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Producing updated policy-relevant health research during a time of national crisis: Insights from the HSRC's Human and Social Capabilities Division Research Programme

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The HSRC launched the project "Front line talk" to gather crucial data on the response of South African's to the COVID-19 outbreak

HSRC SURVEYS

The HSRC's research response to the COVID-19 outbreak was to conduct surveys using both qualitative and quantitative approached:

- General population survey 1: Socio-behavioural survey **(27 March to 2 April 2020)**
  - South Africans' understanding of and response to the COVID-19 outbreak
  - Understanding of the knowledge, attitudes and behaviours related to COVID-19
- General population survey 2: Lockdown survey **(8 to 29 April 2020)**
  - Experiences and the social impact of the level 5 lockdown among South Africans
- Healthcare worker (HCWs) survey 3 **(11 April to 7 May 2020)**
  - HCWs experiences in dealing with the COVID-19 epidemic, targeted at all frontline workers in the country and all categories of healthcare workers in both the public and the private sector.
- Youth survey 4 **(18 June to 19 September 2020)**
  - Social impact of the Covid-19 pandemic among Post School Education and Training Sector (PSET) youth and among youth who are Not in Education Employment or Training Sector (NEETs)

STUDY METHODS

- **Quantitative studies –surveys conducted online and telephonically**
- Respondents were invited to participate in the online survey: www.hsrc.ac.za/heroes
- Moya messaging platform by BiNu, an HSRC research partner distributed the online questionnaire.
- The platform was selected due to its data-free nature and its large user-base
- The surveys were widely advertised through the HSRC, UKZN and through an extensive network with strategic partners in the government, science councils, non-profit stakeholders, private sector, health care worker professional bodies and higher.
- Press statements were also released to inform communities and inform health care workers of the surveys.
- Both mainstream media (radio and television interviews) as well as social medium platforms (Twitter and Facebook) were utilised.
- The data was benchmarked (weighted) to the distribution of South Africa's adult population.
  - **The mid-year adult population estimates from Statistics South**
  - The distribution of South Africa's health care worker (HCW) using Shisana et al. (2004)
  - Post school youth using data from higher health
- This allowed the data to be generalizable to the country and respective groups.

Socio-behavioural survey demographic profile

Age group in years	Total	%
18-29	951	31.5
30-39	13 665	25.9
40-49	13 496	17.0
50-59	10 956	12.1
60-69	6 054	8.1
70+	1927	5.5
Gender		
Male	16 365	47.9
Female	34 927	52.1
Race groups		
Black African	9 083	78.4
Coloured	4 688	9.0
White	36 878	9.6
Indian/Asian	4 016	3.0
Employment status		
Employed full time	29 003	49.3
Employed informal/part time	3 984	7.8
Self employed	1 625	10.9
Unemployed	8 861	20.3
Student	3 116	11.6

A total of 55 823 individuals responded to the survey

A higher proportion of respondents were:

- 30-39 years olds
- Female
- Black African
- Employed full time
- Formal dwelling type (95.6%)

A higher proportion of respondents were from Gauteng (28.0%), KwaZulu-Natal (18.3%) and the Western Cape (12.4%). The lowest response was from the Northern Cape (2.1%)

CONFIDENCE IN OVERALL KNOWLEDGE ABOUT COVID-19

Knowledge of transmission & symptoms of COVID-19

- Two thirds of respondents (67%) correctly identified four possible ways of how the virus is transmitted
- 83% correctly identified all three main symptoms of Covid-19 infection; that is a cough fever, and shortness of breath

Self-perceived risk of COVID-19 infection

- A quarter of the respondents (25%) rated their risk of contracting COVID-19 as either high/ very high.
  - High-risk work environment (39.8%)
  - Underlying medical condition (29.5%)
  - A high-risk age group (21.6%).

