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# The perceptions of community members about coronavirus pandemic: A case study of Robe and Shashemene towns, Oromia Ethiopia

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## ABSTRACT

*This study aimed to explore the perceptions of community members about the coronavirus pandemic. A case study research design was utilized with 45 participants aged between 26 and 70 years old. In the very beginning when few coronavirus cases were reported, people were scared to death. But, as the numbers of infected cases were reported, more and more people have become used to the virus. Therefore, the coronavirus pandemic protocols like wearing face masks, physical distancing and all similar rules became relaxed. Most of the government workers like bank employees, traffic police informants, and all are well aware of COVID-19 preventive methods. But the common people coming from varied educational levels who came in contact with the service rendering organizations defied the World Health Organization COVID-19 protective protocols. The study will support the Ethiopian government initiatives in fighting against the pandemic to protect its people from coronavirus by changing the wrong perception of the community towards the virus.*

**KEY TERMS:** COVID-19, community, susceptibility, severity, perceived benefits, perceived barriers, Ethiopia

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## INTRODUCTION

The primary purpose of this research was to assess the perception of community members about the coronavirus pandemic. This research work is part of a campaign initiated by the Ethiopian Ministry of science and higher education in collaboration with the Ministry of health and public universities to prevent the disease in Ethiopia. At Madda Walabu University senior researchers from various disciplines such as health, psychology, social sciences, agriculture, and economics were conducted research, mobilized the people, and health experts were examining the cases and treated the patients at quarantine centers. The community level of susceptibility, and severity to coronavirus pandemic, perceived benefits of using preventive measures, and perceived barriers while using the preventive measures of coronavirus pandemic was explored in detail qualitatively.

## BACKGROUND

The advent of coronavirus pandemic has had multifaceted effect across the world. The outbreak and rapid spread of the virus has not only affected the lives of hundreds of millions of families, but also has disrupted the pace of economic and social development (Gao and Yu, 2020). Moreover, the burden of health problems in Africa is proportionately higher than the rest of the world (Rutayisire et al., 2020, p. 7). Consequently, the higher prevalence of malnutrition, malaria, HIV/AIDS, and tuberculosis in many African countries may coincide with and worsen the ongoing COVID-19 pandemic prevention and control measures in Africa (Rutayisire et al., 2020, p. 7-8). To combat the pandemic, Sharfudding (2020) suggested social distancing including people taking crowded trains and attending weddings and social gatherings. As good experience, research conducted in South African suggested that religious and cultural activities of any form must be restricted at this time (Jaja, Anyanwu and Jaja, 2020). Likewise, recommended coffee shops and bars could have to change the way they served their customers before, relying on take away and perhaps charging them extra for use of indoor space (Sharfudding, 2020). Reputed scholars in the area of health psychology suggested that individual health decisions are determined by attitudes, lifestyles, and government policies (D'souza et al., 2011, p. 134).

More importantly, the Health Belief Model (HBM) asserts that change in behaviour is determined after consideration of severity, benefit, and barriers to change (Tariku et al., 2015). Similarly, Yang, Bin, and He (2020) study in China noted that individuals' psychological status determines the likelihood of implementing preventive measures as those with stronger anxiety and fear tended to adopt more severe practices of mask wearing and hand hygiene. Ogden (2004) has applied HBM to treat cervical cancer. The HBM predicts regular screening if an individual perceives that she is highly susceptible to it. Similarly, Thompson and Caltabiano (2010) tested the effectiveness of health belief model in predicting mosquito control performances. Thus, dengue fever awareness campaigns that target peoples' beliefs may be most effective in eliciting mosquito prevention jobs. To treat major depression, Castonguay et al. (2016) have adopted the health belief model and concluded that the main barrier preventing help-seeking was fear of the unknown treatment process and low self-efficacy.

Luquis and Kensing (2018) adopted the HBM to teach adults about disease and their study suggest that perceptions of susceptibility and seriousness of health outcomes are related to individual's characteristics that are gender and age. In the same way, these results support the notion that when young adults feel susceptible to negative health outcomes and when health-care coverage is available, young adults will seek out preventive care services. The current study areas - Robe and Shashemene Towns - are two of the places where a significant number of the population live and because they are commercial centres, there is a huge number of people coming into/and going away from them on a daily basis.

Therefore, this research was aimed to explore perceived susceptibility, and severity level of coronavirus pandemic, benefits of using preventive measures of coronavirus pandemic, and barriers while using the preventive measures of coronavirus pandemic.

