THE EFFECTS OF CORONA VIRUS PANDEMIC ON THE RESIDENTS OF JIMMA TOWN: SOCIO-CULTURAL AND MEDICAL ASPECTS IN FOCUS

BY:

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This is to certify that the thesis prepared by Tomas Gerbi, entitled: *the effects of corona virus pandemic on the residents of jimma town: socio cultural and medical aspects in focus* and submitted in partial fulfillment of the re quirements for the degree of Master of Arts in social anthropology complies with the regulation of the university and meets the accepted standards with respect to originality and quality.

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GLOSSARY

COVID-19: is a pandemic viral disease that can be transmitted from persons to persons by air droplets of positive carriers

Cultures: is an umbrella term which encompasses the social behavior and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups.

Epidemic: "The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed; previous experience or lack of exposure to the disease; and time and place of occurrence…Generally, a disease that exhibits large inter-annual variability can be considered as epidemic." (World Health Organization)

Iddir: A form of traditional social institution that is established by the mutual agreement for mutual aid and burial purpose.

Pandemic: "An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population." (US Center for Disease Control and Prevention).

Social: Organisms, including humans, live collectively in interacting populations. This interaction is considered social whether they are aware of it or not, and whether the exchange is voluntary/involuntary.

Socio-cultural effects: Socio-cultural effects refer to the ways in which tourism changes community and individual values, behavior, community structure, lifestyle and overall quality of life; in relation to both the destination and the visitor (Hall, 2007)

ACRONOMYS

AIDS	Acquired Immune Deficiency Syndrome
COVID -19	Coronavirus Diseases Of 2019
FGD	Focus Group Discussions
HIV	Human Immune Deficiency Syndrome
ICU	Intensive Care Unit
KII	Key Informant Interview
PPE	Personal Protective Equipment
SMEs	Small and Mid-Size Enterprises
WHO	World Health Organization

Abstract

The COVID-19 outbreak is not only a global public health but also socio-cultural crisis. Socio-cultural norms and values that are at the center of African societies now face severe risk of disappearing into oblivion. The ban on public gatherings, for instance, in response to the pandemic has had consequent effects on social cohesion, social life and social gathering to commemorate different social events. Family relationships and friendships and how they work and conduct business, engage in civic activities and entertain ourselves are all affected by the new rules. When they engage others, they touch them less and they never shake hand and they move more rapidly to avoid them. The objective of the study is aimed to investigate effects of corona virus pandemic in Jimma by concentrating on the socio-cultural and medical aspects. Qualitative approach with ethnographic case study design has been implemented in order to achieve the objectives of the study. From this study it can be said that, COVID-19 pandemic has direct effects on education, cultural activities, religious activities, and psychology of the people. It makes also weaken the bond between the people within the community. The pandemic also adversely affect physical, mental, and the social situation of the community.

***Keywords**: COVID-19, pandemic, socio-cultural, medical impact*

CHAPTER ONE

1. Introduction

1.1 Background of the Study

The world has been plagued by pandemics for centuries. Despite the most recent memories, our world was plagued by some terrible pandemic. Some of the pandemics are, Spanish influenza in 1918, HIV/AIDS 1980s , Ebola in 2013, Asian influenza in 1957, and Hong Kong influenza in 1968 (Kilboume, 2006, p.9). These are just some of the recent pandemics in the world.

There are mainly two types of disease, communicable and non-communicable among them Covid-19 is a communicable disease. COVID-19, caused by a novel corona virus (SARS CoV-2020) recently it has become a pandemic and infected people in alarming rate. According to WHO, COVID-19 is first presenting at the end of 2019 as pneumonia-like condition among a small number of cases in the Chinese city of Wuhan (World Health Organization, 2020c), but later the corona virus has spread rapidly around the world in alarming rate. So that it has now shifted from epidemic to pandemic. According to World Health Organization official website, Physical contact and respiratory routs are the two most important well established routs of transmission of the virus. Poor hand hygiene practice, overcrowding, and close physical contacts like hand shaking contributes for the fast spread of the virus with in very short period of time (www.who.int, 2020).

Ethiopia, a country in sub-Saharan Africa, has a population of about 115 million, confirmed its first case of COVID-19 on 13 March 2020. Almost two days later, the WHO declared a pandemic of the disease, and as of 26 June 2020. Since the first case reported in Ethiopia until now the country is suffering in every aspect because of this pandemic. Ethiopian health ministry every day reports of COVID-19 case shows that, peoples are dying because of the pandemic. The situation of this pandemic has knocking the doors of all continents. Even in the family level, family members are afraid to touch and meet each other.

Like every other aspect of life in Africa, the pandemic has had an effect on the culture sector as a whole. Socio-cultural norms and values that are at the center of African societies now face severe risk of disappearing into oblivion. The restrictive measures imposed by governments have led to cancellation of major arts and cultural events, including festivals and expos across the continent: disrupted business, particularly of SMEs, many of which operate in the culture sector, and are major sources of livelihood for many young and aspiring entrepreneurs. Beyond that, revenues derived by governments from both domestic and international tourism, have completely disappeared overnight, due largely to the immediate effects of the pandemic on the aviation and related industries.

All of these immediate challenges and difficulties will most definitely run into the post-pandemic period, with serious consequences for a sector that has historically been bedeviled by structural weaknesses, including poor financing from governments. One silver lining though, which could potentially be an opportunity, moving forward, is the potential for growth in the creative subsector, leveraging the use of digital technologies, and tapping into the creative capacity of artists, graphic designers and filmmakers, among others. The Covid-19 pandemic led to a prolonged exposure to stress.

The ban on public gatherings, for instance, in response to the pandemic has had consequent impact on family and community life, increased the possibility of fracturing relationships and undermining trust between states and their citizens, with long-term implications for cohesion and social harmony. Beyond that, a number of ethical challenges bothering on values of human rights and human dignity, in particular protection of the most vulnerable, including women, youth, people with disabilities and migrants, have now been brought to the fore as a result(Richardson,2020).

Family relationships and friendships and how we work and conduct business, engage in civic activities and entertain ourselves are all affected by the new rules and by the pandemic itself. At the most basic level, the way we relate to other people outside our households is unlike anything we have ever experienced. When we do engage others, we touch them less; we never shake hands and move more rapidly to avoid them. We speak to people at a distance or via an electronic device. The pandemic not only impacts

everyday life, but it poses challenges to our existential existence; that is, how we understand what social life should be. Some people are having trouble reconciling this change in our collective social lives and have either denied the seriousness of the corona virus or resisted temporary limitations on what they believe are their civil entitlements.

Medical anthropology currently has an important role to play in the investigating the spread of COVID-19 by recording and analyzing theories about the virus and its spread. Many anthropologists have been involved in health emergencies such as Ebola and Zika over the past decade (Abramovit et al. 2015, venables and pellecchia, 2017), investigating social, economic and political factors that crisis have been dealt with and in how such crisis were handled. Medical anthropologists are involved in at least three cases. "Program design and formative research; interpretation, investigation and response; and event analysis and post hoc assessment" (Stellmach et al. 2018:p. 3, cited in Ali, 2020, p.3). Generally, medical anthropologists are stepping up to play own part in these miserable and hard times: COVID-19 has challenged and threatened human existence.

The complexity and effects of culture on health is widely known and accepted. When considering new diseases, epidemics, and pandemics, we must consider culture perceptions and ways they may affect how symptoms are recognized, access to care, treatment provided, and fear of stigmatization. Cross-cultural studies support that each specific culture has its own beliefs related to particular explanations for health and sickness (Kahissay et al. 2017) Public health interventions should assess cultural beliefs and assumptions (Fenta et al. 2017, P.17).

The study also investigated how this pandemic also affects religious institutions, on how did they proceed their service and how did they see the pandemic as religious world view. As a consequence, researchers will show an increase interest in measuring social and community uneasiness in order to psychologically support the population. This increased attention might help in managing the current situation and other possible epidemics and pandemics. The security measures adopted in managing the pandemic had different consequences on individuals, according to the social role invested. Some segments of the population seem to be more exposed to the risk of anxious, depressive, and post-traumatic symptoms because they are more sensitive to stress. Considering the above

background information and problems, the study is mainly about the effects of COVID-19 on the residents of Jimma town: socio-cultural and medical aspect in focus.

1.2. Statement of the Problems

The COVID-19 outbreak affects all segments of the population. Particularly members of those social groups in the most vulnerable situations, continues to affect by the pandemic, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples.

Ethiopian health ministry every day reports of COVID-19 case shows that, peoples are dying every day because of the pandemic. The situation of this pandemic has knocking the doors of all continents. Even in the family level, family members are afraid to touch and meet each other. The Covid-19 pandemic led to a prolonged exposure to stress and it has also effects on the socio cultural life of the people across the world.

The pandemic not only impacts everyday life, but it poses challenges to our existential existence; that is, how we understand what social life should be. For example, many of our social institutions are dedicated to preserving the rights of individuals, which are among the core values of our culture. Some people are having trouble reconciling this change in our collective social lives and have either denied the seriousness of the corona virus or resisted temporary limitations on what they believe are their civil entitlements.

Family relationships and friendships and how we work and conduct business, engage in civic activities and entertain ourselves are all affected by the new rules and by the pandemic itself. At the most basic level, the way we relate to other people outside our households is unlike anything we have ever experienced. When we do engage others, we touch them less; we never shake hands and move more rapidly to avoid them. We speak to people at a distance or via an electronic device.

In the context of Ethiopia there are very few studies about COVID-19. The study conducted by YimenuYitayih et al. (2021) in Jimma University Medical Center (JUMC), about mental health status of healthcare professionals during the COVID-19 pandemic. On this study the research focuses on all healthcare professional status according to the COVID-19 effect on their mental health. Their study is a quantitative research and

hospital-based cross-sectional study was conducted. Similar study is also conducted by Gebru, A (2021) in Jimma University about Psychosocial Impacts of Covid-19 Lockdown and Coping Strategies of the Community. Therefore, the study aimed to explore the psychosocial impacts of lockdown and the coping strategies of participants. A cross-sectional qualitative phenomenological research design was used. The above two stated researches are not matched with my topic, the effect of COVID-19 focuses on socio-cultural and medical aspects. And also there is theoretical, methodological and objective gap with the stated researches. Their researches also not studied in the perspective view of anthropological study.

Having considering this all problems and by understanding the gap of that most of the researches on the issue of covid-19 has to be done in the form of clinical research approach, which means their consideration is on the symptom, transmission, laboratory findings, preventing methods and so on. There have been also researches so far on topic but the problem is that they investigate or study some limited area of social institution like either they study only COVID-19 effect on education or economy. To fill a methodological, theoretical gap of this problems and looking Covid-19 pandemic effects in the context of anthropological approach, my research may give a good insight to those academicians and to the societies other than in the academic area. It also gives a good understanding on how the pandemic highly affect our cultural and social life in our day to day activities.

1.3 Objectives of the Study

1.3.1. General objective

The general objective of the research is to study the effects of COVID-19 pandemic on the residents of Jimma town in focus of socio-cultural and medical aspects.

1.3.2. Specific Objectives

- To study the effect of COVID-19 on the social institution like religion, education and "Iddir" of a society
- To investigate mental health and psychological issues of COVID-19 survivors throughout the disease crisis

- To study mental health effects of COVID-19 on health workers who are directly involving in treatments of COVID-19 patients.
- To identify socio-cultural norms and values influenced by COVID-19

1.4 Research Questions

To attain the above problem statement, this study was attempted to address the following research questions.

1. What are the effects of COVID-19 on social institution (religion, education and "Iddir") of the residents of Jimma town?

2. What are the mental health and psychological effects of COVID-19 survivors throughout the disease crisis?

3. What are the mental health effects of COVID-19 on the health workers who are directly involving in treatments of corona virus patients?

4. What are the main social values and norms influenced by COVID-19?

1.5 Scope of the study

Considering a lot of circumstances including even COVID-19, the researcher delimited the study on Jimma town residents.

1.6 Significance of the study

The aim of this research was primarily, studied the effects of COVID-19 pandemic in focus of socio-cultural and medical aspects of Jimma town. From its outbreak to yet starting from the precious human life to different economic crises resulted in over this world. Besides peoples who had been developed positive social interaction with each other from the base separated, the cultures of love and eating together ceased and a lot can be said. So this thesis may signify how to maintain the socio relationship of the community to the origin. Conducting this study has been multiple significances for different target groups especially it will have practical and academic significance.

