The Perception of Religious Community Toward Pandemic COVID-19 by Using Health Belief Model: Qualitative Research Method, West Guji Zone, Ethiopia 2021

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Abstract

Introduction

Dealing with religious congregations in times of epidemics could be challenging. This mobilization and gathering could serve as a potential focal point for dispersal of novel pathogens. Furthermore in the light of recent events on the pandemic COVID-19, there are some considerable concerns about the perception of the religious community toward pandemic COVID-19. Thus, this study explored the perception of the religious communities about pandemic COVID-19 and their prevention practice amid pandemic.

Method

A qualitative research method with in depth exploratory phenomenological study approach was employed. Purposive sampling technique was used to select 22 study participants from Christian Protestant, Christian Orthodox, Muslim and Wakefata. In-depth interview and focus group discussion were conducted with religious community including religious leader. Data was analyzed using content analysis informed by health belief model.

Result

The study describes the perception of religious community including religious leaders with help of the four constructs of the health belief model: perceived susceptibility, perceived severity, perceived benefit and perceived barriers. Many participants witnessed that people who are gathered in confined places like churches and mosques are susceptible to COVID-19. Most of participants realized that there are still misconceptions about COVID-19 disease. Many participants witnessed that most of their church members still do not believe in the existence of COVID-19. In addition, some participants revealed that until now there are parts of the community that associated COVID-19 with politics, scientists, illuminants, or the disease of devils

Conclusion and Recommendation

The majority of participants agreed that the risk of getting COVID-19 pandemic during religious congregation is very high. The result highlights the need for holistic approach by concerned stakeholders to convince the religious congregation about the reality of this pandemic which could improve the prevention practice and their decision making process.

1. Introduction

1.2 Background

Coronavirus diseases 19 (COVID-19) is defined as an illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-COV-2. The virus was first identified on December

30, 2019, in Wuhan city, Hubei province, China. It is highly contagious, causing flu-like symptoms, and spreads worldwide which became a global pandemic.(1,2)

The world health organization (WHO) declared the outbreak of COVID-19 as a public health emergency on January 30, 2020, when cases were discovered outside of china. On March 13, 2020, the Federal Democratic Republic of Ethiopia, Ministry of Health has confirmed a coronavirus disease (COVID-19) case in Addis Ababa, Ethiopia confirming that a 48- year-old Japanese man reported having traveled from Japan to Burkina Faso and who then arrived in Ethiopia is tested positive for COVID-19.(3)

The clinical spectrum of COVID-19 varies from being asymptomatic to severe clinical conditions like respiratory failure. The virus can enter the body from the reservoirs mainly through respiratory droplets during coughing, sneezing, and touching. Wearing a face mask, keeping social distance and staying at home are the strategies implemented to break this outbreak. Nevertheless, weak health system, equipment shortage, lack of robust containment measures, problem in managing mobility, economic vulnerability, limited fiscal spacing and the unknown biologic nature of the disease are the main challenges in COVID-19 pandemic prevention.(1)

The implications of religion congregation during pandemics cannot be ignored. Reconciliation between the practice of RC and preventive measures has to be introduced during times of heath calamities. Religious, social, and political leaders have to exhibit sagacity and adopt a pragmatic approach. Countries should prepare an exigency plan such as a Standard Operation Procedure (SOP), with regards to RC during times of infectious disease epidemics.(4)

1.2 Statements of the Problem

The occurrence of COVID-19 pandemic has had multifaceted effect across the world. The burden of health problems in Africa is proportionately higher than the rest of the world. Consequently, the higher prevalence of malnutrition, anemia, malaria, HIV/AIDS, and tuberculosis in many African countries may coincide with and worsen the ongoing COVID-19 pandemic prevention and control measures in Africa.(5)

COVID-19 is one of emerging outbreaks in recent decades resulting in major outbreaks with significant public health and economic impacts. As of April 13, 2020, the outbreak has resulted in an estimated 173,351,095 cases and 3,728,510 deaths globally. In Ethiopia until May 28, 2021 MOH data shows that 270527 people across the countries are now confirmed to have COVID-19 with 234,426 recoveries and 4127 death.(6)

