

UNDERSTANDING KNOWLEDGE, ATTITUDES AND PRACTICES IN THE CONTEXT OF COVID-19 IN FIJI



MINISTRY OF HEALTH
& MEDICAL SERVICES



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The Incident Management Team would like to acknowledge the work of all stakeholders involved in and who contributed to the COVID-19 Risk Communications Campaign. This includes but is not limited to relevant Government Ministries, World Health Organisation and other UN agencies, bi-lateral partners, civil society organisations, local government and faith-based groups.

The COVID-19 Preparedness and Response Plan (PRP) was developed to guide the health sector led and Whole of Government response to COVID-19. The PRP serves as the principal guiding document designed to inform planning and has been essential for the mobilization of resources from internal Fiji Government and external partners. The PRP signals when key activities have commenced and/or been completed and provides clarity on the expectations, roles and responsibilities across the seven operational pillars including risk communications. The risk communication activities have been guided by the PRP and the Risk Communications and Communication Engagement Strategy (RCCE).

The knowledge, attitudes and practices survey (KAP) was initiated by the IMT to help in understanding how effective the COVID-19 risk communications have been during Phase 1 of the COVID-19 response. Whilst meaningful data has been generated from the survey it is not intended as a research exercise or an exercise that will capture all views and experiences held within the community.

The opportunistic and statistically significant sample size surveys were administered to 804 individuals including 338 in the face-to-face survey and 460 individuals during the online survey.

A summary of key findings from the surveys is described below.

Knowledge and practices – cause and symptoms of COVID-19

- A high level of recognition of COVID-19 symptoms reported by respondents in both survey groups suggests the risk communication campaign contributed to an increase in knowledge. Respondents in both surveys rated fever/high temperature, dry cough and sore throat highly. This was evident across all groups regardless of gender, age or education level.
- Whilst knowledge of the most commonly recognised causes of COVID-19 infection was demonstrated in both survey groups, responses also highlighted potential gaps in knowledge and therefore opportunities for strengthening messaging particularly in the following areas:
 - a. Being/sitting next to someone with a cough;
 - b. Shaking hands; and
 - c. Touching contaminated surfaces or objects
- In the three months preceding the survey the most common sources of information included television, radio, Facebook and online news sources.

Over **70%**

of respondents in both survey groups understood that **fever, dry cough and sore throat were possible symptoms of COVID-19.**

Risk reduction (protective) measures – knowledge and practices

- Responses indicate the campaign has been effective in promoting awareness in a number of key protective behaviours including:
 - a. Avoiding gatherings of 20 people or more;
 - b. Staying at home during curfew hours;
 - c. Washing hands using soap and water frequently during the day;
 - d. Covering mouth and nose with elbow or tissue – scored well among online survey respondents.

Most commonly practised behaviours included:

- staying at home during curfew hours;
- avoiding gatherings of 20 or more people; and
- washing hands regularly.

- With the exception of physical distancing outside the home the data suggests that knowledge and practices were aligned. If the respondent group scored high in knowledge of hand washing, for example, this was reflected in behavioural practice-related questions. For physical distancing, both respondent groups demonstrated knowledge, however, scored lower on practice.
- The least practised, or most difficult behaviours to practise, according to both survey groups, were:
 - a. Following physical distance rules outside the home
 - b. Avoiding public transport
 - c. Avoid touching eyes, nose and mouth

Respondents reported **difficulty in practising physical distancing outside the home, avoiding public transport and not touching eyes, nose and mouth.**

In addition to above, the face to face survey further highlighted opportunities to refine messaging and support behaviour change in the following areas:

- a. Avoid close contact with anyone who has a fever or a cough
- b. Cover nose and mouth when sneezing or coughing

Health seeking behaviour

- During the risk communications campaign two main options were promoted in the event that symptoms appeared: call the 158 hotline or visit the health facility or fever clinic.
- Both survey groups scored highly when asked if they would attend a health facility or fever clinic.
- In contrast to the online survey group the face to face respondent group scored low on self-isolate and the 158 hotline.

76%

of respondents reported that **they would attend a health facility if COVID-19 symptoms appeared**

Multi-media approaches – preferred sources of information

- TV and radio appear to be contributing to a high level of reach within the community throughout the campaign. For face to face respondents this was reportedly how they have received most of their information throughout the campaign.
- Online respondents in particular expressed a preference for receiving information through press conferences.

TV and radio appeared to achieve a high level of reach throughout the three month campaign.

Topics of particular interest to the community – both survey groups

- Respondents in both survey groups reported highest interest in receiving more information on government responses as well as the status of COVID-19 in Fiji.

