



Assessment of Awareness and Preventive Practice of Corona Virus (COVID-19) Among Communities; The Case of Kaffa Zone, South Western Ethiopia

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Abstract

The severe acute respiratory syndrome coronavirus and resultant coronavirus disease (COVID-19) have evolved into a pandemic, requiring persons around the world to attend to rapidly changing messages about public health and take immediate actions. Related to this, community's awareness toward the preventive practice of coronavirus is assessed. Hence, the purpose of this was to investigate the awareness and preventive practice among communities. Cross-sectional survey design was conducted among 400 participants. Simple random sampling, technique particularly lottery method was used to select the study participants. Data was collected by using questionnaire and observation. After the data was collected, data entry and analysis were done using SPSS version 26. Hence, data gathered using questionnaire and observation was computed by using simple descriptive statistics (percentage and frequencies). Regarding awareness level of communities 61% of respondents aware that covid-19 transmits from victim by hand shaking and close contacts. And hence, 37.8% of participants aware that awareness creation was done by health organization service centers. And hence, the findings in this study revealed that community's awareness was high on each specific aspect of COVID-19 among the study participants. Communities are not still totally pay attention to aware about COVID 19, crisis. According to finding in this research communities wash their hand in order to prevent covid-19 better than the previous. Kaffa zone as well as stakeholders should have to provide ample information for all communities including urban and rural societies to aware about COVID-19 and practice how to prevent.

Keywords: *Awareness; Communities; Corona Virus and Preventive*

1. Introduction

In earlier December, first case of pneumonia of unknown cause originated in Wuhan, capital city of Province Hubei, China, and on 31 December 2019, with emergence of more such cases, Wuhan gained attention by World Health Organization. (Huang C, 2019).

The pathogen identified was named as novel coronavirus (2019-nCoV), currently called as severe acute respiratory syndrome corona virus-2 (SARS-CoV-2), an enveloped and single stranded RNA virus (Guan W (2019) which has phylogenetic resemblance to SARS-COV-1. Lu R *et al.*, (2019) Owing to rapid spread of this deadly virus from epicenter to number of countries, WHO declared it as public health emergency of international concern (PHEIC) on January 30, 2020. Later, due to uncased fast spread, severity of illness, the continual escalation in number of affected countries, cases and causalities, WHO declared coronavirus disease 2019 (COVID-19) a global pandemic on 11 March 2020 WHO, (2020). To date (12 April, 2020), the COVID-19 have spread to 210 countries and territories accounted for 1,790,550 laboratory confirmed cases and 109,654 mortalities also attributed to this deadly pathogen Worldometer 2020:1–22.

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and resultant coronavirus disease 2019 (COVID-19) have evolved into a pandemic, requiring persons around the world to attend to rapidly changing messages about public health and take immediate actions to minimize their risk for infection and the spread of the virus (Worldometer, COVID-19: 2020). This unprecedented global crisis has also been marked by miscommunication regarding the imminent threat of COVID-19, leading to public confusion and inaction (Ioannidis, J. P. A., (2019).

COVID-19 transmits from person to person by droplets when an infected person sneezes and by direct contact and the virus has an incubation period of 4-14 days (CDC:(2020). Elderly and patients who suffered with chronic medical conditions like diabetes and cardiovascular diseases are more likely to get severe infection. The main manifestations of COVID-19 are fever, dry cough, dyspnea, myalgia, fatigue, hypolymphemia, and radiographic evidence of pneumonia. Complications (e.g., acute respiratory distress syndrome (ARDS), arrhythmia, shock, acute cardiac injury, secondary infection, and acute kidney injury) and death may occur in severe cases Lei S *et al.* (2020). Presently, no antiviral therapy or vaccine is explicitly recommended for COVID-19 and implementation of preventive measures to control COVID-19 is the mainstay critical intervention. Bhagavathula AS, Aldhaleei WA, Rahmani J, Mahabadi MA, Bandari DK. (2020).

