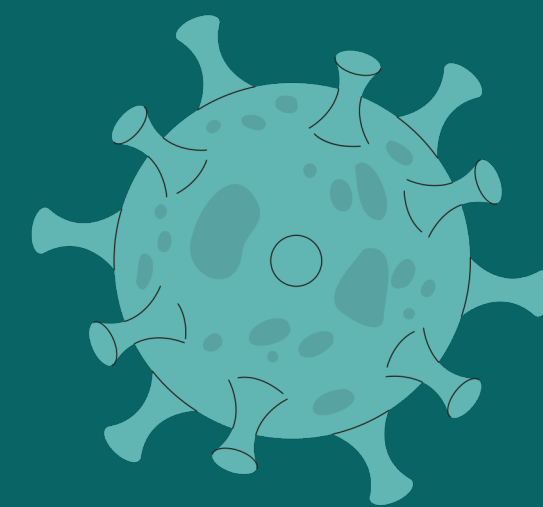


Barriers to COVID-19 prevention behaviors in Côte d'Ivoire



INSIGHTS FROM QUALITATIVE RESEARCH

BACKGROUND

Prevention remains essential to reduce the social and economic impact of the COVID-19 pandemic worldwide. Effective prevention measures (called barrier measures or non-pharmaceutical interventions) against COVID-19 and similar respiratory pathogens are well documented: mask wearing, distancing, hand hygiene, crowd avoidance, limitation of non-essential travel, and post-exposure quarantine. However, adherence to preventive measures is difficult to maintain over the long term, and many studies have shown low or declining adherence in a variety of settings. Understanding the factors that prevent individuals from adopting COVID-19 prevention behaviors is necessary to design and implement effective public health programs to reduce the impact of the COVID-19 pandemic worldwide.

OVERVIEW OF THE STUDY

The Breakthrough ACTION team conducted a qualitative study in Abidjan, Côte d'Ivoire in November 2020 with funding from the United States Agency for International Development (USAID). The study included individual interviews (IDIs) with COVID-19 survivors, individuals who lost a family member to the disease, and health workers. Focus group discussions (FGDs) were also conducted with members of the general population to explore social norms and community perceptions related to COVID-19. The research team collected data from November 11-25, 2020.

29

INDIVIDUAL
INTERVIEWS

24

GROUP
DISCUSSIONS

156

PARTICIPANTS

BEHAVIORS



QUARANTINE FOR 2
WEEKS IN CASE OF
EXPOSURE



KEEP A DISTANCE OF 1M
BETWEEN PEOPLE



WEAR A MASK
IN PUBLIC



WASH HANDS
FREQUENTLY



USE A HAND
SANITIZER



AVOID CROWDS OF
MORE THAN 50
PEOPLE



LIMIT NON-
ESSENTIAL TRAVEL

Key Terms



What is response efficacy?

Response efficacy is the perception that the recommended behaviors are useful and work to reduce the threat of disease.

What is self-efficacy?

Self-efficacy is the belief that a person is capable and has the resources to perform the recommended behavior.

What are social norms?

Social norms are informal beliefs and attitudes about what is considered acceptable behavior in a particular group.



Quarantine for 2 weeks in case of exposure

PERCEPTION:
**IMPORTANT
BUT
STIGMATIZING**

Participants perceived quarantine for people with COVID-19 as a very effective behavior and understood its importance in limiting the spread of the disease, but emphasized the economic and social difficulties.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Lack of confidence in the tests that determine whether a person is COVID-19; public figures do not model the recommended behaviors	Sense of moral obligation to quarantine if infected with COVID-19; good understanding of how quarantine prevents spread	Some of them know that, maybe because of the difficulties of life, they will really go out to get their daily bread, as she said so well, otherwise they know that quarantine is really important in order not to spread COVID. (FGD Participant)
Self-efficacy	The need to earn one's daily bread; psychological distress due to isolation	Financial assistance to be able to stay at home and continue to provide for the family; social support during midlife; knowing someone personally who has had COVID-19	It's very difficult for someone who has a job and is responsible for a family, a small family. To quarantine himself becomes even more difficult considering his familiar situation, his children, how is his wife going to... eat, his children are going to feed themselves, being in quarantine how can he, can he provide for his family? (FGD Participant)
Social norms	The feeling that quarantine is stigmatizing and goes against cultural norms	Once the community is sure that the person has COVID-19, collective efficacy and social norms support quarantine (and support for the person)	It's not in the culture of the people. Here people, if you're sick, you have family around you, so isolating people like that is the measure that I think has thrown the whole system off track. In our culture, you're quarantined, you're stigmatized, so it's not part of the culture. (Health worker)



