Coronavirus disease 2019 and its social and health impact: sociological look at the news in the town of Bingerville (Côte d’Ivoire)

Abstract: From the onset of the coronavirus pandemic in 2019 called Coronavirus disease 2019 or COVID-19, general opinion in Africa thought they were safe. Without a doubt, the fact that COVID-19 started in mainland China, far, very far from Africa, and initially only affected yellow or white people and very few, if any, black people. It’s an emerging infectious disease like viral zoonosis, caused by the SARS-CoV-2 coronavirus, the epidemic of which was requalified on March 11, 2020 by WHO as a pandemic. Unfortunately, in record time, like wildfire, this virus from the end of the world has affected all continents, even all the countries of the world with an increase in the incidence. One of the factors in the spread of this infection is human-to-human transmission by air. In Africa, almost all countries have been progressively affected by infection with the coronavirus or COVID-19. The pandemic has brought about a radical transformation in the daily lives of some three billion people. According to the United Nations (UN, 2020), more than a third of humanity is now called upon or under confinement to contain the spread of the coronavirus. The current pandemic caused by COVID-19 disease, certainly has visible effects in most West African countries including Côte d’Ivoire through two channels. The health and humanitarian response requires unexpected human and financial resources as well as a reallocation of resources allocated to other development efforts. This situation inevitably has an impact on the social and health position of the populations living in Côte d’Ivoire in general and more particularly of the population of the autonomous district of Abidjan, the epicenter of the pandemic. The study aims to analyze the social impact of the coronavirus on the Abidjan populations precisely those of the commune of Bingerville which represents our field of investigation. Indeed, Bingerville is an old colonial city which is today overtaken by the Abidjan populations precisely those of the commune of Bingerville which represents our field of investigation. This justifies the choice of this locality as our investigation site. Given the problematic of COVID-19 news, the study to try to favor the mixed approach, despite the limitations of the data collection techniques used to capture the social and health impact.

Keywords: Coronavirus, COVID-19, Social and health impact, Bingerville, Côte d’Ivoire, Belief.

INTRODUCTION

The world has faced, since the end of 2019, a severe health crisis caused by a new virus Severe Acute Respiratory Syndrome (SARS) Cov 2, also called Coronavirus or COVID-19. In this situation, 1.3 billion Africans are worried about this health crisis born in Asia, which quickly became European and then American, and which is becoming African.

In Côte d’Ivoire, in view of the outbreak of the disease in the population as shown by the graph below, it can be said that the coronavirus now represents a complex challenge for the socio-economic development of Ivorian society and of most of the economic capitals where the majority of the populations of these countries live.

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4 Word from the director of the international network of francophone nurses (SIDIEF)
5 Same
In Côte d’Ivoire, the weakness of human resources, the insufficient social capacities and equipment of the health system coupled with the crisis of confidence in the management of the pandemic, uncontrolled migration flows, lack of social cohesion and the persistence of certain traditional beliefs and practices are all concomitant factors that would have contributed to the spread of the coronavirus.

In addition, COVID-19 undermines the economy and livelihoods, radically reduces Gross Domestic Production (GDP), threatens food security, limits employment and livelihood opportunities, and slows foreign investment. All of these consequences come to deprive people of their aspirations for social well-being, prosperity and deprive them of the long-awaited development dividends. Given the complex, dynamic and changing nature, the pandemic induces "intangible effects" on social cohesion, stigma, and inter community relations and the management of individual or collective health. When combined with its socio-health repercussions, the non-tangible effects of the disease can worsen the social and family crisis. In addition, the alarmism surrounding the emergence of a new transmitted disease and deadly is also to be taken into account. This second channel can have unexpected effects not only on economic and financial conditions, but also on the functioning of the social and health ties of the population. Also, despite the national response plan for a holistic struggle coordinated by the Ivorian State, there is still weakness in the application of certain measures, in particular respect for barrier measures.

In this context, the management of COVID-19 disease has gone beyond the medical dimension to be understood from the social or community dimension. From this point of view, it is legitimate to wonder about the change in behavior or attitude that COVID-19 has caused in the populations of the town of Bingerville?

On this basis, it becomes important to analyze sociologically the social impact of such a pandemic, which for the moment has no officially known cure or vaccine. This is the objective of this study.