Dealing with religious congregations (RC) in times of epidemics could be challenging. This mobilization and gathering could serve as a potential focal point for dispersal of novel pathogens, especially those transmitted through the respiratory route. It is also imperative that all possible preventive measures be

exercised during ordinary times to reduce the chances of cross infections during religious ceremonies. The RC needs to be looked at from this perspective.(4)

Reputed scholars in the area of health psychology suggested that individual health decisions are determined by attitudes, behavior, lifestyles, and government policies. More importantly, the Health Belief Model (HBM) asserts that change in behavior is determined after consideration of severity, benefit, and barriers to change. Similarly, research in China noted that individuals' psychological status determine the likelihood of implementing preventive measures as those with stronger anxiety and fear tended to adopt more severe practices of mask wearing and hand hygiene.(5)

Religious institutions, communities, practices, beliefs, and identities present a particularly rich area for social scientific study, especially given the centrality of face-to-face and intimate gatherings typically associated with nearly all religious practices and traditions. So too the changes to levels of existential risk and the associated patterns of social engagement brought about by the pandemic offer social scientists numerous opportunities to explore important theoretical and practical questions regarding how conditions of change and uncertainty relate to private religious beliefs and practices.(7)

Following the outbreak, the government of Ethiopia has responded to the pandemic by taking different measures. For example, the authorities have closed borders, closed schools, colleges, and universities, ordered the shuttering of nightclubs and entertainment outlets, announced social distancing measures, and called in retired and in-training medical personnel for National Health Service. In addition, 14-day quarantine, state of emergency was implemented, which allows it to impose more stringent measures. In addition to the above decisions by the government, there is public health information campaign advising people to adopt hygiene measures to protect themselves and others, including more frequent handwashing with soap and water, using hand sanitizer if soap and water are not available, and covering mouth and nose with a tissue or sleeve when coughing or sneezing.(3)

Despite the implementation of various strategies such as the declaration of COVID-19 emergency state, staying at home, lockdown, and massive protective equipment distribution, still COVID-19 is increasing alarmingly(4). Furthermore in the light of recent events on the pandemic COVID-19, there are some considerable concerns about the perception of the religious community toward pandemic COVID-19. Despite these, no study has been done to explore the perception of church congregation toward prevention of covid-19 pandemic in study area as well as in the countries. Therefore, the study aimed to explore the religious community's perception of COVID-19 in West Guji Zone, Oromia region, Ethiopia.

1.3 Significance of the Study

Understanding the attitude of Ethiopian religious community during the pandemic that is still going on is crucial to prevent any future uncontrolled situation among religious community. The result of this study

will highlight the perception of religious community and help in any future strategic preventive planning by shaping and effecting new policies within the religious organization, a reflective practices model can be developed during any future epidemic crisis.

Accordingly, this research will influence the preventive practices of religious community may help in giving general perspective on community perception, which will enrich any future intervention. Therefore, the study aimed to explore the religious community's perception of COVID-19 in West Guji Zone, Oromia region, Ethiopia.

2. Literature Review

We consider some of the important ways this historical moment is altering the religious landscape, aiming our investigative lens at how religious institutions, congregations, and individuals are affected by the social changes produced by COVID-19. This unprecedented time prompts scholars of religion to reflect on how to strategically approach the study of religion in the time of "social distancing," as well as moving forward. Particularly important considerations include developing heuristic, innovative approaches for revealing ongoing changes to religion, as well as how religion continues to structure social life across a wide range of contexts, from the most intimate and personal to the most public and global.(7)

The study done on the Knowledge, Attitude and Practice Survey in Kabul demonstrated that 59% of the respondents regarded themselves likely to be infected with COVID 19. The symptoms identified are fever (84%), cough (71%), shortness of breath (61%), muscle pain (49%), headache (76%), diarrhea (28%). Most of the respondents are worried about COVID 19 as their daily routines are greatly (56%) disrupted.(6)

A Qualitative study conducted on the Community Perception of COVID-19 indicated that currently there are many people who assume as there is no coronavirus in Ethiopia as some of them associate it with politics. Hotels, cafeterias and shopping centers are not as cautious as the first outbreak of the disease. As a result, the street is crowded and the public are restored as usual. Face masks and sanitizer bottles were selling in every corner of the road with no care at all(5)