Keep a distance of one meter

PERCEPTION:
**USELESS AND
AGAINST
CULTURE**

Some participants understood how keeping the distance can prevent infection, while others felt it was not helpful. This behavior violates the norms of greeting and everyday social interaction.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Lack of knowledge about how distance limits spread; misinformation about the existence of COVID-19	A preference for distancing oneself rather than total avoidance of gatherings makes people consider the behavior useful in certain situations	They believe in it a little bit because there are others who believe in it, but there are others too, they say to themselves that this is what it is, and then at the same time they wave their hands, that this is not for us, it's the disease of the whites, it doesn't take us, it doesn't kill the blacks, so as a result, they don't keep the one meter of distance there (Health worker)
Self-efficacy	Overcrowded housing and public transport	No costs associated with this behavior; crowd size limits (e.g., in transportation) facilitate distancing	For me, I think that, we can, it's not in our customs, we are not used to make 1 m of distance, no, we are used to get closer to work. Sitting in the same things to talk, even to eat, we can sit side by side so it's not ingrained in us, in our customs so it's very difficult for us to say 1 m. (FGD Participant)
Social norms	Influencers not modeling recommended behaviors at public events; stigmatizing those who tried to maintain distance as "puppets"	Enforcement in public places	People think that keeping the distance there is towards people who are not family, who are not from the neighborhood. So you go to a super market, so you know it's a measure, so you keep your distance. Because you don't know them, that's easy. But in the community, in the neighbourhood, in the house, that's not easy. (FGD participant)



Wear a mask in public

PERCEPTION:
USEFUL BUT UNCOMFORTABLE

Participants were divided on the usefulness of the masks, but most felt that the masks were not easy to wear routinely or over the long term, given their cost and the heat.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Doubts about the effectiveness of masks due to the stigma of the origin of the disease	The need for a mask depends on whether individuals are in the presence of people considered close or strangers	<i>In terms of our climate, it is already hot in Africa. So with the wearing of the mask if you are not carried, you have to walk under the sun, you see that you are hot and already you have the impression that you are, you choke so what makes that some people, has, do not support the bib. (FGD Participant)</i>
Self-efficacy	Heat comfort issues; cost of masks; conspiracy theories about the spread of infection by masks	Provision of free masks	<i>Some people even say that your disease is in your masks so I don't wear them. (FGD participant)</i>
Social norms	Stigmatization of mask wearers as being deceived by the government or infected with COVID-19	Personally know someone who has had COVID-19; mandates and enforcement	<i>We find him superior to us, because he thinks that his corona, his COVID-19, is too important. (FGD Participant)</i>

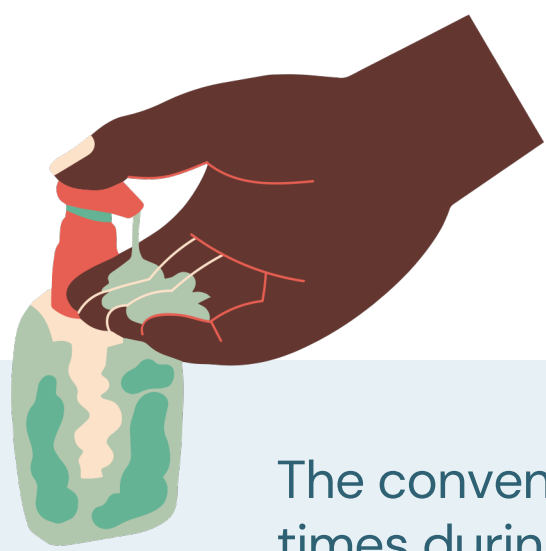


Washing hands frequently

PERCEPTION:
INCONVENIENT BUT ACCEPTABLE

The behavior of handwashing benefited from prior awareness. Perceived usefulness was undermined by misinformation (rumors), and people felt that this behavior was somewhat inconvenient to practice.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Those who questioned the existence of COVID-19 bought into the narrative of African invulnerability (low risk perception)	Belief in COVID-19; knowledge that handwashing can prevent other diseases.	<i>In the beginning, there was really a scare everywhere. But after that, well people more or less in the families, in the neighborhoods, people don't pay much attention anymore... but even now, it's rare that people wash their hands because by, by the grace of God, God is with us, when you look at Africa, if it's not the white skin, yellow skin and so on, in Africa, really, black people don't die like that. (FGD Participant)</i>
Self-efficacy	Hand washing can be inconvenient; cost of soap	Installing handwashing stations at the entrance to communities, businesses, and homes on a temporary basis	<i>The first difficulty is perhaps a question of accessibility to the water point. And it's not everywhere that we have running water and then well... in addition to that, we find it a bit restrictive to look for water and then soap to wash our hands. (Health worker)</i>
Social norms	Washing your hands after greeting or touching someone can be perceived as an insult.	Previous normative exposure has helped to avoid the stigma of handwashing.	<i>At my place, in my bar, there are buckets, so when people come, you don't tell them, they have seen the soap, they will wash their hands without you telling them. This is our habit, that's it! The African, we don't even need to tell him. He knows, he washes his hand. (FGD participant)</i>



Frequent use of hand sanitizer

PERCEPTION:

PRACTICAL BUT EXPENSIVE

The convenience and pro-social nature of hand sanitizer was offset by its cost and inaccessibility at times during the pandemic.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Disbelief in the existence of COVID-19	The belief that hand sanitizer not only prevents COVID-19 but is also effective against other diseases	<i>They find it helpful because they think that by sanitizing their hands, it... It kills more bacteria. Even though they don't believe in COVID but they know that it kills a lot more bacteria in their hands. (FGD Participant)</i>
Self-efficacy	Expense and stock shortages	Easy to use, portable, and discreet	<i>It's a bit easy to use because you see in the frame where you can handle the same objects... the gel is there, you put a bit on your hand, you got on a bus, you grabbed the iron bar to your destination well maybe you're going to walk at least 20 kilometers to get home, in the meantime your hands you can rub them everywhere when there's the gel, you put in your hand there, it's more convenient (FGD participant)</i>
Social norms	Perception that the person using hand sanitizer after contact with someone is acting superior or anti-social	Similar availability in other public health emergencies (Ebola); pressure in public places encourages use of hand sanitizer	<i>One day I went with my daughter to Yopougon. So in the gbaka I saw the child grabbing the seat. So I put a little in her hand. There were two girls in front of us and they started to laugh at me. (FGD Participant)</i>



Limit gatherings of more than 50 people

PERCEPTION:

INCONSISTENT AND DIFFICULT

Policies about large gatherings were viewed as inconsistent and changed frequently, which confused people. Avoiding large gatherings and choosing to limit one's own gatherings to less than 50 people was deemed unnecessary and difficult, both because people do not understand the benefits and because large gatherings are part of the fabric of Ivorian culture.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Lack of understanding of how crowd avoidance can stop the spread; frequent changes in recommendations about gatherings	Consistent membership of public officials	<i>At the beginning, it was 50 people, but today, we are told it is 200 people. You see, so I think that we even there already, I think that the State itself thinks that it is not important. (FGD participant)</i>
Self-efficacy	Socio-economic factors that drove people to crowded places	Forced restriction of the number of people in government or corporate buildings	<i>When you take a maquis, for example, you know that it is a question of money, the more people he has, the more profit he makes. So it will be difficult for him to respect 50 people when he can have more. (FGD participant)</i>
Social norms	Cultural expectations to express social solidarity through attendance at major events such as weddings or funerals	Enforcement in public places; modeling by public figures	<i>The people of the community are called to... I think they are normally called to live together, every day, they have to share their problems, their worries, their emotions together. By imposing them to respect the fifty people, the fifty people in a crowd, I think that is impossible. (FGD Participant)</i>



Limiting non-essential travel

PERCEPTION:
**CONFUSING
AND
INCONVENIENT**

Restricting travel was a complex behavior, with participants weighing the perceived importance of the prevention measure against the duration of the limitations.

	BARRIERS	FACILITATORS	QUOTATIONS
Response efficacy	Confusion over the term "non-essential" as most travel is deemed essential for economic or socio-cultural reasons	Precise knowledge of how stopping travel can limit the spread of the virus	<i>Now, well everyone is on the move at all times. We always have something to do, traveling, moving, so now it's no. It's not, useful anymore. It used to be. (FGD Participant)</i>
Self-efficacy	Many jobs that depend on the mobility of products and people	Jobs that can be done at home; financial assistance during closures	<i>At the very beginning, yes. When the stations in Abidjan were closed and so on, it was still difficult to move around with permits and so on. But now, everything is open. Well, we travel. We travel. Except that the land borders are closed. Otherwise, but the traffic in, we travel. (Health worker)</i>
Social norms	Lack of modeling on the part of public figures; understanding of economic priorities in the community	Proximity to COVID-19 (themselves infected or a close contact).	<i>It is really not easy because every man, that's it, aspires to freedom. Every man aspires, every man is really, wants to be free in all his movements. So I don't think you can tell someone that. (FGD participant)</i>

Recommendations

Based on this evidence, the following recommendations may improve adherence to COVID-19 prevention behaviors:

- **Make behaviors perceived as "anti-social" as easy as possible to practice.** It is important that policymakers and program developers try to make these preventive behaviors easier to practice. For example, make hand sanitizer available to the public and maintain public handwashing stations.
- **Identify and address rumors and conspiracy theories that influence risk perception.** No amount of promotion of specific prevention measures will be effective if the public believes that COVID-19 does not exist or that it does not affect certain groups. Misinformation continues to circulate on social media and in communities, and it is important to have a process to track and address each rumor as it arises, using credible messengers and the channels that communities trust most.
- **Addressing the stigma associated with certain prevention behaviors.** Many Ivorians now associate mask wearing or post-exposure quarantine with COVID-19 infection. Messages should aim to reframe the practice of these behaviors as a measure of care and precaution for loved ones rather than as a sign of having COVID-19. Involving influential people in messages about these behaviors can help break down stigma.
- **Continue to highlight survivor stories to make the ongoing risk of COVID-19 infection real.** For prevention measures to have a meaningful protective effect, people need to see the ongoing impact of COVID-19 infection and the risks it poses, especially for the portion of the population that may not have known someone with the disease.
- **Reinforce a narrative of cohesion and shared commitment.** Empathetic messages that reinforce the collective power of communities to protect each other and defeat the pandemic together appeal to the high value placed on social cohesion. Key high-level leaders could do much to strengthen this framework, but they must be seen to have integrity and "practice what they preach" to be effective.

To learn more about this research, or about the Breakthrough ACTION project in Cote d'Ivoire, please contact:
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