Conceptual Approach
At the social level

It is useful and possible to have a common terminology sufficiently explicit to fuel a constructive debate between readers and researchers. That said, it should be noted that the term "social" is extremely polysemous. The idea here is not to question the authors of the different disciplines who are interested in the concept of "social" but to make a quick clarification of the concept from a sociological point of view. In common sense discourse, "social" refers to the social realities that arise from contact with other people. But to give a more sociological definition, we retain the definition of Max Weber who defines as "social" the situation where individuals direct their action towards each other.

The network of meanings, expectations and behaviors that results from this mutual orientation is precisely the foundation of sociological analysis. The social elements of interest in this study are socio-health relationships (intra and inter-community, family relationships, and relationships of the population to the health system). Indeed, the outbreak of the pandemic caused by COVID-19 and the difficulty in containing it quickly has an unexpected impact on community social relationships and on the population’s relationships with health systems.
At the sanitary level

The concept of health is polysemic just like the social, as for the value which is given to him. Health includes many definitions that are inspired by the time when they were developed. If certain definitions consider health as a state, others see it as a process of social construction as underlined René DUBOIS⁷.

Health "cannot be defined in a way that is neither universally nor definitively valid. It differs from one culture to another, from one social group to another and from person to person; it changes over time as well as with the environment and the way of life". For the social and functional model, poor health is the inability of the individual to perform normal tasks and roles. This approach bears the seal of a functional conception of health, that is to say the ability to function normally in society and to ensure the role that everyone hopes to legitimate but also the one that society expects from everyone.

However, it is not enough to provide an operational definition capable of considering the question of existing inequalities between individuals in terms of health or positive or negative changes in their state of health. The World Health Organization (WHO, July 22, 1946) states that health is a state of complete physical, mental, and social well-being, and does not consist only in the absence of illness or infirmity.

This definition is that of the preamble to the Constitution of the World Health Organization, as adopted by the International Health Conference, New York, June 19-22, 1946; signed on July 22, 1946 by the representatives of 61 states⁸. It implies that all the basic needs of the person are met, whether emotional, health, nutritional, social or cultural and from the stage of the embryo, even gametes to that of the elderly.

**STUDY METHODOLOGY**

**Type of study**

This is a diagnostic study aimed at analyzing the social impact of the coronavirus on the Ivorian populations, in particular those of the commune of Bingerville strongly linked to culture, tradition and community life. Given the sensitivity of the transmission of the disease to COVID-19 and the imposition of barrier measures, the study favored contact via mobile telephony for exchanges with the player's concerned and in-depth interviews, social networks for public information and the internet for the questionnaire. Given the multidimensional nature of the COVID-19 problem and the information to be sought, a mixed study was conducted.

**Field of study**

The investigations took place in the town of Bingerville. The sub-prefecture of Bingerville is a colonial capital of the Ivory Coast which today is part of the District of Abidjan. Indeed, with the rapid rise of urbanization, this commune has been overtaken by the city of Abidjan which makes it one of the cities in situation, that is to say where tradition and modernity intermingle. Considered a dormitory city, which makes it a cosmopolitan locality with a diversity of ethnic groups and different categories of population.

**Target population**

This research concerns the populations of the town of Bingerville. Based on a sample constructed from the snowball or contact network approach, the study randomly selected 70 people including 21 women. It should be recalled that, in view of the spread of COVID-19, the interviews were conducted by telephone call, SMS, and on WhatsApp, taking into account the following inclusion criteria: Being a resident of Bingerville (i), Be 21 years of age or older (ii), have a phone and/or internet access (iii). This maintenance process has been stopped from the moment we are confronted with what is commonly called "data saturation". This threshold is reached when the interviews no longer provide new or different information likely to modify the general structure of that already collected. Because there comes a time when the information is never renewed.

**Survey techniques**

The data collection was structured around four (4) main steps. It took place from April 03, 2020 to May 15, 2020.

**Contact and information sharing**

It was a question of making contact by telephone call with the people of our network. In first time to inform them of the objectives of the study and to have their agreements for the interviews and in second time to benefit from

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⁷ L’homme et l’adaptation à son milieu; Paris, 1973
⁸ Official records of the World Health Organization, no. 2, p. 100 and came into force April 7, 1948. It has not been changed since 1946
⁹ The Ivorian civil code stipulates that 21 years and 18 years indicate the age of absolute legal majority for men and women respectively and therefore implies the responsibility of the individual before all acts
their network to have the contacts and the agreement of the people who constitute their network and residing in Bingerville. It is in this way and based on the principle of data saturation that the study was able to mobilize 70 people.