## METHODS AND MATERIALS

To explore the community perception about COVID-19, we employed a case study design. The research was conducted from May to July 2020. Participants comprised bank workers such as bank managers, clerks, guards, and traffic police persons, drivers, hotel, and grocery workers. A purposive sampling technique was employed to select participants from all groups of the population. Moreover, for this research, 45 individuals were interviewed. Regarding the demographic characteristics of participants, the researchers took 10 female key informants, and the remaining 35 participants were male who are currently residents of the two towns aged between 26 and 70 years old. The minimum and maximum educational levels of the participants were secondary school completed and second-degree holders respectively. However, the researchers did not ask each participant's ethnic background, and their income due to the sensitivity of the issue as it has political implications which was not the intention of our research.

A semi-structured interview guide and observation check list were used with key informants. Field notes were also taken during each interview. Semi-structured interview guidelines were developed after reviewing related

literature. A sample item for perceived susceptibility is how seriously the participants erroneously believe that they were at risk for developing COVID-19. For perceived severity level, the participants were asked whether they believe in COVID-19 infection, and its consequences are significant enough. Regarding preventive tools, key informants were asked how they think if the suggested prevention methods are good enough to prevent fears, and become concerned about the COVID-19 by itself. Lastly, we asked the participants to explain the barriers they have been experiencing since the outbreak of the pandemic. In conclusion, observation checklists were used to observe people's practices that subject them to contain the COVID-19 pandemic.

The researchers were strictly followed African Research Ethics, and Malpractice Statement (AREMS) (2021) research code of conduct that researchers have to inform participants about the purpose of the research, expected duration, procedures, their right to participate or to withdraw during the research period. Likewise, before recording the participants' voices, permission was obtained from the key informants. We implemented WHO directives such as physical distancing, wearing face masks, and washing hands with sanitizers with 80% and above. A selfie stick was also used to audio record the participants' opinions, and still to maintain the physical distancing.

As the qualitative research demands, the researchers spent enough time with participants on-site, and explained the process of data collection to the participants in detail. The entire research process was audio-recorded; field notes were taken, and were later organized into themes and sub-themes before finally making an analysis. The audio recorded data were transcribed by language experts. Ultimately, sufficient contextual information about the fieldwork sites has been provided to transfer the instances of the phenomena described in the research so that the participants, researchers, and other professionals concerned people can easily empathize with research sites and context.

Thematic analysis was used to analyse the results. Data transcription was done, and then it was categorized after reading the transcript several times. The themes were created according to the research objectives. The following four themes such as community perceived susceptibility level to the COVID-19 virus, community perceived severity level of the COVID-19 pandemic, perceived benefits of preventive measures to prevent COVID-19 virus, and community perceived barriers in implementing preventive measures of the COVID-19 virus were formed.

## RESULTS AND DISCUSSION

In this section the findings which were obtained from different key informants were presented according to the respective themes illustrated under method of data analysis above. An attempt was also made to discuss the present results with the past works.

### Perceived susceptibility level of coronavirus pandemic

The current findings seem to indicate that most of the interviewees were highly susceptible to the pandemic. For example, all bank guards stated that due to close and frequent contact with customers they were highly susceptible to being infected with COVID-19. This finding confirmed that the premium customers of banks had a tendency to act out because they desire the banks to handle them closely. For example, one participant has said the following:

*If the cash is too much, we inform our customers to go to a separate room in the bank, with no expectations of maintaining distance between our clients to count their cash. In these situations, our customers put off their face masks while talking with bankers and communicating with someone else by phone because they assume, they might not be attended to. This has been a serious challenge for us.*

Similarly, traffic police described collective vulnerability to the novel coronavirus, because he argued that his anxious children came back home from Addis Ababa, the capital city of Ethiopia where the rate of confirmed cases of COVID-19 is escalating rapidly than before. It would seem that it is not known how healthy they arrived; however, they prefer to live with their father and mother under whatever circumstance. The following ideas were taken one traffic police at Robe Town:

*We are at considerable risk because when drivers break a law, we try to stop them and demand them to produce their driving license. As a result, the drivers come with terribly close distances and implore at us and sometimes touch us with their hands.*

Consequently, a driver at Shashemene Town was reported his peculiar susceptibility to the pandemic, saying: "It has been one month since I stopped driving because the disease scared me so much. The people do not care about their life and I fear to hear about the pandemic even on Facebook."

By using the health belief model, Tariku et al. (2015) noted that if one recognizes the severity, benefit, and barriers of the disease, the odds of desirable behavioural change follow. In the same way, most of our bank interviewees have indicated that their customers carry money for transactions instead of using any banking technology. As a result, they felt terrible that they are vulnerable to COVID-19.

