

Knowledge, Attitudes & Practices (KAP) of Filipinos in Relation to COVID-19



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This brief presents the results of a survey on the knowledge, attitudes and practices (KAP) of Filipinos in relation to the COVID-19 pandemic. The recommendations that we share here aim to better inform COVID-19 messaging and communication.

BACKGROUND

As the Philippines gradually loosens COVID-19-related¹ restrictions to daily life, there is a need to understand Filipinos' perception of the disease and knowledge of and compliance with prevention control measures. To ensure that the public remains aware and vigilant of the risks of COVID and the appropriate practices to mitigate its spread, the Department of Health's Health Promotion Bureau (DOH-HPB) is developing a Risk Communication and Community Engagement (RCCE) plan that aims to promote public understanding of the situation, cooperation of the public, and the practice of preventive actions. It also aims to prevent the spread of rumors and misinformation that stigmatize those who have been infected with COVID. To properly inform the development of the plan, the DOH-HPB and UNICEF engaged IDinsight to conduct a survey on COVID-19 focusing on six thematic areas:



Knowledge and intent to practice new normal behaviors



Behavior and self-efficacy of key practices



Risk perceptions of COVID-19 prevalence and severity



Awareness and stigma of COVID-19 response



Hesitancy towards vaccines that inoculate against COVID-19



Trust level of respondents regarding information sources and the DOH

¹ Henceforth "COVID-19" or "COVID"

KEY FINDINGS & RECOMMENDATIONS FOR RCCE CAMPAIGNS

Recommendation 1

Emphasize lesser-known COVID-19 symptoms, particularly COVID-19-specific ones: “difficulty breathing” and “loss of smell or taste”.

By emphasizing unique symptoms such as difficulty breathing and loss of smell or taste, campaigns would better inform the public about when to seek advice from a healthcare professional.

Basis in Findings

- Respondents were aware of COVID symptoms that are common to both COVID and the flu.
- Symptoms that are more specific to COVID were less known, like difficulty breathing (29%) and loss of sense smell/taste (19%).

Recommendation 2

Prescribe clear action-items on what people should do if symptoms appear for them or their friends and family.

Messaging on symptoms should be accompanied by clear guidance on specific actions to take linked to the symptom and its severity.

Basis in Findings

- Respondents were significantly less aware of serious symptoms like difficulty breathing (29%) and gastrointestinal symptoms like diarrhea (12%).
- Respondents were moderately confident about being able to take care of someone who has mild COVID-19.