**Individual surveys**

Data collection was mainly carried out using a questionnaire with open questions in the form of an interview guide. The situation of this health crisis and the manifestation of contagion of the disease to COVID-19 did not allow the realization of focus group. Even if communication tools offer us this possibility (Skype, Facebook, etc.), our interviewees did not lend themselves to this in view of the difficulty to access the connection and the costs they generate. It should be noted that the interviews were reinforced by the online documentation.

**Documentary research**

The documentary research was carried out as part of this study in order to obtain additional information on the COVID-19 health crisis. Data collection and document analysis consisted of collecting, careful exploitation of any document related to the subject of the study. These exploited documents cover information at national, sub-regional and international level, most of which are electronic. This step also relied on data collections from the main search engines including Google.com.

This stage of the documentary analysis made it possible, on the one hand, to constitute a documentary base on the coronavirus and its implications and, on the other hand, to define the level of the additional investigations necessary in order to better define the contours of the situation current social impact of COVID-19.

**Data collection tools**

As mentioned above, this study used an interview guide and a questionnaire.

- **Interview guide**

  The interview guide was mobilized to carry out community interviews. For this purpose, only one type of maintenance was used. This is the individual interview. The other types of interview (free and group interview) were not retained in the context of this study because of the health crisis situation and the barrier measures including physical and social distancing, the confinement that it imposed.

- **Survey**

  In order to complete the interview guide, which in reality has a qualitative orientation, a questionnaire was sent to the survey population in order to have quantitative data useful for the analysis of the object of the study by sending on the Internet. For this purpose, the different themes around which the questionnaire is structured are as follows: modality and expression of COVID-19 on social relationships (intra & inter-family, community, community life) and modalities and implication of COVID-19 on hospital use.

**Data processing and analysis**

The processing of qualitative data was done rigorously in three stages, to know: the transcription, the elaboration of the corpus and thematic sorting of data. At the end of these stages, the content of the verbatim was analyzed according to the objective of the study. Having regarded to sample size, quantitative data were entered into Excel software. The analysis was done manually. For this purpose, it was necessary to develop an analysis plan. Thus, the social impact of COVID-19 was captured through the words and speeches of the survey population. As a method of analysis we opted for symbolic interactionism which is in essence a method which forsakes, without however rejecting other sociological methods by developing a pragmatic approach accepting constructivist postulates. This method is actually an operationalization of the constructivism paradigm in the field of social relationships. Symbolic interactionism devotes the symbolic foundations to social practices. This method established its field of research on the "concreteness" of social relationships. The social bond being formed over reports but also personal identities. Social life is constantly created and recreated by interactions through mutual interpretations that bring about an adjustment of the actors. She is interested in what is at stake between the actors in the mutual determination of their social practice currently destructured by the coronavirus. The method of symbolic interactionism has allowed us to analyze the dynamics of the process of social and physical distancing at work in society since the advent of the COVID-19 pandemic.

**Ethical consideration**

The consent of all participants was sought before starting the investigation. For this purpose, each questionnaire included an informed consent text which was submitted to the respondents. The purpose of this text was to inform them of the subject of the study and to specify that their participation is voluntary and that the confidentiality of their response will be guaranteed.

After the methodology, the first part of the study recalls the model and principle of organization of Ivorian communities while the second part deals with the social implications of COVID-19 on these models of organization.
Health as a whole, the study also addresses the implication of COVID-19 on the relationship of individuals with the hospital. It is for this reason, the study proceeds to an approach of definition of the concept of health and social.

Limit of the study

The reliability of the nature of the investigation, imposed by the conditions or barrier gestures imposed by management and prevention against COVID-19, which only takes account of telephone interviews, is low when compared to a normal investigation. It must be recognized, however, that the sample studied is unlikely to be fully representative. In addition, the linguistic aspect could be a limitation of the study. Indeed, the study addressed respondents who can speak French and have access to the Internet, while more enriching information could be collected from informants who do not speak French or who do not have access to the Internet. Despite its methodological limits and the irreducibility of each society which must be careful in generalizing the results to other companies, the study already presents practical implications of the coronavirus pandemic on social ties.

