

Youth Awareness and Health Communication During COVID-19: Evidence from an Informal Settlement in Kibra, Nairobi

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Abstract

The COVID-19 pandemic presented unprecedented global health and communication challenges, particularly in densely populated informal settlements. This study examines the awareness levels of youth in Sarang'ombe village, Kibra, Nairobi County, and explores how communication channels, information sources, and message types influenced their understanding and response to the pandemic. Guided by the Uses and Gratifications Theory and the Health Belief Model, the study adopts a qualitative research design, utilizing focus group discussions and key informant interviews with youth aged 18–35. Findings indicate that youth actively engaged with multiple information sources, including social media, television, community health workers, and peer networks. While awareness levels were generally high, misinformation and inconsistencies in communication channels posed challenges. The study highlights the importance of participatory, youth-centered communication strategies and recommends strengthening community-based and digital health communication frameworks for future pandemics.

Keywords: Youth awareness, Health communication, COVID-19.

Introduction

The COVID-19 pandemic is one of the most important health crises in the modern world that has raised the whole healthcare system as well as the entire world communication ecosystems. In addition to its biomedical connotations, the pandemic has been commonly conceptualized as a crisis in communication, with the success of the response of the population in relation to the pandemic often relying on the transference, reception, and understanding of information (WHO, 2020; Noar and Austin, 2020). It was the role of governments, media institutions, and international organizations to disseminate fast-changing scientific knowledge to different populations in conditions of uncertainty.

The pandemic in Kenya revealed and increased the socio-economic inequalities that already existed and exacerbated socio-economic disparities in Kenya, especially in the informal settlements like Kibra, Nairobi. These settings are characterized by dense population, inadequate infrastructure and limited access to basic services, and present distinct challenges to both disease containment and communication interventions (Corburn et al., 2020; Mutisya and Yarime, 2011). Social distancing and regular handwashing were examples of public health directives that were both communicated extensively but were sometimes challenging to enforce in that type of context, which is where the information dissemination-practical applicability gap is present.

Communication is central in ensuring that this gap is bridged. Health communication is not just the process of sending information but the process of influencing attitude, behavior, and development of trust between communities and institutions (Glanz et al., 2015). Through the COVID-19 crisis, various communication channels were implemented, such as the traditional media, digital media, and community-based networks. The extent, authority and influence of these channels however differed greatly among the various social groups.

The youth form a very significant population in this respect. Youths are some of the most active users and creators of digital content all over the world, and thus, they are major participants in the modern information ecology (Pew Research Center, 2021; Kemp, 2022). During COVID-19, young people have been receivers and spreaders of information, playing the role of relaying communication in their communities. The implications of their levels of awareness on the health outcomes of the people are therefore high.

Meanwhile, young people are particularly susceptible to the impact of misinformation especially in social media where unconfirmed facts can gain traction within a short time (Cinelli et al., 2020; Brennen et al., 2020). The

World Health Organization has explained this effect as an infodemic, highlighting the difficulty of getting the right information to the populations in the face of an excessive amount of competing accounts (WHO, 2020; Zarocostas, 2020).

Although there is an increasing amount of literature on the subject of COVID-19 communication, there is still a significant gap in the literature about informal settlements in sub-Saharan Africa, especially those that put the experiences of the youth in the center of the study. Previous research in Kenya has been more inclined towards national-level media reporting or the general awareness of the population, but little is done in terms of localized or community-based dynamics (Ndavula & Lidubwi, 2021). This is a substantial gap, considering that the communication practices and information access are highly influenced by the local socio-economic and cultural settings.

This paper fills this gap by discussing the levels of awareness on youth in Sarangombe village in Kibra, Nairobi County. In particular, it examines the information and media sources accessed by the youth as a result of COVID-19, channels used to deliver this information, and the kind of messages received and interpreted. In following a qualitative approach, study will aim at giving a detailed picture of how awareness is constructed in a marginalized urban environment.

This way, the study will be adding to the theoretical and practical discourse of health communication. Theoretically, it combines the knowledge of the Uses and Gratifications Theory and the Health Belief Model to describe media use and behavioral reactions. In practice, it can provide context-specific information that can be used to design more successful, inclusive, and participatory communication responses to future health crises.

