Review Article

Untying Socio-Cultural-Ties to Curb the Spread of COVID-19 in Ethiopia: Reviews, Observations and Commentaries

Dano Endalu Olana[*]

Department of Social Sciences and Humanities, Ambo University, Ambo, Ethiopia

[*]**Corresponding author:** Dano Endalu Olana, Department of Social Sciences and Humanities, Ambo University, Ambo, Ethiopia, E-mail:

dano.endalu@ambou.edu.et/daneolan@gmail.com

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Abstract

Background: Corona Virus Disease 2019 (COVID-19) has become a pressing public health agenda. Countries with giant economy and sophisticated health system have been grappled with the spread of the pandemic that resulted in significant number of deaths. Furthermore, COVID-19 has imposed massive social, economic and political crises. As a result, countries declared different corona prevention methods based on the recommendations forwarded by World Health Organization (WHO). Social distancing is one of the major alternatives under execution. The aim of this paper was, therefore, to highlight on the expediency of social distancing model and associated COVID-19 prevention methods *vis-à-vis* the socio-cultural contexts of Ethiopia.

Methods: The study was guided by explanatory qualitative research. Data for this study were organized from March 15, 2020 to April 2, 2020. Sources of data were observations, diaries, official reports, media outlets, digital texts and relevant literature. Data were analyzed through discussions using narration technique. Data gathered through different methods were triangulated to complement each other. The concern of this study was the prevention aspects of COVID-19 from the socio-cultural perspectives.

Results: Ethiopian government was committed to prevent the spread of COVID-19 through executing pharmaceutical and non-pharmaceutical measures. Social distancing, stay at home, hand washing with soap and hand sanitizer, applying mask, glove and lockouts were among the methods in practice. The mainstream media in Ethiopia were widely engaged in enforcing social distancing and related measures to ban the spread of the virus. Despite the fact that internet technology is scarce; digital communication was recommended to create mass awareness. The study, however, revealed that social distancing was challenged by the deep rooted socio-cultural domains. Social gatherings were noticed during religious and cultural events, funerals and market exchanges, cultural greetings, meetings, coffee ceremony, hotel and cafeteria services, cultural drinking (farsoo, qub-lamee, Daadhii…) and serving. The collectivist culture of Ethiopia and unemployment also challenged the "stay at home "national motto. Besides, evidences indicated that washing hands to prevent the virus lacked consistency. Health facilities were scanty to suffice COVID-19 prevention methods which in turn affected the application of social distancing. The traditional health belief and practices seemed hampering COVID-19 prevention methods. Furthermore, the western model of communication approach was not adequate to reach media and information illiterate majority in Ethiopia. There was also gap in the information flow and monitoring. During the lockouts intent, the disadvantaged population groups such as street children, women, retired people, unemployed youth, commercial gender workers and taxi drivers encountered hazardous challenges.

Conclusion: COVID-19 prevention models in Ethiopia were mainly challenged by the socio-cultural, religious-spirituality, economic and institutional factors. Therefore, the government, together with the stakeholders, through addressing institutional and financial constraints, should make use of opinion leaders such as Gada leaders, religious fathers, elders and prominent personalities to address the public with user-friendly information, education and communication to curb the fast spread of COVID-19.

Keywords: Untying; Socio-cultural-tie; Curb; Spread; COVID-19

Introduction

Corona virus continues to be hazardous health issues. The virus was first identified as a cause of common cold in 1960s. During its incidence, until 2002, corona was considered relatively simple, nonfatal virus. However, corona was considered an outburst in 2002-2003 in Guangdong province, China. The virus spread to other countries such as the United States of America; causing Severe Acute Respiratory Syndrome (SARS) and high mortality. After the outburst, microbiologists and infectious disease experts focused on understanding the pathogenesis of the disease. Consequently, they

discovered that the infection was caused by a new form of corona virus. A total of 8,096 individuals were infected with this virus; resulting in 774 deaths. Thus, the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) declared a state of emergency. The spread of the corona occurred worldwide; however, most cases of mortality occurred in the Middle East. Because of the predominance of the outbreaks in the Middle Eastern countries, the virus was renamed a Middle East Respiratory Syndrome Corona Virus (MERS-CoV).

