

## ORIGINAL ARTICLE

## The Politics of Covid-19: a Qualitative Exploration of Knowledge, Attitudes, and Factors Affecting Prevention Practices in Selected Urban Areas of Wollega Zones, Western Ethiopia

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### Abstract

*This study aims at exploring the level of knowledge, attitude and factors influencing the preventive practices of people living in urban areas of Wollega zones. This is a qualitative study undertaken from May-September 2020 in six purposively selected towns namely Shambu, Sibru Sire, Nekemte, Anger Gute, Arjo Gudatu and Gimbi based on their higher demographic density and mobility. About 14 key informants have participated in the study. In addition, observation checklist was prepared to observe prevention practices at selected risk sites. The data was analyzed using thematic and case analysis. Results show that the respondents have basic knowledge of the Corona Virus. However, most of them perceived that the disease is politicized. That is, the disease emerged amidst hot political turmoil and unrest, exacerbating the spread of the disease and affecting the implementation of preventive strategies. Moreover, the existing economic crisis induced poverty that made the preventive practices unrealistic. Thus, the study concludes that political stability and level of socio-economic services is the key to tackle COVID-19 transmission.*

**Keywords:** Politics, COVID-19, COVID-19 associated factors.

### Introduction

Corona Virus Infectious Disease (commonly called COVID-19) is a pandemic caused by severe acute respiratory syndrome coronavirus 2 (Bos, et.al., 2020). In late December 2019 a novel coronavirus was identified in China, causing severe respiratory disease including pneumonia. On January 12, 2020, the WHO confirmed that a novel coronavirus (2019-nCoV, officially known as SARS-CoV-2 or COVID-19) caused a respiratory illness in a cluster of people in Wuhan City, Hubei Province, China, from where it spread rapidly to over 198 countries after it was reported to the WHO on 31 December 2019 (WHO, 2020; Aggarwal, 2020).

Common symptoms of the disease include fever, cough, fatigue, shortness of breath, and loss of smell (Salman, et.al., 2020). While the majority of cases result in mild symptoms, some progress to viral pneumonia, multi-organ failure, or cytokine storm (Hui, et.al., 2020). The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days (Velavan and Meyer, 2020). Recommended measures to prevent infection include frequent hand washing, maintaining physical distance from others (especially from those with symptoms), covering coughs, and keeping unwashed hands away from the face (De Simone, et.al., 2020; Public Health England, 2020). In addition,

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tion, the use of a face covering is recommended for those who suspect they have the virus and their caregivers (CDC, 2020). Recommendations for face covering use by the general public vary, with some authorities recommending against their use, some recommending their use, and others requiring their use (Feng, et.al., 2020; Tait, 2020). Currently, there is no available treatment for COVID-19. Its management involves the treatment of symptoms, supportive care, isolation, and experimental measures (De Simone, et.al., 2020).

The COVID-19 pandemic reached sub-Saharan Africa by the end of February 2020 (Sisay, et.al., 2020). With high levels of poverty and generally fragile health systems, sub-Saharan Africa, including Ethiopia is facing a complex regional COVID-19 pandemic. The Federal Ministry of Health of Ethiopia has confirmed a Corona Virus Disease (COVID-19) case in Addis Ababa on March 13/2020 (WHO, 2020).

Following the outbreak of the pandemic, MoSHE established a national COVID-19 research priorities and alignment developed in May 2020 and 14 research priorities were identified. The document calls an attention for convening researches based on the proposed thematic areas. Therefore, the current research falls under the category of non-pharmaceutical intervention as suggested in the document (MoSHE, 2020).

At the time of the design of this study, the Ethiopian Ministry of Health has reported a total of 131 confirmed cases of Corona virus disease (COVID-19) from different parts of the country indicating the rising spread of the disease. Health education about COVID-19 prevention via utilization of personal protective measures, physical distancing and hand hygiene barriers were the intervention methods against the disease. These interventions have been expected to be day-to-day measures of the Ethiopian people since March 2020. Studies conducted so far indicated that the practice of these recommended preventive methods varies across people and countries. For instance, a study conducted in Vietnamese people showed that 88.2%, 99.5%, 94.9%, and 97.4% of the study participants conform to the rule of physical distancing, wear a face mask, cover mouth and nose during coughing/sneezing, and wash hands regularly with water and soap, respectively (Agegnehu, et.al., 2020). Another study in Iran indicated that adherence to preventive measures were 95.4%, 93%, and 80% of the participants adhered to hand washing with soap and water, avoiding crowded places, clean hands with other disinfectants, respectively (Kakaman, et.al., 2020).

