

Original Research Article

Norms, Perceptions and Practices of the Population on COVID-19 in Three Sites in Abidjan: A University, a Market and a Precarious Neighbourhood

Andoh Amognima Armelle Tania^{1*}¹Assistant Professor in the Department of Sociology at the University Félix Houphouët-Boigny**Article History**

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Abstract: The "covid-19" coronavirus disease is a pandemic, a health crisis and a public health problem. This health crisis has become a total phenomenon affecting all sectors of the city and all dimensions of society. The first suspected case detected in March 2020 led the Ivorian state to take preventive measures against the pandemic. These include the adoption of barrier measures. However, different observations have been made depending on the time, place and population: the population has gone from a general panic to a trivialisation of the pandemic; there is a conflict between medical knowledge, between medical knowledge and popular knowledge and a failure to respect barrier measures depending on the place and social category. Every disease is a social construction because it is perceived differently in each society and culture. And it is the social representations that people have of an illness that determine their attitudes and practices. Our qualitative study contributes to describe the norms, perceptions and practices of the populations in three sites in Abidjan.

Keywords: COVID 19, Norms, perceptions, practices, social relations.

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INTRODUCTION

COVID-19 is the global crisis of our time and the greatest challenge we have faced since the Second World War. But the pandemic is much more than a health crisis, it is also an unprecedented socio-economic crisis putting pressure on every country it affects, with devastating social, economic and political impacts that will leave deep scars that will take time to heal. This health crisis has become a total phenomenon affecting all dimensions of society.

Faced with this health crisis, African countries, like almost all countries, will take measures to deal with it. Most of them will adopt strict measures very early on to combat the spread of the virus despite the potential social and economic risk.

Among these countries is Côte d'Ivoire, where the phenomenon has caused a fair amount of fear and stress. The country is facing a public health problem due to the rapid spread of COVID-19 in the population. (Traoré and Fofana, 2020, p. 34).

At the beginning of March 2020, the authorities drew up a preparedness and response plan against Covid-19, including rapid intervention, epidemiological surveillance, diagnosis and awareness-

raising, the banning of national and international events on the territory and the application of barrier measures throughout the country. However, different observations have been made depending on time, space, populations and strategies for fighting the disease. The first observation is that as soon as the virus appeared in March 2020 in Côte d'Ivoire, the Ivorian population was plunged into a general panic; fear, anxiety and stress inhabited every citizen. As time went by, this general panic turned into a trivialisation of the population in the face of the disease.

The second finding is the existence of conflicts between medical knowledge, and between medical knowledge and popular knowledge. Indeed, there is disagreement between medical experts as to the appropriate treatments for the Coronavirus disease, as well as the appropriate vaccines to prevent the disease. Several vaccines are being proposed through different pharmaceutical companies, with doubts about their effectiveness. There is also a conflict between this medical knowledge and popular knowledge (people's knowledge about the disease). Faced with the occurrence of the disease, people have developed their own knowledge and means of prevention and treatment against the disease.

*Corresponding Author: Andoh Amognima Armelle Tania

Assistant Professor in the Department of Sociology at the University Félix Houphouët-Boigny

The third finding is that the barrier measures recommended by health and state institutions are not respected by the vast majority of the population, depending on the area, neighbourhood and population category. In fact, three areas were investigated during our study (still in progress); These are the Félix Houphouët Boigny University, a place of knowledge and training for the country's future elites, where the social actors are teachers-researchers, students and administrative staff; the Adjamé Gouro market, a place of commerce with a multiplicity of people (traders, customers, transporters, etc.) from different backgrounds; and the precarious Mossikro neighbourhood (Attécoubé), where the houses are very close together and the population is made up of people of different nationalities.

These three spaces, despite their diversity, have one characteristic in common: the lack of compliance with barrier measures against covid-19. Within the university, masks are increasingly rarely worn in classrooms or outside, hand-washing facilities are no longer functional, and physical distancing is no longer applied. The same is true at the Gouro market and in the Mossikro district.

