



វិធីកាត់បន្ថយហានិភ័យពីការឆ្លងជំងឺកូវីដ១៩



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ខ្ទប់មាត់ និងច្រមុះ នៅពេលក្អក និងកណ្តាស់ ដោយកន្សែង ក្រមា ក្រដាស ឬដោយកែងដៃ



ជៀសវាងប៉ះពាល់ជិតស្និទ្ធជាមួយក្អក

UNDERSTANDING KNOWLEDGE, ATTITUDES AND PRACTICES OF CHILDREN ABOUT COVID-19



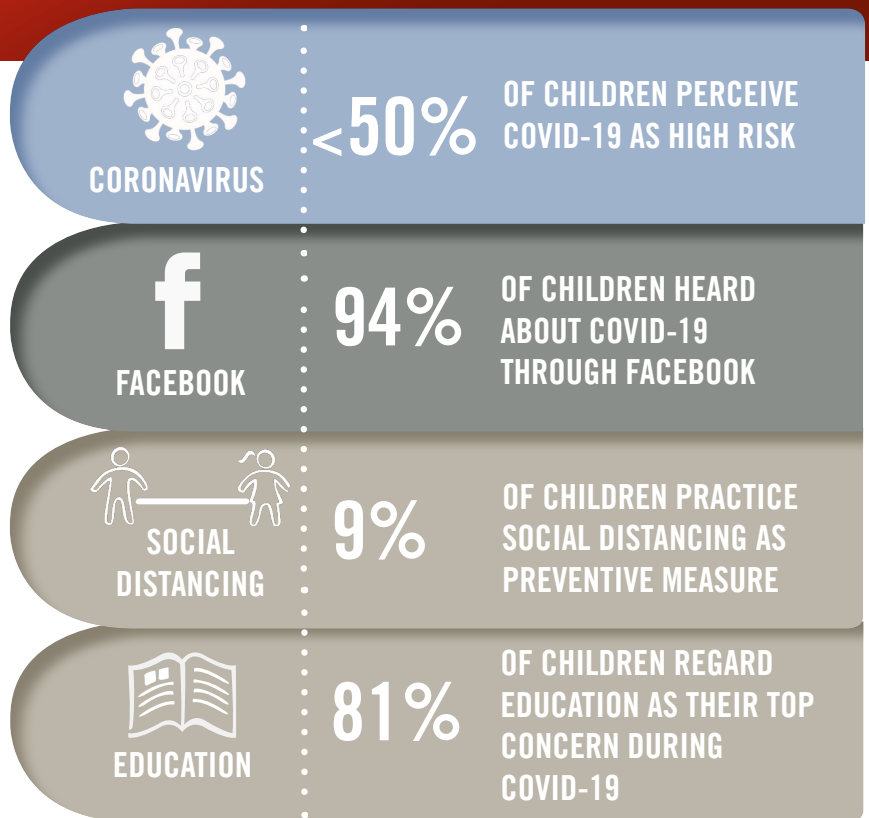
Save the Children

ជៀសវាងប៉ះពាល់ភ្នែក ច្រមុះ ឬមាត់





KEY FINDINGS



INTRODUCTION

On March 11th 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. The virus has spread rapidly, infecting millions of people and sparking health crises in countries across the globe. COVID-19 threatens children's basic rights and exposes them to potentially massive disruption to access to health and education, and basic needs like food, protection and social interaction with family members, teachers, peers and their broader communities.

An essential strategy to mitigate the spread of COVID-19 and protect lives is known as Risk Communication and Community Engagement (RCCE), where mass information is given to the public about the virus and its prevention. While engaging with communities, it is important to understand the information needs of specific vulnerable groups, such as children, the elderly, people with previous health conditions and people with disabilities. Given the fast-paced evolution of the virus, there is a great need to keep the public well informed and protect those that are most vulnerable with reliable and trusted information, adapted to their needs.