1.7 Limitation of the study

Now a day's COVID-19 is a problem of society at large all over the world. However, this study is mainly on the socio-cultural effects of the Case in Jimma town residence; there may not be enough literatures to compare my finding with the titles. Though socio-cultural includes all social and cultural issues influenced by the case from its entrance of Ethiopia to yet, social affairs of the Jimma Zone and Culture and tourism office of Jimma town may not established standards to show the gap of effects.

1.8. Organization of the Study

The organizations of this study are divided into chapters. This study has organized with four chapters and several sub titles within each chapter. Chapter one of the studies is titled as introduction with the subtitles - background of the problem, statement of the problem, research questions, Objective of the Study, definition of terms, limitations of the study and organization of the Study. The second section or chapter of this study is literature review. Research design and methodology of this study is organized under chapter three of the study. Description of the study area, research design and methods, universe of the study, sampling technique, sample size determination, data collection techniques and procedures data processing and analysis are sub titles that are placed under this section of the study.

1.9. Fieldwork Experience

I was in a field work from March, 2021 up to May, 2021. During this time I had so many positive experiences shearing with my informants. I had a quality time with religious leaders of different religion. I have got so many lessons from these religious leaders especially about their world view of how they looked the pandemic. Some of their experience during the partial lockdown was very tough and sentimental. Other than the religious leaders I had a time with COVID-19 recovered patients and with the physicians who are working in COVID-19 center. It was a tough moments to get COVID-19 recovered patients. Most of them were not willing to give the interview because of fearing discrimination. Even some of them were angry while I was giving a call to them. They were asking me how I got their numbers. After I got a permission letter from the head of COVID-19 center, I spent most of my time in Jimma hospital around covid-19

center to get the recovered one. Unfortunately through snow ball sampling I have got four male recovered COVID-19 patients. And they became willing to give the interview. It was really a fruitful interview with them. But, after 15 days of interviewed them I had feeling of some pain around my joints and I had headache. When I saw those symptoms, it reminded me what the recovered patients of covid-19 told me. It was really scary and then after the mild symptom became tough and I had seen another symptom in my body; like cough, high fever and diarrhea. Then after I went to the hospital to give test and I became positive for COVID -19. I was almost in a bed for a month. During this time, I almost experienced all symptoms and feelings what my informants of recovered covid-19 patients has told me. It is my suspicion that I was infected during fieldwork time. Repeatedly I went to Jimma university specialized hospital to collect data and even I had a chance to get covid-19 recovered patients and physicians who are working in covid-19 center. It is my advice that for those who are interested to do the same type of research especially around the hospital, they should seriously take a care of not to touch anything in the hospital, if they touch anything they should immediately use disinfectant or sanitizer. Wearing max and keeping physical distance at any moment should be a must. I had also a chance to observe the challenging situation of the community during the lockdown time. I had communicating with different people with different age, sex, educational background, culture and religion. This makes me to be more sociable and to easily understand my community. One of a key informant interview with chair persons of the iddire institution was really unforgettable. They have a wide knowledge about the community and it gave me a chance to get more lessons about the community. Generally, my field work experience was very challenging, interesting and fruitful.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 History of pandemic

Among the earliest reported epidemics in history is the unidentified plague that hit Ancient Egypt in the Amarna period (late 18th Dynasty, ca. 1325 BC). Earliest hints may be the fact that Pharaoh Amenhotep III had hundreds of statues of the lion-headed goddess Sekhmet made (Sekhmet being thought to bring epidemics but also to remove them from society) (Norrie P., 2016). Except for one Amarna-letter (EA II) written under his son Akhenaton, which mentions a plague in the time of his father, we have no direct historical evidence for Egypt. Yet the political situation would fit.

After a time of clash between Egypt and its neighboring states, a time of peace followed with extensive exchange of goods and people. It was suggested that the bubonic plague may have originated in India, spread over to the Middle East, and eventually reached Egypt (Norrie P., 2016). The decision of Amenhotep III to relocate his palace to Malqata on the western bank near Thebes, a somewhat isolated location, has been seen by some as a measure taken in the light of a menacing plague, some sort of mitigating attempt by self-isolation. The palace was built from around his eleventh year of reign, followed by a gap of eight years, a period on which there are but limited historical sources (Norrie P., 2016).

A new epidemic-like outbreak (or a reoccurrence) seems to have taken place in the last years of the reign of Pharaoh Akhenaton. It may be speculated, among other reasons (such as political factors), that Akhenaton felt that the traditional gods of Egypt had failed protecting their own worshippers, hence de facto helping him in his goal of promoting a new, henotheistic religion with sun-God Aten at its heart, ultimately replacing the old polytheistic pantheon. In the time of Amenhotep III or Akhenaton, Deir el-Medina (located on the west bank of Thebes), the village of the necropolis workmen, was destroyed by a fire. This may have been an accident or, in view of an epidemic, a deliberate attempt of liberating the village from a disease (Norrie P., 2016). Not only did numerous inhabitants of the new capital Akhet-Aton seem to have died, but three

daughters of Akhenaton and Nefertiti also perished (Neferneferure, Setepenre and Maketaton).

Shortly, afterwards, the queen mother, Tjye, died, although her mummy shows no clear evidence of such an infectious disease. After the death of Tutankhamun, the military conflict with the Hittites led to an equally unclear epidemic in the military, which in turn spread to the Hittite Empire.

The Hittite king Šuppiluliuma I and his successor Arnuwanda II both died of the disease. The war against Egypt collapsed as a result. Under the next ruler, Muršili II, the plague disappeared. The story of the plague is handed down in literature in the Hittite plague prayers (Kimball and Slocum). However, an exact identification of the disease is not possible. The descriptions are too vague to identify any one particular disease .Diseases of this kind were attributed to the wrath of the gods and the containment measures were therefore meant to appease the gods and consequently did not involve any medical measures. Such a mechanism of human divine interaction is also typically seen in other cultures and societies, as testified by Apollo's wrath taking the shape of a pestilence in the opening verses of the Iliad.

2.1.1 The plague death

The Plague" was a global outbreak of bubonic plague that originated in China in 1334, arrived in Europe in 1347, following the Silk Road. Within 50 years of its reign, by 1400, (Encyclopedia Britannica,2018) it reduced the global population from 450 million to below 350 million, possibly below 300 million, with the pandemic killing as many as 150 million. Some estimates claim that the Black Death claimed up to 60% of lives in Europe at that time (DeWitte SN, 2014).

Starting in China, it spread through central Asia and northern India following the established trading route known as the Silk Road. The plague reached Europe in Sicily in 1347. Within 5 years, it had spread to the virtually entire continent, moving onto Russia and the Middle East. In its first wave, it claimed 25 million lives (Encyclopedia Britannica, 2018).

With the breakdown of societal structure and its infrastructures, many professions, notably that of medical doctors, were severely affected. Many towns throughout Europe lost their providers to plague or to fear thereof. In order to address this shortage in times of austere need, many municipalities contracted young doctors from whatever ranks were available to perform the duty of the plague doctor (medico dellapeste) (Byrne JP,2006). Venice was among the first city-states to establish dedicated practitioners to deal with the issue of plague in 1348. Their principal task, besides taking care of people with the plague, was to record in public records the deaths due to the plague (Wray SK, 2009). In certain European cities like Florence and Perugia, plague doctors were the only ones allowed to perform autopsies to help determine the cause of death and managed to learn a lot about human anatomy. Among the most notable plague doctors of their time were Nostradamus, Paracelsus, and Ambrois Pare (Hogue J, 1995).

2.1.2 Quarantine

Drawing from experiences from ancient cultures that had dealt with contagious diseases, medieval societies observed the connection between the passage of time and the eruption of symptoms, noting that, after a period of observation, individuals who had not developed symptoms of the illness would likely not be affected and, more importantly, would not spread the disease upon entering the city. To that end, they started instituting mandatory isolation. The first known quarantine was enacted in Ragusa (City-state of Dubrovnik) in 1377, where all arrivals had to spend 30 days on a nearby island of Lokrum before entering the city. This period of 30 days (trentine) was later extended to 40 days (quarentagiorni or quarantine) (Sehdev PS, 2002). The institution of quarantine was one of the rarely effective measures that took place during the Black Death and its use quickly spread throughout Europe. Quarantine remains in effect in the present time as a highly regulated, nationally and internationally governed public health measure available to combat contagions (Tognotti E, 2013).

2.1.3 Spanish Flu pandemic 1918-1920

The Spanish flu pandemic in the first decades of the twentieth century was the first true global pandemic and the first one that occurred in the setting of modern medicine, with specialties such as infectious diseases and epidemiology studying the nature of the illness

and the course of the pandemic as it unfolded. It is also, as of this time, the last true global pandemic with devastating consequences for societies across the globe (CDC, 2018). It was caused by the H1N1 strain of the influenza virus, (Antonovics J. et al, 2006) a strain that had an encore outbreak in the early years of the twenty-first century.

Despite advances in epidemiology and public health, both at the time and in subsequent decades, the true origin of Spanish flu remains unknown, despite its name. As possible sources of origin, cited are the USA, China, Spain, France, or Austria. These uncertainties are perpetuated by the circumstances of the Spanish flu – it took place in the middle of World War I, with significant censorships in place, and with fairly advanced modes of transportation, including intercontinental travel (CDC, 2018).

Within months, the deadly H1N1 strain of influenza virus had spread to every corner of the world. In addition to Europe, where massive military movements and overcrowding contributed to massive spread, this virus devastated the USA, Asia, Africa, and the Pacific Islands. The mortality rate of Spanish flu ranged between 10% and 20%. With over a quarter of the global population contracting that flu at some point, the death toll was immense – well over 50 million, possibly 100 million dead. It killed more individuals in a year than the Black Death had killed in a century (Flecknoe D. et al 2018)

This pandemic, unusually, tended to mortally affect mostly young and previously healthy individuals. This is likely due to its triggering a cytokine storm, which overwhelms and demolishes the immune system. By August of 1918, the virus had mutated to a much more virulent and deadlier form, returning to kill many of those who avoided it during the first wave (Simonsen L. et al, 1998).

2.1.4 HIV pandemic

HIV/AIDS is a slowly progressing global pandemic cascading through decades of time, different continents, and different populations, bringing new challenges with every new iteration and for every new group it affected. It started in the early 1980s in the USA, causing significant public concern as HIV at the time inevitably progressed to AIDS and ultimately, to death. The initial expansion of HIV was marked by its spread predominantly among the gay population and by high mortality, leading to marked social isolation and stigma.

HIV affects about 40 million people globally (prevalence rate: 0.79%) and has killed almost the same number of people since 1981 (Wang H. et al.2015). It causes about one million deaths a year worldwide (down from nearly two million in 2005) (UNAIDS, 2018). While it represents a global public health phenomenon, the HIV epidemic is particularly alarming in some Sub-Saharan African countries (Botswana, Lesotho, and Swaziland), where the prevalence tops 25% (HIV/AIDS epidemic factsheet, 2018).In the USA, about 1.2 million people live with HIV and about 12,000 die every year (down from over 40,000 per year in the late 1990s). HIV in the USA disproportionately affects gay population, transgendered women, and African-Americans (Academy of consultation-Liaison psychiatry, HIV Psychiatry, 2018).

Being a fairly slowly spreading pandemic, HIV has received formidable public health attention, both by national and by international administrations and pharmaceuticals. Advances in treatment (protease inhibitors and anti-retroviral) have turned HIV into a chronic condition that can be managed by medications. It is a rare infectious disease that has managed to attract the focus of mental health which, in turn, resulted in a solid volume of works on mental health and HIV (Ciesla JA. et al. 2001).By studying the mental health of HIV; we can begin to understand some of the challenges generally associated with infectious diseases.

We understand how depression in HIV individuals shows association with substance abuse and that issues of stigma, guilt, and shame affect the outlook for HIV patients, including their own adherence to life-saving treatments. We know about medical treatments of depression in HIV and we have studies in psychotherapy for patients with HIV. Some of those approaches can be very useful in treating patients in the context of a pandemic. Given the contrast between the chronic of the HIV and the acuity of a potential pandemic, most of those approaches cannot be simply translated from mental health approach to HIV and used for patients in a rapidly advancing outbreak or a pandemic.

