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Information enclave and corona virus disease 2019 (COVID-19) pandemic in remote areas: a case of Binga district, Zimbabwe

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ABSTRACT

While media has been voluminous in responding to the novel coronavirus (COVID-19) pandemic; lack of access to key information has relegated rural communities in the developing world as one of the most at-risk populations. Arguably, information has been a vital tool during the global crisis, carrying vital messaging on disease spread, transmission, treatment and management. Information availability results in protective health behaviours without which communities succumb to devastating impacts of infectious disease. In Zimbabwe, communities in marginalised and hard to reach areas are the most susceptible to infectious disease, because of insufficient information on symptoms, progression, and actions to take towards treatment. Spurred on by the global challenge presented by lack of access to information for rural communities in the developing world, the study makes a case of rural communities in Binga District, Zimbabwe. Through qualitative data collected from eight key informant interviews conducted via phone call with two grass roots organisations and 15 in-depth interviews with community stakeholders, the study establishes that some parts of Binga district rarely receive substantive messaging on COVID-19 disease prevention, identification, and treatment. The authors encourage the use of models premised on indigenous structures to disseminate vital information on infectious disease in rural communities through traditional leaders, religious heads, and healers. Social work as a human and service-oriented profession occupies a crucial space in the implementation as well as realisation of such models.

KEY TERMS: *information, infectious disease, community leaders, COVID-19, Binga, Zimbabwe*

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INTRODUCTION

Information has been a vital tool during the coronavirus disease 2019 (COVID-19) global crisis, carrying vital messaging on disease spread, transmission, treatment and management. The global impact of COVID-19 has been overwhelming presenting a public health threat as the most serious respiratory virus in modern times. The COVID-19 has been shown by numerous researches to be a risk to all persons regardless of social standing, economic or demographic background. While countries across the globe have taken measures to fight against the virus within cities and urban areas, rural communities remain largely neglected. This phenomenon may be attributed to government's blinkered focus on urban areas as the radius of disease diffusion and spread. In this article, we report on research that focused on the availability of public health information about the pandemic in remote areas using a case of Binga district, Zimbabwe.

BACKGROUND

Zimbabwe has not survived nor escaped the COVID-19 owing to numerous socio-economic constraints and an ailing health system. Makoni et al. (2020) and Majengwa et al. (2020) comment on how Zimbabwe was ill-prepared for a debilitating development such as the COVID-19 virus, let alone have the capacity to effectively respond to mitigate its impact on the population. Lacking the resources and capacity, to address the COVID-19 virus, it can only be rationalised that remedial or reactive efforts would be targeting to areas presenting immediate need. Dzobo, et al. (2020:3) notes that Zimbabwe is facing challenges in designing and implementing tailor made measures to tackle specific needs of the most economically and socially vulnerable populations within the country.

Marginalised and hard to reach areas in Zimbabwe remain vulnerable and susceptible to the COVID-19 virus, as a consequence of scant service delivery as well as insufficient information on virus symptoms, progression and what ought to be done to remain safe. Chen and Chen (2020:2) highlight that public health stakeholders are increasingly becoming concerned that rural communities may begin to experience a worse situation related to the COVID-19 pandemic than "urban and suburban counterparts due to the existing rural/urban health disparities." Adulin et al. (2020:1) asserts that rural persons also face unique challenges in accessing essential services and interventions typified by protracted travel time to district centres and care facilities; hazardous terrains, and inadequate forms of reliable transportation. The constraints encountered geographically, have historically contributed to health disparities. The pandemic continues to exacerbate the insufficiencies of service delivery (Makurumidze, 2020:2) and this is more evident particularly for areas located away from growth poles or centres of development, within rural communities.

Rural communities have encountered the steep barriers to meaningful health and public services owing to economic vulnerability and outright discrimination. Rural and remote areas continue to lack prioritisation on the agenda of COVID-19 responses. Information and public messaging on COVID-19 serves as the greatest tool to empower the public to defend itself and protect against the virus. However, key interventions have not been wholly considerate of rural and remote areas that have limited access to various information sources such as communicative devices, social and online platforms, the media including interpersonal interactions with key staff such as health workers.

Section 62 part 2 of the 2013 Zimbabwean Constitution states: "*Every person, including the Zimbabwean media, has the right of access to any information held by any person, including the State, in so far as the information is required for the exercise or protection of a right*" (Government of Zimbabwe, 2013). In the context of public well-being this directly refers to availing information to enable the safeguarding of one's right to health at a personal capacity. From this legal and rights-based stand point all persons are entitled to reliable, timely and accurate information on issues of effect to their person. Okike (2020) indicates that "Information accessibility and utilization should presuppose removal of all barriers in format, content, cost, distance, time and language for effective dissemination to targeted audiences." In accordance with Zimbabwe's supreme law, rural and remote areas should have access to information in order to safeguard against the COVID-19 virus, which acts as a significant threat to their health and well-being.