The comparative survey study conducted on the Risk perception regarding the COVID-19 outbreak reported that participants driving their willingness to perform certain preventive measures against COVID-19 was a feeling of responsibility toward their own health, followed by preventing transmission to other people and the feeling that COVID-19 can be serious. Most of the study sample reported a desire to receive information about COVID-19 treatment, ways to prevent disease contraction, and the incubation period for the novel coronavirus. Also, most of the study sample reported that they prefer receiving COVID-19 updates from national authorities(8)

The study conducted on the assessment of health information about COVID-19 prevention on the internet showed that About 9 in 10 respondents (90.4%) perceived that they are susceptible to COVID-19. Nearly 9 in 10 participants (87.5%) perceived that COVID-19 is a serious disease.(9)

The study done on the Knowledge, Perceptions, and Prevention Practices among Palestinian University Students during the COVID-19 Pandemic demonstrated that Participants showed high levels of knowledge across multiple topics (symptoms and characteristics of COVID-19, prevention practices, and at-risk groups), although respondents were less likely to indicate mask wearing as an effective prevention practice compared to other practices, and almost one- third reported incorrectly that taking antibiotics is effective in preventing COVID-19 infection(10)

The study conducted on the Community ' s misconception about COVID-19 and its associated factors among Gondar town residents , Northwest Ethiopia indicated that age, religion, unemployment, and unawareness about the number of COVID-19 cases were significant factors of misconception about COVID-19.(1)

The study conducted on the COVID-19 and religious congregations and implications for spread of novel pathogens showed that Congregations of the faithful at the local and transnational levels are strongly recommended by several world religions and religious orders, however, a gathering of large numbers of people in close approximation could be fertile ground for the spread of novel pathogens. The refusal to suspend such gatherings could lead to potential widespread dispersal of infections.(4)

The study done on the Impact of COVID-19 pandemic on organization of religious behaviour in different christian denominations in Poland reveals that individual churches have limited (Catholic and Orthodox) or totally suspended (Protestants) their religious life in the actual community-based dimension. The decisions made by the clergymen, regardless of their personal views, resulted from the assumed ecclesiology and tradition. While changing the organization of religious life, the churches maintained contact with the believers in various ways, using modern technologies and access to public media in this regard. Although the churches are not changing their doctrinal positions, they declare different forms of cooperation. (11)

2.1 conceptual framework

[See figure 1]

3. Objective Of The Study

3.1 General Objective

- To explore the religious community's perception of COVID-19 pandemic in West Guji

Zone, Oromia region, Ethiopia, 2021

3.2 Specific Objective

- To explore religious community perceived susceptibility level of COVID-19 pandemic
- To identify religious community perceived severity level of COVID-19 pandemic
- To describe religious community perceived benefits of prevention measures of COVID-19

Pandemic

- To identify religious community perceived barriers in implementing the preventive

Measures of COVID- 19 pandemic

- To explore religious community cues to action in implementing the preventive measures

Of COVID- 19 pandemic

- To point out self-efficacy level of religious community in the process of implementing the

Preventive measures of COVID-19 pandemic

4. Methodology

4.1 Study Area and Period

The study area is the West Guji Zone which is found at 470km from the capital Addis Ababa in the southern part of Ethiopia. The Guji Oromo are an ethnic Oromo subgroup living in southern Ethiopia. They are distinguished by their agro-pastoral lifestyle. According to a population projection from 2007, the total population of the Guji Oromo is above 5 million. The Guji live in a fertile and natural resource-rich region in Ethiopia. The known gold mining area of Adola, the dense natural forest of Bada Magada, the Nechisar National Park, and Shakiso-Adola evergreen forests are the natural areas that have been conserved by the Guji Oromo. There are different religious followers in the area of which most of which are followers of Christian protestant (85%), Christian orthodox (8%), Muslim (6.5%), and wakefata (0.5%) [West Guji communication Office, 2018]. The study was conducted from May 1-30, 2021.

4.2 Study Design

A qualitative research method with in depth exploratory phenomenological study approach was employed. Purposive sampling technique was used to select 22 study participants from Christian Protestant, Christian Orthodox, Muslim and Wakefata. In-depth interview and focus group discussion were conducted with religious community including religious leader. Participants who were willing to participate after informed about purpose of the study have participated in this study.