PHOTO: UNICEF/WHO
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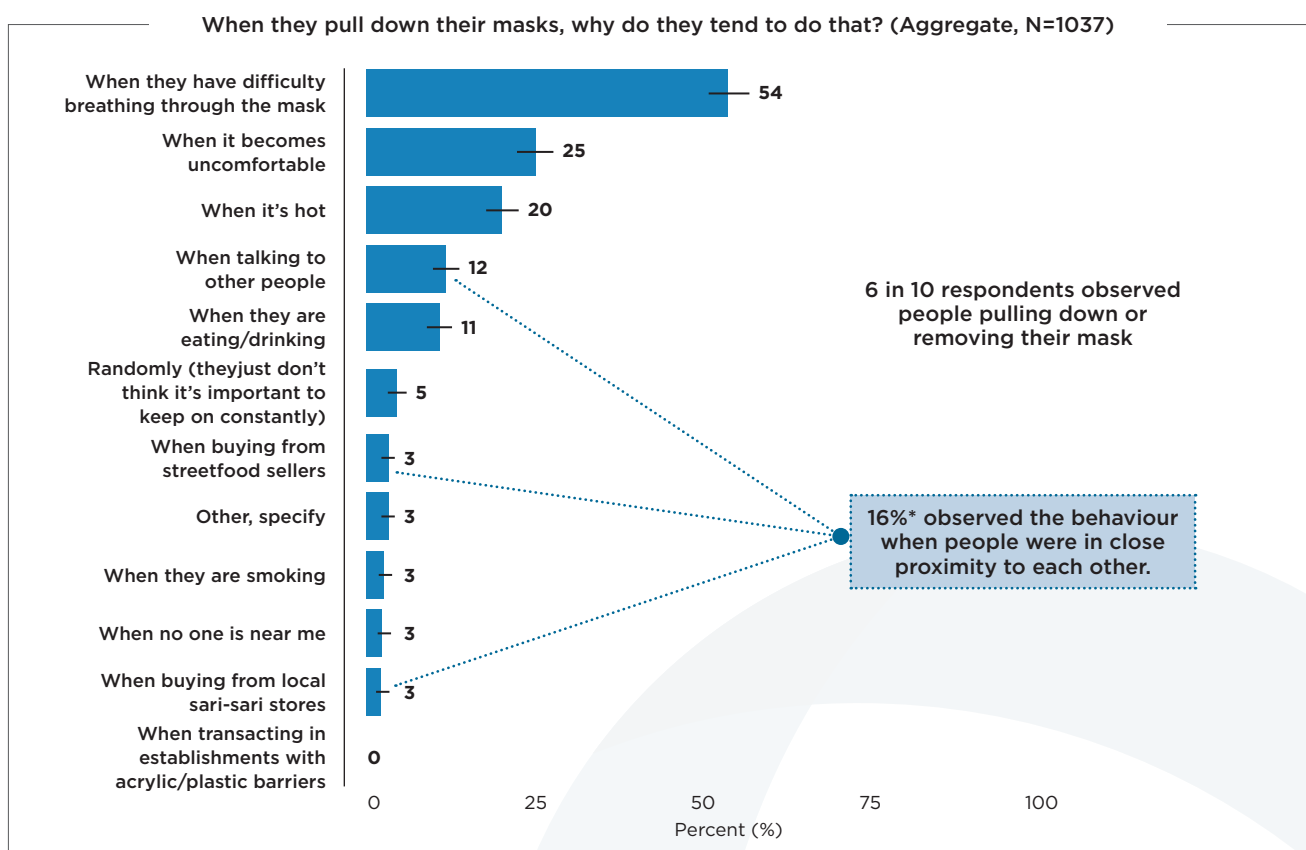
Recommendation 3

Explain and emphasize the “critical times” of mask-use.

Outlining specific times that are most important for mask use (1. When indoors and not at home, 2. When amongst crowds outside, and 3. When interacting in close proximity to others) will become more pressing as the pandemic progresses and key preventive behaviors start to slip. Framing messages as “critical times” versus “wear your mask all the time” can help reduce “discipline fatigue.”

Basis in Findings

- About 1 in 3 found masking was not universally practiced. About 6 in 10 stated that people around them sometimes pulled down or removed their masks.
- Out of the respondents who noted people pulling down or removing their masks when outside, 1 in 6 observed this occurred when people were interacting in close proximity with others.



Note: *Because this question is multiple response, some respondents gave more than one answer.

