Covid-19 Global Pandemic in Nairobi's Low-Income Areas:

The Virus: Knowledge, Testing, Prevention Measures, Perceived Risk, and Expected Future Impact

Round Three Survey Report | 3rd Release | 25th October 2020

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UNIVERSITY OF GOTHENBURG

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Round Three 3rd Release: Main Focus

All over the world, governments are continuing to grapple with the difficult trade-off between combating the Covid-19 pandemic and preventing economic collapse.

This 3rd Release of TIFA's Round Three survey of Nairobi's low-income earners shares their perspectives on their awareness and understanding of the virus, including the personal measures they have adopted to prevent infection and their expectations of its future course, particularly in their own neighborhoods.

Contents

Executive Summary

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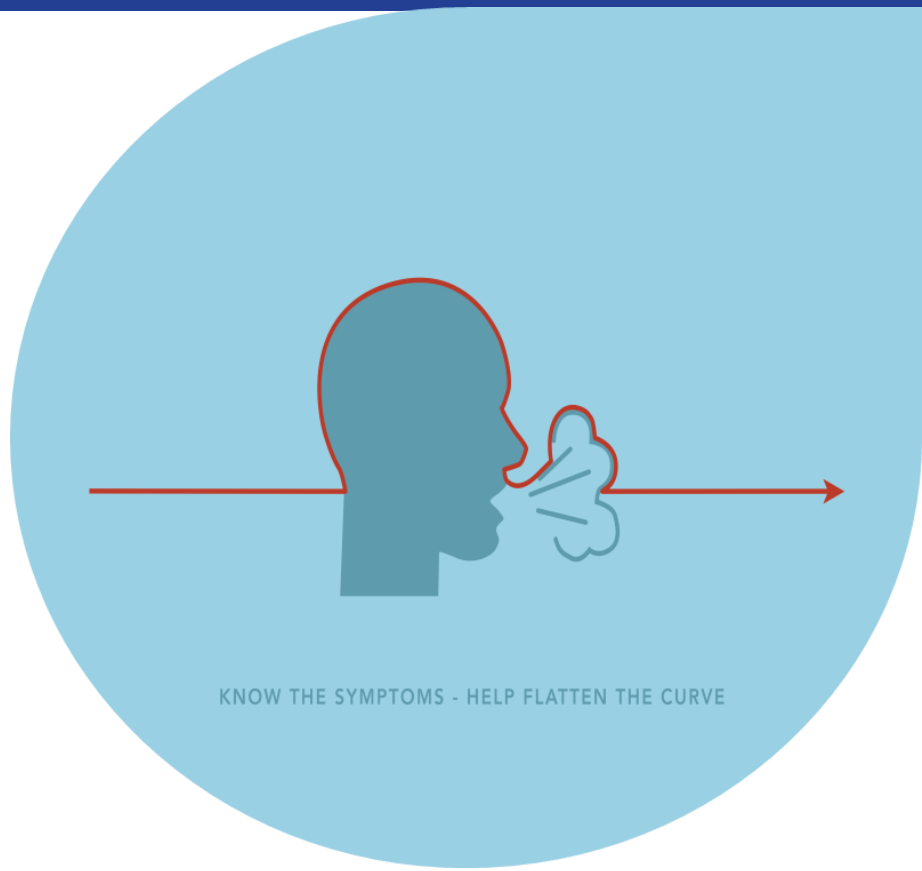
Anxiety About Contracting Covid-19 and Expectations of the Future

Anxiety-Level on Contracting the Virus

There has been a steady and significant decrease in the proportion of respondents who are "very worried" about contracting the virus over the Three Rounds of this survey.

	R1	R2	R3
"Very worried" about contracting the virus	71%	54%	40%



Expectations of The Virus' Future

While there was little change in expectations of the virus' future between Rounds One and Two, the results of Round Three reveal a major increase in (false?) optimism about this.

	R1	R2	R3
"The worst is yet to come"	50%	54%	19%
"The worst is past"	39%	38%	65%

Testing for Covid-19

Testing for Covid-19

	R1	R2	R3
Know someone who has been tested for Corona (n=total sample)	7%	17%	24%
Found to have Corona after testing (n= those who know someone who has been tested)	29%	28%	10%
Personally know some who died of Covid-19 (n=those aware who has tested positive)	25%	26%	10%

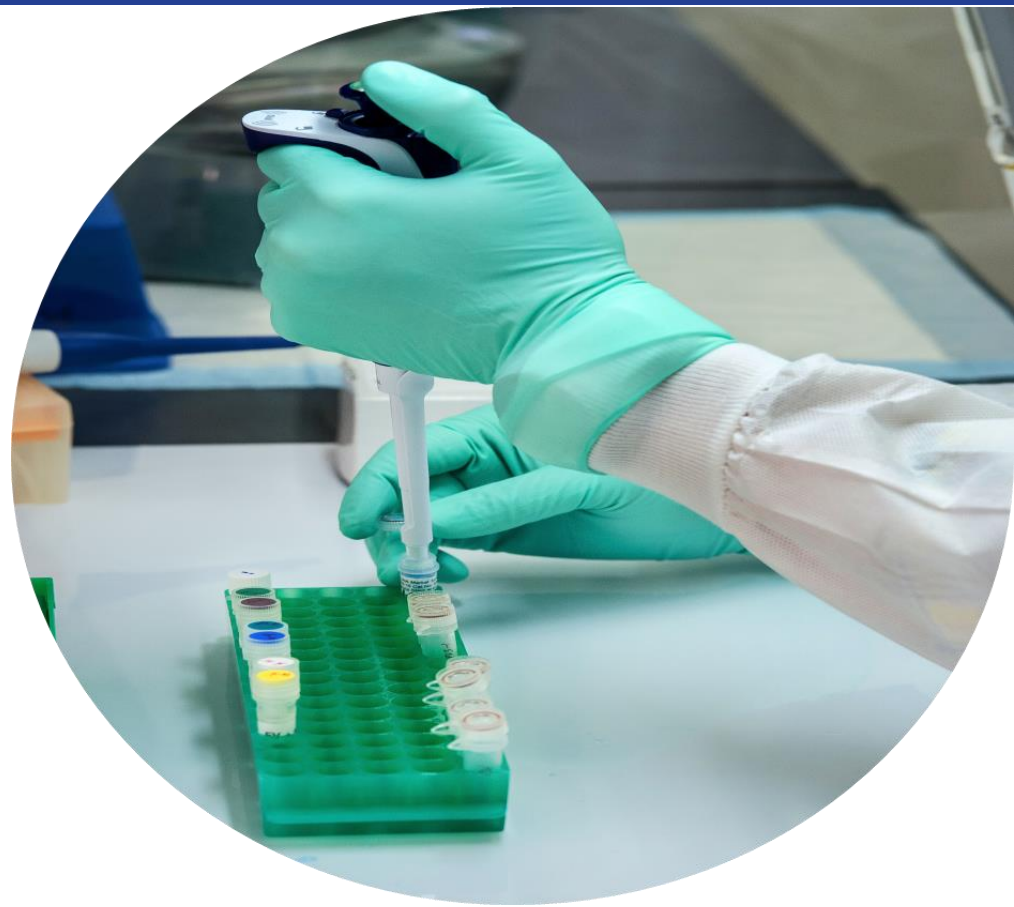
Unwilling to be Tested for Covid-19

	R1	R2	R3
Unwilling to have a free Covid-19 test	n/a	10%	15%

Reasons for rejecting a free test for Covid-19

Amongst those unwilling to be tested;

- ❑ **36%** fear the pain/discomfort of the procedure
- ❑ **14%** do not believe Covid-19 exists so see no reason for it
- ❑ **10%** fear being infected by the test
- ❑ **8%** see no need if they have no symptoms



RI - Round One Survey in April 2020
R2 - Round Two Survey in June 2020
R3 – Round Three Survey in September 2020

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Covid-19 Infections & Deaths

Knowledge of (correct/approximate) number of infections and deaths

- **5%** mention the correct number of both cases and deaths
- **16%** mention the correct number of EITHER cases or deaths
- **28%** give incorrect numbers of BOTH cases and deaths
- **52%** say they have no idea of the number of either confirmed cases or deaths

Gender disparities in knowledge of infections and deaths

- **6%** of **males** mention BOTH correct number of cases and deaths
- **4%** of **females** mention BOTH correct number of cases and deaths
- **76%** of males either give incorrect numbers for BOTH cases and deaths or say they don't know as compared with **82%** of females

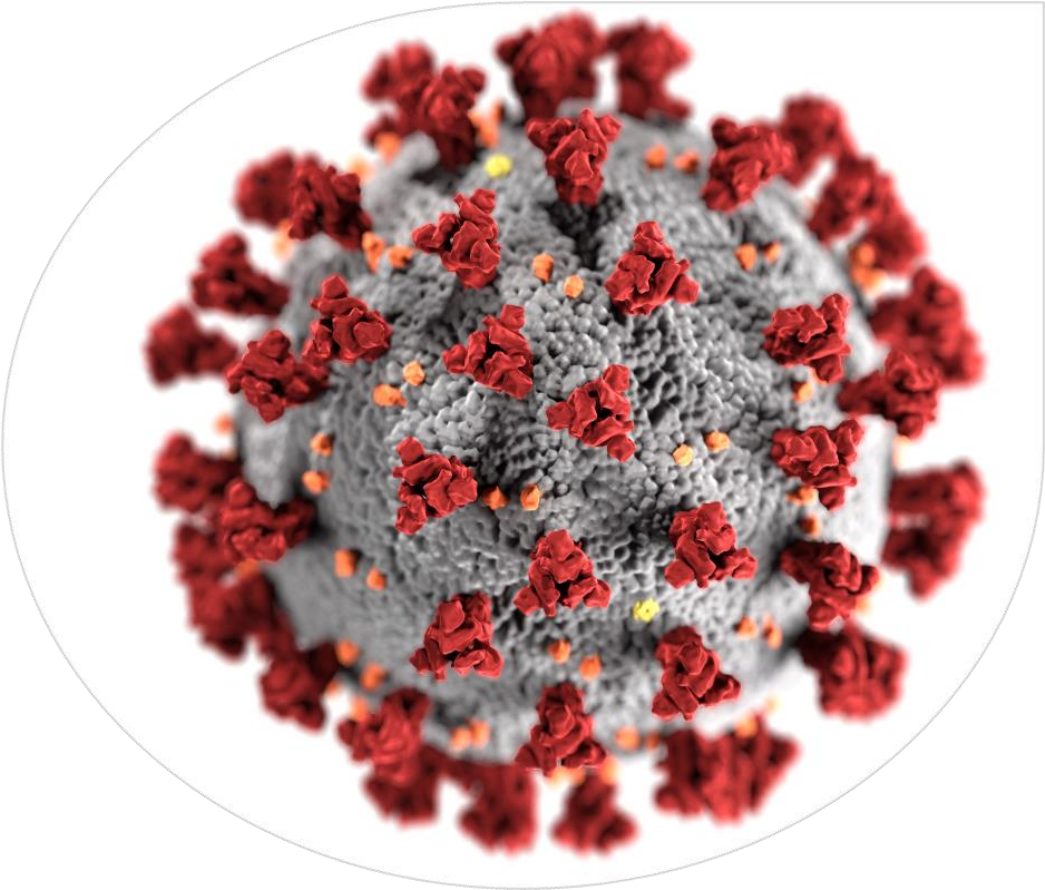
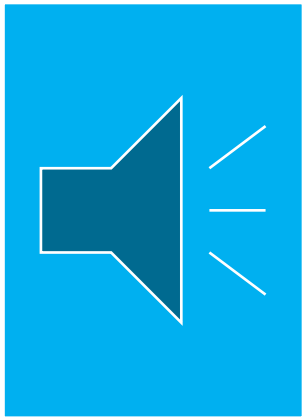


Photo by CDC on Unsplash

Study Objectives Background Information, and Release Introduction

Overall Study Objectives



Each Round of this three-Round survey has the following objectives:

- To measure the level of **awareness of the disease** among residents of selected low-income areas in Nairobi, and their level of concern with it
- To assess the immediate **social-economic impact** of the Covid-19 crisis on them
- To understand their current **coping mechanisms and future expectations** of their medical and economic well-being
- To establish their experience with and opinions about relevant **government enforcement efforts**
- To capture their awareness of, experience with and opinions about the various **remedial measures** instituted by either state or non-state actors

Introduction: Content and Context of This Round Three Release

- This is the 3rd Release of TIFA's Round Three survey on the awareness and impact of the Covid-19 virus pandemic and the measures implemented to contain it among Nairobi's low-income areas. It includes findings related to public health issues associated with the Covid-19 virus, specifically: awareness, levels of concern, individual prevention measures, and expectations of the virus' likely future course.

- The findings are based on CATI (mobile phone) interviews with 555 respondents 429 (77%) of whom had participated in either Rounds One or Two, or in both. The survey was conducted during 24 September to 2 October.

- The focus of the 1st Release (12 October) was the challenge of children learning at home but also included findings related to domestic violence. The 2nd Release (18 October) focused on the personal and general economic impact of the virus and public health measures put in place to mitigate it, as well as assistance to the needy. Data remaining to be released cover awareness/observation of government measures to contain the virus (including enforcement issues) and knowledge of/levels of trust in particular sources of information about the virus.