Presently, however, the world is grappled with new type of Corona virus (COVID-19). Chinese authorities identified the new type of corona virus (novel corona virus, SARS-CoV-2) on 7 January 2020. Literature showed that this type of the virus had not previously identified as human disease. According to WHO African Region External report 2, the origin of this virus is not yet identified. However, the yet unsubstantiated data showed the initial cases described in Wuhan were linked to Human seafood market in Wuhan. Though the potential source of the pandemic is still under investigation, there is an assumption that the virus may have emerged from an animal species [1].

COVID -19 has been spreading to the entire world regardless of the differences in skin color, ethnic origin and linguistic, religion and ideology, socio-economic and political upper hands. The major means for the fast speared of the virus is body contacts between the infected individuals and the non-infected ones. As a result, World Health Organization (WHO) declared that corona virus disease 2019 (COVID-19) is a pandemic.

Since the declaration of the COVID-19 pandemic, at the end of December 2020 until now 2 April 2020, over 900,000 people were reported COVID-19 positive. Until today, (2 April 2020) however, over 45,000 deaths were reported globally.

Historically, Ethiopia is not citied along with the countries severely affected by corona virus. Now days, however, Ethiopia could not escape the spread of COVID-19. Currently, the country is at war front to tackle the spread of new type of corona. Until April 1, 2020, there were 29 confirmed cases nationwide. There was no death record as a result of COVID-19 in Ethiopia until 2 April 2020. The prediction shows that there might be more suspected cases in the weeks and months to come. At the beginning, the government of Ethiopia did not cancel international flights as a result of the pandemic. Although Ethiopian economy mainly rests on imports, maintaining the international flights might have positive diplomatic relations. Consequently, Ethiopian airlines have been transporting health facilities to sister Africans in support of the international campaign against novel corona virus. This symbolizes Ethiopia's ever commitment to African affairs. Corona, however, is now a serious threat to Ethiopia with a population of over 100 million, emerging economy, widely dispersed population in the rural areas (80% of the national population), more of media and information illiterate, more customary ways of lives and inadequate health facilities and services. Although, Ethiopia woke up after the disease had become puzzle to countries with strong economies and advanced health system, the government was dedicated to put into effect different pharmaceutical and non-pharmaceutical measures to prevent COVID-19. Covid-19 prevention taskforce was established at national level. Regional governments and administrative towns also took similar measures. International flights to more than eighty countries were cancelled. The government declared lockdowns of institutions and organizations; with few exceptional cases. Social gatherings were discouraged. Churches

and mosques were advised to buoy up individual prayer. People were advised to avoid cultural, religious, wedding or any form of social gatherings. Regular hand washing with soap and hand sanitizers was recommended together with measures such as quarantine.

Closures of educational establishments (schools, universities etc.), gyms, museums, cultural and social centers, swimming pools and theatres were announced to be effective. The government also declared not to conduct meetings, conferences, workshops and similar social activities. Social distancing was acclaimed the most preferred measures to control the transmission of COVID-19. Besides, 'stay at home' and "hand wash" were common instructions to curb the pandemic [2].

Social distancing is to minimize physical contacts to reduce the possibility for new COVID-19 infections. Studies revealed that decisions on when and how to implement social distancing measures should always be informed by evidence. According to European centre for disease prevention and control report, the detection of COVID-19 cases and deaths outside of identified chains of transmission is a strong signal that social distancing measures should be considered. The measures include avoiding closures of workplaces/schools, cancellations of mass gatherings and the quarantine of affected areas. The report further advises early decisive, rapid, coordinated and comprehensive implementation of measures, closures and quarantines is likely to be more effective in breaking the spread of the virus than a delayed implementation. The pandemic is an emerging, rapidly evolving situation for which social distancing measures may be justified and implemented as an indispensable component. With the swiftly mounting COVID-19 pandemic, governments in all countries have been urged by WHO to prevent the disease as a 'top priority' with application of social distancing.