These observations lead us to ask the following question: Why are the barrier measures not respected by the population despite the spread of the virus?

Gilbert (2020 p 5) points out that 'What is surprising about the sequence surrounding the announcement of the containment is the speed with which the working class neighbourhoods were singled out. Of course, with the distressing awareness of the mechanisms of propagation of the epidemic, with the moral, then regulatory and police injunctions to respect containment, the behaviour of those who do not respect the "social distancing" can be annoying, indignant, seem selfish and dangerous.'

Given these uncertainties, as well as the scientific uncertainties about the virus and the contradictory discourses circulating in the public arena, should we be surprised that the health instructions do not seem immediately clear to a large part of the population? As research into the sociology of health shows, while the upper classes are more willing to adopt medical standards and recommendations, the physical and health practices of the working classes are more marked by a familial logic, fed by family networks and previous family socialisation (Gojard 2010).

Thus, illness, whatever it may be, is a social construction and is perceived differently depending on the society, the space and the social category. Illness obeys norms and perceptions that it is important to note. This is the objective of this article.

METHODOLOGY

The study, which is still in progress, is part of a qualitative approach, and more precisely an inductive one. Indeed, the aim is to collect all the information on the norms, perceptions and practices of the populations of three different areas on covid 19 and above all on the reasons for the non-respect of barrier measures.

Three areas were investigated: the Félix Houphouët Boigny University, the Gouro market in Adjamé and the precarious district of Mossikro. The choice of these three different sites is explained by the fact that they contain different social categories of populations and, because of their spaces, have different specificities in terms of the application of barrier measures.

The Félix Houphouët Boigny University is a place of knowledge and training for the country's future elites, with teachers, students and administrative staff as social actors. The Gouro market in Adjamé is a place of commerce with a multiplicity of people (traders, customers, transporters, etc.) from different backgrounds, and the precarious Mossikro district (Attécoubé) is characterised by the promiscuity of the houses and a heterogeneous population of different nationalities.

Thus, all of these social categories, teacher-researchers, students, university administrative staff, traders, customers, transporters of the Gouro market and the inhabitants of the precarious Mossikro neighbourhood, are the subject of our study.

The data collection techniques used are documentary research (books, scientific articles, newspaper articles, survey reports), direct observation in places such as the Félix Houphouët-Boigny University in Cocody, the Gouro market in Adjamé, in a precarious neighbourhood in the commune of Attécoubé (Mossikro) and also the photo-vision technique, which is a form of participant observation. We observe the attitudes and practices of the population from photos taken by ourselves or by our Master 1 students working on covid 19. Similarly, the technique of the mysterious client was also mobilised within the university and the Gouro market in Adjamé in order to observe the application or not of barrier measures.

The investigations started in April 2021 are still ongoing given the dynamics of the pandemic and the topicality of the phenomenon. This will allow us to deepen our observations, to identify new norms and perceptions of the disease and the behaviour of the population in the face of the disease.

1. Covid-19: a health and social crisis

A crisis creates disorder, it disorganises society, and, moreover, part of the crisis management is devoted to maintaining or restoring a certain social

order. This is perhaps the most relevant aspect of the common understanding of health crises: it reminds us that these crises are never "only" health crises: they are also economic, social and political. Health crises are not a new research object for the SHS. Health risks and crises, as well as environmental ones, have become a canonical object of SHS for at least three decades. (Gaille and Terral, 2021).

To this end, the Covid-19 pandemic has become the object of study in the social sciences because of the effects that this pandemic has on all societies and sectors. Since March 2020, the sudden halt and then gradual and partial resumption of activity due to the Covid-19 pandemic has led to a major economic and social crisis in the world and in Côte d'Ivoire in particular. This health crisis had impacts in different sectors:

The cessation of economic activities and the reduction in working hours or customers are the main economic consequences recorded among vulnerable households, with the corollary of loss or reduction in income and debt very often linked to the poor sale of perishable products and the exhaustion of business assets, particularly among women. The economic readjustments that vulnerable households initiate rely mainly on the resilience of women through diversification and conversion in economic activities. Compared to men, they accept the downgrading of their status, which generally consists of working as assistants or carrying out small-scale, socially less rewarding work, whereas before this health crisis, women were responsible for their initial activities and carried out more rewarding income-generating activities. On the other hand, the majority of men are waiting for new opportunities in their areas of expertise. In terms of education, the closure of schools and universities has led to distraction and demotivation among learners from vulnerable households, who find it difficult to take up the alternative learning opportunities offered by the government. (UNICEF, 2021).