However, the practice of COVID 19 preventive measures in Africa was minimal. Example, a study in Egypt and Nigeria showed that about 36% of the participants implement all the recommended measures despite most (96%) practiced self-isolation and physical distancing (Elnadi, et.at., 2020). Similarly, a study conducted in Uganda shows that only 29% of participants were adhering to all the preventive measures (Junior, et.al., 2021).

Like other African countries, the knowledge, awareness and the practice of these preventive practices were low. According to the study done in Gonder city Ethiopia, there were nearly half of the study participants (48.96%) had poor adherence towards COVID-19 preventive measures (Zelalem, et.al., 2021). Among the preventive strategies, hand washing was the common one practiced by the respondents (73.84%), while most (67.58%) of the participants failed to use a face mask (Zelalem, et.al., 2021). On the other hand, the study done in Derashe district of southern Ethiopia, indicated that none of the participants implement the entire recommended COVID-19 preventive and control measures, and insignificant number of the participants did not practice any of the preventive measures so far according to the study (Agegnehu, et.al., 2020). Another study in North Shoa of Ethiopia reveals that the overall practice of COVID-19 measures was 44.1% (Sisay, et.al.,

2021). In all of these studies, low level of knowledge and awareness were reported as the key problem.

However, a survey of the previous studies shows that limited studies have been conducted concerning COVID-19 preventive mechanisms and their practices. More specifically, beyond knowledge, awareness, and practices, the influence of economic and political conditions was not explored in the studies mentioned above. Public health management, including the prevention and control of COVID-19 is not only influenced by individual factors such as knowledge, awareness, and willingness to practice prevention measures, but also determined by an interplay of individuals' economic and political contexts (Mykhalovskiy and French, 2020). Drawing upon Eric Mykhalovskiy and Martin French's notion of "The politics of prevention", it is acknowledged that crosscutting ideological, political, economic, scientific, technological and cultural developments that support or discourage a range of preventive initiatives are the key to COVID-19 prevention and control. This also includes conflicts, officials' attention and commitment, and a variety of unintended consequences that accompany the preventive measures play a major role.

With regard to COVID-19 prevention, the level of knowledge, attitude and practices of people dwelling in highly populated urban areas of western Ethiopia was unknown. There was no published report on the issue warranting the study. Urban areas were selected due to high population density and mobility in this part of the country as the disease is highly contagious and communicable. Therefore, this study aims at explore the level of knowledge, attitude and Practice of urban communities towards COVID-19 prevention methods and the influence of political conditions in Selected Urban Communities of Wollega Zones, Western Ethiopia.

## **Methodology**

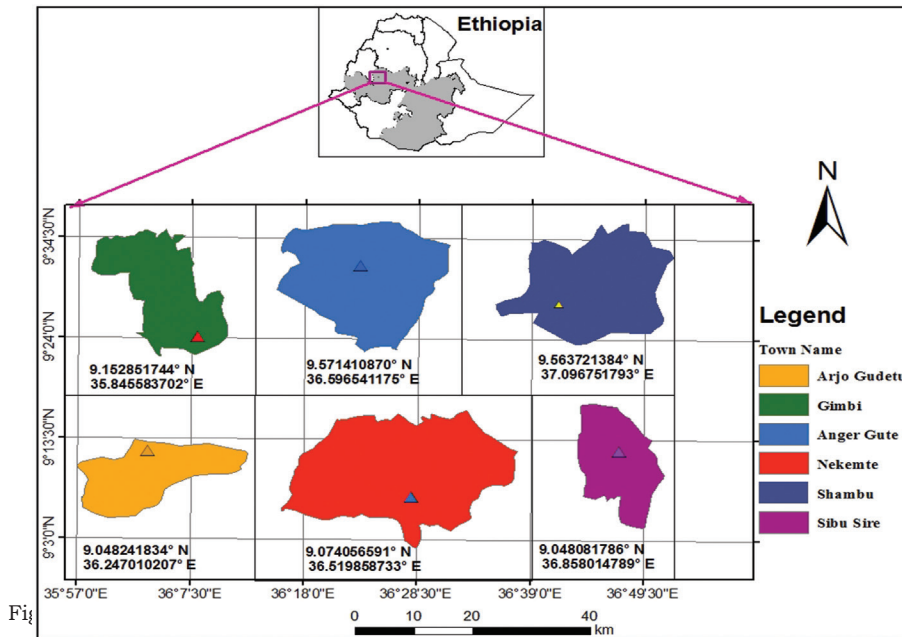
### **Description of the Study Area**

The study was conducted in selected towns found in the three Wollega zones (East Wollega, West Wollega and Horro Guduru Wollega). The towns were deliberately selected for their higher demographic density and mass population mobility. The towns are: Nekemte, Arjo Gudatu, Anger Gute and Sibiu Sire (East Wollega); Gimbi (West Wollega) and Shambu (Horro Guduru Wollega) (Figure 1).

