

'The virus that is everywhere': Understanding, behaviour and attitude to Covid-19 Klipfontein and Khayelitsha sub-districts

The study was done in February 2021
 A survey questionnaire assessing people's knowledge of Covid-19 and preventative measures, behaviours, experiences and attitudes was used.

Information (data) was collected via telephone and recorded in MSExcel.

Data was analysed using simple descriptive statistics and thematic content analysis.

Collaborative Research Project between:

- Khayelitsha Health Forum
- Klipfontein Health Forum
- Health and Human Rights Programme at the School of Public Health and Family Medicine, UCT



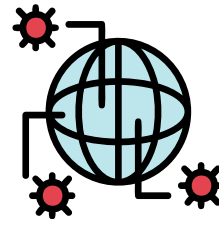
Aim:

- To understand knowledge about Covid-19 and preventative methods in resource-poor settings in South Africa
- To understand obstacles to practicing non-pharmaceutical interventions
- To identify strategies

KEY FINDINGS



72% said they would go to an isolation facility if this were suggested to them



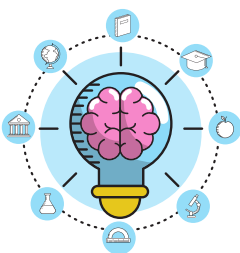
Most people knew at least one person who had had Covid-19. Three hundred respondents considered themselves to be at risk of getting Covid-19.



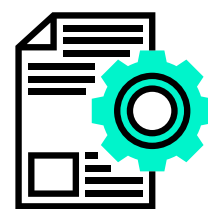
There was a relatively good understanding of Covid-19 and people correctly identified that Covid-19 is caused by a virus. However, 43.66% indicated that it was caused by an infection. 10% believed it to be human made.



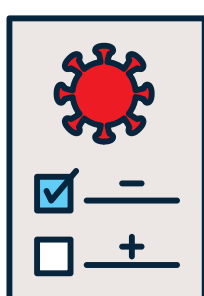
Public transport presented a particular challenge. Only just over half (50.9 %) indicated that they wore a mask all the time when in a taxi – 38.78 % did not. 69.51 % stated that they did not have any space between them and other passengers, while 72.20 % said they sanitised after getting out of a taxi.



Respondents had very high knowledge of preventative measures such as social distancing, handwashing and mask-wearing. 95 and 98% indicated that they believed it important to practice social distance, handwashing and mask-wearing, respectively.



Respondents displayed a high willingness to disclose a positive Covid-19 status, with 89.26 % saying they would disclose their status. The reasons given were mostly linked to protecting others.



Fewer respondents indicated that they would test if they had symptoms or had been in contact with someone with Covid-19, with 53.9 % indicating they would test.



Table 1: Gender and Age Per Area

	Manenberg Cluster	Gugulethu	Khayelitsha
Female	80	89	127
Male	20	11	89
Median Age	45	44	37

In total, 410 people participated in the survey. Of these, 295 were men, and 115 were women. However, in Khayelitsha, about ten respondents did not complete the entire questionnaire. Table 1 above shows the gender and age demographics according to area.

Table 2: Language Preference Per Area

	Manenberg Cluster	Gugulethu	Khayelitsha
isiXhosa	1	95	214
English	64	0	0
Afrikaans	32	0	1
Both English and Afrikaans	3	0	0

In Gugulethu and Khayelitsha, the main language was isiXhosa, while English was the preferred language in the Manenberg-cluster. Table 2 above shows the distribution of language in the different areas.

Table 3: Education Level

	Manenberg Cluster	Gugulethu	Khayelitsha
Primary School (to grade 7)	5	4	11
High School (without passing matric)	67	31	64
Matric	19	36	119
Diploma, no matric	0	3	11
Post-matric qualification	5	13	6
Don't know	1	0	2

In terms of education, about half had passed matric. Table 3 above shows the educational level of respondents in the different areas.

Knowledge about and attitude to Covid-19

What is Covid-19?

