



Opinions and behaviours of the population towards COVID-19'S precautions in the district of Yamoussoukro (Côte D'ivoire)

Coulibaly Amara¹, Akmel Meless Siméon², Aka Aoutou Cyrille³, Mel Atchory Romuald Eliasson⁴, Dr. Gogo N'Guessan Abah Selaphin⁵

¹ Assistant, Department of Anthropology, Alassane Ouattara University, Bouaké-Côte d'Ivoire

² Lecturer, Department of Anthropology and Sociology, Alassane Ouattara University, Bouaké, Côte d'Ivoire

³ Assistant, Department of Anthropology and Sociology, Alassane Ouattara University, Bouaké, Côte d'Ivoire

⁴ Student, Department of Anthropology and Sociology, Alassane Ouattara University, Bouaké, Côte d'Ivoire

⁵ Department of Anthropology and Sociology, Alassane Ouattara University, Bouaké, Côte d'Ivoire

Abstract

Epidemics are part of human beings' history. From Antiquity to the present day, through the Middle Ages, the Renaissance, the 19th century, diseases such as plague, syphilis, leprosy, cancer, diabetes, HIV/AIDS, Ebola have decimated and continue to mourn countries. The latest is Covid-19. This pandemic, which spares no country, has become a major concern. As a result, it is at the centre of many debates between different actors (political and administrative authorities, national and international organizations, researchers). This study aims at analysing the opinions and behaviours of the population of Yamoussoukro, the political capital of Côte d'Ivoire, regarding Covid-19's precautions (preventive measures). This qualitative work required techniques (observation, semi-structured interview) and tools (observation grid, interview guide) to collect information. The survey involved 30 people (men and women), some of whom are reluctant to take preventive measures. In order to deepen data analysis, the dialectical approach (N. Ramognino, 1982, p.1) was used. The research analysed (for or against) respondents' opinions on Covid-19 and their causes (cultural factors, level of education). Then, it explained respondents' behaviour towards the pandemic (systematic non-compliance with preventive measures). Finally, the research explained the risks of exposure and spread of disease due to reluctance to take preventive measures. This uncomfortable situation opens up to a critical reflection on global health crisis management in our country, particularly in Yamoussoukro.

Keywords: COVID-19, opinion, behaviour, preventive measures, risk of exposure, critical thinking, Yamoussoukro

Introduction

Some pathologies, unlike others, have been highly publicized, such as the plague, AIDS, Ebola, and recently Covid-19 (UNICEF, 2020, p.2). This disease, which has been raging since the end of 2019, has caused loss of life in China (initial outbreak) and in the rest of the world. In mid-May, according to the latest figures published by the WHO (2020, p.1), this disease caused more than five million (5,000,000) infections and nearly three hundred thousand (300,000) deaths across the world. In Côte d'Ivoire, since the discovery on March 11, 2020, of the first case of coronavirus, the government has announced measures to be respected, with a view to effectively fight against the spread of the disease. However, the number of patients has continued to increase, reaching the peak point of four thousand (4000) confirmed cases, with around forty deaths as of June 10, 2020. In March 2021, the number reached 11,135 cases. (Ministry of Health, 2021). Despite the rapid increase of this pandemic, populations have not yet integrated preventive measures into their habits. The city of Yamoussoukro is not exempt, because populations don't perceive the real danger of the disease. Observation on the ground leads us to the followings:

-Covid-19 is a disease variously interpreted by the population. Respondents do not believe in the existence of Covid-19. We often hear words like: *"It is not black people's disease. Covid-19 is not heat resistant. I don't know why people are so scared."* (M.D., taxi driver)". Others

are aware that the disease is real. They consider the situation urgent, even worrying. Therefore, preventive measures are necessary, because the disease has already killed many people;

-Risky behaviours among the population. Most of the people we interviewed do not respect the preventive measures. They do not systematically use masks and wash hands. For this group of people, the existence of the disease is questionable. Because Covid-19 is the equivalent of malaria and therefore can be treated by self-medication (at home).

