Demos Africa

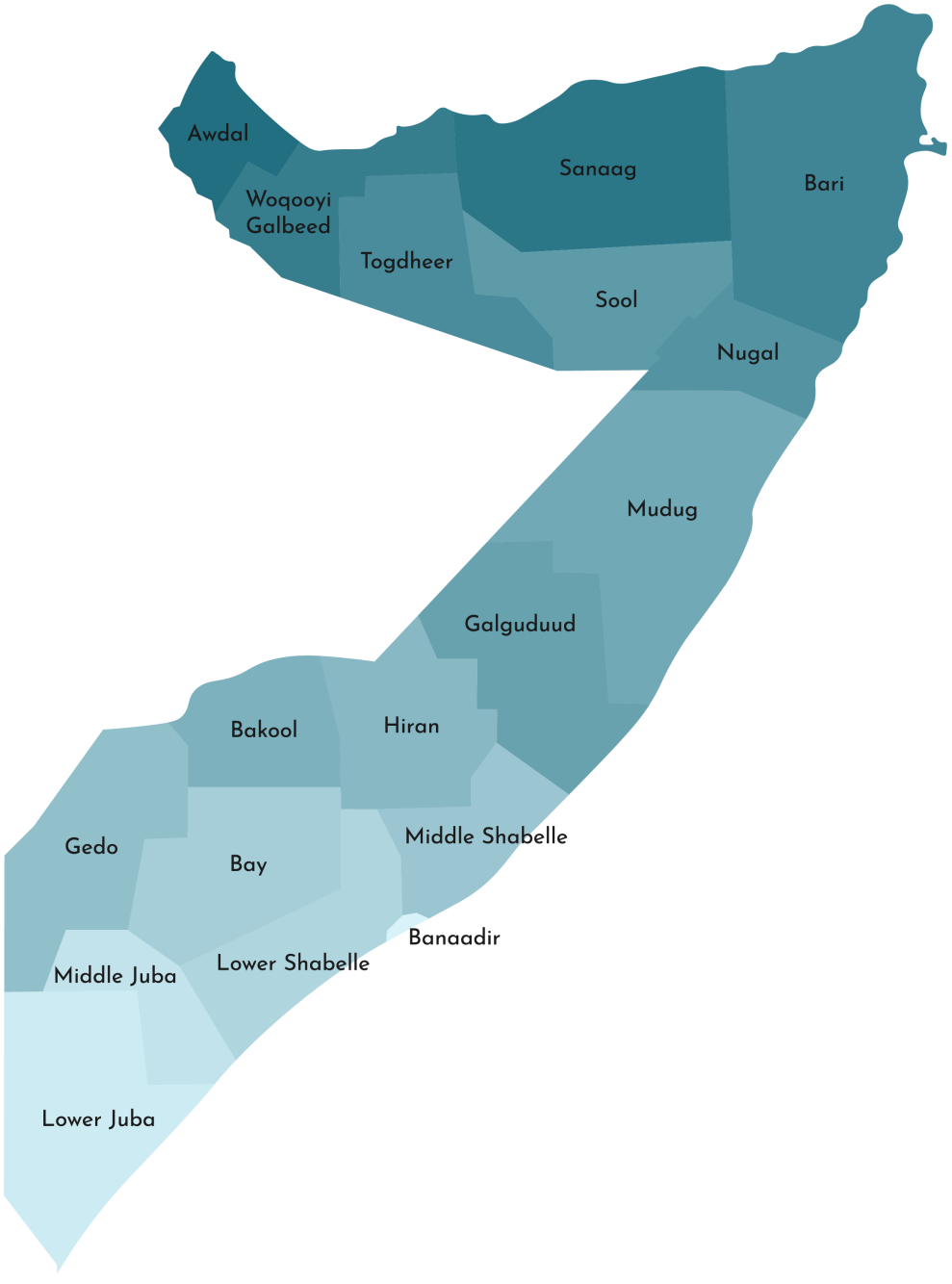
Trends Unveiled

A Polling Center At City University Of Mogadishu

Health Survey

SOMALIA

February 2022


Awdal
Woqooyi Galbeed
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Middle Shabelle
Banaadir
Middle Juba
Lower Shabelle
Lower Juba

About Demos Africa

Demos Africa is a data and analytics polling center based at the City University of Mogadishu, one of the leading higher education institutions in Somalia. Demos Africa conducts opinion polling through quantitative surveys aimed at gauging public attitudes and perceptions on a variety of issues. As a fact tank, we track emerging trends at local, national and regional levels and contextualize them for our partners. Demos Africa works with international experts with decades of experience.

The work of Demos Africa is underpinned by a profound commitment to accuracy, impartiality and ethical approach to data collection. **Demos Africa does not take policy positions**; we only convey the outcomes of our public opinion polling.

Demos Africa strives for the highest quality in its data collection, analysis and publications. We achieve that by using the most rigorous methodology and the best practice in the industry when designing, conducting and analyzing public opinion surveys. Our goal is to present unfiltered facts and figures so that our clients could make sound decisions.

Demos Africa works with both public and private sectors to enable them to make sound decisions based on empirical evidence. We customize polls and surveys to our clients based on their needs.

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EXECUTIVE SUMMARY

The survey consisted of 25 questions about the state of healthcare in Somalia. Among other things, we asked about COVID-19, vaccination rates, the prevalence of chronic illnesses, access, affordability and quality of the healthcare system. Key findings include:

1. Somalia's healthcare system is deeply privatized and costly, given the limited role that the state plays in the sector since the collapse of the central government three decades ago. That's why nearly 70% of respondents said they pay for their own healthcare.

2. Nearly half of the respondents said they don't have a source of income, making healthcare inaccessible to them due to high costs.

3. Over a third of respondents said they seek primary medical treatment at pharmacies, pointing to the gap that pharmacies are filling in the face of limited hospitals and clinics.

4. Chronic illnesses are prevalent among respondents. The most common ones are blood pressure and diabetes. Men suffered from blood pressure twice as much as women and female respondents suffered from diabetes at a considerably higher rate than men.