Introduction: Study Background

- The arrival of the Covid-19 pandemic in Kenya and the measures taken by the Kenya government to contain it have affected households in many ways, including job loss, loss of remittances, higher commodity prices, heightened personal health anxiety and crime-related, insecurity, and disruption to health care services and education. While these impacts have affected most households across the country, they appear to be more profound and longer-lasting amongst low income-earners in more congested urban areas.

- Nairobi has registered the highest number of Covid-19 cases in Kenya – around 20% of the national total (yet fewer than one-in-ten Kenyans reside there). Given the restrictions that were initially placed on movement in and out of this county (subsequently lifted) and the national night-time curfew (though subsequently with a reduced duration) as well as various recommended (and in some cases enforced) 'social isolation' measures, nearly all areas of economic activity were very adversely affected. This meant that many people found it increasingly difficult to 'make ends meet', especially those in the lower-income areas captured in this survey.

- In this context, TIFA Research, in collaboration with Dr. Tom Wolf, designed and implemented a survey to explore these issues among this section of Nairobi's population over time. Round One of the survey was conducted at the end of April and captured the experiences, views and expectations of 356 respondents resident in Nairobi's main low-income areas. Subsequently, a webinar was held to explore some of the issues captured. (Both the webinar and the entire Round One Release may be accessed from here http://www.tifaresearch.com/the-covid-19-global-pandemic-in-nairobis-low-income-areas/.

Introduction: 3rd Release Content and Context (con't)

- On 28 September (while the Third Round of this survey was in progress) President Uhuru Kenyatta addressed the nation after chairing a June a national conference on Covid-19 pandemic. At that time there were some 35,000 confirmed Covid-19 cases (with about 200 new cases daily) and 700 deaths. (By contrast, when Round One of the survey was completed in late April there were only about 350 cases and 20 deaths.) As reported by the local media, he did this "amid high hopes" that he would reopen the economy. This was because infection rates had been falling, and Kenyans were obviously suffering a higher rate of 'restriction-fatigue' after months of living under the various mitigation measures that had been put in place. And he did, somewhat, again reducing curfew hours, allowing bars to re-open, and declaring that at least partial learning in schools would begin "soon."

- Subsequently, the situation has become considerably worse, with a dramatic rise in the number of infections (from just 4% to 12% in a matter of weeks), hospitalizations, and deaths – including in more remote parts of the country – all of which put in jeopardy not just the continued partial re-opening of schools, but also a total 'lockdown' in at least five counties. Yet the data-collection for this Round Three had been completed before this upsurge, so that its results reflect the previous 'improving' situation.

Introduction: 4th Release Content and Context (con't)

- The results of this 3rd Release of the Round Three survey therefore focus on such issues related to the virus itself. Among those explored, it examines whether there is any measurable connection between knowledge (and fear) of the virus (symptoms, awareness of its extent and lethality in Kenya, etc.) and levels of concern tolerance of/adherence to the prevention measures which remain in place as public requirements and as recommendations at a personal level. Some of these measures apply especially to those able to move freely and out of Nairobi after many earlier restrictions were relaxed/removed.

- It is hoped that such survey findings (most of which were also explored in Rounds One and Two) will help both the relevant authorities and civic actors better appreciate the factors which determine or at least influence citizens' behavior with regard to such (legal) regulations and (informal) guidance. Specifically, while adherence to the former is likely a reflection of how serious the penalties are for violating them and the likelihood of being caught, practicing the latter is likely to be mainly a reflection of how tangible/real the Covid-19 virus-threat is considered to be. The results presented here reveal how it was perceived at the time of the survey.

Methodology: Data Collection

Sub-Topic	Detailed Information
Field work dates	24th September – 02nd October 2020
Geographical scope of study	Nairobi County - low income areas (Huruma, Kibera, Mathare, Korogocho, Mukuru kwa Njenga, Kawangware)
Proportion of Nairobi's adult population covered	29% of the estimated 820,000 i.e., adults living in the low income areas
Target respondents	Adults (18+ years) living
Sample size	555 respondents (Male = 281, Female = 274): 26 interviewed in Round One only, 199 interviewed in Round Two only, 204 interviewed in both Rounds One and Two, 126 interviewed in Round Three only
Margin-of-error	+/- 4.2% for the total sample. (Note: Sub-sample results have higher error-margins)
Average duration of interview	28 minutes
Proportion who stated that they enjoyed the interview	98%
Proportion who agreed to participate in a similar future survey	98%
Data collection methodology	Telephonic – calls made to respondents recruited face-to-face in previous surveys.

Methodology: Data Analysis

- In addition to presenting the results based on these Study Objective topics, the presentation of results also explores some of the contrasting experiences and opinions within the sampled population by using particular sub-groupings of the total sample.

- This is done both to underscore the point that even within Nairobi, there is considerable variation in how the Covid-19 virus and the measures implemented by Government to combat it among residents in the city's low-income areas, and that such data can be used to reveal the logic as to why such variations occur. This is considered especially useful for policy-makers and others involved in combating the virus and addressing the needs of those most affected by it. Further, such analysis raises critical issues that could be further explored in subsequent Rounds of the survey.

Survey Sponsors

For this Second Round of a planned multi-round survey of the same respondents, TIFA gratefully acknowledges the support of following organizations:

- The Canadian High Commission in Kenya
- The Hanns Seidel Foundation-Kenya
- University of Gothenburg

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Canada

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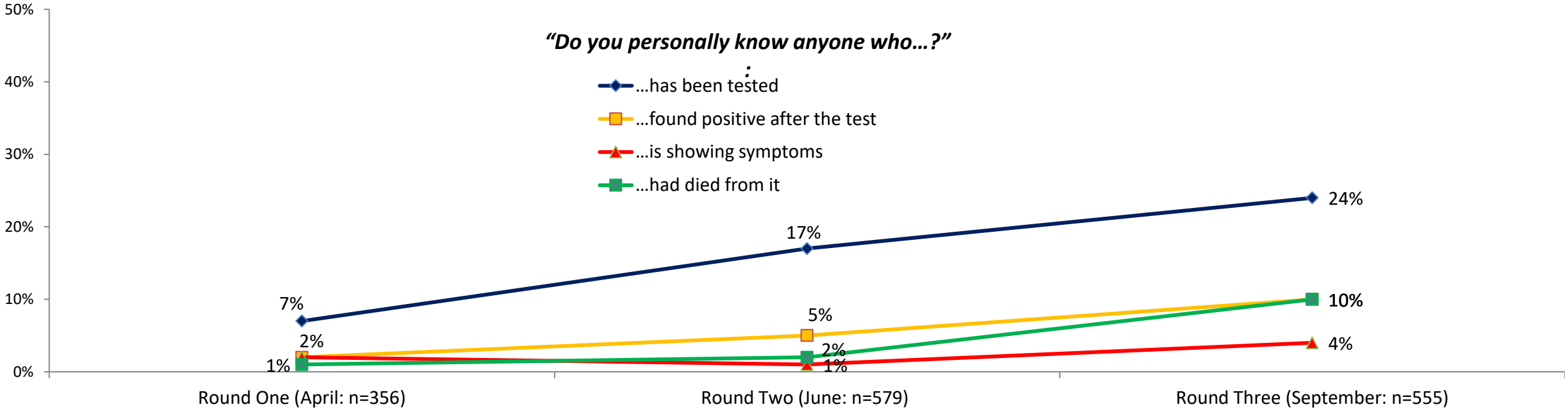
Covid-19: Awareness, Prevention Measures, Level of Concern of Infection, and Future Impact Expectations

Personal Knowledge of Someone Who…Has Been Tested/Was Found Positive/Died From the Virus/Has Symptoms of the Virus: Trend Analysis – Three Survey Rounds

- Over the five months covered by the Three Rounds of this survey there has been a steady rise in the proportion of respondents who: know anyone who has been tested/found positive/is showing symptoms and has died from Covid-19. This is especially true for those in the former category, with nearly one-quarter now knowing at least one person who has been tested.

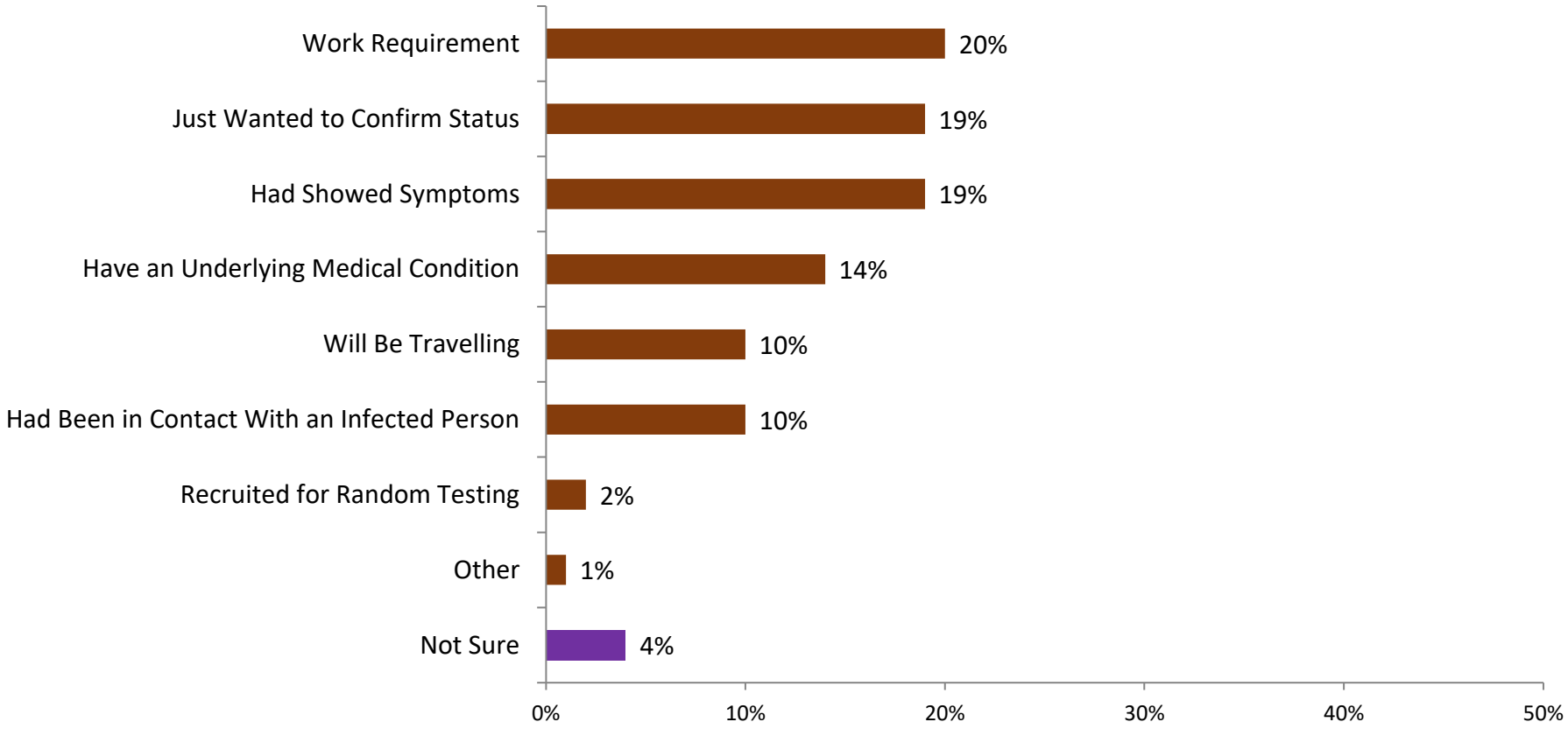
Proportion Aware of Four Aspects of Covid-19: by Total



Q. "Do you personally know anyone who has been tested for the Coronavirus?"
Q. "Do you personally know anyone who has bee found positive after being tested?"
Q. "Do you personally know anyone who you think has the disease because of the symptoms they are showing?
Q. "Do you personally know anyone who has died from it?"

Main Reason for Having Been Tested for Covid-19: by Those (Known by Respondents) Who Have Been Tested

Main Reason Why Those Known to Have Been Tested Were Tested: by Those Who Know Someone Who Was Tested



- Among those known by respondents to have been tested, the three most common reasons (known by respondents) were that this was done because (1) it was a work-place requirement, (2) the person was anxious and just wanted to confirm their status, or (3) they had showed symptoms.

