SOCIAL EFFECTS OF THE COVID-19 PANDEMIC AND PREVENTION ROLES OF THE LOCAL INSTITUTIONS FOR THE RURAL COMMUNITY IN SIDAMA REGION OF ETHIOPIA

Debrework Debebe*

* Corresponding Author: Dean, College of Law and Governance, Hawassa University, Sidama National Regional State, Hawassa, 05, Ethiopia, email: debrehany@gmail.com

ABSTRACT

Covid-19 pandemic is an emerging health challenge, which abruptly constrains the socioeconomic settings of the global community. The rural communities within developing nations were among others that seriously affected by covid-19 pandemic due to their limited access to basic infrastructures and social services. Cognizant to these premises, this study was conducted to assess the social impacts of covid-19 pandemic and the roles of local institutions in preventing the pandemic among the rural communities within Sidama Regional State of Ethiopia. Consequently, the study assessed the social effects of the Covid-19 Pandemic and Prevention Roles of the local institutions. Descriptive, cross-sectional household survey design with a mixed research approach has been applied in the study. Both primary and secondary data sources were consulted using survey questionnaires, key informant in-depth-interview and personal observation as well as document reviewing techniques. Three sample woredas (Hawassa Zuriya, Dale and Boricha) were purposefully selected from Sidama regional state due to their geographic proximity to the urban centers that are more likely exposed for covid-19 diffusion through the urban-rural public movements. Two sample kebeles from each woreda and a total of 384 household sample respondents were selected using simple random sampling technique. Moreover, key informants were purposefully selected from various segments of the society. Mixed method that combines both quantitative and qualitative techniques has been used for the data analysis. The findings of the study portrays fair association between the awareness levels of the respondents' vis-à-vis their application of covid-19 prevention measures. Indigenous herbal medicine plants, local hot drinks and nutritious local food items were mainly used as covid-19 prevention mechanisms in the study area. Concerning the social effects of covid-19 pandemic, the finding indicated that it created job loss, unemployment, income reduction, food shortage, social isolation, limited mobility, limited social service access like; schooling, health services, transportation etc. Moreover, psychological emotions like: stress, fear, threat and anxiety due to deaths and fatal health problems of covid-19 were also found to be among the social effects. Hence, concerned local governmental organizations, NGOs and civic society organizations should continue and advance covid-19 awareness creation programs through various communication platforms.

Keywords: Awareness, Covid-19 pandemic, Civic Society Organizations, Local institutions, Prevention, Social effects

1. Introduction

The novel Coronavirus-19, which is officially known as SARS-CoV-2 or COVID-19, was first reported in December 2019 as a cluster of acute respiratory illness in Wuhan, Hubei Province of China, from where it spread rapidly to other countries (WHO, 2019). The outbreak of COVID-19 was declared a pandemic by the World Health Organization (WHO) in March, 2020 after the virus had spread to at least 114 countries infecting more than 118,000 individuals and leading to at least 4,290 reported deaths (WHO, 2020). Likewise, the first Covid-19 pandemic case in Ethiopia was reported on 13th of March 2020 and continued to disseminate rapidly in different parts of the country.

COVID-19 pandemic has huge health, social and economic impacts, which are felt across all segments of the society and all sectors of the economy in countries across the world. However, COVID-19 has affected each country differently, depending on local health infrastructure, the severity of the spread of the virus, the country's political, economic and social context, as well as the country's level of preparedness (Mohammad, 2020). Moreover, prevention strategies of the

countries may also vary based on available resources, technologies and socioeconomic settings of each country. In traditional societies like Ethiopia, where strong social networks prevailed (Lindsey, 2017) the community would face immense social crises due to Covid-19 pandemic. It can affect the people physically and psychologically leading many people to experience stress, anxiety and depression reactions (Iain & George, 2020). The social interactions with physical contacts create massive transmissions of Covid-19 pandemic among the traditional societies. On the other hand, there are also various cultural values that might be useful in Covid-19 pandemic prevention. The Sidama community is one of the ethnic groups in Ethiopia that hosts rich and old age cultural values, indigenous institutions and local civic organizations (Markos et al., 2011). Based on these premises, therefore, this study is aimed to assess the economic effects of Covid-19 pandemic and the roles of local institutions and civic organizations in preventing covid-19 pandemic.

2. Statement of the Problem

According to the World Health Organization, COVID-19 is one of the viral infections that risked millions of people worldwide (WHO, 2020). Similar to other countries in the world, Ethiopia also experienced Covid-19 pandemic since March 2020, which affected several people's health and it claimed the lives of some more people (FDRE, 2020). Beyond health problems, COVID-19 pandemic has also created immense social and economic crises across the world (ADB, 2020 and Baldwin and Mauro, 2020). Current evidence described that COVID-19 pandemic imposes irreversible psychological trauma following socioeconomic stresses (JCC, 2020).

Countries have been working hard to formulate the optimum prevention strategies against COVID-19 pandemic. Likewise, the government of Ethiopia is striving on COVID-19 pandemic prevention through mobilizing the community and all concerned stakeholders (FDRE, 2020). Countries may use various models of COVID-19 pandemic prevention strategies based on the available resources, technologies and socioeconomic settings of the nations. According to Elif (2020), there exists no such limit prevention approach on earth which fits each and every culture or individual. Therefore, the social precautions against covid-19 virus are being adopted in different ways by different cultures and people.

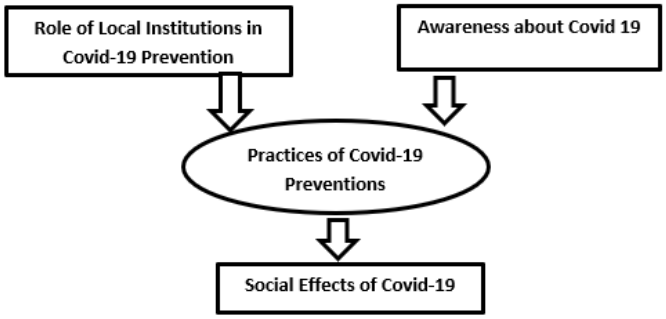
In Ethiopia, about 84% of the population is living in rural areas, where they may not access adequate information concerning Covid-19 pandemic. Moreover, the rural people in Ethiopia have strong social cohesions supported by massive public physical contacts (Meron, 2010). Such physical contacts of the rural community in their social relations would exacerbate the dissemination of covid-19 pandemic. Moreover, a large number of the rural people in Ethiopia might have limited knowledge and awareness about Covid-19 prevention. Due to strong cultural and social ties among the community, they make closer physical contacts to each other. Hence, the emerging covid-19 pandemic has remained a social barrier that constrained their day to day social interactions

(IFPRI, 2020). On the other hand, the traditional communities in Ethiopia have rich cultural values (Meron, 2010) that, might support Covid-19 pandemic prevention. Local indigenous institutions and civic organizations are among the social insurances of the rural community in Ethiopia that support individuals during livelihood crises and disasters. Similar to most rural communities in Ethiopia, the Sidama people have rich cultural values and indigenous institutions that prevailed for millennia (Markos et'al, 2011). According to Iain & George (2020), mapping the social settings of the society would have paramount importance in covid-19 prevention in order to set the suitable intervention mechanisms based on the existing social model. Therefore, this study is aimed to analyze the social effects of Covid-19 pandemic among the rural community and the roles of local institutions in preventing Covid-19 pandemic in Sidama Regional State.

