

To What Extent is Corona Virus Disease (Covid-19) Understood by The People of Lwemiriiti Village, Kitanda Subcounty, Bukomansimbi District, Uganda and How Do They Perceive the Standard Operating Procedures (SOPs)?

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Abstract: The current study was conducted in the month of January 2022 in Lwemiriiti village (L.C 1) which is found in Kitanda sub county, Bukomansimbi district in the Central region of Uganda. Being a rural area where cases of COVID-19 have not been reported, many children and some adults are just hearing the disease with some of them doubting its existence. The study was therefore carried out so as to provide solutions to the misconceptions about COVID-19 so that it does not turn out to be a disaster. This is because, if COVID-19 is not properly understood by people, it can spread like wild fire, hence leading to death of many people. Lwemiriiti village (L.C 1) where the study was carried out has only one trading centre with several retail shops, three bars which sell local brew (Waragi, Kkwete and Ttonto), beer, as well as soft drinks like soda. There is also a motorcycle (bodaboda) stage with about 10 motorcycles for transporting people. In carrying out this study, only oral interviews were used. Thus, 35 people were interviewed. The interviewees were 19 residents, five shopkeepers, three sellers of Matooke (bananas), three sellers of alcohol in the bars and five bodaboda riders. The latter were involved in the study because they interact with many people on daily basis. The findings were that although all people know that COVID-19 exists, they don't understand it properly. Thus, the standard operating procedures put in place by the government are generally perceived to be inconveniencing and because of this, they are hardly implemented.

Key Words: COVID-19; Understood; Standard Operating Procedures.

I. INTRODUCTION

Corona virus disease (COVID-19) is one of the infectious diseases. In Uganda, the presence of COVID-19 was first announced in March 2020 and because of that, the government closed schools and other public gatherings on March 20, 2020. Prior to this, in 2017 strange diseases in Uganda like Anthrax attacked people in Isingiro, Arua, Kween and Kiruhura districts; Creamean Congo hemorrhagic fever attacked people in Nakaseke, Kiboga and Kakumiro districts; Marburg Virus disease and Rift Valley fever attacked the people of Kween district (Akello, 2020). Whereas these are serious diseases that have impacted negatively on people's socio-economic lives, some people do

not understand them properly; others even doubt their existence while others think it is witchcraft at play. Could this be the trend among the local people of Lwemiriiti village in Bukomansimbi district? A study was carried out in January 2022 to assess this.

Statement of the Problem

With the emergence of COVID-19 in Uganda in March 2020, the government of the republic of Uganda notified Ugandans about it and even closed markets, schools and public transport for three months. After three months, the government eased the lock down by opening markets and movement of public transport (though reduced the number of passengers in each vehicle by a third). Standard Operating Procedures were put in place by the Ministry of Health to curb the spread of corona virus. These included social distancing wherever many people are (to sit or stand atleast two metres from one person to another); putting on a face mask whenever in public places; regular sanitizing or washing of hands with soap; avoiding sneezing in public, instead one should sneeze in a soft tissue and throw it away where people may not easily access it; and in case one has symptoms of fever or cough, one should stay at home and quickly seek medical advice (Akello, 2020). Based on media reports, as well as the researcher's casual observations, people do not fully observe these procedures. For instance, people do not regularly put on masks when they are with others; sanitizing is rarely done, and social distancing is hardly done. This points to an assumption that Ugandans do not fully understand COVID-19. Others even doubt its existence; they even wonder why those said to have died of it are only the rich. Others wonder why they have never seen anybody in their locality suffering from it; that all those claimed to have contracted it are from other areas. Others claim it is politics at play- to stop people from work so that they become poor yet the leaders are growing richer. Against this background, a study was carried out to provide answers to the question that, "To what extent is covid-19 understood by the people of Lwemiriiti village (L.C 1), Kitanda sub county in Bukomansimbi district?". To get answers to this question, 35 people were interviewed. The specific questions were:

- i. What is the origin of COVID-19?
- ii. Based on your understanding, what are the causes of the spread of COVID-19, and what are the impacts of COVID-19?
- iii. How do you perceive the Standard Operating Procedures put in place by the Ministry of Health to curb the spread of COVID-19?