Nekemte is located at about 331 km away from Addis Ababa, situated at an altitude of 2,088 meters above sea level and is located at 9° 5'N and 36° 33'E. The average rain fall is 1200 mm; and the average daily minimum and maximum temperature is 15 °C and 27°C, respectively. Arjo Gudatu is located about 371 km away from Addis Ababa with latitude of 9.048241834° N and 36.247010207°. Anger Gute is located about 360 km away from Addis Ababa with latitude of N90 33'57" and longitude of E360 37'57". The area is between 1200m to 1500m above sea level with daily mean temperature of 28°C. Sibiu Sire is 281 km from Addis Abeba and the altitude range from 1350-2450m.a.s.l. with daily temperature of 18.5°C - 27.5°C.

Gimbi district is located at about 441 km away from Addis Ababa. Geographically, the district is located 9°10'- 9°17' North latitude and 35°44'- 36°09' East longitudes. The mean minimum and maximum annual temperature ranges between 10°C and 30°C and the elevation of the study area ranges from 1200 m-2222 m a.s.l. Shambu is a town with an elevation of 2,503 meters above sea level. It is located at latitude of 9° 38 N and longitude of 37° 4'E. It is found at a distance of about 325 km from Addis Ababa. The mean annu-

al temperature is 15.7°C; the mean monthly rainfall is 126.4 mm and the mean annual rainfall of 1543.4 mm.



**Study design**

A community based cross-sectional qualitative study was implemented from May – September 2020 in Selected Urban Communities of Wollega Zones. The study followed a qualitative approach, which tries to explore the lived and shared experiences of people associated with awareness, knowledge and practice of COVID 19 prevention mechanisms. The basic focus of this study, varying forms of knowledge and practices, political dynamics in the country and its implication for COVID-19 spread and control lend themselves to qualitative exploration. The aim of using this approach was to learn about the dynamics of COVID-19 and the declining practices of its prevention measures. The rationale behind using this approach was that it enables the researcher to obtain detailed information; it is flexible and can easily fit to varied environment in which the was readily able to develop a rapport; and is highly permissible to use open ended questions where further issues can be raised through probing in order to gather more detailed information. Hence, it was believed that through in-depth key informant interviews, deep insight on the issue under investigation was gained.

**Sampling technique**

All knowledgeable adults living in the six towns of the three Wollega zones during the study period were the study population. The study participants varied across the study sites based on the size of the towns. Although qualitative researchers do not use theoretically determined sample sizes, they select cases gradually based on consideration of context and the depth of information obtained from initially selected informants, based on saturation point. Hence, this research adopted purposive sampling approach, which

is one of the non-probability sampling methods where informants selected on the basis of their knowledge about the issue under investigation. From the selected urban areas, purposive sampling technique was employed to select participants. About 14 town health office, women and youth representatives, religious leaders, and local elders based on their role in the community and perceived high level of knowledge on the issue under investigation were selected for participation.

### **Methods of data collection**

The study employed key informant interviews and observation as the methods of data collection. The participants were informed and oral consents were taken that the interviews were recorded. Interviews and discussions were conducted face to face by the researchers themselves in the local languages using an interview guide prepared in English and translated into Afan Oromo. Observation checklist was also prepared to observe prevention practices at selected risk sites such as hotels, cafeteria, banks, shops, bill collecting places: telecommunication, water and Electric power. Observation notes were taken based on the checklist and integrated with the data obtained using key informant interview during data analysis.

### **Data Analysis**

The qualitative data analysis was begun with the work of transcription, translation from Afan Oromo to English and theme development. Initially the KII were transcribed and translated. Then a workshop was prepared to develop themes by reading all translated data. For instance, themes identified include information about COVID-19, knowledge of COVID-19, attitude, reasons for not practicing COVID-19 prevention measures, and political unrest. The data were then displayed on excel, each statement was coded under their respective themes for its organization and management and interpretation was made based on the themes and sub-themes.

