



# COVID-19 in Rural Malawi: Perceived Risks and Economic Impacts Round 2

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This note summarizes perceptions of COVID-19 impacts and risks from a panel phone survey of rural households in eight districts in rural Malawi. While the results from the first round conducted in August 2020 were reported in a previous brief, this note will focus on the evolution of indicators from round 1 to round 2, conducted in November 2020. The sample comprises 833 households interviewed in both survey rounds. Two additional follow-up survey rounds are planned for 2021. The survey was originally designed to measure the seasonality of labor activities but was adjusted to assess COVID-19 impacts and perceptions in rural Malawi.

Though initial concern of the impact of COVID-19 on Malawi was high at the start of the global pandemic, case numbers stayed relatively low through the end of 2020. Seven-day averages of 50-100 cases during the first survey round had dropped to under 5 in the fourth quarter of the year.<sup>1</sup> Our analysis will examine how people's perceptions evolved during this period of low infections.

## Awareness and Concern About COVID-19

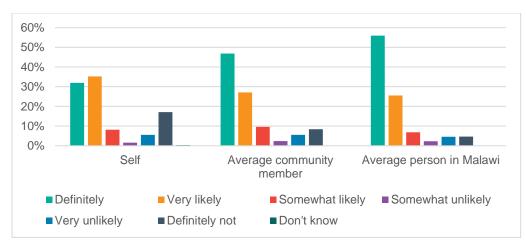
Awareness of COVID-19 among respondents was almost universal with only two respondents in round 2 reporting they had not heard of the disease. Respondents were then asked to rate the likelihood of someone in their country, in their community, and themselves getting infected. Responses were recorded on a scale ranging from "definite infection" to "definite avoidance of infection."<sup>2</sup> Seventy two percent felt that their risk of contracting the disease was either very likely or definite. Close to 70 percent also report being very or somewhat concerned about contracting COVID-19 during the last 7 days.

Figure 1 shows the distribution of responses in Round 2 for all three questions. In general, respondents see infection risk as lowest for themselves, higher for community members, and highest for average Malawians. This is the same pattern that existed in Round 1, and indicates that respondents consider COVID-19 to be a risk, despite low rates of infection. Figure 2 shows the average likelihood of infection

<sup>&</sup>lt;sup>1</sup> They would soon rise in a major surge in the month of January 2021, after this data collection was complete.

<sup>&</sup>lt;sup>2</sup> The options were: Definitely, very likely, somewhat likely, somewhat unlikely, very unlikely, and definitely not.

for each category by round, assigning "definitely" a value of 6, and "definitely not" a value of 1. This figure shows that even though respondents are much more likely to rate others as "definitely" likely to contract COVID-19, the average likelihood is not very different across groups. While the average perception of infection likelihood has fallen slightly between rounds 1 and 2, the difference is very small despite a sustained period of very low infection rates. Respondents are either overestimating the probability of infection, or anticipating future spread of COVID-19.





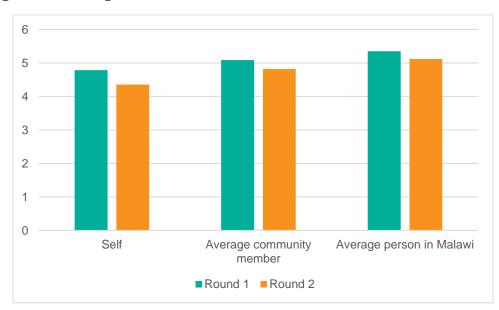
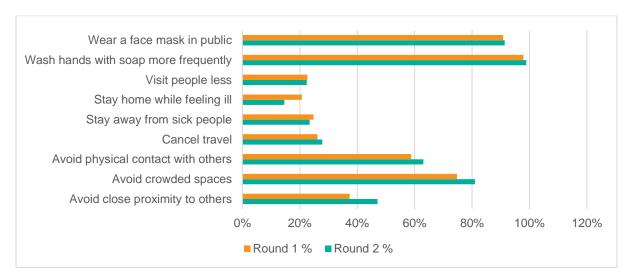


