and 62% among VMGs.

Table 1: Summary of data collection activities

Interview outputs	Communities N (%)	VMG N (%)
Expected calls	2295	250
Fully completed calls	1846 (80%)	155 (62%)
Refusals	41 (1.7%)	3 (1.2%)
Unattempted calls	39 (1.6%)	NA
Unanswered calls/wrong numbers	353 (15.4%)	92 (36.8%)
Total calls made	2240	250

Key Findings

Characteristics of survey respondents

Among the 2001 respondents who completed the survey, complete data was available for 1957 respondents:

- 52% were male and 47.8% female.
- 11% of the respondents reported some form of disability.
- 52% of the respondents were aged between 26 and 45 years and 16.8% were aged above 56 years (Fig 1).

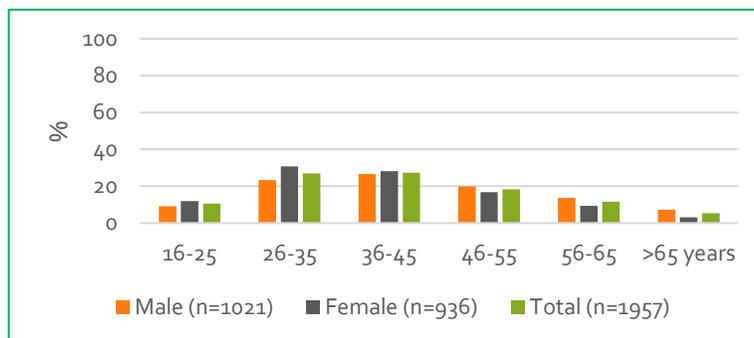


Figure 1: Age distribution of respondents

Source of information on COVID-19 and preferred sources

About 97% had received information on Covid-19 a month preceding the survey with differences by gender:

- 98% among males and 96% among females but no differences by VMG versus general community.
- 77% reported having received COVID-19 information in local languages, with no differences by gender, however, fewer VMGs, 66% reported receiving Covid-19 information in their native language compared to 78% among the general community.

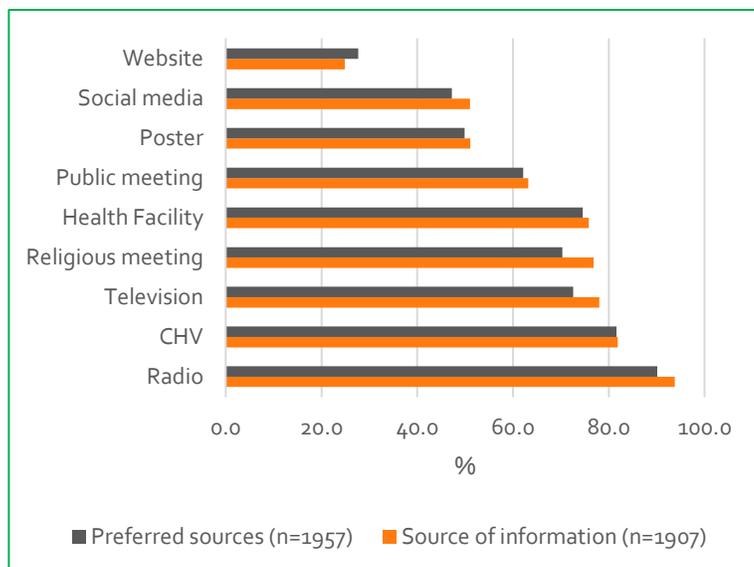


Figure 2: Covid-19 information sources and preferred sources

Perception of Risk and Awareness of Coronavirus cases

Similar risk levels are reported in Round 4 and 5 with about 40% reporting low risk in both rounds nearly a quarter reporting medium risk of infection. However, about a third reported high risk in April 2021 compared to 18% in September 2020 indicating the effect of the third wave of pandemic (Fig 3).