5. Only 2.4% of respondents said they tested positive for COVID-19, but more than 12% knew someone in their family or community who had died of the virus, suggesting that the true infection rates are substantially higher than known to respondents.

6. A third of respondents said they don't believe that COVID-19 is dangerous and 41% never wore a mask, a proven preventative method. And even though vaccines are available to 60% of respondents, only about a quarter took the jab.

7. More than 90% of respondents said they don't chew khat (jaad), the leafy stimulant imported from Kenya and Ethiopia. And all those who consume it are men.

GOAL OF THE SURVEY

The goal of the survey was to gain a deeper understanding of the challenges that the Somali people face in accessing healthcare—a key service generally provided by the government. In particular, the survey examined issues of availability, affordability and quality.

METHODOLOGY

This survey was conducted between 3-11 January 2022 using Random Digit Dialing. RDD is an effective method for selecting a representative sample of participants in telephone statistical surveys by dialing phone numbers randomly. Through this method, Demos Africa was able to generate 264,000 numbers out of an estimated 5-6 million active numbers in Somalia. Demos Africa used existing area codes and prefixes to randomly generate and call a representative sample.

Our target population was anyone in Somalia with an active phone number and who is over the age of 15 and is willing to participate in the survey. Trained enumerators called 40,196 active numbers, using a sophisticated computer system. Eventually, 1003 respondents in over 80 districts across the 18 pre-war regions of Somalia have agreed to participate in the survey. Respondents were evenly divided between the two genders: 49.3% were female and 50.7% were male. The enumerators who conducted the telephone interviews were trained, mentored and supervised by pollsters with decades of experience.

Demos Africa pollsters have developed a comprehensive set of questions aimed at gathering basic information about demographics as well as obstacles and opportunities in the healthcare sector. Once the survey was completed, Demos Africa used available government demographics data as a baseline to compare and analyze the information. Specifically, we used the 2014 Population Estimate Survey (PES)[1] and the 2020 Somali Health and Demographic Survey (SHDS), both conducted by the Federal Government of Somalia.[2]

1 See "Somalia Population Estimate Survey" (2013). Accessed at: https://www.nbs.gov.so/population-estimation-survey-2014/
2 See Somali Health and Demographics Survey (2020). Accessed at: https://www.nbs.gov.so/somali-health-demographic-survey-2020/

I. STATE OF HEALTHCARE

Healthcare is one of the most basic services that any government in the world provides to its citizens. This survey focused on healthcare to understand the importance of the issue for Somali citizens and to gauge the current state of affairs in this sector. The survey consisted of 20 questions about health ranging from COVID-19, vaccination rates, the prevalence of chronic illnesses, quality and cost of healthcare as well as availability.

1.1 COVID-19 INFECTIONS

When asked if they have ever been infected with COVID-19, the overwhelming majority (95.7%) of respondents said they were not infected with only 2.4% saying they tested positive at least once over the past two years. Roughly 2% said they don't know if they have caught COVID or not. The low figures could be explained by the extremely low testing capacity across the country. Some people who have been infected may not even be aware of it.

When we asked respondents if they knew someone in their family or in their town who had died of COVID, 12.4% said they did. This figure suggests that COVID infection rates could be higher than the 2.4% of respondents who said they had been infected.

Figure 1. **COVID-19 infections (%)**

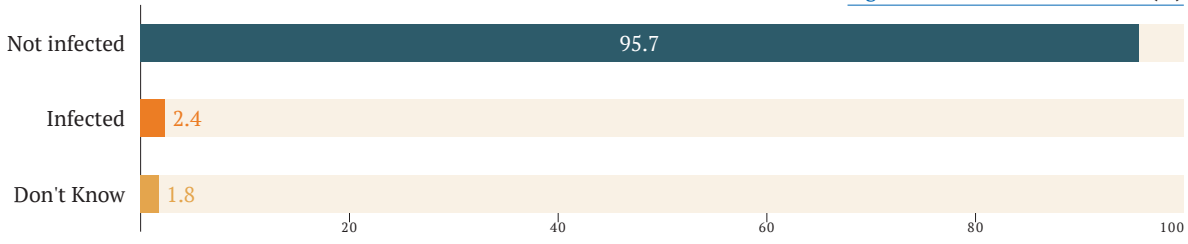
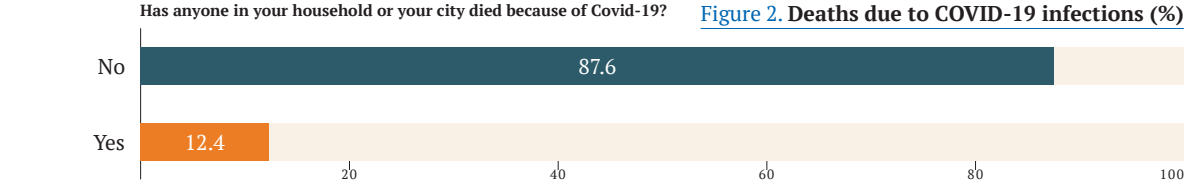


Figure 2. **Deaths due to COVID-19 infections (%)**



1.2 PREVALENCE OF MASK WEARING

The World Health Organization (WHO) recommends facial masks as an effective preventative measure against COVID-19 transmission. When asked if they wear facial masks to protect them from COVID, 41% said they never wear masks while 34.3% said they wear them sometimes. Only 24.7% said they wear masks on a regular basis. Interestingly, younger people were significantly more likely to wear masks than older generations. Among those who said they wear facial masks regularly, 29% of respondents under the age of 24 said they regularly wear, compared to only 11.2% of respondents older than 65 years.

Many countries have spent significant resources to raise awareness about the health value of wearing a mask. This survey has revealed that there is very low awareness among the Somalia public of the health value of the facial mask. When asked if they view mask-wearing as a necessary precaution against COVID-19, more than half of respondents (55%) said it was not necessary, compared to 40% who said it was and 4% who didn't know whether it was necessary or not.