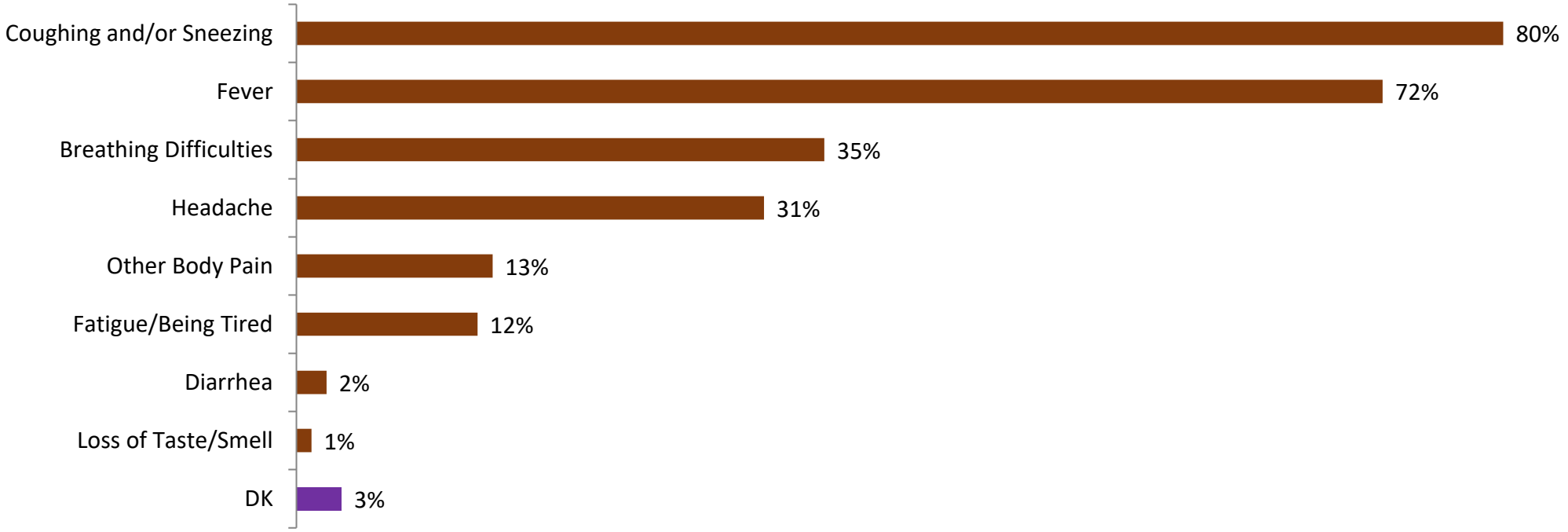
Q.*"As far as you know, what was the main why they got tested?"* (Single Response)

Base =134 (Others Known to Have been Tested)

Awareness of Particular Symptoms of the Virus (Spontaneous Mention): by Total

- Almost all respondents could mention at least one possible symptom of the Coronavirus, but only two were mentioned by more than half of them: coughing/sneezing and fever. Nevertheless, half of all respondents (50%) could mention three or more such symptoms. (Note: While not shown, the frequency-distribution of the awareness of symptoms differs only slightly from those obtained in Round 2.)

Awareness of (Possible) Symptoms of Covid-19: by Total



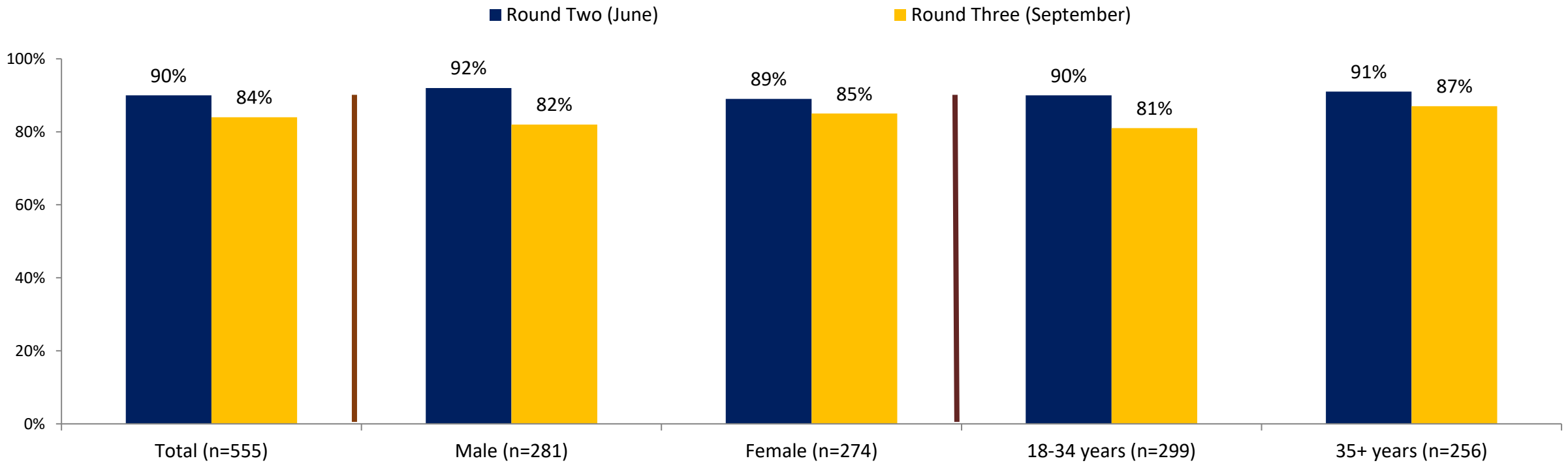
Q. "As far as you know, what are the symptoms of this Corona disease?" (Multiple Response)

Base =555 (Total)

Reported Willingness to Be Tested for Covid-19: by Total, Gender, Age – Trend Analysis: Round 2 vs. Round 3

- A large majority of respondents say they would agree to have a free test for the Covid-19 virus, with no significant contrasts in terms of gender or age. However, the proportion of those willing to have such a free test has declined slightly since Round Two (the first time this question was asked).

% Saying They Are Willing to Have a Free Covid-19 Test: by Total – Trend Analysis



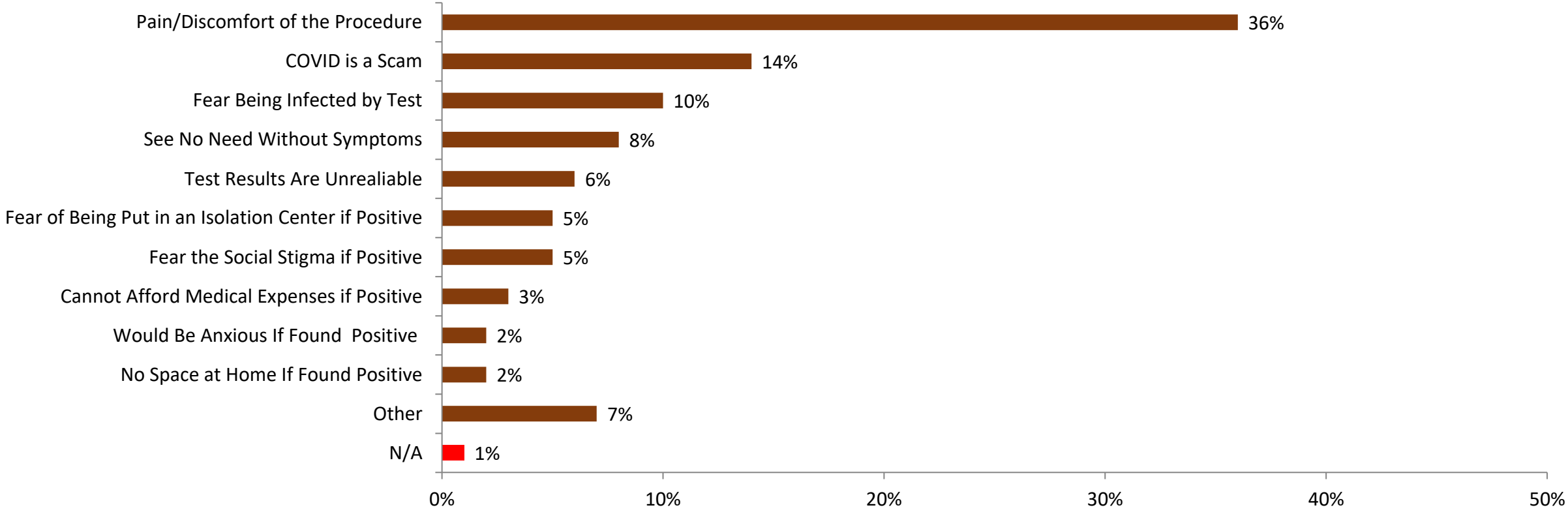
Q: "If you had the opportunity to take a free test for the Covid-19 virus, would you do so?"

Base= 555 (Total)

Main Reason for Not Wanting to be Tested: by Those Unwilling to Be Tested

- Among the few (15%) who say they would not have test for the Coronavirus – even for free – the main reason given is the expected pain/discomfort of the procedure, though disbelief that the virus exists and the fear of being infected also receive substantial mentions (14% and 10%, respectively), among others. (Note that the small base here (86) generates a high statistical margin-of error.)

Main Reason for Not Wanting to Be Tested: by Those Who Would Not Be Tested Even for Free



Q: "What is the main reason you would not have a test even for free?"

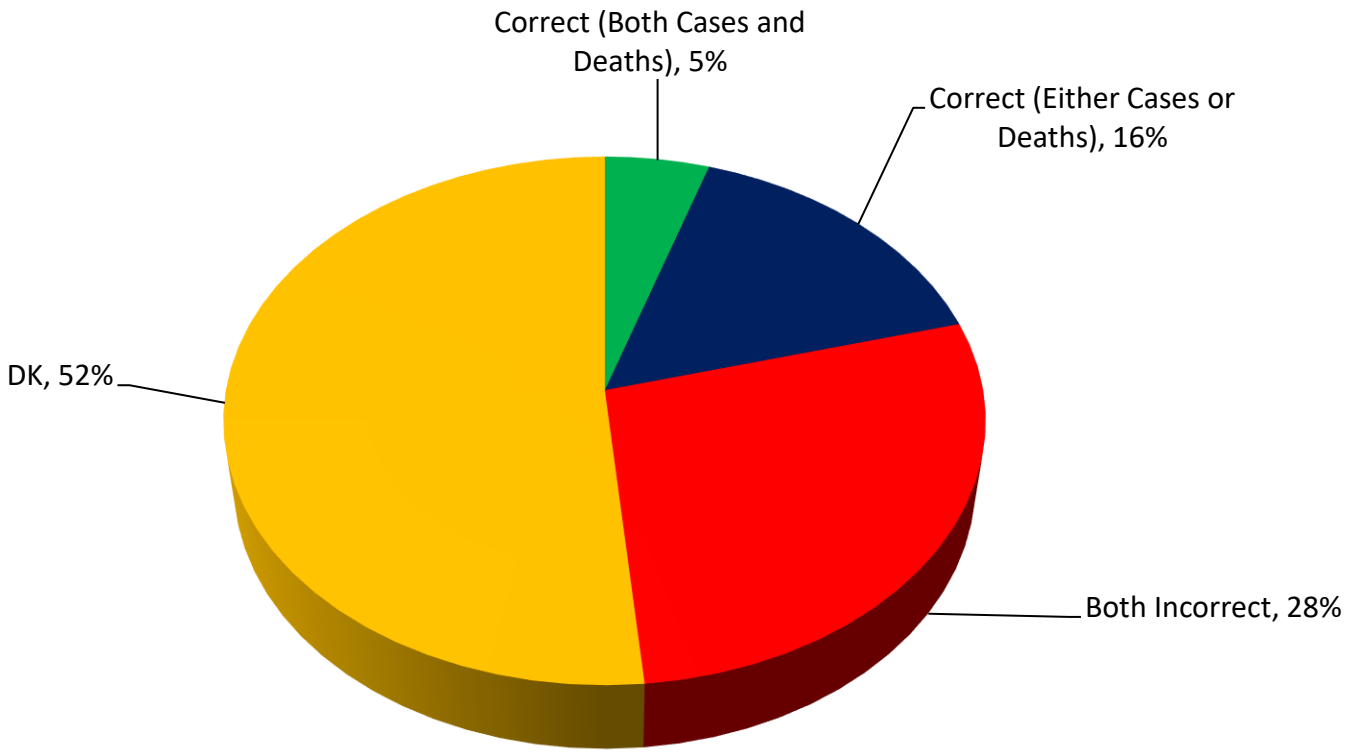
Base= 86

Awareness of Correct Figures of Covid-19 Cases/Deaths: by Total

- Only about one-fifth of all respondents (21%) gave precisely/nearly correct figures for either/both the number of confirmed cases and deaths from Covid-19 in the country.

- On the other hand, just over half could not even make a guess about these two figures. (Note that responses were compared with the daily figures released by the Ministry of Health the day prior to the interview.)

