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Household and Community Effects of the COVID-19 Pandemic in Hoima and Wakiso Districts in Uganda

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Introduction

In early 2020, the COVID-19 pandemic swept across the globe. Uganda confirmed its first COVID-19 case on March 21, 2020, leading to country-wide restrictions and closures, including suspension of public gatherings, school and non-essential business closures, discontinuation of public transportation and enforcement of a national curfew.

In conjunction with the lockdown, several positive behavioral change measures were implemented to promote improved public health and reduced transmission of COVID-19 (e.g., handwashing stations).

Understanding public uptake of preventative measures to reduce transmission at the household level as well as perspectives of the impact of the pandemic on the household and community level are important for public health planning and messaging efforts in future public health crises.

This study was conducted to explore perceptions of the impact of the pandemic and social containment efforts in four communities across two districts in Uganda.

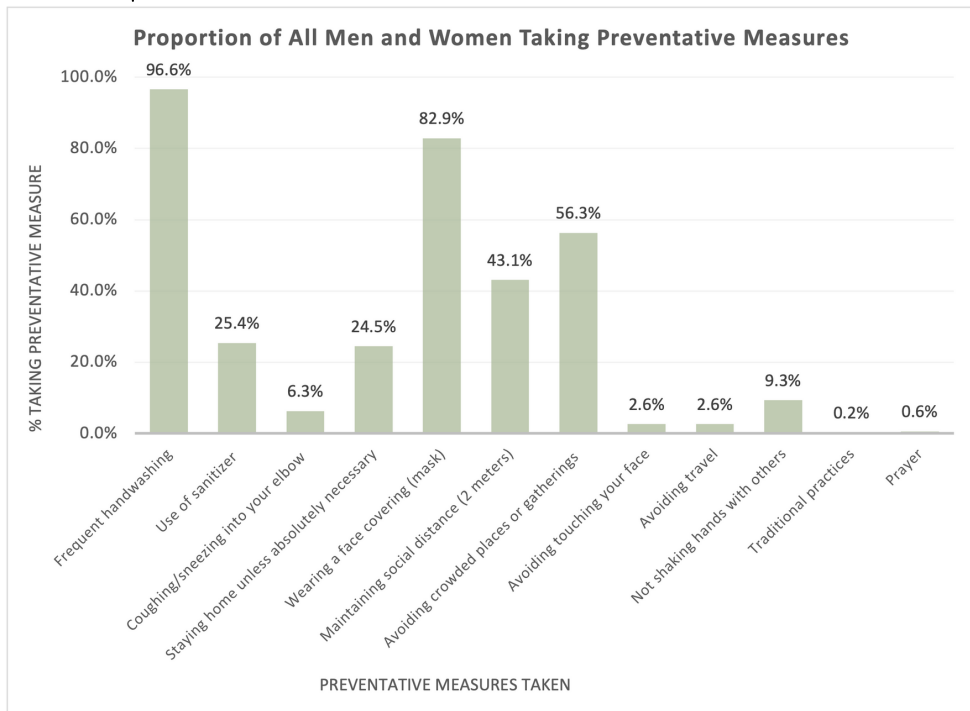
Methods

Cross-sectional data were collected as part of the ongoing Africa Medical and Behavioural Sciences Organization (AMBSO) Population Health Surveillance (APHS) longitudinal open cohort study. Data was collected in-person between September 2020-March 2021 in the Hoima and Wakiso Districts of Uganda in the languages of Luganda and Runyoro. The impact of COVID-19 on families and communities was measured using the Household and Community Effects of COVID-19 Survey, developed by the Evidence-based Measures of Empowerment for Research on Gender Equality (EMERGE) initiative (<https://emerge.ucsd.edu/>).

Results

The sample consisted of 2,863 men and women, ages 13-80 years, across 4 communities in Hoima (n=2,279) and Wakiso (n=649). Fifty six percent of participants were female and HIV prevalence in the entire sample was 8.3%. Nearly all (97.7%) participants indicated taking some action to prevent becoming infected with the SARS-coronavirus-2 (SARS-CoV-2). Figure 1 shows participant uptake of specific preventative measures aimed at reducing their risk of becoming infected with SARS-CoV-2.

Figure 1: Proportion of all men and women (n=2,863) who reported taking action to prevent becoming infected with SARS-CoV-2 in Hoima and Wakiso Districts, Uganda between September 2020 and March 2021



Although nearly all (99.1%) participants did not think any households in their community had been infected with SARS-CoV-2, many reported increases in their community in the following since the start of the pandemic and social containment efforts (see Table 1).

Table 1: Proportion of men and women reporting increases in adverse events in their community since the start of the pandemic and social containment efforts (N=2863)

Many people have lost their jobs or their ability to earn wages.	98%
People are unable to bank or get cash for daily expenses.	64%
Families cannot afford to buy enough food to eat.	79%
Many schools have closed, and the children are unable to continue their studies at home.	96%
There is more violence against children (such as spanking or hitting) in the household.	78%
There is more violence or other abuse towards women from family members including in-laws.	80%
There is more violence or mistreatment from police against people who are out on the streets.	85%
People are drinking more and/ or using drugs more.	88%
More people are becoming very anxious or depressed.	96%
There is more violence among people in the community.	79%

Psychometrics

The internal consistency of the household prevention measures scale (Figure 1) was very high (Cronbach alpha=0.99), suggesting some items may be redundant and an abbreviated version of the measure could likely be used in this setting.

The internal consistency of the community events scale (items in Table 1) was good (Cronbach alpha=0.77), suggesting the scale performed well in our study sample.

Conclusions

The most widely adopted preventative measures to reduce risk of infection with SARS-CoV-2 were frequent handwashing and wearing a mask.

Participants felt the impact of the lockdown in their community was far reaching. Nearly everyone indicated increased unemployment, lost wages and widespread feelings of anxiousness and depression in their community since the pandemic started.

There were also notable increases in violence at the household, community, and structural level because of the COVID-19 lockdown. The impact of a prolonged pandemic and associated social containment efforts on mental health, economic security and violence need to be taken into consideration when planning for future pandemics to ensure adequate public health and public safety resources are available.

Funding

Funding for this work has come from the EMERGE project (Bill and Melinda Gates Foundation Grants: OPP1163682 and INV018007; PI Anita Raj)