4.3 Study Participants

The purposive sampling technique was used to select 18 male and 8 female participants from all religions. Totally, 22 study participants from Christian Protestant (9), Christian Orthodox (6), Muslim (5), and Wakefata (2) were included in the study. A purposive sampling technique was employed to select participants from all religious communities. The participants were church leaders and congregation members with different sociodemographic statuses. Moreover, for this research, 22 individuals were interviewed.

4.4 Tools of Data Collection

To collect data from the aforementioned participants, a semi-structured interview guide was used to explore participants' perceptions of pandemics. The semi-structured interview guide was developed after reviewing different related literature. Consenting participants were contacted by the researcher via face-to-face interview and telephone. Participants were given the choice of interview mode to reduce research related burden. The location of face to face was determined according to what was convenient to participants.

Before the interview commenced, participants were asked for permission to audio record and transcribe the interview. They were informed that all the data would be de-identified and thus remain confidential. Participants were further told that the interview would last approximately 30 minutes and they could stop the interview or skip the question they did not feel comfortable answering at any time. Considerable attention was carried out regarding note-taking, audio recording, and the flow of questions during the discussion by the moderator.

The question guide was informed by the HBM which included our constructs that were used to develop the question participants were asked: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers (12):

Perceived susceptibility to covid-19 by asking participants how likely they thought it was that they will develop covid-19 in the future, how worried they were about developing covid-19.

Perceived severity of the situation by asking patients how worried they were about the consequences of developing covid-19 (e.g., risk of dying, fear of outcome), whether they have had personal experience with covid-19 themselves and/or in the family.

Perceived benefits of mask-wearing by asking participants whether they believed that mask-wearing would prevent covid-19 and if so, how much it would decrease their risk of developing covid-19, also they have asked how capably the participants believe they are confident to implement the recommended pandemic prevention mechanism and what fears or concerns will be reduced?

Perceived barriers to mask-wearing by asking patients how they feel about potential complications of wearing the mask (discomfort, infections, scar, communication, worshipping, sinus, asthma) impact on the religious community and how do they think the suggested prevention methods are worthwhile to prevent COVID-19 prevention methods. Lastly, an observation checklist will be used to observe people's practices to contain the novel COVID-19 pandemic(13).

4.5 Data Quality Assurance

Data triangulation methods have applied during data collection period. The focus group discussion, in-depth interview and observational methods have employed to assure the trustworthiness of the data(14). Furthermore, peer debriefing has been done before final result has written to assure data quality(15). The researchers spent enough time with participants on-site and explain the process of data collection to the participant's in detail. Likewise, audio-recorded interviews and field notes was taken and kept in protected place via arranging all recoded audio data, the transcribed data and coded data by folder according to its type and all by one.

4.6 Methods of Data Analysis

All interviews were transcribed verbatim. Transcripts were double-checked for accuracy by the researcher. Text passages were read to familiarizes themselves with the data and prepare assignments of codes and categories was performed by atlas.ti version 9.0.

Content analysis was performed to analyze the data. The researcher quantifies and analyzes the presence, meanings, and relationships of certain words, themes, or concepts. To identify themes, data categorization was done after reading transcripts several times. Therefore, the following core themes were formed; perceived susceptibility level of COVID-19 virus, perceived severity, perceived benefits, perceived barriers and cues to action, and self-efficacy level of a religious community(16).

Initially, the transcripts were read line by line, and their content was examined, compared, and categorized to apply a code that describes what was interpreted in the passages as important. Code is then grouped under the domain of HBM to develop more abstract categories. A category in this sense was a group of codes that shared a commonality. This helped us validate and extend conceptually the underlying theoretical framework by using HBM.

4.7 Ethical Approval

The participants were informed about the purpose of the research before the informed consent was obtained. Besides, the researchers strictly implemented a research code of conduct that researchers have

to inform participants about the expected duration and procedures, their right to decline to participate and to withdraw from the research once participation has begun, and limits of confidentiality among others. To sum up, before recording their voices, permission was obtained from each participant.