Awareness of Confirmed Cases (within +/- 2,000)/ Deaths (+/- 100 of the Precise Previous Day's Official Figure On Date of Interview):
by Total

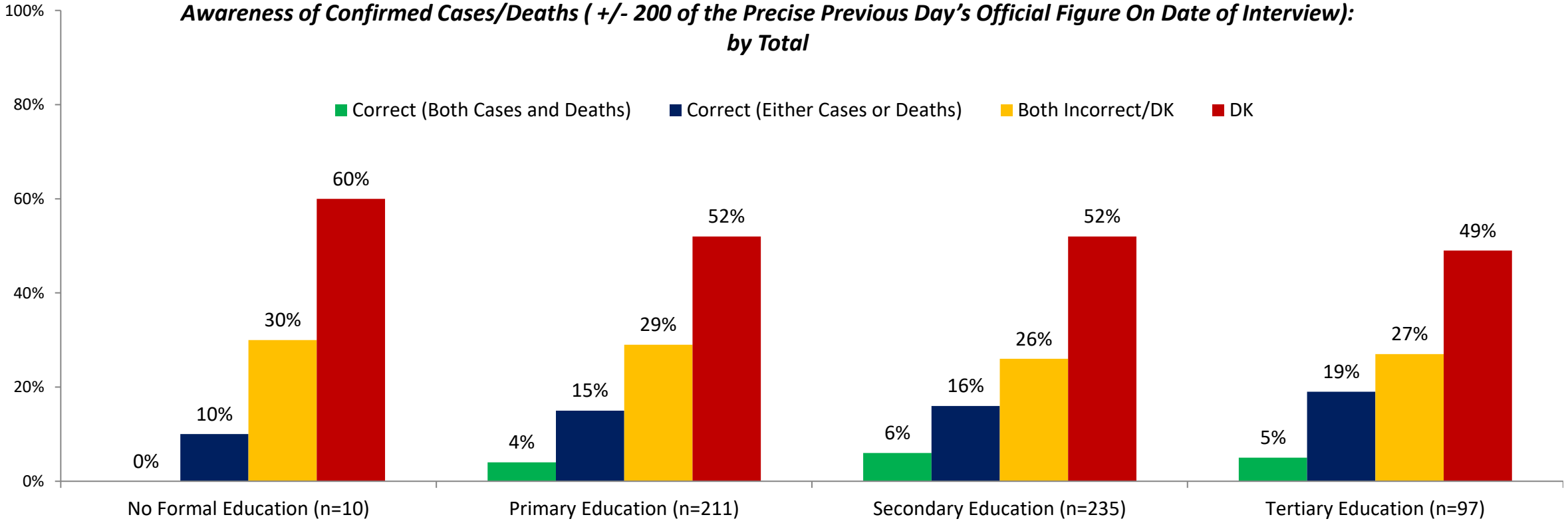


Q: "If you know, about how many cases of the Covid-19 virus have been confirmed so far?"
Q: "And about how many people have died?"

Base= 555 (all respondents)

Awareness of Correct Figures of Covid-19 Cases/Deaths (as of day prior to interview): by Education

- There is a clear if quite modest correlation between one's level of education and awareness of the (precisely or nearly) correct figure of the number of confirmed cases and deaths due to Covid-19, with more of those who have gone beyond secondary school knowing the correct (or nearly-correct) figures for cases and deaths than those with lower levels of education.



Q: "If you know, about how many cases of the Covid-19 virus have been confirmed so far?"
Q: "And about how many people have died?"

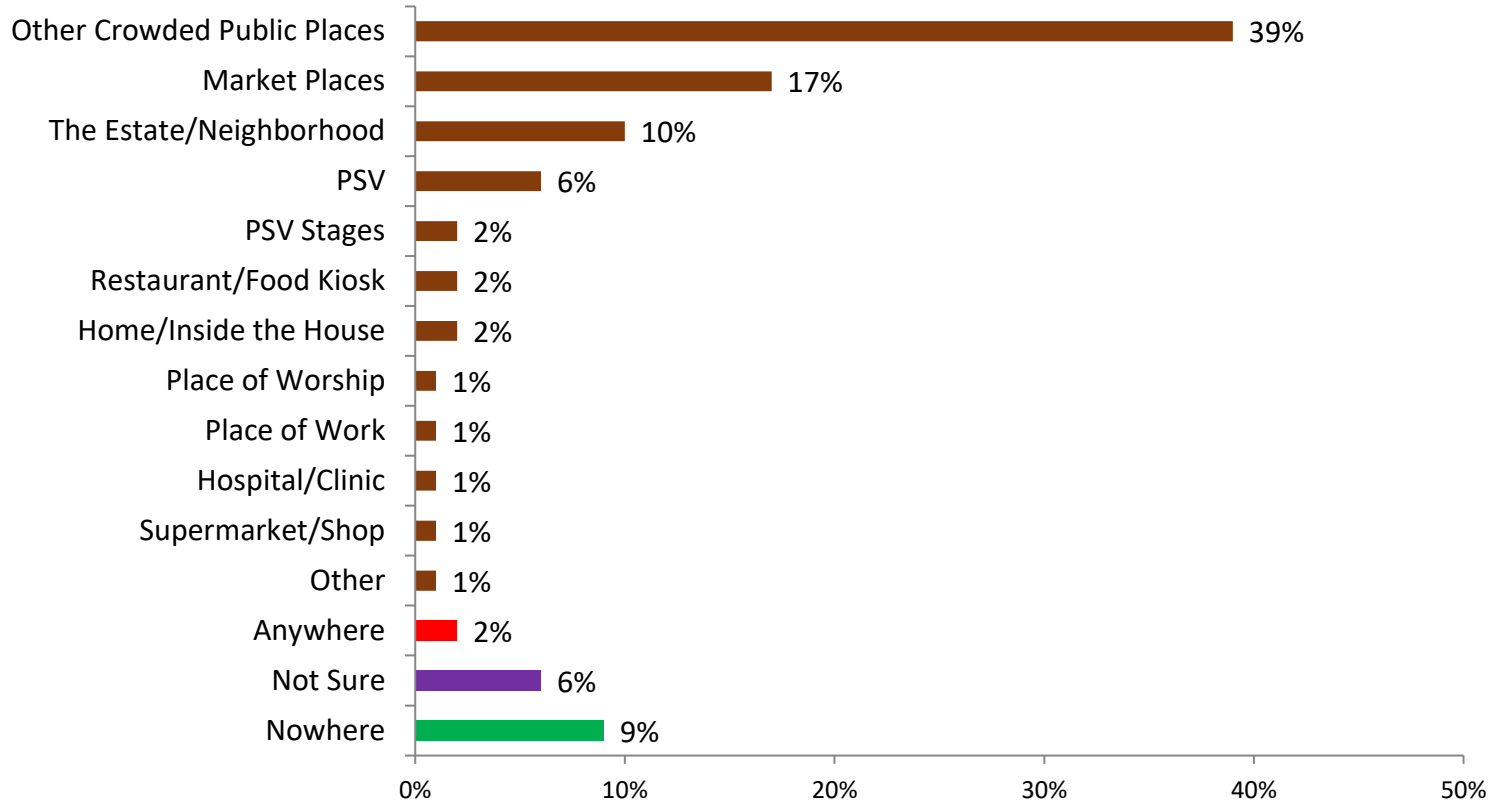
Base= 555 (Total)

Places with the Greatest Perceived Infection-Risk: by Total

- Most respondents feel they are at greatest risk of contracting the virus at public places where many people congregate, as well as at supermarkets/shops/market, places and elsewhere where it is also usually impossible to 'keep social distancing'.

- Note that since this was a Single Response question it should not be assumed that those locations/facilities receiving fewer mentions are not viewed as potential infection-sites, nevertheless.

Places Considered to Have the Most Risk for Contracting the Virus: by Total



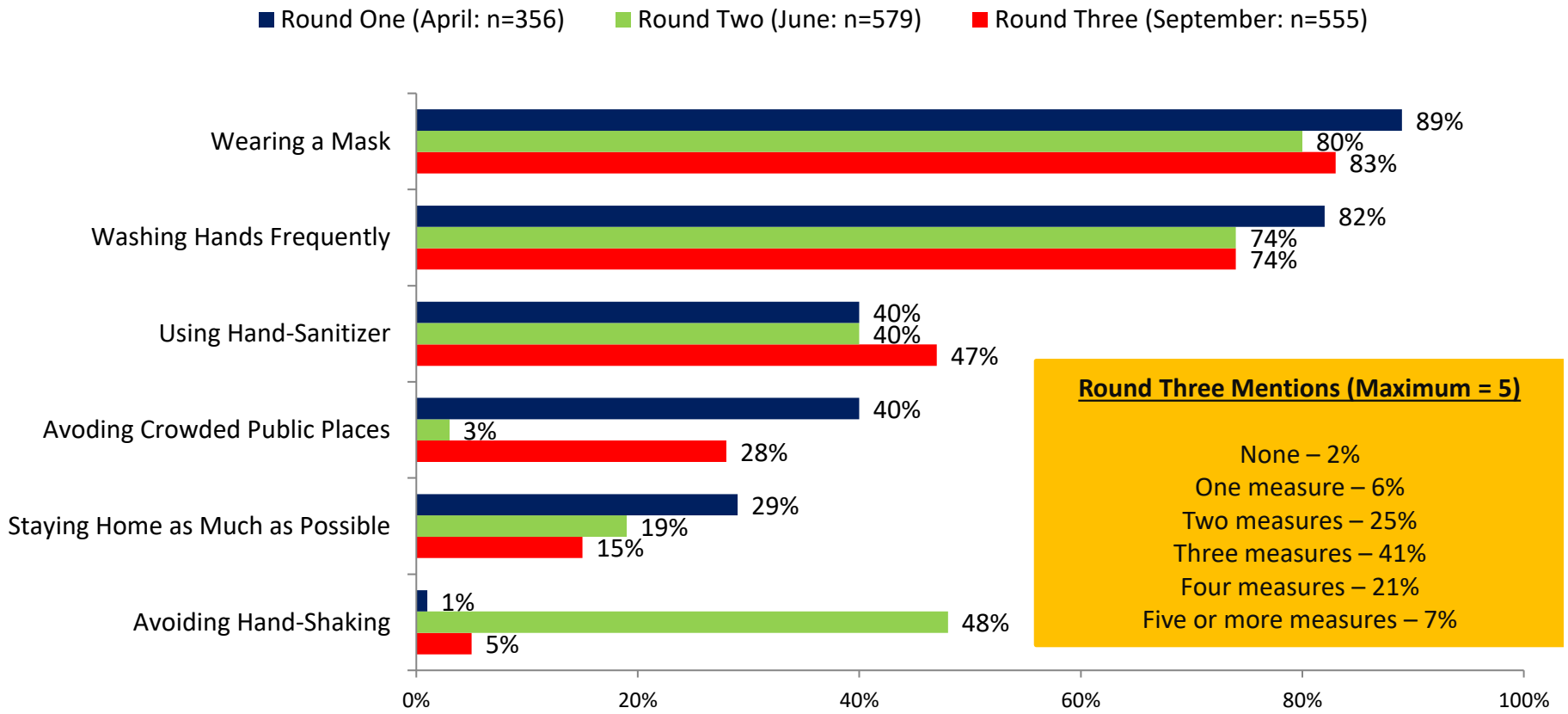
Q: "Where do you think people in this area are most likely to possibly get infected to coronavirus?" (Single Response)

Base=555 (all respondents)

Reported Personal Prevention Measures: Trend Analysis – Three Survey Rounds (Top Six Mentions)

- In all three Rounds of the survey, mask-wearing received the most mentions among personal prevention measures, but it is the only one among the six top mentions that is (supposed to be) a legal requirement.
- Hand-washing, the second most frequent mention in all three Rounds, while not legally binding, is required by many commercial establishments and offices before entering.
- Why hand-shaking received so many more mentions in Round Two than in either Rounds One or Three is unclear, but perhaps in April it had not yet 'taken root' while at present this 'don't do' measure has become largely unconscious.

Self-Reported Measures Taken to Protect One's Self from Contracting the Virus: by Total – Three Survey Rounds



Q: "What measures, if any, have you adopted to protect yourself from this virus?" (Multiple Response – Up to five, Unprompted)

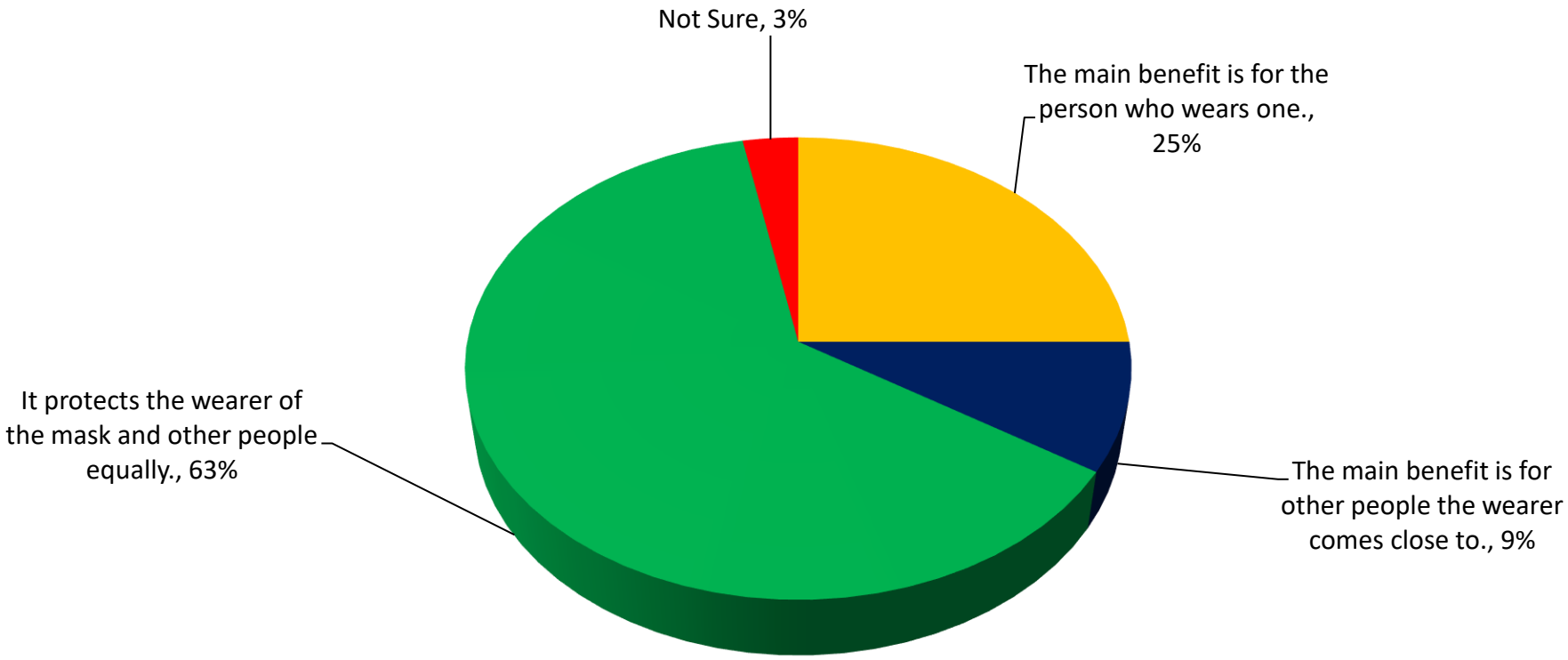
Base=555 (all respondents)

Perceived Main Purpose/Benefit of Mask-Wearing: by Total

- Nearly two-thirds (63%) believe that masks are of equal benefit to both those wearing them and other people in close proximity, while a substantial minority (25%) the main beneficiary is the wearer. (Note that at in the first few months of the pandemic the official international medical view was that such coverings mainly protect others from those who are infected, but this was altered to included the wearer as well.)