Literature Review

Pandemic Communication and Information Dissemination

Pandemics are communicative events by nature and this necessitates the spread of information quickly to shape the people and reduce the risk. The effective communication in the face of the pandemic is not only the provision of true information but also the control of uncertainty, fear, and trust in the population (Noar and Austin, 2020). It has been demonstrated that the promptness, clarity, and consistency of messages play a crucial role in ensuring adherence to preventive actions and minimizing the transmission of the disease (Van der Meer & Jin, 2020).

Risk communication, crisis communication, and behavior change campaigns were all part of communication strategies during the COVID-19 pandemic. These strategies were meant to educate the population on what the virus is and how to protect themselves, as well as dispel misinformation. Nevertheless, these strategies were not as effective in other contexts, especially in the environment with scarce infrastructure and a high degree of socio-economic inequality (Gilmore et al., 2020).

Media and Public Perception

Mass media is known to be one of the main agents of spreading awareness to the public in case of a health crisis. Traditional media like television and radio is still a significant source of information especially in developing countries where access to digital technologies can be unequal (Shih et al., 2008). Some of the main government communications platforms frequently include these platforms such as government health briefings and government policy announcements.

Nonetheless, media coverage is not objective. Health issue framing has the potential to affect the risk perception, responsibility, and the correct response (Hart et al., 2020). Indicatively, sensationalist coverage can lead to an increase in fear and anxiety, whereas explicit and factual coverage can lead to an increase in knowledge and adherence to health regulations.

In Kenya, studies have shown that media coverage played a significant role to the overall development of the level of COVID-19 awareness in the population, with the effect of media coverage differing according to access and trust in some communities (Ndavula & Lidubki, 2021). This highlights the necessity to investigate the nature

of interaction between various systems of media in certain local settings.

Social Media, Youth, and the Infodemic

The emergence of social media has changed the environment of health communication, allowing information to be spread very quickly and decentralized. Social networks like Facebook, Twitter, or WhatsApp have become the core sources of health information, especially among the youth (Pew Research Center, 2021).

Although these platforms have immense benefits with regards to accessibility and interactivity, they have drawbacks that touch on the issue of misinformation. Infodemic has been the other side of the COVID-19 pandemic, which is characterized by the proliferation of false or misguided information (Cinelli et al., 2020). Research has indicated that misinformation may decrease adherence to health-related guidelines and promote vaccine hesitancy (Allington et al., 2021).

These dynamics especially affect the youth who are active users of social media. Although they tend to show the great degree of interest in digital content, their critical evaluations of information are inconsistent, which is why the significance of digital literacy should be noted (Goodyear et al., 2018).

Communication in Informal Settlements

Informal settlements present unique challenges for health communication due to structural and socio-economic constraints. Access to formal media, overpopulation, and financial insecurity may interfere with both the spreading and receiving of health information (Corburn & Sverdlik, 2017).

It has been pointed out that community-based methods of communication can be considered especially useful in this context. These are community health workers, local leaders, and grassroots organizations that can be used to disseminate information and interact with people (Gilmore et al., 2020). Such actors tend to have more trust and are in a better position to suit messages to local realities.

The current literature in Kibra shows how informal networks and interpersonal communication are important in influencing the flow of information. Yet, the research on youth and their place in these networks is scarce and especially in the environment of a global pandemic.

Theoretical Framework

There are two theoretical views that are complementary to each other and lead to the study: the Uses and Gratifications Theory and the Health Belief Model.

According to the Uses and Gratifications Theory, people are the ones who choose which media channels to use depending on the needs, preferences, and motivations (Katz et al., 1973; Ruggiero, 2000). With the COVID-19 situation, young people might prefer to use certain channels to find information like social media or television to engage with others or alleviate the uncertainty. It is a theory that can be applied in describing media consumption patterns that were seen during the study.

Health Belief Model on the other hand is concerned with the way in which the perceptions of risk and benefits of people impact their health behaviours (Champion and Skinner, 2008). The main constructs are perceived susceptibility, perceived severity, perceived benefits and perceived barriers. The model is useful in this study in explaining how preventive behavior translates or does not translate out of awareness of COVID-19.

Combining these two frameworks, the study offers a thorough insight into media use and behavioral response, placing the actions of individuals within the context of much bigger communication and social processes.