3. Research Questions

1. What is the perception of the community regarding their awareness about covid-19 pandemic?
2. Does the rural community in the study area have adequate awareness about covid-19 transmission and prevention mechanisms?
3. What roles do the local institutions & civic organizations have on covid -19 pandemic prevention?
4. What are the social effects of covid-19 pandemic among the rural community in the study area?

Conceptual Framework of the Study



Source: Constructed by the Author (2022)

4. Material and Methods

4.1. Research Design

Descriptive, cross-sectional household survey design that investigates existing facts and realities on the ground has been applied in the study. Mixed research approach, which combines both quantitative and qualitative elements, has been used for data analysis. The primary data was collected using household survey questionnaires, in-depth interview and field observation techniques. Moreover, secondary data were also collected from published and unpublished sources including: office reports and journal research articles.

4.2. Target population

Target populations of this study are the rural households that are living within selected woredas of Sidama Regional State, namely: Hawassa Zuriya, Dale and Boricha woredas.

4.3. Sampling techniques and procedures

Both probability and non-probability sampling techniques were applied in selecting sample respondents. Accordingly, Sidama Regional State is purposefully selected due to the following reasons: (1) it is located within Hawassa University (HU) research and technology villages;

(2) the preliminary assessment conducted in the study area has convinced the research team to conduct further researches regarding covid-19 pandemic in the area. Subsequently, three sample woredas namely: Hawassa Zuriya, Dale and Boricha woredas were purposefully selected due to their proximity to big urban centers, where covid-19 pandemic could easily spread in these rural areas through massive population movements from the nearby urban centers including Hawassa city, Yirgalem, Aleta Wondo towns etc. From each sample woreda, two sample kebeles were selected using simple random sampling technique. Finally, sample households from each sample kebeles were randomly selected. Furthermore, key informants from community leaders, religious leaders, civic societies, health extension workers and concerned health professionals and woreda officials, culture and tourism office experts etc. were purposefully selected based on their knowledge and job proximity related to covid-19 pandemic prevention activities.

4.4. Sample Size Determination

The sample size has been determined using Dixon and Leache's (1978) statistical formula

$$n = \frac{[z\alpha/2]^2 xp(1-p)}{\varepsilon^2}$$

Where: - n = is the sample size

P = Estimated population proportion assumed to have awareness about covid-19 transmission and prevention mechanisms

$Z\alpha/2$ = Standard normal value corresponding to the desired level of confidence.

ε = the maximum acceptable error margin

As there was no prior study conducted in the study area regarding the awareness level of the community about covid-19 pandemic transmission and prevention mechanisms, the (P) value has been computed 0.5 with the assumption that 50% of the community might have the awareness about covid-19 pandemic transmission and prevention mechanisms. When the proportion of target population with certain characteristics is 0.5, the $Z\alpha/2$ statistics would be 1.96 at 0.05 error margin. That is, the standard normal deviation is usually set at 1.96, which corresponds to the 95% confidence interval that is recommended for valid scientific research.

Therefore, the sample size of this study has been determined 384 as follows:-

$$n = \frac{[1.96]^2 x0.5[1-0.5]}{(0.05)^2}$$

$$n = \frac{3.84x0.25}{0.0025} = 384$$

4.5 Data Sources and Method of data collection

Both primary and secondary data sources were consulted for this study. Subsequently, the primary data was collected from sample households and key informants using household survey questionnaires and in-depth interview techniques respectively. Key informants from community leaders, religious leaders, civic societies, health extension workers and concerned health professionals, woreda officials and culture

and tourism office experts were involved in the in-depth interview. Moreover, field observation was also conducted so as to gather physical data that are observed in the study area related to covid-19 pandemic prevention practices. Secondary data were gathered from published and unpublished documents like: office reports, minutes, office archives, research manuscripts and journal articles.

Questionnaire: Survey questionnaire has been applied for collecting primary data from sample household respondents. To this end, Structured and semi-structured questions were applied in the survey questionnaire.

In-depth interview: In-depth interview has been used so as to gather detailed qualitative information from key informants of the community that included: community leaders, religious leaders, civic societies, health extension workers, concerned health professionals, culture and tourism office experts and concerned woreda officials etc. Structured and unstructured open ended questions were applied in the in-depth interview.

Field Observation: Personal field observations were conducted by the researcher in order to gather physical evidence of the study area regarding covid-19 pandemic prevention practices.

4.6 Method of Data Analysis

A pragmatic mixed method of data analysis has been applied for the data analysis that combines both quantitative and qualitative techniques. The household survey data that was gathered through structured questionnaires has been analyzed using quantitative techniques of descriptive statistics like: frequency, percentage, mean, median, mode etc. Such descriptive statistics have been depicted by tables, graphs, pie charts etc. The qualitative data that were collected using in-depth interview and field observation methods were analyzed using theme description and narrations that complemented the quantitative survey data.

5 RESULTS AND DISCUSSION

Demographic Background of the Respondents

As in table 1below, the majority of the respondents were males (74.5%), while the females constituted 25.5% of the respondents. According to Lind et al., (2020), gender is the most important variable that determines Covid-19 sensitivity, where females are vulnerable to covid-19 and they are also very sensitive and responsive to the pandemic preventions. Elif (2020) stated that covid-19 affects females in various social effects like: it increases their family care and domestic activities, increases risk of pregnancy-related deaths and teen pregnancies, spikes sexual, physical, and domestic violence and exploitation.

Table 1: Demographic information of the respondents

(n = 384)

Demographic Background	Category	Frequency	Percent
Gender	Male	286	74.5
	Female	98	25.5
	Total	384	100
Age	15 -30	44	11.4
	31 - 45	127	33.1
	46 - 60	185	48.2
	> 60	28	7.3
	Total	384	100
Marital Status	Single	12	3.1
	Married	328	85.4
	Divorced	6	1.5
	Widowed	38	9.9
	Total	384	100
Family Size	1-3	43	11.2
	4- 6	132	34.4
	7 - 9	145	37.8
	> 9	64	16.6
	Total	384	100

Source: Survey data, 2022

Regarding the age profile of the respondents, the data on table 1 above indicates that the majority of the respondents were adults whose age ranges between 31 – 60 years (81. 3%), while the youth (15 -30 years) account for 11.4% and the elders (above 60 years) constitute 7.3% of the respondents. According to Yusuke et al. (2020), age matters in the natural body immunity of individuals in covid-19 virus resistance, where the young people would have better relative resistance than the older ones. Hence, the social effect of covid-19 on the elderly people is manifested by several restrictions of their movements and daily lives. Moreover, older people are very vulnerable to dying of COVID-19 and the responses have often neglected them and left them isolated, impoverished, and not receiving the care and support they had before (UN, 2020).