- However, nearly three times as many respondents mistakenly believe that masks give more protection to the wearer than to others with whom one comes into close contact.

Perceived Main Beneficiary of People Wearing Masks: by Total



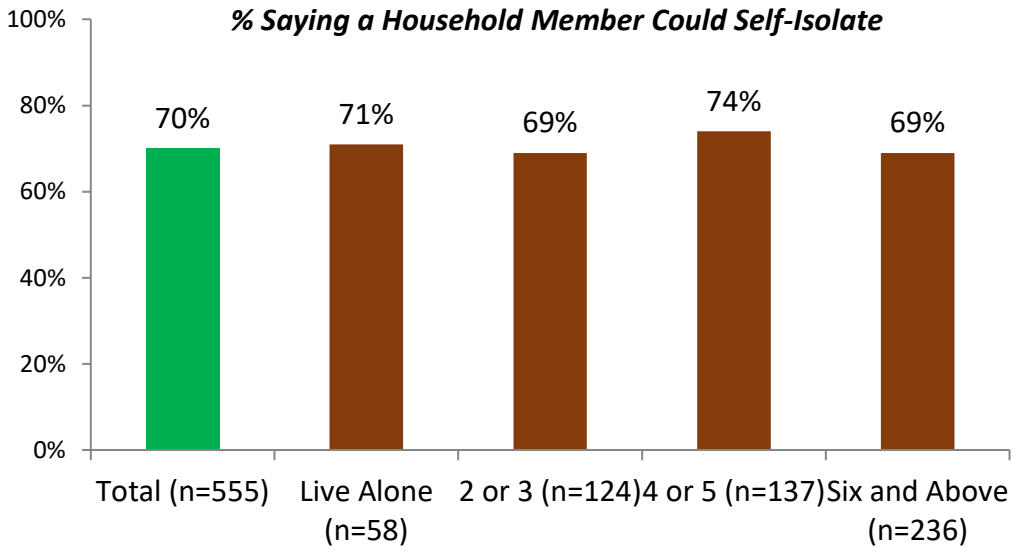
Base= 555 (Total)

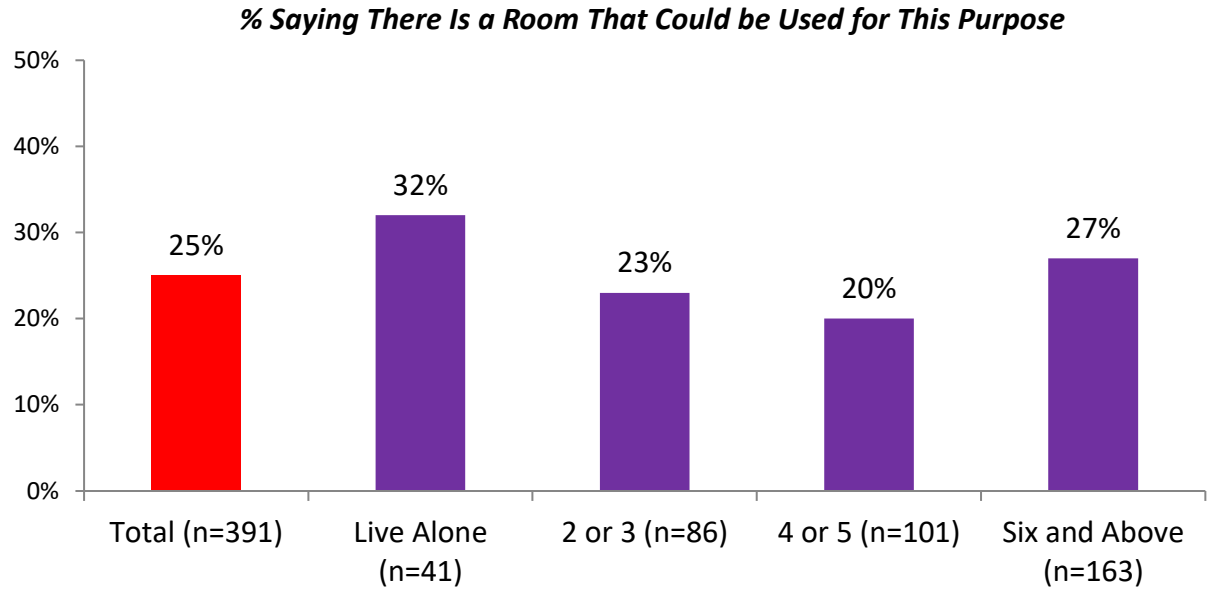
Q: "Regarding the medical benefit of wearing a mask, which of the following statements do you think is most correct?"

Reported Ability to Self-Isolate at Home/Existence of a Room for Such Self-Isolation: by Total, Household Size

- There appears to be very little if any connection between household size (including children) and the existence of a room where one could self-isolate if found to be infected with Covid-19. Strangely, many of those who first said that such self-isolation would be possible then said no particular room that could be used for such a person exists in the dwelling.

Reported Ability to Self-Isolate if One Becomes Infected/Presence of a Room Where One Could Self-Isolate: by Total, Household Size



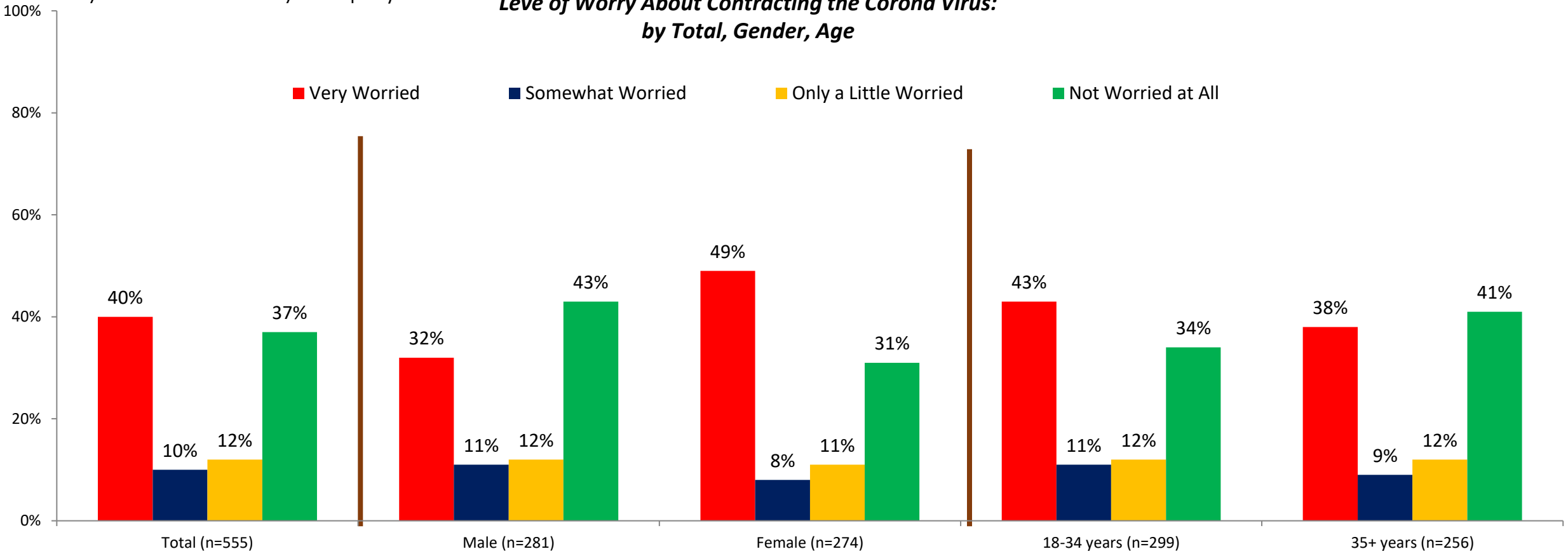


Q: "If you or any member of your household thought that they had the virus or had been found positive after being tested, would they be able to stay apart from everyone else so as not to spread the disease?"
Q: "Is there a room in your residence where they or you could stay by themselves?"

Anxiety Level About Contracting the Virus: by Total, Gender, Age

- Respondents are almost evenly split between those who are "very worried" and "not worried at all" about contracting Covid-19, but far more women than men and slightly more younger respondents are slightly more anxious about this (yet the virus is said to be more dangerous for older people – though perhaps this applies far more to those who are elderly, i.e., above 60 years, who are very few in this survey sample).

Leve of Worry About Contracting the Corona Virus: by Total, Gender, Age

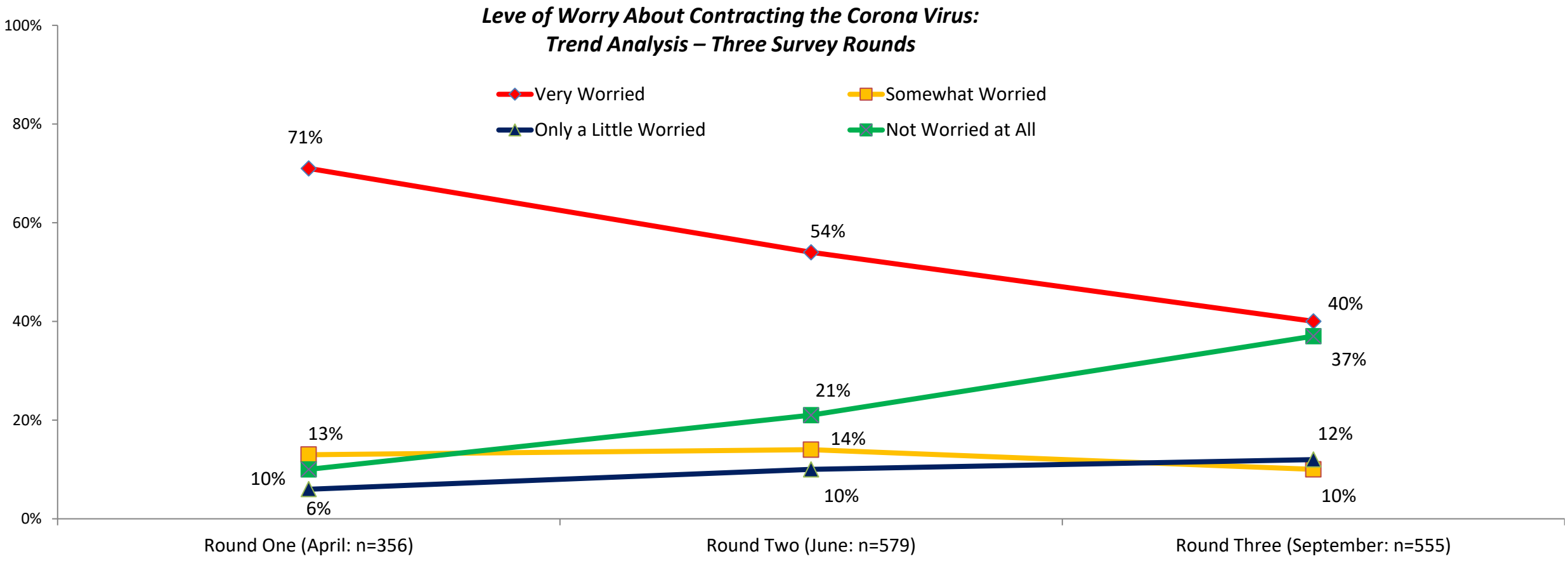


Base=555 (all respondents)

Q: "How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?"

Personal Anxiety Level About Contracting the Virus: Trend Analysis – Three Survey Rounds

- Over the three Rounds of this survey, there has been a dramatic decrease in the proportion of respondents who are "very worried" about contracting Covid-19 themselves, and concomitant increase in the proportion who are "not worried at all."