Preparedness for quarantine / isolation / lock down

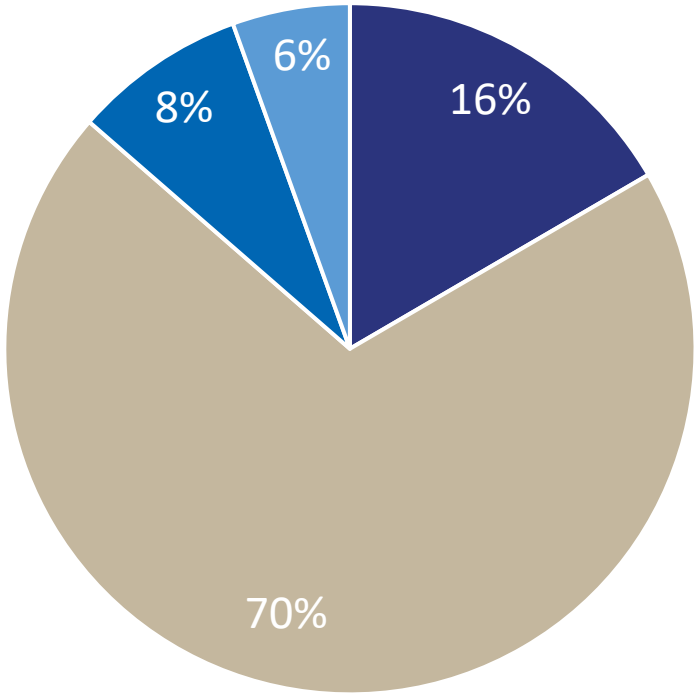
- 50-57% of people reported buying hygiene products, hand sanitizer, and cleaning supplies in preparation for lockdown
- 64% reported that their home had a separate space in which they could self-isolate

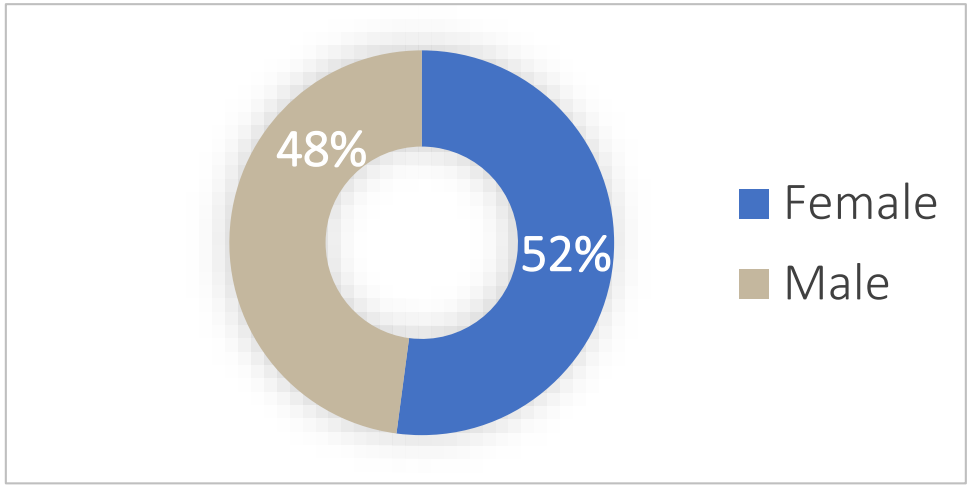
Information about COVID-19 and trust

- 23% of respondents thought that the threat from Covid-19 was exaggerated in the media
- 48% of people felt that the situation is likely to get worse

Lockdown survey demographic profile

Out of a total of 19 330 participants, the majority (70%) were 25-59 years of age