Concerning marital status, the majority (85.5%) of the respondents were married, where marriage is a core social institution among the rural communities in Ethiopia. Family size is also the other demographic variable that might affect covid-19 pandemic sensitivities and responses among the community. As indicated on table 1 above, 54.4% of the respondents reported that their family constitutes 7 and above family members, while 45.6% of the respondents reported that their household constitutes 1- 6 family size. The household average family size in the study area is 5.2, which is above the national average (4.9 people) of the rural households' family size in Ethiopia (EDHS, 2016).

Social Background of the Respondents

According to Brigitte (2020), the level of education is one of the prominent social factors that could affect the awareness of a society about covid-19 pandemic and their preventive actions. As indicated on table 2 below, above half (52.3%) of the respondents never attended formal schools and could not read and write subsequently. This implies that most of the respondent household heads in the study area were not able read and write, which could limit their information access and their awareness regarding covid-19 pandemic characters.

Table 2: Socio-Economic Background of the Respondents (n = 384)

Social Background		Frequency	Percent
Educational Status	No formal Education	201	52.3
	Primary School	89	23.2
	Secondary School	83	21.6
	Diploma	9	2.3
	First Degree	2	0.5
	Total	384	100
Major Occupation	Farmer	331	86.2
	Merchant	30	7.8
	Daily labor	11	2.7
	Private Employee	5	1.3
	Civil Servant	7	1.8
	Total	384	100

Source: Survey data, 2022

Concerning their major livelihood strategies, the majority (86.2%) of the respondents reported that they are engaged in farming activities, followed by merchants (7.8%) and daily labor (2.7%).

Awareness on Covid-19 Symptoms, Transmission and Prevention Mechanisms

This section of the analysis is dealing with the respondents' awareness regarding Covid-19 symptoms, transmission and prevention mechanisms. Accordingly, both perceived awareness and actual awareness of the

respondents has been analyzed. Perceived awareness of the respondents was analyzed based on individual respondents' perception about their awareness on covid-19 pandemic. On the other hand, the actual awareness of the respondents has been analyzed using standard questions of covid-19 pandemic presented in the survey questionnaire. Hence, both the perceived and actual awareness analysis of the respondents is presented below as follows.

Perceived Awareness on Covid-19 pandemic characters

Perceived awareness under this study refers to the perception of the respondents regarding their individual awareness about covid-19 pandemic symptoms, transmission and prevention mechanisms. According to Louay (2020), individuals' self-perception about their awareness regarding a given epidemic or pandemic would have its own implication on the preventive practices.

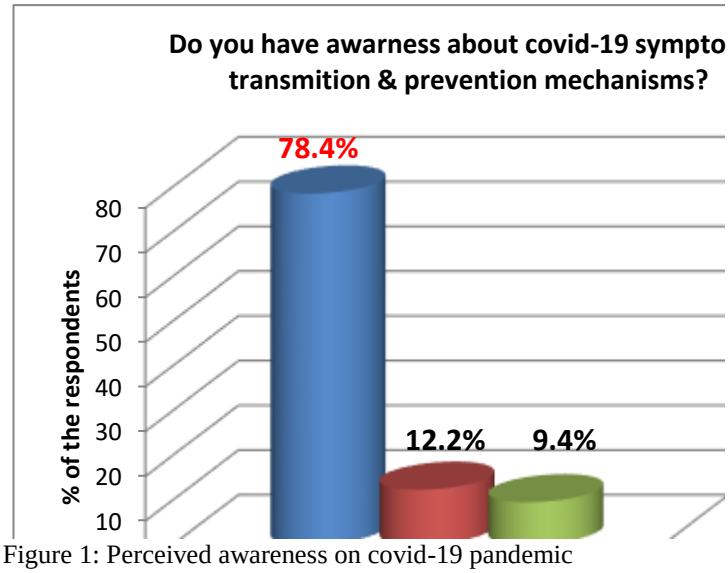


Figure 1: Perceived awareness on covid-19 pandemic (n = 384)

Source: Survey Data, 2022

As indicated on figure 1 above, majority (78.4%) of the respondents perceived that they have the awareness about covid-19 pandemic symptoms, transmission and prevention mechanisms, while 12.2% of them of them perceived that they have no-awareness and the remaining 9.4% of the respondents reported that they were not sure about their awareness regarding covid-19 symptoms, transmission and prevention mechanisms. Concerning the degree of their perceived awareness level among the respondents who reported "positive self-perception" about 13.6% of them replied that they have high awareness level and 53.8% of them replied moderate awareness level, while only 32.2 % of the respondents reported low awareness level (fig. 2).

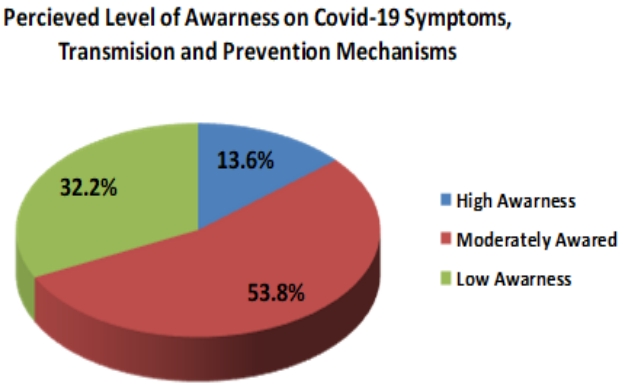


Figure 2: Perceived level of awareness on covid-19 pandemic (n = 301)

Source: Survey data, 2022

According to Yusuke (2020), good positive self-perception would have positive contributions for defensive reactions of individuals' against their enemies, if and only if the positive self-perception is constructed based on adequate knowledge and premises on the ground. This implies that a positive self-perception without adequate knowledge and valid premises could create wrong

self-perception leading to low readiness and counter attacks. The finding of this study revealed that the majority of the respondents have perceived awareness about covid-19 symptoms, transmission and prevention mechanisms. However, this perceived awareness of the respondents may not be adequate information for intervention and preventive actions of concerned bodies. Therefore, this perceived awareness of the respondents would be tested and proved by further analysis of the "actual awareness" using standard questions of covid-19 pandemic.

Actual Awareness on Covid-19 Pandemic Characters

Actual awareness under this study refers the true/real awareness of the respondents about covid-19 symptoms, transmission and prevention mechanisms that were tested using standard questions of survey questionnaire. Accordingly, each respondent has been tested by using eleven standard survey questions so as to measure their actual awareness about covid-19 pandemic. Those respondents who correctly replied more than half (6 and above questions) of the standard survey questions were considered as aware of covid-19 pandemic, while those respondents who could not correctly replay half of the standard questions were considered as non-aware of covid-19 pandemic.