Significance

The findings of this study will be useful to different stakeholders, such as Ministry of Education officials, farmers, traders, those in the transport business, classroom teachers, as well as to the learners. The people will for example be guided to avoid stereotypes and wrong information on COVID-19. The study made recommendations based on people's understanding of the disease.

Secondly, there is a tendency for officials in ministries to take things for granted. Since for example the Ministry of Health has talked much about COVID-19 through Television and Radio, it might be thought that all people understand it, but it is possible for the reverse to be true. The findings of this study will therefore guide the Ministry officials to think of a better way of packaging the information they deliver to communities especially those in rural areas.

II. LITERATURE REVIEW

2.1 Origin of Corona Virus

Scientists first identified a human coronavirus in 1965. It caused a common cold. Later that decade, researchers found a group of similar human and animal viruses and named them after their crown-like appearance.

Seven coronaviruses can infect humans. The one that causes SARS emerged in southern China in 2002 and quickly spread to 28 other countries. More than 8,000 people were infected by July 2003, and 774 died. A small outbreak in 2004 involved only four more cases. This coronavirus causes fever, headache, and respiratory problems such as cough and shortness of breath. MERS started in Saudi Arabia in 2012. Almost all of the nearly 2,500 cases have been in people who live in or travel to the Middle East. This coronavirus is less contagious than its SARS cousin but more deadly, killing 858 people. It has the same respiratory symptoms but can also cause kidney failure.

Experts say SARS-CoV-2 originated in bats. That's also how the coronaviruses behind Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) got started. SARS-CoV-2 made the jump to humans at one of Wuhan's open-air "wet markets." They're where customers buy fresh meat and fish, including animals that are killed on the spot. Some wet markets sell wild or banned species like cobras, wild boars, and raccoon dogs. Crowded conditions can let viruses from different animals' swap genes. Sometimes the virus changes so much it can start to infect and spread among people. Still, the Wuhan market didn't sell bats at the time of the outbreak. That's why early suspicion also fell on

pangolins, also called scaly anteaters, which are sold illegally in some markets in China. Some coronaviruses that infect pangolins are similar to SARS-CoV-2.

In 2003, the Chinese population was infected with a virus causing Severe Acute Respiratory Syndrome (SARS) in Guangdong province. The virus was confirmed as a member of the Beta-coronavirus subgroup and was named SARS-CoV. The infected patients exhibited pneumonia symptoms with a diffused alveolar injury which lead to acute respiratory distress syndrome (ARDS). SARS initially emerged in Guangdong, China and then spread rapidly around the globe with more than 8000 infected persons and 776 deceases. A decade later in 2012, a couple of Saudi Arabian nationals were diagnosed to be infected with another coronavirus. The detected virus was confirmed as a member of coronaviruses and named as the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). The World health organization reported that MERS-coronavirus infected more than 2428 individuals and 838 deaths. MERS-CoV is a member beta-coronavirus subgroup and phylogenetically diverse from other human-CoV. The infection of MERS-CoV initiates from a mild upper respiratory injury while progression leads to severe respiratory disease. Similar to SARS-coronavirus, patients infected with MERS-coronavirus suffer pneumonia, followed by ARDS and renal failure. As SARS-CoV-2 spread both inside and outside China, it infected people who have had no direct contact with animals. That meant the virus is transmitted from one human to another.

Whereas this gives a good background of the pandemic, it is wondered whether local people especially those in rural areas like Lemiriiti really understand this. Given the illiteracy of some Ugandans, as well as lack of access to the internet, some Ugandans may not be aware of all this with some of them attributing to God's anger or even witchcraft. Indeed, Musana (2013)'s submission is relevant here as he contends that Uganda is a country of believers and many times people associate calamities and diseases to God's anger. This necessitated the current study.