164 respondents chose the correct answer: that COVID is a disease caused by a virus.

It is worth noting that the number of people who said that Covid-19 is a virus is much higher in Gugulethu and Manenberg. On the other hand, over 75% of Khayelitsha's responded that COVID-19 is an infection.

It is worth considering whether there is linguistic (language) confusion between a disease caused by an infection and one caused by a virus.



Do you think you are at risk of getting the virus?

Manenberg

Many participants saw themselves to be a risk of COVID-19, with this being slightly less in Manenberg than in Gugulethu and Khayelitsha.

In the Manenberg-cluster, those who said they were at risk also said that they belonged to a risk group (e.g. being obese, having co-morbidities, being over 60). Working with other people, transport, being a community leader or being surrounded by people who do not follow the rules. People mentioned that **everybody is at risk and that the virus 'is everywhere'**. Those that did not feel at risk explained that they take precaution or always stay at home. One person did not believe to be a risk because of her/his faith.

Gugulethu

Respondents in Gugulethu, who felt at risk, commented that everybody is at risk, some linking it to saying the virus is in the air. **'Corona is not stopped because it moves by the wind'**. Poor living conditions, such as crowded shacks, were also mentioned as a risk factor. Several people referred to their age or having co-morbidity. Others noted that they used crowded taxis.

Khayelitsha

In Khayelitsha, those who said they felt they were at risk linked it to **living conditions such as many families sharing toilets and taps, shacks being close together, or many people living in the same room**. Sometimes people referred to those who lived nearby not following regulations, some because they did not believe the virus exists or because they did not care. Public transport was also a reason for being at risk as people do not use masks, and one noted that drivers do not wear protective gear. Working with many people was also a risk factor. **'Living conditions make it difficult to follow regulations'**.



Hand washing and sanitisers



Do you think it is necessary to wash your hands with soap and water or use a sanitiser?

People's knowledge of hand hygiene as a preventive measure is high across all sites

Many people in the Manenberg cluster indicated that that anybody could have touched surfaces, that the virus is everywhere, that we can't see the virus, that cleanliness is next to Godliness, and that washing your hands can protect against germs. ('The virus being everywhere' was mentioned in many answers across the survey).

Those that answered no referred to lack of sanitiser, soap or water.

In Gugulethu, the majority explained that washing hands kill germs; it's a way of protecting oneself and explaining that touching things can put you at risk. One said he/she washes hands because they 'have been told to do it'.

In Khayelitsha, most answers reflect on handwashing as necessary for safety, to keep oneself safe, and to keep others safe. 'Handwashing kills the virus'.

Do you experience any obstacles to washing your hands with soap and water or using sanitiser frequently?

Participants listed many obstacles, mostly structural issues/social determinants of health.

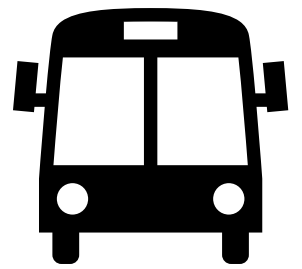
Respondents from the **Manenberg cluster** mentioned **lack of soap, sanitiser or water** as obstacles to cleaning hands. Others said that they forgot to wash their hands. One also spoke about people living in shacks or on the street not having water. In **Gugulethu**, **lack of running, water, soap and sanitiser** were mentioned as obstacles.

The majority of people in **Khayelitsha** mentioned the **scarcity of water and sanitiser**. Some people said that sometimes they go for days without water, others that they have to use water sparingly. Some reflected on not having money to buy sanitiser, some because of being unemployed.

In addition to the scarcity of water, some commented on the long distance to water-collection points. **There are long queues at water-collection points, and that people do not practise social distancing, so it is unsafe to fetch water.**



Did you sanitise your hands after getting out of the taxi?



Sanitising after getting out of a taxi was generally good but could be better in Gugulethu and Khayelitsha.



Mask Wearing

Do you think it is necessary to wear a mask in public/outside your home?

