3-2-1 Service COVID-19 Survey
Mental Health and Violence

Context
As COVID-19 emerged into a global pandemic, its rapid spread greatly outpaced the emerging knowledge base for the virus, leading to considerable uncertainty regarding transmission and mortality risks, and generating both physical and mental health consequences. The World Health Organization has noted that uncertainty regarding the pandemic can breed fear and anxiety (1). Further contributing to an already troubling situation, the recession brought on by the pandemic has meant substantial job loss and declining incomes globally (2). Other rapid shifts have included transitions to working from home, lack of physical contact with family members, friends and colleagues, and disruption of even basic tasks (3). As a result, experts cite a greater risk of a variety of COVID-related emotional responses, including fear, boredom, loneliness, anxiety, insomnia, or anger (4).

Highlights
People feel prepared to handle COVID-19. 82% of those surveyed across five countries reported that they felt somewhat or very prepared to handle the virus. The feeling of preparedness varied across countries, from only 44% of households in the DRC saying that they were "very prepared" to 80% of households in Malawi noting the same.

Mental health has suffered as a result of the pandemic. 57% of respondents report feeling more anxious or stressed than usual because of COVID-19. Respondents in many countries report greater anxiety, increased sadness or loneliness, and greater anger as a result of the coronavirus.

The pandemic has been associated with dramatic increases in reported violence, including violence towards healthcare workers, violence against those suspected of having COVID-19, general unrest, and violence against family members.

Fig 1: Percentage distribution of respondents by self-reported level of COVID-19 preparedness

Fig. 1. As part of the 3-2-1 Service COVID-19 Survey, callers were asked questions about their perceived preparedness for COVID-19, as well as questions related to changes in their emotional and physical health attributable to the virus.

In these five countries, both preparedness and mental health varied considerably. In Madagascar, Malawi, and Rwanda, the majority of respondents reported that they were "very prepared" to handle COVID-19. This contrasts with the DRC and Nepal, where approximately half or fewer respondents reported that they were "very prepared". In Malawi and Rwanda, only 1.3% and 3.7% of respondents said that they were "not at all prepared." This is in stark contrast with the DRC, where 18.4% of respondents reported that they were "not at all prepared."

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Fig. 2: Percentage distribution of respondents by self-reported level of anxiety about coronavirus

Fig. 2. Ironically, the countries that had the highest percentage of respondents who report feeling very prepared to handle the coronavirus also had the highest percentages of respondents who felt more stressed than usual. Causality, however, is difficult to pinpoint since better prepared countries might also have been experiencing greater public health awareness. Overall, just over half of respondents reported feeling more nervous/anxious/stressed than usual. In both Malawi and Rwanda, approximately two-thirds of respondents reported they were more nervous/anxious/stressed than usual, while roughly half of respondents in the DRC, Madagascar, and Nepal said that they were feeling increased levels of anxiety.

57% of respondents reported being more anxious than usual

Fig. 3: Percentage distribution of respondents by self-reported level of sadness or loneliness because of the current situation

Fig. 3/4. Overall, 62.5% of respondents reported that COVID-19 is making them feel more sad or lonely than usual and 56.1% reported feeling more angry or upset than usual. People in Malawi were also the most likely to feel sad and lonely relative to the other countries. Nearly three-quarters of Malawians reported that they were more sad and lonely than usual and also more angry and upset than usual. Similar to the pattern reported for stress and anxiety, approximately two-thirds of Malagasy and Rwandans report being more sad and lonely.

Fig. 4: Percentage distribution of respondents by self-reported level of anger because of the current situation

Modeled after a Coronavirus Study created by researchers at Stanford University, participants were asked if they had experienced common physical reactions to anxiety, depression, and loneliness. In total, 43.8% of people surveyed reported physical symptoms at least one day in the past week. Individuals in the DRC appeared to have the highest occurrence of physical symptoms; approximately 57.2% of respondents reported that they had physical symptoms such as sweating, trouble breathing, nausea, or a pounding heart in the past 7 days when thinking about coronavirus experiences like loss of income or work and concerns about the infections, as compared with 42.9% of respondents in Rwanda and 40.0% of respondents in Madagascar.

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Fig 5: Percentage distribution of respondents by number of days in the past week during which they had physical reactions when thinking about the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Country</th>
<th>5 to 7 days</th>
<th>3 or 4 days</th>
<th>1 or 2 days</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC</td>
<td>14.3%</td>
<td>11.6%</td>
<td>31.4%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>15.4%</td>
<td>7.8%</td>
<td>16.8%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Malawi</td>
<td>5.7%</td>
<td>24.7%</td>
<td>61.4%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Nepal</td>
<td>6.5%</td>
<td>6.2%</td>
<td>18.8%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>5.5%</td>
<td>27.7%</td>
<td>57.1%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Total</td>
<td>11.3%</td>
<td>7.4%</td>
<td>25.1%</td>
<td>66.3%</td>
</tr>
</tbody>
</table>

43.8% of respondents report physical reactions*.

*Physical reactions include sweating, trouble breathing, nausea, or a pounding heart.

Fig 6: Percentage of respondents who reported hearing about violence: against healthcare workers, against COVID-suspected individuals, related to COVID-unrest, and against family members

<table>
<thead>
<tr>
<th>Country</th>
<th>Healthcare Worker</th>
<th>COVID-Suspected Individuals</th>
<th>COVID Unrest</th>
<th>Family Members</th>
<th>Any</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC</td>
<td>50%</td>
<td>31%</td>
<td>24%</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>46%</td>
<td>43%</td>
<td>31%</td>
<td>21%</td>
<td>1</td>
</tr>
<tr>
<td>Malawi</td>
<td>44%</td>
<td>43%</td>
<td>32%</td>
<td>30%</td>
<td>1</td>
</tr>
<tr>
<td>Nepal</td>
<td>42%</td>
<td>38%</td>
<td>29%</td>
<td>25%</td>
<td>1</td>
</tr>
<tr>
<td>Rwanda</td>
<td>46%</td>
<td>36%</td>
<td>33%</td>
<td>33%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>42%</td>
<td>39%</td>
<td>34%</td>
<td>31%</td>
<td>1</td>
</tr>
</tbody>
</table>

In all countries, there were reports of each type of violence, although the levels varied by type and by country. Overall, reported violence was highest in the DRC. Over 80% of respondents reported having heard of at least some kind of violence, with violence against healthcare workers, violence against people suspected of having COVID-19, and violence due to unrest being reported by over 50% of respondents. These were the highest percentages of any of the five countries. Reports of stories about violence appeared to be lowest in Nepal where 52% respondents reported hearing of any kind of violence. While all types of violence were commonly reported, the most common across the five countries was violence related to unrest (41%), followed by violence against healthcare workers (29%), violence against individuals suspected of having COVID-19 (35%), and violence against family members (30%).

References

Suggested Citation