The COVID-19 symptoms can range from mild (or no symptoms) to severe illness and are mainly characterized by fever, dry cough, dyspnea, headache, sore throat and rhinorrhea and sometimes hemoptysis (Adhikari *et al.*, 2020, Cascella, Rajnik *et al.*, 2020). The main route of transmissions is close contact (about 6 feet or two arm lengths) with a person who has COVID-19, respiratory droplets when an infected person coughs, sneezes, or talks and touching a surface or object that has the virus on it, and then by touching mouth, nose, or eyes (Guo *et al.*, 2020).

The same factors that make individuals more vulnerable are also associated with reduced ability to access and understand health information, make well-informed decisions, and take optimal health-promoting actions a skill set commonly called “health literacy” (Wolf MS, Gazmararian JA, Baker DW 2005; Paasche-Orlow MK, Parker RM, Gazmararian JA, *et al.*, 2005). This is especially true when the health information itself is not timely, trusted, consistent, or actionable. Health literacy has emerged over the past 3 decades as one of the strongest psychosocial determinants of health, and it has also been shown to explain a range of health disparities by age, race/ ethnicity, and socioeconomic status (Mantwill S, Monestel-Uman˜a S, Schulz PJ, 2015). Thus, in uncertain times like this, when the interpretation of critical and ever-changing public health messages is paramount, many vulnerable populations may be

further marginalized by inadequate health communication, posing substantial risks to themselves and their communities. Literature suggests that lack of knowledge and misunderstandings among People and professionals leads to delayed diagnosis, spread of disease and poor infection control practice (Saqlain M., 2020).

The novel coronavirus (CoV) was initially identified in Wuhan, China, in December 2019 among a group of patients that presented with an unidentified form of viral pneumonia with common history of visiting a seafood market (Zhu N. *et al.*, 2020).

Ethiopia reported its first case of COVID-19 on March 13, 2020. (First Case of COVID-19 Confirmed in Ethiopia.). Since then, gradual increment in the number of cases has been reported by the ministry of health. In countries like Ethiopia, where low surveillance and laboratory capacity, scarcity of healthcare human resources, and inadequate financial capacity are defining features of the healthcare system, the outbreak of a cureless viral infection with no vaccine will have a devastating impact. (Nkengasong JN, Mankoula W. Looming, 2020). Due to this, limiting the rate and the extent of COVID-19 outbreak is the best strategy to minimize public health and socioeconomic impact of the pandemic in the country, and healthcare professionals play the central role. (Voo T, Capps B. 2010).

Many efforts have been made by the government of the country and the ministry of health in order to prevent the spread of the disease. Contagious transmission route of the disease made the Universities and schools to be closed; private worker and government employees were assigned to stay at home; transportation was stopped for shorter period and re allowed to work with 50% capacity. Marketing areas were redistributed; Universities and large hall, including Millennium halls were assigned to get ready COVID-19 patient treatment. All social media both private and government played an unquantifiable role to creating awareness. Kaffa zone is one of the zones found in southern regional state, indicates that there is opportunity for spreading of the disease.

To facilitate an urgent response to potential COVID-19 outbreak in Ethiopia, it is important to evaluate the awareness and preventive practice of health care workers who engage in the response against the outbreak. This study was launched to assess COVID-19-related awareness preventive practice among Kaffa zone south western Ethiopia. Hence, there are many chances such as social interaction among the people; daily transport which moves from central part of country, Addis Ababa to the area and it is also surrounded by other neighboring regions and zone. On the other hand, the extent of awareness, attitudes and effectiveness of preventive practice toward the disease, is not known. Many researches had been conducted on the novel Covid-19 by encompassing different variables; for example, Zelalem T, Malede, Y, Zenebe N and Akeberegn A, 2020 and Muhammad S *et.al.*, 2020 conducted research merely on the health professionals, but our research emphasizes on the community; beyond to this; the researchers collected data from different woredas where different social issues were taken such as ceremonies (funeral and wedding) were considered.

Ψ How much of the member of the community do have awareness on coronavirus disease?

Ψ What the awareness of community members aware coronavirus disease?

Ψ What is the extent of corona virus preventive practices that were utilized in the study area?