### **Ethical Considerations**

Ethical clearance was obtained from Research Ethics Review Committee of Wollega University (Ref. No. WU/RD/383). Permission was secured from all Urban Health Offices through a formal letter. Written Informed consent was obtained from each respondent before interviewing. Confidentiality of individual respondents' information was ensured using unique identifiers for study participants and limiting access to the information to the investigators and research assistants of study information by storing all documents with participant information in a lockable cabinet. The interview was carried out in a private class rooms that ensures the privacy of the respondent. Participation were voluntary and the respondents were allowed to withdraw from the research at any stage if they wished to, without having to give a reason.

### **Results**

COVID-19 (Corona Virus) has been first announced in Wuhan City of China on 31 December 2019. Since then the virus has rapidly spreading all over the world. After a month in its first detection in China, the virus was first reported in Africa. The first African country to report the virus was Egypt on 14th February, and then in Nigeria on 27th February 2020. On 12th March 2020, Ethiopian Ministry of Health (MOH) announced the first confirmed COVID-19 case in the country.

The disease is still rapidly spreading and disturbing the whole socio-economic and politi-

cal processes beyond millions of people lost their lives. Although the pace of the transmission of the disease was very high across the world, there is a significant variation across countries in its transmission rate and their mode of prevention. Hence, the objective of this section was to investigate the influence of knowledge, attitude, political unrest in practice of COVID-19 spread and the prevention strategies using data obtained through key informant interview and observation.

### **People's awareness about the infection**

People's access to COVID-19 information is vital for its prevention endeavors. The study participants described the existence of rural-urban variations with regard to awareness. For instance, a key informant in West Wollega Zone Health Office described that "There is a difference between rural and urban area with regard to awareness or knowledge. The people in urban area have more access to information from different source such as TV, radio, and other social media but they are reluctant in implementing prevention measure."

Regardless of rural-urban differences in access to information, the study found that people's awareness about COVID-19 was rated as high. This was mainly attributable to the face-to-face education given on COVID-19 and possession of communication channels such as TV, radio, internet, and mobile phones. This indicated that the use of modern communication technology channels facilitated the rapid circulation of information about the disease. It was reported that people have multiple sources of information about the disease regardless of age difference. For example, a female key informant in Nekemte described, that "we have enough information from different sources like mainstream media. Awareness creation was also made previously so we know ways of its transmission and prevention. In my area, everybody including children and elders know what COVID-19 is." However, there was a difference in the use and effectiveness of the sources of information. The informant working as a volunteer of COVID-19 public mobilization in Nekemte observed that face-to-face provision of information is more effective and reliable than using mainstream and social media. In general, the use of multiple sources of information and awareness creation campaign helped the residents to be aware of the pandemic. The key informant working at Nekemte Health Office realizes that the level of COVID-19 awareness in the community as,

The knowledge level of the target people is good mainly due to house to house educational interventions by health extension workers. In addition, different media have been used to create awareness. All people have heard COVID-19 information. The best indicators for these are self-reporting of suspected cases and cases that have long travel history. People have changed their mode of greetings from physical hand checking to using body languages (KII, B; May 25, 2020).

### **Peoples' Attitude towards COVID-19**

Knowledge of a given disease can influence the attitude and practices of the individuals. An incorrect attitude and practice directly increase the risk of infection. Social distancing can reduce the mortality and morbidity of disease, but the benefits of social distancing greatly depend on the understanding of individuals in the community. Attitudes were measured by the awareness of social distancing in work and worship, as well as learning from home. Behavior was related to ability of carrying out prevention such as washing hands, avoiding touching face, knowing cough and sneeze etiquette, wearing masks, and using disinfectants to prevent COVID-19.

According to a Women key informant from Gimbi town, Youth and Children Affairs Office and people are disregarding the infection and do not take appropriate health measures; even they doubt its existence in the country and thus they attribute it to politics. Some are relating it to religion and beliefs. The key informant summarized it as follows:

At the beginning, people were worrying about it and were taking care; but now people are ignoring it. It may be because they did not see an actual patient with COVID-19 nearby. Even, they are in doubt of the existence of the infection. They believe there is no corona virus infection in the country. Moreover, they relate it to politics and they say there is no Corona Virus. Also, they are saying, “the infection cannot get us, we have God, and he can protect us.” Because of this, we are worried that the infection will occur as an epidemic in our town (KII, C; Jue, 05, 2020).

Some people believe that COVID-19 affect people differently. In this regard, there was an assertion that the disease does not affect young people. A youth representative in Gimbi kebele 04 said, “I heard an idea that coronavirus is not serious on younger people. So, usually we do not wear face mask. If wearing is mandatory, we wear masks in office or in transport.” Furthermore, there were also people who related COVID-19 to spirits than a real disease and consider it as a wrath of God and evil spirits. A key informant in Arjo Gudetu town mentioned that “some people perceive that there is no disease and consider it as an evil spirit.”