2.2.1 Spread of Corona Virus

The coronavirus disease 19 (COVID-19) is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which emerged in Wuhan, China and spread around the world. Genomic analysis revealed that SARS-CoV-2 is phylogenetically related to severe acute respiratory syndrome-like (SARS-like) bat viruses, therefore bats could be the possible primary reservoir. The intermediate source of origin and transfer to humans is not known, however, the rapid human to human transfer has been confirmed widely. There is no clinically approved antiviral drug or vaccine available to be used against COVID-19. However, few broad-spectrum antiviral drugs have been evaluated against COVID-19 in clinical trials, resulted in clinical recovery. In the current review, we summarize and comparatively analyze the emergence and pathogenicity of COVID-19 infection and

previous human coronaviruses severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV). We also discuss the approaches for developing effective vaccines and therapeutic combinations to cope with this viral problem. Corona represents crown-like spikes on the outer surface of the virus; thus, it was named as a coronavirus. Coronaviruses are minute in size (65–125 nm in diameter) and contain a single-stranded RNA as a nucleic material, size ranging from 26 to 32kbs in length. The subgroups of coronaviruses family are alpha (α), beta (β), gamma (γ) and delta (δ) coronavirus. The severe acute respiratory syndrome coronavirus (SARS-CoV), H5N1 influenza A, H1N1 2009 and Middle East respiratory syndrome coronavirus (MERS-CoV) cause acute lung injury (ALI) and acute respiratory distress syndrome (ARDS) which leads to pulmonary failure and result in fatality. These viruses were thought to infect only animals until the world witnessed a severe acute respiratory syndrome (SARS) outbreak caused by SARS-CoV, 2002 in Guangdong, China. Only a decade later, another pathogenic coronavirus, known as Middle East respiratory syndrome coronavirus (MERS-CoV) caused an endemic in Middle Eastern countries

Recently, by the end of 2019, WHO was informed by the Chinese government about several cases of pneumonia with unfamiliar etiology? The outbreak was initiated from the Hunan seafood market in Wuhan city of China and rapidly infected more than 50 peoples. The live animals are frequently sold at the Hunan seafood market such as bats, frogs, snakes, birds, marmots and rabbits. On 12 January 2020, the National Health Commission of China released further details about the epidemic, suggested viral pneumonia. From the sequence-based analysis of isolates from the patients, the virus was identified as a novel coronavirus. Moreover, the genetic sequence was also provided for the diagnosis of viral infection. Initially, it was suggested that the patients infected with Wuhan coronavirus induced pneumonia in China may have visited the seafood market where live animals were sold or may have used infected animals or birds as a source of food. However, further investigations revealed that some individuals contracted the infection even with no record of visiting the seafood market. These observations indicated a human to the human spreading capability of this virus, which was subsequently reported in more than 100 countries in the world. The human to the human spreading of the virus occurs due to close contact with an infected person, exposed to coughing, sneezing, respiratory droplets or aerosols. These aerosols can penetrate the human body (lungs) via inhalation through the nose or mouth.

Whereas Science asserts that COVID-19 is mainly spread through close contact with an infected person, exposed to coughing, sneezing, respiratory droplets or aerosols, it is not clear whether the local people also understand it that way. As Byaruhanga-Akiiki (1991) claims, Africans have their science of sending particular diseases to others by just mentioning their names through rituals associated with witchcraft on graves or from any other place especially at mid night.

Lwemiriti being a rural area where traditional beliefs are likely to be observed, it is possible that the people are more inclined to traditional beliefs than what Science states. This necessitated the current study.

2.2.2 Impacts of COVID-19

A Chinese study of 103 COVID-19 cases found two strains, which they named L and S. The S type is older, but the L type was more common in early stages of the outbreak. They think one may cause more cases of the disease than the other, but they're still working on what it all means. It is also normal for a virus to change, or mutate, as it infects people and this virus has done so. There are several variants which have been named for the regions they were first discovered but they have now spread to other areas and countries.