People's knowledge of mask-wearing as preventive measures is high across all sites.

In Manenberg, people who answered yes to this question, explained their answer by saying that you never know who is infected, protect oneself and others, because the virus is airborne, is everywhere because droplets can be anywhere. They also referred to the need to protect oneself when people cough and because the president says so.

The reasons provided in Gugulethu was mainly related to protecting self and others. Comments such as 'you feel safe when you wear a mask, 'and you don't know who has it' were common. Few mentioned governments regulations as a reason.

In Khayelitsha, respondents referred to protecting themselves and others and halt the spread. One referred to being old and therefore needing to protect him/herself. One referred to not being able to see who has the virus.

Do you experience any obstacles to wearing a clean mask?

In total, about half of respondents experienced obstacles with huge differences across sites. Many people in Khayelitsha experience obstacles compared to Gugulethu and Manenberg.

Explanations from **Manenberg** respondents were: **Difficulty breathing, uncomfortable, not having enough masks, and spectacles being steamed.**

In **Gugulethu**, most reiterated the **importance of wearing a clean mask.**

In **Khayelitsha**, the explanations were: **Suffocating, sinus problems, difficulty breathing, particularly for asthmatic people.** However, the vast majority stated that they had no issues.

Did you wear a mask inside the taxi?

In Manenberg and Gugulethu, people who wear masks in taxis are relatively high. The opposite is true in Khayelitsha. **A very high proportion in Khayelitsha said they never wore a mask in a taxi.**

Note: People who did not answer the question may not use taxis.

What would make mask-wearing easier?

To this question, Manenberg residents answered that the **government should provide masks or money to buy masks.**

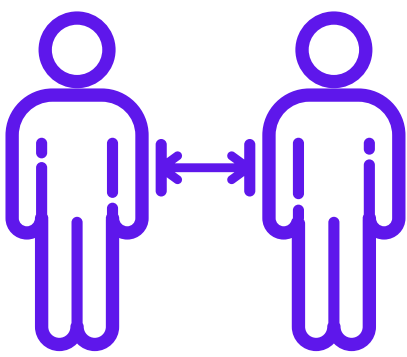
In Gugulethu residents reiterated the importance of wearing a mask – **'it's a must'**, and always **'having a spare mask'**.

In Khayelitsha, people suggested that new masks should be designed with **a filter that makes breathing easy or 'breathing-friendly' masks.** One suggested a hole for breathing, while another respondent suggested that government should provide surgical masks.

If you know the other people in the room well, you can take off your mask

To this question, there is quite a big difference here between areas.

In Khayelitsha, there is far more agreement that you can't take off the mask, while only 26 % of respondents from Manenberg believed it was a bad idea to take off the mask.



Social Distancing

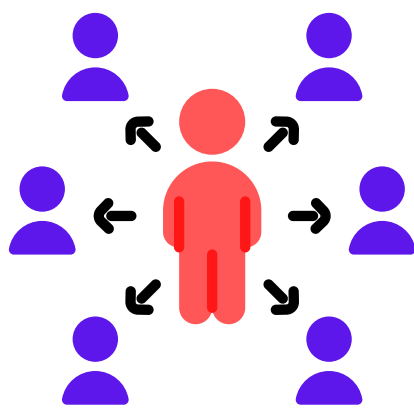
Do you think it necessary to practice social distancing (1.5 m)?

The answers from **Manenberg**-respondents centred on **safety, protecting oneself and others, not knowing who has the virus**, that the virus is airborne, that the virus is all over.

It is challenging to practise social distancing, with one saying she/he asked people to do so.

In **Gugulethu**, the most common answer was related to protecting self, others and community. Some commented 'that **it is easy to get infected if you stand close together, you don't know who has the virus and that it spread easily**'.

The answers from **Khayelitsha** centred on **safety, protecting oneself and others, not knowing who has the virus, that the virus is airborne, cannot be transmitted if distance**. Many focused on not 'exchanging breaths'. Some also commented that you don't know who has Covid.