Reminder of the model of socio-cultural organization at work in African communities

The importance of this study finds its roots in the model of a distinction which organizes communities by the radiation of a secular ideology to which the newborns (sons and daughters) aggregate. Indeed, from the age of puberty, children are immersed in a set of social interaction that defines patterns of behavior, action, perception that structure their future life and their representations.

As in the way of reacting, in the approach, the thought and the behavior of the sons and daughters of the different communities, can we identify traits common to all the communities? The ideology that manifests itself through each culture is an expression of dialectical relationship between the community, the family, and the sons and daughters of the land. It is thus that being present at happy and unhappy events of the family; of the community is an obligation for each son and daughter. As well as visiting parents, neighbors, attending monthly village meetings, hosting parents at home, etc. are practices recommended by tradition.

The community and/or the family participate in the construction of self-identity and otherness that is to say in the construction of "we" and "others". And despite globalization, the widening of the field of social relations, the extent and the progressive and dialectical standardization of all human relationships, the principles of tradition keep its hold and traditional institutions remain at the basis of most social relations.

Given this vital function, ethnic groups develop a strong feeling of repulsion towards those who sabotage principles. It comes from the fact that the son or the daughter who puts herself with regard to the principles of organization is seen as an individual who voluntarily extricates himself from the "social projects" which are the project of security, of perpetuation, of protection, subsistence, etc. Community and family relationships are more important than the economic power of a son or daughter of society. Family ties remain at the first and participate in the construction of health. Three-quarters of respondents say nothing else when they say: "with us here, the healthy man is one who is good in his community relations, kinship and neighborhood"

It is in this society where prosperity, well-being depends on the quality of social ties that coronavirus disease 2019 or COVID-19 (because we have several types, and the one we are talking about here is COVID-19) appeared with these social standards, in this case barrier measures (confinement, social and physical distancing, restriction of movement, ban on shaking hands and hugging, regular wearing of ear muffs, etc.) in optics to stem or limit its progression. COVID-19 undermines the principles of solidarity of different communities and increases their vulnerability, especially in rural areas.

In addition, with the situation of the coronavirus, it should be noted that if from the economist's point of view, the income generating opportunities of the population are reduced like "skin of grief", it should be specified that the virus decimates the most productive segment of society, in particular social ties of kinship and changes the relationships of individuals in health centers.

In the commune of Bingerville, interviews suggest that the fight against the coronavirus requires an exponential increase in the vulnerability of social ties and also in the relationship of populations with health centers, in particular the hospital. This finding justifies the importance of this study.

COVID-19 and the decimation of social relations

The coronavirus thwart individual initiatives in favor of strengthening and maintaining social ties of kinship. It manifests itself by the ban on regrouping for significant events such as: absence from funerals, weddings, baptisms, prayer meetings, libation ceremonies, birthdays, spots, association meetings, at gatherings in the bars, restaurants,… but also by the drastic reduction in visits. In short, one inevitably sees the promotion of individualism and self-sufficient life.
The analysis of COVID-19 in the light of the concept of social distancing that it imposes makes it possible to account for the precarious situation in which social relationships of kinship are found and to show to what extent the fight against this disease affects community balance. Indeed, investigations teach us that certain elements of the regulatory and institutional framework of kinship and community life may have had an impact on family and community relationships among the interviewees. This is illustrated in the graph below:

**Graph 2: Level of affectation of parental relationships due to COVID-19**

*Source: our surveys, May 2020*

Reading the graph above, we can see that COVID-19 strongly affected the community and parental relationships of the majority of respondents. Indeed, to the question of to what extent does the health crisis V "COVID-19" affect your parental relationships? It appears that 47% of respondents say that the coronavirus has had an impact on the functioning of social and family ties. This observation is supported by the words of an interviewee in these terms: “this COVID-19 health crisis puts us in a bad position vis-à-vis our loved ones. We are afraid of being contaminated, that is why we must follow the barrier measures. And this is very frowned upon by the majority of our relatives who have not been so far aware of the dangerousness of the disease”.

The social elements that participated in the depletion of social relations are, among others, the absence from a funeral, the absence of visiting and accepting visitors, the absence of happy events (baptisms, weddings, grouping of prayers, places of rejoicing, etc.) as shown in the graph below.