2.1.5 SARS

Severe Acute Respiratory Syndrome (SARS) was the first outbreak in the twenty-first century that managed to get public attention. Caused by the SARS Corona virus (SARS-CoV), it started in China and affected fewer than 10,000 individuals, mainly in China and

Hong Kong, but also in other countries, including 251 cases in Canada (Toronto) (Nishiura H. et al, 2008).

The severity of respiratory symptoms and mortality rate of about 10% caused a global public health concern. Due to the vigilance of public health systems worldwide, the outbreak was contained by mid-2003 (Smith RD, 2006). This outbreak was among the first acute outbreaks that had mental health aspects studied in the process and in the aftermath, in various part of the world and in different societies, yielding valuable data on effects of an acute infectious outbreak on affected individuals, families, and the entire communities, including the mental health issues facing healthcare providers (WHO, 2002-2003). Some of the valuable insights into the mental health of patients in isolation, survivors of the severe illness, or psychological squeal of working with such patients were researched during the SARS outbreak.

2.1.6 Ebola

Ebola virus, endemic to Central and West Africa, with fruit bats serving as a likely reservoir, appeared in an outbreak in a remote village in Guinea in December 2013. Spreading mostly within families, it reached Sierra Leone and Liberia, where it managed to generate considerable outbreaks over the following months, with over 28,000 cases and over 11,000 fatalities. A very small number of cases were registered in Nigeria and Mali, but those outbreaks were quickly contained (34).Ebola outbreak, which happened to be the largest outbreak of Ebola infection to date, gained global notoriety after a passenger from Liberia fell ill and died in Texas in September of 2014, infecting two nurses caring for him, and leading to a significant public concern over a possible Ebola outbreak in the USA (Bell BP. Et al,2016) This led to a significant public health and military effort to address the outbreak and help contain it on site (Operation United Assistance) (CDC, 2018).

2.1.7 ZIKA (2015-2016)

Zika virus was a little known, dormant virus found in rhesus monkeys in Uganda. Prior to 2014, the only known outbreak among humans was recorded in Micronesia in 2007. The virus was then identified in Brazil in 2015, after an outbreak of a mild illness causing a flat pinkish rash, bloodshot eyes, fever, joint pain and headaches, resembling dengue. It is

a mosquito-borne disease (*AedesAegypti*), but it can be sexually transmitted. Despite its mild course, which initially made it unremarkable form the public health perspective, infection with Zika can cause Guillain-Barre syndrome in its wake in adults and, more tragically, cause severe microcephalia in unborn children of infected mothers (a risk of about 1%) (Zoroya G, 2015).

In Brazil, in 2015, for example, there were 2400 birth defects and 29 infant deaths due to suspected Zika infection (Kindhauser MK. Et al, 2016).Zika outbreak is an illustrative case of the context of global transmission; it was transferred from Micronesia, across the Pacific, to Brazil, whence it continued to spread (MFPM A. et al, 2018).It is also a case of a modern media pandemic; it featured prominently in the social media. In early 2016, Zika was being mentioned 50 times a minute in Twitter posts. Social media were used to disseminate information, to educate, or to communicate concerns (Wood MJ, 2018).

Its presence in social media, perhaps for the first time in history, allowed social researchers to study the public sentiment, also known as the emotional epidemiology (Ofri), in real time (Ofri D, 2009). While both public health institutions and the general public voiced their concern with the outbreak, scientists and officials sought to provide educational aspect, while concerned public was trying to have their emotional concerns addressed. It is indicative that 4 out of 5 posts on Zika on social media were accurate; yet, those that were "trending" and gaining popularity were posts with inaccurate content (now colloquially referred to as the "fake news") (Sommariva S. et al, 2018). This is a phenomenon that requires significant attention in preparing for future outbreaks because it may hold a key not only to preparedness, but also to execution of public health plans that may involve quarantine and immunization.

Since 2016, Zika has continued to spread throughout South America, Central America, the Caribbean, and several states within the USA. It remains a significant public health concern, as there is no vaccine and the only reliable way to avoid the risk for the offspring is to avoid areas where Zika was identified or to postpone pregnancy should travel to or living in affected areas be unavoidable (Zoroya G, 2015).

2.1.8 Global disease as epidemic in Ethiopia

Related to war, famine and other complex disasters and the subsequent population movements, epidemics have repeatedly ravaged Ethiopia (Pankhurst R, 1977). Public health legislations, by Emperors Yohannes and Menelik were inspired by such epidemics particularly smallpox in particular (Kitaw Y. et al, 2012). Fates of war and conquest, recurring themes in Ethiopian history, have been triggered by epidemics and/or drought/famine, some of which were characteristically international outbreaks (Pankhurst R, 1977).

The 1918 pandemic, ***Yehedar Besheta*** presumably the murderous 2nd wave of pandemic (Phillips H, 2017), is believed to have reached the Ethiopian interior through the Gulf of Eden by train. It is estimated to have killed about 50,000 people throughout the country and 10,000 from Addis Ababa alone. No particular group of society was spared since priests and educated 'national leaders' of the population were all killed by the disease. A number of high political dignitaries died, threatening the stability of the country. The havoc was unprecedented since among the small medical profession in the capital 4 out of 8 have died. One of the missionaries documented that, "God first took the doctors and then swept away the people" (Kitaw Y. et al, 2012). Most public leaders run away from the town for fear of death or isolated themselves in their houses that routine government functions were disrupted.

The epidemic was so devastating that its memory still lingers. Every year, on the 12th of *Hedar (21 Novemebr),* all household rubbishes are collected at one point in the neighborhood and ritually burned *–Hedar Sitaten (smoked Hidar)* – in commemoration and presumably to ward off future pandemics. It has left, as in many other countries (Barry JM, 2017), its marks on the folklore and literature of the country. It has inspired a recent film by Yemane Dessie; "and Then Rains Return".

2.1.9 Socio-Cultural Impacts of COVID-19

Strategies to halt the spread of the COVID-19 pandemic have incorporated three pillars: Personal Hygiene, physical distancing and lockdowns. Personal hygiene has remained an important protection strategy against COVID-19, and personal hygiene messages have reinforced the need to wash hands regularly and thoroughly with either an alcohol-based

hand rub or soap and water. Implementing such a strategy in sub-Saharan Africa represents a challenge because of the lack of basic infrastructure such as piped water, sewage, or environmentally sounds landfills. (UNSD, 2020).

As study done in USA, regarding data on COVID-19 supports targeting to social distancing could be an effective way to reduce morbidity and mortality, but could inadvertently increase stigma for affected populations. As health care providers we must be aware of the facts of COVID-19, cultural implications, and potential for stigmatization of populations affected by COVID-2019. It is important to consider the real economic impact related to lost workdays due to quarantine and social isolation efforts as well as travel restrictions that may negatively impact access to care and ability to pay for care. Efforts geared towards general education about the disease and the rationale for quarantine and public health information provided to the general public can reduce stigmatization. Countries that are successful at aggressive screening, early identification, patient isolation, contact tracing, quarantine, and infection control methods should also address the risk of stigmatization among populations and the negative effects which could occur. The cases of COVID-19 will continue to rise and the virus will be sustainable for future infections. Timely and appropriate public health interventions addressing cultural impact and risk for stigmatization along with proper screening, treatment, and follow up for affected individuals and close contacts can reduce the number of infections, serious illness, and deaths (Pankhurst R, 1977).

2.2 Tourism, cultural and creative sectors

The venue-based sectors (such as museums, performing arts, live music, festivals, cinema, etc.) are the hardest hit by social distancing measures. The abrupt drop in revenues puts their financial sustainability at risk and has resulted in reduced wage earnings and lay-offs with repercussions for the value chain of their suppliers, from creative and non-creative sectors alike. Some cultural and creative sectors, such as online content platforms, have profited from the increased demand for cultural content streaming during lockdown, but the benefits from this extra demand have largely accrued to the largest firms in the industry. The effects of the crisis on distribution channels and the drop in investment by the sector will affect the production of cultural goods and services and their diversity in the months, if not years, to come. Over the medium term,

the anticipated lower levels of international and domestic tourism drop in purchasing power, and reductions of public and private funding for arts and culture, especially at the local level, could amplify this negative trend even further. In the absence of responsive public support and recovery strategies, the downsizing of cultural and creative sectors will have a negative impact on cities and regions in terms of jobs and revenues, levels of innovation, citizen well-being and the vibrancy and diversity of communities (Debra Pettit Bruns&Thomas R. Bruns, 2020).

Australia, New Zealand, and Turkey: estimates from IMF Government Finance Statistics. WA: weighted average; UWA: unweight average. The total of general government spending is non-consolidated. No data for Canada, Chile and Mexico. Source: OECD (2020) Sub national governments in OECD countries Cultural and creative sectors are structured in a unique way in comparison to other sectors. Public cultural institutions and big private players alike rely on an interconnected and interdependent network of freelancers and micro-firms which provide creative content, goods and services. This "ecosystem" is vital to the sector and now faces bankruptcy due to a sudden and massive loss of revenue opportunities. Cultural and creative sectors are characterized by high shares of non-standard forms of work. The use of non-standard contracts has been a common feature of creative jobs before more widespread use in other industries. To a large extent, professionals in these sectors are organized as self-employed or as micro-companies. For example according to Eurostat 7, in Europe the percentage of self-employed in cultural employment is at least double that observed in total employment and in some countries the self-employed account for almost half of all cultural employment (e.g. 48% in the Netherlands and 46% in Italy in 2018). The Île-de-France region in France (around Paris) is home to 36% of France's cultural establishments. Of the 161 000 establishments primarily engaged in cultural activities in the region, 90% of them had no employees in 2016 (compared to three out of four in all economic sectors). This means that the majority of those employed in CCS (artists, individual entrepreneurs or licensed professionals) is self-employed (OECD, 2020).

2.2.1 Socio-cultural analyses of pandemics

Social histories of responses to infectious disease outbreaks have drawn attention to the continuing discrimination and stigmatization of social groups who have been identified as 'contaminating' and posing a risk to others, often involving moral judgments about their worth and value as humans (INSEE,2020). *Political economy approaches*, building on Marxist theory, highlight the macro-political dimensions of health risks in contemporary societies. They seek to identify socioeconomic structures and inequalities affecting health status across social groups, focusing on the relationship between health and gender, age, social class, education level and race/ethnicity (Raphael D, 2013). *Social constructionism* views health and illness as embodied states that are defined, understood and managed through worldviews, beliefs and meanings that are always historically and culturally situated. From this perspective, viruses are conceptualized as assemblages of biological matter, discourses and power relations (Rosenberg CE, 1988). Given that many of the latest pandemics, including COVID-19, are zoonotic (spread by an animal host to humans); socio-materialism perspectives offer important insights into the complex entanglements of human health and wellbeing with other animals and other living things. A socio-materialist perspective on planetary health devotes attention to the logics, knowledge practices and socio-cultural and socio-spatial dimensions, including issues of neoliberalism politics, post colonialism, racism, gender and other forms of other that are often left unacknowledged by medical and public health visions of One Health.

2.2.2 The COVID-19 Pandemic: Making Sense of Rumor and Fear

First documented at the end of December 2019, the corona virus spread with pace in January 2020 as China was about to celebrate New Year. The epicenter of the disease was the city of Wuhan, particularly in and near a live animal market which was subsequently closed. First called "severe acute respiratory syndrome corona virus 2 (SARS-CoV-2)" due to its genetic similarity to SARS (the outbreak of which was in 2003), on February 11, 2020, the World Health Organization (WHO) (Conrad P & Barker KK, 2010) named it "COVID-19." In the first two months of the year, the virus extended from China to over 143 countries and territories (Hinchliffe S, 2015) since then, its spread has been exponential. WHO was initially reluctant to declare an international health emergency "because of a limited number of cases abroad, and also considering the

efforts which are presently made by China, Chinese authorities, in order to try to contain the disease" (WHO, 2020). By January 30, 2020, however, COVID- 19 had been declared a global health emergency; on March 11, 2020, it was declared a global pandemic.

2.3. Theoretical Framework

2.3.1 Syndemic theory

We can see syndemic theory in terms of medical definition and social science definition. Medical definition for syndemic is, "A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population."(www.medicinenet.com).