Do you experience any obstacles to practicing social distancing?

Across all sites, people report experiencing obstacles to practising social distancing.

Some respondents from the **Manenberg-cluster** commented on how other people do not practice social distance (are aware but do not follow the rules, 'do not listen'). It is difficult in certain places, such as soup kitchen, tuckshops and taxis. For instance: '**no one practices social distance at the tuckshop**'. Others commented on difficulties because physical contact is part of social interactions. '**When you have not seen someone for a long time, you want to hug**'; '**Also difficult with close family**'.

In **Gugulethu**, some respondents said that signs and lines in shops help. However, many also talked about there being no distancing on public transport, and that '**people don't listen if you tell them to socially distance**'. Some reflected on not always remembering to practice social distance; others that most people do not adhere to, and that in some context (such as people living in shacks), it is not easy to practice.

Most **Khayelitsha** residents responded, '**I do not have a problem**', and some referred to how it helps them stay safe. One mentioned difficulties with social distancing in public transport. Several respondents said they did not like to sit close to others even before Covid.

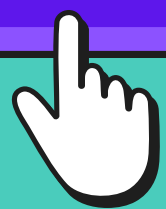
What would make social distancing easier?

The suggestions from the **Manenberg-cluster** were: remind people, letting others know, not going on too many visits, workplaces should put in place measures, fewer people in taxis, lines in shops.

From **Gugulethu**, the suggestions were to use a trolley to create space. Others referred to lines and markings. One reflected on the necessity to teach others, and another commented that it would be easier 'if we can be rich.'

There were very few answers to this question among the **Khayelitsha** respondents. Two answers were repeated: 'to sit in open spaces' and 'fear of getting the virus'.

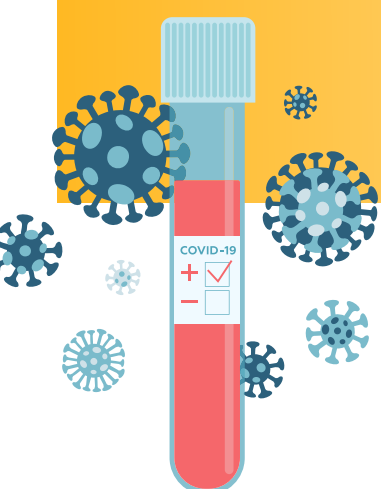
MAKE IT EASY



Covid-19 Testing

Will you go for a test for COVID if you have the symptoms, are over 55 and have other illnesses that put you at risk or have been in contact with someone who had Covid?

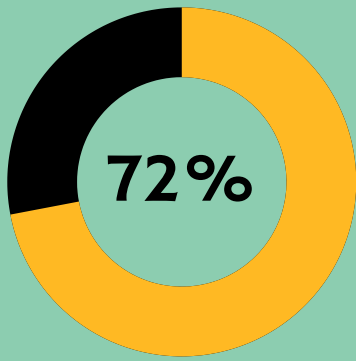
Most people in **Gugulethu** and **Manenberg** indicate that they would go for testing, while this is not the case for **Khayelitsha**. Here, a significant number of respondents did not answer the question.





INTERVENTION: ISOLATION AND QUARANTINE

Would you go into an isolation of quarantine facility if this is suggested to you?



72% would go to a quarantine centre, though far fewer in Manenberg and Gugulethu than in Khayelitsha. It is worth noting that willingness to go into quarantine is highest in the area that reported the highest rates of infection (Khayelitsha).

In the Manenberg-cluster, people would go to isolation centres to **protect others and get help**. However, people also suggested that they would prefer to stay at home and isolate themselves at home.

Those that indicated they would not go explained that it was better to stay at home. An overwhelming fear that you would not get out of the isolation centre alive also prevailed: **“Being in isolation will cause you to die quicker”**. One respondent mentioned not having confidence in the government.

In Gugulethu, the answers amongst those saying they would quarantine were similar to Manenberg.