Four times as many "extremely poor" households were affected by the socio-economic impact of COVID-19 in Côte d'Ivoire, according to a new assessment by UNDP and national authorities that will inform the country's recovery assistance programmes. Three surveys of households, businesses and the informal economy revealed that informal workers bore the brunt of the pandemic and the resulting loss of businesses and jobs (85%), pushing many people back into extreme poverty. At the same time, our assessment reports that more than two-thirds of households - or 71.7% - have reported lower incomes since the start of the crisis. In total, some 1.3 million jobs, or about a third of all informal jobs, have already been lost as a result of the pandemic and containment measures. As is often the case in crises, the most vulnerable people are the hardest hit: the poorest Ivorians have seen their

incomes fall by 30% and some 1.37 million households, or 45.2% of Ivorian households, have just fallen back below the poverty line. For most, the crisis is affecting their ability to meet commitments such as debt repayment, school fees or even food security (UNDP, 2020).

In summary, the social disorganisation caused by this health crisis has had an impact on the daily life of the Ivorian population. The imposition of norms or rules to prevent or reduce the spread of the disease has redefined the behaviour of the population and the social relationships between individuals. The occurrence of the health crisis also gave rise to medical, institutional and popular norms throughout the Ivorian territory.

2. Gap between institutional, medical and population standards

In order to limit the spread of the virus in Côte d'Ivoire, the government adopted a series of measures to reduce the risk of contamination. These measures included:

- The closure of schools from 17 March 2020 (reopening of pre-school, primary, secondary and higher education institutions from 8 May 2020 for the interior of the country and scheduled for 25 May 2020 for Greater Abidjan) ;
- The closure of restaurants, maquis and other public places that can gather more than 50 people (reopening of restaurants, maquis and bars from 8 May 2020 for the interior of the country and from 15 May 2020 for Greater Abidjan in strict compliance with the barrier measures and reopening of bars announced for Abidjan from 31 May 2020) ;
- The closure to all human movement of all land, sea and air borders as of 22 March 2020 (Goods traffic remains authorised subject to compliance with applicable sanitary measures.) ;
- The establishment of a curfew from 9pm to 5am between 24 March 2020 and 8 May 2020, extended from 11pm to 4am from 8 to 15 May 2020 and lifted from 15 May 2020 ;
- The confinement of Abidjan from the rest of Côte d'Ivoire from 29 March 2020 (maintained until 31 May 2020).

It should be noted that these measures were applied as a matter of urgency when the crisis occurred. Over time, these measures have been redefined according to the evolution of the disease.

Similarly, the medical standards at the beginning of the crisis were put in place to prevent the disease and they remain in place today even if people do not apply them regularly. These standards are preventive, namely systematic hand washing, use of hydro-alcoholic gel, wearing a mask, coughing into the crook of the elbow, antigenic testing or PCR testing and vaccination.

Faced with the sudden onset of this pandemic, people have also developed their own norms, rules of conduct and prevention in the face of the disease. Self-medication (use of decoction), disregard for physical distance, occasional wearing of a nose cover.

At the Félix Houphouët Boigny University, as soon as the disease appeared, concrete measures and actions were put in place. At the two main entrances to the University and in front of certain departments, hand-washing facilities were installed.