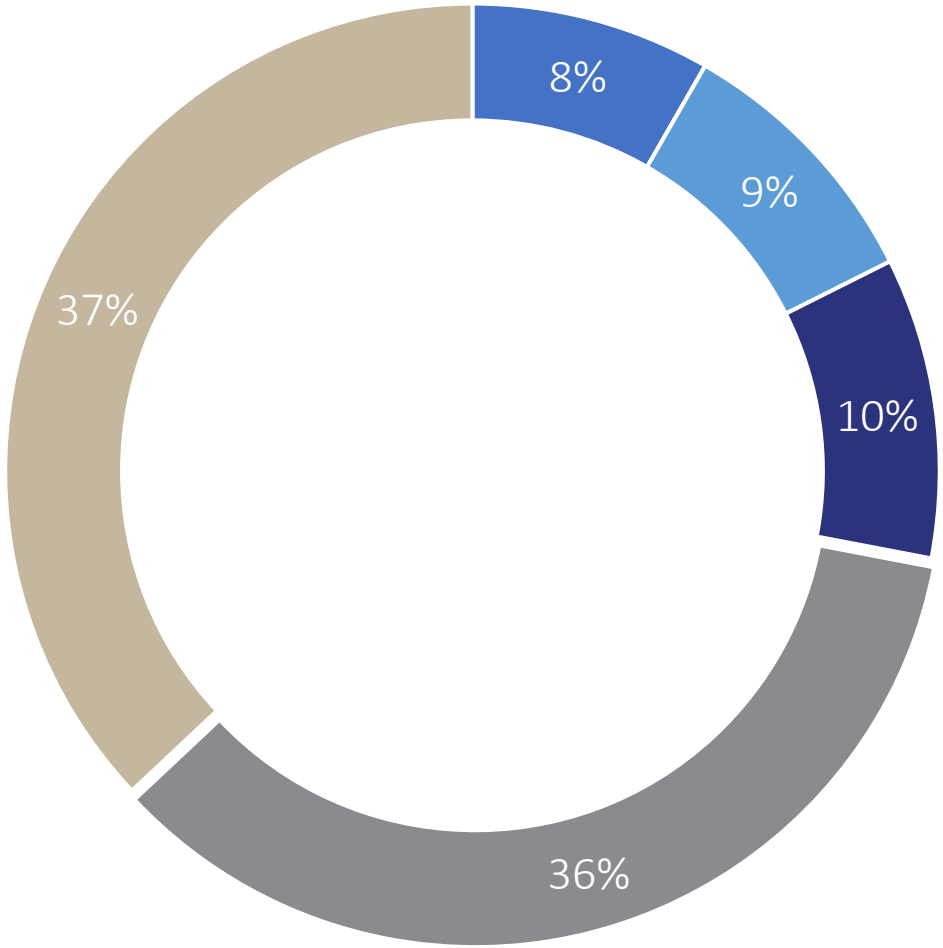




Population group	%
African	78.4%
White	9.6%
Coloured	9.0%
Indian/Other	3.0%

Lockdown survey demographic profile

- Student
- Self employed
- Employed informal/part time
- Unemployed
- Employed full time



Over one third of participants were employed full time (37%) and unemployed (36%)