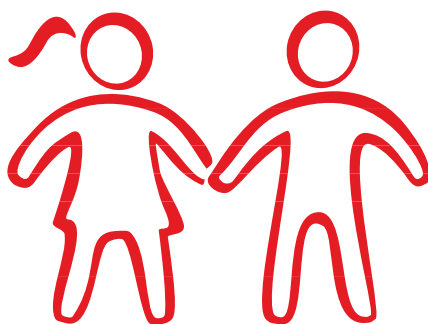
PURPOSE

Cambodia reported its first confirmed case of COVID-19 on 27 January 2020. As of 27 May, there are 124 confirmed cases, and no reported deaths. Save the Children, who has been working in Cambodia since 1970, quickly leveraged its humanitarian experience and technical expertise in education, child protection and RCCE to fight against COVID-19 in Cambodia. In order to develop targeted and effective child friendly RCCE materials, we needed to better understand children's knowledge about the new virus and identify the best communication channels.

The overall objective of the rapid need assessment was to gain insights on the knowledge, attitudes and practices of Cambodian children around COVID-19. The study aimed to understand the information needs of children, their preferred and most trusted communication channels, their current household situation, their understanding of the virus and how they are protecting themselves, as well as their top concerns and needs. Results from this assessment have informed Save the Children in Cambodia's COVID-19 Response Strategy to create adaptable programmes to respond to the crisis, as well as contribute to the national RCCE working group, led by Ministry of Health (MoH) and WHO.

METHOD AND SAMPLING

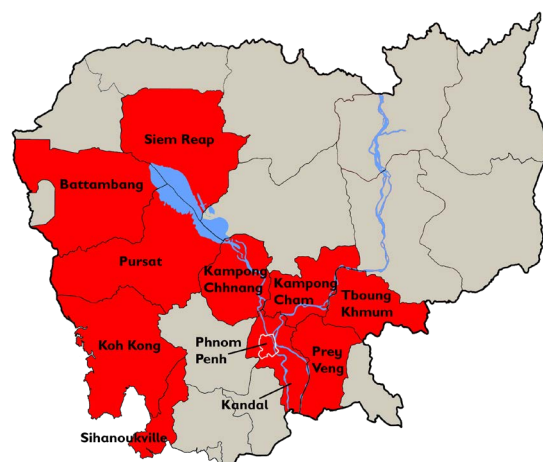
A cross sectional survey using respondent-driven sampling was conducted with 241 children aged 10-17 years in ten provinces of Cambodia, across rural and urban areas. The sample size was computed using a formula for large population, with 95% confidence level, and nine percent of margin of error. Remote data collection was conducted by six female researchers through telephone interviews from 23 April to 02 May 2020. Tablets were used to capture and store data in KOBO Toolbox. The sampling strategy allows for sufficient comparisons between gender and rural and urban setting. However, the sampling was not powered to allow for sufficient representation of children from different grades (i.e. primary, secondary, and high schools). In the context of limited face-to-face interaction due to COVID-19, the needs assessment used remote data collection techniques through telephone interviews. As a result children living in households without phones, potentially the most vulnerable, did not have a chance to participate in the assessment. *The results from this assessment are therefore skewed to the direction of children with access to a mobile phone and related technologies.*



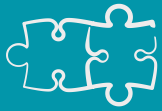
70% girls

30% boys

241 Children 10-17 years with access to mobile phones.



OVERALL FINDINGS



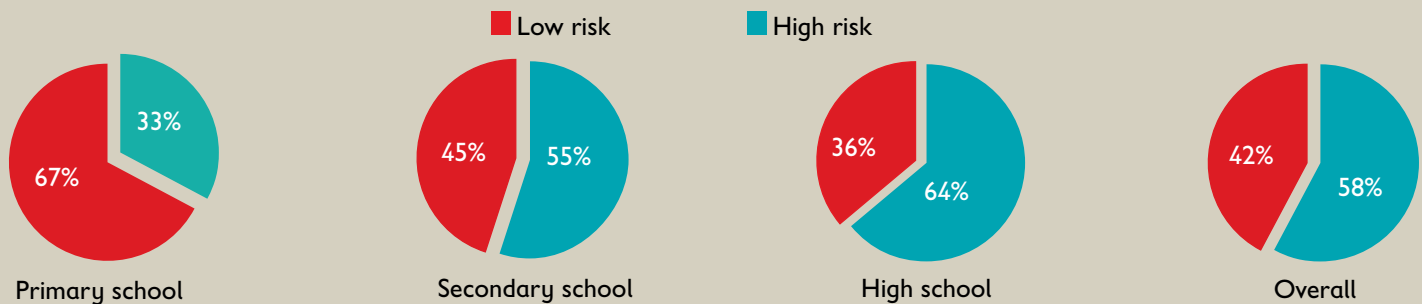
KNOWLEDGE, ATTITUDES AND PRACTICES ON COVID-19

The assessment revealed that all children know about the new coronavirus, but only half of them (57%) know that it is a virus that can cause severe illness. This is of concern given how highly transmissible COVID-19 appears to be. It is surprising to see that more children know about the virus in rural than urban areas (61% vs 53%). The vast majority of children perceived the virus to be very dangerous (85%). There were no significant differences found between rural and urban, or male and female.