Methodology

The research design presented in this paper is qualitative research with an interpretivist epistemological paradigm because it aims to study the process by which young people in Sarang'ombe village, Kibra, make sense of

information and awareness regarding COVID-19. Interpretivism would be especially suitable in this study because it gives preference to subjective experience, social context, and co-construction of meaning between the researcher and the participants (Creswell & Poth, 2018). This paradigm enables a more subtle interpretation of the mechanisms of awareness formation and negotiation in the context of such a global health crisis as COVID-19, where perceptions, beliefs, and lived realities influence behavior.

The qualitative descriptive design was used to take in-depth descriptions of the experience that the participants had with COVID-19 communication. This methodology is appropriate when the researcher is interested in giving deep, non-complicated accounts of phenomena and at the same time is theoretically enlightened (Sandelowski, 2000). This design allows one to generate context-specific insights because there is very little empirical research on pandemic communication in informal settlements.

The field research was done in Sarang'ombe village in Kibra, Nairobi County, where population density is high, and people are socio-economically vulnerable and have minimal access to formal communication systems. Kibra is an example of informal settlements that are characterized by disproportional media access and dependence on interpersonal networks (Mutisya and Yarime, 2011). Such contextualities were used in the research design and interpretation of findings.

The target population was a group of young people aged between 18-35 years old, based on the official definitions of the term youth in Kenya and the fact that young people are one of the most active users of digital media and social networks (Kemp, 2022). The method of sampling used was non-probability sampling that incorporated purposive and convenience sampling. The participants were selected by the fact that they resided in Sarang'ombe, had at least one source of information about COVID-19 and the willingness to be included. Although 10 people might not seem a large sample, it aligns with the qualitative research principles where depth, interaction, and data saturation are more important than statistical representation of the population (Guest, Namey, and Mitchell, 2017).

A focus group discussion (FGD), and a key informant interview (KII) were used to collect data. The FGD facilitated the study of the common experiences and joint meaning-making practices, which are especially important in the analysis of the dynamics of communication at the community level (Kitzinger, 1995; Morgan, 1997). Themes were based on the first awareness, information sources and channels, perceived credibility, and misinformation experiences, which were discussed in the semi-structured guide.

A community health stakeholder in the response to COVID-19 was used to conduct the KII. Qualitative research incorporates key informant interviews that are considered a vital tool in offering professional knowledge and situational awareness of institutional practices (Marshall and Rossman, 2016). Triangulation was achieved by including this point of view, which strengthened the credibility and validity of the results (Patton, 2015).

Thematic analysis has been used to analyze the data in line with the framework of Braun and Clarke (2006) by transcribing the data verbatim. It was done through familiarization, coding, theme development and refining. This approach enables inductive and theoretically informed analysis and it is therefore especially appropriate to the exploratory research in new fields.

In order to be credible, the study used credibility, transferability, dependability, and confirmability standards (Lincoln and Guba, 1985). The analytical rigor was reinforced with triangulation of data sources, description of context of the data, and reflexive handling of the data. Informed consent, confidentiality and voluntary nature of participation were considered ethical issues, according to the recognized research ethics standards (Orb, Eisenhauer, and Wynaden, 2001).

Findings

The results indicate that the awareness of the youth in Sarang-ombe about COVID-19 was formed due to a complex interaction between media exposure, interpersonal communication, and socio-economic realities. Consciousness was not a single event but a process that was evolving as the information environment and experience changed.

The initial awareness of participants on COVID-19 was mediated largely by the international and national media especially television broadcasts. The initial coverage presented the virus as a remote international problem, which aligns with the results of the research that media framing shapes the risk perception at the initial phases of the pandemic (Hart et al., 2020). This perception changed drastically with local events like school closures and case confirmation in Kenya which functioned as the critical events that localized the threat and increased the perceived risk.

The pandemic changed the situation where more and more participants used digital platforms, especially social media, as the main sources of information. WhatsApp, Facebook, and Twitter were the platforms that played a key role in accessing and spreading information. This is consistent with the trends in the world, where social media is taking the center stage as a source of health information in the youth (Allington et al., 2021). These platforms were interactive, which allowed the participants to make conversations, update, and get clarification of peers and networks, such as those in other countries.

The traditional media such as television and radio were still significant especially at the onset of the pandemic. These channels were viewed as credible and authoritative in terms of government briefings, which are based on the findings that the traditional media tends to have more trust during health crises (Van der Meer and Jin, 2020). Nevertheless, their impact was seen to fade away with time as digital media became more direct and instant.