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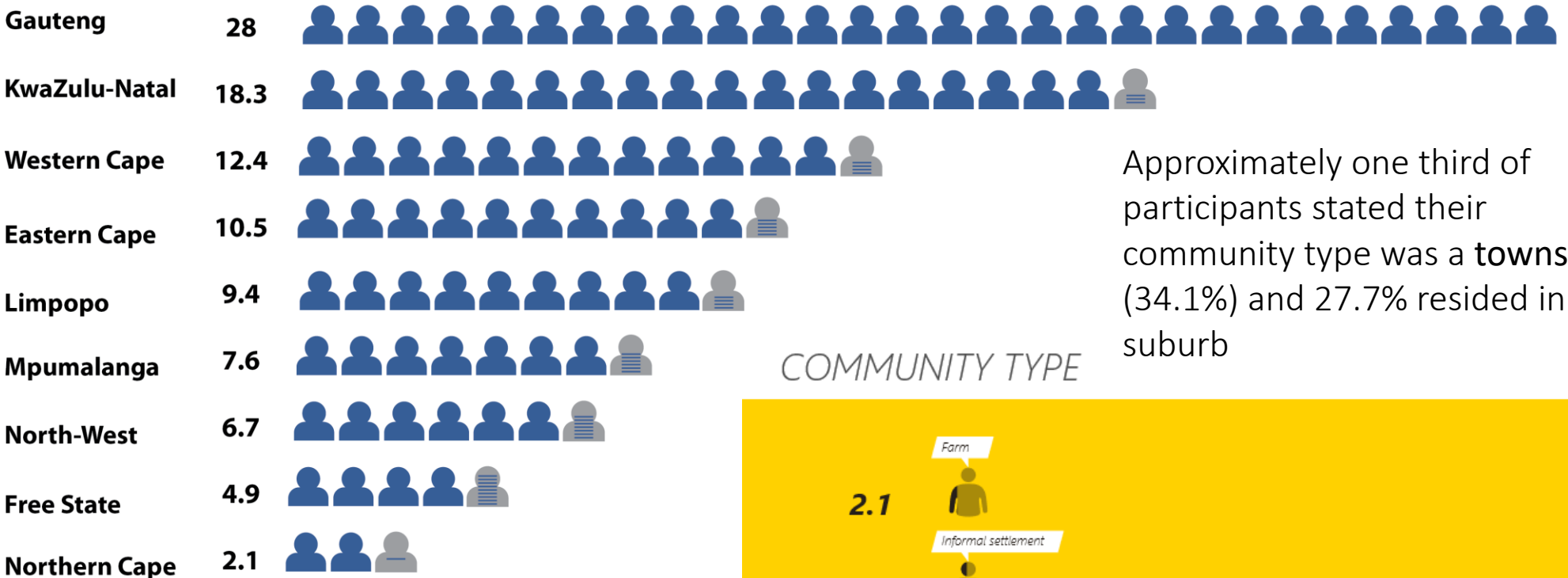
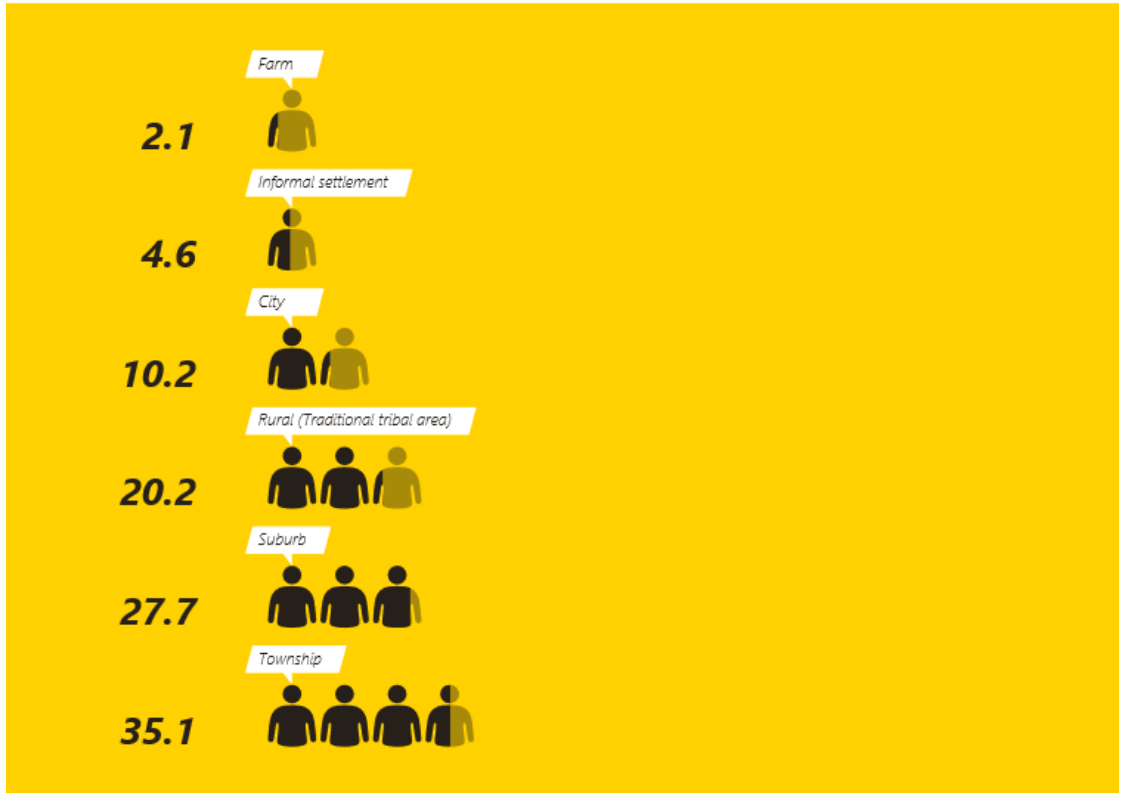
Lockdown survey demographic profile



Approximately one third of participants stated their community type was a **township** (34.1%) and 27.7% resided in a suburb

Majority of participants were from Gauteng (28%) & KwaZulu-Natal (18.3%)



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Highlights from lockdown survey findings

- The majority of people adhered to the regulations: the results show that 99% either left their homes for food, medicine and social grants or stayed home.
- 15% had to use public transport to get to the shops.
- 51% of people reported that they came into close contact with 10 or more people during the past 7 days when out of their homes.
- Just under a quarter (24%) of residents had no money to buy food
- More than half (55%) of informal settlement residents had no money for food
- 13% of people reported that their chronic medication was inaccessible during lock down,
- Over 20% of people from informal settlements and rural/ traditional areas reported that their chronic medication was inaccessible during lock down.
- Between 45% and 63% of people reported that the lock down would make it difficult to pay bills, debts, earn income, feed their families and keep their jobs.
- Cigarettes (11.8%) were more accessible than alcohol (2.5%) during lockdown.
- A quarter of people from informal settlements were able to buy cigarettes during lockdown.