Background

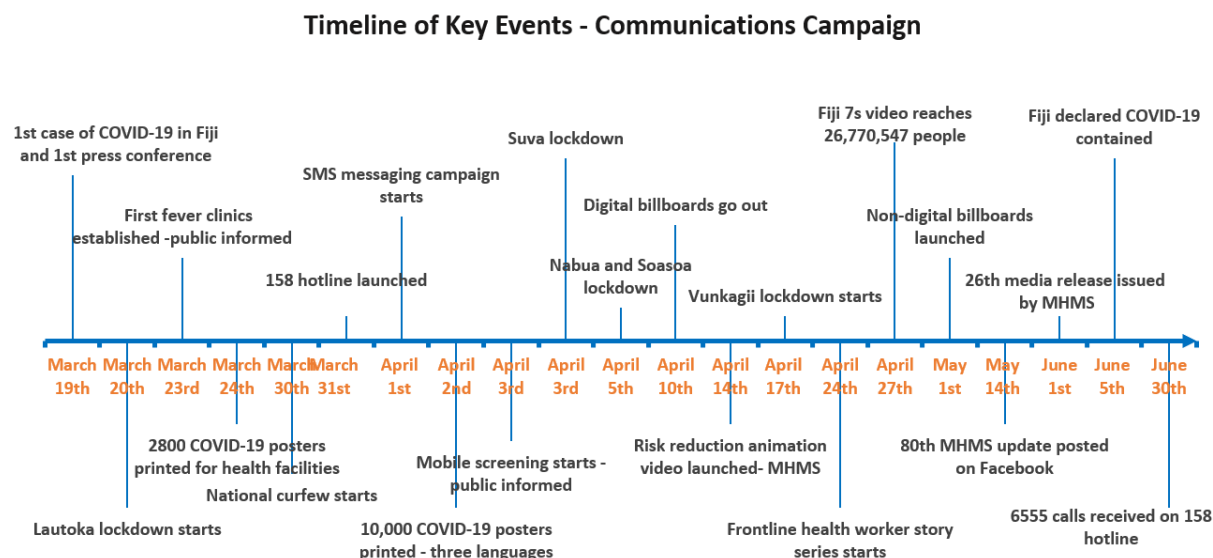
The first case of COVID-19 was reported on March 18th and case 18 was reported in April 17th. Fiji was declared COVID-19 contained on June 5th, 2020. The Incident Management Team (IMT) operated 24 hours a day between March and June before reducing hours of operation to 12 hours a day. During this period the population of Fiji was exposed to a sustained communications campaign inclusive of COVID-19 related health messaging, information updates concerning the availability of health services and compulsory restrictions on movement, work and other activity. This period of change in Fiji is unprecedented. Regardless of the trajectory of the pandemic in Fiji and the world, Fiji remains vigilant until such time as a vaccine becomes available or until the global threat of transmission is significantly reduced.

The Risk Communications and Community Engagement Strategy was developed by the IMT to guide its public health risk communication and community engagement (RCCE) interventions for its national response to COVID-19. In keeping with the Whole-of-Government approach indicated in the Fiji COVID-19 Preparedness and Response Plan, the Strategy brings together the collective activities and efforts of Government ministries as well as civil society and the private sector to ensure a coordinated approach to RCCE, under the leadership of the Incident Management Team (IMT) Risk Communication Pillar.

The overarching aim of the Strategy is to reduce the risk of exposure to and transmission of COVID-19. The Strategy sets out the objectives and proposed RCCE activities required to support the Government of Fiji's response to the COVID-19 pandemic, and specifically, to support the implementation of the Fiji COVID-19 Preparedness and Response Plan. It identifies key messages and addresses the need to effectively communicate with a variety of target audiences through a mix of communications channels.

The graph below (*Figure 1*) describes some of the key events and milestones that took place as part of the IMT led Risk Communications Campaign during the months of March – June 2020. The activities and events listed occurred during what is now described as Phase 1 of the COVID-19 response.

Figure 1



Community consultation forms a key component of the IMT’s commitment to ensuring their work is responsive and relevant to the needs and concerns of the community. Part of this commitment is ensuring that risk communication efforts are widely accessible, understandable and translatable into everyday life. It is against this background that the IMT commissioned the knowledge, attitudes and practices survey (KAP) in June 2020 to help in understanding how effective COVID-19 risk communications have been and determining the extent to which people accept these behaviours and how they have been able to maintain them. The surveys were carried out at a time when there were no active cases in the country.

Objective of the rapid assessment of knowledge, attitudes and practices survey

The objective of the survey is to assess knowledge, attitudes and newly adopted practices associated with the COVID-19 pandemic and provide data for decision support within the IMT.

The survey results will help inform decision making within the IMT, the Ministry of Health and Medical Services (MHMS) and the Ministry of Communications.

Approach

Specifically, the IMT, with technical support from the Fiji Program Support Facility (The Facility) and the Research, Innovation, Data Analysis Unit, launched the surveys to provide better understanding of the community’s current attitude and knowledge of:

- the causes of COVID-19;
- the signs and symptoms of COVID-19 and actions to take (if symptoms present);
- the attitude and level of adoption of risk reduction behaviours that can help prevent the spread of COVID-19 in households and communities

The results of the KAP surveys will help the IMT better understand the levels of knowledge, attitude and practices in the community and find opportunities for strengthening current risk communication and community engagement efforts, for example, refinement or adjustment of messaging for specific target groups.

Depending on the evolution of the pandemic over time, the IMT may decide to conduct a similar survey periodically as a means of staying in touch with community needs and priorities. Specific variables for investigation can be introduced based on emerging findings and status of the pandemic. Monitoring trends over time will provide feedback on interventions, acceptability and guide adaptations in policies and plans.

The survey information being collected is used for operational purposes only.

Summary of methodology

Identical surveys revolved around two key modalities: an online survey and face to face survey interviews. The surveys captured information on people's perceptions, attitudes and self-reported behaviours. The online survey option was selected at a time when there was ongoing COVID-19 restrictions in place and uncertainty about domestic travel in addition to physical distancing in communities. The face to face survey option was included in the methodological approach once there was further clarity and relaxation around these restrictions.