5. Results

The Sampled participants were interviewed from May 20 to 27 in 2021. 22 participants were invited to participate with 10 in-depth interview and two focus group discussion consists of 6 participants each. Of these, 8 female (36.36%) and 14 males (63.63%) consented participants were interviewed. Most interviews were conducted via face to face. Only 5 participant preferred to be interviewed telephone. (See Table 1).

Table 1. Sociodemographic characteristics of participants

Variables	Categories	Frequency	Percent
1 Age	1.25-35		
	2.36-50	11	50
	3.>51	7	32
		4	18
2 Religion	1.Protestant	9	40.90
	2.Orthodox	7	27.27
	3.Muslim	5	22.72
	4.Waqefat	2	9.09
3 Sex	1.Male	14	63.63
	2.Female	8	36.36
4 Educational Status	1.Secondery Education	-	
	2. College Education	5	23
	3. Degree And Above	17	77
5 Marital Status	1.Single	-	
	2.Married	100	100
	3.Divorced		

Perceived Susceptibility Level

Many participants witnessed that people who are gathered in confined places like churches, mosques are susceptible to covid-19. They realized that COVID -19 is a highly infectious disease and the chances of transmission during singing, praying, and salad are enormous. However, some participants felt that believers who have full faith in God and kept his commandments and laws cannot be infected with covid-19 and even Covid-19 fear them. This may be the reason among some believers that makes them be less concerned about covid-19.

I am a Protestant Christian believer. Yes, Christians who are gathered for worship are only susceptible to corona if only they have not enough belief in God. However, if they are keeping God's commandments and law, corona cannot infect them, even it fears them. (Participant 3, 30 years, protestant)

One of the participants who are a Christian Protestant church leader witnessed that Christians are the same as other human beings. They are made of flesh. Thus they can be diseased and die from any disease. This indicated that there are different perspectives among believers. This may be the reason that some believers are concerned about COVID-19 and wear their masks. However, those who are less concerned do not wear their mask.

Another participant, at 40 year old protestant religion follower, contradicts the above statements by saying:-

I am a Protestant Christian. Corona can infect Christian like any other person because Christians are made up of flesh like any other human being. Spiritual things are just spiritual things. (Participant 2, 40 age, protestant)

Other participants' Muslim religion followers confirmed that at the time as the first outbreak of the disease, people are wearing the mask and keep their distance during salad. However, currently, most believers are not wearing the mask and they think that there is no corona at all. This indicated that at first sight people worried about the COVID-19 and took the precaution measure as well. However, as the effect of COVID-19 is less than expected than said they become more reluctant and abandoned the prevention measure. Indeed, they were reached at the point of there is no COVID-19 as all.

My religion is Muslim. I think Muslim believers during salad are at risk of getting corona. Because they are many and come from different places. Thus the chances of transmitting are very high. (Participant 8, 35 years, Muslim)

Another participant, at 42 year old Muslim religion follower, affirmed the above statements by saying:-

I am Muslim. I think Muslims during salad are at risk of getting corona because they are not wearing musk and keep their distance. They think that there is no corona and that is wrong. (Participant 10, 42 years, Muslim)

In the following figure 2 below the 35 years old, Muslim religion follower participant felt that the Muslim religion followers who are coming for salad are at high risk of getting COVID-19. Another 42 years old, Muslim religion followers confirmed his idea.

In the following figure 3 below the 40 years old, protestant religion follower believe that Christian like any human being are at risk of getting COVID-19. Another 30 years old, protestant religion follower raised the idea that contradicts the above participant's idea.

Perceived Severity Level

Many participants believed that COVID-19 is a real and dangerous disease. They have seen that COVID-19 has killed many people in other countries. They have also suspicious that there is much death in this month around their area. Even though they have no reliable information; there are rumors as that deaths is due to the COVID-19. In addition, one of the participants said that people who are recently died in this town; most of them are affluent people. He felt that this is why many people think that COVID-19 is a disease sent by God to punish rich people since they are sinners. This indicated that the mortality and morbidity following COVID-19 make people have the wrong perception. As witnessed by the number of participants, more people who are dying and dying from the COVID-19 are mostly white people and rich.

