Abstract

Background: In this data note, we provide the details of a qualitative study database conducted before the first wave of the COVID-19 pandemic in Mozambique. During this period (from September 2020), several compulsory COVID-19 preventive measures were put forth as a response to the emerging pandemic in the country. Data were collected aiming to evaluate home confinement behaviours, household members' mobility, and the mobility routes and other attitudes and practices related to COVID-19 preventive measures at the community level.

Methods: A cross-sectional, descriptive, mixed method study was conducted involving adults from different regions in Mozambique. Data were collected using a combination of rapid ethnography and rapid rural assessment methods consisting of telephone-based semi-structured interviews, informal conversations, non-participant observations and short questionnaires. The COREQ guidelines for reporting qualitative studies were performed.

Results: 295 semi-structured interviews (SSI) with adult household members were included in the study. Of these, 23 were conducted face-to-face and 272 by telephone, covering 24 districts and cities in 9 provinces. More than half (53.9%) of participants were females and aged 18 - 98 years old (median [interquartile range] = 35 [29-43]). Most had a relevant role in the household, with formal education and had to leave home for income generating.

Conclusion: This data, available in our repository, favours several angles of assessments of behaviour related to home confinement, mobility and routes of a population group prior to the first wave of the COVID-19 outbreak.

Keywords

COVID-19, attitude, practice, home, public places, Mozambique.
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Introduction
With the outbreak of the COVID-19 pandemic, the world was forced to reinvent itself to prevent and mitigate the spread of this disease (Workagegnehu et al., 2021). In response to this unprecedented situation, governments have declared states of public health emergency and advised people to follow all measures to prevent the spread of the disease (BOLETIM DA REPÚBLICA, 2020). Therefore, many social and behavioural studies aiming to understand adherence status measures have been carried out. In addition, comprehensive information about individuals’ attitudes and behaviours concerning COVID-19 preventive measures is essential to design public health policies with specific public interventions, such as health education strategies and actions to promote a change in behaviour and attitudes of community members to reduce the spread of COVID-19 further. Data from these types of studies are often collected through surveys using quantitative methods, which have limitations when it comes to investigating community behaviour, attitudes and practices in order to understand their dynamics. In response to this gap, we carried out this study intending to analyse the behaviour related to home confinement, the mobility of household members, the mobility routes and other attitudes and practices taken by community members from different geographical settings in Mozambique before the first wave of the COVID-19 pandemic (17th and 28th May 2020). The data generated in this study are of great use to support policymakers in Mozambique. This data is being used for writing articles and policy briefs. In the present article, we describe the qualitative data collected throughout the research using a mixed data collection methodology. This data also provides information on social activities carried out by households during the period of public health emergency; on the different prevention measures adopted by members of households and users of public services (e.g., roads, parks, etc); on mobility routes between adults and children; and behavioural patterns adopted by household members at home and in public places.

Methods
The attitudes and practices regarding COVID-19 preventive measures in diverse settings of Mozambique: a qualitative study paper uses a subset of qualitative data from a mixed-method study collecting data through structured questionnaires, semi-structured interviews, non-participant observations and informal conversations. Two data collection techniques - the Rapid Ethnographic Methods and Rapid Rural Assessment – were applied (Isaacs, 2014; Melville, 1993). Here, we provide a detailed description of the qualitative dataset from 295 semi-structured interviews used to develop the paper mentioned above.

Study participants
We recruited 295 participants from 24 sites in nine provinces in Mozambique. In-person semi-structured interviews (SSIs) were conducted with 23 participants, and the remaining 272 SSIs were conducted by telephone. Final study data was comprised of 159 females and 136 males aged 18-98 years old (median [interquartile range] = 35 [29-43]). Of note, data regarding declines and drop-outs were not collected (or registered) during data collection.

Study sites
The selection of study sites followed two steps. Primarily, during the first two days (17th and 18th of May 2020), data was collected in 6 sites (i.e., Manhiça and Mopeia districts, and Maputo, Matola, Xai-Xai and Quelimane cities) because Manhiça Health Research Center (CISM, Centro de Investigação em Saúde de Manhiça) has its offices and are places of residence of the research team members, and thus their constant presence and easy access to local communities. Secondly, and after an initial evaluation and preliminary data analysis, an additional 20 sites (i.e., Pemba, Moeda, Nampula, Nioadala, Mocuba, Chinde, Ile, Morrumbala, Beira, Chimoio, Maxixe, Chonguene, Inhambane, Morrumbene, Jangamo, Limpopo, Mabalane, Chokwe, Boane, Magude) were included, and thus increasing the coverage of study area which includes cities and districts where the CISM office is not present thanks to the nature of the data collection approach (i.e., the use of the telephone for conducting the interviews). The second step lasted ten days, from 19th to 28th of May 2020. Telephone-based interviews allowed us to reduce the decline rate by including participants who are already in the network of each study team member and ensuring safety to COVID-19 thanks to the distance when conducting interview over telephone.

Qualitative tool guides
The qualitative data was collected using a semi-structured interview tool guide consisting of open-ended questions focused on ‘changes’ on participants’ routine dynamic soon after the declaration of the state of emergency in the country. The questions also sought to explore knowledge, attitudes, practices and adoption concerning COVID preventive measures in different contexts (e.g., at home and in public places).