Disease prevention methods might be affected by different factors. Accordingly, social distancing is believed to be affected by country specific situations. Countries of individualistic cultures such as the western have their own established system of social distancing. In sub Saharan Africa such as Ethiopia, there are strong social ties and communal lives. The culture of this region is more of collectivist. Culturally, there is no closed door policy that restricts such communal lives. Specifically, communality is a cultural symbol among Ethiopians. Social distancing is not common approach of disease prevention in this country. However, social distancing and staying at home that avoid social interactions deemed crucial to ban the transmission of COVID-19. This paper is, therefore, to highlight on the insinuation of socio-cultural domains to avert the spread of COVID-19 in Ethiopian. Accordingly, this paper aimed to address the following major objectives [3].

Objectives

• To discuss COVID-19 prevention methods from the socio-cultural contexts;

•   To identify the challenges to implement social distancing to combat COVID-19;

•   To call attention to local opportunities to tackle COVID-19 pandemic.

Literature Review

Study area

This study was based on Ethiopian apparent experiences concerning social distancing and associated methods to combat the spread of COVID-19. As the situation in the county could not allow data collection from different areas, lockouts nationwide, major observable national and regional experiences, media outlets and reports were considered.

Study design

This study was mainly based on explanatory qualitative research design. The topic of COVID-19 is a new area for research. The problem was not adequately researched. As a result, explanatory research design with narration techniques was, therefore, used to move the argument forward for further study. The research is mainly based on observable data [4].

Data sources

The author searched the topic through differ approaches. The data were mainly emanated from personal observations, official reports, media outlets and relevant articles and diaries on the current issues of COVID-19. Media messages and texts disseminated through informal means such as informal talks, rumors, speculations and assumptions, arguments and criticism were also used to organize the data.

Data analysis

This study was based on qualitative data. As a result, data were analyzed through discussions using narration technique. The data gathered through different methods were triangulated to complement each other.

Scope

The study addressed national scenarios with regards to COVID-19 prevention methods. The concern of this study was not the medical aspects of the virus; but the prevention aspects of COVID-19 from the socio-cultural and associated perspectives [5].

Methodology

Market tradition

Ethiopian government announced to make social distancing in marketplaces (buying and selling). However, urban as well as rural residents were observed while having close contacts during shopping as usual. Market places were overcrowded. For instance, the author observed six consecutive major market days in Ambo town, Ethiopia. The marketers were observed sitting in close contacts to make businesses. Although the urban people seemed more aware about the social distancing compared to rural residents, there was no significant difference in their marketing behavior. Rural people were observed while walking long distance on foots to urban markets. Most of them carried their goods on their back specially women. Few coming from the rural areas, however, used pate animals to transport goods to the urban markets.

In Ethiopian situation, rural people sell goods to the urban residents in more traditional ways using local measurement tools. For instance, in the six consecutive markets observed, people especially women used to sell crops and other products to buyers using traditional measurement tools locally named kubaya (cup) as usual. This measurement is made by hand which invites close contacts of the sellers and buyers. The practice was similar among the urban community as well. Shopping in the urban areas did not consider the social distancing. Especially, most businesspeople worried about their market gains, not the issues of social distancing. Even, those who tried to demark social distancing (by tying rope in front of their shops) appeared artificial. Customers were observed while crossing the rope and directly moving to the shop owners. Business activities in the local areas almost did not consider the social distancing because of the deep rooted market tradition. However, technology assisted market exchanges would help to minimize the problems of physical contacts. Besides, there is a need to have close market supervision and control to ensure the national agenda to avoid COVID-19. Awareness level of the business community should be enhanced using communication means that consider the context of target users such as local market to market campaign.

Religious and spirituality

Communal prayer is common among Ethiopians. Staying home during Sabbath days, especially Saturdays and Sundays, is uncommon. In different corners of Ethiopia, in each church, over thousands of people are seen in congregation. In the small town of the author, there are more than 40 churches. This is similar in every urban and rural community across the country. Ethiopian government advised the religious community to refrain from social gatherings. The religious fathers at the federal level also recommended social distancing while praying. However, the practice on the ground was against the social distancing notion. People were rushing to churches in groups and praying in crowds as usual. This was prevailing in the rural areas. Most religious people believed that the only way to curb the spread of the virus is through prayer. The essence of social distancing was misattributed. People were quoting the biblical verse that encourages group worship. Fear of God is typical among Ethiopians. Religious people should be convinced though the spiritual teachings that social distancing or stay at home methods of corona prevention is not to undermine God's power. Church leaders should be model to reinforce social distancing. Religious institutions, with established spiritual values and norm in the community, therefore, should be among the local opportunities to educate, inform and communicate about COVID-19. However, close collaboration among the government and church leaders is crucial to make use of the religious resources to tackle wrong beliefs and practices pertaining to the pandemic [7].