We asked respondents who do not wear masks why they don't, 33.8% said they do not believe that COVID-19 is a dangerous disease, and 43.6% said no one in their town wears a mask and, for that reason, they didn't wear it. Only 11.1% said they should have put on a facial mask but didn't do it. Women were more likely to believe that COVID was a dangerous infection than men.

Since the percentage of respondents who said they wear masks regularly is marginal and given the low public awareness about the benefits of facial masks, a large majority of respondents appear to be laid back about the severity of the pandemic.

Figure 3. **Frequency of mask-wearing (%)**

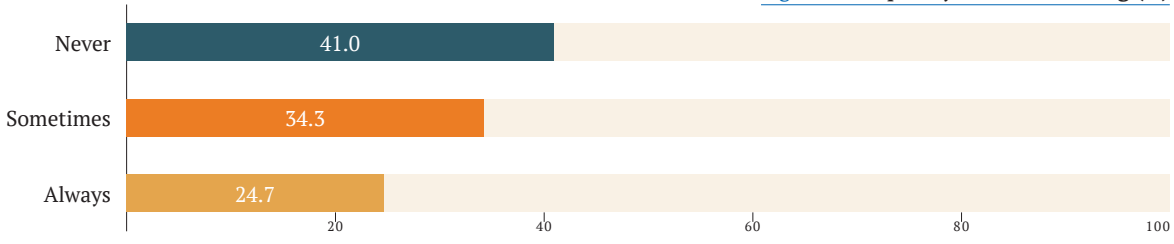


Figure 4. **Frequency of mask-wearing by age groups (%)**

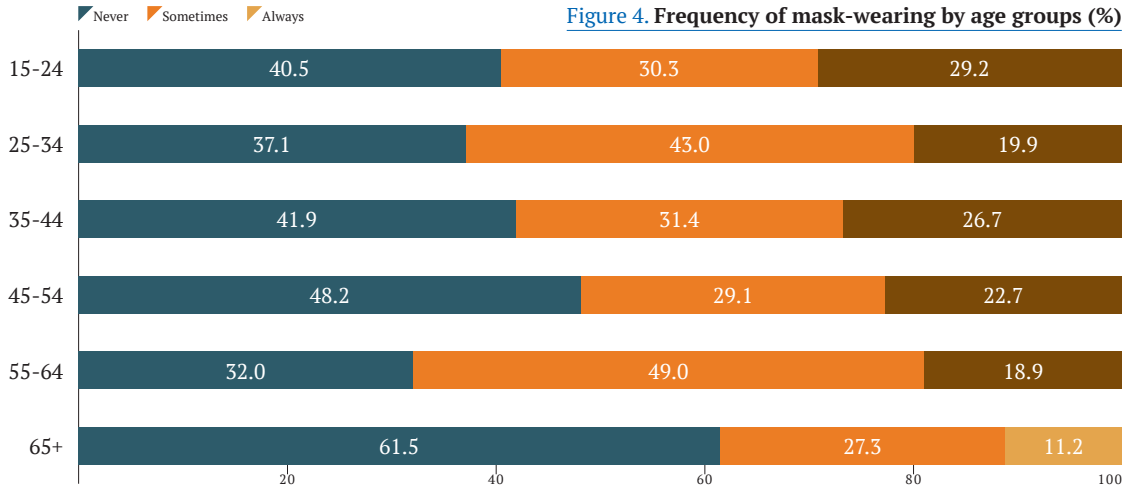


Figure 5. **Perception about masks (%)**

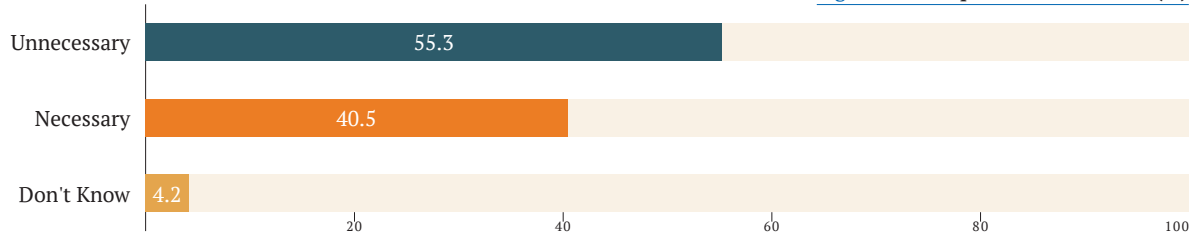
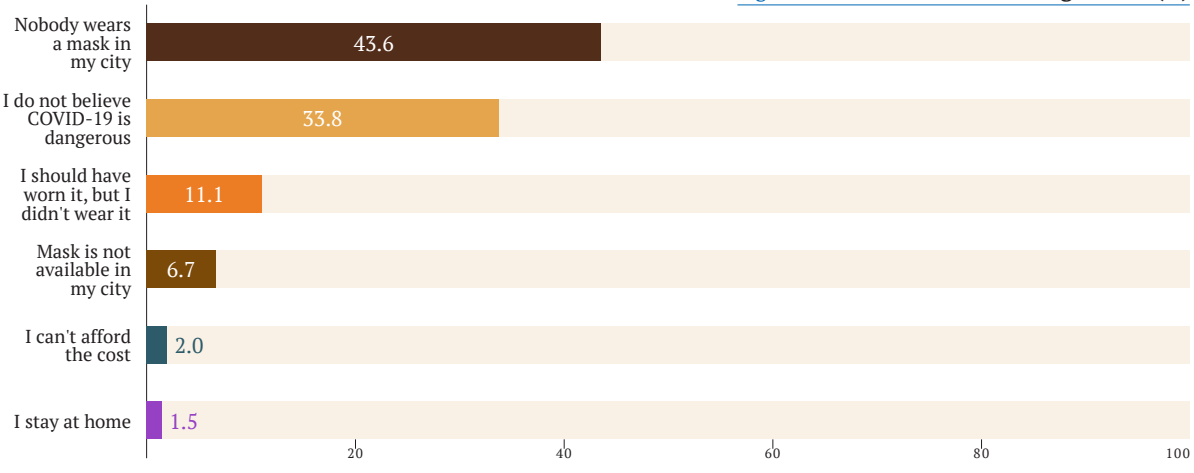