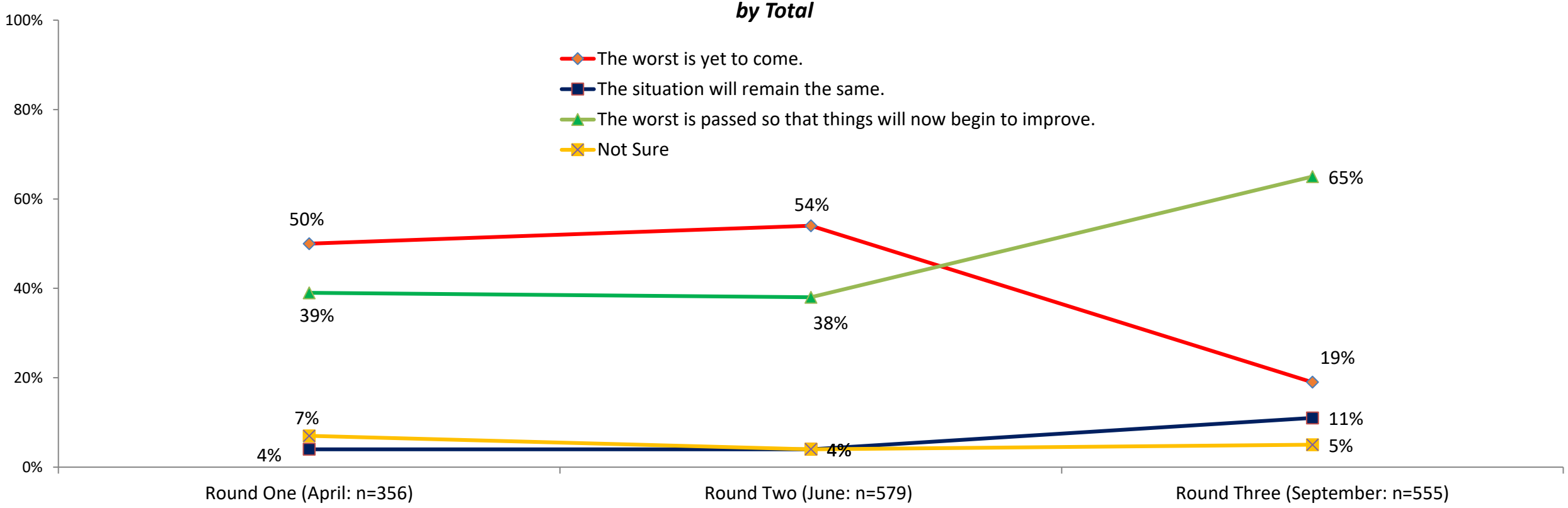
Q: "How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?"

Base=555 (all respondents)

Expectations of The Virus' Future: Trend Analysis – Three Survey Rounds

- While there was little change with regard to the Coronavirus' future course between Rounds One and Two, the results for Round Three reveal a dramatic decrease in the proportion who believe that "the worst is yet to come", with a concomitant increase among those who feel that "the worst is past." There is only a slight increase in the proportion who feel the status quo will remain.

Expected Most Likely Future of the Virus in Kenya – Trend Analysis: by Total



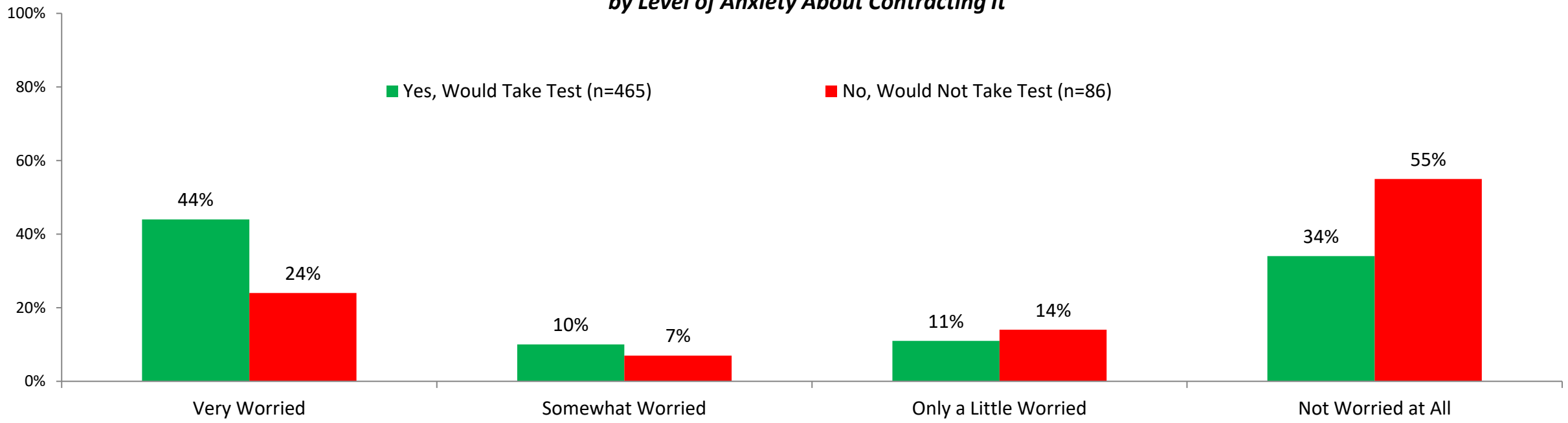
Q: "When thinking about the Coronavirus here in Kenya, which of the following do you think is most likely to happen over the next few months? Do you think that…?"

Covid-19: The Virus – Correlation Analyses

Level of Anxiety of Getting Infected: by Willingness to Have a Free Test

- There is a clear contrast between those who are "very worried" and "not worried at all" in terms of being willing or not to take a (free) Covid-19 test, with the former somewhat more willing to take such a test than the latter (44% vs. 34%). Conversely, nearly twice as many of those who are "not worried" at all say that they would not take such a test as those who are "very worried" (55% vs. 24%).

Willingness to Have a Free Covid-19 Test: by Level of Anxiety About Contracting It



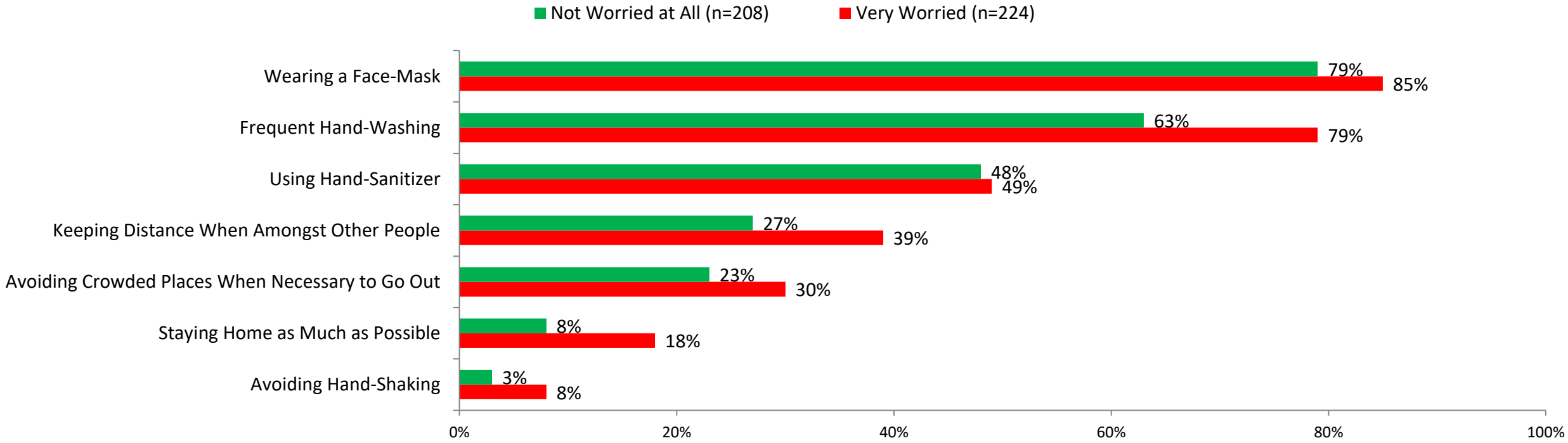
Q: "If you had the opportunity to take a free test for the Covid-19 virus, would you do so?"
Q: "How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?"

Base=555 (all respondents)

Adoption of Six Infection-Prevention Measures: by Those Who Are "Very Worried" vs. "Not Worried at All" About Getting Infected

- Although the differences are not dramatic, those who say they are "very worried" about getting infected report have reportedly adopted each of the seven most frequently mentioned infection-prevention measures at a higher level than those who say they are "not worried at all."

Five Most Common Measures Taken to Protect Against Contracting the Corona Virus: by Two Anxiety-Levels About Contracting It



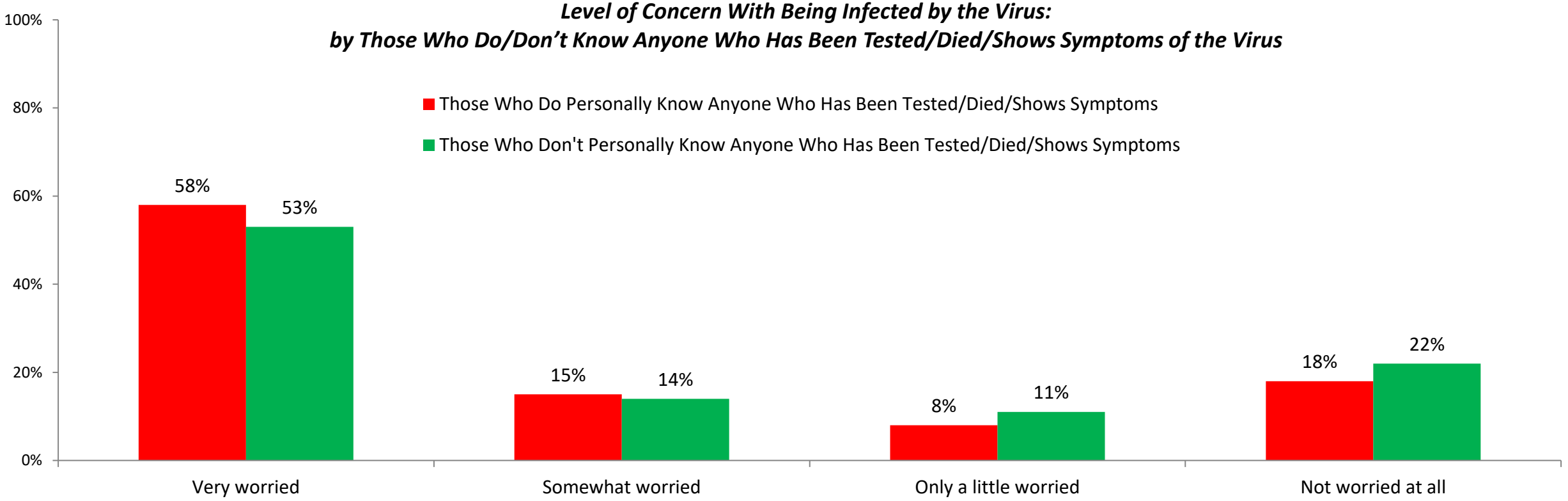
Q: "What measures, if any, have you adopted to protect yourself from this virus?" (Multiple Response – Up to five, Unprompted)

Q: "How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?"

Level of Concern with Being Infected by the Virus: by Personal Knowledge of Anyone Who Has Been Tested/Died/Shows Symptoms of the Virus

- There is a clear if modest correlation between respondents' level of concern with being infected by the virus and their personal knowledge of anyone who has been tested, has died, or who shows symptoms of it. This suggests that as cases/deaths increase (assuming that they do), such concern will also increase.

