Major Gaps in COVID-19 Prevention and Symptom Awareness Among Low-income Parañaque Residents

KEY FINDINGS
• “Staying at home” is the most known protection method against Covid-19, with hygienic methods lagging far behind;
• Less than half of the respondents knew that “difficulty breathing” is a symptom of COVID-19;
• Fear of social discrimination impedes self-reporting of positive cases and discourages community support;
• Among those who needed to seek help or treatment since quarantine began, 66 percent (~8 percent of all families in our sample) did not receive sufficient help or treatment;
• The majority of respondents have lost incomes, but less than a quarter have received cash relief.

CONTEXT
The Philippines was deeply affected by the COVID-19 pandemic. By late May, over 14,000 Filipinos were infected with COVID-19. The government responded with an extended lockdown across Metro Manila for over two months, affecting the incomes and livelihoods of millions of households. The dual challenges of infection risk and income loss are especially critical in urban areas, where population density is high and lockdown enforcement is strict.

RECOMMENDATIONS
Parañaque City government, with support and cooperation from the Department of Health, should:
• Prioritize communicating hygienic protection measures and symptoms of COVID-19, especially as quarantine restrictions start easing;
• Provide guidance for appropriate health seeking behaviors for severe COVID-19 symptoms and non-COVID-19 concerns;
• Strengthen economic support to families that have lost income, particularly with efficient disbursements of cash relief.
STUDY BACKGROUND

Research Questions
To support the City Health Office of Parañaque City’s policy response, IDinsight conducted a rapid phone survey to understand:

- Are people aware of and practicing COVID prevention methods, including complying with quarantine measures? Are they aware of COVID symptoms and how to respond if/when they emerge?
- How are the pandemic and lockdown measures affecting household incomes and basic needs? Have people received cash or in-kind relief?
- How are the pandemic and lockdown affecting health seeking behaviors and access to non-COVID related health services? Are people still seeking and able to access the care that they need?

Methods
We aimed to interview low-income residents of Paranaque through phone surveys. Lacking a comprehensive list of these residents, we used a novel approach relying on Facebook ads to create respondent lists, and offered ~1 USD mobile airtime compensation. As such, our results are generalizable to those who opted in to our survey: those who have access to Facebook, own a mobile phone, were incentivized by the airtime, and were willing to complete the survey. Although our sample was self-selected, it resembles the broader population on key demographic variables, including gender, age, household size, and area of residence (barangay), likely due to the high Facebook penetration in the Philippines. Our final sample of completed surveys consists of 598 respondents: 55% women, 29% aged 46+, and between 1-15% reside in each of Paranaque city’s sixteen barangays (neighborhoods).

KEY FINDINGS AND RECOMMENDATIONS
The key findings and recommendations for the Parañaque City Health Office and City Council are:

Finding 1
“Staying at home” is the most known protection method, with other methods lagging far behind. “Staying at home” was cited by the vast majority (72 percent) of respondents as a way to prevent the spread of COVID-19, but fewer than one in ten knew COVID-19 could be prevented by disinfecting common surfaces, using cough etiquette, or avoiding touching face. This is an area of concern, because over-reliance on “staying at home” as the primary safety measure could lead to complacency while at home, where indoor transmissions are most common. This is especially a concern as quarantine restrictions start easing, because some household members will likely leave the home and risk exposure, potentially exposing vulnerable family members who haven’t left home upon their return.

This graph was generated with data from a 598 person survey of low-income Parañaque residents with Facebook and phone access. It is not representative of country-wide trends.
Recommendations

We recommend that DoH complement the “stay at home” order with messages about hygienic protection measures, especially as the quarantine restrictions start easing. Messages should emphasize:

- Maintain six feet or more of physical distance in public, whenever possible, especially for those who will be in indoors public spaces.
- Wash hands at COVID-specific critical times (in addition to after toilet use and before eating, new “moments” for hand washing include: after coughing or sneezing, when entering or leaving building, after physical contact with people outside, after touching high contact surfaces, after visiting public spaces, and after caring for a sick individual).
- Avoid directly touching surfaces and mouth, eyes, and nose.
- Take protective measures inside the home if family members become more exposed outside and might be asymptomatic or pre-symptomatic.
- Disinfect or discourage the use of shared items, especially food, plates, and utensils.
- Avoid close contact with elderly or vulnerable.