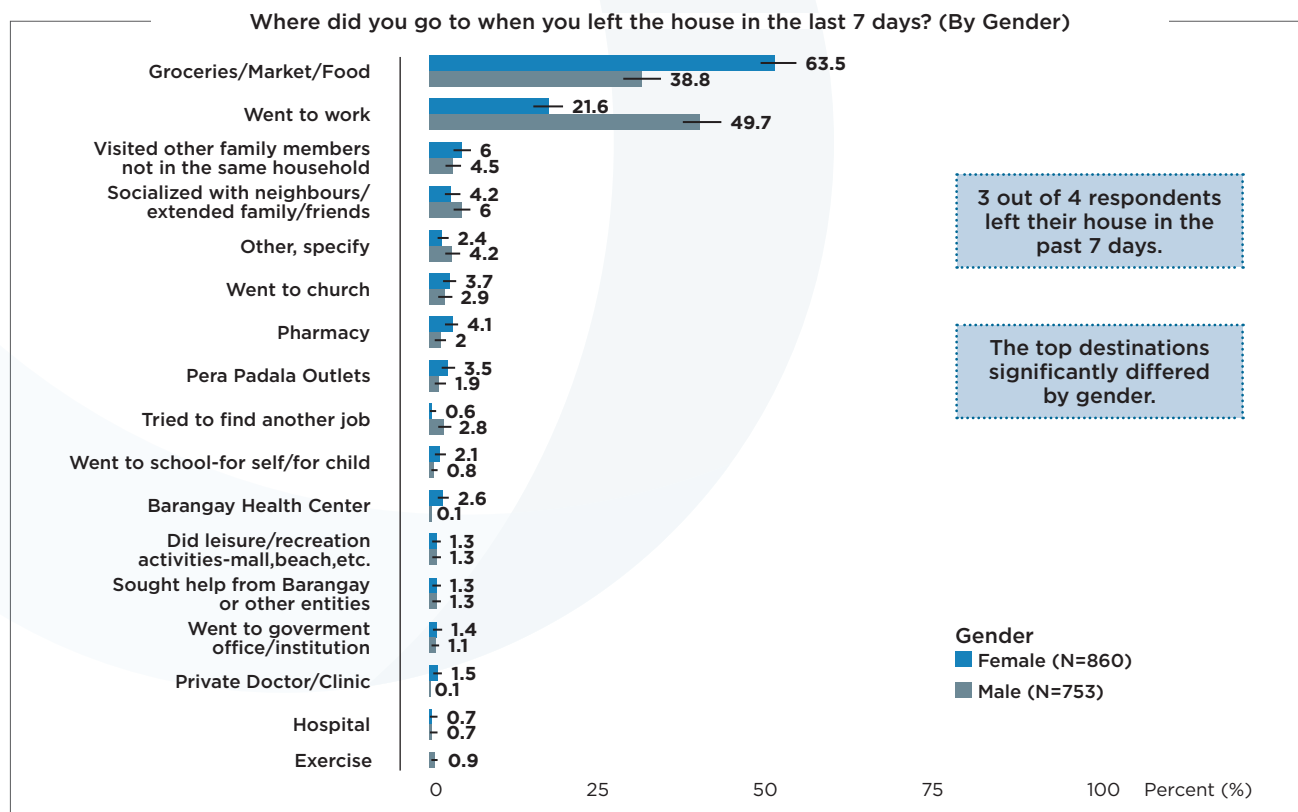
Recommendation 4

Increase salience of physical distancing advisories by using setting-specific messages.

Setting-specific messages that outline behaviors people should be aware of at commonly visited locations like grocery stores, markets and workplaces can help address prevalent misconceptions for when physical distancing can be relaxed.

Basis in Findings

- Majority of respondents left the house within the past week (of the survey), most commonly to the grocery store or market, and/or to go to work.
- Only 1 in 4 said “all of the people” were maintaining an adequate distance from those around them. The top barriers to physical distancing were complacency and lack of awareness.



Note: This is a multiple response question. Choices to this question were unprompted

Recommendation 5

Raise awareness about social stigma associated with COVID-19.

Negative treatment of recovered COVID cases is detrimental to disease prevention efforts. Discrimination may be due to skepticism about people's recovery status. Raising awareness about stigma and clarifying the meaning of when someone has "recovered" can help people take the necessary precautions around those who are sick without ostracizing them for prolonged periods.

Basis in Findings

- Respondents said that positive COVID cases would be met with gossip (36%) and heightened precautions/physical distancing measures (32%).
- The most common negative responses to recovered COVID cases were avoidance (85%) and talking badly about them (19%).

Recommendation 6

Communicate risks clearly and consistently.

Effective and consistent risk communication is critical to earning and maintaining the public's trust and ensuring that people calibrate their own prevention efforts according to correct and up-to-date information on disease prevalence, risk factors, and mortality rates. We recommend a few strategies for effective risk communication:

- **Communicate variation in risks.** In addition to communicating aggregate risks, develop messaging that communicates risk about specific subgroups.
- **Equip the public with tools and infographics to easily understand risks.** In addition to absolute counts of cases and deaths, presenting infographics and messages that communicate risks in a more salient and intuitive way can aid information retention; for example, tools like the "COVID-19 Event Risk Assessment Planning Tool"² and "microCOVID project"³ estimate the risk

² Chande, A.T., Gussler, W., Harris, M., Lee, S., Rishishwar, L., Hilley, T., Jordan, I.K., Andris, C.M., and Weitz, J.S. 'Interactive COVID-19 Event Risk Assessment Planning Tool', URL <http://covid19risk.biosci.gatech.edu/>