Therefore, because of the main symptoms, such as Fever, Coughing, Shortness of breath, Trouble breathing, Fatigue, Body aches, Headache, Sore throat, Congestion/runny nose, Loss of smell or taste, Nausea, as well as Diarrhea. The virus can lead to pneumonia, respiratory failure, heart problems, liver problems, septic shock, and death. Many COVID-19 complications may be caused by a condition known as cytokine release syndrome or a cytokine storm. This is when an infection triggers your immune system to flood your bloodstream with inflammatory proteins called cytokines. They can kill tissue and damage your organs, this disease can cause Trouble breathing or shortness of breath, Ongoing chest pain or pressure, New confusion, Can't wake up fully and Bluish lips or face. Strokes have also been reported in some people who have COVID-19. Face. Is one side of the person's face numb or drooping? Is their smile lopsided?

Some people who are hospitalized for COVID-19 have also have dangerous blood clots, including in their legs, lungs, and arteries. Thus, it is important that if one lives in or have traveled to an area where COVID-19 is spreading, if one is not feeling well, stay home. Even if one has mild symptoms like a headache and runny nose, one should stay in until one feels better. This lets doctors focus on people who are more seriously ill and protects health care workers and people one might meet along the way.

In Uganda's case, a lot of impacts have come due to COVID-19, such as loss of jobs, collapse of businesses due to the lock down, individuals and companies swimming in accumulated debts due to the loans they had got from banks before the lockdown, some people losing their loved ones to the disease, as well as some people hating the Government thinking that the lockdown due to COVID-19 was deliberately meant to make Ugandans suffer (Akello, 2020). It is however not clear whether people in rural areas like Lwemiriti perceive things that way, hence the current study.

In Uganda, different family life patterns exist. For instance, some families are extended while others are nuclear. Some are polygamous while others are monogamous. Some partners stay with their partners permanently while others do not. Some are male headed homesteads while others are female

headed homesteads. Some husbands and wives have permanent jobs while others have temporary jobs (Kayindu, 2018). Whereas some have well-paying jobs, others have poor paying jobs. With the influence of COVID-19, some have lost their jobs while others are receiving less salary than what they used to receive before. When men get problems, some of them turn the anger on their wives, children and other people in the family. Domestic violence may result, marriage instability can result and hence separation and divorce. Even other immoral and illegal practices such as incest can come in. Actually, police reports have indicated an increase in domestic violence and child abuse since the onset of COVID-19 in Uganda. For instance, Police recorded at least 328 cases of domestic violence in only 14 days of the national COVID-19 lockdown. Speaking at the Uganda Media Centre, Police Deputy Spokesperson Polly Namaye said that because people were stuck at home, it had increased the cases. The police also recorded 102 other cases of child neglect, abuse or abandonment across the country. Namaye urged the public to desist from resorting to violence to solve domestic issues (The Independent, April 16, 2020).

In a study carried out in South Korea to investigate the changes in the lifestyle, mental health, and quality of life of South Korean adults before and after the onset of the pandemic of COVID-19 through stay-at-home strategies and maintaining social distance, which are likely to result in major changes in the lifestyle, mental health, and quality of life of citizens. This study illustrated significant reductions in physical activities and activity participation, such as activities of daily living, social activity, leisure, and education. Conversely, eating habits (nutrition) did not significantly change. However, mental health and quality of life also decreased according to individual lifestyles during the pandemic. This study showed that the frequency and time of all types of physical activities decreased during the pandemic compared to earlier periods. Unsurprisingly, satisfaction with participation in physical activities decreased. The findings of the study regarding reduced physical activity during the pandemic follow those of other studies. Similarly, Gornicka et al. reported that COVID-19 had a negative effect on physical activity in adults. These results are consistent with a previous study in Canada that reported a significant reduction in all physical activities in children and adolescents. Various restrictions to prevent the spread of COVID-19, including home confinement and social distancing, worked to reduce the overall physical activity level. It has been established that reduced physical activity leads to increased body weight and risk of illness, including inflammatory and cardiometabolic diseases. Several studies have demonstrated that patients with metabolic disorders have a higher risk of contracting the disease. It was also found out that the pandemic had also brought about significant changes in daily living patterns among adults in South Korea. With changed daily schedules caused by social distancing, the closure of colleges, universities, and shops, and telecommuting, participants revealed changes in how they preoccupied themselves, in