Finding 2

There are troubling gaps in knowledge and practices for COVID-19 and non-COVID-19 health concerns; less than half of respondents knew that “difficulty breathing” is a COVID-19 symptom. Less than half of respondents knew that COVID-19 could manifest as shortness of breath or difficulty breathing, which is a severe symptom that necessitates immediate professional care. It is much less known than ‘flu like symptoms’, such as fever and cough, and was slightly less known by older respondents. In addition, when asked what they would do if they or someone in the family experienced difficulty breathing, 13 percent of respondents said they would not seek professional care.⁹

Further, fear of social discrimination impedes self-reporting of positive cases and discourage community support. We asked hypothetical questions on whom respondents would report to when they themselves/their families tested positive for COVID-19 as well as why if not reporting to certain groups of people. Most respondents (65%) shared they were fearful of social discrimination, so they did not want to report.
Finding 3
The majority of those who needed non-COVID medical treatment reported forgoing health services.

Nearly a third of respondents’ families have conditions and chronic diseases that need medical support (beyond COVID symptoms or cases). There is moderate prevalence of co-morbidities of COVID-19, including high blood pressure, diabetes, respiratory conditions and cancer. Among those who needed to seek help or treatment since quarantine began, 66 percent (~8 percent of all families in our sample) did not receive sufficient help or treatment. The main barriers were transportation inconvenience (24 percent) and limited availability of medical professionals (15 percent).

Recommendations
We recommend providing public guidance for appropriate medical care seeking behaviors for severe COVID symptoms and reporting, as well as non-COVID-19 medical concerns.

- For COVID-19: DOH should emphasize difficulty breathing as a severe symptom that necessitates immediate care (and that COVID-19 does not just have “flu-like symptoms”). We suggest that DoH also provide health seeking protocols on who to reach out to, where to seek medical care, and protection methods in transit and in health facilities.
- For non-COVID-19: DOH should more widely communicate guidelines on when and how to seek care at health facilities and when not to for non-COVID diseases (e.g., where to get medicine, seek remote professional advice, when to go for physical check ups/treatment).
- For reporting: DoH and City Councils should encourage reporting by offering measures to protect family members, such as priority testing for family members and providing an isolation room to protect the rest of the family at home.
- Systems-level recommendations: DoH and City Councils should consider offering and publicizing free transportation to hospitals, either through BHERT (Barangay Health Emergency Response Team) or another transportation service.
Finding 4
The majority of respondents have lost incomes, but less than a quarter have received cash relief.

When asked to compare their situation pre-quarantine to the survey period, 72 percent of primary income earners said they lost their salaries or closed their businesses. Consequently, food scarcity has also increased; families who do not have enough food to eat everyday quadrupled from 10 to 43 percent. Meanwhile, cash relief to ameliorate the loss of income has not reached most citizens who need it. While almost all received some form of food relief at least once during the quarantine period, more than three quarters of respondents have not received cash from government sources. This was at the time of the survey, which was week 7-8 of the quarantine.

In addition, about 1 in 5 respondents could not or were not sure if they could resume their livelihood even after the quarantine ends.

Recommendations
We recommend strengthening economic support to families that have lost income, with more transparent and efficient disbursements of cash relief, in close coordination with DOLE and DSWD:

• Accelerate cash disbursements, especially to households that have lost income and are likely to remain economically affected (e.g. informal sector workers) even as the quarantine lifts.

• Consider digital cash disbursements.

• Clarify eligibility, types of aid provided, and process for receiving aid to improve transparency.

• Investigate potential under-coverage of cash relief, where respondents perceive (or are told) that they are unqualified, despite having lost their incomes.

2 Based on the 2019 labor force survey, and the 2015 census population breakdown of Parañaque City.
5 Self-reported barriers to seeking professional health care include fear of exposure to COVID-19 (29%), belief that it would not be COVID-19 or would heal naturally (23%), and/or not having transportation (15%).
6 The reported prevalence of these diseases at the household level were: High blood pressure (15 percent), diabetes (5 percent), respiratory conditions (4 percent), cancer (1 percent).
9 For those who have other health concerns (30% of all respondents’ families), 38% of them needed to seek help or treatment since quarantine began.
10 April 29th to May 8th
11 As a reminder, this survey targeted low-income residents, so the respondents may be experiencing more economic hardship than the average person in Parañaque.