Accordingly, the actual awareness analysis of the study revealed that only 43.8% of the respondents were aware of covid-19 pandemic out of the total 301 respondents that reported "perceived self-awareness" about Covid-19 pandemic in the previous analysis. This is to mean that, out of the 301 respondents who reported about their "perceived awareness", only 43.8% of them were proved having "actual awareness" while the majority 56.2% of them have no actual awareness about covid-19 symptoms, transmission and preventive mechanisms. Despite the fact that majority (78.4%) of the respondents had positive perceptions about their awareness on covid-19 pandemic (as depicted on fig. 1 above), further investigation of the study revealed that significant number of the respondents lack the actual adequate awareness about covid-19 pandemic (fig. 3).

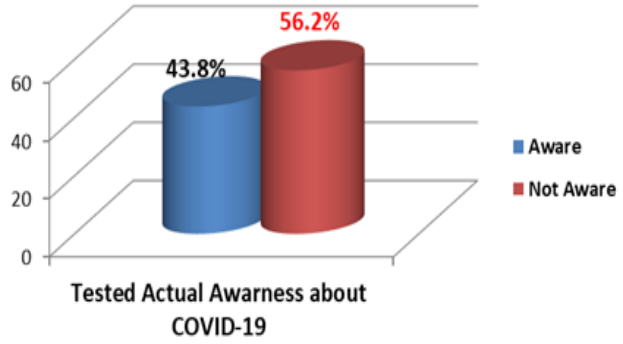


Figure 3: Tested actual on covid-19 pandemic (n = 301)
Source: Survey data, 2022

For further identification of the proportion, between the actual aware and unaware respondents of the study, an overall analysis has been also conducted among the total (384) respondents. As indicated in fig. 4 below, out of the total (384) respondents concerning their actual awareness about covid-19 pandemic symptoms, transmission and prevention mechanisms indicates that only 34.4 % of them have the actual awareness, while the remaining 65.6% of the respondents have no adequate actual awareness (Not aware – tested 44%, Replied No 12.2% and Not sure 9.4%). This implies that the majority of the respondents have no adequate actual awareness about covid-19 pandemic symptoms, transmission and prevention mechanisms (fig. 4). Similar study conducted by Amanuel et al., (2021) in Sidama region revealed that 43.9% of the

respondents have the awareness about the Covid-19 pandemic, while this current study discovered 34.4% awareness. Such statistical variation of the findings between the two studies could be due to certain demographic and socioeconomic characteristics of the sample respondents within the two studies. For instance, regarding the educational status, about 52.3% of the sample respondents within this current study did not attend formal school and cannot read and write, while 80.4% of the sample respondents in the previous study attended school and can read and write.

Likewise, 86.2% of the sample respondents under the current study were farmers, while the previous study contained only 29.4% of farmer respondents. Moreover, 55.5% of the sample respondents in the current study were old people aged above 45 years old, while 81.1% of the respondents in the previous study were younger people below 40 years old. Several studies indicate that younger and educated people would have better information access and awareness than older and uneducated people (Louay, 2020).

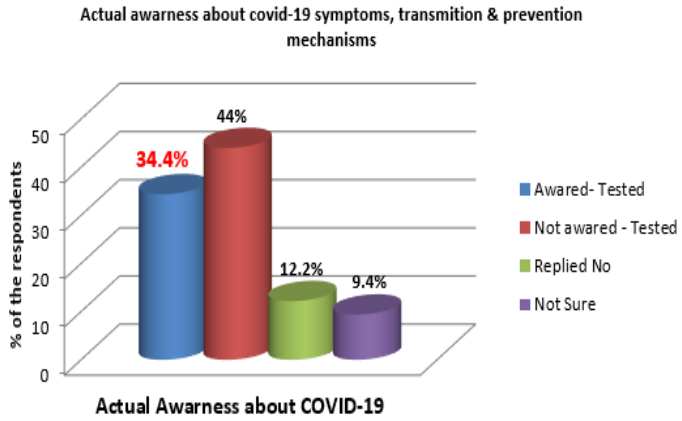


Figure 4: Actual awareness on covid-19 pandemic (n = 384)
Source: Survey data, 2022

Awareness on the symptoms of Covid-19

According to the perceived awareness analysis 301 (78.4%) of the respondents perceived that they have the awareness about covid-19 pandemic symptoms, transmission and prevention mechanisms. Therefore, based on thse premises, their specific awareness on the symptoms of covid-19 pandemic has been analyzed as follows.

As indicated on table 3 below, majority (66.7%) of the respondents were aware of the major and common symptoms of covid-19 infected individuals, like cough, fever, shortness of breath, fatigue, severe headache, runny nose and sneezing, myalgia etc. On the other hand, most of the respondents were not aware of certain features of covid-19 pandemic in depicting the symptoms of individuals infected by covid-19 virus. For instance, about 69.8 % (I don't know 51.2% and

Table 3: Awareness on the Symptoms of Covid-19 (n = 301)

Awareness/ Knowledge about Covid-19 Symptoms	**Responses**	**Frequency**	**Percent**
A Person with Covid-19 may not show symptoms b/n 2-14 days	Yes	91	30.2
	No	56	18.6
	I don't Know	154	51.2
	Total	301	100
Main Symptoms of Covid-19 are Cough, Fever, Shortness of Breath, Fatigue, Headache, Runny Nose and Sneezing, Myalgia	Yes	201	66.7
	No	56	18.6
	I don't Know	44	14.6
	Total	301	100
All person with Covid-19 develop severe cases	Yes	213	70.8
	No	75	24.9
	I don't Know	13	4.3
	Total	301	100

Source: Survey Data, 2022

infected person may remain without any symptoms of covid-19.

They lack the awareness that an infected individual may stay with no covid-19 symptom until 14 days. Majority of them perceived that covid-19 symptoms appear immediately on a moment when a person is infected by the virus. According to their perception, a person without covid-19 symptom is free from the virus. Similarly, a significant number (70.8 %) of the respondents perceived that all person with covid-19 develop severe cases without individual variations. Most of them perceived that covid-19 would be serious in all infected individuals uniformly with no mild cases at all.

As indicated on figure 5 below, the majority (77%) of the respondents have the awareness that face masks can help for covid-19 prevention, while 23% of them were not aware of it. Likewise, about 69% of the respondents were aware that washing hands using soap can prevent covid-19, while 31% of them had no awareness. Similarly, about 36% of the respondents were not aware that sanitizer can be used as covid-19 preventive mechanism. Significant number of the respondents had no awareness that keeping physical distance (43%), avoiding public gathering (46%) and staying at home (49%) was serving as covid-19 preventive mechanisms.