Perception of risk of contracting the virus

As the graph below indicates, almost half the children interviewed still consider the risk of contracting COVID-19 to be low (42%), with those in rural areas showing a higher risk perception than those in urban settings (44% vs 39%). There were no significant differences between females and males (41% vs 44%). However, the older the child, the higher their perception of risk. This finding would suggest that additional efforts are needed to strengthen risk information and community engagement targeting younger children.

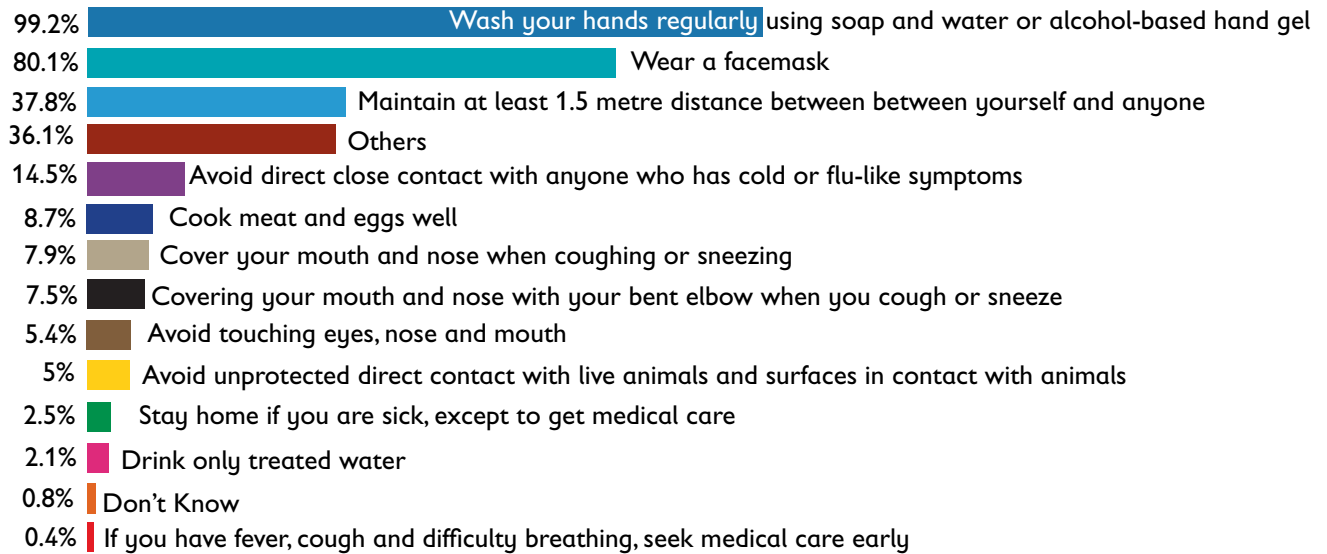


Knowledge of preventive measures

A significant majority of children had received prevention information about COVID-19 (90%) and correctly identified how it is transmitted (57%), and its symptoms (49%). It is also important to note that a vast majority of children reported that elderly persons are at higher risk (82%), but only about a third of children knew that people with chronic diseases are at high risk (34%). Considering people with chronic diseases are at a higher risk for severe illness from COVID-19, it is important to consider how this information can be widely disseminated.

Significant knowledge gaps still seem to persist with regards to how the virus is transmitted: just over 50% of children reported that the virus could spread with direct contact with infected people, and only 33% knew that the virus could spread from touching contaminated objects/surfaces.

Do you know how to protect yourself from getting COVID-19?