Figure 2: Average Perceived Likelihood of Infection in Rounds 1 and 2

When asked to list actions that could be taken to reduce transmissions and exposure to the disease (without prompting responses), the top answers provided were frequent hand washing with soap and wearing face masks in public, both cited by over 90% of respondents (Figure 3). Avoiding crowded spaces and physical contact with others are the next most frequently cited. Canceling travel, visiting

people less, staying home when ill, and avoiding sick people were cited less frequently. In general levels of these responses were very similar between rounds 1 and 2. Despite the period of low infection rates, the absence of evidence of erosion of knowledge is encouraging.



# Figure 3: Unprompted, Reported Awareness of Actions for Reduced Exposure, Rounds 1 and 2

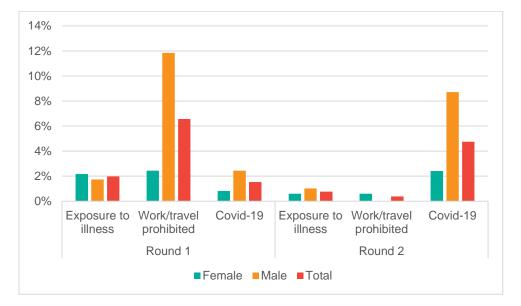
## **Economic Impacts and Productive Activities**

While incidence of COVID-19 was low at this time in Malawi, economic activity may be affected by government restrictions or peoples' behaviors. The survey analyzed here has a focus on documenting productive activities in the household and contains some information regarding how respondents perceive the impact of COVID-19 on their livelihoods.

In the first round of the study, 56 percent of respondents said that food products they usually buy were not available to them in nearby markets, and this number grew to 69 percent in Round 2. Forty eight percent of respondents in Round 1 had reported that food prices for some of their regular purchases had increased recently, with this number increasing substantially to 82 percent in Round 2. Similarly, the percentage of respondents who reported limiting the size of their meals or reducing the number of meals over the last week increased from 50 percent and 45 percent, respectively in Round 1 to 60 percent and 64 percent respectively in Round 2. However, these changes are not necessarily linked to COVID-19, given the natural seasonal fluctuations in food availability.<sup>3</sup>

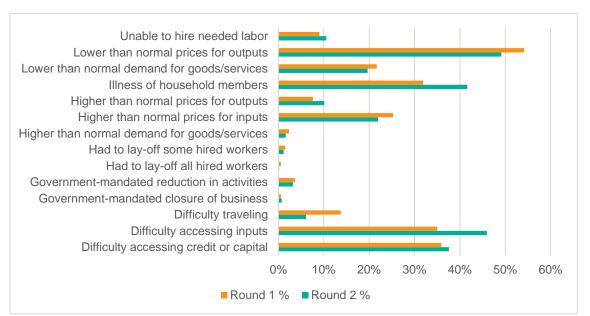
Despite low infection levels, some respondents attributed their lack of work to illness exposure, work and travel prohibitions, and COVID-19 (Figure 5). Attributions to illness exposure and travel prohibitions both fell between the two rounds but citing COVID-19 as the reason incrased.

<sup>&</sup>lt;sup>3</sup> See "Malawi Household Food Security Bulletin – Round 7" for more detailed analysis of the relationship between COVID-19 and food security in Malawi over the same time period.