Table 4: Awareness on Covid -19 Transmission Mechanisms

Awareness/ Knowledge on Covid-19 Transmission Mechanisms	**Responses**	**Frequency**	**Percent**
Covid-19 can be transmitted by shaking infected, by touching an object infected by covid-19 virus, through droplets of infected individuals during coughing and sneezing	Yes	234	77.7
	No	18	5.9
	I don't Know	49	16.4
	Total	301	100
Person with covid-19 cannot infect to others if he/she has no covid-19 symptom	Yes	172	57.1
	No	101	33.5
	I don't Know	28	9.3
	Total	301	100
Covid-19 cannot harm children and the youths unlike it does the adult and old people	Yes	163	54.1
	No	75	24.9
	I don't Know	64	21.3
	Total	301	100

Source: Survey data, 2022

Awareness on Covid-19 Prevention mechanisms

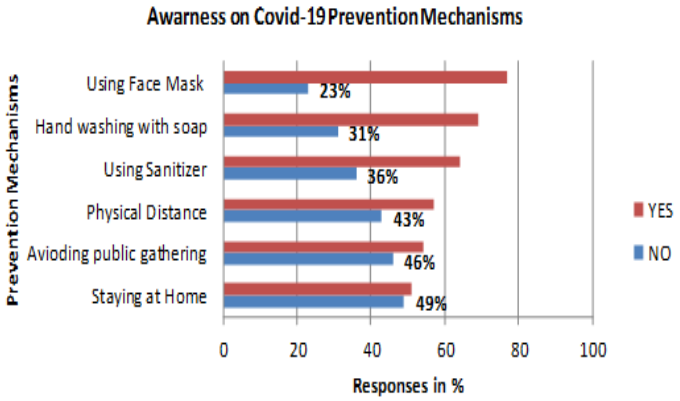


Figure 5: Awareness on covid-19 prevention mechanisms (n = 301)
Source: Survey data, 2022

Practices of Covid-19 prevention among the community

As indicated on the figure 6, only 41.4 % of the respondents reported that they were applying at least any one of covid-19 preventive measures, while significant number of the respondents replied that they did not apply (39.6 %) any preventive measures at all and 19 % of them replied that they were not sure about their application. This indicates that only 41.4 % of the total respondents that apply any one of covid-19 prevention mechanisms, while majority (58.6%) of the respondents were not using any one of covid-19 prevention mechanisms. This finding is somehow consistent with similar studies conducted in Sidama region by Amanuel et al., (2021), which revealed 44.6% of the study participants had the practice towards covid-19 prevention uses.

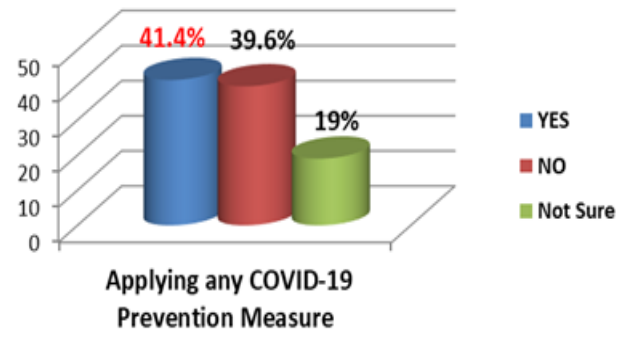


Figure 6: Applying any prevention methods of covid-19 (n= 384)
Source: Survey data, 2022

Table 5: Cross Tabulation of Covid-19 Awareness and Prevention Use (n =384)

	Responses	Aware	Not Aware	Total
Awareness Vs Covid-19 Prevention Use	Use Preventive Measure	101 (76.5%)	31 (12.3 %)	**132**
	Not Use Preventive Measure	31 (23.5%)	221 (87.6 %)	**252**
	Total	**132**	**252**	**384**

Source: Survey data, 2022

In spite of the majority's (78.4%) report about their basic awareness on covid-19 pandemic features, significant number of the respondents did not apply preventive measures of covid-19 pandemic properly. On the other hand, the finding of the study revealed that there were respondents that reported their non-awareness about covid-19 pandemic features; however, they were applying at least any one of covid-19 preventive mechanisms. Most of the respondents under this group explained that they were applying covid-19 preventive measures merely by imitation of other people in their vicinity without having adequate understanding and awareness about covid-19 pandemic. Accordingly, the finding under this analysis indicates that there are respondents who are aware of covid-19 pandemic features, but they failed to apply any one of the preventive measures. On the contrary, there are also respondents who lack the awareness about covid-19 pandemic features, but they at least apply any one of preventive measures by imitating others.

As indicated on table 5 above, there is valid correlation between actual awareness and the application of covid-19 prevention mechanisms by the respondents. Out of the total 132 respondents who were aware of covid-19 pandemic, the majority (76.5%) of theme were applying at least one of covid-19 preventive mechanisms, while about 23.5% of them failed to do so. On the other hand, out of the total 252 respondents who were not-aware of covid-19 pandemic, only 12.3% of them were applying covid-19 at least one type of preventive mechanisms, while majority (87.6%) of them did not use any preventive measures. This implies that individuals with low awareness about Covid-19 would have less practice of the perversion measures.

Furthermore, the frequency of applying covid-19 prevention mechanisms has been analyzed. Accordingly, out of 159 respondents who were applying covid-19 preventive measures, the majority (61.6%) of them were using preventive measures occasionally with irregularities, while only 38.4% of them were using preventive measures frequently and regularly. According to the key informants, the irregular and infrequent applications of covid-19 preventive measures were due to various reasons like: unable to remember it always, fatigue, negligence, shortage of preventive materials like face mask, sanitizer, soap and etc. (fig.7).

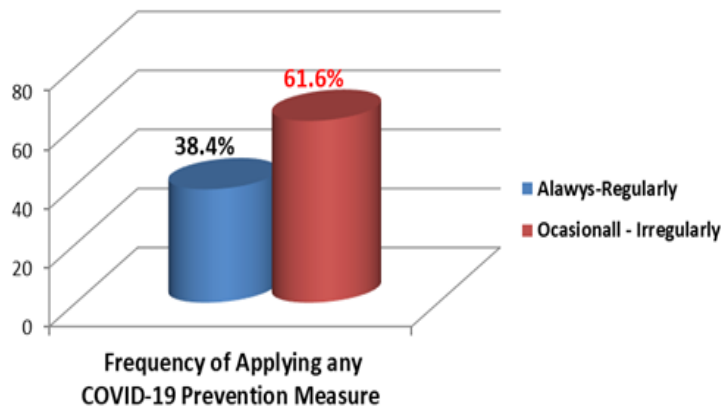


Figure 7: Frequency of applying any prevention methods of covid-19 (n = 159)
Source: Survey data, 2022

Type of covid-19 prevention measures applied by the local community

Out of the total 159 (41.4%) respondents who reported about their application of any one covid-19 prevention measures, vast majority of them replied that they were using various preventive mechanisms like: local hot drinks (78.2 %), indigenous herbal medicine plants (66.5%) and nutritious local food items (62%), which are very common and widely used cultural medications among the Sidama people during the time of such pandemics and epidemics. According to the key informants, local hot drinks are produced from a mixture of various plants and animal products that contain valued nutrients providing both nutritional and medication values in boosting the body's immune system. Likewise, indigenous medicine plants (like: garlic (*N'ech shunkurt*), Eucalyptus globulus (*N'ech Bahar Zafe*), black cumin (*Tikur Azmud*) etc.) are also among the local cultural medications that are widely used within the Sidama community to prevent or to cure certain diseases. As stated by Dires et al., (2021), using traditional medicine has a long history in Ethiopia. About 80% of the Ethiopian population is still

dependent on the use of folk medicine, due to its cultural acceptability, economic affordability, and efficacy against certain types of diseases compared to modern medicine. Moreover, nutritious cultural food which are produced from plant and animal products, are also very common among the Sidama people that improve the body resistance for various infections and diseases. Among others, *bursame*, *chukame*, *kocho* milk, meat, spices, etc. are very widely used nutritious cultural food items among the Sidama people.