Online survey

Utilising the secure online survey software, SurveyMonkey¹, the survey was administered in English and issued through various platforms including MHMS Facebook page, MHMS Twitter account and Fiji Government website and Facebook page.

Face to face survey

The survey was administered manually in the community by trained survey administrators who received a briefing which included updates on consent processes, confidentiality protocols and data collection. Data was captured on SurveyMonkey.

Survey tool

The survey was designed to gather predominately quantitative data.

Piloting of survey questions

The survey was reviewed for language and cultural appropriateness and tested in English, I-Taukei and Hindi prior to being administered. Questions, in the three language versions, were reviewed and modified following feedback from the pilot.

Demographic profile of respondents

The surveys, administered to a cross-section of respondents considering gender, region and age, formed part of an overall rapid (turn around) exercise. For this reason, the respondents were selected through a convenience (opportunistic) sampling approach.

338 individuals responded to the face to face survey and 466 responded to the online survey. A combined total of 804 individuals.

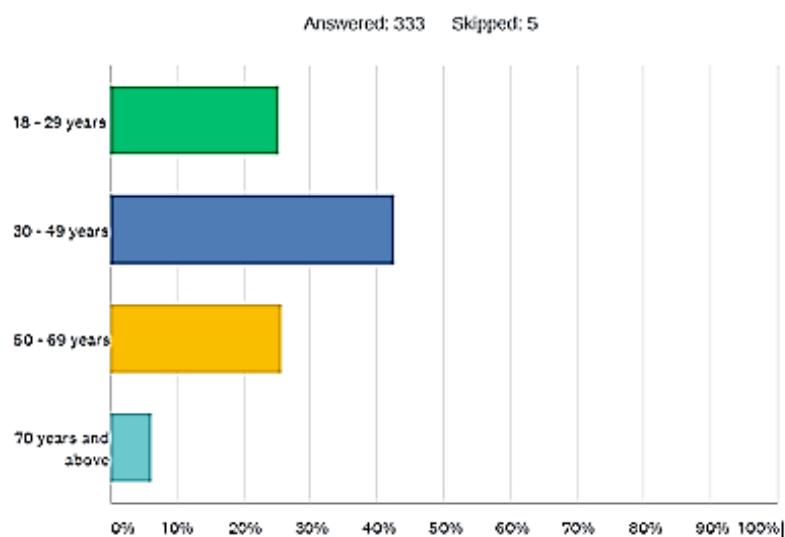
¹ <https://www.surveymonkey.com/welcome/sem/?program>

Figure 2: Breakdown of respondents by division, gender and employment status

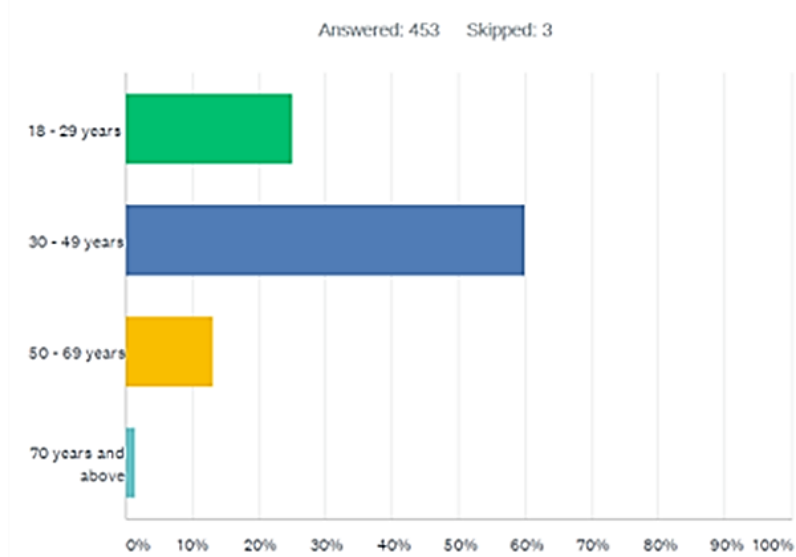
Demography	Face to face (%)	Online (%)
Geographical representation		
Central	30	72
Eastern	0.6	4
Western	34	19
Northern	35	4
Gender		
Male	41	62
Female	56	37
Employment Status		
Employed in informal sector	7	0.43
Formally employed fulltime	20	53
Formally employed part time shift	4	27
Home maker carer	5	3
Self employed	10	5
Student	9	3
Unemployed	43	7
Did not answer	2	1
Disability status		
Male	25	31
Female	70	57
Overall	6%	4%
Total Respondents	338	466

Figure 3: Age distribution of respondents to both surveys

Age breakdown Face to Face Survey



Age breakdown for Online Survey



4.5% of respondents in the online group reported living with a disability and 6% in the face to face group reported living with a disability. 57% of the people who reported living with disabilities in the online survey were female. In the face to face survey this was 70% (Refer Figure 2).

Ethics

The survey was anonymised with no personal identifying information, including respondents' names, collected.