Figure 6. **Reasons for not wearing a mask (%)**



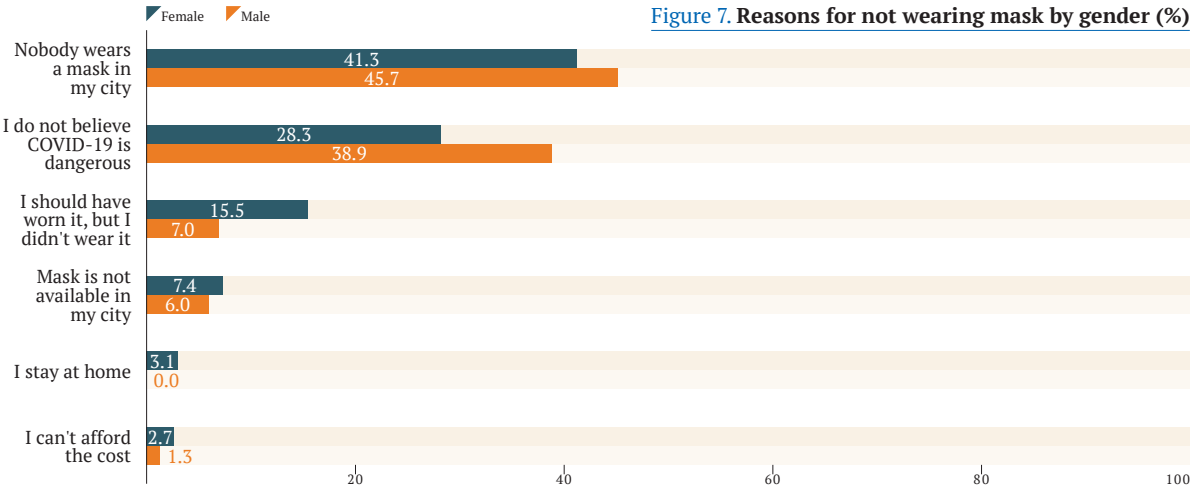


Figure 7. **Reasons for not wearing mask by gender (%)**

1.3 VACCINATION RATES

Another important preventative measure against COVID-19 is vaccination, which has proven effective against the severe aspects of the virus. When asked if vaccines were available in their cities and towns, 60.2% of the respondents said it was available and 30.7% said it was not available. Only 9.1% didn't know if it was available or not. While the availability of vaccines is quite encouraging, the percentage of vaccinated people remains comparably low. Only 24.2% said they had taken at least one shot of COVID vaccination, compared to 75.8% of respondents who have not taken any vaccination. This means that majority of the people are choosing not to take the vaccines.

When those who have not taken the COVID vaccination were asked why they didn't, 45.3% said it was mainly due to unavailability in their neighbourhood, compared to a quarter of respondents who said they don't believe in vaccines. In other words, while vaccinations are available to 60% of the population, a significant percentage can't access it them because vaccination locations are often not available in their hometown. This suggests the need to expand vaccine locations into more neighbourhoods across the country.

Figure 8. **Availability of vaccination to respondents (%)**

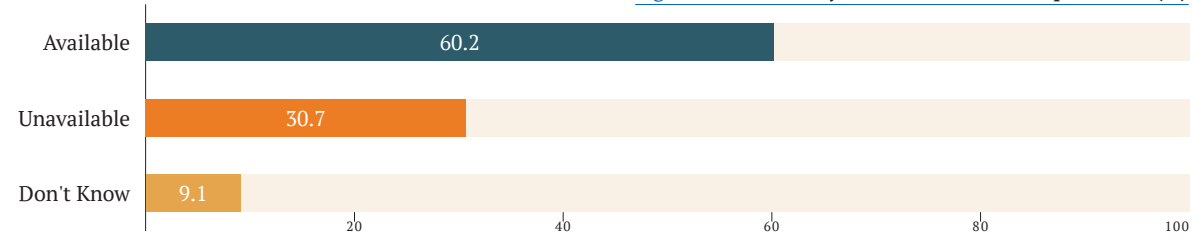


Figure 9. **Vaccination rate among respondents (%)**

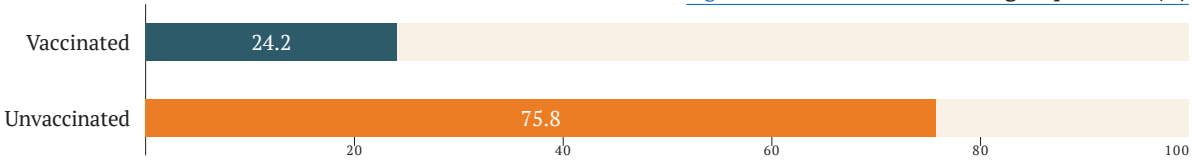
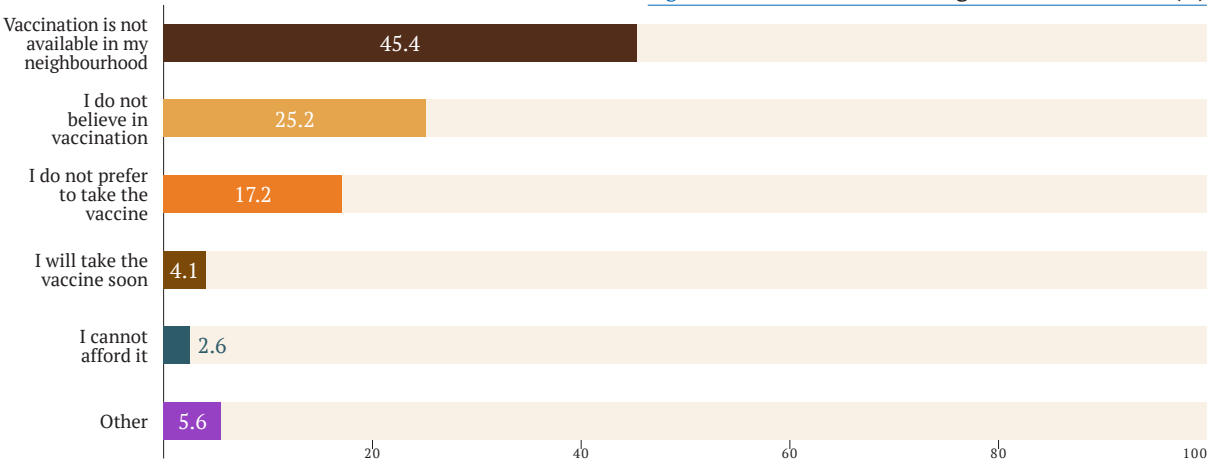


Figure 10. **Reason for not taking COVID vaccination (%)**



II. GENERAL HEALTHCARE

In addition to questions related to COVID-19, the survey also covered general healthcare. We found that access to basic medical care is challenging for average citizens. According to our survey, private pharmacies have become primary care centers for about a third of citizens in place of hospitals and clinics.