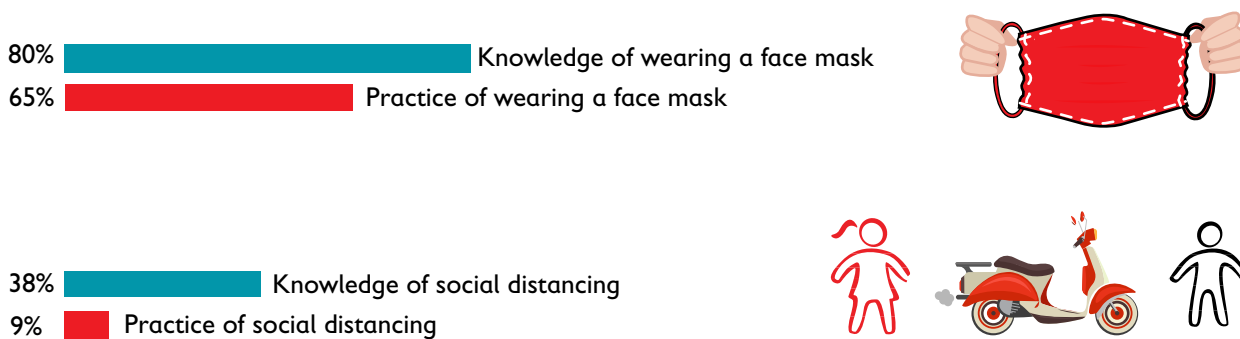


In terms of knowledge of recommended COVID-19 prevention practices, nearly all children reported regular handwashing using soap with water or alcohol based gel (99%), and the vast majority identified wearing facemasks as a mean of prevention (80%). However, only 38% of children identified social distancing as a means of prevention. This is of particular concern given the importance of this prevention measure to mitigate the risk for local and widespread transmission. Future awareness raising campaigns should focus on this particular preventive behavior.

Practice

The study revealed significant gaps between children’s knowledge and their practice of preventive measures. For instance, while 80% knew that wearing a face mask could help prevent COVID-19, but only 65% reported using one. Likewise for social distancing, while 38% noted that they knew about this preventive measure, only 9% practice it.

Knowledge vs practice of preventive measures



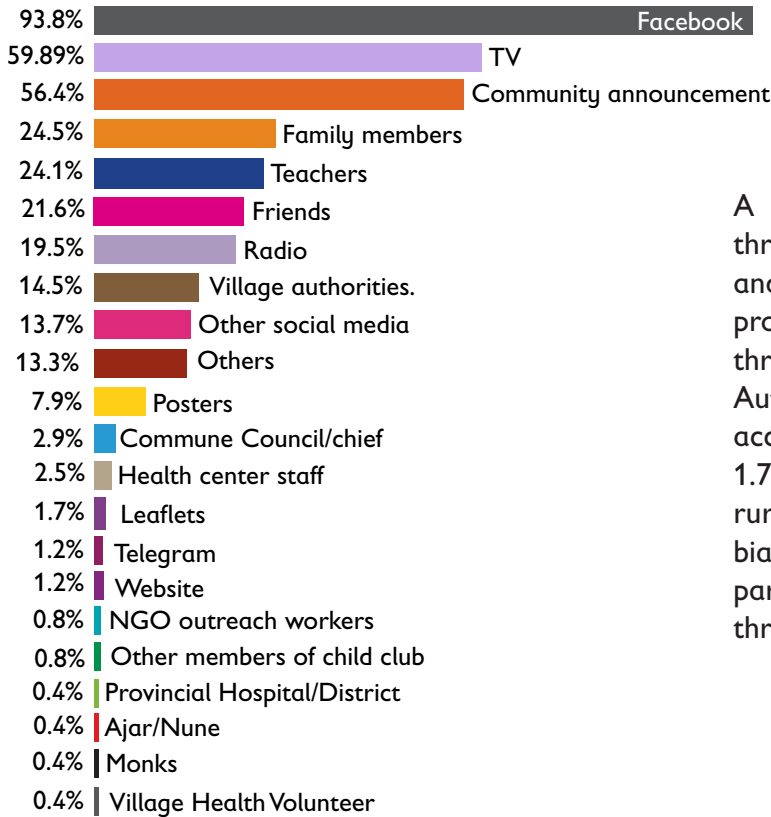


COMMUNICATIONS



Information Channels

How have you heard about COVID-19?