### Figure 5: COVID-19 Related Reasons for Not Working, Rounds 1 and 2

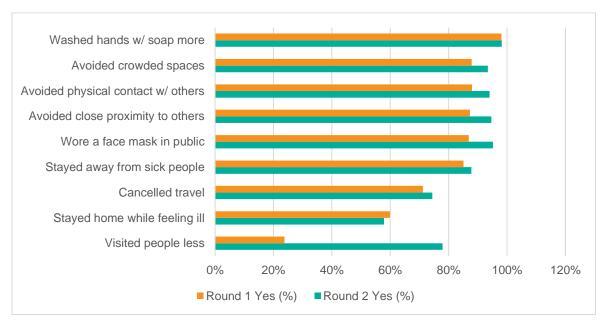
The survey also collected information about unusual challenges facing household farms and businesses in the last three months, shown in Figure 6. Among households engaged in farming or who had a household business activity (67 percent of households in our sample), we note that lower than normal prices for outputs, difficulty accessing credit, and difficulty accessing inputs are all common issues in both rounds. Other significant reported challenges include lower than normal demand for outputs, and higher than normal prices for inputs. While this is useful information and could reflect constraints on regular business operation or willingness of people to move and congregate, the COVID-19 pandemic is only one possible reason for these challenges. We do not note many differences between rounds, though difficulty traveling drops over time and illness goes up substantially. However, it is likely that these illnesses are not directly related to COVID-19 given the low case numbers, though people may be more wary about traveling when ill in general.



### Figure 6: Unusual challenges facing farm or business

## **Mitigating Actions Taken**

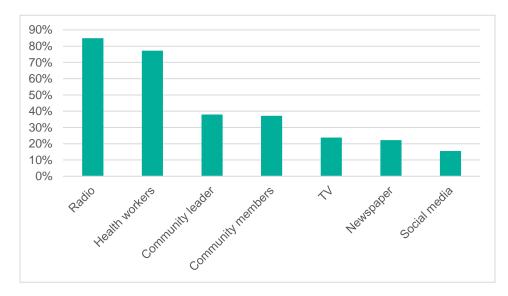
The survey also asked respondents about whether they had taken certain actions in the last seven days. Though these are all actions known to reduce transmission of COVID-19, the disease was not specifically mentioned at this point in the survey. Respondents report high levels of engagement in these activities, and this engagement is steady across time. The one exception is a large increase in reporting visiting people less between rounds 1 and 2. While reported mitigating actions taken are high, it is not clear how well these reflect actual behavior. For example, the World Bank's LSMS survey provides similarly high estimates of face mask wearing, however local anecdotes suggest compliance is much lower.



## Figure 6: Reported Actions Taken to Reduce Exposure

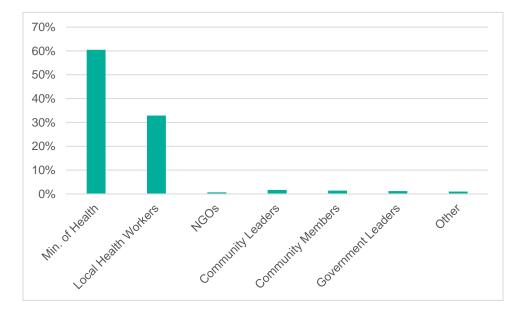
## **Information Sources**

This survey round added questions about respondents' sources of public health information. Respondents listed all the places where they frequently get this information. Radio is the most frequently cited, by 85 percent of respondents, and health workers was cited by 77 percent. Community leaders and members are substantially lower but still significant at 38 and 37 percent respectively. Other sources of news are also noted by substantial numbers of respondents.



### Figure 7: Where People Get Public Health Information

When asked to report which information sources the respondents trusted most, messages from the Ministry of Health were the overwhelming favorite, cited by 61 percent of respondents. Next were messages from local health workers at 33 percent. All other categories were cited by less than 2 percent of respondents each, suggesting the preeminence of the public health system as a source of trusted information.



## Figure 8: Most Trusted Source of Public Health Information

## Conclusion

Awareness of and stated concern about COVID-19 remains high in rural Malawi, despite a dip in perceived likelihood of infection over the preceding three months. Awareness of risk mitigating behaviors and reported actions taken to avoid infection also remain high. Although some work-related challenges are attributed to COVID-19, this incidence is relatively low in the sample. Respondents report getting their information from a variety of sources with radio and health workers the most frequently referenced and messages from the ministry of health and local health workers are the most trusted sources of public health related information. It appears that health related messaging is continuing to have an important influence on perceptions and stated responses to the virus. This survey was conducted in November, with very low levels of COVID-19 reported in the country. However, a spike in cases began in January and the resulting changes in perceptions and behaviors will be captured in the next round of data collection to be released shortly.

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