-Exposure to disease. There is a big risk of contracting and spreading Covid-19 disease because the preventive measures are not respected. It then makes people vulnerable and constitutes an open door to the spread of the pandemic.

From these findings arises the following main question: "How do people's opinions influence their behaviour and the risk of spreading the disease in Yamoussoukro? Attached to this are specific questions: "How does the population of Yamoussoukro perceive Covid-19? "How do they behave towards the disease"? "What are the consequences to which the population is exposed? This study aims at analysing the opinions and behaviours of the population of Yamoussoukro, the political capital of Côte d'Ivoire, regarding Covid-19's precautions (preventive measures). This work is based on a methodology.

Methodology

1. Study site

The survey is conducted in the city of Yamoussoukro, an autonomous district. Located in the centre of Côte d'Ivoire, in the Lakes region, the city covers an area of 11,400 km². With a population of 362,000 (INS, 2014), it is bordered to the north by the department of Tiébissou, to the east by

Dimbokro, to the west by the town of Bouaflé, to the south by Toumodi. This site was chosen because Yamoussoukro, the political capital is at the crossroads of several cities. The choice is also justified by the population's risk behaviours, likely to expose people and spread the disease in the district of Yamoussoukro. The following map shows the study site.

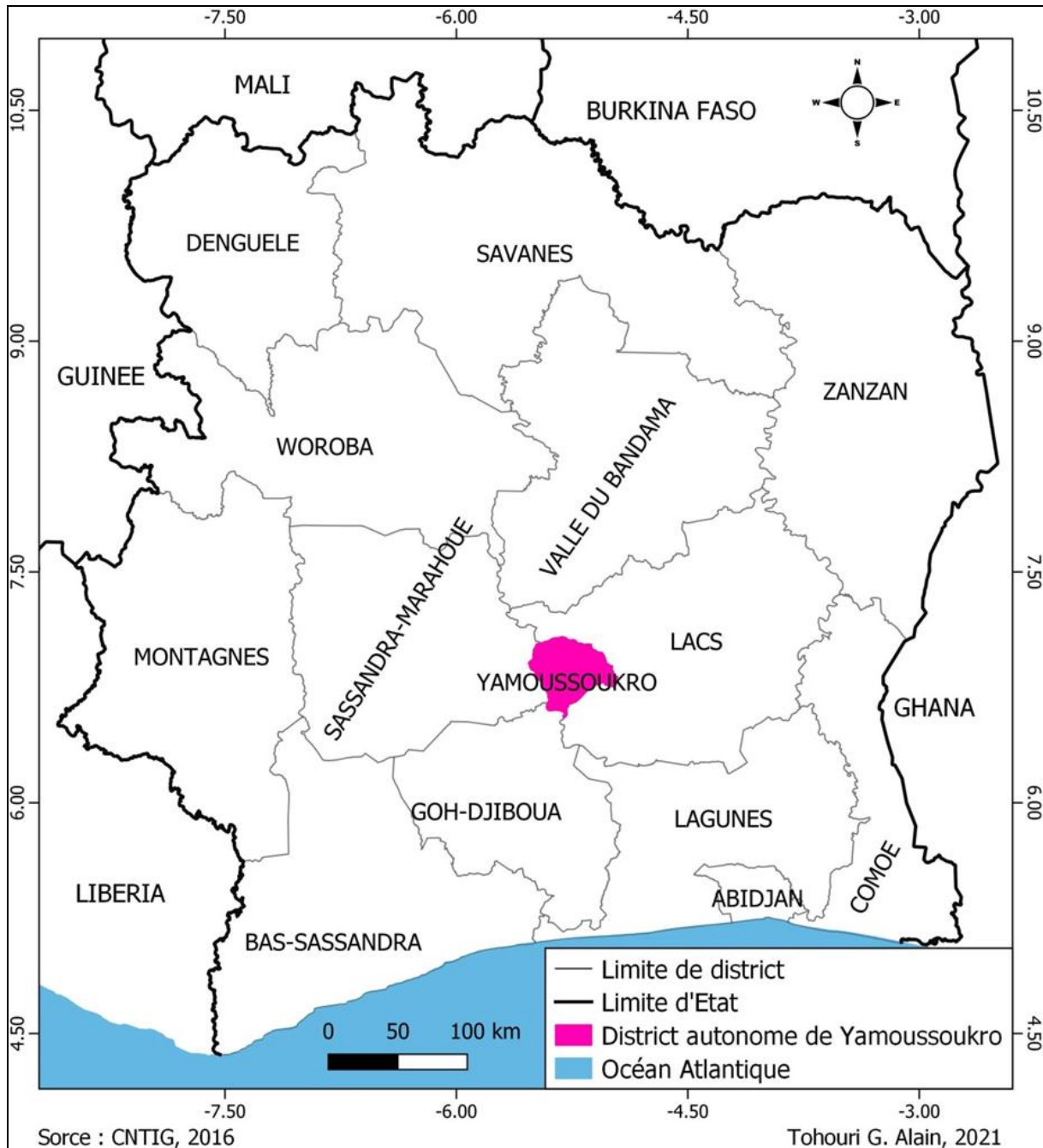


Fig 1: Map Location of Yamoussoukro District

2. Data collection and analysis

This study is interested in men and women who are the most exposed to the disease. It also takes into account health professionals, political and administrative authorities, resource persons, because they helped us figure out how dangerous Covid-19 is in the locality. To this is added the availability of respondents. Only those who wish to answer questions are retained. As far as research is concerned, 300 individuals have been identified (sample frame). Unable to interview everybody, we decided to interview 30, i.e. 1/10