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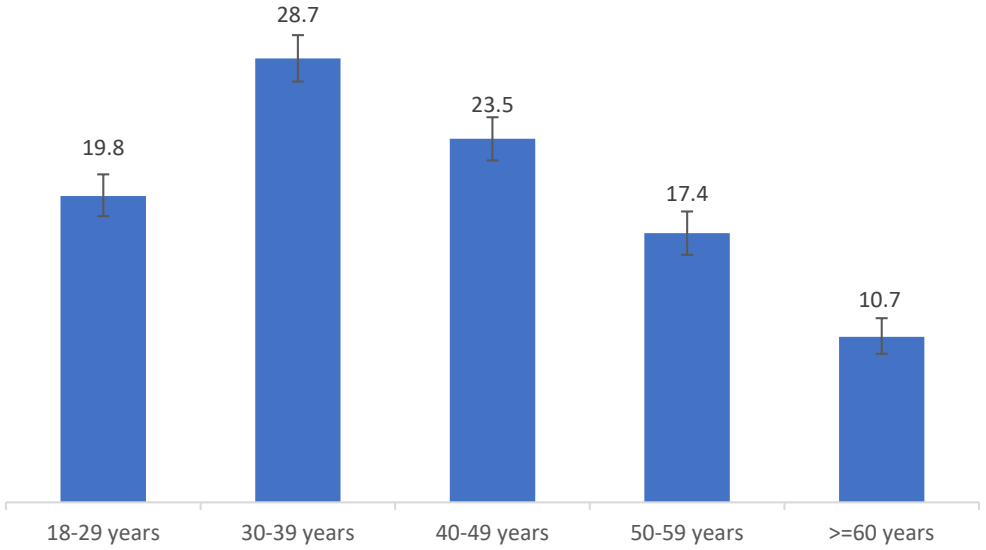
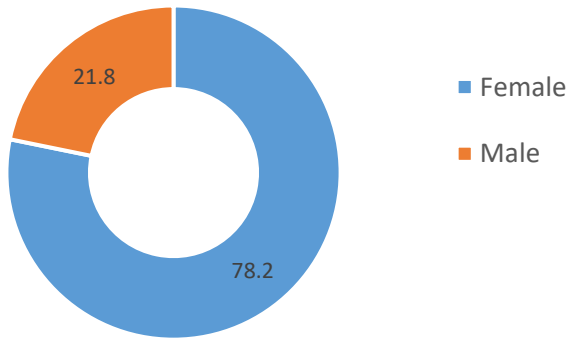
HCW survey demographic profile

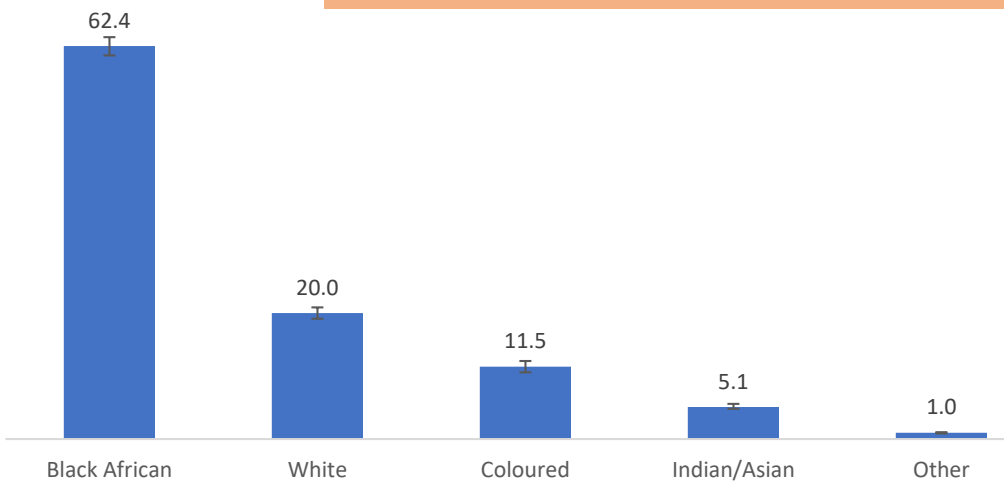


A total of 7 607 HCWs participated in the survey.

