



Research Article

JMR 2020; 6(5): 183-187
September- October
ISSN: 2395-7565
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www.medicinarticle.com
Received: 27-07-2020
Accepted: 16-09-2020

Congolese Perception of the COVID-19 Pandemic: The Case of the City of Uvira

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Abstract

Introduction: The Covid-19 pandemic, a disease that started in the city of Wuhan, China, is wreaking havoc around the world. Like all nations, Democratic Republic of the Congo is trying, despite limited resources, to reduce the spread of this scourge somewhat by means of prevention measures, the only weapon available to humanity. The objective of this study is to share the different reactions of the Congolese population to this Covid-19 pandemic. **Methodology:** This is a qualitative and observational survey of 898 volunteer people living in the city of Uvira (Province of South Kivu, in Democratic Republic of Congo) and conducted during a week-long period from March 30 as of April 5, 2020. The analysis of the data was done using SPSS statistics 20 software. **Results:** the 15 to 30 age group was the most represented (59.1%). All of our respondents claimed to have heard of the Covid-19 (100.0%), and most of it through the media (99.3%). The majority believe that the black race is less affected than the white race (48.7%). Regarding containment measures, 77.5% of our respondents believe that these cannot be observed in the city of Uvira. The proportion of respondents believing that containment measures will not be respected was statistically high in the age group 15 years - 30 years (43.9%; $p = 0.039$), among respondents with a secondary education level (42.0%; $p = 0.000$) and among those with an average socioeconomic level (43.0%; $p = 0.017$). **Conclusion:** This study, the first in the region, has just supported the image that the Congolese population in general, and that of the city of Uvira in particular, in relation to the Covid-19.

Keywords: COVID-19, Lockdown, Uvira, DRC.

INTRODUCTION

In December 2019, the city of Wuhan, in China's Hubei Province, one of six megalopolises with a population of approximately 14 million, became the center of pneumonia of unknown cause [1]. On January 7, 2020, it was confirmed that a new type of Coronavirus named SARS-Cov-2 (formerly named 2019-nCoV) had emerged [2]. The World Health Organization (WHO) named Wuhan pneumonia as Coronavirus-2019 disease (Covid-19) on February 11, 2020, the date when the first death was reported. [3].

Patients with Covid-19 had typical respiratory symptoms (such as dry cough, fever, and fibrosis-like lung damage) and a few other symptoms such as physical asthenia, myalgia, and diarrhea [4–6].

As of February 17, 2020, 73,332 cases of Covid-19 have been reported in China (72,528 cases including 1,870 deaths) and in 25 other countries around the world [7]. Due to the rapid spread of the infection with a very high degree of contagiousness (R-0 index estimated between 4.4 and 6.6), cases continue to flow with a very high mortality rate in certain European states (Italy and Spain in particular). Currently (April 03, 2020), Covid-19 affects 205 countries and territories around the world with 50,321 deaths for approximately 972,303 cases diagnosed [8].

The rapid rate of transmission is therefore wreaking havoc and arousing hype and public health concerns around the world; WHO declared Covid-19 as a public health emergency of international concern on January 31, 2020 [3]. The Director-General of WHO justified this decision by saying that the potential for the spread of viruses would be more apparent in countries with a limited national health system, hence the importance of revisiting the main guidelines for response, and this by mobilizing all the layers (United Nations country teams, various health partners, donors, etc.) [9]. The devastating Ebola virus of 2014-2016 in West Africa has shown how countries prepared for the epidemic have stopped the infection by identifying it and stopping transmission [10–13]. Likewise, the smoking remains of the 2018-2019 Ebola virus epidemic in Democratic Republic of Congo have demonstrated that even health services with considerable experience in the treatment of certain emerging pathogens, geography and instability can hamper the retaliate [14].

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So, to face this pandemic, it seems judicious that African countries strengthen their health system by acquiring quality healthcare equipment, but also by mobilizing the population on the various prevention measures, the only weapon the world has currently to deal with this disease. Admittedly, like the countries of the whole world, the African States, without exception none, show the will to respond effectively to this pandemic, however, some struggle to arrive there; this may be linked not only to a deficit budget for some and poorly organized health systems for others, but also to the mentality of the black race, a fringe of whom is illiterate and remains attached to morals, thus attributing this kind of 'state (pandemic, ...) to evil powers or to an incredible story fabricated from scratch by Westerners to frighten humanity.