of the population (sample). Individuals (men and women), who have not complied with preventive measures (risky behaviours), likely to expose themselves and spread Covid-19; and those who are aware of the danger decided to answer our questions. We made a reasoned choice to target key people. Individuals were interviewed through a semi-structured interview. To give all individuals the chance to take part in the study, we run a random draw. The interview guide helped us collect information on the ground. For qualitative data processing, we used the MAXQDA

software. Deepening data analysis required social representations theory by V. Aline (2010, p.1) to understand men and women's opinions regarding Covid-19. The dialectical analysis of N. Ramognino, (1982, p.1) was used to justify the different interpretations (favourable, unfavourable) of the pandemic, the types of behaviours and the risks (contamination, propagation) linked to the disease in Yamoussoukro. The methodology has produced results.

Findings

1. Opinions of the population on Covid-19

Like metabolic diseases (arterial hypertension, diabetes, heart attack), pandemics (HIV/AIDS, Ebola, etc.), Covid-19, which appeared recently, is already making headlines. The disease causes anguish and fear everywhere, because of the loss of human life, and the economic recession it has caused worldwide. No continent is therefore spared. In order to understand the perceptions of the population of Yamoussoukro on this reality, we questioned respondents. Here are some of the responses received:

"We heard about the disease. To date, no case has been presented to us. We are waiting to see, to take the necessary precautions. For now, illness is just an imagination. If it exists, it may be a severe case of malaria. Anyway, we are used to these types of diseases. Isn't this still a scam organized by the multinationals? Corona or not, we are relaxed. If someone is a victim of this disease, it is because he has committed a serious sin. This is why God punishes him (B. K, 40 years old, shopkeeper; Y.T, 28 years old, tailor)"

This position is not shared by the following respondents:

"The situation is serious. The disease began to decimate the population all over the world. If the situation is not alarming in Africa and Côte d'Ivoire, in Europe, it is wreaking havoc. You have to beware of it. Preventive measures are currently the best remedy for reducing Covid-19 (L.T., 35 years old, Health worker; M.D, 39 years old, Teacher)"