Limitations of the survey

The results of this rapid assessment should be interpreted with some limitations in mind. These include a selection bias and inability to achieve a fully representative sample of different population groups due to the need for timely data and methodological limitations linked to COVID-19 related restrictions. The combination of both an online survey alongside targeted face to face interviews was one of the steps taken to improve the representation of different groups. Due to time and funds constraints, the face to face interviews were not extended to the Eastern division. Despite this, the survey achieved acceptable sample sizes in both the online and face to face survey. Where possible, tests for statistical significance have been conducted to determine extent of differences between different groups. The significance threshold was set at .05 at 95% confidence level. Similarly, the assessment team acknowledges the difference between self-reported and actual behaviours. The results of this assessment are still informative for operational research purposes and can inform management decisions around adjustments in messaging.

The scope of this rapid assessment did not cover the impact of COVID-19 on health and the other secondary effects. This assessment was seen as a first attempt at assessing community knowledge, attitudes and practices with an understanding that more in- depth studies could be conducted in a subsequent phase subject to availability of funding.

Findings

Knowledge of Covid-19

Sources of information over the preceding three months

Over 99% of respondents in both the online and face to face survey groups had heard of COVID-19. Both groups identified television and radio as the most common source of information. Online respondents also rated Facebook and other 'Online news sources' highly. Notable differences were observed between the groups as indicated in Figure 4 below.

Figure 4: Information sources that scored 50% or higher

Source	Face to face	Online
Television	87%	85%
Radio	72%	74%
Facebook	54%	76%
Online news sources	Not applicable	76%
Newspaper		65%
Internet search		62%
Fiji MHMS Website		60%
Text/SMS messages		56%
Word of mouth – family, friends		56%

As shown in **Figure 4** online survey respondents reported using a wider range of information sources.

Information sources that scored low in both groups included posters, flyers, billboards, non-Facebook social media platforms including Twitter and Instagram as well as the 158 hotline.

TV and radio appear to be achieving a high level of reach within the community. Online news sources are more commonly used among online respondents.

How do you get infected with COVID-19?

Figure 5: Knowledge about pathways of transmission

Face to Face	Ways of getting infected with COVID-19	Online
45%	Touching contaminated surfaces or objects	73%
66%	Sitting next to someone with a cough	52%
71%	Shaking hands	64%
81%	Contact with someone who has tested positive for COVID	92%



Less than 50% of the respondents who self-identified as living with a disability could correctly identify the three ways of getting infected with COVID (online survey). On average, 12% of respondents in the face to face survey as compared to 4% in the online survey incorrectly identified mosquito bites, eating contaminated food and drinking contaminated water as ways of getting infected. There were no statistically significant differences in responses based on education or employment status. Only 6% of respondents in the face to face and 1% in the online survey indicated that they did not know the ways of getting infected with COVID-19. In the online survey these were more likely to be self-employed.

Opportunities for increased messaging is recommended in the following areas (using various media including Facebook that will reach unemployed and self-employed better):

- Sitting next to someone with a cough;
- Shaking hands; and
- Touching contaminated surfaces or objects.

Possible symptoms of COVID-19

Cough and fever/high temperature were the most commonly recognised symptoms of COVID-19 in both survey groups. Difficulty breathing, a commonly promoted symptom, was ranked highly in the online group and among face to face respondents 53% (N=176). 77% of respondents in each survey recognised sore throat as a symptom of COVID-19 despite this being a less commonly promoted symptom throughout the campaign.

The survey results suggest more work could be done to emphasise 'difficulty breathing' in messaging paying attention to the most commonly identified sources articulated in the face to face respondent group.

76%

or more of respondents in both survey groups **recognised cough and fever/high temperature as symptoms of COVID-19.**

Ways you can protect yourself from COVID-19

Data from the online survey indicates a high level of understanding of the most common risk reduction behaviours promoted during the campaign.

The online survey respondents scored strongly (over 80%) on all four highly promoted protective behaviours.

Additionally, reinforcing this understanding, the online survey respondents also reported a high level of awareness of 'avoid (ing) large gatherings of people'.

84% or more of online

survey respondents **demonstrated knowledge of recommended risk reducing behaviors**



Taqomaki iko kei na nomu Vuvale mai na COVID-19

Na cava na ivakatakilakila?

Matetaka
Vuvu
Taqa ni iocegu

NA CAVA NA COVID-19
Oce edun na mate ka vei dromavaki bako ka vu mai ena covevovevuni. COVID-19 edun na mate e devui ena bete ni koro. Se vaka edun ena dauvaki boko edun.

Na cava meu cakava meu taqomaki au kina?

Ocei ena rawa ni tauvi koya?

Meu na leqataka beka?

NEWS

COVID-19

Reduce your risk of COVID-19

Wash your hands regularly with soap and water or use hand sanitizer

Don't touch your eyes, nose or mouth

Cover your cough and sneeze with tissue or an elbow

Keep 1-2m distance from others - avoid shaking hands, kissing and hugging

दूरमों को सुरक्षित रखिए, खास्ते या छीकते वक्त मुँह नाक कोहनी से ढाकिए

मुँह नाक से निकले मेल मत फैलाईए



World Health Organization

Sample of materials developed and disseminated as part of the risk communications campaign. Funding and support provided by WHO, UNICEF and KOICA.

Figure 6: below highlights the level of recognition associated with individual protective behaviours in both survey groups.

Protective behaviours	Face to face (N=330)	Online (N=447)
Wash hands with soap	87%	96%
Maintain two metre distance	81%	92%
Cover nose and mouth when sneezing or coughing	60%	92%
Avoid touching eyes, nose and mouth	37%	84%
Avoid close contact with anyone who has a fever or a cough	42%	84%
Avoid large gatherings of people	60%	87%
Clean hands with an alcohol-based hand rub	62%	89%



The face to face survey group recognised hand washing and maintaining two metre distance as key practices for protecting against COVID-19, however, scored lower in their knowledge of the importance of 'avoiding touching eyes, nose and mouth', avoiding large gatherings and covering nose and mouth when coughing or sneezing.