Like the other countries, the Democratic Republic of Congo currently records (April 3, 2020) 13 deaths linked to Covid-19 out of a total of 134 cases diagnosed, which represents the highest morbidity rate (9.7%) high in Africa and the second in the world, just behind Italy [8]. Faced with this exponential advance in cases, a significant number of measures have been taken by the country's authorities; however, from the boycott of certain measures by the population to the premature lifting of others by the same authorities, they are struggling to achieve their objectives. Thus, faced with all these constraints, we decided to conduct this study which will aim to share the different reactions of the Congolese population to this Covid-19 pandemic.

METHODOLOGY

Study type and population

This is a qualitative and observational survey of volunteer people living in the city of Uvira (South Kivu Province), in Democratic Republic of Congo. In total, we surveyed 898 people during a week-long period from March 30 to April 5, 2020.

Investigation procedure

The study consisted of going through all the avenues of the city of Uvira and discussing the Covid-19 with the locals we met. Before filling in the questionnaire, we had to reassure the respondents about compliance with the rules of ethics. We have exposed to them the leitmotif of our work while guaranteeing the absence of any lucrative interest and telling them how much we count on their franchise when filling in these forms.

However, given the importance of the subject of our investigation, which constitutes the epicenter of all the media hype in the current context, many respondents were curious and managed to ask us certain questions such as: "Do you also think, being in the medical field, that this disease is really real? "; "What are the clinical signs of this disease? "; "Is there already a treatment?" "We thus responded to the various concerns of our respondents; unfortunately, some refused to complete the questionnaire, demanding that we be given money as motivation, believing that we received funding for the study.

Collection of data

We have developed a survey questionnaire for data collection. Several parameters were discussed:

- Socio-demographic characteristics: age, sex, nationality, provenance, marital status, profession, educational level and socio-economic level;
- Knowledge of Covid-19: information on the pandemic, means of prevention, the vulnerability of the black race, compliance with containment measures).

Included in the survey are all volunteers living in the city of Uvira who wish to participate in the study; any person whose age is less than or equal to 10 years is excluded from the study.

Data analysis

The data were analyzed using SPSS statistics 20 software. The Chi-2 test (Pearson test) made it possible to compare the proportions observed with a significance level fixed at $p < 0.05$. Ethical considerations were taken into account, as mentioned above, after a favorable opinion from the study participants.

RESULTS

Socio-demographic characteristics of the respondents

Table 1: Distribution of respondents according to socio-demographic characteristics Variable.

Variable		Percent	Cumulative Percent
Age range	N= 898		
15 – 30 years	531	59,1	59,1
31 – 45 years	204	22,7	81,8
46 – 60 years	92	10,2	92,1
61 years old and over	71	7,9	100,0
Sex	N = 898		
Male	472	52,6	52,6
Female	426	47,4	100,0
Provenance	N = 898		
Kavimvira	71	7,9	7,9
Kasenga	20	2,2	10,1
Mulongwe	71	7,9	18,0
Rombe	87	9,7	27,7
Kimanga	87	9,7	37,4
Songo	160	17,8	55,2
Nyamianda	60	6,7	61,9
Kabindula	48	5,3	67,3
Kilibula	137	15,3	82,5
Rugembe	35	3,9	86,4
Kalundu	122	13,6	100,0
Marital status	N = 898		
Single	334	37,2	37,2
Married (monogamy)	493	54,9	92,1
Others : polygamy, divorced, widowed	71	7,9	100,0
Educational level	N = 898		
Illiterate	64	7,1	7,1
Primary	167	18,6	25,7
Secondary	486	54,1	79,8
university	181	20,2	100,0
Socioeconomic level	N = 898		
Low	381	42,4	42,4
Average	517	57,6	100,0
Occupation – women	N = 424		
Housewife	96	22,6	22,6
Cultivator	69	16,3	38,9
Others (state officials, trader)	259	61,1	100,0
Occupation – man	N = 474		
Fisherman	36	7,6	7,6
Bricklayer	26	5,5	13,1
Carpenter	19	4,0	17,1
Trader	94	19,8	36,9
Others	147	31,0	67,9
Unemployed	152	32,1	100,0

In our series, the 15 to 30 year age group was the most represented (59.1%). The majority of respondents lived in the Songo District (17.8%), were married (54.9%), with a high school education (54.1%) and an average socioeconomic standard of living (57.6%). Respondents with other professions (state officials, shopkeepers, etc.) were relatively more numerous (61.1%) compared to housewives (22.6%) and cultivators (16.3%). As for the respondents (men) having no profession represented a high proportion (32.1%) in our category (Table 1).