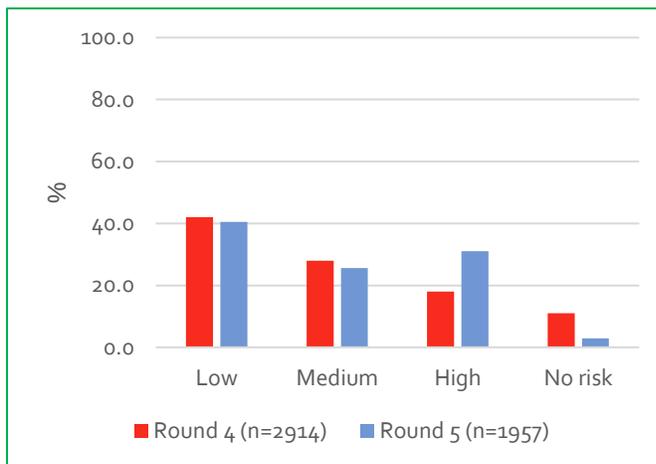
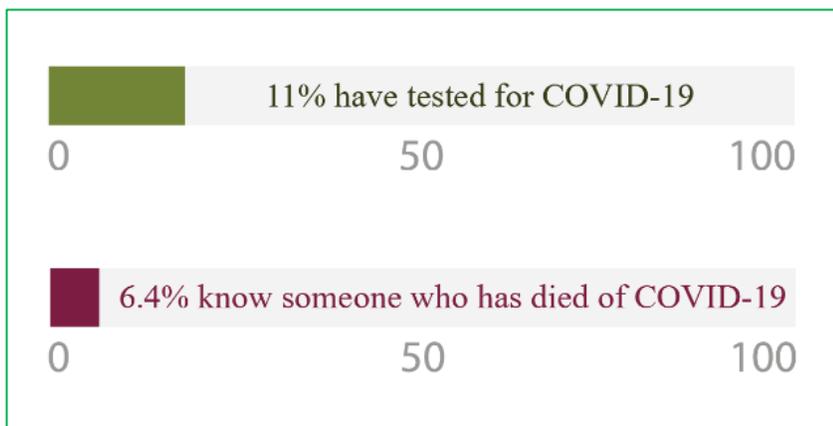


Figure 3: Perception of Risk Survey



There appears to be an increase in awareness of someone who tested positive among communities 21% compared to Round 4 at 9%. However, the percentage of those who do not know anyone is still high at 70% and 89% in both rounds (Fig 4).

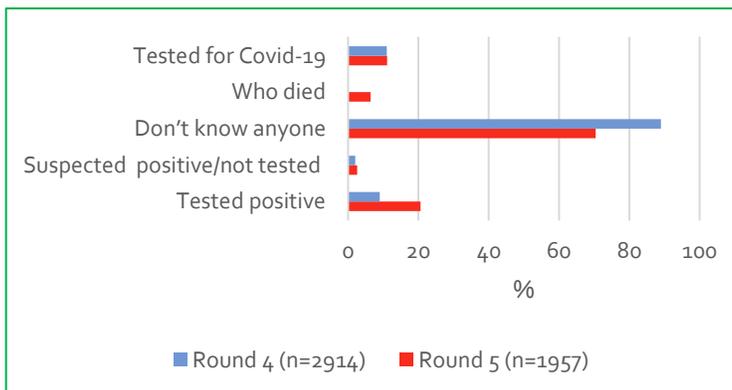


Figure 4: Awareness of Covid19 cases

Experience of stigma

Using 8 components to assess perceived levels of stigma, data shows that females and VMGs were more likely to report the possibility of experiencing stigma if they had COVID-19. (Fig 5). While comparing round 4 and 5, the common elements of stigma that have had a slight increase are: people would stop talking to them if they had corona 67-77.3%, gossip them- 83-84%. However, there a slight reduction in reporting that people would treat them badly-54% to 52% or people would avoid them 51-46%

