

## Original Research Article

## Social Representation of "Fear" Linked to the COVID-19 Pandemic among Populations in Abidjan (Côte d'Ivoire)

Kando Amedee Soumahoro<sup>1\*</sup>

<sup>1</sup>Teacher-Researcher of Sociology, Felix Houphouët-Boigny University, Côte d'Ivoire, Member of the Laboratory of Economic Sociology and Anthropology (LAASSE), Co-Investigator of the GCRF Project "Islands of innovation in protracted crises: a new approach to building equitable resilience from below." (IDS)

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**Abstract:** This paper uses a qualitative approach to analyze the 'fear' of the COVID-19 pandemic in different socio-cultural contexts within communities in Abidjan. Fear-related behavior is a crucial challenge for public policy. Using qualitative methods such as participant observation, interviews with local actors on fear in urban and rural areas. It shows that fear is based on mass media propaganda about the seriousness of the disease and its disruptive effects on the social order that the ideologies of "fear" oscillate between mistrust and resilience of populations leading to a recomposition of social relations. Ultimately, the management of the fear of covid-19 is a perception of a double perversity.

**Keywords:** Covid-19, Fear, media, Abidjan, Ivory Coast.

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### INTRODUCTION

Several social phenomena, in particular health crises, influence or reconfigure the relationships of populations to space, time, death, economic, health and institutional structures. Due to these health crises, human communities experience socio-temporal, symbolic, identity and even biological ruptures. They become aware of their vulnerability and experience new forms of resilience:

- A. These social resources which can be analyzed as responses are declined in beliefs, social representations, subversive or realistic strategies including boycotts, popular uprisings, counter-attacks, self-defenses, inventions, guarantees, etc. . From a sociological point of view, epidemics (Ebola, Covid-19, Zika virus, H1N1 flu, avian flu, malaria, malaria, zoonoses, Buruli ulcer, chikungunya, dengue, etc.) disturb and generate fears for human communities and in return require social actions aimed at ensuring their survival. These phenomena are portrayed by the media as health crises that weaken the way of life of populations. This is the case, for example, of the 2500 deaths linked to Ebola in

Guinea (A. Zran, 2020), the spread of malaria in Madagascar (S. Tétaud, 2017), the explosion of the Zika virus in Africa and Asia putting more than 2.5 billion people, the spread of dengue fever in Côte d'Ivoire (J. Morvan, 2019).

A. Magoudi (2018) probes daily behaviors, current events, clinical cases and personal experiences. He thus describes a world impoverished in landmarks and references, the frontiers of an empire of fears taken to hitherto unknown dimensions. Between weakened secularism and religion reduced to acquiescence, a veritable third-party force has emerged in the West which comes from the dark continent of fears. This book offers innovative and stimulating avenues for contemporary subjects confronted with catastrophic messages to emerge from paranoia without an identifiable persecutor, and to free thought from the cognitive barriers that the government of fears constantly establishes. P. Saliou (2010) then looks at the etiological theories of the time and their consequences on the care of patients. It shows how the evolution of knowledge about the disease has been accompanied by the development of hygiene and a whole legislative

\*Corresponding Author: Kando Amedee Soumahoro

Teacher-Researcher of Sociology, Felix Houphouët-Boigny University, Côte d'Ivoire, Member of the Laboratory of Economic Sociology and Anthropology (LAASSE), Co-Investigator of the GCRF Project "Islands of innovation in protracted crises: a new approach to building equitable resilience from below." (IDS)