78.2% of the sample were female, [95% CI 77.0-79.4]

A fifth were <30 years old, 70% were aged 30-59 years and 10.7% were older than 60 years





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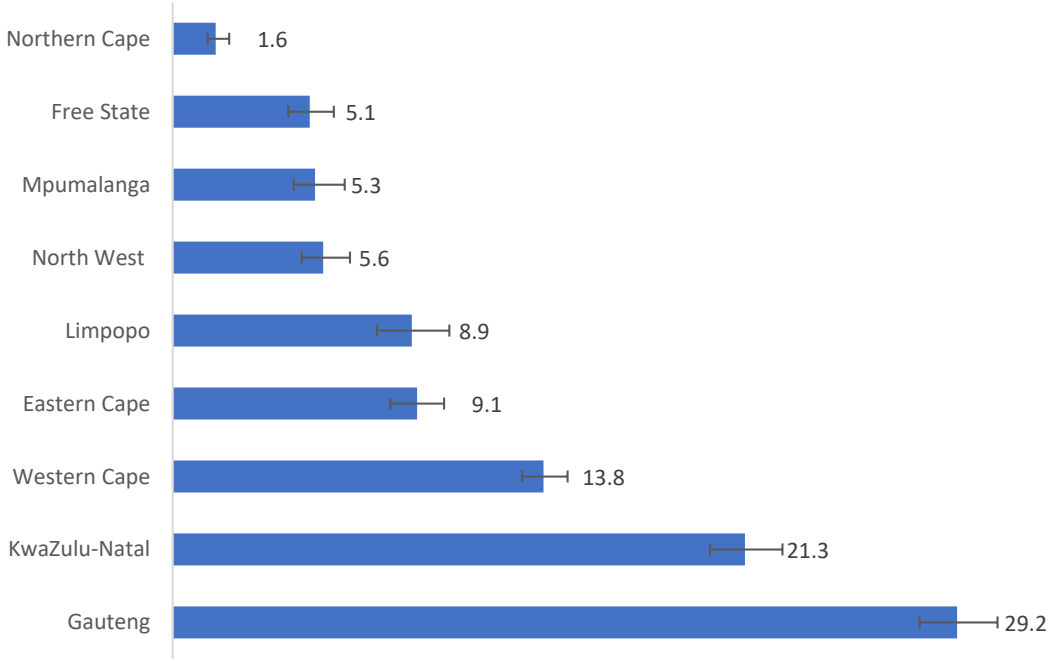
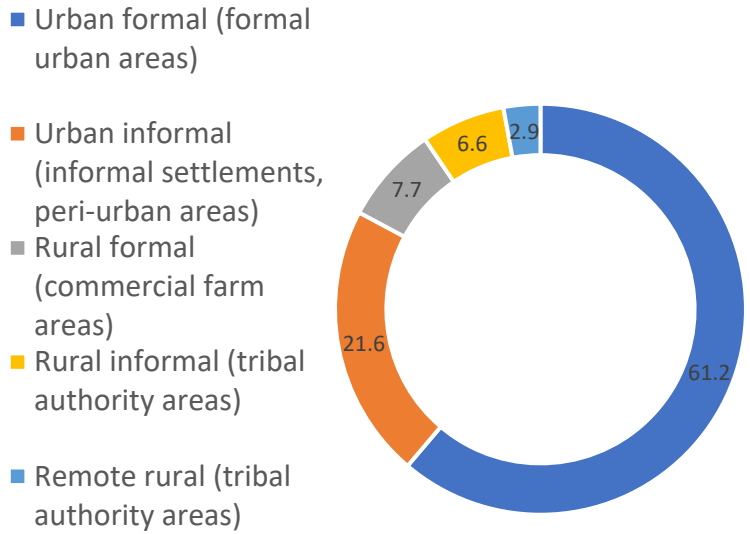
HCW survey demographic profile

- 29% of HCWs worked in Gauteng,
- 21% worked in KwaZulu-Natal & 14% in the Western Cape;
- the lowest proportion **(1.6%)** of participating HCWs worked in the Northern Cape



- Over 60% worked in urban formal localities [95% CI 59.5-63.0]
- 2.9% worked in remote rural localities [95% CI 2.3-3.7]