### **Perceived severity level of coronavirus pandemic**

The key informants responded that no disease was notorious as COVID-19 because the pandemic severely hurts all nations regardless of their social, economic, educational, gender, religious, ethnic, and political status. Furthermore, other participants remarkably noted that at first everyone was shocked when the disease outbreak in Ethiopia, but now it looks like people have adapted themselves to it. Similarly, a hotel manager at Robe Town shared his views as far as the severity of the disease is concerned, as follows:

*COVID-19 is incredibly dangerous that I always do what to do without terribly worrying about it. As a precaution, we ensure that we all hotel staff use face masks to sanitize ourselves frequently because we have repeated contact with different people, and we often tell our waitresses or waiters to keep their distance when ordered by a customer, and we allow a maximum of three persons to sit on one table.*

Conversely, the findings disclosed that there are many people who have information about the disease but tend to assume as if there was no coronavirus in Ethiopia. In this manner, careless people are reluctantly taking COVID-19 pandemic as simple as the common cold, and the flu because they perceive that the disease does not kill because they think that they have been constantly being caught by it, and have recovered.

### **Perceived benefits of using preventive measures of coronavirus pandemic**

Alongside interviewing the target participants, the researchers were observing some hotels in both towns to see how people are going about their businesses during the pandemic. In most of the hotels, customers are not allowed to share one table by more than three individuals and every worker puts a face mask on and has a personal sanitizer. However, this by itself is not enough, as sharing a table for three customers could be a contributing factor to the pandemic. We also asked how they serve customers who rent their beds. One hotel manager replied: *“As you can see, we offer an accommodation service to our clients by keeping our bedrooms tidy and purifying them regularly.”*

More importantly, this interviewee reported that they have been providing brief descriptions about the pandemic to the customers early in the morning once in a week to hotel workers before they start their work. In addition to this, on the hotel were posted instructions in written form visibly about disease pathways and other precautions to be taken. In addition, the waiters were cleaning the seats and dining tables with sanitizer now and then.

The experiences of Awash Bank also seem engaging. The management body of the Bank narrated that wearing hand gloves is not allowed because they assume that if bankers wore a glove, it would have protected only the one who wears it, but it could not support their customers from this virus. Likewise, one female employer of Awash bank argued that *“we might forget to sanitize our hands frequently, and we contact our clients’ passbook and cash with our gloved hand so, we can easily transfer the virus to our clients.”*

Furthermore, a bank manager suggested people have to maximize the use of modern technology for the services such as transfer of money through their mobile and Automatic Teller Machine among numerous services given by the bank. This participant was directly relating it to the most reliable method that is staying at home therefore, they can definitely get the services they need and reduce their contact with the bank because being at home would keep away them from getting infected.

In the same way, the traffic police person also revealed that as it has been instructed by health professionals to prevent the disease using a glove while touching metal objects, washing hands often, and refrain from touching the nose and eyes.

In addition to this, one more traffic police suggested an intelligent use of preventive measures to fight against the spread of the pandemic in the following way: *“Once we are confronted with a convicted driver; we put on hand gloves, face masks and maintain physical distance while removing the car plate number, checking on extra passengers, and reading exit paper shown by the drivers.”*

All traffic police persons in the study were remarked that they have been working hard to reduce the spread of the disease by warning people to use face masks and punishing drivers who violate the state of emergency declared to save the people from the virus. As it was reported by Yang et al. (2020) individuals’ psychological status determines the implementation of preventive measures.

### Perceived barriers while using the preventive measures of coronavirus pandemic

As it was reported, the community preventive strategies were not good enough to contain the virus. A hotel manager noted that some people with face masks don't cover their mouths, and nose. Some use dirty and over-used face masks. Others even believe that one who wears a face mask is actually infected, that's why he/she is wearing a face mask.

Moreover, one banker was apt to disclose that their customers become even more vulnerable because they have been buying and using face masks sold on the street, which is possibly affected by a lot of people to get the bank services inside. Consequently, a bank guard reported serious challenges. He happened to meet a bank client at the gate of the bank whom he told to wear face masks. The client then borrowed a face mask from his friend standing at the other corner, and then headed to the bank. Having observed the actions of this client the guard forbade him from entering the Bank unless he has used his own face mask.