Knowledge of the Covid-19

Table 2: Distribution of respondents based on knowledge of the Covid-19

Variables	N = 898	Percent	Cumulative Percent
Have you ever heard about Covid-19?			
Yes	898	100,0	100,0
No	0	0	100,0
How did you find out?			
Media (radio, television, internet)	892	99,3	99,3
Relatives (friends, relatives,...) 6		0,7	100,0
What do you think of this pandemic compared to the black race?			
Cannot be affected	170	18,9	18,9
Affected < at WR *	437	48,7	67,6
Affected = at WR	193	21,4	89,0
Affected > at WR	99	11,0	100,0
Have you ever heard of preventive measures against Covid-19?			
Yes	898	100,0	100,0
No	0	0,0	100,0
What prevention measure did you hear the most?			
Lockdown	69	7,7	7,7
hands	470	52,3	60,0
Face	271	30,2	90,2
Elbow	64	7,1	97,3
Distance	24	2,7	100,0
Do you think that the lock down measures will be respected in the city of Uvira?			
Yes	202	22,5	22,5
No	696	77,5	100,0

* WR : White race

All of our respondents stated that they had heard of the Covid-19 (100.0%), and most of it through the media (99.3%). The majority believe that the black race is less affected than the white race (48.7%). As for prevention measures, all of our respondents have already heard of it (100.0%), especially hand washing (52.3%) and face protection

(30.2%). With regard to containment measures, 77.5% of our respondents believe that these cannot be observed in the city of Uvira (Table 2).

Sociodemographic characteristics and respect for lock down

Table 3: Distribution of respondents according to socio-demographic characteristics and respect for lockdown

Variables	Respect for lockdown		Chi-square 2 (DOF)	P-value
	Yes n(%)	No		
Age (N=898)				
15 years – 30 years	137(15,3)	394(43,9)	8,374(3)	0,039
31 years – 45 years	38(4,2)	166(18,5)		
46 years – 60 years	15(1,8)	77(8,6)		
61 years old and over	12(1,3)	59(6,5)		
Sex (N=898)				
Male	136(15,1)	336(37,4)	22,788(1)	0,000
Female	66(7,3)	360(40,1)		
Provenance (N=898)				
Kavimvira	4(0,4)	67(7,5)	40,636(10)	0,000
Kasenga	1(0,1)	19(2,1)		
Mulongwe	25(2,8)	46(5,1)		
Rombe	25(2,8)	62(6,9)		
Kimanga	18(2,0)	69(7,7)		
Songo	45(5,0)	115(12,8)		
Nyamianda	14(1,6)	46(5,1)		
Kabindula	14(1,6)	34(3,8)		
Kilibula	25(2,8)	112(12,5)		
Rugembe	14(1,6)	21(2,3)		
Kalundu	17(1,9)	105(11,7)		
Educational level (N=898)				
Illiterate	10(1,1)	54(6,0)	30,754(3)	0,000
Primary	19(2,1)	148(16,5)		
Secondary	109(12,1)	377(42,0)		
University	64(7,1)	117(13,0)		
Socioeconomic level (N=898)				
Low	71(7,9)	310(34,5)	5,653(1)	0,017
Average	131(14,6)	386(43,0)		
Profession – woman (N=424)				
Housewife	9(2,1)	87(20,5)	5,412(2)	0,067
Cultivator	8(1,9)	61(14,4)		
Others	48(11,3)	211(49,8)		

Profession – man (N=474)			3,083(5)	0,687
Fisherman	12(2,5)	24(5,1)		
Bricklayer	5(1,1)	21(4,4)		
Carpenter	6(1,3)	13(2,7)		
Trader	28(2,9)	66(13,9)		
Others	47(9,9)	100(21,1)		
Unemployed	39(8,2)	113(23,8)		

The proportion of respondents believing that containment measures will not be respected was statistically high in the age group 15 years - 30 years (43.9%; $p = 0.039$), among respondents (women) (40, 1%; $p = 0.000$), among those living in the Songo District (12.5%; $p = 0.000$), with a secondary education level (42.0%; $p = 0.000$) and an average socioeconomic level (43, 0%; $p = 0.017$). It was also higher among women with other occupations (49.8%) and men without occupations (23.8%); however, the difference was not statistically significant ($p = 0.067$ and $p = 0.687$ respectively) (Table 3).