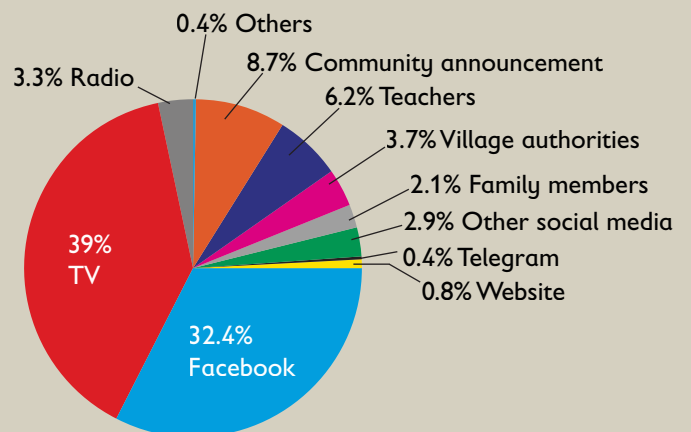
A majority of children heard about COVID-19 through Facebook (94%), followed by TV (60%), and community announcements (56%). A smaller proportion of children heard about COVID-19 through radio (20%), teachers (24.1%) and Village Authorities (14.5%). Posters and leaflets accounted for very small proportions (7.9% and 1.7% respectively), with no differences between rural and urban children. These results might be biased due to the fact that all children participating in this study were interviewed through mobile phones.



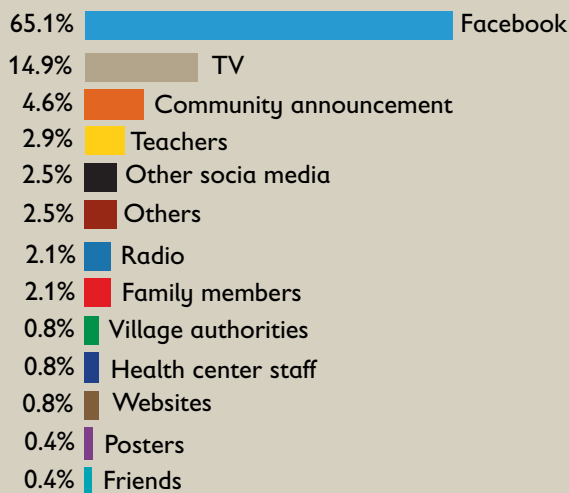
Trusted Information sources

Children seemed to trust COVID-19 information received from TV and Facebook equally (39%), while radio scored much lower (3%). Other sources of information accounted for very small proportions, less than 10%, including community announcements. There were no differences between rural and urban, and female and male children.

What source do you trust the most to receive information related to the new coronavirus disease?



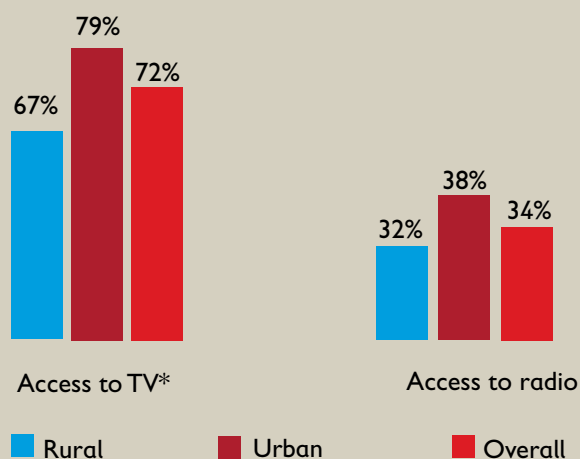
What is the most convenient source of information for you regarding the COVID-19?



Interestingly, more than half of children reported that Facebook is the most convenient source of information for COVID-19 (65%), followed far behind by TV (15%). Other sources shared very tiny proportions, with no differences between rural and urban, and female and male. Facebook is clearly the most popular and trusted source of information among the children interviewed and this is understandable given the strict social distancing measures and school closures in place, with children heavily reliant on maintaining connectivity and accessing and sharing information using social platforms, such as Facebook or Telegram. However, the Lancet and others have warned about how social media has at times undermined the global response efforts to fight COVID-19- often called the infodemic-, particularly with regards to the lack of fact checking and disseminating rumors and misinformation. Given the increasing role of social media in informing and engaging children and the wider public, it is key that we all ensure social media campaigns are thoroughly fact checked and in line with trusted sources like MoH, WHO or CDC.