Yes, corona is a very dangerous disease, particularly for people gathered for worship. Because they are singing, praying, and jumping at once during worshipping. This condition makes corona a dangerous disease for the church. (Participant 3, 30 years, protestant)

Another 45-year-old, orthodox religion follower participant affirmed the above statement by saying:-

Yes, corona is a very dangerous disease. However, people look at it as it is a very simple disease. If what happened in India has happened here, they might keep themselves very well. However, many believers think that corona comes from God to punish rich people because rich people are sinners. It also killed more white than black people. (Participant 1, 45 years, orthodox)

Many participants realized that there is still a misconception about COVID-19 disease. Most participants witnessed that many of their church members still do not believe in the existence of COVID-19. In addition, some participants revealed that until now there are parts of the community that associated COVID-19 with politics, scientists, illuminants, or the disease of the devil. This may show that its prevention mechanism is enforced by the law and sometimes policemen are intervened in its implementation. Therefore, they associate it with politics.

I am Protestant. Corona is real, but people think that the corona is illuminant and do not accept the existence of corona. This is why they do not wear mask. Therefore, they are highly vulnerable. (Participant 5, 38 years, protestant)

Another participant, at 50 year old Christian religion follower, affirmed the above statements by saying:-

Corona is real and dangerous. However, people think of it as a disease manipulated by scientists or by the devil or by God to punish sinners, and they believe that corona is a political disease. (Participant 2, 50 years, protestant)

Another participant, at 58 year old Protestant religion follower, expresses his opinion is contrary to the above statement by saying:-

I am a Christian Protestant. I do not believe in the existence of the corona. Because Corona has killed a thousand Americans, not Africans. If washing hands could prevent corona; Americans would not have died this much than us. Because they wash their hands better than us. If washing hands is an issue, we Africans would be not left with this disease. (Participant 17, 58 years, protestant)

The following figure 4 indicated that a 58 years old , protestant religion follower felt that he do not believe in existences of COVID-19 which was contradicted by another participant a 27 years old, protestant religion follower that believe in the existences of COVID-19.

Perceived benefits of preventive tools and self-efficacy level

Most of the participants believed that wearing musk and keeping their distance will prevent them from the COVID-19. They witnessed that in their church almost all people wear the mask, wash their hands, and keep their distance at least two feet as the first outbreak of the disease. They said that at the moment the attitude of people to COVID-19 is changed. They said that since people do not believe in the existence of COVID-19, they also ceased the application of the prevention mechanism. This indicated that people were worried and implemented the prevention mechanism when the COVID-19 was initially emerged. They have been expecting its effect on their environment. As this has not happened at the moment, they are less concerned and be careless about it.

I am protestant. I think wearing musk can prevent me from corona 90%. I wear musk not because of law but for my life. (Participant 8, 65 years, protestant)

Another participant, at 30 year old Christian religion follower, agreed with the above participants by saying:-

Even if not 100%, wearing a mask can prevent corona. Yes, if I wear a mask always and properly, I am confidently preventing myself from the corona. However, this can be difficult for worshipers because it is not comfortable to wear a mask during worshipping. (Participant 3, 30 years, protestant)

Other participants witnessed that he could wear the mask because it is mandatory. He said that in some places like banks, transportation, and government offices it is mandatory to wear the mask, so I wear the mask when I go there to get the services. This revealed that the reason some people wear the mask is due to fear of the law. This indicated that they are less concerned about the COVID-19 and wear the mask to escape punishment.

I am a Christian Protestant...I wear a mask because when I go to the bank, government office, and for transportation. Because they do not allow me without a mask to get services. It is mandatory to wear a mask there but not elsewhere. (Participant 17, 58 years, protestant)

One participant mentioned that in their church only civil servants and people who have information that wore a mask during worshipping. He said that other members of his church do not wear a mask even if they were told to do so.

In our church, it is teachers, health workers, and other government officials that wear a mask. However, other members do not wear a mask. They joke like civil servants fear corona but it does not infect us. (Participant 20, 27 years, protestant)

We try to observe some religious congregations that are found in the west Guji zone. We have visited some churches found in the Blue Hora and Finchawa city. We have seen that there are only some believers who wear a mask. However, most of them are attending the church services without wearing the mask. Furthermore, we see that there are no such rules and regulations in the church that enforce them to wear a mask.