which they tended to spend less time on social activities, leisure, and education. The total time participants spent sleeping was significantly higher than that before the pandemic. However, although their total sleep time increased, satisfaction with sleep decreased. This implies that the participants may have had poor sleep quality or patterns. According to an Australian report, 40.7% of Australian adults reported a negative change in sleep patterns since the onset of the pandemic. The imbalance in occupation and changed sleep routines can have negative effects on individuals' health and quality of life; thus, it is necessary to provide appropriate strategies to rebuild balanced lifestyle patterns (Park, Kim, Yang, Lim, and Park (2021).

2.3 Standard Operating Procedures (SOPs)

These are the yardsticks that have been put in place by the Government (through the Ministry of Health, Ministry of Education and Sports and other ministries) to help curb the spread of COVID-19. These include putting on a facemask whenever one is in public; sanitizing regularly or washing hands with soap; avoid touching oneself in the soft parts like eyes, nose and mouth; social distancing while in public (such as a party, church, mosque, ancestral shrine, in a taxi etcetera); staying at home and quickly seeking medical attention when one has signs of flu.

Thus, Whereas COVID-19 is in existence and whereas the Standard Operating Procedures were put in place by the government of the republic of Uganda, people's observance of them seems to be more of a myth than a reality. This be attributed to people's limited understanding of COVID-19.

COVID-19 is a reality in Uganda, as well as in other parts of the world. During the Presidential statement to the nation on progress of the COVID19 on 22nd September 2021, The President reiterated that since his last address to the nation on the 30th of July 2021, the COVID-19 transmission rates in the country had continued to decline. Despite this, some districts continued to show higher transmission rates and are considered hotspot districts. This persistent transmission was in the following nine districts namely: Kampala, Kalungu, Kabale, Kumi, Soroti, Tororo, Gulu, Nwoya and Yumbe. The daily average number of confirmed cases over the month of August 2021 had declined and stabilized at 124 cases countrywide, from an average of 1,445 cases at the peak of the second wave in June 2021. Similarly, the daily average number of deaths had declined to 6 from 57 deaths at the height of the peak of the second wave. As of 22nd September 2021, the country had registered 122,502 confirmed cases and 3,135 deaths. Additionally, the then admissions stood at 340 in both public and 2 private facilities (272 in public, 66 in prisons and only 2 in the private facilities), of whom 144 (38%) were in the severe and critical category. Because of this, the national COVID-19 response strategy focused on the following interventions: 1.COVID-19 Vaccination with Pfizer,Moderna,eAstraZeneca, China Sinovac,Johnson& Johnson, Sinopharm, and COVAX AstraZeneca. By December 2021 there were 2,294,000 doses of vaccines the

National Medical Stores (NMS). The vaccination of the 4.8 million priority population was emphasized. These were: health workers, teachers, security personnel, elderly persons of 50 years and above, those below 50 years with comorbidities and 330,000 students in post-secondary institutions aged 18 years and above.

The strict adherence to all SOPs at all times i.e. hand washing/ use of alcohol-based sanitizer, temperature monitoring, and consistent wearing of face masks by all congregants including the choir and preachers was emphasized in the Presidential address to the Nation on 22nd September 2021. Though the President made such directives, it is one thing for the directives to be made and it is another thing for them to be implemented, hence the current study.

III. METHODOLOGY

The data was collected using observation and oral interviews. The respondents were the locals of Lwemiriiti village (L.C 1). These included the business people having shops and those selling matooke. Also included were the sellers of alcohol, those transporting people using motorcycles (bodaboda riders), as well as the local inhabitants. Thus, all categories of people were represented. The thirty-five people who were interviewed were purposively selected to participate in the study because they represented all categories of people (adults, youths, men, women, traders, those in transport business, as well as the bar maids. As Amin (2005) maintains, oral interviews don't require many respondents since a lot of information can be gathered even from few respondents. The frequency (percentage distribution) was used to assess people's understanding of COVID-19 disease.