According to social science syndemic theory is defined as "The concentration and deleterious interaction of two or more disease or other health conditions in a population, especially as a consequence of social inequity and the unjust exercise of power."(M. Singer, 2009).

One of a notable figure who approves of the syndemic argument is Merrill Singer, he is the medical anthropologist at the University of Connecticut who coined the word in the 1990s and thinks it captures the social forces at play. The syndemics model of health focuses on the biosocial complex, which consists of interacting, co-present, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction.

syndemic, also refers to the idea that the virus does not act in isolation, Rather, it has accomplices, such as obesity, diabetes and heart disease, that compound the damage. Each accomplice is already a standalone epidemic and these familiar diseases often go hand in hand and or co-morbidities (A.Ahuja, 2020). Syndemics involve the adverse interaction between diseases and health conditions of all types (e.g., infections, chronic non-communicable diseases, mental health problems, behavioral conditions, toxic exposure, and malnutrition) and are most likely to emerge under conditions of health inequality caused by poverty, stigmatization, stress, or structural violence Social conditions contribute to the formation, clustering, and spread of disease, and, by

increasing susceptibility and reducing immune function, contribute to disease progression. A syndemics-based focus goes beyond common medical concepts of comorbidity and multi morbidity because it concerns the health consequences of identifiable disease interactions and the social, environmental, or economic factors that promote such interaction and worsen disease (M.Singer et al. 2017). syndemic theory is conducted for my research thesis because of the following logical reasoning's. A syndemic exists when risk factors or co morbidities are intertwined, interactive and cumulative—adversely exacerbating the disease burden and additively increasing its negative effects. For example if we take the issue of people those in poverty and other marginalized groups (such as homeless people, prisoners and street-based sex workers) generally have a greater number of coexisting non-communicable diseases and because of this having co-morbidity they become severely vulnerable to the pandemic. These inequalities in chronic conditions arise as a result of inequalities in exposure to the social determinants of health: the conditions in which people 'live, work, grow and age' including working conditions, unemployment, access to essential goods and services (e.g., water, sanitation and food), housing and access to healthcare (Dahlgren G, 1991 &Bambra C, 2016. cited in Clare Bambra et al.2020).

If we take an example of inequalities in working conditions also have an impact on the unequal distribution of the COVID-19 disease burden. For example, lower-paid workers groups, which are mainly in the service sector (e.g., food, cleaning or delivery services, guards) are because of they are designated as key workers and thereby are still required to go to work and rely on public transport for doing so. All these increase their exposure to the virus. We can also see the issue of housing as factor in driving health inequalities. For example, exposure to poor quality housing is associated with certain health outcomes. Like damp housing can lead to respiratory diseases such as asthma and sinus. And also overcrowding can result in higher infection rates and increased risk of injury from household accidents. It is obvious that lower socio-economic groups have a higher exposure to poor quality or unaffordable, insecure housing there for they become vulnerable to a higher rate of negative health consequences. Poor quality houses and multi-purpose houses with a lack of outside space, as well as have higher population

densities (especially in deprived urban areas) and lower access to communal green space. These will go to increase COVID-19 transmission rates.

Even in the Ethiopian contexts, during the first case infected person reported and after a while the government declares a state of emergency for six month and because of partial lock down people who are in a high and economic level had tried to collect everything from the markets and pharmacy. They tried to bought excesses of food materials, medicines like vitamins, mask and sanitizers so, due to this high demand of a people the sellers increase the cost of the items and they tried to hide some materials to show there was a scarcity in some basic needs and on the pandemic prevention materials. This situation leads the lower economic groups to become more vulnerable to the impoverishment even in the scarcity of food and other materials. So the situation forces this victim groups to be more mental stress. When they become more stressed, they will be vulnerable to some co-morbidities; which are non –communicable like hypertensions, heart disease and so once they are infected by the pandemic they will have a very rare case for a recovery.

2.3.2 Personalistic disease theory

Anthropologists have classified the various illness causation theories found among the different cultures of the world into personalistic, naturalistic and Emotional disease theory. My research thesis is supported by a theory of personalistic theory. Before justifying the reason why it is supported by this theory let's see what this theory is about.

Personalistic disease theory is mainly, associated with social punishment or retribution from supernatural forces such as evil spirit, witch or sorcerer. It is explained as due to the purposeful intervention of an agent, who may be human (a witch or sorcerer), non-human (a ghost, an ancestor, an evil spirit), or Supernatural (a deity or other very powerful being (Doda.Zerihun, 2004). All peoples are not seeing COVID-19 pandemic biologically or scientifically eye glasses rather they also seeing it in the manner of cultural and religious view. So, one of my research objective is to investigate the effect of the pandemic in social institutions. From the 6th social institutions which means (government, economy, education, family, healthcare, and religion) one of them is a religion. To know the pandemic effect on this institution, first it had better to know about their world view

about a disease and particularly about COVID-19 pandemic. Here, in Ethiopia during a state of emergency and partial lock down because of the pandemic, almost all churches and mosques were closed. At that time, one of the measurement that was taken by the government was, gave a live stream television program for all religions to teach, pray and worship for the purpose of encouraging people in that difficult time. So, it was remembered that all religious leader of different religions had declare a one month praying and fasting. Side to side of praying and fasting, the religious leaders gave teaching and had a worship program. One of the objectives of that repentance fasting and praying was that to ask forgiveness from God or Allah or waqaa. Because they assumed that the pandemic occurs for the punishments of human being for their sin by this divine agent. So, this religious groups and followers are seeing the cause of pandemic relating to a Devine temper on the human beings sin rather than looking it scientifically. Another incident was that some follower of a different religions bought oil or water and went to their religious leader for pray on that particular oil or water, because they believed that once they took that anointed oil and smearing it on their body part the evil pandemic will never come to them. And they are looking this pandemic as an evil spirit.

CHAPTER THREE

3. RESEARCH METHODOLOGY

This chapter describes the process and procedures involves in conducting the study. It presents the research design, population, sampling techniques, sample size, data sources, and data collection instruments.

3.1 Study Area

The research was conducted in Oromia Region, Jimma town. Jimma is one of the oldest cities in south western Ethiopia. The name of today's jimma was derived from Mecha-oromo clan called JimmaWayu. These people had started to live in the main quarters of the city namely Jiren, Hirmata and Mendera (jimma city Finance and Economic Development office 2014).

Jimma town is far from Addis Ababa 351 km at south western part of the country. It is bordered with kersa wereda in the east, with mana district in the north, and mana & seka chekoresa in the west. This town is characterized by woina-dega climate with average altitudes of 1820m a.s.l. jimma enjoys moderately heavy rain fall throughout the year; With annual range from 1450 to 1800mm (GTZ, 2005). The annual average rainfall was 1470mm (jimma town administration, 2007).

According to the central statistical agency population projection of 2015, the total population of the town is 177,900. The town has the total house hold of 51429. The town also has the total land area of 100.2 km per square (jimma city administration office annual report 2015). In jimma town there are about 17 kebeles.

The prominent ethnic compositions in town are Oromo, Amhara, Guraghe, Dawero, Kefa etc. (Jimma Town Finance and Economic Development Office 20014). According to jimma town land administration office, out of jimma town area (100.2 km per square), 84.65% is used for urban development and the remaining 15.5 % for forest, agriculture and partly vacant. it is also important economic and trade exchange center for, coffee, khat, crop production, fruits, vegetables, cattle, honey, milk source and great beautiful area of the Oromia region.

Trade and commerce is the major economic activity in the town. Every day there is a market activity in the town but the biggest market day in the town is Thursday and Saturday. The local urban-rural economic exchange in jimma and its surrounding has contributed significance Business activities (Jimma city micro and small scale enterprise office 2014). Some of social institutions in jimma are,

3.1.1 Religions

Currently there are about many religions in jimma. There is also strong positive relationship among the followers of each religion. They all work together for the development of the city. According to jimma town religious institution administration there are about 82 mosques, 19 Orthodox Church, 62 protestant churches, 3 catholic churches, one 7th day Adventist church and one Jovha witness church.

3.1.2 Education

According to the information from the city administration currently there are about 22 governments and 20 private primary schools. There are also 3 governments and 8 private secondary schools & 3 government and private preparatory. There are also about 5 private colleges and 1 Government College & one university.

3.1.3 Health

According jimma zone health office, there are about 2 government hospital and 7 government clinics. 48 private clinics and 1 private hospital are also available in jimma town.

3.1.4 Idire

Idir is one of social institutions. In Jimma town there are organized Idirs under one umbrella and they are called Jimma town Idirs union. They have their own office. The members of the union are 70 (seventy). There are also about more than 50 Idirs which are not organized in the union. jimma town Idire union also participating in social &

economic service such as, Construction of houses for the poor, Adopting the Orphans and so on.

3.1.5. Research design

Qualitative study was conducted using ethnographic case study design. Since this research is a qualitative research, it is going to employ purely qualitative data would be gathered. According to Straus and Corbin (1998:13), qualitative methodology is a typical research approach which enables researchers to come up with data that cannot easily be produced by statistical procedures or other means of quantification. It is also the means for exploring and understanding the meanings of individuals or groups ascribed to social or human problems (Creswell 2009:14). Moreover, qualitative research is preferable as it enables investigators to gather data about human life realities, experiences, behavior, beliefs, emotion and feeling, organizational function, social movement, cultural and religious phenomena in social interaction (Straus and Corbin 1998:16).

3.1.6 Sources of Data

Relevant data was obtained from both primary source and secondary source. The primary sources include informants such followers of religions, imams, pops, pastors, teachers, students, recovered COVID-19 patients, physicians who are working in COVID-19 center, Idre chair persons and residents of jimma town. The secondary sources comprised of both published and unpublished materials such as books, magazines, journals and different documents which is about socio-cultural effect of COVID-19. These sources are expected to provide information regarding studies conducted so far and what have been done in relation to COVID-19 and its effect.

3.2. Participant Selection

I employed purposive sampling techniques in conducting this research. The main reason that I have chosen this purposive selecting technique is to have those yield the most relevant and plentiful data or rich information in line with my topic of study (Creswell, 2014). About 20 samples were gathered. In selections process of covid-19 recovered patients, they were selected purposively by considering their willingness, the severity of their pain, the selection also include those who were hospitalized and having co-

morbidity. Regarding the physicians selections, they were also selected purposively in considering those who are willing for the interview and working in Covid-19 center for one month. On the selection of students and teachers, I purposively selected students and lecturers of a university who had continued teaching and learning process in virtual technology during the partial lockdown because of the pandemic. Regarding the idir institution the researcher selected these institutions purposively in the criteria of their willingness, highly organized, very long time since they were established which is about more than 30 years and those who were highly affected during the partial lockdown because of the pandemic. Regarding the religious institutions, the informants were selected purposively in the criteria of based on their willingness, having more knowledge about their religion, respected and exemplary religious leaders in the community, had the history of tough time during the partial lockdown because of the pandemic.

3.3 Data Collection techniques

To get the required data for successful completion of this study the following methods of data collection would be used. For this study, I conducted 9 In-depth individual interviews and 11 key informant interview and observation also conducted to collect data. The participants were asked to describe their experiences regarding the main questions of this study.

3.4 Interview

Data was collected mainly through in-depth interviews and key informant interviews. Interview question composed of the various statements related to the effects of Covid-19 on the cultures and social hood of the town. The interviews were conducted by taking into consideration criteria such as age, sex, occupation and type of religion they followed. The interviews were also conducted with purposefully selected informants. During the field work in-depth interview has gone with the COVID-19 survivors, postgraduate instructors and students.

3.5 Key Informant Interview

In order to get data on past events and scenarios and even on the current reality, it would be better to conduct key informant interview with better knowledgeable and concerned

individuals. The key informant interviews were including four religious leaders, three physicians and two idire chair persons and two persons who are respected, aged and acting as a leader of a village.

3.6 Observations

Observation enables to observe and discussed with informants at the place of where they were. As I am a resident of jimma city, I shared many of what the informants were mentioning the effects of COVID-19 in different social and cultural circumstances. On the side of psychological effects of COVID-19 recovered patients, I would share many of what they mentioned during interview. During my field work to get COVID-19 recovered patients, I was repeatedly gone to the hospital around COVID-19 center. I expected that that was the time that I was infected with the virus and I was in a bed for a month. During that time I had experienced most psychological issues mentioned by the COVID-19 recovered patients. So I could easily observe what was mentioned by the informants.