METHODOLOGY

Spurred on by the challenge presented by lack of access to information for rural and remote communities in the developing world, the study make a case of Binga District, Zimbabwe. Located in Matebeleland North Province, and situated along Lake Kariba in the North-West part of the country it is one of the most underdeveloped rural district areas. The area has been a target for development and humanitarian response initiatives by government and numerous civil society organisations, seeking to reach indigenous Batonga people located in some of the remotest parts of the district (Mutana, 2013:149-151). The study employed an interpretivist approach, leading to the gathering of subjective data using a phenomenological research design. Qualitative data was collected from 8 key informant interviews conducted via phone call with staff from two grass roots organisations within the area.

Each organisation allowed contact with at least three staff members operating directly in the field, and one staff member in higher management. Scripts collected for informant interviews were numbered from P1 to P8.
In-depth interviews via phone were also conducted with 15 community stakeholders referred to by the grass-roots organisations. Lists of 8 and 7 participants, accompanied by contact details were provided respectively by the two organisations. The organisations also played a crucial role in the initial briefing and soliciting of consent for community members to take part in the study. Scripts collected from community members were numbered from P9 to P23. Data collection, was divided between three researchers. Responses from the two organisations were split amongst two researchers, who managed to also conduct four other interviews with community members who could communicate fairly well with English (P9 to P14). The third Researcher, worked to collect and translate data for 10 interviews that were primarily in Tonga (P15 to P23). Each of the three researchers summarised primary analytical findings within the data which were discussed. The fourth researcher, worked to group emergent themes from data sources whose broader categories were developed and agreed upon mutually. Subthemes were inferred upon inductively. The chief limitation of this study was the failure to locate an afro-centric model that could suitably explicate health communications and behaviour within African communities during the COVID-19 pandemic.

DISCUSSION OF FINDINGS

The research establishes that some parts of Binga district rarely receive substantive messaging on COVID-19 disease prevention, identification and treatment. The study took note of the various reasons provided by actors within the area and community members on the reasons for the information enclave. Submissions were indicative of concern regarding the impact of lack of information on household practices and behavioural responses towards the COVID-19*)* virus. This final write-up notes that community-based perspectives serve a critical role, fundamental to designing appropriate health messaging on COVID-19 that relevant to rural and remote communities. Key informant interviews highlighted that surveillance systems, within communities are largely being supported and enforced by traditional leaders. Broad themes obtained from submissions made by participants, which serve as the present study's key findings are as follows:

Causes of information enclave

The reasons of for the information deficit were a crucial component of the study. The belief or misconception that remote areas are too far or isolated to be affected by COVID-19) virus emerged as the chief reason for the information enclave according to grassroots organisations in the area. Lack of communicative devices, distance and isolation surfaced in all responses provided by participants as they described the overall situation in Binga District. Communicative devices such as televisions, radio and mobile devices were said to provide current information on the virus. However, word of mouth was indicated to be the most common form of communication concerning the COVID-19 virus. It was noted that actors from government and humanitarian response organisations were clustered in growth point areas to raise awareness on the virus offering various services the distribution of masks and other hygiene items like gloves. Chiefs and headmen were said to be involved in awareness raising on COVID-19 by overseeing the transmission of information on to their villages and most remote areas. It was with concern that some participants observed the neglect of remote areas, who were believed least likely to succumb to COVID-19, owing to distance and "limited interactions with people". PI5 said:\

> *Some of our Batonga are too far even to get information passed to the chiefs and others to reach them. It is the distance and being so far that has put them at a disadvantage because everyone is concentred at growth point, believing that no one that far away or in isolation can get the Corona Virus.*

The notion of rural immunity, rather the immunity of remote areas from COVID-19 in Binga District is affecting the transmission of information on the virus as well service provision to parts of the locality. Peters (2020:1) credits lack of cases and statistical invisibility as reinforcing the false sense of immunity for rural communities. Rascombe (2020) observes that residents of rural communities continue to face alarming disparities in response and intervention affecting infectious disease prevention as well as treatment. In the present study, closer proximity to growth points in Binga District presented the likelihood of exposure to or encountering information on COVID-19. Location served as a predictors and moderator for the transmission or receipt of COVID-19 related information.