Limitations of the Study

Since the study was carried out only in one village out of the 56 villages in Kitanda sub county, generalizing the findings to the people in the whole sub county or district of Bukomansimbi might be a challenge. Future studies should use larger samples and bigger geographical areas. Despite this, the researcher believes the study has implications for future practices.

IV. FINDINGS, DISCUSSION AND CONCLUSION

Question 1: How do you understand the origin of COVID-19?

The people were interviewed and their responses are summarised in table 1.1.1.

Table 1.1.1 Showing people's responses on their understanding of the origin of COVID-19

Item	No	%
It originated from China	23	66.7
It originated from Europe	19	53.3
It originated from America (USA)	19	53.2
It originated from DRC like Ebola	9	26.7
COVID-19 is a myth	9	26.7

Source: Primary data, 2022.

Table 1.1.1 shows the responses from oral informants about their understanding of the origin of COVID- 19. Sixty seven percent (67%) of the respondents reported that it originated from China; 53% said it originated from the Democratic Republic of Congo (DRC); while 27% reported that COVID-19 is a myth.

On this, one respondent said, "People talking of corona are just blindfolding usever since they talked of it, we have never seen anybody here in Lwemiriiti village (L.C 1) suffering from it. It is now coming to three years since it was reported to be existing in Uganda. That is ekiwaani (fake news) which is intended to divert our attention from politics so that those in government can steal billions of money without anybody talking about it as we are in fear for COVID-19"

Related views were raised by some other people which implies that the knowledge on COVID- 19 is still lacking. This is a dangerous trend as it can lead to contracting of the disease out of that ignorance. This implies that the area local leaders' efforts on teaching people about COVID-19 are either not appreciated by people as it seemingly falls on deaf ears, or has not been done well.

Another youth in his early twenties claimed that, "That corona thing we hear is flue. Since foreigners have brown bodies, they are weaker compared to us the black peoples... we have always had flue and once we get it we either use local herbs, such as aloevera (ekigagi), ebbombo or fruits like oranges and lemon. Alternatively, we take drugs, like Pilton and it goes, so it is not new", This also reveals that some people in rural areas are still very green on this new disease.

Question 2: What are the causes of the spread of COVID-19 and what are the impacts of COVID-19?

On this question, the responses provided are presented in table 2.1

Table 2.1 showing people's responses on the causes of the spread of COVID-19 and its impacts

(i) Causes of spread/ contracting it	No.	%
Contact with an infected person	14	40
Failure to sanitise regularly	12	33.3
Inhaling it due to lack of a mask	12	33.3
Weak bodies	14	40
God's will	12	33.3
Influence of spirits	12	13.3
(ii) Impacts of COVID-19	No.	%
Prolonged illness	12	33.3
Death	7	20
Poverty	23	66.7
Reduced support to government	19	53.3

Source: Primary data, 2022.

Table 2.1 shows that the people perceive the causes of the spread of COVID- 19 or causes of people contracting it as

having contact with an infected person (as reported by 40% of the respondents); failure to sanitise regularly (as reported by 33% of the respondents; inhaling it from an infected person due to one's lack of or not having a facemask; having weak bodies, such as those suffering from Asthma (as reported by 40% of the respondents. Surprisingly, some reported that one gets it as a result of God's wish if his or her hour of death is near. Others even reported that it is caused by the annoyance of spirits. On this, one adult male respondent who seemed to be above 60 years of age said, *"The devil has never rested, it is at work to see that we suffer. Spirits like Kawuula, Kawumpuli and Wannema are the ones behind this. In the past, Kawumpuli (small pox) killed many people in Buganda since LubaaleKawumpuli was annoyed with us"*. This reveals the role of traditional beliefs in negatively influencing the lives of the people which subsequently can lead to their death.

Regarding the impacts, the respondents reported that they hear that it leads to prolonged illness and death of people. They also lamented poverty of the people and reduced support to the government.