"Covid-19 is a disease that exists. It is therefore real. Some people think it's white men's invention. But let's think again, because it wreaks havoc everywhere, even in Africa. In Côte d'Ivoire, cases have been reported. The disease doesn't have any preference. Rich or poor, we are all affected by this pandemic. The ministers tested positive are an illustration. So, let's be careful, scrupulously respecting the preventive measures" (B.I., 22 years old, Student at INPHB Yamoussoukro)

From the above remarks, we identify two types of respondents. The first category, those who do not believe in the existence of Covid-19, marginalizes the disease. This category of the population is made up of illiterates and people who dropped out of school very early. The behaviours of these respondents is justified by their low level of education. Indeed, this category, which can neither read nor write, does not follow the daily information relating to the disease. Lacking human capital (book knowledge), it is unable to understand the depth of the messages conveyed in the media (newspapers, television, radio, posters, etc.). Television, for example, essentially allows them to have fun through African, Brazilian, Turkish soap opera, etc. Also, the cultural factor explains the perception of this category of the population. This is linked to community-driven feeling and thinking or the social environment in which the individual lives. Covid-19 appears as a social construct. We therefore understand why it is

marginalized, even equated with malaria or a divine punishment.

The second category of respondents believes the pandemic exists. The position of these actors is explained by their high level of education (secondary, university). These people have human capital (book knowledge, know-how or skills, interpersonal skills), which allows them to understand the messages conveyed on Covid-19 and to learn from them. They are aware how dangerous the disease is. The images transmitted by the media confirm their position. These respondents therefore claim:

"In China, the initial outbreak of Covid-19, in Western and Eastern Europe, in America, there are thousands of deaths. Africa is not spared, as all countries are affected by the pandemic. Clearly, Covid-19 is a reality, it exists. You have to be careful (L.H, 43 years old, teacher)"

These different perceptions have influenced the ways in which the population acts vis a vis the disease.

2. Behaviours of the population towards preventive measures

In order to collect data on the attitudes or behaviours of the population towards preventive measures, respondents were questioned as follows: "What are the preventive measures"? "How do you react to these provisions"? Here are some of the responses received:

"When I was visiting my older brother in Abidjan, I was struck by a fact. Everywhere, in front of supermarkets, pharmacies, hospitals, schools, in sum, in all public places, water, soap and hand sanitizer are left for regular hand washing. The social distance of one meter, the compulsory wearing of masks is required during gatherings. During my four-day stay, I refused to wear the mask. I quickly returned to the village, because it bored me. Even if I wanted to, I do not have enough money to buy the equipment that the preventive measures require (D. B, 39 years old, rubber planter)"

This position does not meet with the approval of these respondents:

"Covid-19 is a reality. You have to beware of it. In Europe, America, China, the disease is terribly rampant. Thousands of deaths are reported. Personally, I respect the preventive measures. I wear the mask, I wash my hands regularly with soap and water, I also use the hand sanitizer, I respect the one-meter social distance. Prevention is better than cure. I also urge those around me to do the same. It is an action that can save lives of thousands of people (M.B, 67, retired teacher; G.O, 39, student)"

From these remarks emerge two types of behaviours concerning Covid-19. The first concerns respondents who do not believe in the existence of the disease. This category of the population has a risky behaviour, since it marginalizes the disease. These people do not respect the preventive measures, that is to say that they do not wear masks, do not wash their hands regularly, do not use hand sanitizer, indulge in hugs without fear; which exposes the actors to the disease and the population to the spread of Covid-19. The second category of respondents scrupulously respects the preventive measures to avoid or protect themselves against the disease. These respondents rush to local pharmacies and supermarkets to obtain masks, hand sanitizer, in order to protect themselves, their families and prevent the disease. These respondents claim the following: "Don't wait to take action when it is too late. The disease is

effectively present. You have to be wary of it at the risk of contracting it and exposing your loved ones". Risky behaviours expose actors to Covid-19.