Level of Concern With Being Infected by the Virus:
by Those Who Do/Don't Know Anyone Who Has Been Tested/Died/Shows Symptoms of the Virus

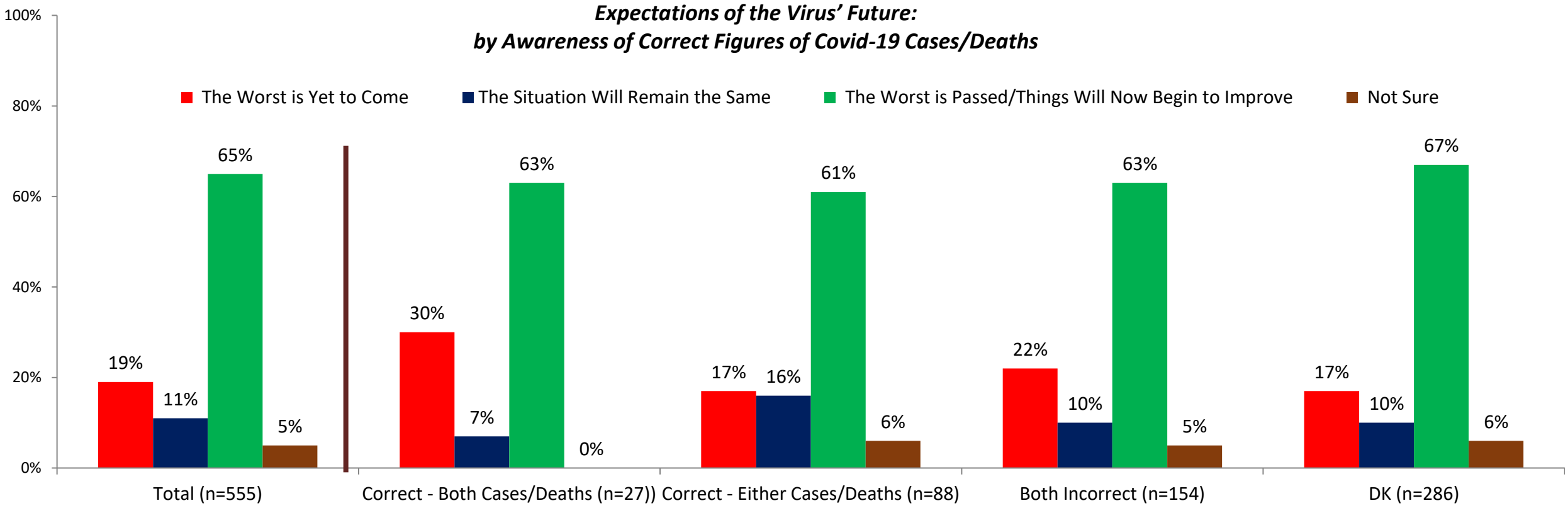


Q: How worried are you about being infected by the Covid-19 Virus? Are you..?
Q: Do you personally know anyone who has been tested/has died/shows symptoms of the Covid-19 virus?

Bases= 112/467

Expectations of The Virus' Future: by Awareness of the Number of Cases/Deaths

- There is a clear if modest correlation between respondents' knowledge of the virus' impact in terms of knowing the (precise/approximate) number of cases and deaths and their expectations of the virus' future impact, with those who are better informed more likely to believe that "the worst is yet to come." Conversely, those who do not know the correct figures for either cases or deaths are slightly more likely to think that "the worse is past."



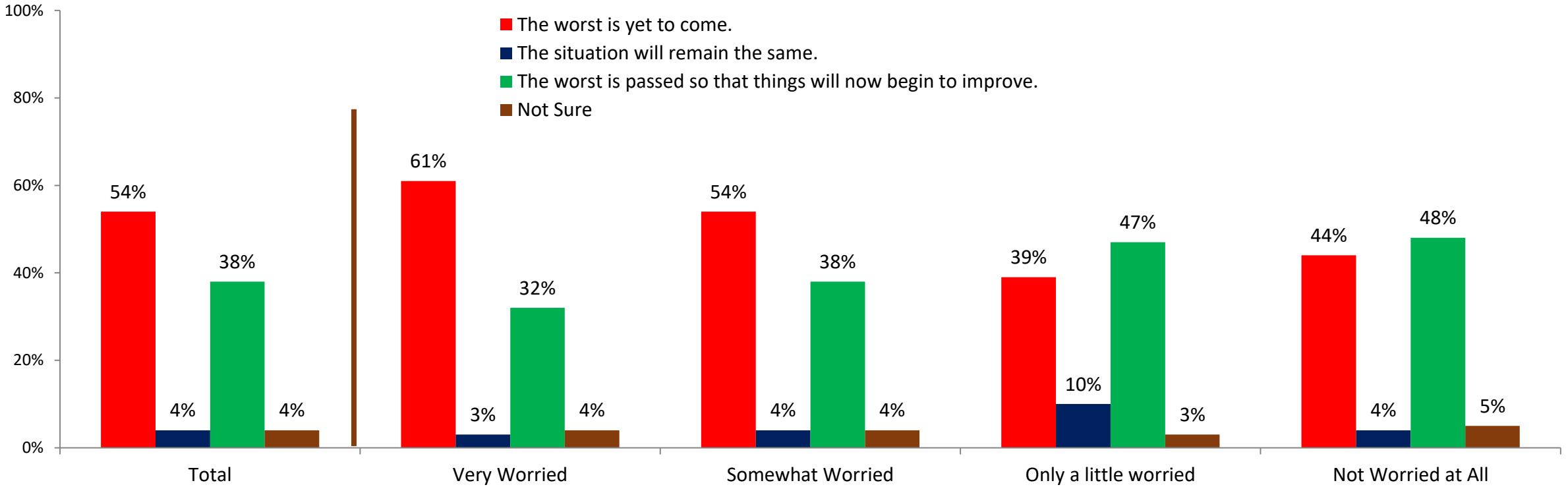
Q: "When thinking about the Coronavirus here in Kenya, which of the following do you think is most likely to happen over the next few months? Do you think that…?"
Q: "If you know, about how many cases of the Covid-19 virus have been confirmed so far? Q: And about how many people have died?"

Base= 555

Expectations of The Virus' Future: by Total, Level of Concern About the Virus

- There is a clear if modest correlation between respondents' current level of concern with the Covid-19 virus and expectations of its impact in the future, with more of those most concerned now also more expecting 'bad times' ahead because of it.

Expectations of the Virus' Future:
by Expressed Present Level of Concern with Infection by the Virus



Q: When thinking about the Coronavirus here in Kenya, which of the following do you think is most likely to happen over the next few months? Do you think that…?
Q: How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?

Base= 579

Insights: Knowledge, Prevention, Perceived Personal Risk, and Future Expectations

- The most striking findings from Round Three of this multi-round TIFA survey can be placed into two broad categories. First, regarding the current level of concern with contracting the virus and expectations of its future course both show dramatic declines in terms of how likely respondents believe they are to become infected and that the future will be worse than the present. Specifically, the proportion who are "very worried" and "not worried at all" about contracting the virus are now nearly the same (40% vs. 37%) as compared to the major contrast found in Round One (71% vs. 10%). The same applies to future expectations of the virus' impact, with a major decline in the proportion who believe that "the worst is yet to come" (from 65% to19%). Clearly, adherence to mandated restrictions and employment of personal prevention measures will be major challenges for the authorities if most people no longer consider Covid-19 a serious threat.
- However, the fact that interviews for this survey Round were completed just before significant increases were reported in both cases and deaths raises two key questions. First, even if this survey has been limited to Nairobi's low-income neighborhoods, do such findings themselves help to explain why such 'spikes' in these figures have occurred? Second, would a current/future survey reveal any major changes in such findings, given the prominent media coverage of this recent upsurge in Covid-19's Kenya 'footprint', including the increasing reports of infections in schools now that several (exam-level) students have resumed classes?
- One irony here (of several revealed by the data) is that such declines over the three Rounds of the survey in the levels of expressed concerns about the virus are coupled with an increasing proportion who knows anyone who has been tested/found positive/died from it.

Insights: Knowledge, Prevention, Perceived Personal Risk, and Future Expectations (con't)

- Turning to other more specific findings, once again the survey data reveal clear (if often modest) connections between levels of awareness/concerns and behavior, findings that should be relevant for public health education/communication. For example, those more worried about contracting the virus are clearly more inclined to take a free test, and are employing self-protection measures at modestly higher levels than those who are less/not worried about contracting the virus. Such contrasts are at least partly explained by knowledge of anyone who is showing symptoms/has tested positive/died from the disease.

- At the same time, knowing anyone who is showing symptoms/has tested positive/died has a clear if quite limited impact on such attitudes. Similarly, those with more/correct information about the number of cases/deaths are more inclined to take a free Covid-19 test, were it offered.

- In terms of gender, a significantly greater proportion of women than men are "very worried" about contracting the virus, even if their rate of infection is reportedly much lower than that of men, and also that once infected they suffer less severe symptoms. Does this suggest that women are 'inherently' more responsible when it comes to such personal/public health issues?

Insights: Knowledge, Prevention, Perceived Personal Risk, and Future Expectations (con't)

- Notwithstanding the sharp decline in the proportion of those who say that they are "very worried" about contracting the virus and that "the worst is past", the levels of reported practice of infection-prevention measures has changed little, even if several of these are often required when in public spaces (wearing a mask, washing hands).
- At the same time, there is evident misinformation about the benefit of masks in that even if nearly two-thirds say they protect the wearer and others equally, nearly three times more think they mainly protect the wearer than other people (25% vs. 9%), which is incorrect, according to public health officials.

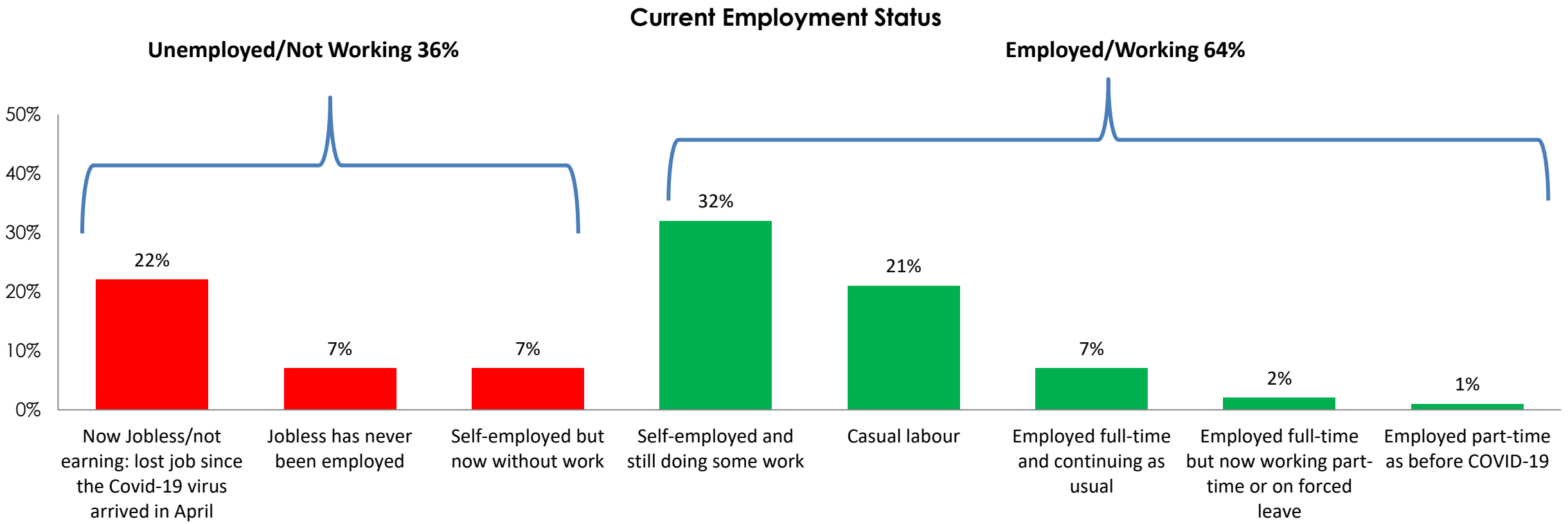
- As for the possibility for self-isolation of any household member, should that be necessary, while more than two-thirds say this could be done (70%), only one-quarter (25%) report that there is a room where such a person could stay by themselves. And curiously, there is no correlation between this reported capacity and household membership size.

- Final point: While further conclusions and hypotheses could be derived from the data contained in this 3rd Release, the challenge is how can the best/most productive use be made of them to address the plight not just of the residents of Nairobi's low-income neighborhoods who were the subject of this survey, but of Kenya as a whole?

Sample Demographics

Demographics: Employment Status

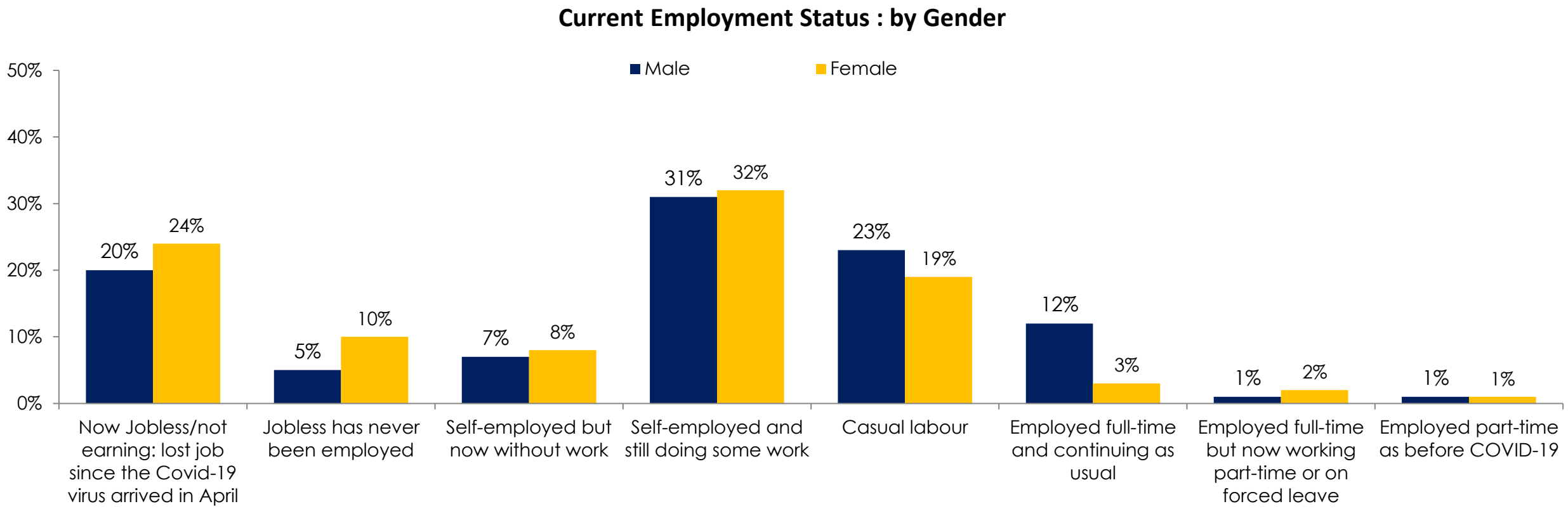
- Nearly two-thirds of all respondents are working, at least part-time. Among those still jobless, more than half became so since March when the Covid-19 virus arrived.