On this, some respondents said, *"Last year in 2021 we had the presidential elections and NRM political party (the ruling party) performed poorly in this district of Bukomansimbi at all levels partly because of this. In March 2020 schools were closed, our maize, matooke, cassava and beans became so cheap because the schools which used to buy them were closed. Though now schools are open, our teachers are starving especially those in private schools, our children are seated at home yet the government officials are working and amassing wealth day after day.... this is probably a plan by the government to make us remain in poverty, otherwise why are all businesses running normally in Tanzania? Schools are fully open, is their blood different from ours?"*

These remarks and outbursts reveal that people are not happy with the closure of institutions like schools since it not only negatively impacts on the learners but also the teachers and the nearby communities. Others alleged that the national leaders do hate Buganda, the Cental region (as if the lockdown was only in Buganda). This reveals that some government intervention programmes are perceived negatively by the people especially if those programmes have a direct negative influence on people's income.

Question 3: How do you perceive the Standard Operating Procedures put in place by the Ministry of Health to curb the spread of COVID-19?

On this question, different responses were given as presented in table 4.3

Item	No.	%
Social distancing as an impossible practice	16	46.7
Standard Operating Procedures are perceived as working only in urban areas, not rural areas	16	46.7
Regular mask wearing as an impossible practice	9	26.7
Regular sanitizing as a God given Islamic Practice which we must always observe	2	06.7
Standard Operating Procedures being good and helpful if observed	12	33.3

Source: Primary data, 2022.

Table 3.1 shows that all the respondents were aware of the existence of the Standard Operating Procedures (SOPs) put in place by the Ministry of Health but the problem is that they are perceived differently. For instance, some perceived social distancing as an impossible practice in rural areas. It is perceived as pride (that one is very proud to distance him or herself from others). They reported that Standard Operating Procedures SOPs work only in urban centres, not in rural area (as reported by 47% of the respondents).

The L.C 1 Chairperson reported that the Government has organized several sensitization teachings to the locals and even donated face masks to them but the people are reluctant to put them on even in gatherings like weddings, burial ceremonies and other village meetings. As for social distancing he said, *"Distancing oneself from others is regarded a taboo by many of our people and is usually taken as being anti-social... somebody on this village used to do that but when he lost a child in November, 2021, many people refused to attend the burial claiming that he is anti-social and proud since he is rich... he slaughtered a cow but people refused to eat the meat and they told them to apologise to them. In addition, since some of our people are drunkards, they can hardly understand the importance of social distancing... it is now day time but the bars are full... do you expect drunkards to distance themselves as they are drinking"*. This shows the role of culture and alcohol in influencing people's attitudes or perceptions.

One Muslim respondent reported that God has always told us to sanitise regularly as written in the holy Quran. He said, *Allah may have brought COVID- 19 to show the world that Islamic teachings must be observed since all the Standard Operating Procedures are also emphasized in Islam"*. Another female Tablique Muslim woman however said, *"Though regular hand washing is good, as a Muslim I cannot use alcoholic sanitizers because of the alcohol they contain...Alcohol is Haram in our religion, I rather die than using them"* Thus, she emphasized that all other standard operating procedures are alright apart from the usage of sanitizers.This shows the role of religious extremism in shaping people's way of life in a certain way.

Therefore, people are aware of the existence of Standard Operating Proceduresbut they do not observe them. Rural people think that they are meant for people in urban areas, not for those in rural areas.

Table 3.1 showing people's responses on their perception of the Standard Operating Procedures put in place by the Ministry of Health to curb the spread of COVID-19

V. DISCUSSION

The findings presented point to an assertion that though people in rural areas have been taught about COVID-19 and how to avoid contracting it through observing the standard operating procedures, such as regular hand washings, wearing face masks while in public, regular sanitizing and washing of hands, as well as social distancing, they have been taught all these but they hardly observe them.