DISCUSSION

In our series, all of our respondents have already heard of the Covid-19 (100.0%); for a pandemic with such high mortality [8], and with all the social, economic and cultural consequences, it therefore seems entirely normal for people to be informed of it, at least by name, said pandemic practically the whole world at a standstill. In relation to preventive measures, the trend also remains positive, all of our respondents are informed about barrier gestures, especially hand washing (52.3%) and face protection (30.2%).

Thus, the actors are mobilizing, all trends combined, to multiply the awareness campaigns related to the corona measures, prevention being until now the only weapon available to humanity to face the Covid-19.

The majority of our respondents estimated that the black race can be slightly affected than the white race (48.7%). This approach follows numerous infoxes which have circulated in social networks and conveyed by ill-intentioned people with the aim of pushing the population not to observe barrier gestures.

A few weeks after the outbreak, a young Cameroonian student who lived in China became infected and became the first African to contract the virus. He received treatment for the disease in China, and within a few weeks recovered from his condition [15]; thereafter, various unfounded reports subsequently emerged stating that the genetic makeup of blacks or even the presence of melanin made blacks immune to the virus. The news spread via social media and social media, and some great figures have had no trouble declaring that they have contracted the disease [16].

However, all these unproven assertions were not without consequences, in particular unpredictable social and health, some indigenous people not respecting the barrier gestures following this myth of immunity [17]. Currently, the United States, the most affected country in the world, has a high prevalence of black patients who have contracted Covid-19. By way of illustration, Gold JAW *et al.* found in their study an 83.2% prevalence of non-Hispanic blacks hospitalized in the state of Georgia [18]. Garg S *et al.* found, in their study of 14 states in the United States, a prevalence of 33.1% of black non-Hispanics with HIV-positive Covid-19 [19].

Thus, it must be noted, from the above, that the black race remains as affected by Covid-19 as the white race, this myth of the immunity of blacks to this pandemic simply affecting promotion and maintenance preventive measures. In terms of compliance with containment measures, 77.5% of those surveyed believe that these will not be respected in the City of Uvira. The proportion of respondents believing that containment measures will not be respected was statistically high in the age group 15 years - 30 years (43.9%; $p = 0.039$), among

respondents (women) (40, 1%; $p = 0.000$), among those living in the Songo District (12.5%; $p = 0.000$), with a secondary education level (42.0%; $p = 0.000$) and an average socioeconomic level (43, 0%; $p = 0.017$). It was also higher among women with other occupations (49.8%) and men without occupations (23.8%); however, the difference was not statistically significant ($p = 0.067$ and $p = 0.687$ respectively) (Table 3).

Like all the population of countries with limited resources, the Congolese population in general and that of the city of Uvira in particular, lives below the poverty line, content for some of the rural activities, and for other small businesses with capital of less than ten US dollars.

Thus, faced with this endless economic crisis that the country has known for a few decades, and with a current government that is struggling to mobilize funds which may aim to relieve the population financially during this period, lockdown would be quite simply utopian, the population fearing more the malnutrition as the Covid-19 pandemic itself.

CONCLUSION

This study, the first in the region, has just supported the image that the Congolese population in general, and that of the city of Uvira in particular, vis-à-vis the Covid-19. The latter, taking into account the precarious socio-economic living conditions, is unable to enforce barrier gestures as recommended by the health authorities and the various health professionals. The Government, as guarantor of the health of the population, should therefore consider setting up an economic and financial rescue plan whose leitmotif would be to force the population to apply preventive measures, the only effective weapon against this pandemic that the world currently holds.

ACKNOWLEDGMENT

We present our sincere thanks to our Master, Dr. NYAKIO Olivier, for his efforts throughout this work. We also thank our friends at CMU (Club Médical Universitaire) of Notre Dame University of Tanganyika / Uvira for their availability to carry out the investigations of this work.

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