Quantitative tool guides
The quantitative data were collected through a standardized structured questionnaire with close-ended questions including participants’ sociodemographic (i.e., age, gender, education level, occupation, marital status and his/her
relationship with the head of the household) and household characteristics including place of residence, size of the household (e.g., number of household members and number of sleeping rooms).

Team composition
The present research was conducted by a multidisciplinary team (including biologists, geographers, anthropologists, sociologist, epidemiologists and public health specialists) with a minimum of two years working experience, who aimed to draw a general picture of COVID-19 response behaviours at community level. The study team was composed of 34 researchers including one senior investigator as a Principal Investigator, one PhD candidate, seven junior investigators, 24 research assistants, and one data manager, each aiming at conducting 10 interviews. Of those, 47% (16/34) were females living at the communities where the study took place or being closer to participants through various type of networking.

Selection of participants and data collection procedures
Participants were selected based on their closeness or kinship with the team member. First, each team member selected potential participants on his/her electronic phonebook. Second, potential participants were phone contacted and asked for an interview which was either scheduled for an in-person meeting (face-to-face interview) or a virtual, telephone-based, meeting interview. After obtaining oral consent, the interview was scheduled and conducted at the date, time and place of participants’ convenience. Socio-demographic characteristics of the participants and other quantitative data were collected before the open-ended interview lasting 45 to 60 minutes. While quantitative data were hand registered into a standardized form, interviews were audio-recorded using a digital voice recorder (Olympus WS-852 and WS-853, Olympus Imaging America INC., New York, USA). Additionally, summaries of the participants’ responses were directly hand registered in the qualitative tool guide.

Inclusion criteria
The study targeted different age groups aged 18 years old and above including young people (18-29 years old), adults (30-49 years old), and the elderly (50 years and older). Only participants who were close or with some degree of affinity and trust with at least one member of the research team, willing to participate and able to give his/her oral consent were included in the study.

Exclusion criteria
We excluded participants who were unable to give oral consent or were not able to complete the interview for personal reasons or due to failures in the connection and discharge of the mobile phone battery.

Data management
Quantitative data was entered into a data charting form in MS Excel (Microsoft Excel 2010, Microsoft Corp.; Redmond, WA, USA) accommodating all collected variables. Qualitative data were entered into an MS Excel matrix based on the main response (i.e., concise summary of answers for each question).

Ethical statement and consent to participate
This study was ethically evaluated and approved, on 16th May 2020, by the Comité Institucional de Bioética em Saúde at Centro de Investigação em Saúde de Manhiça (Ref. CIBS-CISM/026/2020). Before starting the interviews, all participants were informed about the study objectives, procedures and the voluntary nature of participation through information read out from a participant’s information sheet, followed by oral voice recorded consent to participate in the study. Oral consent was sought instead of written consent to minimise the risk of COVID-19 infection, both for the participant and the interviewer, particularly for those invited to participate in in-person interviews by reducing contact between the interviewee and the interviewer, sharing of objects (e.g., paper and pens) and maximizing social distancing. Recorded oral consent was also a recommendation from the committee in the conduct of studies for maximizing protection against COVID-19 infection.

Dataset validation
Quantitative data validation
The collection of data about ‘education level’ and ‘occupation’ resulted in a high number of categories (i.e., >10 responses) due to inconsistency of participants’ responses. Thus, some categories were merged based on their similarities (e.g., retired and unemployed) or lower response rates under a variable named ‘others’.

Limitations
This study has some significant limitations that may have influenced the reliability of the data. Such limitations invite a cautious interpretation and guide lessons learned for future studies. Telephone-based interviews introduced several...
challenges including poor listening, cancellation of some interviews because of audio quality and cell phone discharge during the interview. In addition, some participants could not finish the telephone interviews claiming it to be a lengthier interview than expected or to be involved in other activities. Although participants were conveniently selected, similar to what happens in other qualitative studies (Moré, 2015; Paiva et al., 2017), selection bias could also be introduced considering that it was based on the electronic phonebook of each research team member. Furthermore, the present dataset is prone to reporting bias considering that participants may have been influenced by the fact that they knew the interviewer.

Therefore, other studies using a similar methodology should take into account the triangulation of data originated by different data collection techniques; this can ensure the validity of the data, as the limitations of one technique will be reinforced by the strengths of the other techniques.

Data availability

Underlying data


This project contains the following underlying data:

- **SOCIO DEMOGRAFICOS _ DATABASE_MASTER_COVID SOND_MOZ_CSV.csv**

This dataset file contains the sociodemographic data of all interviewed participants. There are 76 variables, including 14 original (i.e., from the interview guide) and 62 inputted variables. Of note, some inputted variables may be duplicated during imputation process.

- **TELENTREVISTAS- SSI_ COVID SOND_MOZ_CSV.csv**

This file contains qualitative data from SSIs of 295 participants, which are concise summaries of responses of 17 main open-ended questions. It also includes responses of uncounted follow up questions raised based on the responses of main question during the interview.

Extended data


- **Anexo 5_Data record sheet of informal conversations on the public place (quantitative questionnaire)**

- **Anexo 7_COVIDSOND_Interview Guide (qualitative interview guide)**

Data are available under the terms of the Creative Commons Zero “No rights reserved” data waiver (CC0 1.0 Public domain dedication).

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