**Graph 3: Elements of the impoverishment of social ties**

*Source: our surveys, May 2020*

The graph shows that the elements of deterioration in social ties are the physical absence from the funeral (55%) and the refusal to accept visitors at home (51%). For 54% of those surveyed, these two elements came to upset parental social relationships.

In reality, taking into account the alarmism aroused by the coronavirus with consequent mortality and morbidity in connection with the disease, social relations have contracted. In this connection the daily newspaper “obituary” mentioned in its title of May 09, 2020 "Coronavirus: how the fear of contagion disrupts our social relationships". This contraction results from the combination of several elements in particular: absence from the funeral, refusal to accept parents at home during the health crisis, absence of parent visits and absence from monthly family reunions.

In these conditions, it can be said that one of the most tragic aspects of the current pandemic lies in its process of weakening social ties apart from the other aspects which we have not dealt with here, such as the economic aspects.
While the economic cost of the health crisis already exceeds all that the country can assume in this regard, the social and human costs are simply incalculable.

The most obvious manifestation of the disintegration of socio-cultural organization is the breakdown of community and family principles. This is the case of the interviewee XX employee and diabetic for a few years.

According to this respondent "... Currently, my parents are angry with me because I did not go to the funeral (funeral) of a parent in the commune of Abobo. Respondent XX is diabetic, he claims to have told his parents that because of the coronavirus, the distance, the risk of traveling on public transport and given his diabetic state, he will not be able to attend the funeral and has offered condolences over the phone. Despite these arguments, XX's parents occupied him with all relations, on the pretext that they could not accept the little African "European" behavior of their son. For them, it is God who gives life and death, and nothing could justify the absence of their son at the funeral. The interviewee continued to say that currently, this situation makes me fairly thoughtful and it is even more than a disease for me because how to rebuild this link with my parents knowing that I myself am diabetic.... With us, resolving such a situation is a long process since it involves all the grandparents present here in Abidjan and in the village,... all this is linked to COVID-19.... I have tried many times to escape these socio-cultural obligations during this pandemic period but no avail I am undergoing this cultural sanction today... "

These comments show how the Coronavirus has managed to install a "brutal" degradation of social ties and a loss of social status. This disease also shows to what extent the measures or the norms, values and social institutions deeply rooted in mentalities are not negotiable for the majority of communities even during pandemic.

In the collective conscience of the communities studied, the funeral of a deceased person is something sacred. It is a duty of the living towards the deceased and if a member of the family or of the community neglects this duty, he is deprived of any feeling of security; there is no one left to help him, if he gets sick, he loses his place and he doesn’t even have the assurance of a proper funeral if he dies. And this is what suggests the ban on leaving greater Abidjan. Indeed, "According to sources close to the Ivorian Ministry of Security and Civil Protection 300 requests for exit permits were made on Monday, March 30, on the first day of the implementation of the measure to ban people from leaving Greater Abidjan. Always, according to sources, 80% of applicants cited as reasons "to take part in the funeral of parents".

Always in the same vein, an employee interviewed in the private sector claims to be in latent conflict with his adoptive family. "With government measures such as the declaration of a state of emergency and the restrictions placed on the movement of people, my adoptive parents called me to say that they want to send the children to my home when the establishments were closed. I told them that preserving everyone from Coronavirus, I want everyone to stay at home until the end of this crisis, because most often the person with the virus itself does not know their status. You do not know if the virus is present in my home here and vice versa, the best is to follow the practical advice of the health authorities. So that everyone stays at home until the end of the illness, however if the children have a financial need, let me know, I will transfer the money to you via the mobile money networks.... Sir, from you to me, what I said is mean? .... no sir. And yet my adoptive dad tells me that I have treated his family as a carrier of the COVID-19 virus. And since then, he no longer picks up my calls... so he is angry because I want to respect the preventive measures to fight against the coronavirus. This type of disease inevitably jeopardizes human relationships, especially in our society where the majority of the population does not have a high level of education. This is true because to understand the measures of social distancing imposed by COVID-19, you really need to have a fairly high level of education. And that is what explains this misunderstanding between me and my adoptive family who has no level of education. But after COVID-19, if this disease does not kill us, we will settle this conflict.... It may take time but it will be resolved..."