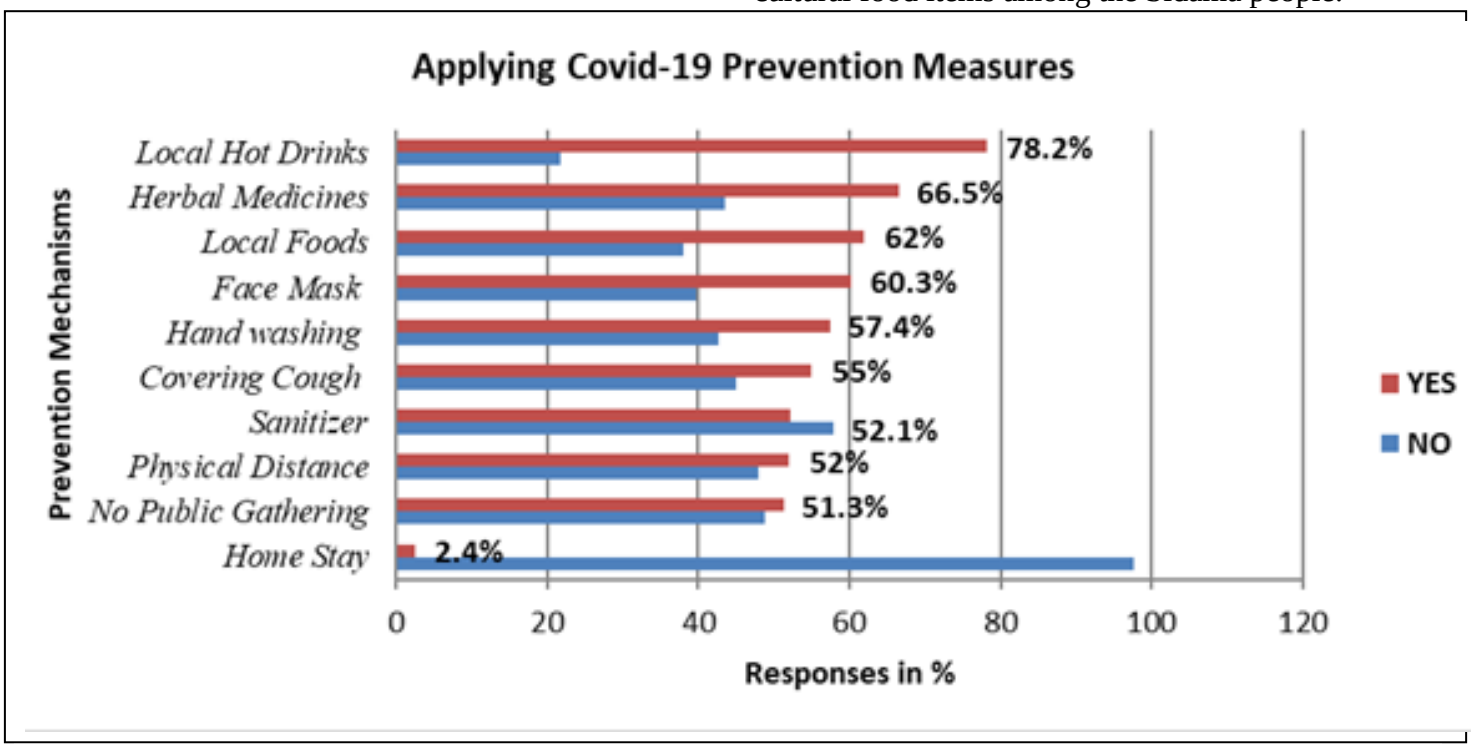


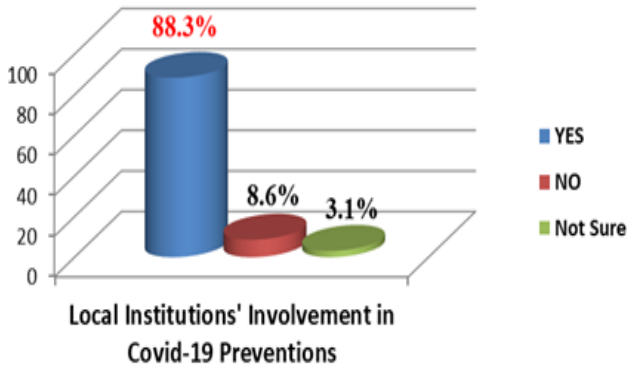
Figure 8: Types of applied prevention methods of covid-19 (n = 159),
Source: Survey data, 2022

In addition to the local preventive measures, the scientific measures like: face mask, hand washing with water and soap, sanitizer, covering during cough and sneezing, keeping physical distance and avoidance of attending crowded public gatherings were also reported as protective mechanisms by most of the respondents. However, staying at home was not practiced by the majority (97.6%) of the respondents, as it was difficult to lead their livelihoods with a lockdown policy due to the poor household economy.

The Role of Local Institutions on Covid-19 pandemic prevention

In Ethiopia, local communities have their own indigenous knowledge system, informal or formal, or social institutions with regards to hazards such as drought, conflict and disease epidemics. Research findings suggested that communities with local organizations have a better chance to cope with problems encountered in their localities (Nigatu et al. 2013). As reported by the majority (88.3 %) of the respondents, local institutions and Civic Society Organization (CSOs) are widely

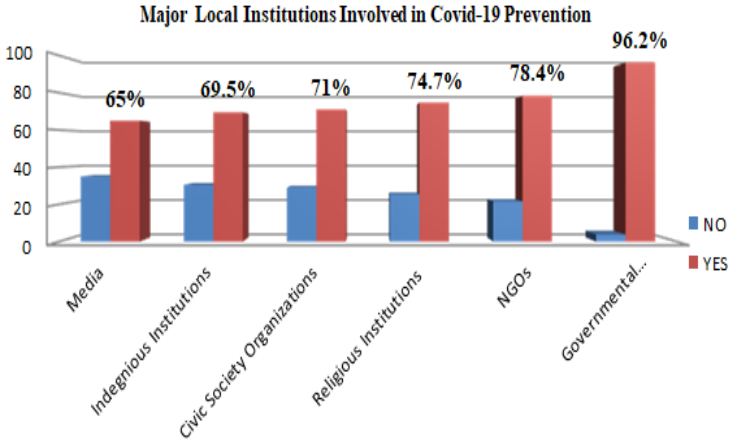
involved in covid-19 pandemic prevention practices in the study area. Among others, the local institutions like: Governmental Organizations (GOs), Non-Governmental Organizations (NGOs), Civic Society Organizations (CSOs), religious institutions, local indigenous institutions, media etc. were mentioned by the respondents for their involvement on covid-19 pandemic prevention activities (fig. 9). Barca (2020), stated that the pandemic has created new opportunities for civil society, with new forms of support system and the provision of assistance to the communities where the official response has not adequately met people's needs.