When compared to handwashing there was relatively low recognition of the importance of these three protective behaviours. The face to face respondents were also more likely to utilise herbal medicine (27% vs 10% in online group).

At the time of writing this report the IMT was in the process of updating the protective behaviours messaging to include 'Regularly clean frequently touched surfaces and objects and disinfect surfaces'.

Attitude and practices associated with COVID-19

Sharing information about your COVID-19 status

Similar response patterns were observed across both survey groups. Responses indicate that most respondents would be willing to disclose their COVID-19 positive test result and status to others. In the online survey, men are statistically significantly more likely to disclose their COVID status ($p=.05$).

Respondents in the online survey were more inclined to say no or decline to answer (28% vs 20% in the face to face survey). Of these respondents, the formally employed part time or shift workers are more inclined not to disclose their status as compared to the formally employed full time respondents. This difference was statistically significant. A total of 190 individuals, or 24%, said no, or declined to answer, when combining data from the two surveys.

Actions you would take if you developed symptoms of COVID-19

Self-isolate and call the 158 hotline were the most common responses for online respondents (81% and 84%) which was followed by visit the fever clinic (60%) and go the health facility (49%). Similarly, self-isolate and call 158 hotline were the most common responses from people who identified themselves as living with disabilities in the online survey. Less than 55% would go to the health facility and the fever clinic.

The three most common responses in the online group were consistent with the messaging disseminated throughout the campaign. For the face to face respondents only 32% said they would contact the 158 hotline and 76% said they would go to a health facility or fever clinic.

In both the online and face to face survey there were no statistically significant differences noted between men and women on taking the recommended actions.

Responses to this question suggest that respondents understand the importance of connecting with a representative from the MHMS either by phone or face to face if they become symptomatic. There is value in continuing to reinforce this message into the next phase of the campaign.

HEALTH SEEKING

32%

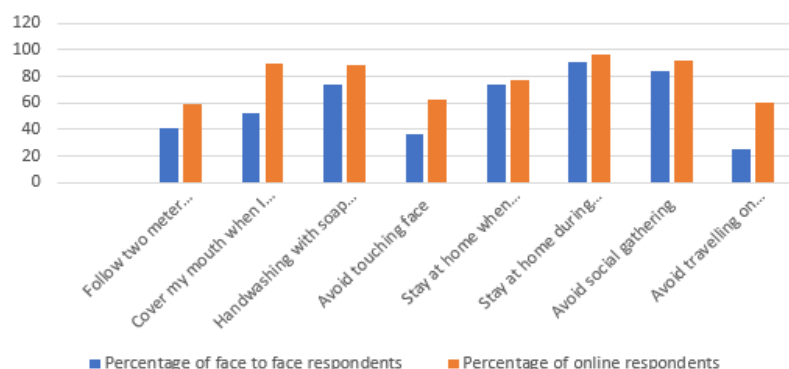
of face to face respondents said **they would call the 158 Hotline if symptoms presented.**

76%

said **they would go to the health facility and/or fever clinic.**

What have you done over the past two months to protect yourself from COVID-19?

Figure 7: The graph below shows the percentage of respondents who reported practising protective measures question 'Always'



36%
Of the respondents in the face to face survey reported **practising the recommended 'avoid touching face'**

There were notable similarities in the reported practices across both the online and face to face survey respondents. As shown in *Figure 7* the most commonly practised behaviours for both groups include: staying at home during curfew hours, avoiding gatherings of 20 or more people and washing hands regularly. For face to face respondents the most consistently practised behaviours were consistent with the campaign messaging except for avoid touching face, nose and mouth, and practising physical distancing. Additionally, avoid public transport also scored low as a behaviour practised routinely over the previous three months by this group of respondents.

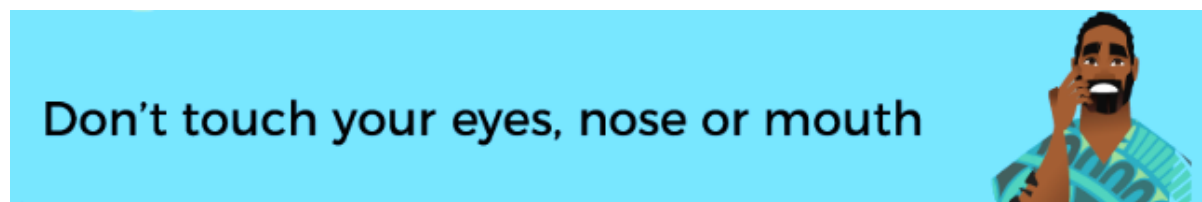


Image from IMT Risk Communications Campaign (2020) - Responses from the face to face survey respondents suggest this was one of the least practised behaviours.

Three out of the four commonly promoted risk preventive behaviours were rated amongst the top five behaviours commonly practised by respondents in both surveys which suggests a high level of exposure and acceptance of the messaging campaigns. Though physical distancing was not amongst the top five, results still indicate that over 80% will do it always or sometimes. It is expected that only a smaller proportion of face to face respondents were able to avoid using public transport given their socio-economic profile. At the time of this report, as the economy re-opens and zoned lockdowns are relaxed, citizens are no longer being urged to avoid public transport. As reported in *Figure 7*, the highest scored practices could be linked to a more immediate awareness on the repercussions of non-compliance, that is, payment of fines or even jail for breach of curfew.