In the same way, a Bank manager elaborated that there were clients who put masks in their pockets or on their bag after they got in. As far as the COVID-19 pandemic is concerned, a traffic police key informant was observed that people can be divided into two. The first group are those who possess enough knowledge about the disease, but they don't practise it. The second group are those who don't possess enough knowledge about the pandemic, and are unable to use the advice of health experts due to economy, and lack of accessibility to hear from different media. This informant concludes that both of these groups pose a challenge as far as protecting themselves from the virus is concerned. In most of the hotels and groceries, the researchers observed handwashing materials alongside water, soap, and sanitizer which were placed in front of the gate through the majority of their customers are reluctant to use them. One of the hotel managers reported the following:

*Customers do not wash their hands. When asked to wash, customers say that they have already washed. The same is true with face masks. Customers say that they are free of viruses therefore, there is no need to wear face masks as long as they have not been infected.*

People are not only misusing the face mask but are also not maintaining the proper physical distancing and using sanitizers. Shreds of evidence obtained from diverse interviewees noted that in some places there is still a handshaking practice, especially when relatives come to visit each other. Furthermore, another participant reported that at the marketplace, people are still shaking each other's hands.

Many participants agreed that since Ethiopian culture is very communal, it is aggravating the spread of the disease. For example, there is a custom of coffee drinking in which a family invites neighbours to a coffee ceremony. In such family gatherings, a lot of people are present and this creates a conducive environment for the virus to spread. According to the participants, avoiding such social gatherings is considered a serious cultural and social violation and for this reason, people find it difficult to abstain from it even if they somehow know the side effects of so doing in the face of the pandemic.

Research conducted in South Africa by Jaja *et al.* (2020) suggested that religious and cultural activities of any form have to be restricted. Simultaneously, there is also evidence that suggests an awareness gap among the community in implementing the preventive measures. In another instance, a bank worker shared his own experience at his home: "Some of my relatives from the rural area visited me and when I requested them to wash their hands, they assumed that I was being rude to them. I really hate to tell people to care for themselves in this difficult time when they do not understand your point of view." A driver would cling to his confidence in using the preventive measures despite the clients' irrational beliefs, which he states as:

*It is getting ridiculous. People believed that there is no COVID-19 pandemic since most of them insult me when I ask them to wear a face mask. The fact that I am the only person who uses the face mask does not deter me from the disease, since all are teasing.*

From the wordings of the driver, we can understand the hopelessness of the driver that trying to protect oneself from the pandemic when others are being careless about the virus is not worth it. However, this is a mistaken notion. It was exposed that there are until now people who claim that there is no virus in Ethiopia and that other people relate the virus with politics because they have a belief that the government doesn't want to conduct national elections. Besides, there was thinking that the government is not reporting numbers of infected cases on the media to hide the number of deaths as other countries do.

### IMPLICATIONS FOR POLICY

Most of the government workers like bank employees, traffic police persons, and all are well aware about COVID-19 preventive methods, and consequences, and try their best to make the people be part of the fight against the pandemic. But the common people coming from varied educational levels who come in contact with the service

rendering organizations (bank workers, traffic police persons, drivers, and hotels, and grocery workers) defied the WHO COVID-19 protective protocols.

Particularly in Shashemene, out of Town in its main gates, a single motorcycle was providing transportation service for 6 to 7 people, and it might worsen the transmission of the virus within a few days which could result in an uncontrollable level. In our observation, in particular, those who sold used clothes on the street were a big challenge for the police, especially those who came from rural areas were less aware of its negative impact since so many people could touch and wear it to buy per day. Similarly, many youths were selling face masks, and sanitizer bottles in every corner of the road with no care at all, and therefore, it needs attention. Since different commodities are distributed from Addis Ababa, where the prevalence of the disease is ridiculously high, to various Ethiopian regions, people should take maximum care of the way they handle the goods.

Similarly, hotels, restaurants, groceries, banks, drivers, shopkeepers, police, and others have a great responsibility in fighting against the pandemic to the best of their capacity. As far as COVID-19 in the research setting is concerned, so far, the number of awareness-raising programs is good, even though not all the people are equally protecting themselves against the pandemic. Therefore, on behalf of the government, the awareness-raising programs must continue and people should be advised to be knowledgeable about the pandemic.

## CONCLUSION

In the very beginning when few COVID-19 cases were reported in Ethiopia, people were scared to death. There were people who assumed that the disease attack only old people. As a result, compared to young age category most of the elderly were frightened and were using traditional medicine such as lemon, locally prepared alcohol (*areke*), garlic and ginger. Some others believed that the pandemic kill white people than African citizens, which is a wrong view. We met people who claim as there is no virus in Ethiopia, and others relate the virus with politics because they supposed that the government doesn't want to conduct elections. Overall, the findings were confirmed that relative to places like bus station and market center, at bank and hotels majority of the community members were strictly using preventing measures of COVID-19 pandemic.

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