When asked if respondents required medical care over the preceding 6 months: 21.6% said they did, and 77.4% said they didn't. Slightly more than 9% of respondents said they suffered from a chronic illness diagnosed by a medical professional. The most common chronic illnesses were blood pressure (38.9%) and diabetes (29.7%).

Men suffered from blood pressure twice as much as women (49.6% compared to 26.8%). On the other hand, women had diabetes at a significantly higher rate than men (36.1% compared to 24.1%). When asked if they have a disability, more than 10% of respondents said they had. The percentage increased with age as the rate for those above 55 years old was 17.7% .

Figure 11. **Have you required medical care over the past 6 months? (%)**

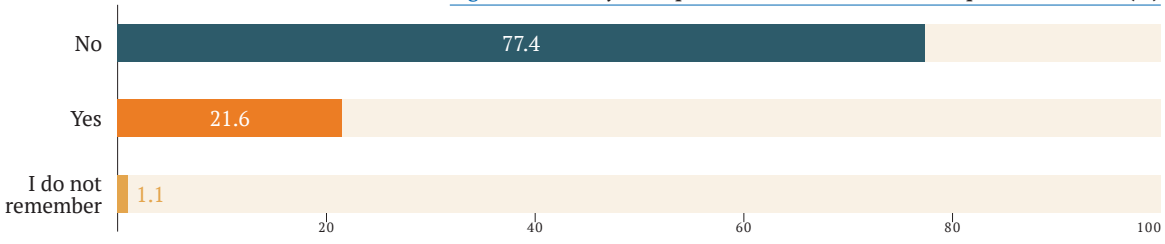


Figure 12. **Do you have chronic illness? (%)**

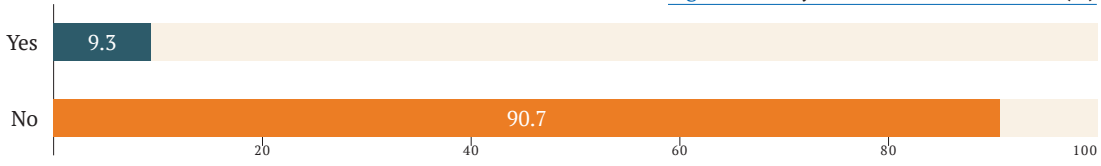


Figure 13. **Most common chronical illnesses (%)**

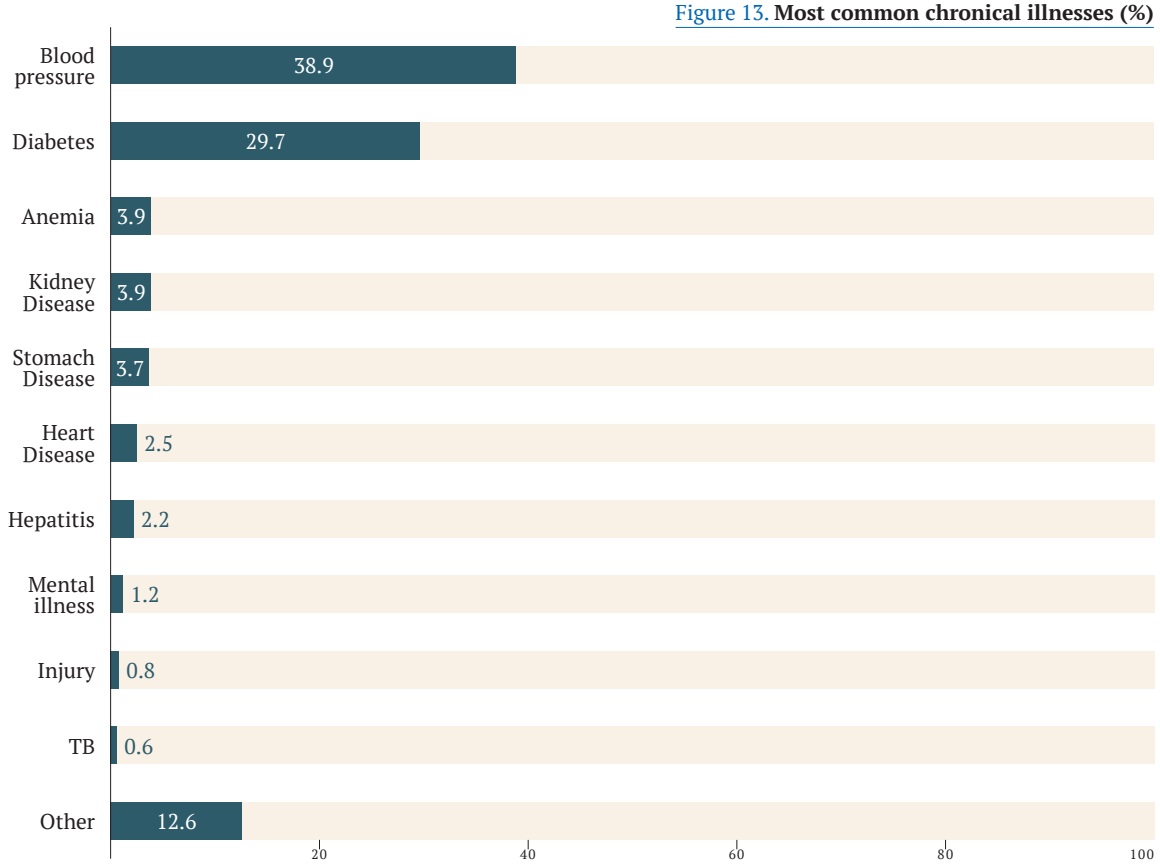


Figure 14. **Chronic illnesses by gender (%)**

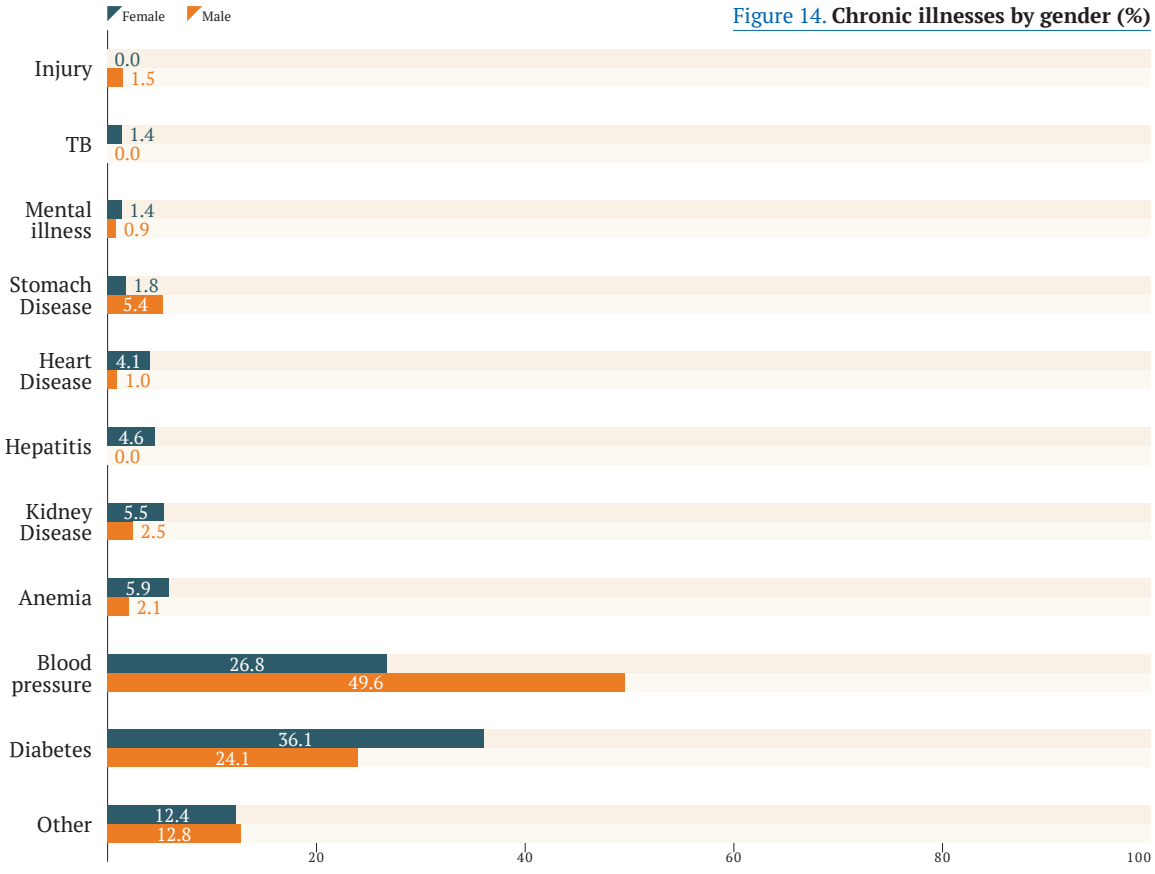


Figure 15. **Do you have physical disability? (%)**

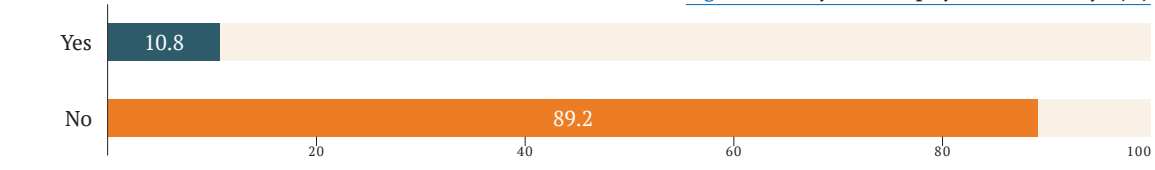
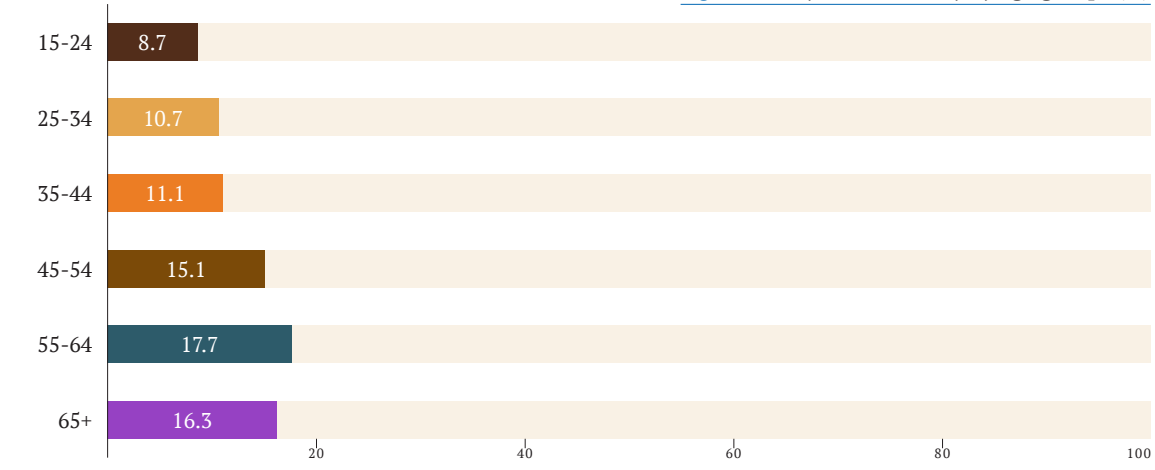