The effects of lack of information

Ultimately, without information on COVID-19, rural areas remain vulnerable to the highly contagious respiratory virus. Chen and Chen (2020:2-3) note that rural residents are less likely to engage in health preventive or protective behaviours deprived of adequate support and information on infectious diseases such as COVID-19. The effects

of the information deficit on COVID-19 for remote areas were recurring in participant narratives. A numbers of themes as well as broad categories emerged which pointed to community conceptualisations of the COVID-19 virus, prevention of disease spread and household/individual protective behaviours. The need for information on COVID-19 was continuously repeated by participants who also pointed to the development of myths and misconceptions on the virus, dominated by notions about its non-existence.

Poor conceptualisation of COVID-19

There were repeated indications and connotations about lack of understanding on the nature of the COVID-19 virus by participants. The need to explicate the virus in a simplified manner was stressed; in a manner that persons within rural and remote areas can relate to and make sense of. One submission made by (P17) a community member was that:

> *They have said all these different things about this new disease. But til now I cannot understand anything about it. I must just trust what I myself think that this disease is. While telling us that this disease affects the lungs let us know, that yes it kills just like TB, but it is much worse, because of how it spreads and kills.*

Another community member, (P16) highlighted that the information varied with the source, and it made it difficult to understand how seriously one should take the COVID-19 virus. He indicated that:

> *If you hear about the coronavirus, directly from the organisations stationed at boreholes or calling out from vehicles or even located close to the district office, that's when you understand how serious it is. When I first heard it from friends actually my neighbours, I did not think much of it because of the way that they said it.*

Representing a grassroots organisations (P5) commented that on the high levels of confusion amongst residents within Binga on COVID-19. She stated that with the confusion that already exists closer to growth point areas, would be greater for persons in remote areas encountering minimal to no information:

> *It is a sad situation. Already there is so much confusion about the virus because of dictates on social interaction. Asking people about it gives you a diverse array of responses. You can only imagine what a person getting little to no information understands about this virus"*

Poor understanding of COVID-19 and its nature are the result of the lack of consistent or reliable information regarding the virus. The net effect of poor understanding is a threat to the community. The capricious levels of comprehension as indicated by participants has led to varying impressions on the threat that COVID-19 poses and community members' perceived level of susceptibility. The dangers of this are demonstrated by the HBM model which indicates the connection between initial impressions and susceptibility towards actions as well as behaviours adopted by individuals towards disease. Chen and Chen (2020:7) note that knowledge is key to motivations, and intentions to safeguard against infectious disease.

Proliferation of myths and erroneous beliefs on COVID-19

Myths, misconceptions and erroneous beliefs around, COVID-19 were also noted to be prevalent. Some of these included the belief that the COVID-19 virus, was an infectious disease plaguing urbanite and rich populations. Spiritualisation and the search for answers from the metaphysical had also popularised notions that the COVID-1*)* virus can be cured through the usage of traditional medicines. Access to reliable as well as accurate Information was highlighted as essential to dispelling myths on the virus and assumptions on actions villagers can take particularly in remote areas. As noted by one of the study's key informants, P4:

> *There are now beliefs and even Myths on coronavirus, because of limited information. Traditional medicine is being argued to be the best cure and solution to the virus as modern medicine is thought to be failing.*

Health literacy should encompass the ability to take correct actions based on reasonable understanding of disease symptoms, treatment and prevention. As such, correct information promotes appropriate health behaviours.

Mixed health behaviours towards COVID-19

Mixed behavioural approaches by the broad community and disparities in individual treatment of the virus at the household level towards the virus were another key finding of this study. From narratives shared by community

members and personnel from grassroots organisations, it was evident that individual preventive or protective behaviours varied completely. Submissions made highlighted that persons who were ignorant of the COVID-19 virus engaged or performed minimal to none of the recommended protective behaviours such as: the wearing of masks, frequent hand washing; avoiding social gatherings; maintenance of balanced nutrition or self-care to avoid illnesses. One community member (P14) said:

> *People are doing their own things, some maintain the distances, washing hands and wearing masks but not everyone. Especially those who stay far away. You can tell because they do not know that they are to be wearing masks or coverings as said by the Chiefs until they reach the shops to sell or buy produce.*

Chen and Chen (2020:3) describe knowledge as predictor of individual or community intentions to adopt health promotive action and behaviours. Under information, disinformation and misinformation on the COVID-19 virus may impair individual's ability to adopt appropriate behaviours necessary to protect themselves from infection making susceptible to infection. Awareness and understanding emanates into adherence of measures stipulated for individual protection against the virus. One grassroots organisation highlighted that failure to adhere to regulations provided, puts the elderly and other immuno-compromised persons at risk within rural areas. For instance, Diop et al (2020:2) highlight that older persons in rural areas are at risk, as they are likely to be infected by productive younger persons who are asymptomatic and may engage with persons or individuals located away from the homestead.