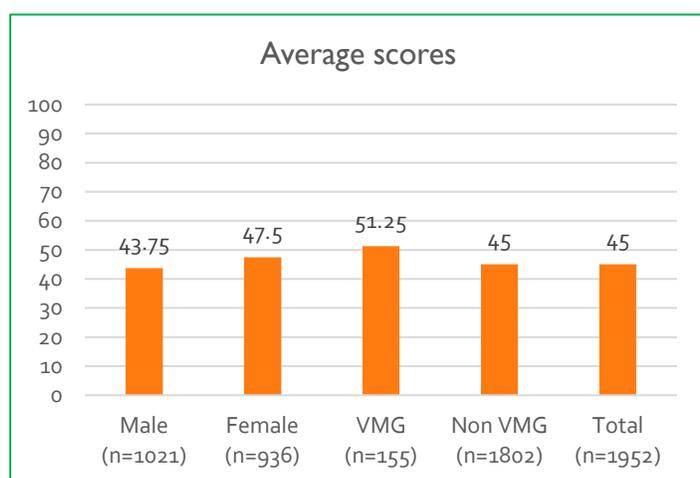


Figure 5: Experience of Stigma

Vaccine acceptability	Round 4 (n=2914)	Round 5 (n=1957)
Very likely	51%	71.7%
Somewhat likely	23%	17.1%
Somewhat unlikely	9%	3.5%
Very unlikely	15%	6.6%
Do not know	2%	1.1

Table 2: Vaccine acceptance level

Vaccine acceptability and hesitancy

There has been an increase in vaccine acceptance from 51% to 72%. Among vaccine-hesitant individuals (defined as somewhat likely, somewhat unlikely/very unlikely don't know) there has been a drop from 48.8% to 25.4% during the April 2021 KAP survey compared to Round 4. (Table 2)

Those who reported that the MoH guidelines are easy to follow, or their communities are working together to fight the virus were less likely to be vaccine-hesitant. Vaccine hesitancy reduced with age. Those who gave reasons for not getting the vaccine as they do not trust the vaccine or worry about side effects were twice more likely to be vaccine-hesitant. Among those who would keep off the vaccine, the main reasons are largely on fear of side effects, vaccine trust, and ability to afford (Fig 6).

Overall, the most trusted source of information for covid-19 vaccine is the Ministry of health -94% followed by health facilities-71%, CHV-71%. The least trusted sources are social media platforms- 24%, peers-23%, and schools at 34%.

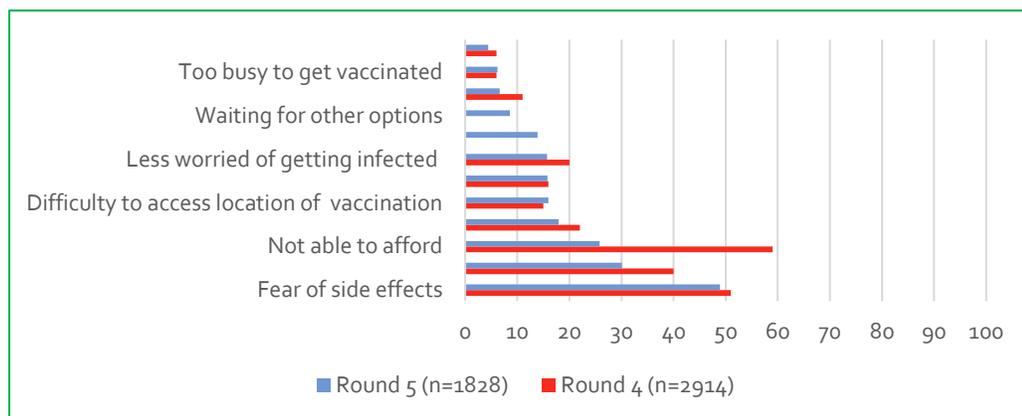


Figure 6: Reasons for Keeping off the vaccine

Additional information that communities would like to know about COVID-19 vaccine is Side effects of the vaccine-89%; Safety- 86%; effectiveness -81.4% and quality -74%. In addition, they would like to know where to find the vaccine-69.1% and clarification on myths- 68.1% (Fig 7).