It emerges from this speech that the impact of the COVID-19 pandemic on the economy and daily living conditions is a passing phenomenon, because once the disease is eradicated, the economic restructuring effort will be initiated by the government to return to economic stability. The financing of these operations will have to be supported by considerable sums, which go far beyond what Côte d'Ivoire can settle, but with the support of development partners, the economic balance can be achieved in a relatively reasonable time.

On the other hand, it emerges from the results of the surveys that the pandemic also has other long-term consequences, which it will not be easy to overcome in a short time. It is indeed the disintegration of the socio-cultural organization of the communities, of the intensification of the veiled intercommunity fractures which constitute some of these long-term consequences whose effects will still be felt months after the end of the health crisis. Such consequences

10 Cultural sanction can be defined as a process by which an individual, under the effect of external factors contrary to his will, is denied access to central security and symbolic goods for the reproduction and maintenance of his socio-cultural identity, its status and its values.

11 http://www.fratmat.info, consulted on 25 - 04 - 2020 at 3.30 p.m.
are rarely taken into consideration, either by managers or observers. This is no doubt due to the fact that such aspects do not constitute as such observable events but rather gradual processes which only crystallize over a long period.

Thus, on the basis of this information, it is not pretentious to say that the pandemic leads to a depletion of social relations and an increase in intra-community and / or family frustrations, without forgetting in particular additional psychological pressure.

COVID-19 and the non-use of public health structures

The health crisis caused by COVID-19 is straining the population’s recourse to public health structures in their living environment. The problem of the influence of the pandemic on the population’s use of public health care remains little studied or even documented in African countries, whether from the angle of private hospitals or public structures. Beyond the diversity of approaches found in the literature, the few findings available on this subject show, however, that this is a real social fact in developing countries where pandemics and epidemics most often ravage.

In fact, the existence of the COVID-19 pandemic not only constitutes an additional barrier to non-use of public health care for the poorest populations in general, but it adds to a set of other factors, non-recourse which characterize, on the one hand, the African populations but also the dysfunction of the health system of several countries with low or intermediate income on the other hand.

This chapter presents the impact of coronavirus disease 2019 on the population’s use of public health facilities and explores the possible explanations for their coexistence with other shortcomings in the supply of care.

In American terminology for access to health care, recourse means "timely use of health services by individuals in order to achieve the best health outcome" (Lombrail, 2000). Thus, within the framework of this study, we understand by the concept of non-recourse the whole of the immaterial activities produced by rational social actors whose combinations make that, in the presence of pathology, these actors do not use or do not potentially or effectively mobilize public health offers. The graph below gives us more information on the state of health care use in the population during the coronavirus pandemic.

**Graph 4: Presentation of the opinions of respondents on the use of health centers during the COVID-19 period**

*Source: our surveys, May 2020*

At the question to know if, "in the event of illness, did you want to go to a health center?" About 55% of respondents consider that they do not use a health center during this period of health crisis linked to the coronavirus, compared to 40% of those surveyed estimated that they refer to a health center in the event of illness during the period of health crisis. In terms of response, the interviews conducted clearly show that in the presence of disease during this period of coronavirus disease, the rate of use of public health care institutions has dropped. In fact, around 55% of respondents consider that they do not go to hospital. This affirmation is supported by the words of a healthcare professional in these terms: "It must be said clearly, the populations are afraid of going to the health services at the moment... even the prenatal consultation rate has dropped... the populations are currently afraid of taking constants (temperature, weight, blood pressure, etc.). In the same vein, the daily ‘L’inter’ said: ‘fighting against the coronavirus’, people are avoiding health facilities". Coronavirus disease is undermining the relationship between****

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12 L’inter, N° 6549// Lundi 27 AVRIL 2020, [www.linfodrome.ci](http://www.linfodrome.ci)
people and public health facilities, and drastically reducing the rate of use of public health care as desired by health authorities.

The main reason caused by the coronavirus and which has managed to calibrate the relationship of the population with the hospital is the phenomenon of stigma. Indeed, going to the hospital for a health need immediately affects the eyes of those around you and of health professionals. In reality, all the means used to remedy, prevent or completely eradicate the COVID-19 pandemic. There is screening, in order to allow people who do not know their status to know it and start treatment for lower the rate of contamination. This process is perceived by the respondents as a source of stigma.