Impaired collective response against disease spread

Partnerships with district office and non-governmental organisations, have played a substantive role to informing chiefs about the COVID-19 virus, and engaging them to enact regulatory measures at the local level in order to prevent disease transmission. Traditional leaders as indicated by key informant interviews have the primary enforcers of surveillance systems within the District, restricting movements of individuals, who are not resident of a particular locality. As noted by representatives of grassroots organisations which participated in the study households located further away were not entirely knowledgeable of collective efforts by stakeholders including traditional leaders to prevent the spread of the virus within the District. It was with concern that a key informant (P8) highlighted this:

> *There are persons leaving quarantine areas and escaping to rural areas. Without knowledge of efforts being done by the organisations and chiefs within their constituencies they are still being taken on and accepted. Even now people are still gathering for funerals and weddings without enforcing the stipulations given by traditional leaders...*

Failure to adhere and observe restrictions and regulations placed at the community level, only work to place all community members at risk. Interventions to prevent disease spread are more successful with the involvement and participation of all members in health interventions.

RECOMMENDATIONS

In line with Zimbabwe's constitution persons are entitled to reliable, timely and accurate information on economic, social and educational issues of effect to their person. Okike (2020:1) asserts that "information dissemination, should be typified by the delivery of information to the intended recipients while satisfying certain requirements such as delays, reliability and so forth". As such persons within remote areas have a legal right and entitlement to timeous and well-packaged information on the COVID-19, regardless of geographic location.

Engagement of indigenous structures on information

Models involving the cascading of information from village chiefs, to heads and villagers is been utilised, to raise awareness on the COVID-19 virus. The effectiveness of this model, was highlighted by narratives from community members and organisational staff in the study. However, as suggested by participants there is need to engage and educate chiefs on the importance of information particularly for persons situated within remote parts of the district. Ranscombe (2020) notes that models recruiting traditional and religious leaders to support public health messaging should entail capacity building on effective approaches for relaying pertinent information. The way in which public messages are said can influence behaviours. As such, the paper recommends an information model that focuses on traditional leaders' ability to relay messaging effectively.

Strengthening the Whole of Government and Partnership Approach (WGPA)

From the research findings, it is clear that there is lack of a coordinated approach to information dissemination in the fight against coronavirus. Such lack of a coordinated approach has a net effect of giving 'false hope' to the people in the marginalised areas. It is therefore recommended that there is need to adopt the 'Whole of Government and Partnership Approach' in the fight against coronavirus not only in Binga but across the country as a tool to enhance the flow of accurate, correct and reliable information to the people.

Improved information planning

In line with this approach, information dissemination initiatives on COVID-19 should be characterised, by meticulous and technical planning that takes into account various methods to reach the most remote areas. Social workers may be engaged in such aspects of planning to ensure that the information needs of vulnerable and remote communities are met. Such planning may focus on:

- Co-ordination of focal points entrusted with information dissemination
- Mapping of isolated households or compounds less likely to receive information
- Incorporation of strategies to reach or contact remote areas in information dissemination planning.
- Provision of coherent, accurate, trusted and targeted information in multiple formats

The role of social workers

Social workers have critical role to play in the design, implementation, monitoring and evaluation of initiatives to raise awareness on the COVID-19 virus. Social workers can provide assessments; referral services on health promotion in multidisciplinary settings; enhance research alliances; build competencies of various stakeholders in information; advocate for the improvement of indigenous communication structures; and encourage the optimum utilisation of resources. As a people-oriented profession, social workers, may work directly towards knowledge building around COVID-19 for remote areas and dispel myths about the virus held by indigenous persons. Lakhani (2020:4) asserts that “rural locations have distinct demographic and health service capacity issues requiring tailored approaches to service delivery”. The contribution that social workers can make by focusing on information and dissemination is grand; in the light of improved health behaviours and understanding of COVID-19 for remote areas.

CONCLUSION

Lack of awareness and ignorance, presents greater harm from COVID-19 for rural and remote communities. Public health efforts initiatives should consider remote communities who are underrepresented made more vulnerable owing to lack of access to essential services. Social workers can occupy spaces to ensure that communities receive critical information that has a bearing on their health and well-being. Recognizing the role that social workers can play in access to essential services, they are invaluable in promoting the co-ordination necessary to the functionality and maintenance of information-sharing initiatives as well as models.

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