Greetings

Greeting is part of cultural symbols. Greeting differs from culture to culture. In some cultures, greetings do not allow physical distancing. In Ethiopia, greetings occur by hand shaking and hugging one another. Kissing one another in the chin and/or lip is also common among Ethiopians, especially among intimate friends and relatives. Close greetings shows affection. Culturally, hand shaking or hugging is common practice. Saluting from distance occurs in rare cases. This ensures that cultural greetings do not encourage social distancing in Ethiopian context. Research evidence during COVID-19 campaign also shows citizens continued to use the usual ways of greetings. Yet, there was reservation in the urban areas. Elders were widely observed while shaking hands and hugging friends. The author also recognized local communities were not well aware of the problem of cultural greetings nexus COVID-19. Peoples' lived experiences indicated that unable to use cultural greetings is abnormal. This demands close orientation and advice using locally available means of communication. Opinion leaders in the community who have close

relations to the rural people should work on awareness creation activities.

Funeral

Burial ceremonies are cultural in Ethiopia. Up on the death of someone, it is common to observe mass gatherings. People from different corners, even from far regions, come together during the burial. People weep in crowds. They walk long distance to the burial place on foots in crowds. Unable to attend the burial ceremony of close relatives or neighbors is culturally offensive.

After the announcement of social distancing people in different parts of Ethiopia were participating in burial ceremonies as usual. The author identified peoples' gatherings during burial ceremonies. Weeping (expression of grief for the passed away person) was in crowds. Walking long distance in crowds was as usual too. The usual ceremony was in practice. Although funeral ceremony is an established socio-cultural event, people should get continuous contextualized orientation to avoid close physical contacts. Opinion leaders such as elders and religious fathers can play significant role to educate, inform and aware the problems of close contacts during funerals.

Hotel and cafeteria service

Hotels and cafeterias are believed where there are social gatherings. Most hotels and cafeterias are officially registered. The government announced closures of hotels and cafeteria services. As a result, most hotels and cafeterias in urban areas were closed. However, evidences indicated that hotels and cafeterias services in rural towns, where 80% of the national population reside, were giving services. While organizing this data, for instance, the author checked hotel and cafeteria services in eight administrative zones where millions of people live. The rural community continued to gather in small hotels and cafeteria to get services. There was awareness gap about COVID-19 in the rural areas. Close supervision and control by the local administration seemed loose.

Cultural drinks were being sold in urban as well as rural areas. During this study, after the announcement of the social distancing, the authors visited 4 kebeles of his town where he could identify 15 local houses selling local drinks. These cultural drinks such as Farsoo, Daadhii and qub-lamee were being sold in more swampy and pocket areas. The customers were sitting closely in a very narrow room. In Ethiopia, it is common among poor people to sell local drinks. This is almost done by the destitute women to sustain lives. Culturally, people drink in groups. People from different walks of life come together at the local house. They chat. They share personal affair while drinking. The government should support these people with low income so that local drinks can be discoursed at least during the peak campaign seasons. Government affirmative action also works for hotel and cafeteria owners to achieve the national COVID-19 campaign. Local interventions and home to home campaign facilitated by the opinion leaders is crucial to discourage social gatherings in hotels and cafeteria as well as traditional houses where local drinks are made and sold.

Traditional coffee

Ethiopia is home for organic coffee. The country is the origin of coffee plant. Homemade traditional coffee (buna aadaa) is familiar among Ethiopians. In rural Ethiopia, coffee is made at each home at least twice a day. It is common to make coffee when guests arrive and/or up on special occasions. Drinking homemade coffee without social gathering is culturally uncommon. Neighbors come together to drink coffee. Coffee ceremony is cultural event where people discuss social, economic and political affairs.

Evidences indicated that social distancing seemed against Ethiopian traditional coffee ceremony. The authors cross checked that social gatherings for traditional coffee was almost as usual. Traditional coffee house was rarely seen along major roads in big towns, unlike the rural towns. However, the traditional coffee houses were moved from major roads to pocket and swampy areas. In these places, people were gathered for coffee chat. These places were an opportunity to meet people. Drinking traditional coffee is also economically affordable.