Such communication channels as community health workers and local organizations became very reliable sources of information. Their closeness and cultural imbeddedness made them credible and effective in supporting the existing literature on the significance of community involvement in health communication (Glanz, Rimer, and Viswanath, 2015; Gilmore et al., 2020). The participants appreciated face-to-face communication which enabled clarification and contextualization of information.

The information that was most accessed and stored were the ones that were directly connected to preventive measures, including hand hygiene, wearing masks, and social distancing. This indicates how effective behavior-based health messaging is in times of pandemic (Noar & Austin, 2020). There was also a large-scale dissemination of information related to transmission and vaccination, but the degree of knowledge varied.

Misinformation became a widespread problem despite the high rates of awareness. The participants claimed that they were exposed to fake promises, conspiracy theories, and untested solutions, especially on social media. This observation conforms to the idea of the so-called infodemic, which is the rapid dissemination of fake news in the situation of health crisis (Zarocostas, 2020). Although there were participants who showed the ability to critically evaluate information, some were unable to differentiate between credible and misinformation, which shows differences in media literacy.

Notably, awareness did not necessarily result in the stable change of behavior. The structural limitations like overcrowding, economic need, and limited access to resources limited the participants to adequately stick to preventive actions. This highlights the weaknesses of knowledge-based interventions when being applied in the context of socio-economic inequality (Corburn et al., 2020).

Discussion

The overall results of this research support the primary role of communication in influencing the pandemic awareness and response among youth in informal settlements. As per the Uses and Gratifications Theory, the participants were the active users and consumers of media outlets that satisfied their informational and social requirements (Katz, Blumler, and Gurevitch, 1973; Ruggieri, 2000). The social media, especially, served as one of the main locations of interaction, where information could be accessed as well as social interaction could take place.

Nevertheless, the dominance of the online media also enhanced the dangers of misinformation. The paper is consistent with the existing body of literature about the COVID-19 infodemic, where the effect of misinformation on undermining the responses of the public and damaging the institution is emphasized (Cinelli et al., 2020; Brennen et al., 2020). The difference in the critically assessing of the information by the participants is an

indication that narrowly focused digital literacy interventions are needed.

The next aspect that supports the sustainability of multi-channel communication strategy is the fact that the traditional media and community-based communication channels are still relevant. Online platforms are fast and very extensive, but face-to-face communication is more trustworthy and context-oriented. Specifically, community health workers have an important part in narrowing the divide between official health communication and local realities (Gilmore et al., 2020).

The results are also in line with the Health Belief Model that focuses on perceived susceptibility and severity in influencing health behavior (Champion & Skinner, 2008). The change in perception of risk between the detached views of the participants at the start and the increased worries of the latter show how perception of risk can change depending on the contextual indicators. Nevertheless, the fact that structural barriers are still present points to the inabilities of individual-level models to explain behavior in resource-constrained environments.

In general, the analysis highlights the importance of the contextual, participatory, and communicative approaches to the necessity to consider the intricate interplay of media, social networks, and structural conditions. Effective communication in the informal settlements should not only be based on information dissemination, but it should be aimed at the broader socio-economic determinants of health.

Conclusion and Recommendations

This paper gives a detailed analysis of COVID-19 awareness amongst the youth in Sarang'ombe, Kibra, which shows that the communicational ecosystem is complicated, with multiple sources of information, different levels of trust, and serious issues concerning misinformation and structural limitations. Awareness levels were not very high but the quality and influence of information was not even, and it was determined by the dynamics of media as well as socio-economic realities.

The results indicate the proactive nature of the youth in the communication process and dispel the traditional view of passive media consumption. Simultaneously, they highlight the weaknesses of being dependent on unregulated digital platforms and the inequalities that exist and restrain the transfer of awareness into action.

The communication strategies in the future on the issue of public health must focus on participatory methods that involve the youth in the process of information creation and not consumers. Increasingly digital literacy, building up community-based communication systems, and incorporating both the traditional and the digital media will also play a key role in enhancing the efficiency of health communication in the same settings.

To sum up, informal settlements should be perceived as a socially ingrained and context-specific process of communicating during the pandemic. This study can help to better understand the construction of awareness by focusing on the experiences of young people and can provide important revelations to create more comprehensive and inclusive communication campaigns in the event of health crises in the future.

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