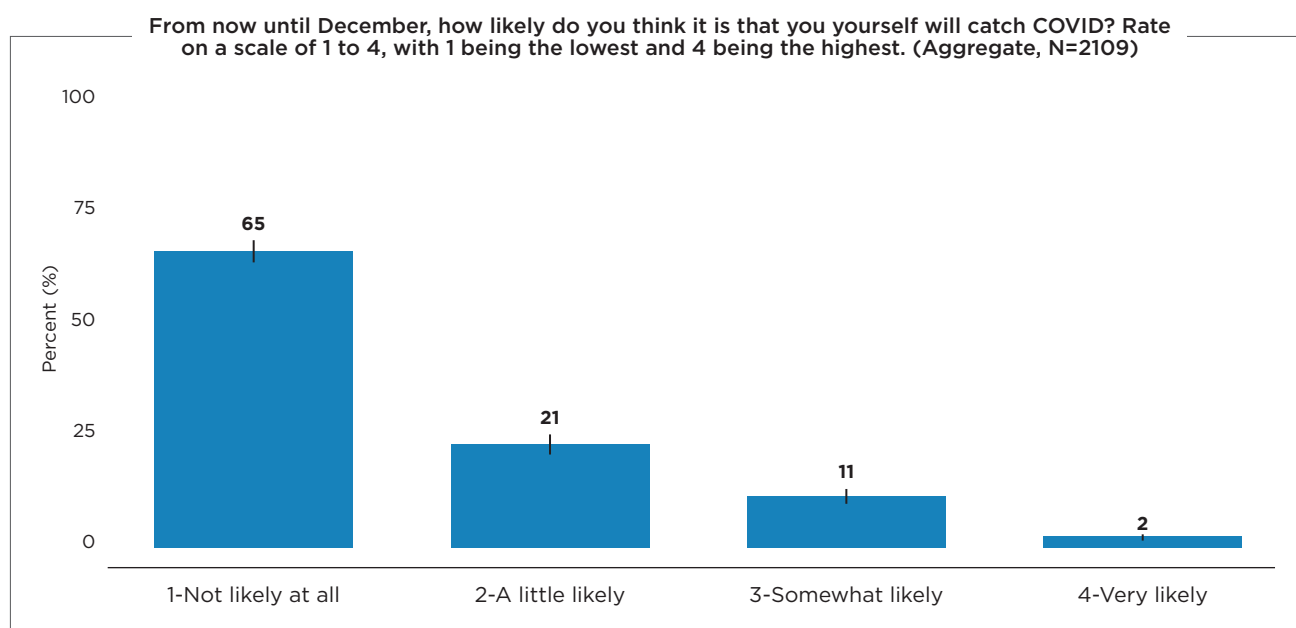
³ Dagradi, D., Dobro, S., Shaya, B., Lyon, D. 'microCOVID Project'. URL <https://www.microcovid.org/>

level of engaging in various activities given group size and levels of compliance with prevention methods. Building out and disseminating them can help people make informed decisions about events to avoid and when to heighten precautions.

- **Tackle misinformation and emphasize the effectiveness of proven risk-reduction behaviors.**
- **Avoid alarmist language and negative metaphors in risk messaging.**

Basis in Findings

- Most respondents believed that it was “not likely at all” that they or someone they knew personally would contract COVID between September and December.
- About 11% of respondents mentioned a non-official, “folk” method of prevention.



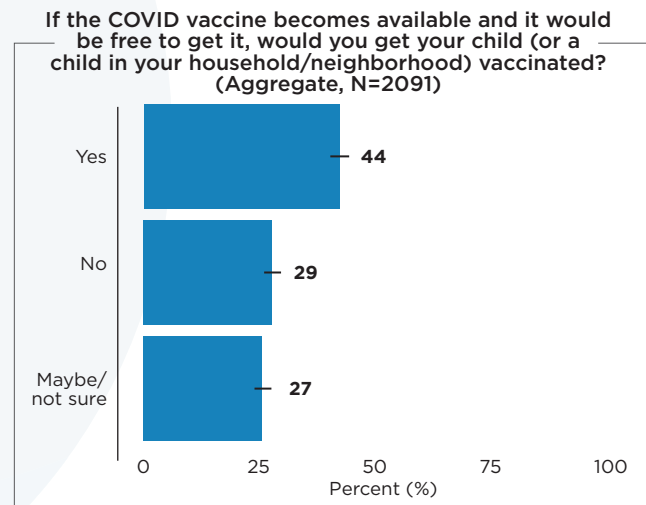
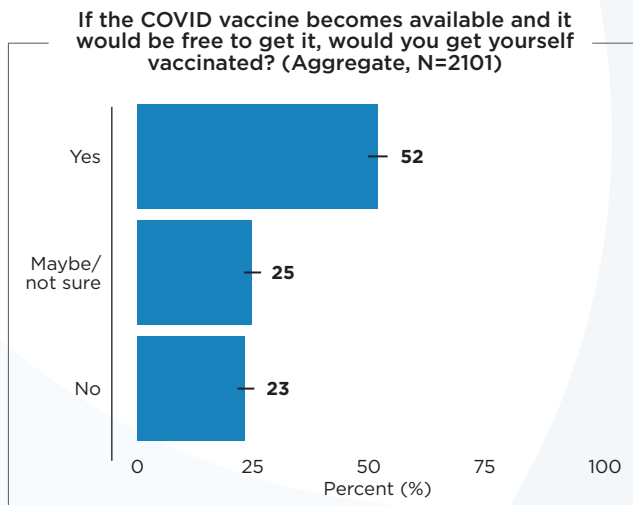
Recommendation 7