Traditional coffee is made mostly by women. Women with low income participate in pity trades such as selling traditional coffee to improve their livelihoods. Selling traditional coffee, however, boosts social gatherings. This is an opportunity to spread COVID-19. Local interventions and home to home campaign facilitated by the opinion leaders is crucial to discourage social gatherings during traditional coffee drink. Besides, an economic intervention is compulsory to support the livelihoods of destitute mothers/women whose lives depend on selling coffee. This would discourage selling coffee especially during this critical time of COVID-19 campaign [8].

Stay at home

Staying at home is one way of discouraging physical contacts. Ethiopian government advised citizens not to move out during this hard time of COVID-19. Health professionals have been advising citizens to stay home. Transportation services were banned to avoid mass movements. The author's day to day observations, however, shows that the majority of people were not staying home. People were moving from place to place in close contacts.

Youth unemployment is significant in Ethiopia. The majority of young people depend on labor works. The majority of women participate in pity trades. These unemployed population groups were unable to stay home as their lives depend on daily income. They continued hunting for jobs. This is an opportunity to expose people to COVID-19 infected individuals. The economically disadvantaged population groups such as street children, women, unemployed youth, commercial gender workers retired people, taxi drivers need financial and material support during this critical time to stay home. All stakeholders including the community should support economically disadvantaged groups during "stay at home" official order to save the lives of millions Ethiopians. Besides, digital culture should be encouraged, through expanding internet and mobile technologies, so that people can access timely information being at home.

Meeting tradition

In Ethiopia, meeting tradition exposes the participants to close physical contacts. Meeting is hardly technology mediated. Face to face meeting culture is common. As a result, during the hard time of COVID-19 campaign, the government of Ethiopia announced to ban any form of meetings. Private media such as Oromia Media Network (OMN), however, was condemning the government for organizing meetings at different districts and towns of the regional states. Prominent social media activists and opponent political party members were also condemning the government for initiating meetings at the district levels. Government officials at the bottom should aware that

COVID-19 costs life. Information on the social media and reports also ensures that meetings were held at different districts and towns across the regional states. This implies that there should be political commitment at the bottom to implement all possible strategies that to prevent the spread of the pandemic. Thus, there is a need for close supervision and control by the federal government for effective implementation of COVID-19 averting methods.

Media and communication

COVID-19 has become a none-stop media agenda across the globe. State owned media in Ethiopian have been giving continues coverage to the pandemic. Different private media in Ethiopia such as OMN, ESAT have also been playing magnificent social responsibility role of media to combat COVID-19. Government officials, prominent personalities, health professionals were observed while using mass media to educate, inform and communicate about corona.

Ethio-telecom was conveying different short messages/texts using mobile technology. The author also identified that social media platforms such as face book technology were congested with COVID-19 messages (cartoons, pictures and graphic messages). Media and activism seemed vital to make COVID-19 a public agenda so that the society apply COVID-19 prevention measures.

The authors identified more than 50 different face book posts by prominent personalities; with over 100,000 followers on average. 20 of the selected posts were by pro governments while the rest were by activists and opponent political party members. The COVID -19 messages posted by the opponent groups seemed serving dual purposes. Most digital friends and followers were concerned about who posted about COVID-19 rather than enquiring the content validity and reliability of the media texts. This was mainly motivated by political positions. Most of the posts by the activists and opponent political party members condemned the government although the cover was about COVID-19. On the other hand, supporters praised the government for the action and political commitment to prevent COVID-19. Most social networks, with different political positions, but still human being and Ethiopians, did not aware that the issue of corona is beyond ideology. The disease is common enemy of our world regardless of the ideology differences.

Internet and mobile technology can help to communicate about the disease. According to Ethio-telecom data, however, insignificant number of people use internet in Ethiopia. Media technologies, internet and mobile, were not equally serving the information interests of Ethiopian people during the hard time of COVID-19. For instance, different parts of the country such as western and southern Oromia, with estimated population of over 15 million people, did not get internet and mobile services for the last two months. Mobile and internet services were blacked outs due to political reasons. However, the services were unblocked.