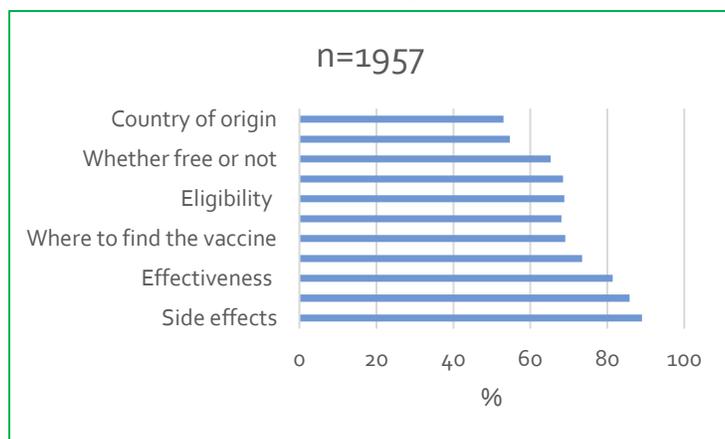
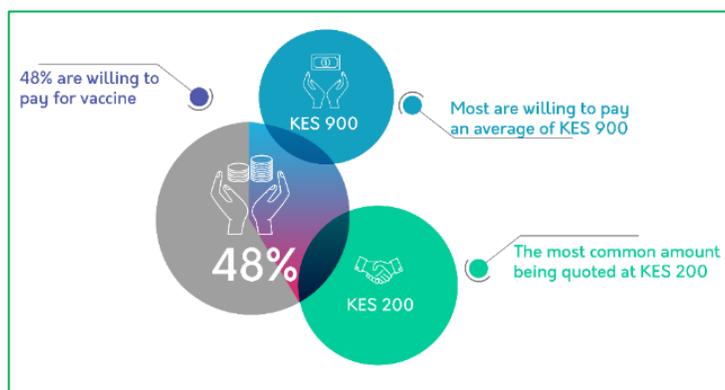


Figure 7: Information on Covid19 vaccine



Adherence to prevention measures

Social distancing is reportedly adhered to in Religious setting more- 69% compared to about half (54%) among those who attend other social gatherings (Fig 8).

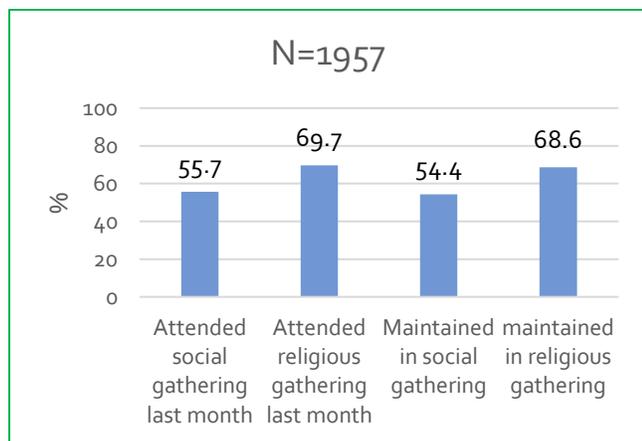


Figure 8: Adherence level of Social Distancing

There seems to a drop in the availability of handwashing facilities in public places from 81% to 24%, but generally, in all other handwashing indicators, there seems to be an improvement among communities (Fig 9).