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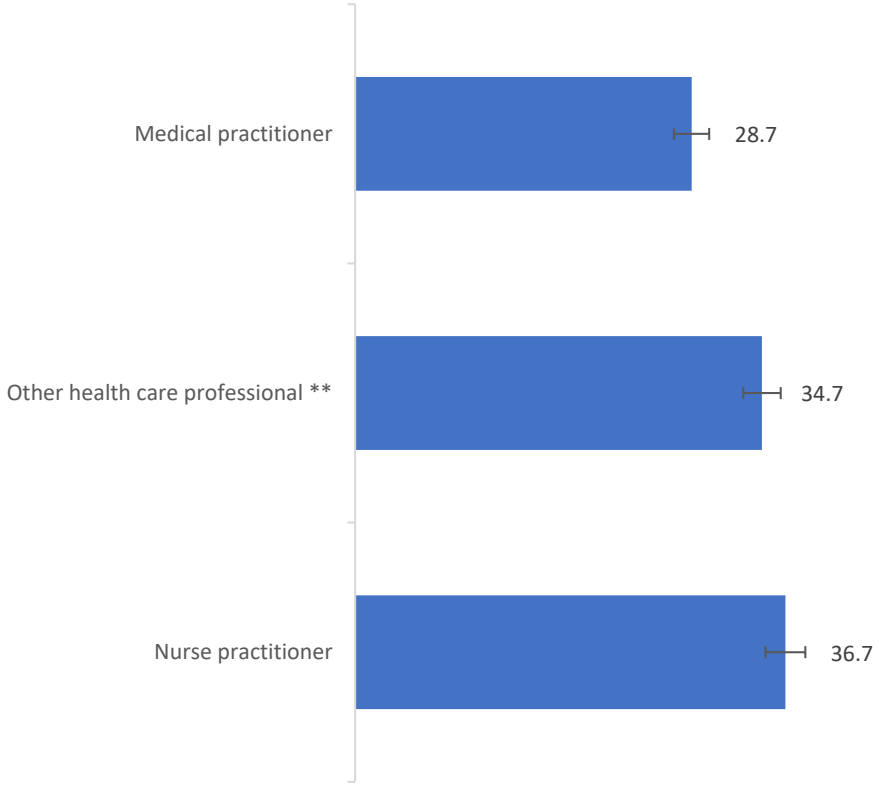
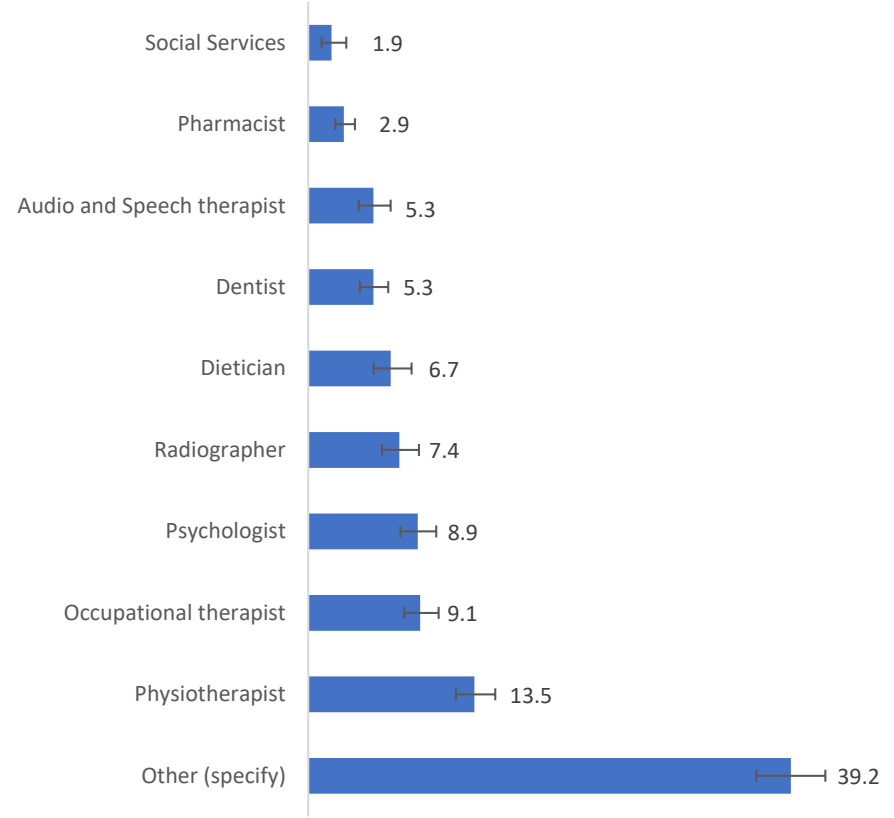
HCW survey demographic profile

Nurse practitioners comprised 36.7% of the sample, other health care professional 34.7% and medical practitioners 28.7%.



**Other health care professional: Approximately 14% were physiotherapists and the remaining categories each constituted under 10% of the sample. Nearly 40% classified themselves as "other HCW".