**“The politics itself is more disastrous than Corona Virus...”:**

The key informant from Gimbi Town Health Office mentioned that the attitude of the community towards the pandemic is now politicized and hence people do not implement the health measures. The community is acting against the preventive strategies of COVID-19 because of the mistrust of the community towards the government.

In our area, there is a security problem. People-government relationship is not positive, not smooth. The people are not accepting the government and the directions or health measures given by the government to prevent Corona Virus are not being implemented by the community. The community is saying “the government itself is a Corona Virus. Our problem is not corona virus, but the government itself (Interviewee G, June 8, 2020).

According to the above excerpt, the lack of political freedom, which is manifested by imprisonment, torture, and killing of people due to their political ideologies were evident in the study sites. A key informant from Gimbi Adventist Church added on this issue that it is the result of people’s sin and it is a curse and punishment from God. “We knew from history that such a disease was common in history and its existence is true. From the perspectives of the religion, it is a result of our sin and it is a curse from God as punishment for our sinful actions. But from the community perspective, it could be different, especially for non-religious people.” In the same vein, a key informant from Nekemte City related it to the pandemic to people’s manners of political injustice and described it as, “some people consider it as a curse from God due to our political evil. It is to mean that political intolerance and violation of human rights brought this wrath of God”. Hence, one can learn from the above quotes that there are people who believe that the disease is a curse that emanated from God’s punishment.

### **Declining practices of COVID-19 and Politics in the Study Area**

The study shows that things were hot at the advent of the infection; everyone from government to the community was paying special attention to the prevention of the infection. Everyone was trying to implement health measures like hand washing, physical distancing and staying at home. But later, the issue of Corona virus is forgotten, to the extent that the people became hesitant about the existence of the pandemic. People attached the issues of corona virus to politics. The community believes that the government is intentionally using it for postponing a national election. One of the key informants from Gimbi town Health Office was stating it as:

At the beginning, the prevention activities were strong. The attention from government and the response from the community was good. But now, especially since the beginning of July, the prevention activities are becoming weak and weak. The attention and focus towards the prevention of corona virus, both from the government and the community side, is becoming loose. The community is becoming resistant. Especially, ..... the issue of Corona virus is politicized (KII, D; June 15, 2020).

Another key informant from Gimbi Full Gospel Church also substantiated the above statement saying, "In general, at the beginning of the occurrence of the epidemic, the prevention activities and self-care practices were good, but the prevention activities declined. Now it seems that the issue is ignored. People are doing their businesses as usual."

The above excerpt shows that the practice of COVID-19 prevention is rapidly declining. One of the key factors for this was reported as the worsening condition of the politics, particularly, the death of a well-known artist brought political unrest, which made people to ignore COVID-19 precaution measures.

At the beginning of the spread of COVID-19 in April in Ethiopia, the study participants witnessed that there was a widespread precaution measures practiced in the study area. These practices include hand washing using water and soap, hand sanitizer, face mask, stay at home, avoiding public/social gathering and maintaining physical distance are the common ones. However, it was found that these prevention measures were differently practiced. The key informants were asked to identify the frequency of the practices. Accordingly, at the beginning mainly from April to June, use of hand wash, sanitizer and avoiding hand shaking were the most frequently measures taken by most people as compared to other methods such as maintaining physical distance, mask wearing and stay at home, which were viewed as the less frequently practiced prevention measures.

The key informant working in Gimbi Town Health Office realizes that,

The awareness is there, everybody has the information. Even if you ask a child on the street he/she can tell you about it. We have given the information to the community; every sector has participated in giving the information, especially during the beginning. People hear about it from different sources. The problem is lack of trust, carelessness, and lack of behavioral change. They do not implement what they know. People do not want to stick to the proposed health measures such as hand washing, wearing mask; for example, when you tell the clients coming to office to wash their hands, they resist you saying "I have already washed" (KII, E; July, 6, 2020)."

The respondents also identified the key factors for the declining trends of taking precaution measures. These include only few confirmed cases reported in the area, political



turmoil and tensions, economic problems such as unemployment, lack of secured and adequate source of income to maintain life were the main ones.