3.7 Method of Data Analysis

In order to analyze the data for this research, I employed Thematic Analysis. The data obtained from interview, observation and document analysis went through transcribed, coding, categorizing, generating the themes, discussed, and narrated, analyzed and interpreted to achieve the stated objectives.

3.8. Ethical consideration

The process of this research from the beginning to the final report writing would be concerned first with the issue of plagiarism by reviewing the literature which can be easily triangulated, and restricted to acknowledge the authors of previous studies and theories. The result, discussion and conclusion were only organized and reported based on the gathered data. Secondly, it was concerned with the rights of the participants in relation to that to get information from them depends on their consent in every data collecting ways. Under this the data collection procedure was employed by caring for social, moral, and cultural values of the participants and surrounding members. Likewise, these ethical issues were executed starting from explaining the main purpose of the research to the participants up to keeping the privacy of the information they provided. In so doing, the researcher was secured letter of consent from Jimma University, college of

Social Science and Humanities and from jimma Administration office. After explaining the goal of the study to the informants, the researcher was sure that they take part in the work at will. I told to the participants that they would have the right to discontinue participating any time if they don't want to.

CHAPTER FOUR

4. Result and Discussions

For this section I have tried to put the results from fieldwork on the effect of covid-19 on social institutions. Under this main theme three sub-them studied. These are: the pandemic effects on religious institution, educational institutions and Idire institutions of a society. In order to get data on past events and scenarios and even on the current reality I conducted key informant interview with better knowledgeable and concerned individuals. Like religious leaders from the four religions (Islam religion, orthodox religion, protestant religion and catholic religion). Concerned the pandemic effect on Iidir institutions I conducted interview with chairmen's of a very organized Idire institution in the city. The same interview also conducted with university students and teachers to study the pandemic effect on educational institutions. This is going to be conduct with people who are acting as the leaders of the community.

1. The effects of COVID-19 on Social Institutions of a Society

1.1 Effects on religious institutions

Religion is one of a social institution which is involving beliefs and practices based on a conception of the sacred. There also some common character or profile in every religion, which makes the religion a religious institution. These are the physical/ritualistic and verbal behaviors, the concerns with good or correct action, the desire to achieve certain goals or effects, and the establishment and perpetuation of communities. During in the partial lock down because of COVID-19 almost all religious institutions were closed temporarily. And the pandemic had a profound and a huge effect on these institutions in a various ways, including the cancellation of the worship service of various faiths. Here after the interview was conducted with the 4 religious leaders of four religions institutions, the result of the effect described in the following way.

Table 1. Participant demographic characteristic

Participant Code	Age	Gender	Position
M	73	M	Islam Religious leader
R	60	M	Orthodox Religious leader
P	51	M	Protestant Religious leader
C	45	M	Catholic Religious leader

On this section Data analysis led to 4 codes, 5 sub-themes. And these sections elaborated the major categories which emerged from the findings.

1.1.1 Religious perspective of where the pandemic is from

During my interview conducted with religion leaders, all of the four religions leaders (Islam, orthodox, protestant and catholic) world view or perspective about where the pandemic is from is directly related to the Devine agent. Here are their words. One of my informants who is from the Islam religion sayings:

> Everything's that happens on earth does not happen without a Creator. The Creator created humans to be aware of his Creator and to do what he commanded them to do. The Creator intervenes when man commits injustice and sin. And then such a pandemic occurs. According to Islam's teachings, any destruction and punishment on earth occurs when the Creator punishes human beings for their evil deeds **(Kii M, 17 April 2021)**

Likewise, An Informants from orthodox church father has also put their religious perspective about where the pandemic from. Here is the word:

> As we see in our Bible, God often brought destruction upon the earth when mankind rebelled and did evil. In fact, Noah's day is a good example of this. Because of mankind's rebellion and wickedness, God brought destruction upon the earth. We still believe that this pandemic is the result of God's wrath on human sin. **(Kii R, 15 April 2021)**

Similarly, the protestant religious leader also point out that the source of the pandemic is man's evil deed and reap what he has sown.

> We know that God is always good. God's goodness is not only good when good things happen, but God is also good when it come serious problems. And when man forgets his creator in evil and sin, God causes man to reap what he has sown. It means that we receive from God the reward for our good and bad deeds. We believe that covid-19 has a direct relationship with this worldview. **(Kii P, 22 March 2021)**

An informant from the Catholic Church has also related the pandemic with the divine entity and saying:

> God is omnipotent and this world is under his control. He is also omniscient he knows the past, the present and the future. So, before the world is existed he knows this day. So what the world is facing now or the covid-19 before it happened to the world it was in God's omniscient knowledge. **(Kii C, 19 April 2021)**

From the above viewpoints of religious leaders, I understand that Different religions offer different explanation about disease, sufferings and even about this pandemic. Their explanation and reality is based on from their religious world view. Most of the religious beliefs are connected with spirit power beliefs. Because of this, human holds variety of beliefs about spirit entities (Gods, ghosts, etc.) and their abilities. These supernatural spirits are often said to have abilities that exceed or even defy the natural order. Yet in spite of these abilities, spirits are also said to possess many human features. So that, every society has practices that provide the protection from the spirit and attempt to influence their action. These actions may involve submission as well as dominance behavior.

The power that human attributes to spirit include power to help and to harm, to reward and to punish. These beliefs find their expression in religion practices whose intention is to promote the beneficial effects of spirit and toward off malevolent effects or protect people against them. So that these religions have practice that provide protection from the spirit and attempt to influence their action; these action may involve submission as well as dominance behaviors. Generally, all culture has social ritual for acquiring power, protection, and information from spirit. Because spirits are understood to have both good and malevolent characteristics, they are able to serve as role models that teach the members of a society about appropriate and behaviors.

1.1.2 Cancelation of worship services and religious ceremonies

It's remembered that after the first case of covid-19 has been reported in Ethiopia, the government had declared a state of emergency almost for about six months. During that time many temples, churches and mosques were closed because of the decree. So, that cancelation of worship service and religious ceremonies was one of the effects of the pandemic on this religious institution. According to informants of each religious institution leaders, its effect was described in the following way:

> In Islam Jumuahsalaah (Friday prayer) is a mandatory to be praying with the congregation together but because of the closure of mosques we couldn't perform our prayer together. According to our religion, Ramadan for many Muslims spent at the mosque, gaining spiritual benefits through listening sermons and du'as (supplications). During Ramadan nights we are engaging socially by having iftar (the meal to break one's fast) with friends, family and fellow community members. But, during the lockdown we lost all this spiritual benefit of the unforgettable moment during the lockdown was that, missing the festival of EidulFitir. In the Eid festival we usually spent a time in celebration with friends and loved ones. Because of the pandemic we couldn't did this. This was also really very difficult and deeply saddening us. **(Kii M, 15 April 2021)**

Likewise, an informant from the Orthodox Church father has also discussed how the situation was tough and how they canceled and missed the main religious activities during that particular period of lockdown leader:

> During the lockdown our church couldn't execute some very important religious activities like; sacraments of Baptism, Chrismation, Holy Communion and Holy Matrimony. Fasika (Easter) follows eight weeks of fasting from meat and dairy. On Easter Eve, Ethiopian Christians participate in an hours-long church service that ends around 3 a.m., after which they break their fast and celebrate the risen Christ. But during the lockdown we everyone is sad that we couldn't celebrate the holiday as usual. In our church most of a people have a spiritual father. Even for some of them since childhood and throughout their adult lives, whom they meet frequently in the church premises or in their homes when priests visit for the regular religious gatherings. These are only a few of the ways in which the Church is integral to people's everyday lives, but in church closing time we couldn't perform all this spiritual activities. **(Kii R, 15 April 2021)**

According to an informants from the Protestant church has also said that the church was canceled many essential spiritual programs during the lockdown.

> "During the lockdown time we were almost missing every spiritual program in a church. We didn't execute spiritual programs like sermon, worship, Holy Communion and counseling program." **(Kii P, 22 March 2021)**

Catholic Church has also faced the same problem during the lockdown and they were obliged to cancel the main spiritual programs.

> "At that time the church was already closed and our only option was following spiritual programs through television channels. It was really a devastating season. We were lost very important spiritual programs like worship, mass prayer and teaching a word of God." **(Kii C, 19 April 2021)**

Generally, during the partial lockdown and church closing time because of the pandemic; the religious institutions were highly suffered and weakened by their spiritual life. Missing of the main religious ceremony and spiritual program were one of headaches both for the religious leaders and for their followers.

1.1.3 Financial Instability

During the time of partial lockdown the churches and mosques were closed and they were facing a finical instability. This is because most of religious institutions revenue is cash donations from attendees. Because of the restriction of gathering together in mosques and churches most of the attendants didn't come to these institutions. So, if they are absent there is no any income. My informants of these religious institutions described about how that situation seriously affected their financial capacity. Here are their words. A Muslim religious leader informant says the following:

> Many of our mosques rely on cash donations from attendees, particularly especially on Fridays, and madrasa fees to cover their costs. Particularly the month of Ramadan our mosques receiving significant donations from worshippers, many of whom attend on a daily basis throughout the month. Not only this but also many Muslim charities also use the month of Ramadan to fundraise, with many mosques hosting fundraisers for different charities through the month. So we were highly affected financially during the lockdown time. ***(*Kii M, 17 April 2021*)***

Likewise, an informant from the orthodox religion Father has also stated how they were suffered financially:

> Many of our churches rely on the financial contributions collected from the attendants. The collected gift and money will be used to operate and to pay salaries to the clergy, whom they might be unable to reimburse at this time. Not only this, but there are many other individuals who depend on Church-related activities to make a living, such as people who sell candles, incense or other ecclesiastical necessities typically outside of churches. **(Kii R, 15 April 2021)**

According to a protestant religion leader, because of the situation was tough and serious they were suffering more in the financial constraint due to the church was closed for a long time. Like the Orthodox Church and the Muslim mosque the protestant church main revenue is also collected from the attendants of a church and they call it love gift and tithe. Here are the words of a religious leader from the protestant church:

> First and foremost our church has not financial readiness from the beginning. The only source of our church income is the attendants who are coming to the church. And it's our doctrine to give a gift and tithes for a church and according to our bible giving 10 percent of your income to church. But during the time of church closing all our members were in their home and no one was not came to the church. So we didn't have any income. Unfortunately most of our churches are in renting home and at that time we don't have money to pay our renting expense and some of our churches are obliged to leave the renting home and some of them were sold churches property to cover the expenses of the rent. The most difficult thing was that we couldn't pay the salaries of the church staff including the pastor. Most of our staffs have a family and they were suffered more. **(Kii P, 22 March 2021)**

Generally, according to their words I can easily understand that during the partial lock down because of the pandemic; churches and mosques were suffered financially. This is because most of their incomes are depending on attendant's gift. In my view, this situation may give them a teaching and a chance to think again on how to create an income other than from attendant's gift.

1.1.4 Persecution and being prisoned

During a state of emergency because of the pandemic the church was closed. The consequence of church closing had a very negative effect on each religious institution in different aspects. According to some informants of a religious leader they had face a strong opposition from the government bodies during that time. According to one of my informant there was also a threat of police, intimidation and imprisonment when people came to church in a secret. Here are the words of the in formant from the Orthodox Church father's:

> This period had a profound effect on the church fathers. I remember that on June12, 2012 E.C, and the 80 years old church father was charged with inciting people to come to the church during the ban and was arrested for four days and released. In addition, on April 23, 2012, security forces harassed and arrested parishioners who had come to church to celebrate the anniversary. I remember the same day that an elderly church father was arrested for five days and released. Above all, the spiritual loss and psychological pressure on our believers was great concern**. (Kii R, 15 April 2021)**

1.1.5 Proceeding prayer and worship in a difficulty time

One of the difficulties during this time was continuing their sermon, worship and prayer program and follow up of their members keeping their spirituality. According to my informants of the religious leaders almost all of them are trying to get their members by different mechanisms. According to the protestant religious leader:

> During that moment to keep our flocks from different spiritual weakness we established a home cell group in their village. By forming five members in one group and by preparing a bible studying manual we were continuing our worship program. But the problem is not all members are willing to participate in a cell group. We also recommend them to watch weekly spiritual television channels. **(Kii P, 22 March 2021)**

Likewise, an informant from the Orthodox Church father also added:

> We priests, deacons and fathers of the churches didn't stop our spiritual program like Morning Prayer and worship. Even some of attendants were come to around the church compound in a secret to pray and worship. We also recommended them to

> follow weekly spiritual orthodox program through Ethiopian television. **(Kii R, 15 April 2021)**

Both the Muslim religious leader and the catholic religious leader say that they were preceding their prayer and worship through a spiritual television program. But all of the religious leaders of each religion didn't hide that there was high spiritual weakness on their attendants.