Base = 555 (all respondents)

Demographics: Employment Status: by Gender

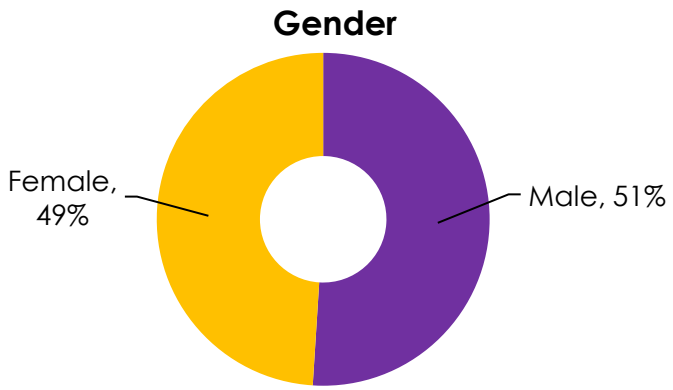
- There are moderate but significant disparities in employment status by gender, especially the fact that a higher proportion of women are either jobless or have never been employed.

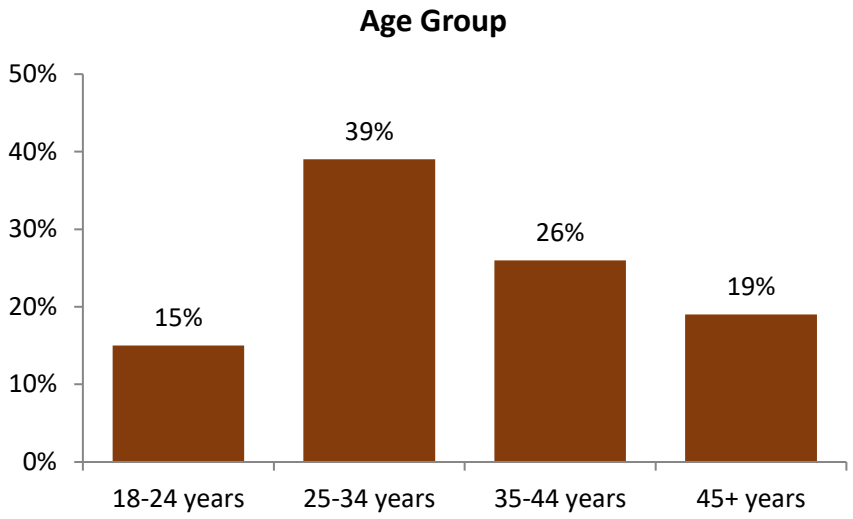


Base= Total = 555 ; Male = 381: Female = 274

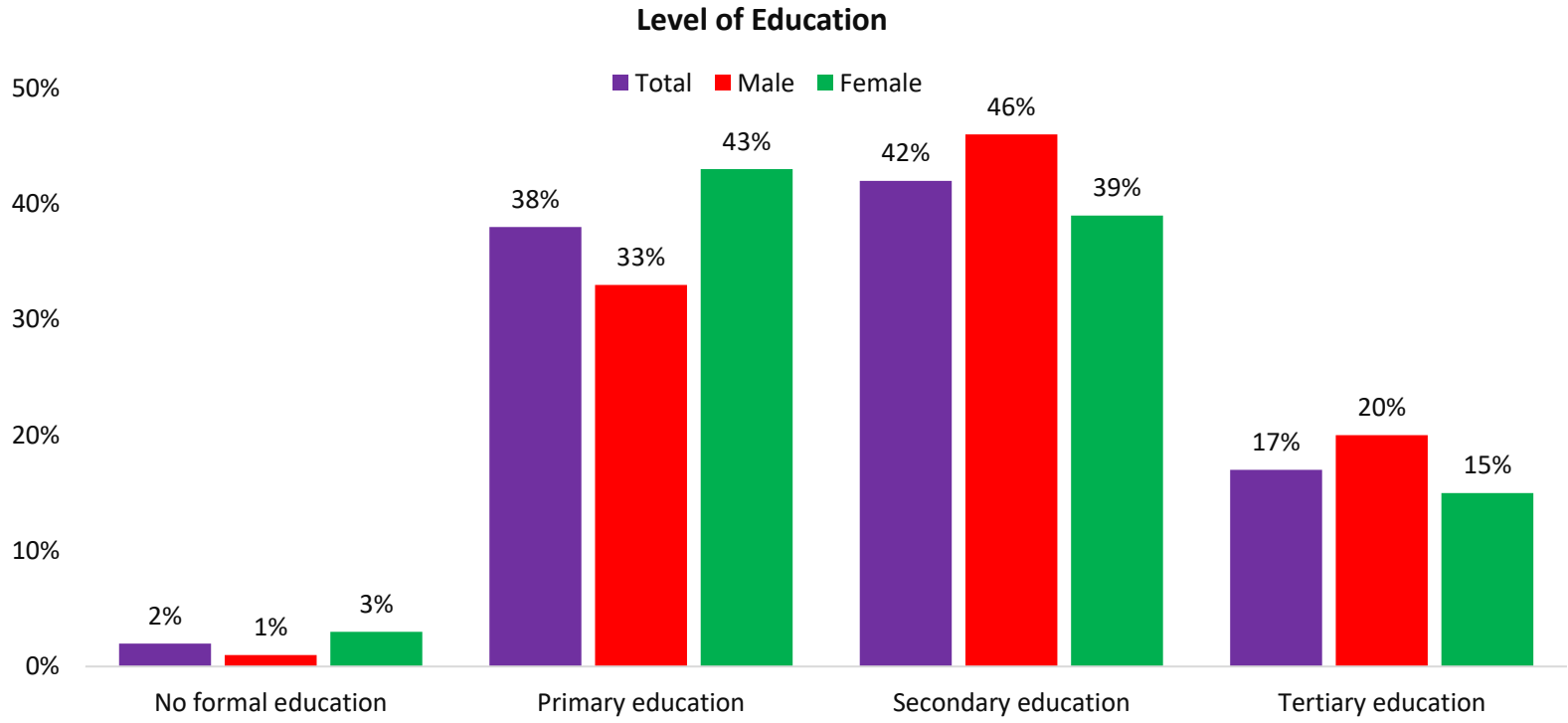
Demographics: Gender, Age and Education

- The sample has a slightly higher number of men than women.
- The largest age group category is that of 25-35 years.
- In terms of education, 40% did not study past primary.





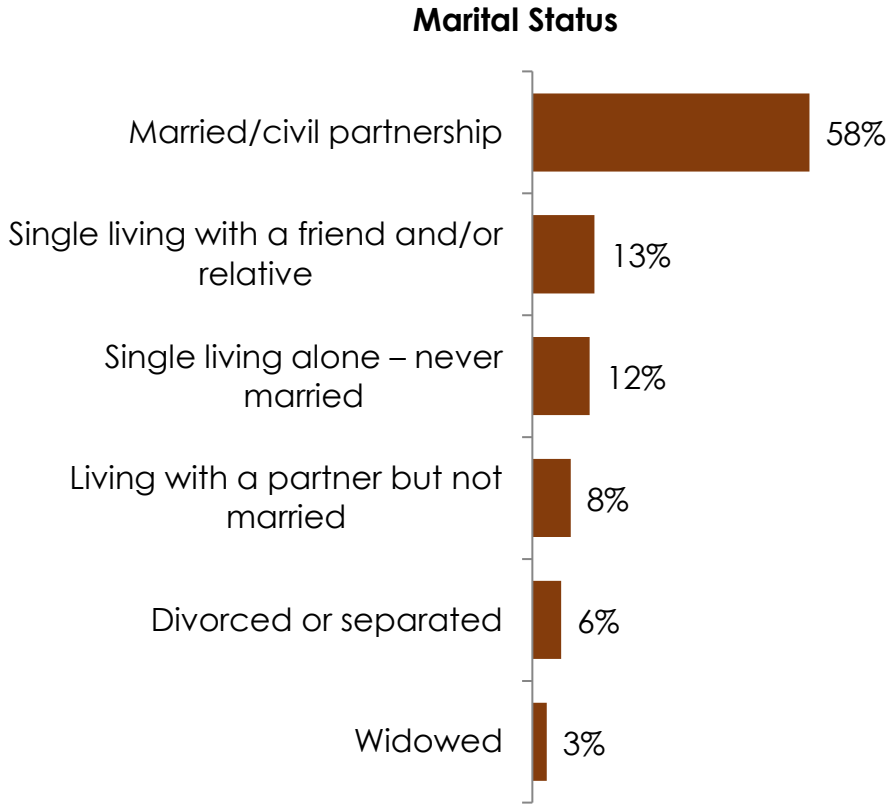
Base= 555 (all respondents)

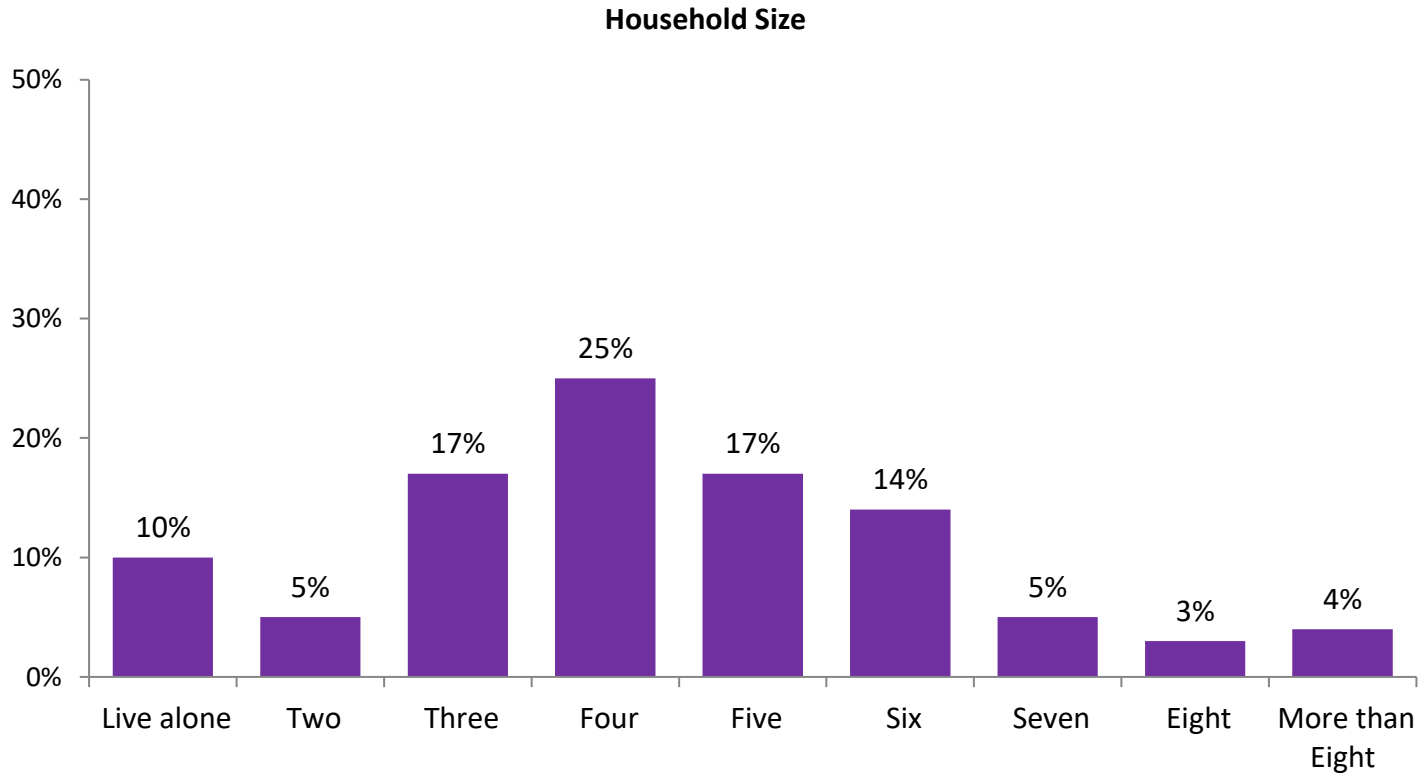


Base= Total = 555 ; Male = 281: Female = 274

Demographics: Marital Status and Household Size

- A majority of respondents are married/living with a partner. The average household size is 4 members.





Base= 555 (all respondents)

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