### **Political Unrest and COVID-19 Transmission and Prevention**

It is noticeable that Ethiopia is in the process of political transition and reform. The people who participated in this study were expressing their worries that the pace at which corona virus is transmitted and the preventive measures being taken are highly influenced by the current political circumstances in the locality. The study participants mentioned political events such as conflicts that are potent significantly influence the spread of the disease by hampering its prevention in the study area. The key informant who participated in awareness creation as volunteer reiterated the influence of this conflict on the spread of corona virus due to lack of proper prevention as follows:

Nowadays, we are in difficult situations, we do not know where to go. On the one hand, Corona Virus is rapidly spreading; on the other, there is no peace due to the tension between government and armed opposition groups. The attention of the government and the people is on politics/political instability than on corona pandemic. Due to this, I, myself, do not wear mask, even I have forgotten the existence of the disease. The police officers do not follow the implementation of the rule of the state of emergency related to corona Virus. Their focus is entirely on politics and peace (KII, H; July 12, 2020).

As it is reflected in the above quotation, because of the disputes between the government and the opposition force, the attention of the government and the people was completely shifted from the disease prevention towards political insecurity. It could also be understood from the quotation that people do not practice health measures against COVID-19 since the political unrest attracted more attentions. The information gathered from key informants also indicates that the social mobilization practices (home-to-home awareness creation and in small gathering) to increase the awareness of people about COVID-19 transmission and prevention methods were hindered. A key informant working in Nekemte Health Department describes it as,

Ethiopia has a good experience in implementing primary health care (health extension work) that can be an example for other African countries. And, this was expected as a good strategy to control COVID-19, at least to enhance knowledge of the community about the disease through home-to-home teaching. But due to the security issues, they (health extension workers) cannot move in the community. Because, the people suspect them that they are moving for political purpose; because, people do not trust all government organs (KIIF, July 25, 2020).

The current mass political unrest in the area also created a distrustful relationship between the residents and the government and created an obstacle to the activities to prevent the COVID-19 pandemic. A key informant working in Gimbi Health Office says that, The majority of the community perceives that COVID-19 is not the concern of the government and the government is using it for political consumption; for example to intentionally postpone the national election. Thus, most people have developed a negative attitude towards COVID-19 interventions and do not want to hear and receive messages from government health workers as the issue of COVID-19 is already politicized. There was great resistance from the community and as a result house-to-house health education intervention activities against COVID-19 were interrupted during the time of this interview (KII, A, May, 3, 2020).

As indicated in the above quote the lack of trust and doubtful relationships between the government and the residents made people to disregard and develop a negative attitude towards the disease prevention. A key informant in Nekemte described that “many people assume that the disease is the government’s fabrication to implement preexisting intention to unrest political opponents.”

June 24 of 2020 marked assassination of Hacalu Hundessa, which followed by wide-spread mass protest. Amid Ethiopia’s political transition and marsh against COVID-19 spreading, there was a political tension between government and other opposition parties. The key informants strongly associated the protest and the aftermath political unrest in the country to the increasing prevalence of COVID-19 cases. They described that it violated the principle of physical distance and opened a fertile ground for the spread of the disease to all over the country. A male key informant in Arjo Gudatu reiterated the condition as, “....., I became nervous at the time and I could not control myself. I didn’t know what I was doing, I did not wear mask or did use hand sanitizer consecutively for four days. Everybody ignored the existence of the disease.” It is possible to understand from this quote that the assassination adversely impacted the COVID-19 prevention works such as awareness creation and use of preventive measures such as mask wearing, avoiding social gatherings, and maintaining physical distance. Another key informant in Gimbi Health Office described as follows:

Utilization of PPE at Gimbi town was totally declined, Utilization of PPE was only observed in few offices such as Telecommunication and banks. People were returning to their usual lifestyle, for example, hugging and hand shaking was becoming as usual common. The most current status of intervention against COVID-19 was described as poor/low and lacked focus (KII, K; August, 23, 2020).

The data from the Ethiopian Ministry of Health (2020) showed that there is a dramatic increase in COVID-19 cases in the country. For instance, the maximum COVID-19 case report per day before the death was reported to be 399 with the minimum of 63 whereas it reached a maximum of 928 with the minimum of 119 until 30 July 2020. Specifically, according to Wollega University Referral Hospital there was only one confirmed case in Nekemte before July 1, and the figure rose to 53 as of July 30. The following figure 1 illustrates the dramatic spread of COVID-19.