The reasons for this negative attitude or misunderstanding are ignorance, political and economic. As for ignorance, although some people have smartphones with access to the internet, they hardly check for COVID-19 related information from the internet. Some people rather look for pornography and other pictures from the internet than seeking educative information as it is perceived to be boring. Politically, some people who do not support the government perceive these operating procedures as being meant to divert people's attention from politics. Economically, since many people like teachers, pupils, and farmers have been hit by COVID-19 (due to closure of schools), they think the standard operating procedures are deliberately meant to make Ugandans suffer.

Therefore, what Mwesigye (2017) observed is very true when he contended that attitudes and locus of control are strong determinants of behavior change. Although Mwesigye's claims were not based on COVID-19, they lay a foundation for the understanding of people's attitudes. Relatedly, the assumption seems to be true that if people have a positive attitude towards regular washing, they can easily observe SOPs than their counterparts who hate washing. It is common among the adolescent boys to hate washing and bathing. As for the attitude towards the government, some people who love the NRM government can easily do what it tells them to do than their counterparts who have a negative attitude towards the government, as some of them can even think that the government is doing all this to make people dance on its tunes (Musana, 2013).

Indeed, the thinking among the local people about COVID-19 is related to what Ugandans in the early 1980s had. When HIV/AIDS had just come to Uganda in the early 1980s, those suffering from it were thought to have been bewitched by the Baziba people of Tanzania allegedly for having stolen their goods. It was thought that the disease was able to kill many family members since it was sent by the Tanzanian witches, hence the Kiganda word, "Omuteego" (Kirwana-Ssozi, 2000). By fearing to associate with AIDS patients, their socio-economic status was negatively affected as some of them lost their jobs, some of their partners and friends deserted them, et cetera. Even in 2017 strange diseases like Anthrax attacked people in Isingiro, Arua, Kween and Kiruhura districts; Creamean Congo hemorrhagic fever attacked people in Nakaseke, Kiboga and Kakumiro districts; Marburg Virus disease attacked the people of Kween district and Rift Valley fever (Kirwana-Ssozi, 2000). All this had negative impacts on people's socio-economic lives.

Could faith-based issues really be a factor in influencing people's attitudes as Musana (2013) contends? Some religions, such as Islam emphasise regular washing for men and women, as well as women covering their modesty (eg the face, apart from the forehead). This implies that a Muslim is more likely to easily observe the SOP of regular hand washing, sanitizing and mask wearing than their counterparts of other faiths. To Musana (2013), a good health practice done in one religion might be rejected by people of other faiths so as to appear that they do not have any intentions of converting to that particular religion. Therefore, some people may refuse to observe the SOPs because of faith-related issues.

Relatedly, some people are members of religious cults which do not allow sanitising, regular washing and mask wearing. Such people are more likely not to observe the SOPs than their counterparts who do not belong to such cults. Therefore, religion or religious-based issues can influence people's observation of the COVID-19 standard operating procedures (SOPs).

The findings of the study are in line with Kayindu (2018)'s claims regarding culture and family socio-economic status. To him, some cultures emphasise togetherness at all times. A person who distances him or herself from others is perceived as being proud and arrogant and in case he or she gets a problem, such as losing a child, parent or relative, people can desert him or her. They can even refuse to attend the burial, or attend the burial but refuse to eat the food he/ she has prepared for them. This is common in rural areas. Because of this, the people who are highly inclined to their culture are more likely not to observe social distancing than their counterparts who do not regard culture seriously. Therefore, culture can influence the observation of SOPs. Regarding family background as another aspect of social factors can influence the extent of SOP observation. Children from families with rich parents, and socially responsible people eg parents who are not drunkards, not drug addicts etcetera, are more likely to appreciate regular hand washing and sanitising than their counterparts who come from families of drunkards and drug addicts.

VI. CONCLUSION

It is thus concluded that though the people of Lwemiritti village (L.C 1) have not yet witnessed anybody in their area suffering from COVID-19, they are aware of the presence of COVID-19 in Uganda. The Ministry of Health has done a good job in educating Ugandans. The only challenge is that what the Ministry of Health teaches on COVID-19 is perceived as more of a mockery than a reality. Because of this, the standard operating procedures are rarely observed by people in rural areas like Lwemiritti.

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