Messaging for medium to long-term: Address vaccine hesitancy.

- **Communicate the benefits for oneself and society:** “This vaccine will help protect you from contracting COVID and spreading it to your loved ones”.
- **Emphasize safety and effectiveness:** “Before sharing it with the public, doctors and government officials tested the vaccine multiple times and found that it is both safe and effective.”
- **Address risks of vaccination clearly to set expectations but acknowledge that they are low:** “There are some rare risks, as with any medication, but they are low and are heavily outweighed by the protection against COVID.”

Basis in Findings

- About half of respondents would get vaccines for themselves when available. Fewer would get vaccines for their children than for themselves (44% yes, 29% no).
- Safety was the primary concern cited by those who would not get vaccines for themselves or children (77% self, 85% children).
- Effectiveness was the most frequently cited important piece of information necessary for deciding whether to get a vaccine (40%).
- Young people were more likely to switch from “no” to “yes” when told that 70% of people must get vaccinated to stop the pandemic (23% young vs. 12% old).



Recommendation 8

Leverage strengths of different information channels.

The BIDA campaign should continue to use mass media platforms like TV and social media to spread information on prevention methods. As a complement to the mass media campaign, the DOH should also consider working with (or continuing to work with) barangay officials and local government units (LGUs) to train the latter to be a “one-stop shop” for COVID queries and concerns.

Basis in Findings

- Most respondents received their information on COVID through TV (63%) and social media (55%).
- Among trusted information sources in the community, respondents considered the barangay (63%) as being the most important.

METHODOLOGY

As in-person data collection was not feasible due to COVID-19 restrictions, we conducted a phone survey instead. We completed 2071 interviews with both rural and urban respondents from four geographic regions: the National Capital Region, Central Luzon, Central Visayas, and the Davao Region. We used targeted Facebook (FB) advertisements to recruit survey participants, targeting by their geographic area of residence, and by gender and age-group. Out of those who opted in to the ads, we randomly selected the survey respondents and conducted phone surveys among consenting participants. To ensure subgroups of interest were included in the final sample, we stratified respondent selection by gender and age group and aligned the strata as closely as possible to the proportion estimated in the population. During data collection, we made several adjustments due to challenges in reaching targets for both rural respondents and older respondents (age 45+). To reach our target for older respondents, we asked excess respondents from other age-groups for

older alternates from the household. In rural areas, we also asked for Facebook-using community referrals. The sample and results are generalizable to those who opted in to our survey — in other words, those who are from a Facebook-accessing household, own a mobile phone, were incentivized by the top-up, and were willing to complete the survey. Non-respondents may be significantly different from those who opted in, and as such, the findings may not be representative of the experiences of the population in each area. However, we are confident in the relative diversity of our respondents since we sampled from urban and rural locations and set sampling targets for both education level and age based on the demographic profile of the target region.

Characteristics	Mean	Standard Deviation
Age	36.70	13.85
Female	56.2%	(.496)
Urban	63.5%	(.481)
Completed High School	75.2%	(.431)

About IDinsight: IDinsight helps leaders combat poverty worldwide by designing, deploying and promoting evidence-generating tools. We tailor the best methodologies to partner needs and constraints to fuse evidence with action. We serve governments, NGOs, foundations and social businesses across Africa and Asia in all major program areas including health, education, agriculture, livelihoods, and governance.

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