Source: Survey data, 2022

Figure 9: Involvement of local institutions on covid-19 prevention (n = 384)

Out of the total 339 respondents who reported the involvement of local institutions in covid-19 pandemic prevention, the vast majority (96.2%) replied that Governmental Organizations (GOs) were the major actors that were widely involved in covid-19 pandemic prevention activities in the study area. Likewise, Non-Governmental Organizations (78.4%), religious institutions (74.7%), Civic Society Organizations (71%), local indigenous institutions (69.5%) and public media (65%) were also reported as major actors in covid-19 prevention practices (fig 10).



Source: Survey data, 2022

Figure 10: Major Local Institutions involved on Covid-19 Prevention (n = 339)

Various roles of the local institutions were reported on covid-19 prevention practices in the study area. According to the respondents, awareness creation campaigns, supplying face-mask, sanitizer and soap, covid-19 test and health service provisions, counseling and guidance services, providing food and financial support, social service provisions etc. were among the roles of the local institutions that practiced on covid-19 pandemic prevention in the study area (fig. 11). According to Lind et al., (2020), social protection is a vital response to poverty, vulnerabilities and uncertainties exacerbated by the covid-19 crisis.

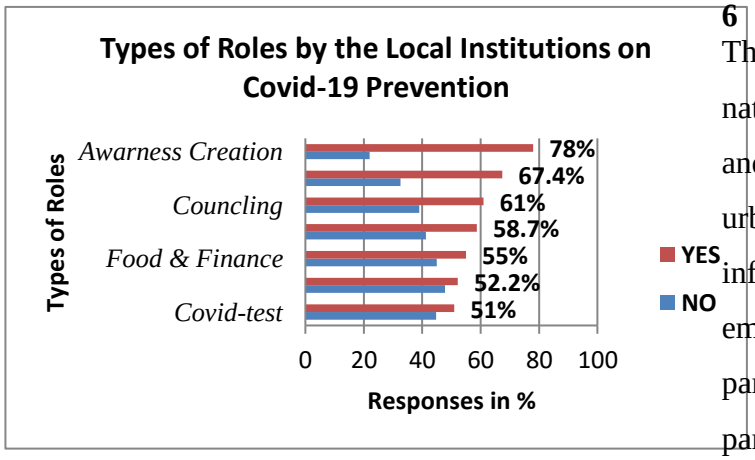
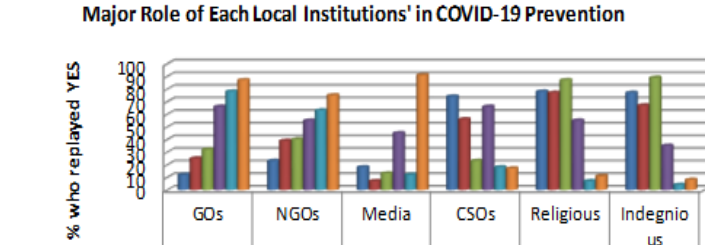


Figure 11: Type of roles by the local institutions in covid-19 prevention (n = 339)
Source: Survey Data, 2022

As indicated on figure 12 below, governmental organizations, Non-governmental organizations and the public media were mainly engaged on awareness creation about covid-19 pandemic, face mask and sanitizer provisions, covid-19 test and treatments as well as guidance and counseling activities were made. On the other hand, the local institutions like: civic society organizations, religious institutions and local indigenous institutions were mainly involved on the social support scheme like: providing food and financial support for the needy section of the society, mobilizing funds from the society to support poor households and other social services including counseling, prayers, safe funerals of dead individuals etc.



	GOs	NGOs	Media	CSOs	Religious	Indegnious
Fund Moblizing	12	23	18	74	78	77
Food	25	39	7	56	77	67
Social	32	40	13	23	87	89
Counceling	66	55	45	66	55	35
Mask & Sanitizer	78	63	12	18	7	4
Awarness	87	75	91	17	11	8

Figure 12: Major roles of each local institution (n= 339)
Source: Survey Data, 2022

6 Conclusions

The rural communities within several developing nations have less access to various infrastructures and social services unlike their counterpart of the urban dwellers. Subsequently, it restrains their information sources and their awareness about emerging global challenges like covid-19 pandemic. Community awareness about covid-19 pandemic symptoms, transmission and prevention techniques are among the several factors that matters the efficiency of the pandemic prevention programs within a nation. The finding of the study revealed that perceived awareness and actual/real awareness about covid-19 pandemic are the two interfaces that constrained covid-19 pandemic prevention in the study area. Most of the respondents under this study perceived that they have the awareness about coivid-19 pandemic; while they have no-awareness in actual terms. This implied that most of these respondents had no actual or real awareness about covid-19 pandemic, although they perceived that they are aware of it. This indicates that perceived and actual awareness are quite different phenomenon that requires clear identification of the reality on ground for informed policy decisions and interventions in covid-19 pandemic preventions. Hence, the overall findings of this study concerning the actual or real awareness of the society about covid-19 pandemic symptoms, transmission and prevention mechanisms indicate that most of the respondents had no adequate knowledge and awareness about covid-19.

Concerning the practices of covid-19 pandemic prevention mechanisms, some of the respondents were using at least any one of the prevention mechanisms. Among others, local hot drinks, herbal medicine plants and nutritious local foods were the most dominantly used local practices as covid-19 pandemic prevention mechanisms in the study area. Moreover, using face masks and washing hands with water and soap were also moderately used among the society. On the other hand, sanitizer, physical distance, avoiding public gatherings and staying at home were rarely practiced in the study area. Irregular and infrequent application of covid-19 preventive mechanisms was found to be a serious problem among most of the respondents, while very few of them apply it continuously and regularly.

Regarding the social effects of covid-19 pandemic, the vast majority of the respondents reported that it affected their job, employment and income, it limited their basic need to access mainly food, it created serious social isolations among the community , it limited their social service access like; schooling, health services, transportation etc. Moreover, anxiety and fear due to the deadly threats of covid-19 on health, socioeconomic and psychological matters of the society and the prevalence of domestic violence were found to be among the social effects of covid-19 pandemic in the study area.