arsenal intended to limit the spread of epidemics. Finally, the author presents the social and religious consequences that the cholera epidemics had in a population in full francization and secularization. For E. \_ Adam (2020), with the global Covid-19 pandemic, anxieties related to climate threats gave way to fear and dread, raising the specter of major epidemics deeply engraved in the phylogenetic memory of humanity. The author seeks to explore its traces through literature through testimonies of a past sometimes confused with the present. As for C. Pierre Mboua , C. \_ Siakam and Z. \_ Nanken Sobgoum , the weakness of detection and care systems, combined with the pessimistic forecasts of the UN and WHO on the impact of the pandemic in Africa, was likely to increase its psychopathological impact. The study set itself the objective of determining the impact of the pandemic on the mental health of Cameroonian populations. They show a depression rate of 28.1%; an anxiety rate of 30.8% and a stress rate of 3.4%, indicating a non-negligible impact of the pandemic on the mental health of populations. B. Djeredou analyzes the lexico-semantics and pragmatics of the speeches of the President of the French Republic and the Director General of WHO on the covid-19 pandemic. The study shows that these speeches, which reveal the panic fear of his speakers, because of the spectacular spread and the seriousness of the disease, had the effect of producing the same feeling among the populations, with consequences of all kinds. In its first part, the study defines the notion of panic fear, indicating that this feeling occurs in humans when faced with great danger. The second part analyzes the panic fear of the speakers and the populations through the speeches, and finally the third part raises the consequences of this feeling on the populations. In conclusion, the study notes that, even if the panic fear caused unsuspected difficulties, it nevertheless caused the whole world to mark a stop to become aware of the finiteness of man and the limit of systems, and to refocus on the essentials. This work marks its interest by the fact that a speaker must always take full measure of the effects of his speech and the consequences that may result from it before delivering it. To end this episode of the literature, H. Javelot and L. Weiner certify that the state of panic associated with the pandemic linked to SARS-CoV-2 (*severe acute respiratory syndrome coronavirus 2*) prompts us to wonder about anxiety disorders that this situation could generate or aggravate. If the literature has already provided generalist projections on the subject, the concrete data at this stage relate more to post-traumatic stress disorder and obsessive-compulsive disorder, while some evaluations are interested in the nosography framework of generalized anxiety disorder. Panic disorder is rarely or not mentioned and the evocation of "panic", in the social sense, largely supplants it. Although its clinical legitimacy is still debated, the panic disorder qualified as "respiratory" could be seen to increase in number and/or be intensified in patients

who already present with it possible co-morbid situations between such a disorder and COVID-19.

Through these illustrated cases, it appears that health crises are important factors in the disruption of social balances. The present study aims to analyze the social representations of the "fear" of the COVID pandemic. It will first describe the measures proposed by the WHO and give generic examples of their adoption and implementation in different regions of the world. It then proceeds to provide generic examples of how community fears and fear-related behaviors have changed the views of many communities around the world. Finally, show the nature of the fears generated as reported by actors, in newspapers, reports, television/radio broadcasts or other media and their importance for public policies and the fair management of COVID-19 and pandemics in general.

## METHODOLOGY

The research team used qualitative methods including observations of participants to scrutinize their attitudes and practices in full confinement in Abidjan through an observation grid which traces fears, anxieties, protests but also denials of the situation. 43 individual interviews with local actors in the health and security sectors were carried out in order to analyze community practices and responses to fear in urban and rural areas around Abidjan. The areas concerned were those of Yopougon, Marcory, Cocody, Songon and Dabou. In the less accessible areas due to confinement, we use the technique of using the participating observer or online interview. In addition, a documentary analysis of reports and from media coverage between March 15 and May 30, 2020 during the peak of the pandemic. The analytical corpus was dissected by the analysis of the thematic content and the results are as follows.

## STUDY RESULTS

### 1. Mass Media "Propaganda" about the Seriousness of the Disease and its Disruptive Effects on Social Order

The actions carried out by the WHO (2020) in the context of epidemics continue to redefine the relationship to illness and death as they are complex and implemented selectively at the level of States and local communities. To characterize the WHO measures, one must first take into account the nature and potential effects of the diseases. Each health crisis by its nature and potential effects determines actors, policies and response strategies. Approaches to malaria, malaria or dengue fever are as different as those to Ebola or covid-19. Transmission and infection systems do not have the same nature and effects.

Next, the very nature of the measures proposed by the WHO must be taken into account. They are of a restrictive and totalitarian nature, in particular the case of covid-19. We can cite the quarantine and

confinement of the population; systematic hand washing; wearing a mask; social distancing; do not touch eyes, nose and mouth; compliance with the rules of respiratory hygiene; the use of credible information and following the advice of doctors, etc. (WHO, 2020). But also, certain injunctions made by scientists such as the use of the molecule of hydroxy-chloroquine or Artemisia as a remedy against covid-19.

Moreover, in terms of purpose, the WHO measures aim at prevention, safety and hygiene. Finally, the WHO recommendations (2014) are characterized in terms of a social mobilization factor, in the sense of interest in adopting attitudes and behaviors that prevent community transmission through means of communication and community awareness effective.

In the light of these recommendations, there appeared to be selectivity in the application and implementation of WHO guidelines in the fight against covid-19 in different countries. In Côte d'Ivoire, the influence of political and economic power on laws and regulations translates into differentiated relationships with barrier measures. Indeed, some social actors are socially marked as having to submit to confinement while others, in particular the political and economic elites, are exempt from the restrictions linked to the health crisis. It is in these terms that A. Zran (2020) expresses himself:

" Since yesterday evening, it has been said on social networks that the family of the famous artist Asalfo , that of Minister Bictogo , footballer Max Gradel, ambassador Jacques Anoma , all returned from France yesterday, have not been quarantined while the other passengers of the flight were taken to the INJS".

## 2. Ideology of "Fear": between Distrust and Resilience of Populations

The fear of the communities oscillates between distrust and resilience. This situation is due to information asymmetry and rumours.