Children interviewed all had access to mobile phones and the internet and almost three quarter of children had a TV at home (72%), with more reported in urban than rural (79% vs 67%) areas. Around half of children viewed TV five times and more a week (44%), with a similar proportion between urban and rural. TV viewing times are very dispersed, however the most frequent viewing time is at lunch (11-12 AM), and in the evenings (4-8 PM) for children. Though more than a third of children have a radio at home (34%), less than half listened to the radio five times and more a week (40%), more in urban than rural (46% vs 33%).

Access to TV and radio



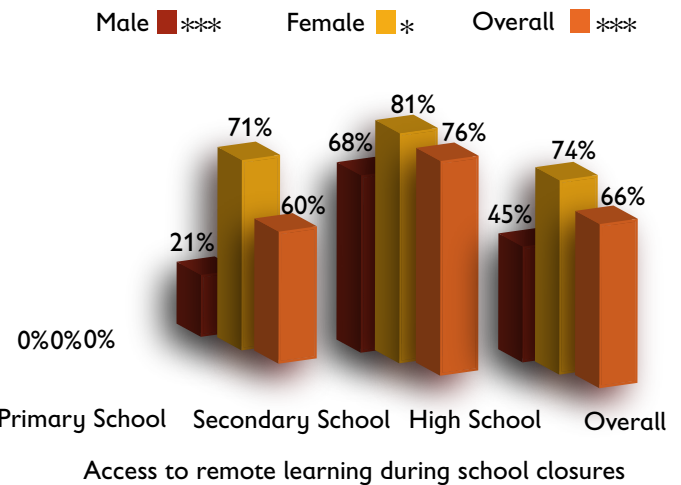
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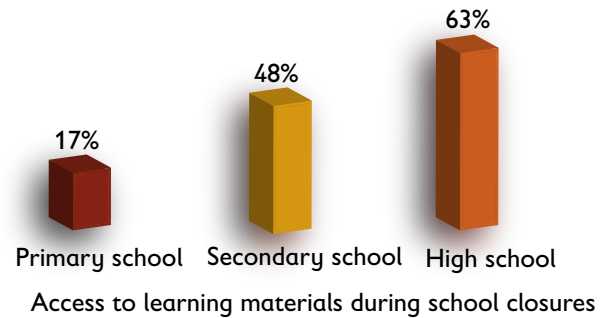
ACCESS TO LEARNING

Despite the fact that all children in the sample had access to mobile phones and the internet, only two thirds of children (66%) had access to remote learning (online and TV) during school closures. There were significant differences between children from different grades (children from primary schools reported that they did not have access to remote learning). Moreover, access to remote learning is higher among children from higher grades, particularly secondary (60%) and high school (76%).

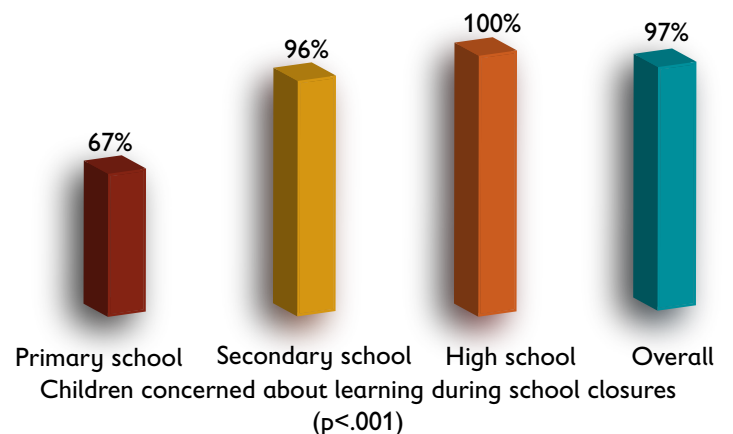
Significantly more females than males reported having access to remote learning (74% vs 45%); though there was no significant difference between rural and urban (61% vs 71%).



More than half of the children reported access to learning materials while staying at home (54%). There were significant differences between rural and urban children (45% vs 63%), as well as between females and males (57% vs 45%). There were also significant differences across school grades, with more than half of children from high school (63%) reporting access to learning materials at home, as opposed to primary school children (17%).