2. Methodology

The study was carried out in Kaffa zone, southern nations, nationalities and people regional state, southwestern Ethiopia. The capital town of the zone, Bonga, is located 449 km southwest of Addis

Ababa, capital city of Ethiopia. The name of the study area “Kaffa” is well known and is every day on the minds of the many people throughout the globe who savor the juice extracted from the berry of a plant which originally grew in Kaffa, coffee (Grühl, 1935). Kaffa zone is bordered by Oromiya region on the north, Semen Omo zone on the east, Debub Omo zone in south east, Bench Maji zone on south and south west and Shaka zone on the west. The zone is subdivided into 12 districts, namely Chena, Bitta, Gesha, Decha, Gimbo, Goba, Cheta, Gawata, Menjiyo, Saylem, Shishinda, Tello, and two administrations.

The study design for this study was cross-sectional survey design. This is preferred because the means that the researcher use to obtain data from participants was questionnaire and observation that was administered at one time to investigate the awareness and preventive practice of corona virus (covid-19). among communities; the case of Kaffa zone, south western Ethiopia.

Yamane (1967) was used to calculate sample sizes, $n = 400$. This formula was used to calculate the sample sizes at 95% confidence level and, e is the desired level of precision 0.05, total population $N = 874,716$ based on 2007 CSA data

$$n = \frac{N}{1 + N(e)^2}$$

The study population eligible for participation in this survey were two city administrations, (Bonga and Chena town) for their high traffic movements and three woredas Gimbo, Saylem and Addiyo for their boarder due there may be entry of patient or the disease. After selection of woredas two kebeles from each woreda and town administration had participated about 40 respondents were eligible by lottery method.

After the data was collected, data entry and analysis were done using SPSS version 26. Hence, data gathered using questionnaire and observation was computed by using simple descriptive statistics (percentage and frequencies).

3. Result

Table 1 Socio- Demographic Characteristics of the Respondents, N=400

Variables	Categories	Male	Female	Total	Percent (%)
Sex	Male/Female	296	104	400	100
Age	< 30	75	31	106	27
	31-45	161	49	210	52.5
	46-60	49	20	69	17.25
	60+	11	4	15	3.75
Educational status	1-8	35	19	54	13.5
	9-12	52	29	81	20.25
	12+	167	39	206	51.5
	Illiterate	42	17	59	14.75
Work	Private	94	48	142	35.5
	Gov.t employee	202	56	258	64.5
Religion	Orthodox	123	28	151	37.75
	Muslim	54	22	76	19
	Catholic	20	15	35	8.75
	Protestant	88	31	119	29.75
	Others	11	8	19	4.75
Marital Status	Married	186	68	254	63.5
	Single	110	36	146	36.5

A total of four hundred individuals were participated in this study. The objective of this study was to investigating the awareness and preventive practice of community. Hence, the total number of the distributed questionnaires were 400 and all questionnaires were filled completely and consistently with a response rate of 100%. Among the total respondents who filled the questionnaire 296 (74%) were males and the rest 104 (26%) were females. The majority of respondents' age was on the intervals of 31-45. As observed from above table majority of respondents 206 (51.5%) were above grade 12th, hence, 258 (64.5%) of participants were government employee, 151 (37.75%) of respondents were orthodox religion followers and finally 254 (63.5%) of the respondents were married in their marital status.

Table 2. Awareness level about the Corona virus (COVID-19)

Item	Frequency	Percentage (%)
It transmits from victim by hand shaking and closes contact	244	61.0
It caused by eating uncooked foods	33	8.3
It Transmit by sneezing from victim to health person	92	23.0
No clue for its transmission	31	7.8
Total	400	100

As it is displayed from the above table it assesses the awareness of the community in the study area and hence, 244(61%) of the participants replied that covid-19 transmits from victim to other by shaking hand and closet contact. Related to this the community have awareness about the transmission of COVID-19. Related to this 33 (8.3%) of the participants responded that coronavirus transmits by eating uncooked foods, whereas 92(23%) of the respondents replied that covid-19 transmits by sneezing from victim to healthy person. However, 31(7.8%) of respondents replied that they did not have hint about the transmission of covid-19.