3. Exposure to Covid-19

Since the appearance of Covid-19 on Ivorian territory, the government has not hesitated to introduce preventive measures in order to contain the disease. However, in the application, a section of the population does not systematically respect the various prescriptions. Faced with the refusal or reluctance to take preventive measures, many people are worried and fear an accelerated spread of the disease. In order to eradicate, if not contain, the disease, the Ivorian government has taken measures, including the curfew throughout the national territory, the obligation of masks wearing. Despite these provisions and the increase of infected cases of Covid-19 in the country, respondents marginalize, even trivialize the disease. These health professionals confirm:

"It's worrying. In the city, I meet several people without protective masks. This situation torments me, because the cases are increasing especially in Abidjan. The district of Yamoussoukro is not spared, because of human displacements. One cannot distinguish the sick from the healthy with a naked eye. As a result, the systematic refusal of preventive measures is a way of exposing oneself to Covid-19. (F.D, 40, health worker; B.T, 33, health worker)" These comments show the actual existence of health risks linked to non-compliance with preventive measures. The contraction and the possibility of a spread of Covid-19 are explained by the social perceptions of actors who refute the disease, the lack of financial means, the low level of education, the religious values among the respondents. The results obtained were discussed.

Discussion

The first axis shows that social perceptions linked to Covid-19 are explained by socio-economic and cultural factors. The first reason concerns the low level of education. Indeed, people who trivialize the disease have abandoned the modern school very early. They have primary school level or are illiterate. There is a relationship between the level of education and ignorance of diseases. Indeed, the more illiterate the population, the greater the lack of knowledge of health risks. In Africa where illiteracy is high, people tend to marginalize diseases. This is Ban Ki-Moon's position ^[1]. According to the author, two-thirds of these people are women and girls, who are often responsible for caring for sick relatives when they probably do not know anything about prevention and support services, or how to use drugs and treatment and other life-saving treatments. 75 million children around the world do not go to school and millions of young people leave school without having acquired the level of education necessary to participate productively and actively in the life of their society. (WHO, 2008, p.1). L. Bachir (1998, p.254) ^[2] also argues that the predominance of uneducated pregnant women is related to Guinean's education level in general, where 74% are illiterate, of which 85% are female. The study of the determinants of adherence to prenatal care shows the influence of education level. Illiterate women consult less frequently than educated ones. In Burkina Faso, diarrheal diseases represent the leading cause of consultation, i.e. 56.8% among children aged 0 to 5, and only 12.8% of women have a level of

knowledge about diarrhoea and oral rehydration therapies. This reflects a lack of knowledge or poor application of hygiene, concerning the use of water polluted by human, animal and other forms of pollution, the quality of water, including that of reservoirs, is generally poor in Burkina Faso (T. Sinaré, 1999, p.7) ^[13].

If the level of education is linked to ignorance of health problems, such as Covid-19, HIV/AIDS, diarrhoea, etc., culture and religion (social perceptions) are also to be looked at, because they also justify the marginalization of diseases among populations; which is supported by J.N. Poda (2003, p.1). For the author, populations have other references to explain diseases. A certain interbreeding appears in their interpretations, because of the juxtaposition of modern medicine with traditional medicine. As a result, a large part of the population only superficially understands the content of awareness messages, which convey ideas that are foreign to them. For this, taking into account information on cultural, traditional knowledge on health aspects and the specific learning difficulties of populations, is part of the synergy of actions for a healthy and sustainable management of water and of the living environment by the populations.