There were no statistically significant differences in practices by men and women in the online survey on most behaviours save for higher number of women (93%) reporting covering their mouths with a tissue or paper when coughing or sneezing. This is compared to 83.53% of the men and women who reported practising hand washing regularly with soap and water – 95.05% of the women as compared to 80.59% of the men and this difference is statistically significant. Formally employed respondents reported always staying at home during curfew hours in comparison to the unemployed.

Which behaviours do you find most difficult to practise?

When asked which of the government promoted behaviours (Figure 5), they found more difficulty in practising, respondents in both surveys identified maintaining at least 2 metres between myself and any other person outside my household as the most difficult. All other responses did not rate highly except for avoid touching eyes, nose and mouth (41%) in the online group.

This is consistent with the responses to the previous question about how you have protected yourself from COVID-19 with these two behaviours ranked the least practised.

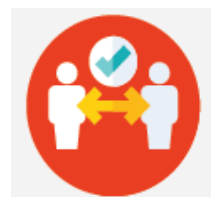
As in the previous section, men in the online survey found it more difficult to regularly and thoroughly wash hands as compared to women (statistical difference).

Though overall people did not find as much difficulty in staying at home during curfew hours as compared to other practices like physical distancing and avoiding touching eyes, nose and mouth; it is important to note for the unemployed find it more difficult to stay at home than the formally employed (all categories). More conscious targeting of the unemployed to stay home during curfew hours using their preferred communication medium including face book can be pursued.

Maintaining 2m distance outside the home and not touching the eyes, nose and mouth were found to be the most difficult behaviors to practise across both survey groups.



Avoid touching your eyes, nose and mouth



How would you prefer to receive information about COVID-19?

For face to face respondents' answers, TV and radio, were consistent with a previous question that asked about sources used in the previous 3 months. When answering this question people also noted their preference for contact with MHMS awareness teams. Posters and SMS/text were not preferred methods for receiving information for this survey group.

For online respondents, in order of preference; TV, SMS, radio, Facebook. This was followed by newspaper and official Government press release. This is consistent with how people reported receiving information in the previous 3 months. 53% of respondents preferred official press conferences as one of their sources of information about COVID-19 or similar public health concern in the future.

There were no noted statistically significant differences between how men and women prefer to receive COVID-19 information on major information sources. Students recorded a higher preference for getting news via radio than the formally employed. The formally employed did not rank Facebook as high as the students and unemployed. Findings from face to face survey indicate that respondents in the 70+ age group would prefer to get COVID-19 news on the radio as compared to all other age groups.

What topics are you most interested in?

Information about government responses and the status of COVID-19 in Fiji ranked highly for both groups. Also causes, symptoms of COVID-19 and status of COVID-19 in the region.

As expected formally employed respondents in the online survey are more interested in receiving information on reducing risk of COVID-19 in the workplace across other groups; with a statistical significantly higher score than the home makers / full time care givers.

Conclusion

Overall, the survey findings suggest that there is a high level of recognition of causes of COVID-19 in the community. Whilst knowledge of the causes of COVID-19 infection was demonstrated in both survey groups, responses also highlighted opportunities for strengthening messaging. A similar pattern was observed with regards to knowledge of symptoms of COVID-19. Regarding risk reduction behaviours that were practised during the campaign period three out of the four commonly promoted risk prevention behaviours, including, regularly washing hands with soap and staying home during curfew hours were rated amongst the top behaviours commonly practised by respondents. For face to face, there is a significant similarity from the responses captured across from gender, different age group, different level of education and from the different division.

The two data sets suggest a high level of exposure and acceptance of the messaging campaigns and, at least in some instances, that this knowledge has translated into practice. Moving into the next phase of the campaign the IMT may further consider the demographic features and preferences of different groups within the community to ensure the right combination of messages and methods to reach as wider a cross section of the community as possible. Further consideration to patterns and media/information preferences will assist in addressing some of the knowledge gaps as well as behaviours that survey respondents reportedly found more challenging to practise in their day to day.

The IMT recognises that further opportunities may exist to validate findings from the KAP survey and/or undertake further assessments to help in understanding the ongoing risk communications campaign effectiveness and opportunities for refinement.

Knowledge and practices associated with causes and symptoms of COVID-19

1. High recognition of commonly promoted COVID-19 symptoms suggest that the campaign has been contributing to awareness raising and knowledge retention related to: fever, dry cough and sore throat. **Continue approach with more emphasis on 'difficulty breathing' and sore throat symptoms** which were associated with low recognition in the face to face survey group.
2. Recognition of the most commonly known, at the time of the survey, **causes of COVID-19 infection was evident in both survey groups**. Opportunities for increased and/or changes to the messaging strategy is recommended in the following three areas:
 - a. Sitting next to someone with a cough;
 - b. Shaking hands; and
 - c. Touching contaminated surfaces or objects.