Perceived Barriers and Cues to Action

As one of the participants mentioned, the faith of some religious communities makes them order to not use a mask. We have heard that one who has full belief in God and keeps his commandments and laws cannot be infected with COVID-19. This showed that the reason some believers are reluctant in wearing the mask is that God will keep them from the COVID-19.

...But, if they are keeping God's commandments and law, corona cannot infect them, even it fears them. (Participant 3, 30 years, protestant)

Another participant was concerned that health care workers are one of the barriers for the community to wear a mask. They witnessed that they teach the community to wear the mask which they themselves actually do not apply. Moreover one of the participants criticized health care workers that they do not inform the patient initially as he visits health clinics whether he has COVID-19 or not. However, he said that only after someone died they mentioned that as he died from COVID-19. This revealed that some health care works become barriers to implementing the COVID-19 prevention mechanism. Furthermore, the community needs clear information from the health care workers at visiting health care facilities. They witnessed that they need clear information from the health care workers whether to have COVID-19 or not after vising health facilities.

I think people who teach about corona mask themselves and convince people of the existence of corona; this may provoke them to use a mask. (Participant 10, 35 years, orthodox)

Another participant, at 50 year old, Christian Protestant religion follower, affirmed the practice of health care workers by saying:-

I think their problem to our health workers. They only said someone has died at corona after he has been buried. However, why they do not warn the community as someone has corona which is laboratory confirmed. Therefore the community will take care of themselves in corona by applying prevention practices. (Participant 2, 50 years, protestant).

Some of the participants felt that people have no problem of awareness about COVID-19 here in Ethiopia. All mass media will talk all the day about it. Your phone even also before the call told you about COVID-19. He said that people can only apply the prevention mechanism if and only if what happens in foreign countries will happen here in Ethiopia.

I think people have no problem with awareness. They are always informed through mass media, mobile phones. And law enforcement cannot work. People can only wear the mask at the places where the mask is mandatory. When they leave the places, they pull it off. Therefore, there is no way to manage people in applying prevention practices. People can only apply prevention mechanisms if only what happens in foreign countries happens here. Even they think corona is not the disease of black. (Participant 1, 45 years, orthodox)

Another participant mentioned that the implementation of wearing a mask should be enforced by the law everywhere. She informed that any place where people are gathered for purposes like church, government offices, marketplaces, and transportation should follow the principles of no mask, no service.

I am an orthodox Christian. I think people do not wear mask only through awareness creation. It should have to be enforced by the law. There has to be no mask, and no service principle should have been applied everywhere. (Participant 11, 36 years, orthodox)

Some participants mentioned that the mask could bring sinus and others think that the mask is unaffordable, particularly for the poor.

People do not want to wear mask because it brings sinus and they also believe that corona is a political disease. This is why they do not want to wear mask. (Participant 10, 36 years, orthodox)

Another participant, a 50 years old, Christian Protestant religion follower, expresses his concern about why some people are reluctant in wearing a mask by saying;-

I think why some people do not use masks is it is expensive and using one mask for a long time which becomes dirty and exposes them to another disease. Others believe that God will protect them. Others are saying we are just praying to God. (Participant 2, 50 years, protestant).

6. Discussion

The evidence from this study implies that the HBM provides a structured approach to guide both data collection and analysis of research in this area, and helps describe religious community perception regarding decision making toward prevention mechanisms of COVID-19. As suggested by the HBM, people conducted an internal assessment of the benefits and barriers to undergoing the prevention practice of COVID-19 and then decided whether or not to act(17). As reflected by the constructivism philosophical view people's internal processing about external phenomena has an influence on each and

every activity to be carried out in their life. In regard to HBM how the people perceive the phenomena, the weight they give for external phenomena, and their subjective view of their cosmos can affect their decision-making process.

Numerous studies have provided empirical evidence to support the dimensions of the HBM as important factors when explaining and predicting individuals' health-related behaviors(17). This study's findings reflect this. For example, the study also focused on the perception toward the prevention mechanism of COVID-19 which accounts for and explains data on belief and perception of community which was captured by the original domains of the model. This approach also allowed us to make suggestions for public health practice.

We consider some of the important ways this historical moment is altering the religious landscape, aiming our investigative lens at how religious institutions, congregations, and individuals are affected by the social changes produced by COVID- 19.