The information collected on the ground indicates that this pandemic is a divine punishment, because man has turned away from the way of God. By opting for homosexuality, sexual depravity, the sale of human organs, injustice, blind oppression of citizens, financial mismanagement, theft, etc., which rhyme with the practices of Gomorrah and Sodom, man has disqualified himself in the sight of God. Blinded by wickedness and evil, he pays a heavy price for the disaster he deliberately caused. Far from the paths of God, he pays the price for his insubordination and his bad deeds, through illnesses, such as Covid-19. These respondents agree:

"It is a punishment from God towards men. The end of the world is near. It is written in the Bible that there will be earthquakes, diseases, despicable practices, which will destroy the world. It is time for us to ask for forgiveness from the Almighty, so that this pandemic is eradicated. (A.B., 41 years old, taxi driver)"

"We have turned away from the face of Allah the Merciful. Today he is punishing us through Covid-19. We must repent. Allah is not pleased with the deeds we do. See what is happening in the world.

Homosexuality, human sacrifices, prostitution are part of the daily life of the populations today (K.M. town hall officer, 51 years old)"

These remarks corroborate the thesis of T. G. Vernick (2020, p.3) ^[14], according to which the perception of a population towards the disease depends on the social group to which the individual belongs.

The second axis, which is linked to respondents' behaviours towards Covid-19, shows that social perceptions have influenced the attitudes of the actors. Two types of attitudes are adopted by the population. This is the systematic non-compliance with preventive measures. Indeed, respondents believe that Covid-19, which has symptoms similar to those of malaria, is an invention of Western people. It is a ruse for the "whites", which consists in creating an antidote (vaccine) to economically exploit the "blacks". While some respondents are reluctant to preventive measures, others are receptive. R.M. Boudia (2020, p.2) maintains that during the first days of the epidemic, a state of negligence and carelessness was observed towards the virus. After

witnessing the contamination of entire families with Covid-19, the death of loved ones, and the multiple preventive actions taken by the public authorities, the Algerian has acquired a degree of awareness. It now complies with these preventive measures to preserve its health and life.

Scrupulous non-compliance with health provisions exposes the population to the resurgence of the disease; which justifies the third axis of the research. The rapid evolution of Covid-19 in Côte d'Ivoire is an illustration. On March 11, 2019, the country experienced its first case. In March 2021, a year after the onset of the disease, 11,135 new cases and 52 deaths, bringing the number to 43,889, of which 244 deaths were declared. (Ministry of Health, 2021). The economic factor is mentioned by the population to justify non-compliance with medical provisions. Indeed, the economic crisis of the 80s in Côte d'Ivoire called for the intervention of donors (IMF, World Bank) to revitalize the economy.

Unfortunately, the economic cure has led to the privatization of some key companies in the country, including Electric Power of Côte d'Ivoire (EECI), which has become the Ivorian Electricity Company (CIE). There is also the Water Development Company in Côte d'Ivoire (SODECI). Added to this were unfair dismissals due to the closure of certain state-owned companies. Unemployment and its corollary impoverishment are part of the daily experience of populations. Making cheeseparing savings, this category of the population does not have the financial means to obtain masks, hand sanitizer to protect themselves and others from Covid-19. This respondent argues:

"The government is talking about measures to be respected. We got it. But the government does nothing to help us; hand sanitizers are expensive, masks too. We should receive some, but nothing is done. Our activities are blocked and it is difficult. To respect the preventive measures, you must have the minimum. If we are unable to provide for our social needs, to eat properly, it is not the mask that we are going to pay for (D.B., shopkeeper, 43 years old)"

In addition, the reflexes linked to preventive measures "cough in the elbow or in a disposable tissue, do not shake hands, the social distance of one meter" are difficult to apply, because populations struggle to integrate them into their daily routines. This is not part of their habits. Numerous experiments show that the opinions and attitudes of an individual depend on those of people around him. It is not a question of influence, but rather of a complex mechanism, by which the subject chooses between objective reality and social reality according to opinions of those around him. This conformism is due to the fact that disagreement with the group represents a certain psychological cost and, in extreme cases, a certain risk of rejection (R. Boudon, 2013). These are all factors likely to expose populations to Covid-19. What lesson can we learn from this research?