People indicated they did not have the option to isolate at home and that they would get medicine at the isolation centres. Those who said no, talked about the **care not being good at the centres, were afraid to die alone**.

The majority indicated that they preferred to quarantine at home. People were scared because people do not come back alive, e.g., **‘I’ll never go there because of fear, and some people don’t return from those places.’** **“I won’t lie, my uncle didn’t return back; he died”**. Two reflected on people not being cared for and that there are no doctors at the centres.



Respondents from Khayelitsha mentioned difficulties isolating at home due to small houses and crowded spaces. **‘I don’t have a place of my own where I can self-quarantine/isolate’**.

One example was a household of seven with three sharing the same bedroom. In such situations, quarantine centres were considered the best option to halt infection. It was also related to a **wish to protect others**. Wanting to get quick help was another reason among respondents from Khayelitsha.

One respondent commented that even though he/she was scared, **‘because people say people die in there, but I will still go just to protect others from being infected’**.

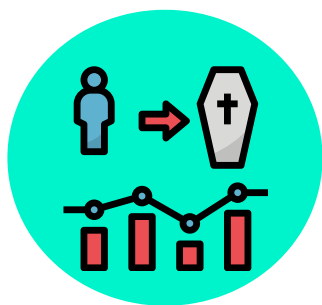
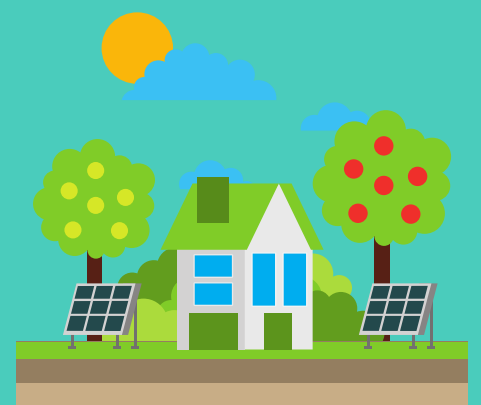
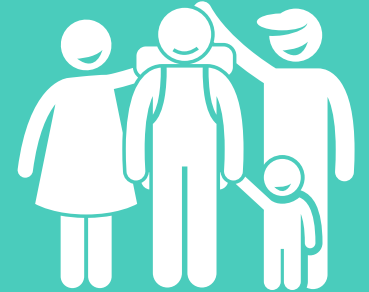
What would make it easier?

Family visits or **‘allow the family to see you through glass’** was mentioned as something that would make Manenberg-residents consider isolation/quarantine centres. But many reflected on not wanting to go.

- **‘but not to a government facility because people die there’.**
- **‘Nothing would make it easy because if you go to the hospital, you come out dead’.**

Some respondents from Gugulethu said a **clean environment** would help. But the majority of answers were similar to the answers to 14b, indicating that many people preferred to isolate themselves at home. One respondent said she/he would go if she got really sick. Another said that **‘it is not good to stay with strangers.’** Yet another commented that people are dying in the centres.

In Khayelitsha, the answers centred on **getting assurance** that they would be cared for, that the places were safe, and that **‘hurting instruments would not be used’**. Some wanted a guarantee that they would not die there and asked if they could be told that the stories they heard were lies. One person requested family visits.



People who go to an isolation centre are likely to die alone there

Overall, most people disagreed with this statement. However, 37 % in Manenberg and 28% in Gugulethu agree that people are likely to die alone at the isolation centres. Those who agreed or strongly agreed in Manenberg explained poor care, staff being lazy, and patients not being allowed visitors. Those that disagreed said that people get healthy there and get treated by medical staff.