Figure 16. **Physical disability by age groups (%)**

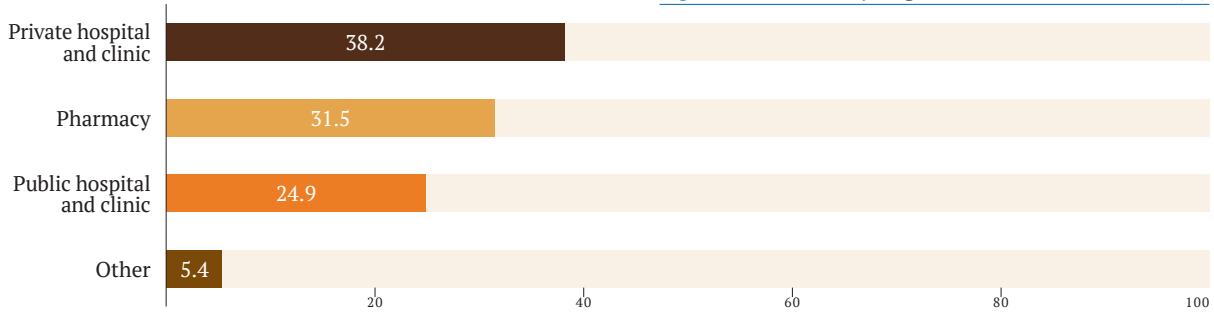


2.1 ACCESS TO MEDICAL CARE

Of the respondents who required medical attention, 75% said they were able to access some type of treatment. But when asked where they went for treatment, 31.5% of them said they go to private pharmacies as a primary care facility. Another 38% went to private clinics and hospitals for treatment and only 24.9% sought medical treatment at government hospitals.

In other words, nearly 70% of respondents went to private clinics or private pharmacies for treatment, highlighting the domination of fee-based facilities in the healthcare sector. This is hardly surprising, given the relatively nascent service provision by the government across the country and the vital role those private enterprises play in different sectors.

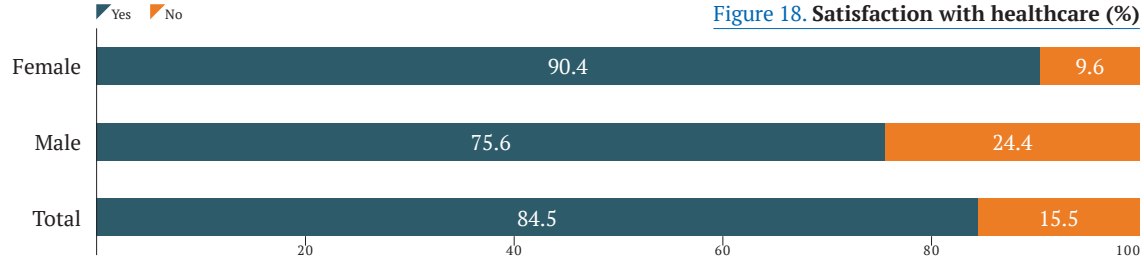
Figure 17. **Where do you go for medical treatment? (%)**



2.2 SATISFACTION WITH TREATMENT

Nearly 85% of respondents said they were pleased with the level and quality of treatment, with women registering their satisfaction at 90%. The most plausible explanation for the very high satisfaction rate is that most respondents never had the opportunity to receive treatment elsewhere in the country or outside to compare quality and cost.

Figure 18. **Satisfaction with healthcare (%)**



2.3 COST OF HEALTHCARE

The majority of the respondents (68%) said they pay for their own healthcare expenses. Approximately 45% pay less than $50 for most treatments and 35% pay between $50 to $200 per treatment. About 19% of respondents said they pay more than $200 per treatment.

Considering that nearly half of those surveyed said they don't have a source of income and that another third of respondents live below the poverty line, it is evident healthcare costs are very high for many Somalis.

The cost of treatment can be influenced by several factors, including choice of hospital, clinic or pharmacy. In this context, 82.2% of respondents said they seek treatment in their cities and towns and 7.1% go to other regions and countries.

For the 25% of our respondents who didn't seek treatment despite their need for medical attention, the biggest obstacle they cited was the cost of treatment. 63% of women said the high cost of healthcare was the reason they didn't seek treatment, compared to 36% of men.

Figure 19. **Did you have to pay for medical service? (%)**

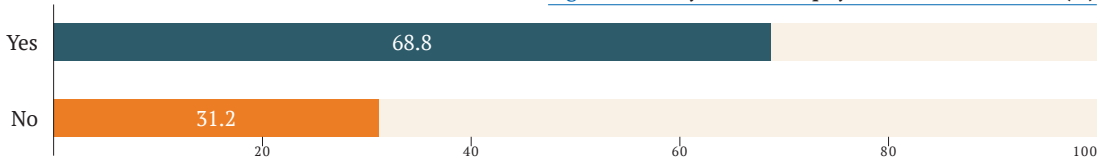
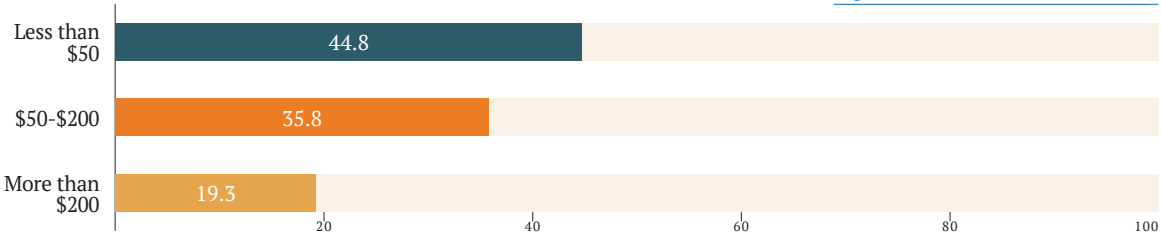