Table 3. Group of individuals affected by Corona virus

Item	Frequency	Percent (%)
Upper age groups	57	14.2
Affects age independently	321	80.3
I have no awareness	22	5.5
Total	400	100

The above table demonstrates the age group that covid-19 affects. Hence, 57 (14.2%) of respondents aware that a covid-19 pandemic disease affects the upper age groups, 321(80.3%) of respondents replied that they have awareness that covid-19 affects age independently, while 22(5.5%) of respondents replied that as they have no awareness that which age group covid-19 affects.

Table 4. Extent of awareness level toward covid-19

Variable	Frequency	Percent (%)
Sufficient	207	51.7
Not sufficient	193	48.25
Total	400	100

The above table displayed that the community’s awareness level toward covid-19. Related to this 207 (51.7%) of participants replied that their awareness level is sufficient and they have good awareness about covid-19. While 193(48.25%) of respondents replied that their awareness is not sufficient and they did not have much enough awareness about covid-19.

Table 5. Awareness creation

Response	Frequency	Percentage (%)
Yes	293	73.3
No	107	26.8
Total	400	100

As it illustrated from the existence of community awareness creation; related to this 293 (73.3%) of the respondents responded that as there is awareness creation in their community while 107 (26.8%) of participants replied that there is no awareness creation program in their community.

Table 6. ways by which community awareness was created

Ways	Frequency	Percent (%)
By Radio	138	34.5
In Health organization service	151	37.8
In Idir/market	108	27
Total	400	100

As demonstrated from the above table 6 the ways of community awareness creation was assessed. Related to this 138 (34.5%) of participants replied that the awareness about covid-19 was created through radio, while 151 (37.8%) of participants replied that their awareness toward covid-19 was created through health organization service centers and 108 (27%) of participants replied that their awareness toward covid-19 was created when they are involving Idir as well as market places.

Table 7. Belief that keeping physical distancing is effective

Places	Frequency	Percent
In shops	57	14.2
In market	44	11
In lamentation	11	2.8
All	288	72
Total	400	100

As it is displayed from the above table, the community’s belief of keeping physical distancing is effective; related to this 57 (14.2%) of respondents replied that they have confidence keeping physical distancing is effective in shops, while 44 (11%) of respondents believe and replied that keeping physical distancing in market places is effective, 11 (2.8%) of participants replied that keeping physical distancing in crying is effective not to be affected by COVID-19. And lastly, 288(72%) of respondents replied that all the above places have high opportunity to transmit the disease.

Table 8. Duration of awareness creation provided

Periods	Frequency	Percent (%)
Many Times,	147	36.8
Twice	53	13.3
Rarely	163	40.8
Once	36	9
Total	400	100

The above table demonstrates the duration of awareness creation provided in the community; beside to this 147(36.8%) of the participants responded that awareness creation is provided many times, 53(13.3%) of participants responded that awareness creation is provided twice a week, 163 (40.8%) of participants replied that awareness creation was provided rarely and finally 36 (9%) of respondents responded that in their community awareness creation is provided once a week.

Table 9. Corona virus disease can be protected only with belief alone without any suggested protection ways

Variable	Frequency	Percent
strongly disagree	201	50.2
disagree	71	17.8
undecided	62	15.5
agree	44	11.0
strongly agree	21	5.3
Total	400	100.0

As it is displayed by the above table, participants awareness assessed and with respect to this 201 (50.2%) and 71 (17.8%) of participants replied that they strongly disagree and disagree respectively that Corona virus disease cannot be protected only with belief alone without any suggested protection ways. Contrary to this 44 (%) and 21 (5.3%) of respondents replied that they agree and strongly agree with the point Corona virus disease can be protected only with belief alone without any suggested protection ways.