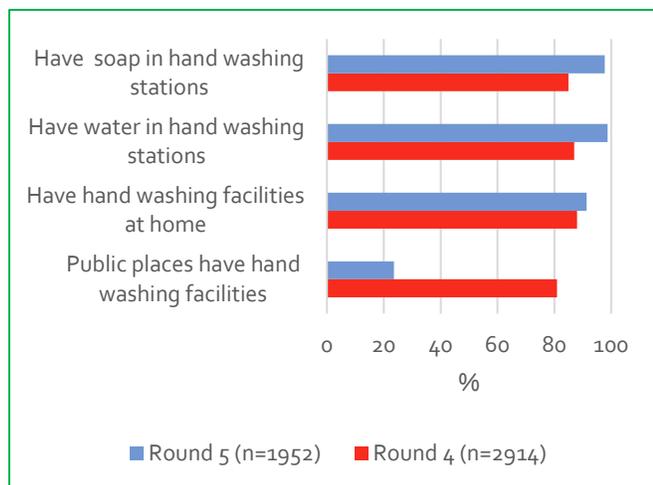


Figure 9: Availability of Handwashing facilities

Use of mask is generally high at 98% however there seems to be an increase in those reporting wearing a mask less compared to Round 4 and a slight increase among those reporting wearing a mask properly from 74 to 80% (Fig 10).

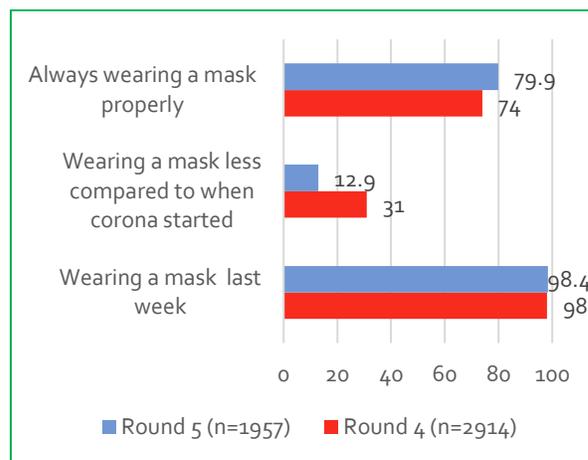


Figure 10: Use of masks

24% reported that public place has handwashing facilities

91% have handwashing facilities in their home



Image showing a handwashing facility (Source: Google Images)

Social and Economic Effects of COVID-19

There appears to be a drop of those who reported eating less or skipping a meal from 63% to 46% in the recent survey. However, among those who reported skipping a meal, there was higher reporting that this was due to the pandemic from 37-98%. The frequency of skipping a meal was a couple of times a week (Fig 11).

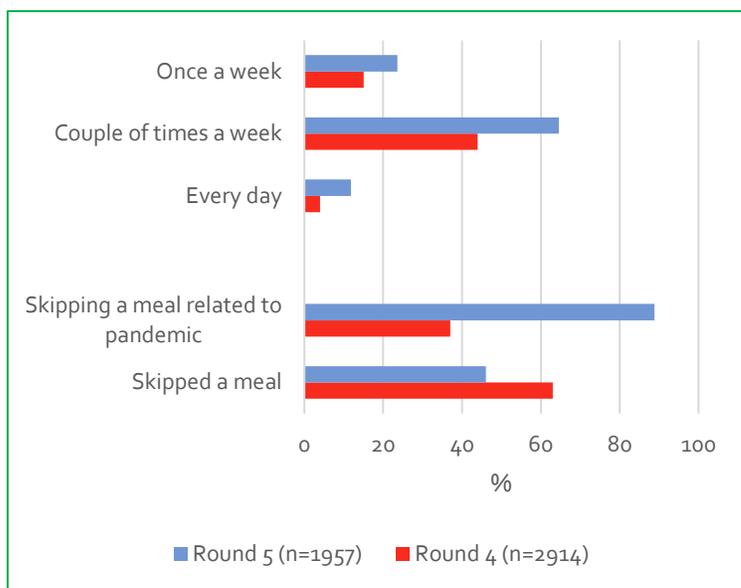


Figure 11: Effect of Pandemic on Food security

There was more reporting of respondents seeing family and friends less in Round 5 compared to Round 4 perhaps coinciding with the period there was partial lockdown in five disease-infected zones. There was less avoidance of public transport in round 5 compared to Round 4. There were also reports of increased tension in the home or violence at home and outside the home compared in Round 4 (Fig 12)