First of all, the asymmetry and misinformation through intoxication and rumors about the spread of covid-19 is one of the first factors of fear and transformation of social relations within several national legislations. In Côte d'Ivoire, the lack of communication on the covid-19 crisis in the first weeks of the outbreak increased the fear of communities and installed distrust of the government. This trend has transformed the relationship of populations to screening and treatment related to covid-19. Several videos on social networks have indeed beaten a campaign for people to refuse collaboration with the government. There are several social movements in certain municipalities of Abidjan, in particular Yopougon and Koumassi, the consequences of which have been the scuttling of facilities for screening for Covid-19. For example in Yopougon there was a protest during the

confinement on the construction of a screening center. This commune having fewer cases, the population perceived the initiative as a strategy to spread the disease and this created tensions and conflicts between health authorities and beneficiary communities. The resurgence of infectious cases with its corollary of many deaths has amplified the fear of the disease. In fact, the use of vaccines and care practices that have been disqualified by the WHO has become one of the strategies of States, health professionals and local communities.

Restrictive measures have been variously approved by states depending on the progression of covid-19. In Côte d'Ivoire, the health crisis linked to covid-19 was officially declared from March 16, 2020 when the number of confirmed cases was around 06. Despite this, the measures were approved on an evolutionary basis. Initially, the air and land borders remained open while on Ivorian territory measures relating to regular hand washing, the closure of schools and universities, social distancing were put into effect. On March 24, 2020, a state of emergency was declared following 25 identified cases of covid followed by the closure of air borders. However, the land borders remained open with the free movement of people living inside the country.

## 3. On the Recomposition of Social Relations within Communities

In Côte d'Ivoire, the fear of the disease has strongly modified habits and relationships of interacquaintance, neighbourliness, proximity, conviviality and solidarity. It is in this sense that the fears of the WHO concerning Africa are reported by N. Mavinga (2020). In fact, this analysis tends to show the capacity of resilience of the managers of the crisis in Côte d'Ivoire. The fears are also of an ethical nature and reflect a conspiracy theory in the analysis of the situation. According to the actors, covid-19 is a virus creation instrumentalized and released by world powers intent on dominating and manipulating the human race. This trend has increased the spread of numerous videos and comments on social networks calling for active boycotts of measures and vaccines proposed by the WHO or international institutions. We can understand through these videos the call for the redefinition of health institutions in relation to the breaking of the social compromise. This disease revealed the shortcomings of the Ivorian health system. It appears that fears, fears, rumors are constitutive of epidemiological crises. They represent the hidden face of the iceberg whose social product is illness. Fears, fears, rumours, accusations and counter-accusations participate in the social construction of a health crisis. They reflect the social responses of communities faced with an abnormal situation or one judged as such. Their production and activation manifests the absence of information and communication. This is why focusing only on restrictive measures while setting aside social

perceptions and social representations is a weakness of public health policies. According to an SE Health Director, interviewed in Yopougon:

"All epidemics emerge with companions as old as themselves and which are, among other things, rumours, accusations and counter-accusations, conspiracy theories, panic fears, the search for scapegoats, especially when the risk of contamination is high and no effective remedy has been developed".

#### **4. The Implications of the Management of "Fear" as the Perception of a Double Perversity: Guinea Pig and Voluntary Contamination**

We can understand the different reactions of fear among the actors against the disease and its management in Abidjan as a strategy to establish logics of survival and preservation on the part of the populations. At the height of the health crisis linked to covid-19, concerns in working-class neighborhoods in Africa boiled down to the simple question of survival. How to deal with financial problems when daily activities are weighed down by confinement? How to avoid infection or prevent it? How do you know if someone is infected? This last question began to take precedence over all other questions when official figures began to publish the first deaths linked to covid-19 in Africa. As everywhere else in Africa, the myth of the invincibility of the African man that had prevailed in the early hours of the pandemic gave way to panic among the populations. To the usual ordeal of poor populations in search of primary health care, there was thus added this new alarming concern, the main characteristic of which is uncertainty. Thus, the test seemed to become as much a tool for managing the health crisis from a government point of view, as a subject of hope for the populations who could thus be reassured of good health after sampling, or of a good catch supported if applicable.

The forms of justification around the fears produced by the populations constitute the social markers of the crisis of confidence between the African populations and the international health institutions which portray the failure of the policies. Covid-19 has transformed people's perceptions of the uncertainty of illness and death, making relationships with national and international public health institutions more suspicious and adversarial. Indeed, faced with a slaughter that was slow to occur and thwarts the predictive modeling of the World Health Organization (WHO), scientific studies on the structural foundations of African health resilience are multiplying as well as international opinion. is recomposed over the hypotheses . This is why the Cameroonian naturopath, Fotsing Linus puts forward the following remarks with regard to the WHO: "For us, criticism of the WHO is sabotage".