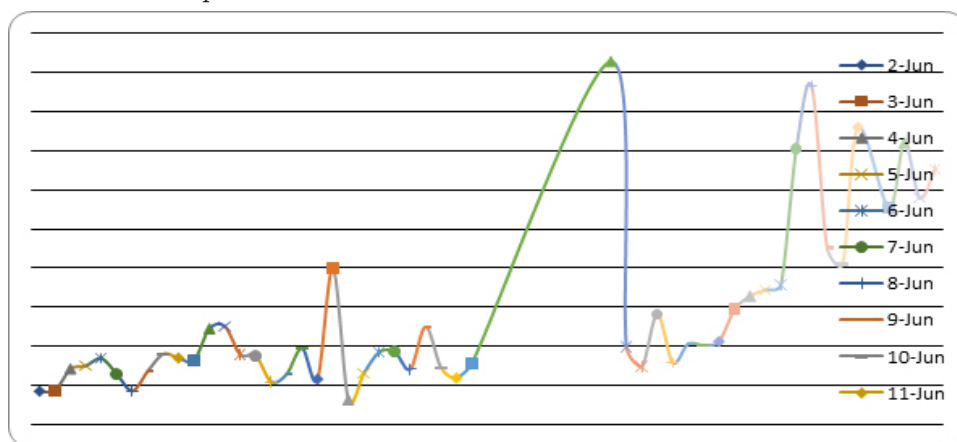


Figure 1: COVID-19 daily update report before and aftermath of June 2020 protest. Source: MoH

### **The Practice of Funeral and Coffee Drinking Ceremonies**

Ethiopia is rich in social and cultural traditions like social gatherings in time of pleasure and sorrow. The most common traditions in which social gatherings take place include wedding, birth, death, and coffee drinking ceremonies with their neighbors and the wider communities. These practices are popular in Ethiopia by bringing a large number of people together regardless of age, sex, ethnic, religion, and geographic differences. In the study areas, a funeral ceremony is a practice which brings typically a large and community-wide people together. The key informants of this study estimated that different events can bring as large as 500 or more people together at a time. They also described that attending a funeral ceremony is a cultural necessity; regardless of COVID-19 pandemic, everybody must participate at least in two places for one funeral ceremony: at the home of the deceased family (before and after the burial ceremony) and at the burial place (Church or mosque). Hence, it was understood that the event is a large crowd implicating the risk of spreading CoVID -19.

In rural and semi-rural areas of Ethiopia, there is also a tradition in which people living in close vicinity (neighbor) have a tradition of drinking coffee together. Few households, which mainly range between 3-5 regardless of sex, ethnic and religion prepare a coffee ceremony in turns and invite each other to enjoy (Asebe, 2018). The key informants admitted that even during this widespread pandemic, people prepare a coffee ceremony as usual in all towns included in the study. Accordingly, the event brings up to ten people together in a place where there is impossible to maintain physical distancing and share utensils and consumables that exacerbates the spread of the infection. A key informant from Gimbi town women, children and Youth Office says that social gatherings like wedding, funeral, market and coffee ceremonies are almost going as usual. Practically, there is no precaution. She stated the following;

Currently, there is no hand washing, wearing face mask, or physical distancing. Everything is quiet. People are going to church as usual; there is no precaution at social gatherings, like markets, mourning places, at coffee ceremonies and everywhere (KII, G, August, 2020).

### **Perceived Economic Challenges Related to COVID-19**

There is a general consensus among the people participated in the study that the country's low level of economic and technological advancement negatively influenced the prevention of corona virus infection. This means that the deep-rooted poverty in its wide dimensions affected the capacity of the local governments to provide adequate response. More specifically, they listed specific factors which includes, shortage of PPE (mask, gloves, sanitizers, soap, etc.), logistics, human resource (especially volunteer health workers during house to house prevention activities. For instance, the key informant working in East Wollega Zone Health Department described the issues as:

At zonal level, we have an acute shortage of supply kit such as PPE, glove, and N95 masks. Due to this, we couldn't collect adequate COVID-19 tests. In addition to this, we have no logistics such as transportation vehicles and budget (KII, I, August, 20220).

They also described those poor infrastructures and institutional arrangements, such as market places, bus stations, unemployment, poor street walkway developments, and so-

cial factors such as wedding ceremonies, birthdays, and burial events are worsening the spread of the infection making the prevention efforts difficult. The key informant working in Guto Gidda District Health Office mentioned these issues as:

In the town, there are large numbers of unemployed youths with no income. These people are engaging in daily works to earn their daily income. Others engage in petty trade, leading a hand-to-mouth life. It is impossible to make these people stay at home or to apply a lockdown strategy, because they have to work to survive. Thus, poverty is one of the key challenges to control the disease (KII, E, Jue, 2020).

A key informant from the Women, Youth and Children Affaires Office of Gimbi town also stating that people have no sustainable income and their life is dependent on daily income that made the prevention more difficult. In her own words, "Because people are working out for getting their daily income for survival, people cannot stay at home; this forces the people not to abide by or to act in accordance with the rules and regulations of the lockdown."