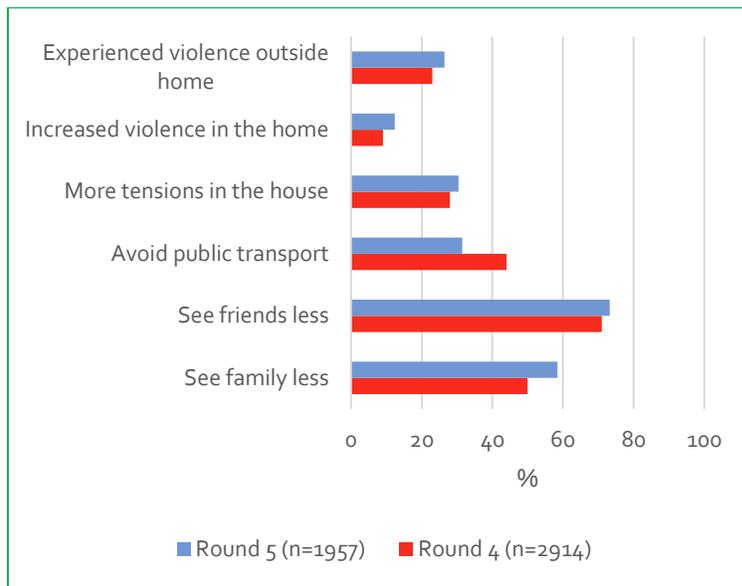


Figure 12: Social effects of Covid19

The effects of pandemic on complete loss of job remained at 28% in the two time periods. However, there was partial loss of income and increased reported cost of fuel from 77% to 89%.

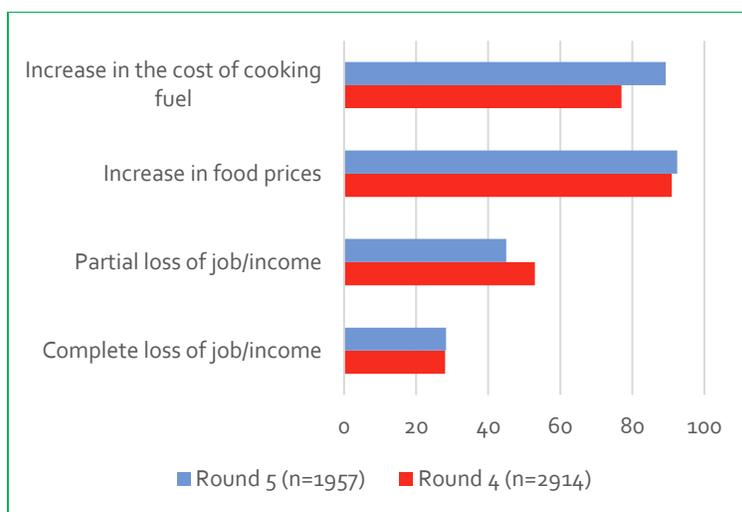


Figure 13: Economic effects of Covid-19

Recommendation for Risk Communication

NERC should continue its public education campaigns, with a focus on:

- ▲ Emphasizing preventive measures using preferred channels of communication to increase perceived risk for sustained preventive behaviors
- ▲ Risk communication should be tailored where feasible in local languages to reach the most vulnerable communities
- ▲ Addressing stigma especially among women and vulnerable communities

The county government should:

- ▲ Reinvest in ensuring public place have hand washing stations
- ▲ Emphasize the need for social distancing in social gathering to prevent community transmission
- ▲ Encourage use of mask properly in all public places

NERC should implement targeted messaging on vaccine uptake with special attention to addressing

- ▲ Trust of vaccine, side effects and physical location of the vaccine
- ▲ Simplify vaccine guidelines for various age groups.



Image showing a Community Health Volunteer speaking with a family. The survey showed they're among the most preferred sources for information. (Source: Google Images)

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References

1. Wei Q and R. Z., *Disinfection measures for pneumonia foci infected by novel coronavirus in 2019*. . Chin J Disinfect. , 2020. 37: p. 59–62.
2. MoH, *Guidelines on Continued Provision of Community Health Services in the Context of Corona Virus Pandemic in Kenya*. 2020.