Alongside the international chessboard, particularly in Côte d'Ivoire, a media campaign against

the government is taking place, surfing on a popular perception of covid-19 as a conspiracy (voluntary contamination). In fact, it is recommended to boycott awareness and screening campaigns. The National Institute for Youth and Sports (INJS) scandal is cited as an example of the government conspiracy idea at work. Covered extensively on social networks, the INJS scandal characterizes the influence of political and economic power on laws and regulations. Some social actors being socially marked as having to submit to confinement while others, in particular the political and economic elites are exempt from these restrictions. However, no one wants to suffer the effects of this struggle in the name of any general interest. It is in these terms that one of the demonstrators of Yopougon of April 05, 2020 expresses himself: "*Why at home in Yopougon? They want to kill us!* » . At the level of Yopougon, in fact, the close relationship between the covid- 19 screening infrastructures and the places of residence of the populations living near the BAE is perceived as a double perversity both as a "guinea pig" and a support for instrumental contamination. It is this reality that is expressed in the words of a resident of Yopougon:

"You are going to take refuge in Assinie and you want to come and discharge the sick at our gates". Or even: "In the middle of a popular district? No, no, that's not normal. Yopougon itself does not have enough cases of Covid-19. It would be better to make capitals of them in Cocody"; "But why with us here in Yopougon? They want to kill us! »

We can understand Covid-19 as a strategy aimed at establishing logics of survival and preservation. However, they refuse that, by virtue of any general interest, they are exposed to the impacts linked to the proximity or cohabitation with health infrastructures for the treatment of Covid-19, for example. The populations oppose and fear the risks of seeing their socio-political and identity environment destabilized because of the close links with the Covid-19 care facilities. Thus, they use the Covid-19 to maintain political and identity survival.

## **DISCUSSION OF RESULTS**

This study carried out on the social representations of fear goes beyond the analysis of A. Magoudi since he probes everyday behavior, current events, clinical cases and personal experiences. He thus describes a world impoverished in landmarks and references, the frontiers of an empire of fears taken to hitherto unknown dimensions. It goes beyond it in the sense that fear is analyzed by the way it is constructed in the actors and in the information they receive in times of crisis. This study joins the analyzes of P. Saliou (2010) since it focuses on the social and religious consequences that cholera epidemics have had in a population in full francization and therefore secularization of a health crisis. But she goes beyond since she takes as a center of interest the fear and the



way in which it is manufactured at the actors. The analyzes of E. Adam (2020), corroborate ours with the analysis of Covid-19 from the angle of anxieties linked to fear and dread. B. Djeredou joins our analysis when he shows that the speeches reveal the panic fear of its speakers, due to the spectacular spread and the seriousness of the disease. He defines the notion of panic fear, indicating that this feeling occurs in humans when faced with great danger. He analyzes the panic fear of the speakers and the populations through the speeches, and he notes the consequences of this feeling on the populations. However, this study is an added value since it builds the representations of fear and the mechanisms of its production among the actors concerned.

There are therefore different forms of expression of fear. Some fears are the expression of primary emotions caused by sensory information. This is the case of a fear associated with visual and vestibular information such as the fear of heights indicating insecurity and danger. This information triggers very rapid responses because it is processed almost unconsciously. Some fears are fears of anticipation that precede an event creating a feeling of anxiety. If today we come to speak of a veritable "culture of fear" (Glassner, 2000), little is studied of the concrete forms that it takes in social life and the consequences that it entails in relationships that are formed there. It is to compensate for this insufficiency that it seemed useful to me to consider the contributions that different disciplines of the human sciences can make. Some of them shed instructive light on developing a psycho-sociological approach to fear that leaves room for subjectivity and reflexivity within processes that seem to enclose them in a constraining network of anxiety-provoking influences. It is in this perspective that the approach of this study is situated. This is the fundamental question for the social sciences of the relationship between "fear" and "knowledge" or "knowledge" at the individual and collective level.

## CONCLUSION

This text uses a qualitative approach to analyze the "fear" of the COVID-19 pandemic in different socio-cultural contexts within communities in Abidjan. Fear-related behaviors constitute a crucial challenge for public policies from participant observations, interviews with local actors on fear in urban and rural areas. She has succeeded in demonstrating that fear stems from the "propaganda" of the mass media on the seriousness of the disease and its disruptive effects on the social order, that the ideologies of "fear" oscillate between mistrust and the resilience of populations leading to a recomposition of social relations. Ultimately, the

management of the fear of covid-19 is a perception of a double perversity.

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