According to healthcare professionals, the low recourse of hospitals during these pandemic periods linked to the coronavirus can be explained on at least two levels:

First, the cognitive level: the cognitive dimension of not using health care services refers to the difficulties in understanding the etiological, nosological and therapeutic patterns of COVID-19 expected in populations, many of which are illiterate. In fact, the majority of populations, especially those from populous areas, do not believe in the seriousness of coronavirus disease because, according to them, it is a simple flu which can heal in 3 days without having to resort to a doctor. "This disease cannot kill man, the authorities are not telling the truth" they say.

Empirical analysis is generally common sense. More structured the fight against a pandemic is a crisis of confidence and complex, more likely and important the non-use of populations in hospitals. It is therefore necessary to affirm that the nature of the etiology observed in the common sense medical scene has managed to develop in populations, situations of non-recourse to public care.

Second, the social level: the social dimension of non-use of health care services refers to stigma. A respondent said nothing else when he said that "going to the hospital today, people will immediately imagine that you have coronavirus 2019, you are the subject of debates in the neighborhood. To avoid this, we prefer to treat ourselves at home".

This perspective is informed by the experience of people living with HIV/AIDS (PLHIV) who are subject to stigma in their community. In the case of coronavirus 2019, this situation of stigma leads a significant number of individuals to do without medical consultation by directly obtaining drugs on the informal and traditional market, and which does not require enough procedure. The advent of the coronavirus pandemic in this case favors the emergence of non-recourse or resistance to frequenting public health structures.

In this context, the spectrum of self-medication gradually develops in the course of the disease. It is therefore significant to hypothesize that the health crisis therefore poses essentially a public health problem for the country's health authorities. And if not effectively contained and managed, the outbreak of coronavirus disease risks reversing the many social and medical gains made since the end of the post-election crisis in 2010. In other words, in the short term, the pandemic is likely to widen inequalities in access to health care and other basic social services across the country by further impoverishing families directly affected. If all eyes are currently on the battle against this pandemic, the low use of health systems will certainly weaken populations and health systems.

COVID-19, as the literature suggests, may cause increased morbidity and mortality from diseases not directly related to COVID-19 itself, given the combined effects on the delivery of usual health. Indeed, it emerges from our analysis that few people turn to health services for fear of stigma or exposure to disease. This situation of non-use of health services can encourage an increase in the incidence of other diseases, in particular malaria which kills more in our countries, typhoid fever, etc., it can also increase the risks linked to a decrease in prenatal consultations, vaccination, and child care. These are all factors that can increase the maternal and infant mortality rate.

This is why, in fear of the reappearance of epidemics already defeated, the current Minister of Health and Public Hygiene, in the management of COVID-19, since April 2020, is appealing to the populations. In fact, during each presentation of the daily update on the situation of COVID-19, he takes the opportunity to invite the populations to attend health facilities for vaccines, treatment of malaria, and others in order to preserve the gains made since long and avoid an upsurge of these diseases.

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13 Yellow fever, measles, cholera, etc.
CONCLUSION:

Understanding the extent to which, and with what consequences, the health crisis caused by the 2019 coronavirus or COVID-19 is affecting social relations and the relationships of individuals with health structures is a social fact that has been challenged by the sociology of COVID-19 gave new impetus. On this basis, the results of the study revealed that the coronavirus pandemic had implications for the functioning of social ties, in this case kinship ties. Indeed, the measures to fight the pandemic do not allow the normal functioning of social relations. This situation has come to calibrate parental relationships.

In addition, the investigations made it possible to know that COVID-19 installed the populations in a spectrum of non-use of health structures. This non-recourse is legitimized by the stigmatization and the etiology, the nosology that the populations mobilize around COVID-19. It’s a simple flu that can be cured at home. If you go to the hospital for that, the doctors will make it worse by saying that you have coronavirus and you will be sidelined or sidelined in the neighborhood, nobody will approach you yet..." they say. These words clearly relate the fear of stigma.

Under these conditions, it is important to take into account the management of rumors which, since the appearance of COVID-19, seems to be a social problem which risks undermining all efforts made to stem the coronavirus. This study focusing on the impact of COVID-19, in particular on social ties, is one of the first to be able to establish not only the link between the pandemic and the functioning of social relationships, but also these implications for the relationships of the population with health centers.

From all of the above, the management of the pandemic or the national pandemic response plan must be done in a holistic manner; that is, taking into account all the dimensions of the social and human environment for successful management.

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