### **Discussion**

COVID-19 was considered as a top threat to human life in the study area since the onset. Regardless of age, sex, and place of residence, people perceive it as a serious pandemic affecting every aspect of their life including economy, social, and political.

The study found that there is a difference between rural and urban residence with regard to awareness and knowledge of COVID-19. It shows that urban residents were more knowledgeable about the disease due to better advancements in information and communication technologies. For example, mobile, telephone, internet, electricity, and level of education were relatively better in towns than the countryside. This high level of awareness among the community was obtained because of the fact that people were obtaining different sources of information from international as well as local and at the early stage of the pandemic, the government has paid special attention on disseminating information related to corona virus through different channels. The other reason might be the pandemic reached Ethiopia lately and people were made aware before the occurrence of the infection in the country. The most common sources of information revealed by this study were TV/radio channels followed by friends and social media, which are consistent with the studies conducted in Nigerian, Bangladesh, India and Philippines (Kakaman, et.al., 2020). Hence, it was understood that against the general assertion that awareness and knowledge of COVID-19 is low in most African countries (Agegnehu, et.al., 2020; Kakaman, et.al., 2020), awareness was not found the key challenge in the study area.

It was also found that many of the study participants had negative attitude towards COVID-19. Particularly, youths and religious persons disregard either the existence of the disease or its effect on the lives of people. While some of them perceive that it is a disease highly affecting old aged, others consider it as an evil spirit than a real disease. Moreover, some of the study participants also assert that the disease is a political fabrication to calm down the existing political turmoil and transition in the country. This result is in disagreement with the findings from Bangladesh and Kashmir of India that indicated (Yousaf, et.al., 2020; Ferdous, et.al., 2020) people had positive attitudes towards prevention of COVID-19.

This study revealed that the study participants had less frequently involved in the prevention practices. This finding is in agreement with the previous studies in Ethiopia (Zelalem,

et.al., 2021; Agegnehu, et.al., 2020). Unlike the previous studies which attribute the reasons to differences in sex, education, and place of residence, this study uniquely found the reasons, which mainly include political, economic, and individual or social perception. The political reasons include lack of due attention by government in enforcing the recommended prevention practices. Moreover, since the attention of the government was managing the political tensions, the government also loosens the enforcement of the implementation of the prevention practices. The perception reasons include a negative attitude towards COVID-19 such as suspecting its existence, considering it as an evil spirit, and an assertion that it is political manipulation. The economic reasons include inability to stay at home to make a living, unemployment, and generally poverty, which made people to disregard the practice of the prevention mechanisms.

### **Conclusions**

The study found that knowledge, attitude and practice are the key milestone in tackling COVID-19 spreading. It was clear that people's knowledge, attitudes and practices are varied across geographic space such as urban and rural, governance such as political freedom and stability, and level of social and economic services. Accordingly, the study participants cited that political and economic issues as the key influences of COVID-19 spread and prevention.

Managing the COVID-19 crisis requires political stability. The study participants believed that the practices of COVID-19 prevention measures were declining due a shift of attention of the people and government from COVID-19 to politics. In this regard, it is concluded from the study that two important political situations influenced the shift of the attention. First, Ethiopia is in political transition where the current government made major economic and political reforms. Second, due to the political reform a tension and open war broke out making many places in western Ethiopia unrest. COVID-19 broke out in this political condition and was easily be politicized, being the politics highly influenced its spread and made the control very complicated. In addition, the deep-rooted poverty, such as low-level income, unemployment, and low standard of basic services such as unclean places for market, transport, office, worship, roads made the precautionary measures unrealistic.

### **Recommendations**

Based on the key finding, the study recommends the following:

- To minimize differences in place of residence, more attention should be given to rural areas in awareness raising campaigns and other COVID-19 prevention and control efforts. The government should provide a continuous public health education about the COVID-19 cause, symptoms, and the prevention.
- In the works of community mobilization towards COVID-19 prevention priority should be given to elders, religious leaders, women and youth representatives to combat misconceptions about COVID-19.
- To transmit trusted information about COVID-19 to the community, the health administrators and government should strengthen the electronic media (TV & radio) and the health system setting in better ways.
- The federal, regional and local government should strictly follow and enforce the implementation of the preventive practices.
- The government and other institutions should create job opportunity, to decrease the social impact of COVID-19.

- A joint effort should be made by the government and opposition parties considering that COVID-19 is their common threat and agenda.

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