Evidence showed that there was gap in media use and communication approaches. Ethiopian government seemed focusing more on western approach of COVID-19 education, information and communication. The western people have access to media technology. They have adequate internet services. The western government can reach each home through media (broadcast, digital, print). Media communication about COVID-19 in Ethiopia seemed overlooked rural contexts which counts for more than 80% of the national population. Rural community has less access to TV technology. Although radio is more appropriate to reach the remotest rural people, the majority of rural households have no access to radio. This implies mass media messages about corona reaches few privileged population.

The author also noticed that there was misleading information about COVID-19 that affects public thoughtful and commitment. Media report by the Ethiopian Federal Ministry of Health that the country undergone certain steps to discover medicine to cure COVID-19.

The ministry gave press conference just to show the country's effort to seek solution, using indigenous knowledge/home-grown resources. However, the public was in excitement when they heard the official media news. Such unproven media information encouraged reluctance to stick to the recommended social distancing and other precaution measures. Besides, there were cases when mass media users both were unable to equally understand the medium of communication. This could be a barrier to effective communication.

Generally, in strategic communication, there should be centrally monitored information flow bout the pandemic. The information overload and misleading contents should not obscure the campaign. The public need to get accurate, timely and verified information through more friendly approaches. Relying on western approaches of COVID-19 media education, information and communication alone cannot serve the interests of Ethiopian citizens where media and information illiteracy is significant. The western media orientation can bring individual behavioral change as they are more individualistic in their life style. Yet, in a country such as Ethiopia where behavior is influenced by peers and social groups depending on mass media message is not sufficient. Technology mediated education, information and communication cannot fully address the reality of Ethiopian people. The government should initiate user friendly communication approaches led by local opinion leaders such as Gada leaders, religious fathers, elders, prominent personalities. Furthermore, door to door campaign; especially where there is scanty health information in the rural areas should be initiated in line with the specific socio-cultural contexts. Indigenous contexts should be considered to promote public awareness and understandings about COVID-19 pandemic [9].

Health faculties

Health facilities has magnificent role in combating COVID-19. In Ethiopia, the health system is not as such strong. There is an inadequate health services. There is shortage of health facilities as well. Specially, rural health service is scanty. The evidence showed that the country was trying hard to give the expected health services pertaining to COVID-19. Hitherto, lack of health facilities was challenging the government efforts. Most health professionals had no access to basic facilities such mask and hand glove to avoid personal contact while treating patients. Health stations and hospitals were serving crowds of people as usual. People usually move to health stations and hospitals in groups. This also disheartened the social distancing measures. Therefore, improving health facilities is crucial. Besides, the awareness level of customers (patients) should be promoted though appropriate and relevant means of communication that considers the cultural, religion and linguistic backgrounds of the customers. Rural health extension worker need up-to-date and contextualized COVID-19 information so that they can address the public. The developed countries with strong economy and advanced health system seemed challenged by COVID-19. This indicates health facility alone is not sufficient to prevent the disease. Strong coordination among all stakeholders is paramount. Health

management system should be supported by digital technology so that every information and issues can be communicated for immediate actions. Besides, health behavior of the community should be considered wile communicating about the pandemic, COVID-19.

Hand wash

Regular hand washing is believed to prevent COVID-19. The government of Ethiopia announced people should regularly wash their hands with soap and alcohol/sanitizer. Health professionals, using mass media, were also recommending regular hand washing. At every gate of institutions/organizations and market entrances, people were served with water and soap to wash hands. Washing hands along the road side was not common. Regular hand washing using soap and alcohol/sanitizer was also uncommon prior to COVID-19 pandemic. Most of the people were not willing to have hands washed hither and thither along the road sides and entrances of institutions such banks, hospitals, universities.

Unexpectedly, those who did wash their hands, make close contacts. Hand washing lacked regularity. People also complained that in most rural areas there is lack of clean water. Especially rural women stay at river banks and water pumps for long to get water. These expose community to close physical contacts which opposes the essence of social distancing. Therefore, people should develop hand washing culture. This should not be a one-time motto. Heath professionals and opinion leaders need to enforce hand washing to be part of established societal culture. Although it might take time, the government and development partners should work together to avail clean water for the people.