Figure 20. **Cost of healthcare (%)**



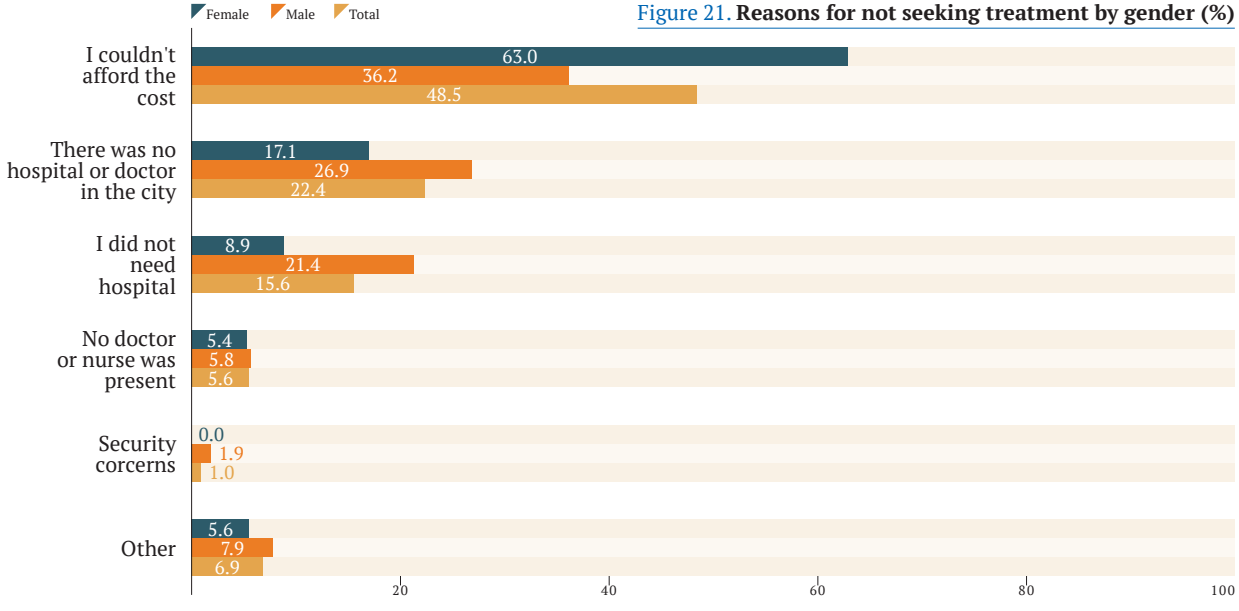


Figure 21. **Reasons for not seeking treatment by gender (%)**

III. KHAT USAGE

The usage of khat (or Jaad), a leafy stimulant imported into Somalia from Kenya and Ethiopia, is common among men. And the consumption of khat is known to cause many health problems. We asked respondents if they chew khat on a regular basis and the overwhelming majority (93.6%) said they don't use it. Only 6.4% said they chew khat on a regular basis. Of those, 17.4% said they use it daily and 57.7% they use it weekly while 24.9% use it a few times a month. Consistent with anecdotal evidence, men almost exclusively consume Khat as no female respondent said they chew it.

Approximately 51% of our respondents who use it said it costs them $10 per session while 34.1% said it costs them between $10-$25 per session. Only 15% spend more than $25 per session.

Figure 22. **Khat usage (%)**

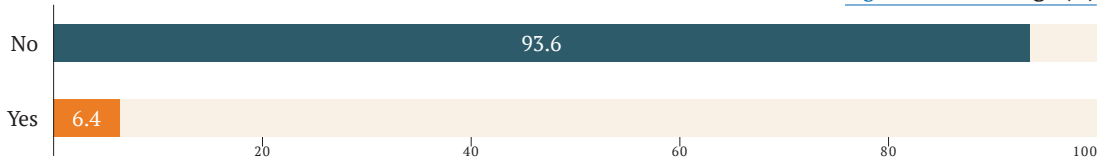


Figure 23. **Frequency of khat usage (%)**

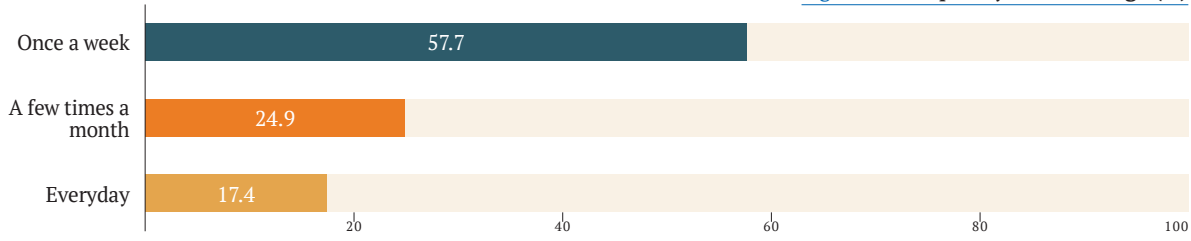
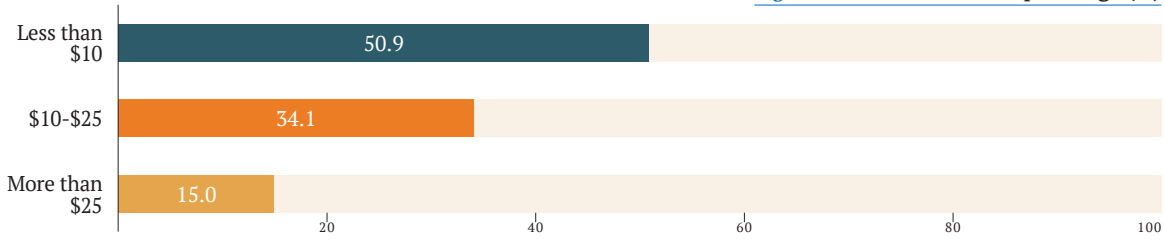


Figure 24. **The cost of khat per usage (%)**



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