Photo-1: Non-functional hand washing device at the entrance to the university



Photo-2: Non-use of nose cover in a lecture theatre by students

Source: the researcher

The distribution of mufflers to teachers, students and administrative staff has been carried out in all the UFRs and departments. To date, there has been a relaxation of these measures within the university. As a security officer at the university said, "I think that the barrier measures are not respected at the university, here the distancing is not respected, not greeting each other in the hands is not respected, even the washing of hands is not respected because the washing devices that are there, there is nothing in them, there is water in

them but it is not soapy; even the number of people that was established in the classrooms is not respected.

At the Gouro market in Adjamé, there is a diversity of actors such as traders, customers and transporters. As a place of intense economic activity, there is a constant flow of people and contact between individuals, which increases the spread of the virus. However, medical preventive measures such as hand washing, the use of hydro-alcohol gel and physical distancing are not respected. According to the management of the Gouro market, the barrier measures are not adapted to the market. The market's managers specify that the only measure that can be respected is the wearing of masks given the activities and movements of the market's actors.

The same is true in the Mossikro district of Attécoubé. Damon (2020) points out that the coronavirus also affects developing countries. One has to imagine the potential impact of the epidemic in the slums of huge metropolises, where unhealthy housing and high population density are combined.

As a popular and precarious neighbourhood, Mossikro combines these criteria of overcrowded housing, high population density and insalubrity. In such a context, it is difficult to apply barrier measures.



Photo-3: Crowded housing in the Mossikro neighbourhood

Source: the researcher

These different institutional, medical and popular norms are not based on the same representations or social perceptions. According to the actors, the more attention one pays to the disease, the greater the chance of being infected. Thus, the best method is to pretend that the disease does not exist and to live without constraint or fear.

It is the social perceptions of the population that guide their behaviour and practices in relation to the disease.

3. A diversity of perceptions on covid 19

Pérez, Vernazza-Licht and Bley (2021, p. 2) reveal that a distance often exists between the perceptions of the population on a given issue and the

opinion of experts based on scientific data. This distance is sometimes reinforced by the population's lack of knowledge of the methods used by epidemiologists, and by the fact that scientists are not in situ while the population can claim to be more familiar with local dimensions.

This distance between the perceptions of epidemiologists and those of the population has existed since the advent of the disease. People have developed their own imaginations and knowledge about the disease. Among the different perceptions of the disease, false information and rumours are the first perceptions to be noted at the onset of the pandemic in March 2020. These may be perceived differently by different people.

As Scharnitzky (2007) points out, rumours have a hard skin. It can be defined as inaccurate or exaggerated information, which is distorted as it is transmitted directly by word of mouth or indirectly via an information medium (television, written press, etc.). It is an integral part of our daily lives and concerns each and every one of us, even though we easily pretend not to give it any credit and even less to participate in its transmission.

Presented as a pandemic on 11 March 2020 by the aforementioned organisation with a remarkable lethality, it is causing great excitement and the emergence of many rumours in the countries directly affected at the same time since no vaccine or proven etiological treatment exists. (houma Koffi; Koffi Okon and Koffi Komenan, 2020).

These words from traders in the Gouro market illustrate this:

"In our hearts we are not sure that there is corona in Côte d'Ivoire, we have not seen it with our eyes. We have not seen it with our own eyes". "It exists but it does not exist here, I think it exists in Europe".

"I have never seen anyone who has corona, the government is lying.

After false information and rumours, other perceptions were noted during the surveys. Covid 19 is seen as a white man's disease, a means of capturing financial resources by the states.

"People talk about it on TV but you don't see the people who are ill"; "it's a way of looking for money, it doesn't exist here".

For the respondents, the fact that the victims of the pandemic are not identified in plain sight reinforces this perception. The fact that they remain anonymous justifies the non-existence of the pandemic and reveals strategies by the public authorities to receive funding

from the countries of the North. Similarly, the disease is seen as a disease of the rich.

"It's the big, tall people who get it, they're the ones who die from it, coronavirus doesn't care about the poor and the children".

"When people leave for Europe, they can't come to the poor neighbourhood, so they go to the poor neighbourhood.

Divine punishment is also one of the perceptions noted. The origin of the disease is not viral but divine. It has a supernatural cause.