Health belief and traditional medicine

Health belief determines societal health. Health belief is part of the larger socio-cultural context. In some culture, medical epidemiology alone is not sufficient. Traditional medicine and practices believed essential in ensuring societal health. In Ethiopia, especially the majority of rural community use traditional medicine in some cases. People have established health beliefs. The majority, including the educated class, believe that health is only about physical well-being. There is no culture of medical checkup before illness. People visit health stations or hospitals when they are physically ill. One is not willing to tell publically that he/she is ill unless the situation gets worse. This might be problematic in screening out individuals infected by COVID-19 for quarantine. Thus, societal health beliefs should be carefully handled to prevent COVID-19.

Discussion

Rumors, speculations and wrong beliefs should not hamper the national efforts to avert corona spread. For instance, it was widely spoken that COVID-19 is because of sin committed by human kind. Especially, most religious people believe that the disease is due to disobedience of human beings. There were also mass speculations that COVID-19 is the western disease. In other vain, there were circulating rumors that COVID-19 cannot affect black people. Moreover, there was a belief that COVID-19 can be prevented using locally available ingredients such as garlic, pepper, zinger and other locally available spices. Local people were also observed while drinking alcohol to prevent COVID-19.This implies traditional beliefs and locally available medicine, scientifically unproven, might affect the national

campaign against the pandemic. Clearing misleading heath beliefs and practices that hamper the campaign against the virus is vital.

People at the bottom should be informed to develop their own health as well as support the government effort in this regard. Beliefs and practices that are hindrance to implement social distancing and other corona preventative measures should be tackled. Cultural, religious, governmental and non-governmental institutions should work hand in hand to reverse wrong health beliefs and traditional practices that create conducive environment for COVID-19 [10].

Conclusion

The government of Ethiopia was dedicated to prevent COVID-19 through enforcing pharmaceutical and non-pharmaceutical measures. Social distancing model was declared by the government of Ethiopia to be implemented nationwide. Social distancing, though conflicting concept among scientists; is not established norm in Ethiopia. Social gatherings and physical contacts on different occasions such as markets, religious and cultural events, funerals, coffee ceremony, meetings, drinking and serving are common in Ethiopia. Theses established socio-cultural, religious, business and institutional norms challenged the social distancing model and associated methods. Greetings culture in Ethiopia also invites people for a close physical contact. Staying at home, as COVID-19 prevention method, was also challenged by the socio-cultural as well as economic factors. This implies lockouts seemed ineffective due to the established socio-cultural and economic factors. Economically disadvantaged population group such as women, unemployed youth, street children, commercial gender workers ,taxi drivers and retired people faced serious problems during the intent of locked outs. Although it lacked regularity, hand washing was mainly practiced in urban and semi-urban areas. However, it was not adequately practiced because of the long established hand washing culture. Ethiopian market and meetings traditions, which are hardly supported by digital technology, were also against the social distancing model of disease prevention. Mainstream as well social media have been used to raise public awareness. Yet, the centrally monitored mainstream media to educate, inform and communicate about COVID-19 could not adequately address the issue to the media and information illiterate majority. Poorly connected majority of Ethiopian citizens, due to inaccessibility problems, could not make use of the digital information pertaining to the virus. There were also gaps in the campaign coordination, information flow and monitoring specially at the beginning. Furthermore, inadequate health facilities and long established health belief system and practices seemed barriers to the government effort to ban the spread of COVID-19.

Recommendations

Based on the reviews, observations and commentaries the following recommendations were drawn:

- COVID-19 prevention models should be informed by the deep rooted socio-cultural and religious domains.
- Cultural resources and institutions should be properly utilized to combat the spread of the virus.
- Community based, user -friendly communication approaches and messages should be reinforced.
- Economically disadvantaged population groups should get financial and material support for effective implementation of COVID-19 prevention methods.

- Health facilities and infrastructure should be maintained to ensure the campaign against COVID-19.
- Health beliefs and traditional practices that hamper COVID-19 campaign should be tackled systematically.
- There should be digitalized health education, information and communication across the country.
- There is a need to promote digitalized business culture and marketing system.
- Multi-sectoral participation should be in place to tackle the pandemic.
- Locally informed pandemic disease prevention strategies should be clearly articulated in the national public health policy.

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