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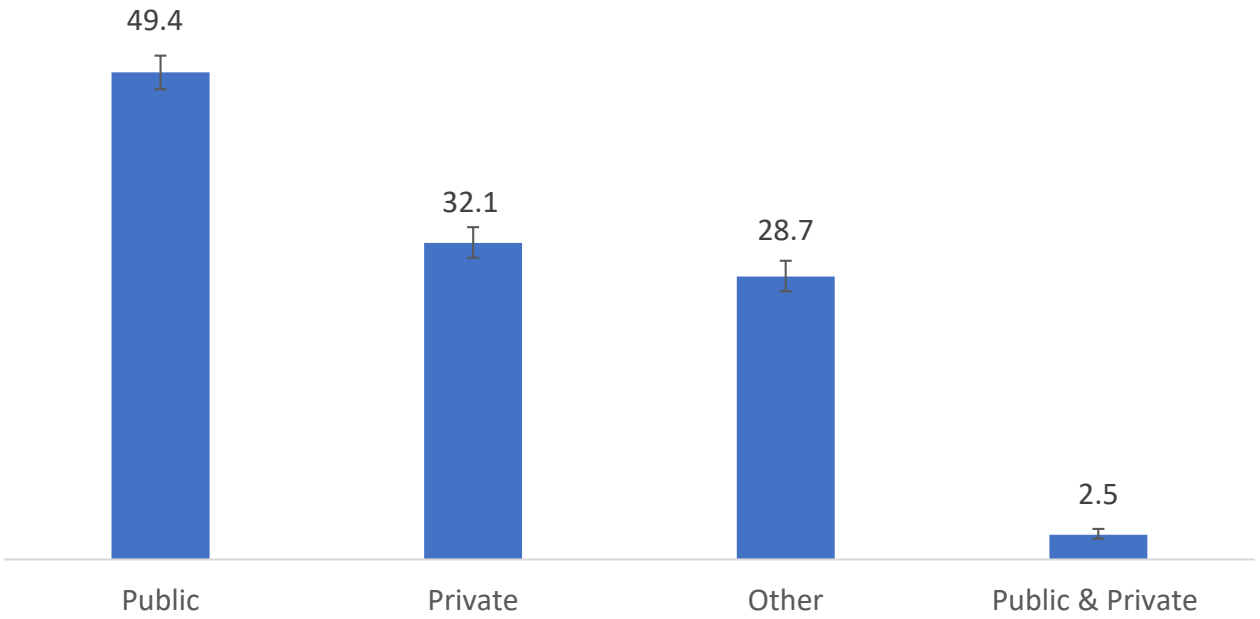
HCW survey demographic profile



49.4% worked in the public health sector

32.1% worked in the private sector

2.5% indicated they worked in both public and private sectors

1. The public/private/other sectors were not mutually exclusive.
2. Other work sector included academic, NGO, civil sector

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Highlights from HCW Survey findings

- There was a lack of proper training in the use of PPE, and which were appropriate under which conditions
- There was the lack of confidence in the training received on COVID-19
- Knowledge on the use of PPE was linked to level of confidence in managing COVID-19 positive patients
- When knowledge is low and confidence is low, risk perception is increased
- There was poor communication about COVID-19 to healthcare workers
  - Timely, factual and trusted
- Healthcare workers required psychosocial support particularly with the rapidly growing pandemic evolving
  - Rapidly increasing number of cases and deaths affected the mental health of healthcare workers

Limitations of online surveys

- Limitation of online surveys is that some subpopulations are less likely than others to have internet access and to respond to online questionnaires.
- Drawing a sample through online surveys is based on website visits.
- Inherently, the current surveys achieved less participation from some population groups
  - Unemployed people
  - Those who live in informal dwellings and rural areas
- The disproportionate participation rates are also likely to reflect the digital divide and issues around connectivity and access to technology and the internet.

Concluding remarks

- These surveys showed that socio-behaviourial data must be fed into country responses from the outset
  - A system for behavioural and social sciences should be put into place so that social scientists need to be engaged at the outset of public health emergencies and outbreaks to complement biomedical and epidemiological data collection
  - Ongoing interaction between social scientists, governance bodies and other stakeholders is essential
- Strengthen social science research in South Africa to coordinate the country's behavioural responses to be set up - build a system and structure for ongoing socio-behavioral work linked not only to the COVID-19 outbreak but to future outbreaks and/or disasters

Thank you

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