The finding of the current study on the perception of the religious community toward the prevention mechanism of the COVID- 19 pandemics revealed that about 21 (96%) participants perceived that they are at high risk of getting COVID-19. Almost all of the participants also perceived COVID-19 as a serious disease. The result of the present study is nearly the same as the study conducted on the health information about COVID-19 prevention on the internet showed that about 9 in 10 respondents (90.4%) perceived that they are susceptible to COVID-19. Nearly 9 in 10 participants (87.5%) perceived that COVID-19 is a serious disease(9) .However, the finding of this study suggests that the perception of the community has improved than a study conducted on the knowledge, attitude, and practice survey in Kabul where only 59% of the respondents regarded themselves as likely to be infected with COVID 19(6). The difference may be due to the time of when the study was conducted since the perception of community about covid-19 is improved over time and geographical variation.

However, the present study demonstrated that the participants were concerned about the perception of their religious community about covid-19. They realized that some of their congregational members attached covid-19 to politics as it really does not exist. This finding is similar to the study conducted on the community perception of COVID-19 indicated that currently there are many people who assume there is no coronavirus in Ethiopia as some of them associate it with politics(5).

As one of the participants witnessed (Participant 3, 30 years, protestant) some of the members of their congregation including himself felt that when one has full belief in God and keeps his commandments and law cannot be infected with covid-19 and it is even fear them. The finding of the current study was similar to a study conducted on the community's misconception about COVID-19 in Ethiopia indicated that religion was a significant factor of misconception about COVID-19(1).

The result of this study suggested that people gathering a large number of people during worship and salad in one confined place could pave the way for the easy spread of pathogens. Most participants felt that people are singing, praying, and talking in one voice which makes covid-19 easily transmit.

(Participant 3, 30 years, protestant) and (Participant 7, 48 years, Muslim). This finding is similar to the study conducted on the COVID-19 and religious congregations that indicated a gathering of large numbers of people in close approximation could be fertile ground for the spread of novel pathogens(4). This finding is also consistent with a report in Ethiopia reporting that perceived susceptibility to COVID-19 was higher among people who are living in crowded places.

7. Limitations

This results are not intended to be numerically representative. They are rather provide in- depth insights into religious community perception toward pandemic covid-19. We used qualitative contentment analysis approach which was guided by the HBM. This may be criticized due to its potential to the analysis and thus study findings. (12). However, to ensure a non-biased approach to coding which allows to identify and categorize all instances and dimensions of community perception, we coded all transcripts inductively first and sought the HBM only to inform the later stages of the analysis. Also, some of the interviews in our study were telephone interviews. Some authors may argue that this mode of data collection could be less valuable than face-to-face interviews. However, there is a lack of evidence on whether telephone interviews produce lower quality data.(18)

8. Conclusions And Recommendation

This study highlighted how and what religious congregations perceives pandemic COVID-19. This study have found a new scenario regarding perception of religious community toward pandemic covid-19 as a number of participants expressed their gut feeling about COVID-19 that associate it with politics, scientists and illuminants. This study also demonstrates that most participants concerned that until now the members of their church do not believe in the existences of pandemic COVID-19 and believe that God will keep them instead of wearing the mask. However, most of the participants witnessed that as a pandemic COVID-19 is a critically severe disease that has been killing a thousand people across the globe. Therefore, the finding of this study would seem to suggest that the prevention practice among religious community toward pandemic COVID-19 is highly subjective and need personal decision which best described with the help of HBM. The result of this study also underlined the importance of a holistic approach that convinces the religious congregation about the reality of this pandemic which could improve the prevention practice and their decision-making process. Finally, these findings are important for policymakers to reconsider and support the preventive strategies of COVID-19. The participating in religious leaders in mobilizing the religious community with the practice of preventive mechanisms might be effective to make awareness creation among the large religious community since they can demonstrate them through their teaching experience

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Declarations

The authors declare no competing interests.

Figures

Figure 1

the theoretical frame work describe the perception of religious community toward covid-19 using HBM (developed by author after reviewing different literature)

Figure 2

Describe the supportive perspectives of religious community toward perceived susceptibility

Figure 3

Describe the contradicts perspectives of religious community toward perceived susceptibility

Figure 4

Describe the contradicts perspectives of religious community toward perceived severity

Supplementary Files

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