1.2. Social effect (idire)

The idir is a kind of helping Ethiopian neighbors organizes funerals for their member of that particular group of idire. It is also an association forming or established based on the mutual agreement of community members to collaborate and to help each other whenever an adverse situation occur in any member of the family. They make a membership processes by contributing a common fund. The idir has a leadership composed' of a chairman, secretary and a treasurer. According to Levine (1965) idirs originated from the Guraghe society in the 1930s and soon and become popular all over Ethiopian regions both in the rural and urban areas. "They are organized on a territorial basis, in villages, towns and city quarters; on an ethnic basis and even on an institutional basis as among employees of some government ministries" (p. 277).

Jimma town has also different organized idir. Some of the Idir money is dispensed to members in times of sickness, and loss of property due to accidents (fire and theft, for example). The main objective of the central idir is to cover funeral expenses. During mourning, at the time of a death of a member or his or her family or a relative all idir members are immediately informed. A cash payment is quickly made to the victim family. Then immediately a tent will be prepared and tables and chairs set at the home of the mourning member to receive those who come to pay their last respects. Food and drink is prepared. This function may last for few days. But during the lockdown because of the pandemic, most of the above culture of the idir except payments to the victim family were ignored and restricted by government's body. So this leads most of the idir institution would be weaken in many aspects. In most of idir organization social alienation also occurred and financial crisis also happened during the time. I had a key informant interview with two different idir chairmen about how the pandemic affected their social institution (idir). These two idire institutions are highly organized and some

of them are 10 up to 70 years since they were established. There are challenges which these institutions faced during the lockdown.

1.2.1 Financial Instability

According to the informants from chairmen of idirs, one of their challenges during the lockdown was a financial constraint. Mr. X was the chairman of one of the highly organized idir in jimma around kebele 4. This institution has about of 90 years old since it established. According to Mr. X:

> One of the problems we faced at that time was financial constraints. This is because at time of lockdown, all of us could not gather, so we could not collect a monthly payment from members. Additionally, before the lockdown anyone who failed to pay a monthly payment was punished to pay extra money other than what he or she expected to pay.so these payment will be an additional income for our idir. But because of we couldn't do that we were in a lot of financial pressure. **(Kii X, 6 May 2021)**

1.2.2 Psychological Disturbance

These institutions had also been faced a psychological challenges. During the restriction time because of the pandemic, gathering together for the funeral was limited by the number. And the government bodies allowed only 50 people to execute a funeral process. It was very hard for the idir members and the victim of the family to accept this proclamation. Before the pandemic, at the time of a death of a member or his or her family or relative Members start gathering and they comfort the victim family in words and different actions. Food and drink is also served immediately. The rest of the time is devoted to social engagements. But during the pandemic this all things were ignored because of a country state of emergency proclamation. This all factors had a serious psychological effect on the members of the idire. According to Mr. Y, one of a chairman of a 70 years old idire which is around kochii has said the following:

> One of our members died during the ban. Because our member was suspected of the COVID-19; their bodies were discharged from the hospital on the third day after his death. By not allowing anyone outside the family to attend their funeral; we buried only fewer than ten people. The mourning ceremony ended with the family not setting up a tent as usual, and we

> couldn't comfort them together with the members our idir. This is something that still bothers me to this day. In the city where he was born, raised, and raised his family, the funeral procession ended in tragedy. The difficult thing is that, the family and the settlers are still under great psychological pressure. (**Kii Y, 3 May 2021**)

1.2.3 Social challenges

The COVID-19 pandemic posed unprecedented sociocultural challenges particularly social gathering and sociocultural ceremonies which are parts of the daily life. Social gatherings are very common. People often come together for coffee ceremonies, weddings, burials, weekly and monthly gatherings of Idir a social network (social group to help out members during loss of family members and monthly basis). So, that the lockdown banned such socio-cultural gatherings. This resulted in sociocultural crises and psychosocial problem to the society. Additionally, sociocultural disconnections also eroded the main value and moral conditions of the society.

1.3. Effects on Education

The following sections elaborate the major categories which emerged from the findings. During in my field work I had interviewed with university instructors from different discipline and students from different department. My focus was only postgraduate students and lecturers in Jimma University. This is because; during the lockdown the university was tried to proceeding the teaching and learning process through virtual system for the postgraduate students. So here, for this section 7 university lecturers and 5 post graduate students were participated for the interview.

1.3.1 Teaching online vs. face-to-face sessions

Even though the online teaching process is known globally, but during in my interview most of the students were unsatisfactory about this teaching technology. They mentioned many reasons like less access of smart phone and internet. The time was also very short as compared to face to face sessions. According to my informants they didn't have an access to raise questions on what they didn't understand. But in the face to face session they have more opportunity to ask and answer questions. Even the have a chance to discuss with their friends. According one informant from reproductive health post graduate student says the following:

> "In face to face to face class we have a chance to discuss with our instructor even we have a chance to discuss with each other but in the virtual plat form we couldn't do this."**(In-depth interview s1, May 2021)**

During in online plate form the lecturers are also rushes to cover the portion in short time and this may have some negative effect on students understanding of the course and on their grade. According to an **instructor** from the departments of mechanical engineering:

> Online platform teaching process is very different from the face to face teaching method. During the lockdown we were obliged to cover the courses of the chapter in 4 weeks which was supposed to end in six month. So this made the students more stressful and had an effect on their understanding of the course**. (In-depth interview T1, May 2021)**

1.3.2 Internet Network issue

During the online session one of the challenges for both the students and the teachers were network issue. Because of very weak signal, sound broke and video hung it interrupted a teaching and learning process. Especially for the students around the rural area the problem was tough. Due to this the class could not be conducted seamlessly. According to a postgraduate student from monitoring and evaluation:

> During the lock down I was in Addis Ababa. Even though I was in a big city the network quality was very poor to continue my class in online plat form. Because of this network issue but also the zoom technology has become switched off at every 40 minute and you should expect to restart again. It also takes several minute to restart again. After it restarted the class was already ended. **(In-depth interview S2, May 2021)**

So, it is became another burden for both the students and teachers. It has also a particular effect on student's grade. Because students would not submit their assignments early and even when they send it by email, because a network jam it did not reache them in time.

1.3.3 Cheating in assignments and activities

According to many postgraduate students were complained about assignments and activities which were given by the online plat form. So many of them were not done their assignments by their own rather it was done by other peoples. This makes some of the medium and the average student became top scorer and those who are done by

themselves got a non-satisfactory grade. A post graduate student from environmental science and technology has said the following:

> I know that many friends of mine who are a post graduate students in different departments. Some of them had a warning and unsatisfactory grade during first semester that was before the lock down. But during when the online plat form was started many activities and assignments were given to us and out of 100%, 75% of our grade system was covered by such activities and assignments and many of my friends assignment and activities were done by not by themselves.so most of them scored undeserved grade as compared to their first semester result. During in face to face class instructors follow up in each activity and assignments were serious and strong. **(In-depth interview S3, May 2021)**

1.3.4 Adaptation to the new teaching and learning culture

Many of the post graduate students were new for the new culture of the online teaching and learning process. It takes also a long time to adapt with the technology. Most of them were unsatisfied with that particular technology. A post graduate student from mechanical engineering department agrees that:

> "I have not had any class online before. I am only used the face to-face learning and teaching of instruction. This new system of learning was very difficult for me. It takes a lot of time until I adapted to the new online plat form technology." **(In-depth interview S4, May 2021)**

Generally, from the findings and results I understand that, during the partial lockdown the teaching and learning culture were changed to the virtual system. On the basis of ICT infrastructure, access of internet, people capacity to manage internet, laptop or cellphone, there was a big challenge to both students and teachers. It's obvious that because of the pandemic, nearly all governments throughout the globe have temporarily closed educational institutions like schools and universities in an attempt to reduce the cases of COVID-19. It directly affected the educational system worldwide. In 191 countries of the world, this affected over 1.6 billion students (UNESCO, 2020). The issue of network and adapting the new technology also challenged the students. During in face to face teaching and learning culture they had a chance to discuss with their instructors as well as to their friends. But know the new culture hindered them in doing so. During in online plate

form the lecturers are also rushes to cover the portion in short time and this may have some negative effect on students understanding of the course and on their grade.

2. Mental health and psychological issues of COVID-19 survivors

The following sections elaborate the major categories which emerged from the findings. According to studies, COVID-19 patients have some what a very low psychological tolerance capacity, and due to the current status of the disease in the world, these COVID-19 patients are highly exposed to psychological disorders (Yao H.et al, 2020). The themes that are obtained from the data analysis were trying to achieve the objective of the study, i.e. to explore, discover, and describe the psychological disturbances of COVID-19 survivors throughout the disease crisis.

For this study four covid-19 recovered survivors were taken and in-depth interviews were conducted. All are from jimma city. The researcher first referred to Jimma University specialized hospital covid-19 center coordinators admission and discharge office and prepared a list of the characteristics of all patients who had been discharged with a good general condition. They were all in the 26–62 age range and their educational status ranged from being high school completed to being Ph.D. candidate. Most participants referred to the hospital with common symptoms of COVID-19 including fever, cough, muscle pain, and dyspnea. Two of the participants had been hospitalized in the Intensive Care Unit (ICU) and one participant would intubate and the rest was hospitalized in the general wards. The length of hospital stay varied from 5 to 14 days.

Table 2.1 Participant demographic characteristic

Participant Code	Age	Gender
R1	43	M
R2	60	M
R3	62	M
R4	26	M

On this section Data analysis led to 4 codes, 6 sub-themes. And these sections elaborated the major categories which emerged from the findings.

2.1 Depression

In my study throughout the interview, I noticed that most of them were exposed to depression before they recovered. Informants described their experience in this regard as follows:

> I felt more than depression. It was a very bad filling .throughout my jobs life I have had read so many medical journals but I have never get an exact definition for this feeling. I was in a state of hating myself. Even I didn't want to communicate with any one. Silence, sleeping, hating myself and give up was the major feelings what I was felt at that time. **(In-depth interview R1, 17 April 2021)**

Likewise, other informants also experienced the same feelings and stated the following:

> I have two sons and one daughter. During that time my wife was also with me in a hospital to help me. But, she became also positive with the pandemic. Imagine how the situation was hard and tough for my family? I was very much worried about my children and so many negative thoughts came to my mind. I was thinking like, what would be the fate of my children if we both were? Who would go to care them? Such thoughts made me very depressed until I discharged from the hospital. **(In-depth interview R2, 23 April 2021)**

Other informants also stated that how he was depressed during his stay in the hospital because of repeatedly thinking about what will be the fate of his family if he died by the pandemic.

> I was in hospital for a month. My case was very critical and severe because having a comorbidity disease which is a diabetic mellitus. During my stay in the hospital I was very depressed because of the thoughts which is came to mind. Repeatedly I was asking myself that will I will be able to survive? Will I be able to see my family again? Such repeated thoughts made me very depressed until I totally recovered. **(In-depth interview R3, 20 April 2021)**

2.2 Anxiety because of fear of death

According to my informants most of them were suffered in fear of death whether or not they will survive. Before they were infected they have been a wide range of information about the disease, and how much the pandemic is a killer. So, during they stayed in the hospital most of them are not sure about what fate awaits them in the continuation of the

disease process, and whether the conditions will worsen and they will get closer to death have caused a sense of struggling between life and death. They share their experience in the following ways:

> "As a physician I had information about how deadly this pandemic is a killer and I was scared. I was terrified and scared especially when I saw some of the sick people next to me die, so I wouldn't sleep. Sometimes I wondered if someone had died before I came to the bed where I was sleeping." **(In-depth interview R1, 17 April 2021)**

Another informant also shares his experiences during his stayed in the ICU room, and he explained how he was suffered because of fear of death.