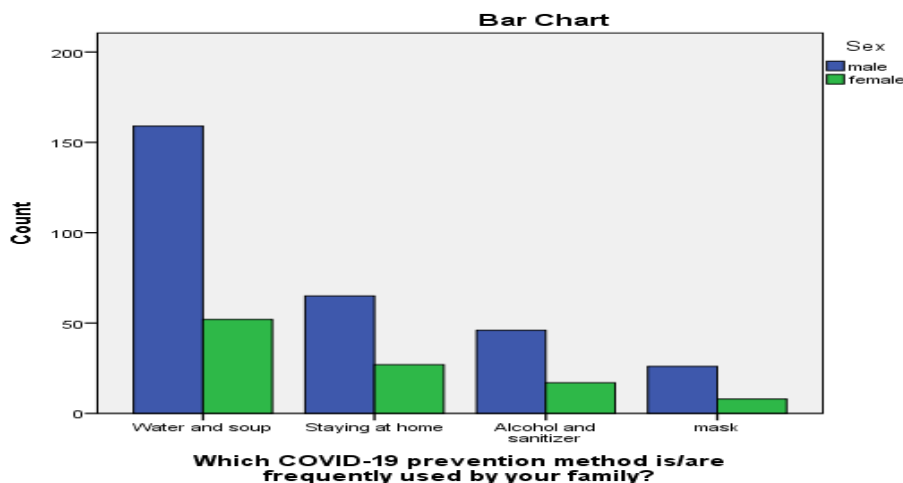


Figure 1. Prevention methods used by families

Among different methods used for prevention of covid-19 by local people in the study area more than 50%’s use water and soup, whereas face mask users are fewer in number.

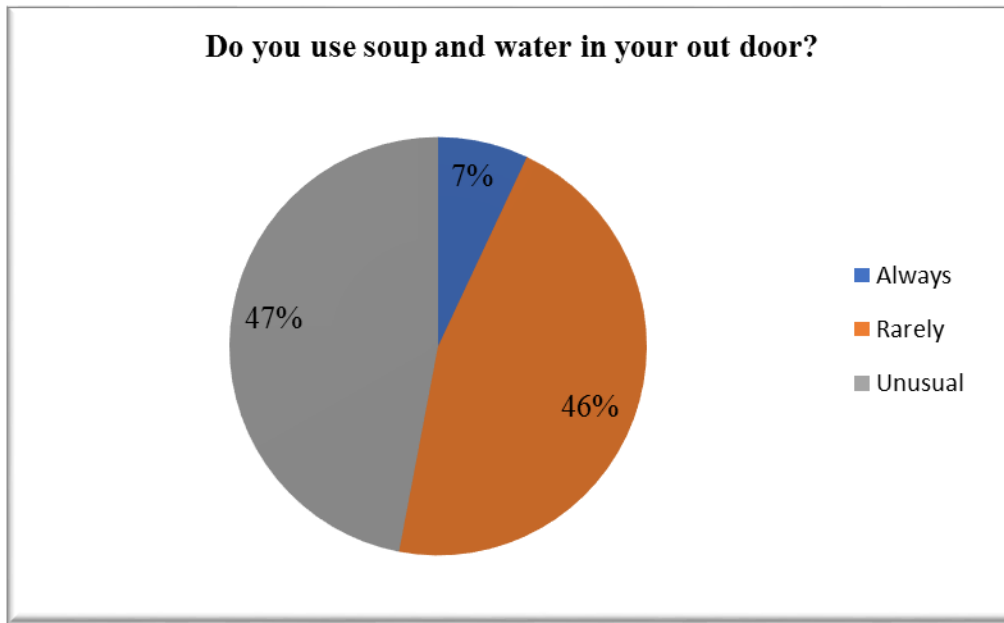


Figure 2. Do you use soup and water in your outdoor?

As shown in chart above about 188(47%) of the respondents do not practiced using soup and water as a preventive measure; 184(46%) rarely use and the rest only about 28(7%) of the population always use prepare water and soup out door in their home area.