Risk reduction (protective) measures – messaging and promotion;

3. **Continue to emphasise handwashing and maintaining two metre distance** to support maintenance of these behaviours as reported by both survey respondent groups.
4. **Maintain current messaging and approach with regard to promotion of protective behaviours as this appears to have been effective in a number of key areas**. Protective behaviours most frequently adopted in both survey groups include: avoiding gatherings of 20 people or more; stay at home during curfew hours; wash hands using soap and water frequently during the day. Covering mouth and nose with elbow or tissue scored well online respondents.
5. With consideration to the demographic profile of the face to face respondents including age, indicators of socio-economic status such employment, educational attainment and household data, as well as information source preferences, **increase messaging in the following areas related to protective action:**
 - a. Avoid touching eyes, nose and mouth;
 - b. Avoid close contact with anyone who has a fever or a cough;
 - c. Cover nose and mouth when sneezing or coughing; and
 - d. Keep two metre distance from someone outside of my household (since adjusted to 1.5 metres)

Note: Clean frequently touched surfaces and avoid touching contaminated surfaces has been added to the list of protective measures since this survey was administered.

6. **Following on from recommendation # 5; relevant to both survey groups consider tailoring messages for physical distancing** by identifying when possible / realistic to do it and shift responsibility to business owners / service providers as it's easier to enforce at this point.

Health seeking behaviour

7. During the risk communications campaign two main options were promoted in the event that symptoms appeared: call the 158 hotline or visit the health facility. This is in addition to self-isolate. The face to face group scored low on the hotline and self-isolate, particularly on the hotline. Responses to this question suggest that respondents understand the importance of connecting with a representative from the MHMS either by phone or face to face if they become symptomatic. There is value in continuing to reinforce this messaging into the next phase of the campaign.
8. It is recommended that, with consideration to the demographic profile of the face to face respondents and preferences for media, the strategy is reviewed **in the area of health seeking behaviour**. This will become particularly relevant if a second wave of community transmission occurs in Fiji.

Multi-media approaches

9. **Continue to use TV and radio** as these two mediums appeared to be contributing to a high level of reach throughout the campaign. For face to face respondents this is how they have received information throughout the campaign and how they would like it to continue. Responses related to information sources were consistent throughout the survey for this group. As *Figure 3* highlighted, the range of preferred information sources for the face to face group was far more limited if compared to the online respondents.
10. **Review print media approach** in the risk communication and community engagement strategy. Relevance of print sources, primarily posters and pamphlets, was evident in the attitude and practices section of the survey responses as well.
11. **Online news sources including MHMS website appear to be reliable mediums** for information dissemination, however, may not have as wide a reach as TV and radio, in all segments of the community as evidenced in the face to face survey responses.
12. **Consider that while official press conferences may represent** an important source of information for online respondents (53%), this strategy may have less value for certain segments of the community as indicated in the face to face responses (12%).

Topics of interest to the community – both survey groups

13. In response to the feedback across both survey groups, continue to provide regular press conferences, and Facebook updates to the public about government responses as well as the status of COVID-19 in Fiji.

Knowledge Attitudes and Practices Survey Tool - COVID-19

Consent

COVID-19 has infected people around the world causing health problems and, in some cases, death.

Over the past three months, the Incident Management Team have conducted a risk communications campaign on COVID-19. To help them learn more about how the campaign has worked and how it can be strengthened moving forward, you are invited to participate in this short survey.

Your responses and feedback are much appreciated. This survey is expected to take 4-6 minutes.

Participation in the survey is voluntary. No names or sensitive information are required from you. The information obtained will be treated confidentially.

Do you want to proceed with the survey? Yes or No

Part 1 – Socio-demographic Information

1. How old are you?
 - a. 18 – 29 years
 - b. 30 – 49 years
 - c. 50 – 69 years
 - d. 70 years and above

2. Gender (*select one*)
 - a. Male
 - b. Female
 - c. Other

3. What is your highest level of education?
 - a. Did not attend school
 - b. Primary school
 - c. Secondary School (including those still at high school this year)
 - d. Tertiary education (including those still at tertiary institutions this year)

4. Employment status
 - a. Student
 - b. Unemployed but doing subsistence activities to earn a living
 - c. Self employed
 - d. Employed and earning income
 - e. Formally Employed Full Time
 - f. Formally Employed Part Time or Shift Work
 - g. Employed in Informal Sector (Livelihoods, markets, crafts, baking, home gardens, farming etc.)
 - h. Self Employed (Own Business)
 - i. Home Maker/Carer (Full Time Mother or Carer)
 - j. Unemployed

5. Are you a health professional? Yes /No

6. Which Division (drop down menu)
 - a. Northern
 - b. Central
 - c. Western
 - d. Eastern

7. How many people live in your household?
 - a. 1 – 4 people

- b. 5 – 8 people
 - c. 9 – 12 people
 - d. More than 13 people
8. Are you living with any form of disability?
- a. Yes
 - b. No

Sources of Information on COVID-19

9. Have you heard about Coronavirus or COVID-19?
- a. Yes
 - b. No
10. Which of the following sources have you used to get information about COVID-19? *Choose all that apply:*
- a. Radio
 - b. Television
 - c. Posters / Information flyers
 - d. Newspapers
 - e. Online news sources
 - f. SMS
 - g. Facebook
 - h. Twitter/Instagram/Viber
 - i. Fiji Ministry of Health and Medical Services (MHMS) website
 - j. Other social media
 - k. Word of mouth (Family, neighbours of friends)
 - l. Internet searches
 - m. Billboards
 - n. Toll free COVID 158 Hotline
 - o. Government authorities
 - p. Health care worker
 - q. Community health worker
 - r. NGO or community group in my area
 - s. Other _____
11. Are you satisfied with the information provided by the government on COVID-19?
- a. Don't know/not sure
 - b. Very
 - c. Moderately
 - d. A little
 - e. Not at all
 - f. Prefer not to answer