> I have a diabetic mellitus and I admitted in the corona isolation ward. But immediately after two days I was transferred to covid-19 ICU because of the oxygen saturation was below 90%. It was about 62%. In the ICU room I was stabilized with nasal prongs and did not require ventilator support. Unfortunately my wife was in hospital to help me and I was happy that I am with her. I imagined that ICU bed was death bed. This was because I have heard from Medias; most of covid-19 patients who are in the ICU will have less chance to survive. So until I shifted from the ICU ward I was frighten and I didn't have a good sleep. I was also suffered in nightmare. All this leads to me a severe feeling of anxiety because of fear of death. **(In-depth interview R2, 23 April 2021)**

Likewise, other informants who have a co-morbidity of diabetic mellitus also share his experience how he had a tough moments, suffered fear of death and developed anxiety.

> I have a diabetic mellitus and when I admitted in the COVID-19 isolation ward. I was in shortness of breath and the oxygen saturation was about 70 up to 74%. Immediately I was shifted to the COVID-19 ICU and I was stabilized with nasal prongs and I was found to be anxious and was sweating despite maintaining normal oxygen saturation. After I shifted to ICU, I had some recurrent thought that I was going to die and this leads to increase in anxiety until I discharged from the hospital. **(In-depth interview R3, 20 April 2021)**

According to one of a young and a head of a family informant's, seeing other covid-19 patients who are critically ill also have a negative effect to those who are in the same ward. Because when they see that critically ill person they will give up and suffering with

anxiety of fearing of the death. Here are the words of one of the informants who experienced these feelings:

> At 4:00 pm in my room, a fat and tired woman came to bed with help of nurses. The woman had very fast and strong cough. It was 7:00 pm she passed away. When I saw this, I was shocked. I immediately began to think about myself. My father died when I was a child. My mother raised me without a father. I grew up without love of a father. I have two sons, one is about 4 years old and the other one is a 5 month baby boy. I was terrified that my two children would grow up to be like me. Such thought of fearing of death was caused me anxious. (**In-depth interview R4, 19 March 2021)**

2.3 Fearing and suspicion of the physicians in the covid-19 center because of opposite political view

From the four participants of the interviewer, two of them had a special experience of about fearing and suspicious on the physicians because of their opposite political perspectives. They shared their experience in the following way:

> When I went to the hospital two feelings was in mind. One is, as a staff of the hospital I expected that I would know the physicians who are working in the covid-19 center and they also knowing me. So, am thinking that this was the opportunity to better communicating about my sickness and they would make me free to adapt the environment. Secondly, I was thought that some of the physicians are my colleagues and they know my political view. Most of the time my political view is different from them and I had a fear that if they hurt me because of my political perspective. Until I discharged from the hospital I saw then in a suspicious eye. **(In-depth interview R4, 19 March 2021)**

Likewise, other informants also experienced the same feeling because of hearing rumors about the covid-19 center before he became hospitalized:

> Before I went to the hospital I heard some rumors about the covid-19 center. And I had a fear about myself if I would not be well treated or would hurt because of my political view. But the truth is different to the rumors. The physicians were treated me aggressively and in well manner without any precondition. I really wish if I get the chance to say thank you for the physicians who treated me. Next to Allah they saved my life. **(In-depth interview R2, 23 April 2021)**

2.4 Feelings of loneliness

According to the informants, most of them were experienced loneliness during when they were stayed in the hospital. This feeling was stile there in some of recovered participants. They share their experience in the following ways:

> One of the things that the pandemic have been left with me is feelings of loneliness. Even though my daughter was with me in the hospital, I was feeling very lonely. Even after I recovered and discharged from the hospital stile I have the same feeling and know I have been treating by psychiatry. **(In-depth interview R3, 20 April 2021)**

Additionally, other informant also experienced the same feelings of loneliness because of the absence of his family during the hard time when he was in the hospital. Here are his words:

> Unfortunately I live in alone. All my families are living in other town. When I was in the hospital every provision was from the hospital, like food and water. But I noticed that most of the Patients who slept with me were receiving food, tea and water from their families. When I saw this, I felt very lonely and frustrated because of my families are very far from me. **(In-depth interview R1, 17 April 2021)**

2.5 Stigmatization

Stigmatization because of the pandemic is directly related to the concept of discriminatory behavior any one perceived to have been contact with the virus. According to (WHO, 2020) there are about three factors which stigmatization is associated with covid-19. First, it is a pandemic that's new and for which there are still many unknowns. Second, people are often afraid the unknown and finally it is easy to associate that fear with others. My informants also experienced stigmatization after they recovered and discharge from the hospital. They describe their experience in this regard as follow.

> After I recovered from the covid-19, I gave a call to my servant to clean all my clothes, dishes and the entire house with disinfectant chemical. Immediately she began to wash my cloth and went to dry that cloth on or compound dry rope. Because of I am living in jimma university lecturer's condominium some of the property in the compounds are not a private property so we are expected to share to the neighbors. Unfortunately I and my neighbor share the same dry rope together. At

> that time my neighbor came out of her home and told to my servant to remove this patient's cloth from here and she recommended my servant to never use that dry rope again. And quarrelling began with each other. So, when I went to my home all my neighbors were afraid to be close and greeted me from the distance. Some of them rushed their children to home feeling that they would not be able to approach me. Because of all these negative reaction and discrimination from my neighbors I immediately returned home and went out to the hotel. I stayed in the hotel for about five days. **(In-depth interview R1, 17 April 2021)**

Likewise, another informant also shares his experience how he was suffered in stigmatizations after he discharged from the hospital:

> After I discharged from the hospital the next challenge was discrimination from neighbors, work colleagues and different people. Because I am pastor of a church, before I was sick many invitations were come from different churches to preach in their church. But after this situation many of them ignored me and they did want to invite me because of fearing of contaminated. Even when I walk on the street peoples who knows my case greeted from distance and especially those who are not wearing mask were shocked and quickly put on mask. Some times when I went to a church to attend worship program people became afraid to sit next to me. **(In-depth interview R3, 20 April 2021)**

2.6 hospitalized impression

My informants had different reactions when they decided to being hospitalized. They share their experience in the following ways:

> When my illness became very strong and as physician after I considered serious symptoms on my body like coughing, difficulties of smelling and testing, high fever and joint pain I decided to give a call to the ambulance. During in my telephone conversation with the ambulance driver I pleaded him that while he came to my home to switched off a siren. This is because of to hide myself from my neighbors. After the ambulance arrived to my village I went to the car with my baggage and I am started to cry because I never expected that I would be back home again. **(In-depth interview R1, 17 April 2021)**

Here is another informant words that he experienced the first impression when he became hospitalized:

> I remembered that it was night and it was approximately 6 o'clock. I was very ill and I had nonstop coughing, sweating, joint pain,

> fatigue and very hard head ache. I had also shortness of breath. Immediately my wife was given a call to the ambulance and after the ambulance arrived I saw people covered with white gown from head to toes. They got out of a car and I was very terrified because I never expect such covered guys would come to my home in such dressing style. And they carried me to bed and put me in car. I was very give up and thinking that I would never be back to my home. **(In-depth interview R2, 23 April 2021)**

From the findings covid-19 recovered patients were highly experienced psychological disturbances. It's evident that such psychological disturbances were related to the past outbreaks like influenza and severe acute respiratory syndrome (SARS). Even among survivors of the Ebola and SARS outbreak, experienced stress and anxious behavior. (Mohammed A, Sheikh TL, et al. 2015). My findings revealed that most of my informants had a psychological burden during they stayed in a hospital. Throughout the disease crisis my informants experienced a lot of depression due to the bad feeling of the disease. Even some of them did not exactly explain what they felt. According to them it was just more than depression; it's also due to worrying about the fate of the family. Most of them are the head of the family and their family's economy is based on them so they were thinking that if the died with the pandemic what will happen to the family. And this feeling that this worry completely troubled their mind. The informants also experienced anxiety due to fear of death. This fear of death came to their mind with different reasons. Before they admitted to the hospital they had information that the pandemics is a killer and even while they were in the hospital they saw people were died by the pandemic. This makes them very anxious. Stigmatization, being discriminated also gave them another burden to their mined. Some of them also experienced Fearing and suspicion of the physicians in the covid-19 center because of opposite political view. So they were very worried and stressed because of this feeling.

3. Mental health effects of COVID-19 on health workers

For this section the informants are health worker of jimma university specialized hospital. Three participants were selected by purposeful sampling. Inclusion criteria were at least 1 month working experience in taking care of patients with COVID-19 and willingness to participate in the study.

The researcher first referred to jimma university specialized hospital COVID-19 center coordinators admission and prepared a list of the characteristics of all health workers who had been working experience in taking care of patients with COVID-19. Of the 3 participants, two were male and one is female. They were all in the 26–33 age range and their educational status is two of them are a medical doctors and one is a nurse.

Table 2. Participant demographic characteristic

Participant Code	Age	Gender	Position
P1	33	M	medical doctor
P2	26	M	medical doctor
P3	28	F	Nurse

On this section Data analysis led to 3 codes, 5 sub-themes. And these sections elaborated the major categories which emerged from the findings.

3.1 BAD FEELING OF WEARING PPE

Data analysis showed that wearing protective clothes is made them to feel uncomfortable feelings. According to the informants experience wearing protective clothes, restrictions in mobility, eating, and drinking, as well as being unknown to others can affect physician's feelings and lead to extreme bad mood. They mentioned different reasons why they became tired of wearing the PPE and they shared their experience in the following regards:

> First time when I entered the covid-19 ward, wearing either my personal protective equipment, I didn't feel well. This is because mostly the eyes, ears and hands are often used by the physicians during another treatment and that is a clinical procedure. But now, I had a lot of gloves on my hand, as well as my face and ears were also covered. It was also a very difficult to hear what the patients speak. I just had no trouble seeing this in turn brought us during us down to clinical practice. The other thing, when I leave the ward it is expected to take off my PPE. It has its own step to take off it. Once I make a mistake I will be at risk. This makes me stressed and feeling bad of wearing PPE. Sometimes I had got very large or small size PPE which is not

> my size. It's not even comfortable to sit and to walk actively. **(Kii P2, March 2021)**

Another participant mentioned that:

> I was in covid-19 center for about a month. During this time one of the most boring and exhausted work is wearing PPE. This is because when I need a break I go out and change my PPE and put on another cloth. I did this so many times in a day and in between of this repeated action I may be infected. So I was totally uncomfortable in wearing PPE. **(Kii P1, March 2021)**

One of the informants also stated:

> During in my stay in the covid-19 center ward I was really discomfort of wearing PPE. Some times while I was in a ward either my face or hair was itches and couldn't take off my mask or face shields. It makes me very aggressive and angry. It's also very difficult to handle hot temperature of the PPE. Some of covid-19 Patients is also discomfort of the PPE. Sometimes they were very angry and ask me why I was wearing it. And they would ask me why you didn't wear in the usual way like only white gown. Because they didn't see of my face so sometimes they were not willing to answer my questions during a treatment time. They felt rejected and sometimes I was afraid that they would take my cloth off and infected me. The PPE have a disturbing sound and I was scared; especially in the mid night when I went alone and entered to the ward because I thought someone come behind. (**Kii P3, March 2021)**

Generally**,** the findings have the same result with (Galehdar et al. BMC Psychiatry, 2020). Even though it's a rule and a mandate of wearing PPE during the procedure most of them were uncomfortable and feel bad with different reasons. Some of the reasons are restriction in mobility, drinking and eating, being unknown and even when their face itches, they can't touch it, and this is makes them very annoying and feel bad.