Table 17. Staying at home and avoid hand shaking cannot protect Corona virus disease

Item	Frequency	Percent
Strongly disagree	176	44.0
dis agree	25	6.3
Undecided	81	20.3
Agree	50	12.5
strongly agree	66	16.5
Total	400	100

In prevention of staying at home issue and avoiding at home to prevent covid-19 majority or 176(44%) of the respondent strongly disagree, and the list percent’s 25(6.3); 25(6.3%) disagree; 81(20.3%) respondents undecided; 50(12.5%) agreed; 66(16%) are strongly agreed on the idea of staying at home and handshakes cannot prevent corona virus disease.

Discussion

As of August 23, 213, 489 confirmed cases of COVID-19 had been reported worldwide, including 804,556 deaths. In Saudi Arabia, 104,000 cases have been confirmed. In our study, most participants had a high level of knowledge regarding COVID-19. Indeed, 61% of participants aware that COVID-19 transmits from victim by hand shaking and closes contact and 80.3% of participants aware

that COVID-19 age independently respectively. This high level of knowledge was resulted from the Ethiopia's MOH's efforts to increase public knowledge of this novel virus by sending mobile messages and using different means of communication, including television and social media.

A consistent study that Zhong et al conducted on Chinese residents also assessed participants' knowledge of COVID-19. (Zhong B, Luo W, Li H, et al.,2020). Particularly their knowledge of the clinical characteristics and prevention of the virus. In their study, the authors reported that most of the respondents (90%) were knowledgeable about COVID-19, consistent with the results of our study. Similarly, a study by Peng et al that assessed Chinese University students' knowledge regarding COVID-19 reported that most of the participants (82.34%) had a basic knowledge of this disease (Peng Y, Chenchen P, Zheng Y, *et al.*, 2020). Another study by Hussain et al reported that Nepalese residents exhibited satisfactory knowledge (Hussain A, *et al.*, 2020). A similar study that Abdelhafiz et al conducted assessed Egyptians' overall awareness toward and knowledge and perceptions of this novel coronavirus disease and reported that the participants generally had good knowledge, which is consistent with our study; therefore, according to Annune, A.E *et al.*, 2020) study, when an individual comes in contact with an infected person, there are high chances of an individual becoming a victim and the end result in most cases is death as no vaccine has being discovered yet. But not only direct and closed contact with victim spread this disease, but also contacting anything that the victim contacted with.

A study conducted in the Jordan by (Alaa Abu Zaid et al., 2020) shows that, almost all of the participants knew that COVID-19 has many symptoms, and half of them had chosen at least one of the symptoms of dry cough, fever and shortness of breath, while only a few of participants thought that diarrhea and vomiting may be symptoms of COVID-19. But in our study about 7% respondents do have no know the way of transmission on novel corona virus yet. Thus, those who have no clue about the transmission of COVID 19, have chance to spread disease in the community. Thus, both the public organization, private sectors and concerned bodies should set strategies how to fill this knowledge gap. In addition, ever body should have played the great role in creating awareness about the about a coronavirus outbreak and to date, the virus is no drug or vaccine proven to treat or prevent COVID-19, in order to reduce the transmission of COVID-19 and to save many lives.

In general, as the data presented in the study discloses, the respondents expect continuous creation among the community and the zonal government and concerned bodies to pay attention on pandemic issues. On the other hand, most of the respondents indicated that, even the awareness was created among the community through different Medea and different concerned bodies, only small portion of community have sufficient awareness. But large portion of community are not still totally pay attention to aware about COVID 19, crisis. Therefore, it seems reasonable to conclude that the community needs additional efforts from concerned body to address full awareness about COVID-19 pandemic.

Taking time to read, listen or watch informative media is an essential part of any professional's life and any bodies to prevent themselves from the deadly virus, but not everyone makes this part of their daily life. If leaders are not constantly eager to expand their knowledge, especially in their particular field, it would be so difficult to be successful in their leadership. Uncreated awareness can incur various challenges including poor choices, focus placed in the wrong areas increased costs, lost opportunities, decreased leverage, loss of efficiency, dissatisfaction. Ultimately poor planning impacts on the nature and quality of service provided because the resources are not available to meet existing needs or respond quickly to ever Changing needs. In a study conducted in the awareness of COVID-19 pandemic among interns by (Priya and Sherkhane 2020), tertiary care hospital in Dharwad district, Karnataka, were updating their knowledge on an everyday basis and knew the protocols and standard operating procedures framed by the state. This shows 26.8% of participants were still doubtful where the creation of awareness was created or not. This is the reason of being farness from electronics media and from the source of

information as well as lack of skill to search relevant information from different social media through technology.

