

Covid-19 & Community Voice

A Monthly Research Paper

September 2020



Highlights

People in urban and rural areas are aware of Covid-19 and accept it is a disease as opposed to a conspiracy. However, only women and some men in urban areas say they still follow health guidelines to stop spread of the virus (such as frequent handwashing with soap). Men, especially those living in rural areas, have negative attitudes towards COVID-19 and their perceptions are mainly driven by rumours. Media has been the main source of information about COVID-19 with mullahs and community leaders also providing information in rural areas. TV is most trusted among those who have access to it. Most people now want to know when, where and how they can access COVID-19 vaccine.

Key Findings

Women and people living in urban areas are still concerned about COVID-19. Men, however, are more concerned about unemployment and poverty.

Female participants more commonly report concerns about Coronavirus. They are concerned because they feel responsible for keeping children and other family members healthy. They are also worried about the impact on their children's education. Women in rural areas are concerned about the length of time their children have been out of school (since March) and, as a result, some are concerned their children may become targets for insurgent recruitment.

"I heard from my neighbours that insurgents attempt to recruit teenage boys who are out of school due to Covid-19 school closures. I am very concerned about my children."

- Mother of five children, Faryab

Men, especially those from rural areas, do not talk about the same concerns around COVID-19 compared to women. Male participants feel that the concerns of their community members are unemployment and poverty which have intensified during the lockdown. Many of them, especially poor and daily wage earners, are struggling to earn. As a result, they are desperate to go back to work and in denial that COVID-19 still exists.

Women and girls are affected by Covid-19 and associated lockdown more than men in their communities.

Women report more challenges and concerns around the immediate impacts of Covid-19 compared to the men we spoke to. Their physical and emotional burdens have increased during the pandemic, mainly owing to increased financial pressures and the increased presence of male members and children at home during the lockdown.

Meanwhile, many women have lost their small businesses such as making handicrafts and other income generation activities for local markets. The supply chain has collapsed affecting their businesses significantly. Both male and female participants said that many women employed in the private sector have lost their jobs.

Women's social life has also been negatively affected by Covid-19 as they could not attend routine family gatherings, weddings and other social ceremonies. This is more of an impact on women compared to men as women are less likely to go outside of their home for other reasons i.e. work.

"I am a teacher in a private school. It has been eight months since I have not received any income as schools are closed."

- A female radio listener in Kunduz

Some women say the virus has provided some families with an excuse to prevent women and girls from going outside or to schools [since schools are opened for grades 11 and 12].

"Coronavirus is a good excuse for those who are against women working outside. I can name some families in my area who still do not allow their daughters to go to work and are even preventing them to go to schools [where schools have resumed]."

- A male radio listener in Mazar-i-Sharif

Women are concerned about a second wave of Covid-19, and worried about lack of access to basic healthcare services as the broken healthcare system already proved its inability to provide basic treatment. Insufficient female healthcare workers have also increased sufferings of women and girls.

Women in all provinces are concerned about a second wave of COVID-19 with women in rural areas concerned about limited access to basic healthcare services. Shortage of female health workers in some provinces including cities is also a concern for women. According to female radio listeners and CDC members in Balkh, Daikundi and Faryab, security threats have limited healthcare workers' access to remote communities. Journalists who covered Covid-19 news stories witnessed how shortage of female healthcare workers led female patients suffer.

"I witnessed a woman falling down on the hospital floor when she learned that her Covid-19 test was positive. There was no female health worker to take her inside. After a while, male care workers took her inside and provided treatment. If it had happened in a sensitive province, she could have lost her life as no men would touch her and provide care."

- A male journalist in Daikundi

Perceptions about Covid-19 are still dominated by rumours. Although most participants accept the existence of Covid-19 as a disease as opposed to a conspiracy theory, rural men think it has been eliminated in Afghanistan.

Some common rumours reported by study participants are:

- Men living in rural areas think that **the government has sought to exaggerate the virus to attract international funding**. This mistrust was fuelled after the news and photos of the *Loya Jirga* came out where more than 4,000 individuals participated without observing physical distancing.
- Less educated men and those living in rural areas of Helmand, Nangarhar and Balkh believe that **those who observed health guidelines turned to become more susceptible to Covid-19; whilst less cautious individuals remained healthy**.
- Most participants also think that **once an individual is infected, they are safe for the**

next six months. Therefore, they do not need to follow Covid-19 health guidelines.