Amongst those who disagreed with the view in **Gugulethu**, the view was that people are not well taken care of. People do not like the centres because **‘you are lonely there and will die lonely’**. **“You will not be killed by Covid but by the stress of not seeing loved ones.”**

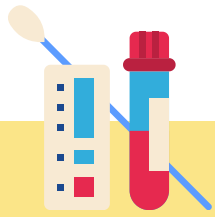
The different pattern of response to 27 in Khayelitsha was also reflected in the comments. Those that disagreed or strongly disagreed gave reasons such as patients being cared for by nurses and doctors, being under constant guards, and **‘they all returned back fully recovered.’** However, some – inconsistent with the answer that they disagreed - said that people return dead; and claimed that **“they’re not visited, it’s like they are being dumped to die alone.”**

Going to an isolation centre can help protect others from Covid-19

Some indicated that they did not have an answer to the question, one saying, **“it’s the first I hear of this”**

Across all three areas, those who agreed and strongly agreed referred to the need to protect themselves and others by isolating themselves. They also talked about it being necessary if you do not have enough space. One respondent in Khayelitsha also mentioned that they can’t isolate themselves at home because houses are small. **Some mentioned being scared but thinking ‘it’s the right thing to do’**. One person talked about getting professional care at the centres.

People who disagreed referred to people dying in isolation centres. One person mentioned that isolation centres aren’t safe.



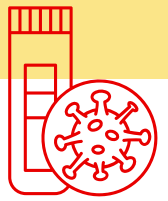
Would you disclose that you had Covid-19 if you tested positive?

Intentions to disclose a COVID diagnosis were high across all three sites. This may be seen as a sign that stigma is relatively low.

In the **Manenberg area**, those who said yes explained their choice with reference to protecting others and ensuring that others would know why they are isolating. They also wanted to use their experience to educate others and reduce stigma. Being able to get support was also raised. Amongst the few people that did not intend to disclose, fear of stigma and discrimination prevailed 'I don't want to expose myself; people will tell me I'm going to die and only say negative things' ; 'People will be scared of you'.

The most common reason stated by those in **Gugulethu** who would disclose was to protect others and encourage others to disclose. Some indicated that they would only disclose to some people, such as family and their contacts. Among those that would not disclose, the reasons were that 'it is nobody's business' and that 'people would run away from me'.

Amongst those who said yes to disclosure in **Khayelitsha**, the **vast majority spoke about protecting others so that they could also get tested**. Two indicated that they would only tell family and friends or those close to them. Amongst the people that did not intend to disclose, fear of being stigmatised, mistreated and discriminated against prevailed. One respondent, for instance, feared that his/her house would be burned down; another said he/she feared for her life. Gossip, insult and being judged were also mentioned. One respondent commented that he/she would not disclose because he/she saw no need as there is no cure.



STIGMA

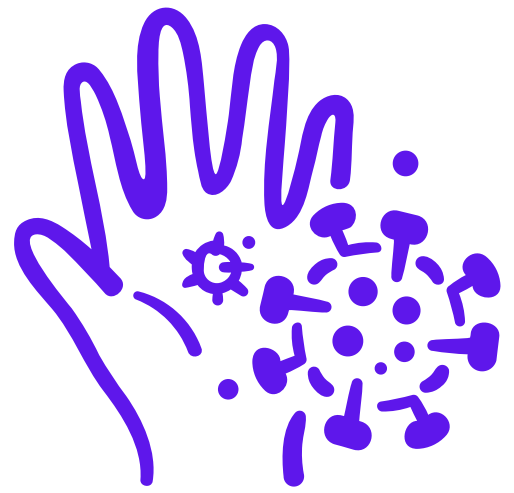
Those that get infected are dirty

Overall, people did not associate 'being dirty' with getting COVID-19, indicating that stigma and prejudice were low. It is worth noting that it was lowest in Khayelitsha, while almost 30 % of respondents in Gugulethu reported that they agreed or disagreed that people who get infected are dirty.



People who get Covid-19 have themselves to blame

Most people across all three sites did not blame people who got COVID-19. This could be viewed as an indication that COVID-19 is not a hugely stigmatised disease.



CONCLUSION

ACKNOWLEDGEMENTS

We would like to thank the Health Committee members from the

- Khayelitsha Health Forum
- Klipfontein Health Forum
- Health and Human Rights Programme at the School of Public Health and Family Medicine, UCT

