POLICY BRIEF

Handwashing and Household Health Spending under Covid-19 in Cameroon

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Background

WHO has suggested some basic measures to help stop the spread of COVID-19, including regular handwashing with soap and water for at least 20 seconds. The act of washing hands then becomes habitual and requires the purchase of a handwashing station and its placement in front of a residence for guests coming from the street. The

benefits of handwashing go beyond Covid-19. As well as being an essential part of personal hygiene, hand washing is one of the most effective ways of preventing the spread of infectious diseases such as respiratory infections, gastrointestinal infections, and colds. Hand washing is not only an individual responsibility, but also a collective effort for the health of the community. When everyone practices good hand hygiene, the overall risk of disease transmission is reduced, which benefits the whole community. By keeping our hands clean, we contribute to a healthier society.

The problem

Despite its proven effectiveness in preventing several diseases, including COVID-19, the distribution of hand-washing systems was not at the forefront of the health measures put in place in Cameroon. At the time of COVID-19, the acquisition of handwashing devices at home was the responsibility of households because they were not part of the equipment distributed free of charge such as masks or hydroalcoholic gel. As a result, the acquisition of handwashing facilities required enormous financial resources for households whose incomes were already declining due to the adverse effects of the crisis. The objective of this study was to assess the impact of the adoption the handwashing device on household health expenditures in Cameroon during periods of severe restrictions related to COVID-19;

Summary of evidence

The data used in this research come from a national survey of 604 households of which 574 heads of household have given their consent. This survey took place during the month of September 2021 as part of the study on the impact of public policies related to the COVID-19 pandemic in Burkina Faso, Cameroon, Côte d'Ivoire, and Senegal, under the funding of the International Development Research Centre (IDRC). In Cameroon, the survey focused on the two main regions that have suffered the most from the pandemic, both in terms of health based on the number of people infected and economically based on the number of production units that have suffered the shock. These are the Centre and The Littoral regions. The sample was selected from stratified two-stage sampling. In each selected household, all individuals aged 15 and over in the household were interviewed using a questionnaire with eight sections.

The magnitude of COVID-19, with notable death figures circulating through the various information channels, created a wave of panic, leading people to want to take precautions. As a result, health care expenditure soared, especially expenditure on prevention. However, according to the literature on the demand

for prevention, high-income earners are likely to be the main demanders of such care, leading to increased inequalities in health expenditure between the period before and during the pandemic. Indeed, these inequalities rose from 0.5736 before the pandemic to 0.5965 during the pandemic. These inequalities can be explained by some behaviors adopted by households such as the setting up of the lava system.

After estimating determinants of adoption of a handwashing device we found that households in the Centre Region are more likely to implement the handwashing device, a result that testifies to the importance of the Centre Region as it contains the home city of the country's institutions. Compliance with restrictions was stricter even in the administrations, as was the media campaign to inform about COVID-19. Another key finding is households in rural areas who are less likely to adopt the handwashing device than those in urban areas. This result confirms the failure to consider the specificities of rural areas in the awareness campaigns that concern the whole country. Also, the rural area seems to have been little affected by the COVID-19 pandemic, and this perceived low prevalence has led residents to ignore barrier measures. Moreover, households whose heads use social networks are more likely to use the handwashing device. Throughout the COVID-19 period, social networks relayed information on the pandemic situation. This information could provide a picture of the prevalence of the pandemic and lead people to give more or less appropriate importance to protective measures.

On the other hand, the hand-washing system reduces healthcare expenses for households that have used it by 12,898FCFA, representing a 52.62% reduction in health expenditure for households that have implemented it. Beyond the chronic diseases that mostly occur in old age and have been controlled by factoring age into the structural equation, the major diseases in our environment are malaria and WASH diseases. However, during COVID-19, quinine, which is also used to alleviate the symptoms of malaria, was strictly controlled because of its presumed role in treating COVID-19. This meant that when people had malaria, they turned to traditional medicine for fear of being suspected of having COVID-19 (the two diseases have similar symptoms). So, WASH-related illnesses were the ones that easily drove people to hospitals and modern medicine because they did not fear the health system[1]. The existence of the handwashing device could therefore be a brake on these diseases and thus explain the difference between users and non-users.

1 During the pandemic, popular thinking conveyed the message that when someone arrived at health facilities with symptoms of Covid-19, they were directly quarantined, and the risk of dying was high. Also, anyone who bought certain drugs in pharmacies was considered a suspected case of Covid-19.

Implications for Policy Makers

Given the results found and the impact of handwashing on the prevention of WASH (Water Sanitation and Hygiene)-related diseases, we can make the following recommendations:

(i) Popularize the adoption of an Information, Education, and Communication (IEC) strategy to promote preventive health and change hygiene behaviors. By providing accurate and reliable information about preventive health measures and the importance of hygiene, this strategy can raise awareness, educate communities, and inspire individuals to adopt healthier practices and habits such as regular handwashing. This can be done through different communication channels like social media platforms, programmes television, educational campaigns, mobile applications and so on. The messages communicated must be tailormade, using simple, realistic language and visuals. Communication materials should be adapted to the rural population, considering their cultural, linguistic, and social preferences. Local players and community organizations should also be involved, as they are closer to the population.

(ii) Provide support for households especially vulnerable households in the acquisition of handwashing devices. Vulnerable households especially low-income families were more affected by the economic consequences of COVID-19 than others. It would be necessary to provide financial assistance (like subsidies, grants, and microfinance options) to ensure accessibility of handwashing facilities and then to help them purchase or install it. The government can also form partnerships with local businesses, manufacturers, and suppliers to ensure a consistent supply of low-cost hand-washing devices.

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