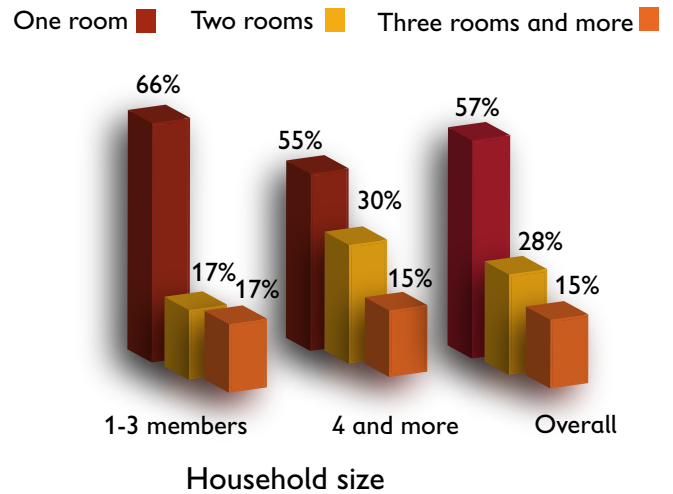


Nearly all children from secondary school (96%) and all children from high school (100%) expressed concerns about their learning during the pandemic, as opposed to only more than half of children from primary school (67%). Both urban and rural children expressed the same level of concern. Females were more concerned than males (99% vs 93%, $p < .05$).



Household Size and Facilities

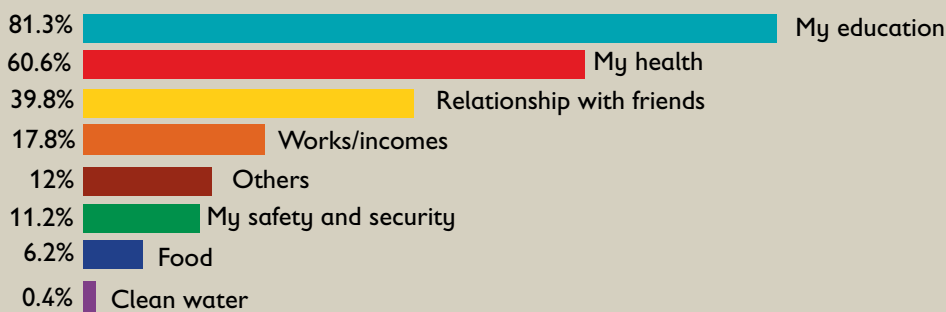
An important question for COVID-19 prevention is the capacity to quarantine and self-isolate. The study revealed that the vast majority of children do not live in houses that offer one room per person. 57% of children reported having only one room for the whole family, with more children reporting this living in rural than in urban (69% vs 42%) areas. More than half of the households (55%) live in a single room, with more than 4 family members. This implies that a larger proportion of rural children share rooms with other family members. A slightly larger proportion of male (90%) than females (84%) live in households with 4 members or above.




TOP CONCERNS


The top three concerns regarding the impact of COVID-19 raised by children were education (81%), health (61%), and relationship with friends (40%). More children in urban than rural were concerned about their education (86% vs 77%), and health (64% vs 58%). Concerns about relationship with friends were very similar between urban and rural (39% vs 40%). It is however notable to see that more females than males were concerned about their education (86% vs 70%), but in contrast more males than females were concerned about their health (66% vs 58%).


What are your main concerns for yourself, regarding the impact of COVID-19?





PROGRAM AND POLICY RECOMMENDATIONS


 The study revealed that **nearly all children have good COVID-19 prevention knowledge and practices with regards to handwashing and wearing facemasks. However, children have very limited knowledge and practice of social distancing** as a means of prevention. Knowing and practicing only one particular method without combining a variety of them may not be effective to mitigate the risk of infection. National risk communication campaigns on COVID-19 must provide key messages about the benefits of practicing social distance, and promote a combination of prevention methods, so that children can acquire and practice reliable and effective prevention measures.

 **Children seemed to trust social media above traditional media outlets**, like TV and radio, as a source of accurate COVID-19 information. This raises important questions of how to ensure reliable and accurate information on social media. However, **traditional communication channels are still very relevant to many children**, especially those who do not have access to a mobile phone or the internet in rural and hard to reach areas of the country. Different communication channels should therefore be applied during the COVID-19 response to reach different segments of children with varying levels of communication access within the country. These channels should also factor two way communication platforms and mechanisms, so that children and communities can fully engage and participate in the conversation. This one of the nine Core Humanitarian Standards (CHS).