Knowledge of causes, symptoms and prevention

12. How do you think people get infected with COVID-19? *You may select more than one answer.*
- a. From touching contaminated surfaces or objects
 - b. Mosquito bites
 - c. Eating contaminated food
 - d. Sitting next to someone with a cough
 - e. Drinking contaminated water
 - f. Shaking hands
 - g. Contact with someone who has tested positive for COVID-19
 - h. COVID-19 flyer
 - i. Prefer not to answer
 - j. I don't know
13. Which of the following are symptoms of COVID-19? *You may select more than one answer.*
- a. Fever/high temperature

- b. Difficulty breathing
- c. Sore throat
- d. High blood pressure
- e. Skin rash
- f. Runny or stuffy nose
- g. Cough
- h. Blurry vision
- i. Jaundice or yellow eyes
- j. Fractured or broken bones
- k. Bruises on the body
- l. Loss of taste and smell
- m. Don't know
- n. Other: _____

14. What are some of the ways you can protect yourself from COVID-19? *You can select more than one answer.*

- a. Regularly and thoroughly wash hands with soap
- b. Avoid drinking water that is not boiled
- c. Maintain at least 2 metres between yourself and any other persons outside your household
- d. Always cover my nose and mouth with tissue or elbow when coughing or sneezing
- e. Herbal medicine
- f. Avoid close contact with anyone who has a fever and cough
- g. Clean hands with an alcohol-based hand rub or sanitiser when soap and water is not available for washing hands
- h. Cover up cuts and bruises
- i. Avoid touching eyes, nose, and mouth
- j. Avoid large gatherings of people
- k. Don't know
- l. Other: _____

Prevention – own behaviours (preparedness)

14. Would you feel comfortable telling others if you tested positive for COVID-19?

- No
- Yes
- Prefer not to answer

15. What actions would you take if you developed a fever, cough and difficulty breathing and or had come into contact with an overseas traveller? *(Tick all that apply)*

- a. I would self-isolate
- b. I would wait and see if symptoms became worse
- c. I would encourage people in my house to self-isolate or quarantine
- d. I would go to the health facility or fever clinic
- e. I would go to a private clinic
- f. I would take herbal medicine
- g. Pray and go to church
- h. I would call the national COVID Hotline 158
- i. I would not change anything I am doing

16. What have you done over the past two months to protect yourself from COVID-19:

- a. I follow the physical distancing rule whenever I go outside my home: *Yes, up to 2 metres: Yes, up to 1metre; No*
- b. I wash my hands using soap and water frequently during the day: *Yes/No*
- c. When I cough or sneeze, I usually cover my mouth and nose with a tissue paper or elbow: *Yes/No*
- d. When I cough or sneeze, I usually wash/disinfect my hands immediately afterwards (link to elbow): *Yes /No*
- e. I avoid touching my face (eyes, nose and mouth) : *Yes /No*
- f. I stay home when I feel flu-like symptoms: *Yes / No*

- g. I stay home during curfew hours: *Always / Sometimes / Never*
- h. I avoid gatherings of 20 or more people: *Always / Sometimes / Never*
- i. I stayed in isolation or quarantine as instructed by the health personnel: *Yes/No/Not Applicable*

17. Which of the following measures do you find **most difficult** to practice?

- a. Regularly and thoroughly wash hands with soap
- b. Maintain at least 2 metres between myself and any other persons outside my household
- c. Always cover my nose and mouth with tissue or elbow when coughing or sneezing
- d. Avoid close contact with anyone who has a fever or cough
- e. Clean hands with an alcohol-based hand rub or sanitiser to clean hands when soap and water is not available for washing hands
- f. Avoid touching eyes, nose, and mouth
- g. Staying at home during the curfew hours

18. How would you prefer to receive information about COVID-19 OR similar public health concern in the future? *You can select more than one answer.*

- a. Newspaper
- b. Radio
- c. Television
- d. 158 COVID-19 hotline
- e. SMS or text message
- f. Facebook
- g. Viber
- h. Posters/Pamphlets
- i. Billboards
- j. Awareness team by Ministry of Health
- k. Consultation with health worker
- l. Religious leaders
- m. Official government press release (print or online)
- n. Official government press conference (TV, live stream)
- o. Email from employer
- p. Word of mouth from family members, friends, colleagues etc
- q. Online blog
- r. Other

19. What topics you would be interested to get more information on? *You can select more than one answer.*

- a. Causes of COVID-19
- b. Location of fever clinics and isolation facilities
- c. Symptoms of COVID-19
- d. Status of COVID-19 in Fiji such as new cases and recovered cases
- e. Status of COVID-19 in the region and globally
- f. Restriction of movement and social distancing
- g. Government responses
- h. Reducing risk of COVID-19 in the workplace
- i. How to access non-COVID-19 health services
- j. None of the above

Thank you very much!

Your participation provides valuable insights for all of us to react appropriately in the current COVID-19 situation and to reach all citizens with useful information in a timely manner.

For more information about the COVID-19, please visit the following website: <http://www.health.gov.fj/>