Local institutions played key roles in covid-19 prevention activities in the study area. The local institutions like: Governmental Organizations (GOs), Non-Governmental Organizations (NGOs), Civic Society Organizations (CSOs), religious institutions, local indigenous institutions and the public media were among others that contributed much in covid-19 prevention campaigns. Awareness creation campaigns, providing face mask, sanitizer and hygiene materials, covid-19 test and other health service provisions, counseling and guidance services, supplying food and financial support as well as social service provisions etc. were among the prominent roles of the local institutions that practiced in covid-19 pandemic prevention in the study area.

7 Recommendations

- The local community awareness about covid-19 pandemic symptoms, transmission and prevention mechanism is found to be very low, which require contentious awareness creation programs. Hence, concerned local governmental organizations and civic society organizations should advance and continue the awareness creation programs using various communication platforms
- The local institutions and civic society organizations have played great social roles in covid-19 prevention campaigns during the peak period of the pandemic in the study area. Hence, such social roles and cooperation of the local institutions should be recognized and should be strengthened as social safety-net by the community.
- Most of the respondent household heads did not attend formal schools and unable to read and write Literacy is among the factors that would affect the awareness level of a person regarding existing phenomenon. Hence, the

local government administration should maintain adult education programs in convenient platforms of the local setting.

- The average household family size in the study area is found to be above the national average of the rural household family size, implying large family size. Large family size is among the demographic factors that would affect the economic and livelihood settings of a family including their health status. Accordingly, the local governmental and Non-governmental organizations should expand and advance the existing family planning program of the national policy.
- The finding of the study revealed that most of the society in the study area is heavily reliant on subsistence farming for their family livelihood income. Subsequently, such social groups of the community in the study area mainly experienced economic effects of covid-19 pandemic. Hence, the local government should create various possible opportunities for livelihood diversification of the local community so as to expand their family income bases.

REFERENCES

African Development Bank, ADB (2020). The Economic Impact of the COVID-19 Outbreak on Developing Asia, ADB Briefs No.128.

Amanuel Yoseph , Alemu Tamiso , Amanuel Ejeso (2021). Knowledge, attitudes, and practices related to COVID-19 pandemic among adult population in Sidama Regional State, Southern Ethiopia: A community based cross-sectional study. PLoS ONE 16(1): e0246283. https://doi.org/10.1371/journal.pone.0246283

Baldwin, R. and di Mauro, B. (2020). Introduction. In: Baldwin and di Mauro (edts.): Mitigating the COVID Economic Crisis: Act Fast and Do Whatever It Takes, A CEPR Press VoxEU.org eBook.

Barca, V. (2020). Options for rapid expansion of social assistance caseloads for covid-19 responses. SPACE. https://socialprotection.org/sites/default/files/publications _

Brigitte Rohwerder (2020). Social impacts and responses related to COVID-19 in low- and middle-income countries. K4D Emerging Issues Report 35. Brighton, UK: Institute of Development Studies.

Dires Tegen, Kindalem Dessie, and Destaw Damtie (2021). Candidate Anti-COVID-19 Medicinal Plants from Ethiopia: A Review of Plants Traditionally Used to Treat Viral Diseases. Hindawi, Evidence-Based Complementary and Alternative Medicine, Volume 2021, Article ID 6622410, 20 pages. Accessed at: https://doi.org/10.1155/2021/6622410

EDHS (1996). Ethiopian Demographic and Health Survey Report, Addis Ababa, Ethiopia

Elif Kiran (2020). Prominent Issues about The Social Impacts of Covid-19. Gaziantep University, Journal of Social Sciences, Special Issue, page 752-766

Iain Payne & George Varughese (2020). Governing Lawfully in Crisis: COVID-19 and Public Accountability in Nepal Niti Foundation, Nepal

International Food Policy Research Institute, IFPRI (2020). How much will global poverty increase because of COVID-19? Poverty measured as number of people in extreme poverty (PPP$ 1.90 a day poverty line).

Job Creation Commission (JCC) (2020). COVID-19: Potential impact on jobs and

incomes in Ethiopia, and short-term policy options.

Lind, J., Roelen, K., & Sabates-Wheeler, R. (2020). Social Protection and Building Back Better: A Policy Paper for Irish Aid. Institute of Development Studies.

Lindsey, L. (2017). Gender Roles: A Sociological Perspective. Fifth Edition. Pearson.

Louay Labban; Nasser Thallaj and Abear Labban (2020). Assessing the Level of Awareness and Knowledge of COVID 19 Pandemic among Syrians. iMedPub Journals, Vol.12 No.2:8

Markos, Tekle and et'al (2011). (Amharic Ed). The History of Sidama Society and Culture: Sidama Zone Culture, Tourism and Government communication Affairs Bureau: Hawassa, Ethiopia.

Meron, Z. (2010). Ye Shakoch Chilot (the court of the sheikhs): A traditional institution of conflict resolution in Oromiya zone of Amhara regional state, Ethiopia. African Journal of Conflict Resolution, 10(1): pp.63–84.

Mohammad Ali (2020). COVID-19 and Anxiety: A Review of Psychological Impacts of Infectious Disease Outbreaks. Arch Clin Infect Dis 2020.

Nigatu Regassa; Eden Mengistu and Ansha Yusufe (2013). Situational analysis of indigenous social institutions and their role in rural livelihoods: The case of selected food insecure lowland areas of Southern Ethiopia. Drylands Coordination Group Report No. 73, online accessed: http://www.drylands-group.org

Rohwerder, B. (2020). Secondary impacts of major disease outbreaks in low- and middle-income countries. K4D Helpdesk Report 756. Institute of Development Studies. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15129/756_Secondary_impacts_of_major_disease_outbreak_%20in_low_income_countries.pdf?sequence

Samuel Jillo and Barry S. (2016). Learning to Survive Ecological Risks among the Sidama of Southwestern Ethiopia. Journal of Ecological Anthropology, Vol. 18 No. 1 2016. Accessed online: https://scholarcommons.usf.edu/jea/vol18/iss1/7

UN (2020). Policy brief: The impact of COVID-19 on older persons. UN. https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.

Wieser, C., Ambel, A.A., Bundervoet, T., & Haile, A. (2020). Monitoring COVID-19 Impacts on Households in Ethiopia. Report 1. World Bank. https://openknowledge.worldbank.org/bitstream/handle/10986/33824/Results-from-a-High-Frequency-Phone-Survey-ofHouseholds.pdf?sequence=5&isAllowed=y

World Health Organization, WHO (2020). Coronavirus disease (COVID-19) Pandemic, Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019 [Accessed June 20, 2020].

World Health Organization,WOH (2019). The global burden of disease. http://www.ispnp sych.org/docs/4-00Global-Burde n.pdf. Accessed Apr 2019.

Yusuke Kitamura; Selim Karkour; Yuki Ichisugi and Norihiro Itsubo (2020). Evaluation of the Economic, Environmental, and Social Impacts of the COVID-19 Pandemic on the Japanese Tourism Industry. Sustainability Initiatives, an open access Article Available online: https://scicon.setac.org/#topics-tab (accessed on 27 October 2021).