 **Findings indicate that the majority of children do not live in houses with private living space**, with more than half reporting having only one room for the whole family. Given the culture of extended families and limited living facilities, is clear that self-quarantine and social distance at home is logistically impossible for the vast majority of Cambodia families. This reality must be considered when communicating and promoting social distancing and self-quarantine. Offering alternative arrangements such as hotels or guest houses for those who are sick or suspected to must be considered.

 **The evidence suggests that there are many children who do not have access to remote learning (44%) and learning materials (46%)** during the school closures as a result of COVID-19. While this finding is not a surprise, it is important for the Royal Government of Cambodia, Development Partners and Civil Society organizations to increase resources and efforts to reach the most vulnerable children, those with disabilities, out of school, street children or those living in rural and hard to reach areas, who are struggling to access online learning. Capacity building for teachers, increasing the availability of paper based learning materials for home learning or developing resources for parents and for peer-to-peer learning are effective ways to support continuous learning of these vulnerable children.

 **Gender discrepancies between female and male children across school grades is obvious**, as more females report having access to remote learning and materials than males. Further studies and discussions should be undertaken to understand the context for action.

 Finally, the evidence presented further suggests that **more in depth studies need to be conducted with representative sample sizes of children from different grades** (primary, secondary, and high school), gender, and geographical areas (rural and urban). More importantly, using more rigorous design, methods, and sampling strategies are necessary to provide further robust evidence for programming and policy options.

SAVE THE CHILDREN COVID-19 RESPONSE

Save the Children has been working in Cambodia since 1970. We work with over 60 partners to deliver life-saving services to children in need and to create lasting change in their lives. With a presence across ten provinces in the country, our work focuses on child rights, survival and development, centred on our three organisational breakthroughs: that all children survive, learn and are protected. We have the experience, expertise and partnerships to have a significant impact in the fight against COVID-19 in Cambodia, especially for children and their families.

Save the Children has launched a global response to the COVID-19 crisis to initiate large-scale, high-impact measures to prevent and contain the virus and to mitigate the secondary impacts of COVID-19 on children's survival, learning and protection. Our COVID-19 response strategy has four goals:



Saving Lives

Save the Children is actively contributing to the national RCCE pillar led by the Ministry of Health and the World Health Organisation. Specifically, Save the Children is leading the production and dissemination of child-friendly, gender sensitive, information for children and caregivers across the country on how to protect themselves against COVID-19. Using different remote technology channels, we are sharing accurate information about the virus and effective prevention practices.



Helping Children Learn

As co-leads with UNICEF of the Education in Emergency sector and the Education Sector Working Group (ESWG), we are supporting the Ministry of Education, Youth and Sports (MoEYS) in developing and testing approaches to promote continuous learning in remote and hard to reach areas, with a focus on the accessibility of the most vulnerable children. We are convening across International Non-Government Organisations (INGOs) to inform MoEYS gap analysis, support coordinated design and implementation of distance learning for pre and primary education, and providing coherent input/support to national response planning.



Increasing Financial Resilience

We are working with the Royal Government of Cambodia and our partners to strengthen the social protection systems in Cambodia to ensure vulnerable households sustain and recover livelihood options and household income. We are supporting the government to continue cash transfers to provide a safety net for families, and providing technical advice on how to adapt their social protection programme to cover all poor households in Cambodia. We are also delivering skills-building training to support livelihood opportunities for those who have lost their employment, particularly those families at risk of separation.



Keeping Children Safe

We are adapting critical child protection and child rights programming to ensure the safe continuation of essential services in the context of COVID-19. We developed and rolled out with MoSVY the national Guidelines on Case Management During Infectious Disease Outbreak (COVID-19). We are distributing Personal Protective Equipment (PPE) for frontline support workers to allow for community-based work and case management to continue through partners. We are also providing training to partners on psychological first aid and mental health to ensure they are equipped to work with children and families during COVID-19 and supporting them to track calls to helplines to understand the impact of COVID-19 on children.

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More information

If you want to carry out further analysis, request for dataset, questionnaire, and detailed methodology, please contact:

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