- If someone visits a Covid-19 control centre to get treated, the doctors will kill them intentionally by an injection to stop further spread of the virus.

"People in my area say Coronavirus does not exist anymore; even if it exists, it is not as serious as exaggerated by the government."

- A male CDC member in Helmand

Knowledge of healthcare guidelines is present but not observed everywhere. Women overall and men living in urban areas, however, observe frequent handwashing. While study participants report handwashing as the easiest habit to adopt, using a face covering, physical distancing and self-isolation in case of symptomatic found are difficult for them to adopt.

All male and female participants are aware of precautionary measures such as handwashing, physical distancing, using face covering, surface cleaning, and avoiding large gatherings. Women and urban men report frequent handwashing as they feel it is easy for them to adopt. However, a lack of access to soap and clean water is still reported as a barrier for poor people and Kuchi nomads.

This is while, some specific groups report a lack of knowledge of key behaviours. Urban poor people are not sure about safe social distancing

to be one or two meters. For many social distancing means avoiding hugging or shaking hands, which they had observed in the initial days of lockdown but going back to routine recently. Similarly, Kuchi nomads only know about fever and cough as Covid-19 symptoms.

“Public awareness campaign is easy but difficult to practice. For instance, washing hands with soap for 20 seconds is the easiest way and the most important preventative measure, but most people do not have access to soap when they are outside.”

- A male radio listener in Helmand

Media has been the main source of information about Covid-19 for people.

All male and female participants trust TV as their key source of information about Covid-19, where they had access to it. However, people in rural areas use radio more as well as listen to mullahs communicating via mosques, and door-to-door engagement led by community leaders. While rumours, study participants reported, were spread through social media and words of friends and families.

“We mostly receive information about coronavirus from TV, radio, and sometimes mullah talks about importance of precautionary measures in the mosque. Brochures were also distributed door to door once.”

- A male CDC member in Faryab

Women and men want to know when, where and how vaccines for Covid-19 will be available.

Study participants also want information from trusted sources such as TV, radio or mullahs and doctors to tackle the existing rumours and verify information they get on social media and from friends.

Research methodology

We have conducted 24 in-depth mixture of telephone and face-to-face interviews in the first week of September in six provinces including Faryab, Balkh, Kunduz, Daikundi, Nangarhar and Helmand provinces. These interviews were conducted with:

- Six female and five male listeners of local radio stations
- Five female and two male Community Development Council (CDC) members
- Six active journalists

We also conducted four face-to-face qualitative focus group discussions (FGDs) with members of poor communities in Kabul and two FGDs with Kuchi nomads. These FGDs were conducted at BBC Media Action’s Kabul office.

To understand better how communities are experiencing Covid-19, we asked people what are their main current concerns; their knowledge on Covid-19; what information they currently have,

what information they need; and what are their sources of information. Radio listeners were asked to share their own experiences and practices; while CDC members and journalists were asked to share their own experiences as well as to reflect on their communities' experiences. In addition to these interviews, data has been triangulated with other research findings from other ongoing BBC Media Action in Afghanistan projects looking at COVID-19.

Prior to conduct of the research, we consulted with some members of Risk Communications and Community Engagement (RCCE) Working Group to incorporate their information needs in our research tools.

We welcome further collaboration from other organisations who would like to share feedback they are receiving in areas where they work; or contribute to the analysis and production of the bulletin. If you would like to get involved, please contact Ahmad Rashed Hayati at rashed.hayati@af.bbcmediaaction.org

About Community Voice

This Monthly Research Paper is produced on feedback collected from communities around Afghanistan affected by the Covid-19 pandemic. It aims to provide a summary of community perceptions, worries and concerns, to assist the health and humanitarian community to better plan and implement activities with communities' needs and preferences in mind. It is a product of BBC Media Action with funding from Global Affairs Canada and World Health Organization. Its content is the responsibility of BBC Media Action, and any views expressed herein should not be taken to represent those of the BBC itself, or any donors supporting the work of the charity.