In this regard all of the informants (100%) have responded that the awareness was created among the community through different media and different place. The reason why creating awareness is an important for community is that, the proper aware of the crisis of COVID 19, protect the community from exposer and minimize the spreading virus throughout the community. It looks evident from the description of the data in the study shows that the awareness was created through different media or not.

According to present study conducted by (Priya and Sherkhane, 2020), there is death in awareness of coronavirus pandemic which is masked by more of myths rather than authentic facts. In our study participants were aware of the COVID 19, disease symptoms, the controlling process and the way of spreading in different degrees.

This result on the other hand opposed with the most practical activity of most area i.e., many people were observed hand shaking and unlimited mobility while data collection period against prevention of spread of covid-19 virus is to limit the community activities between people to prevent infection through the government's action rules (Wu Z, McGoogan JM., 2020), more over on the study done by Rahman & Sathi, 2020 in which 18-29 ages are more likely stay at home. The respondents in the study area about 149(37.3%) reacted that strongly dis agree with respect to corona virus disease can be prevented by using alcohol and sanitizer. 146(36.5%) of the people in the study area do not relate Covid-19 viral disease with belief, whereas 85(21.3%) strongly agree on covid-19 disease is related with belief of the society in the area. Respondents in the study area replied that about 232 (58%) responded that using mask is not effective preventive measure of the covid-19 in the area. This may be due to some people perceive that mask by itself cases respiratory health problem or personal belief that COVID-19 is de vein curse and that cannot stop by wearing of face mask. Majority of the respondents 196(49%) responded it is possible to prevent covid-19 disease by using or practicing preventive guideline set by health organization.

Conclusion

The findings in this study revealed that community's awareness is a high on each specific aspect of COVID-19 among the study participants. However, only some member of community had adequate awareness about the COVID-19 disease. Community only acquired sufficient information about the preventing and controlling the spread of COVID-19 virus, its symptoms, way transmission and available treatments. Ethiopia's MOH's efforts increases public awareness of community about the novel virus by sending mobile messages and using different means of communication, including television and social media.

Communities are not still totally pay attention to aware about COVID 19, crisis. Therefore, it seems reasonable to conclude that the community needs additional efforts from concerned body to address full awareness about COVID-19 pandemic. Related to this taking time to read, listen or watch informative media is an essential part of any professional's life and any bodies to prevent themselves from the deadly virus, but not everyone makes this part of their daily life.

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Recommendations

Some of the participants had no adequate awareness and preventive practices about the COVID-19 disease to protect one self, family as well as community and the world. Hence, Kaffa zone government should create adequate awareness as well as to practice how to prevent oneself from COVID-19 by making dual cooperation with Kaffa zone health organizations. In addition, community only acquired sufficient information about how to preventing and control the spread of COVID-19 virus, its symptoms, way transmission and available treatments. What we suggest here is that approximately communities in Ethiopia settled in rural settlement where public infrastructures are less and even, we can say absent; among this electricity is the one by which peoples consume power for the sake of television watching. In spite of this, Kaffa zone as well as stakeholders should have to provide ample information for all communities including urban and rural societies to aware about COVID-19 and practice how to prevent.

All concerned bodies should have to develop the attention of the communities to keep all preventive practices that WHO have declared to protect from COVID-19.

Some peoples perceive that mask by itself causes respiratory health problem or personal belief that COVID-19- 19 is devein curse and that cannot stop by wearing of face mask. Related to this Kaffa zone health organization and religious leaders should have to work cooperatively that using face mask can prevent us from COVID-19 by against this disease is not devein curse.

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Competing interest

The authors have declared that no competing interests.

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