Faced with global health crises, provisions are implemented by all actors (Governments, NGOs, faith-based groups, researchers). The results of the field and the analyses made show that the awareness programs are floundering. Within the population of the district of Yamoussoukro, communication for the change of attitude to integrate new habits into daily life is difficult. We therefore understand that a resurgence of the disease is not to be spared. This trivialization of the disease and the preventive measures is linked to how people perceive the disease, their

interpretation being "general fatigue, flu, the equivalent of malaria, an invention of the Western people"; which appears to the citizen as an epiphenomenon. Despite the intervention of different actors in raising awareness, we are witnessing a rapid increase in cases of Covid-19 in Côte d'Ivoire. As a result, it is necessary to deconstruct the policy of raising awareness of the disease by involving the populations in the search for solutions to the disease.

Conclusion

Covid-19, a health crisis that has become a pandemic, dominates all debates today. Political and administrative authorities, NGOs, international institutions (WHO, IMF), worried researchers, are increasing awareness campaigns to deal with this virus, which has terrified the world since the end of 2019; that is what justifies the designation Covid-19. Preventive measures, awareness campaigns to curb the spread of the disease are confronted with social perceptions (culture, religion) and the economic factor, because of poverty of which the populations are victims. Thus, risky behaviours (non-systematic use of protective masks, hand sanitizers, refusal to wash hands, non-observance of one meter distance) expose the populations of the district of Yamoussoukro to Covid-19. Faced with faltering government strategies and the danger posed by the disease, a review of the awareness and communication policy, involving the populations (participatory approach) is essential for an effective response to the disease.

References

1. Anne Barges, Anthropology and Sociology associated with the field of disease and medicine, Paris, Ellipses, 2001.
2. Bachir Lazrak. "Modalities and coverage of prenatal surveillance by the public sector in an urban district of central Tunisia", *Arch Public Health*, 1998:56:253-61.
3. François Grunewald, "Epidemics, Pandemics, and Humanitarian Challenges: Lessons from Selected Health Crises, 2020." <https://www.alnap.org/help-library>, accessed 6/21/21.
4. INS, 2014, National Institute of Statistics, Abidjan, INS.
5. Ministry of Health, 2021, Let's protect ourselves against the coronavirus, Abidjan, M.S.
6. Nicole Ramognino, "For a dialectical approach in Sociology", *Sociology and Societies*, 1982:14(1):84-95.
7. OECD, 2020, Africa and COVID-19: Socio-economic and regional implications and political priorities, Paris, OECD.
8. Patrice Bourdelais. "History of the population, history of medicine and health: fifty years of experimentation", *Acta. Hisp.Med.Sci.Ills*, 1997:17:17-36.
9. Rachida Merad-Boudia. "Behaviours of the population in the face of Covid-19: from concern to awareness", 2020. <https://www.aps.dz/societe/>, accessed 21/06/21.
10. Raymond Boudon. Social adaptation, Paris, Encyclopedia Universalis, 2013.
11. René Noro. "What you need to know about the main epidemics and pandemics", 2020.
12. Disaster Medicine, *Collective Emergencies*, 3, 269-277.
13. Sinaré Tinga, Burkina Faso Demographic and Health Survey, Ouagadougou, INSD, 1999.

14. Tamara Giles Vernick. Avoiding spread without creating panic: good management of epidemics, Paris, Institut Pasteur, 2020.
15. UNICEF, 2020, "Coronavirus disease (Covid-19): what is it?", <https://www.unicef.org/wca/fr/coronavirus-cest-quoi>, accessed on 21 /06/21.
16. Valence Aline. "Theoretical approach to social representations", Social representations, 2010, 27-43.
17. WHO, 2008, Illiteracy has a direct impact on health, Geneva, WHO.
18. WHO, 2020, "Health protection measures". <https://www.who.int/>, accessed 21/06/21.