3.2 Stigmatization

Stigmatization also experienced by the health workers who are taking care of covid-19 patients. Because they have direct contact with the infected people of the pandemic either their neighbors other people discriminate them. My informants had also experienced stigmatization while they were in covid-19 center. They share their experience in the following way;

> People who know that I work with covid-19 patients often stay away from me; they fear to greet me and isolated me. People who once honored me don't respect me as much as we used to. As a result not only me but many of us who were working in the covid-19 center were live in isolation from the community. And I spent my time with people who look like me**. (Kii P1, March 2021)**

Likewise, another informant stated;

> Coincidentally, i was not in my home for about a month because of treating the covid-19 patients. During that time the owner of my rented house asked my friends to find out where I was. When I returned a month later they didn't want to greet me because they know where I was. I noticed a dramatic change in their behavior, and they soon released me from their home. **(Kii P2, March 2021)**

One of the participants also mentioned;

> "Neighbors who knows that I was working in covid-19 center looked at me with fear and panic. Sometimes I tried to spend time alone at home. Such discrimination affected my social life seriously." **(Kii P2, March 2021)**

3.3 Anxiety due to seeing the death of covid-19 patients

Data analysis showed that when patients were suffering with respiratory distress because of COVID-19 pandemic, and the physicians were unable to do anything, this had a huge negative impact on their feelings and there was a time the health workers were experienced sadness, depression and anxiety when their patients of covid-19 died. They shared their experiences in the following way:

> Most covid-19 patients were very sick and tired when they came to us. Most of them came with shortness of breath, so we oxygenated them immediately. There were also times that we turn the very sick ones into artificial ventilation machine and they got very upset and asked how many people have survived machines. According to my information that I had only 20 people have entered the machine and only 2 have survived. I did all our best to help them but when they die, I feel very sad and anxious. Sometimes I just have counted the number of death and I became despair. The inability to do anything to save them made me to hate even my profession. **(Kii P1, March 2021)**

Other informants also mentioned:

> Most of our covid-19 patients have co-morbidity like diabetic mellitus, RVI, and blood pressure, asthma and heart problem. Because of wearing PPE my patients couldn't differentiate who am I. But they adapt my voice. I was also told them may name. And I spend a good time with my patients. Even after finishing my work they didn't allowed me to leave them. They were begging me to stay with them. Some of even said we could pay you some money please don't leave us. But, unfortunately because of the complexity of the disease when I saw them die, I felt very sad and anxious. **(Kii P2, March 2021)**

Another informant who had a special sad experience with one covid-19 patients says;

> During my stay with covid-19 patients, I had a chance to see the death of 3 patients. But the most touched one was the memory of a 60 years old woman. When she came to us she had shortness of breath and her oxygen saturation was about 60%. I immediately had to be shifted her to in covid-19 ICU. We putted her on oxygen. Her breathing was very anxious and frightening. On the first few days of oxygenation, it changed dramatically and her oxygen saturation level reached 72%. She repeatedly asked me if she was recovered and I said yes. She had also hoped that she would recover even though she was a diabetic. I and other physicians did everything we could to save her. Unfortunately, on the next day she passed away. When I saw this I was very anxious and terrified and I thought that the nature of the disease was worse that I imagined. **(Kii P2, March 2021)**

According to the informants the situation they faced makes them very fearful and anxious. Because of seeing the loss of the heads of the family and the consequences that come with, like economic and psychological impact on their family is serious.

3.4 Fear of being contaminated

According to the data analysis the informants said that, because of their nature of work, they had a chance to a close contact with covid-19 patients, and this can result in mental stress and fear due to the risk of being infected. They also stated that their staying for a long time in a contaminated environment also makes them anxious and feared to getting adequate sleep. They shared their experience in the following way;

> "After I seen COVID-19 patients who were severely ill and I realized how much they were suffered, then I really scared of if I

> would be infected and transmit the disease to my family." **(Kii P2, March 2021)**

Even though the physicians are wearing the PPE some of them were also infected by the pandemic during the time they were in the center. I understand that they have a reason what they fear being contaminated. One of the informants also mentioned and strengthened the statement in the following ways;

> When I need to a break I take off my PPE and change other close. This action was repeated many times in a day. In between this action there is a chance to be infected. Unfortunately, while I was in in covid-19 center I accidentally infected and I was terrified that I would suffer the same fate as the one I treated. Then I became very anxious for a long time. **(Kii P2, March 2021).**

The result of the study shows that, most of the physicians who are working in covid-19 center experienced psychological problem during providing care for patients with covid-19. The same experience was also showed on physicians during the previous pandemics such as SARS, MERS-Cov, Ebola, and H1N1 influenza which physicians experienced such as loneliness, anxiety, fear, fatigue, sleep disorders, and other physical health problems (Khalid I, et.al. 2016).

These studies reveal that some of their mental health of psychological problem of the physicians is related to the bad feeling of wearing personal protective equipment. According to the informants experience wearing protective clothes, restrictions in mobility, eating, and drinking, as well as being unknown to others can affect physician's feelings and lead to extreme bad mood. Wearing this PPE has also its own protocols and step. If they missed the step, the chance of being contaminated by the disease also increases. The other problem mentioned by the informants relating to wearing of the PPE is, during providing care for the patients with covid-19 they couldn't be identified by the patients. Because they didn't see the face the physicians sometimes they were not willing to answer questions during a treatment time. They felt rejected and sometimes the physicians afraid that they would take their cloth off and infected them. The informants also reported that, the PPE have a disturbing sound. Stigmatization was also another psychological problem which experienced by the informants. Especially their Neighbors who knows that they were working in covid-19 center looked at them with fear and panic.

Sometimes they tried to spend time alone at home. Such discrimination affected their social life seriously. Anxiety because of fear of death and fear of being contaminated also other challenge which experienced by the informants.

4. Socio-cultural norms and values influenced by covid-19

From the data analysis many of socio-cultural norms and values were influenced by covid-19 during the lockdown time. Informants stated that, when they were under lockdown and social distancing orders, it is impossible to have relationships exactly as they were before. After all, they were trying to minimize risk of contracting COVID-19, the disease associated with the novel coronavirus. Family relationships and friendships and how they work and conduct business, engage in civic activities and entertain ourselves are all affected by the new rules. When they engage others, they touch them less and they never shake hand and they move more rapidly to avoid them. Even when they talk to a people, they wore a mask and keeping their physical distance. The finding shows how the lockdown affects the indigenous peoples' social and cultural values and practices. According to one of the informant has said the following:

> "Our culture of visiting friends and relatives has been affected. Even during that time the worst thing is that we were avoiding funerary and wedding ceremony. We have never seen such tragedy before the pandemic."

I also observed that many of our cultural and social activities were restricted at that time. Tradition of eating together, attending weeding ceremonies, gathering to gather in the funeral ceremony and comforting the victim one was also avoided. One of the most known of our culture is hospitality. But because of covid-19 it becomes affected. One the informant also adds his idea in the following way:

> "Before the pandemic, we were very hospital when people came to our home. But now we are afraid to get sick, so we refused to take care of people in our homes."

Generally, the COVID-19 pandemic has tremendous sociocultural challenges particularly to where social gathering and sociocultural ceremonies are parts of the daily life (Weldesilassie Alebel B et al. 2020). In Ethiopia, social gatherings are very common. Mostly peoples are gathered on like, coffee ceremonies, weddings, burials, weekly and

monthly gatherings of “Idir”. During the lockdown such socio-cultural gatherings were banned to alleviate the pandemic transmission. This situation resulted in sociocultural crises on the community. Additionally, sociocultural disconnections also worsened the living conditions of the society.

Social organizations have significant importance in the life of all Ethiopians. According to (Weldesilassie Alebel B et al. 2020) Ethiopians have a long history of social cohesion, social life and social economy, social gathering to commemorate different social events, and a unique social harmony commensurate that magnifies the social solidarity. They are known with unique social institutions to share common social values both in happiness and grieve. Social organizations in Ethiopia might be formed in different arrangements such as religious, neighborhoods, youth, cultural, and traditional institutions (Iqub and Edir), voluntary, school peer networks, and so forth. All social organizations commonly share the principles of social solidarity and members’ participation to mutually benefit by sharing socioeconomic burdens (Hartwich F, Isaksson A, 2020, cited in Angaw KW, 2021, p. 285).

5. Conclusion

The COVID-19 outbreak affects all segments of the population. It affected all dimensions of people's socio-cultural activities. COVID-19 disease directly affects on education, cultural activities, religious activities, faith, and psychology of the people. During the lockdown the governments throughout the country have temporarily closed educational institutions like schools and universities in an attempt to reduce the cases of COVID-19. Religious institutions were also the victims of the lockdown because of the pandemic. They were affected in various ways, including the cancellation of the worship service of various faiths, financial crisis, cancelation of religious ceremonies were also experienced at that time. Social organization like idir was also the victim of new rule. Idir is a well-known cultural social institution to share common social values both in happiness and grieves. The pandemic also affect of social cohesion, social life and social gathering to commemorate different social events. Family relationships and friendships and how they work and conduct business, engage in civic activities and entertain ourselves are all affected by the new rules. When they engage others, they touch them less and they never shake hand and they move more rapidly to avoid them.

Ethiopians have a long history of social cohesion, social life and social economy, social gathering to commemorate different social events, and a unique social harmony commensurate that magnifies the social solidarity to promote the values of people's philosophy. They are known with unique social institutions to share common social values both in happiness and grieve. Covid-19 has also a strong psychological effect both in patients and in physicians. For the patient's depressions, anxiety, stresses were experienced. Physicians who are working in covid-19 center also experienced fear of being infected, depression because of seeing patient's death, discomfort and bad feeling of wearing PPE and stigmatization.

Generally, from my findings I have noticed that COVID-19 pandemic has direct effects on education, cultural activities, religious activities, faith, and psychology of the people. It makes also weaken the bond between the people within the community. Regarding the physicians, they are experienced a variety of psychological distress during care of

patients with COVID-19. The findings also showed that COVID-19 patients experienced a psychological disturbance such as stigmatization, loneliness, fear of death and anxiety. Understanding these disturbances can be helpful in implementing appropriate psychological interventions.

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Annex I

Profile of the research participants

Participant Code	Age	GenderPosition	date of interview
P1	33	M	12 March 2021
P2	26	M	13 March 2021
P3	28	F	12 March 2021

Interview Guideline for physicians who are working in covid-19 center

1. How old are you?

2. Sex? F____M ____

3. Can you tell me about your Educational background? _____

4. Are you Married_____?

6. What is your position?

7. What was your first impression when you took task of treating COVID-19 patients?

8. How do you feel when you are working with COVID-19 patients?

9. What was your feeling when you see the death of your patients?

10. What was your family feeling while they know that you are working in COVID-19 center?

11. Did you have a fear of being contaminated while you were in COVID-19 center?

12. What are the main psychological effects during your stay in COVID-19 center?

Annex II

Profile of the research participants

Participant Code	Age	GenderPosition	date of interview
R1	43	M	17 April, 2021
R2	60	M	23 April, 2021
R3	62	M	20 April, 2021
R4	26	M	19 March, 2021

Interview Guideline for covid-19 recovered patients

1. How old are you?

2. Sex? F----M----

3. Can you tell me about your Educational background?

4. Are you married?

5. What is your job?

6. How did you know that you were infected?

7. Did you have any co-morbidity?

8. Did you expect that your living standard has an effect for you were infected by the pandemic?

9. Did you expect that your work environment has an effect for you were being infected?

10. How did you feel when you found out you had COVID-19?

11. Tell me about your thoughts and feelings about COVID-19?

12. Please tell the story of your illness, starting from when it began?

13. What were the symptoms and how did they evolve over time?

14. What are psychological influences during you were in isolation room?

15. Did you get any discrimination from neighbors, friends and collogues after you were recovered?

Annex III

Interview guide line for university teachers

1. How old are you?

2. Sex F--- M----

3. Can you tell me about your Educational status (a higher degree you offer)?

4. What is your department?

5. How the pandemic affects the teaching-learning process?

6. Some departments continued their program through virtual technology. Did you see some equities in partciption of the students in learning and teaching process?

7. From your perspective did u noticed any change in students grade because of the newe learning and teaching culture?

Annex IV

Interview guide line for religious leaders

1. How old are you?

2. Sex? F---- M---

3. Can you tell me about which church/mosque are you served now

4. What is your position on this church/mosque?

5. Why has the COVID-19 appeared at this time in the history of human kind?

6. Who is responsible for sending COVID-19 disease to human? God or satan?

7. How did the pandemic affect your worship, prayer and finance during the lockdown time?

8. How did you continuing your worship program during the lockdown?

9. How the follower spiritual life was affected at that time?

Annex V

Interview guide line for university post graduate students

1. How old are you?

2. Sex? F M

4. What is your department?

6. How the pandemic affects your teaching-learning process?

7. Some departments proceeding their program through virtual technology. Did the technology was comfortable for you?

8. Did you easily adapted to the technology?

9. From your perspective did u noticed any change in your grade because of the new learning and teaching culture?