Concerning the wearing of masks and vaccination, the respondents have clichés and prejudices. Indeed, the mask is a controversial subject. For some, the mask could contain the corona virus imported to be propagated in Côte d'Ivoire. Westerners would take advantage of this opportunity to import contaminated masks.

"We don't wear nose plugs because there is corona inside".

"We were supposed to make the masks at home, but where there is corona, we make nose plugs to send here.

The mask seems uncomfortable for the majority of respondents. It causes discomfort such as choking, allergies and does not facilitate communication.

4. Social practices and social relations in the face of covid-19

The onset of the pandemic and the fear and panic it caused led the population to respect and apply barrier measures in the first few months to protect themselves against the disease. Also, the Ivorian State had set up a control brigade to apply these measures. To date, these measures have been relaxed and the pandemic has been trivialised by the population in the three areas investigated.

"Customers did not enter the market without a muffler. There was a hand washing system. We tried to do what we could, but over time we were lax at all levels," said a Gouro market manager.

The nose cover is worn occasionally or on the bottom of the chin or to gain access to certain places where it is required.

Also, for some, barrier measures are not effective in preventing the disease. Thus, to prevent it, people use other means such as traditional remedies because covid is considered a disease similar to flu or malaria. To this effect, traditional treatments against these diseases are used quite a lot by the populations.

Another practice of the population is to often go under the sun. For some people, the sun has become an assurance that they will never be contaminated. It slows down the contamination process or eliminates the virus.

For others, prayer is an effective means of combating the disease. Indeed, these actors do not respect the barrier measures because they have put their trust in divine protection.

In terms of social relations, the pandemic has changed the relationship between individuals. One of the preventive measures requires social distancing. This measure is difficult to apply because Africans do not conceive of physical, let alone social, distancing in their relationships with others. For example, in the Gouro market, relations between customers and traders have not been modified despite the pandemic because the configuration of African and Ivorian markets specifically do not allow for this distancing. It is the same context in the precarious district of Mossikro. The promiscuity of habitats and the way people live have not changed despite the pandemic. The inhabitants maintain the relationships of neighbourliness, fraternity, collaboration and sharing.

On the other hand, the relationship of mistrust between the populations and the health or state institutions exists. This is due to the perceptions noted above that covid 19 is a source of business for African states. Stigmatisation or rejection was also observed in the relationship between those affected by the disease and the healthy, and between the populations of the rich and the so-called working-class or poor neighbourhoods.

The norms, perceptions, practices and social relations generated by this pandemic invite some reflections for the social sciences.

5. Avenues for reflection

Some lines of thought are necessary for social science researchers because this phenomenon presents different configurations. Indeed, the coronavirus selects the geographical areas where it mutates and becomes virulent or not (appearance of new variants in specific areas).

Also, the diversity of perceptions on the virus and the vaccines, the multiplicity of vaccines, the effectiveness of these vaccines and the recrudescence in the propagation of the virus in spite of vaccination, the non-respect of barrier measures by the populations invite the social sciences to bring clarifications, analyses on these facts.

Another avenue for reflection is the fact that there are almost no or very few cases of covid 19 in the so-called poor neighbourhoods where no barrier measures are respected. Why is this?

CONCLUSION

The covid 19 pandemic is rewriting the history of humanity and imposing new paradigms. Indeed, when a crisis occurs, medicine, through epidemiologists, must no longer be the only one to understand and deal with an epidemic or pandemic. This pandemic is not only a health crisis but a general crisis that affects all sectors of society. It therefore requires changes in the social system of each country. However, the standards or proposals for responding to the covid crisis do not take into account the socio-cultural context of each country. Since March 2020, the management of the health crisis has rested mainly with central governments, law enforcement agencies, doctors, epidemiologists and economists. The social sciences are only called upon to comment on the consequences of the situation: the psychological effects of containment, the acceptability of measures, the destabilising irruption of new objects in the world. This is certainly a necessary task. However, the knowledge that these sciences have developed about risks, crises and their management is almost completely forgotten. The social sciences thus have an important role to play in managing this crisis.

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