PERCEPTION AND ATTITUDE OF THE PARAKOU CITY POPULATION WITH COVID-19

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ABSTRACT

In the heart of the news in Benin and around the world, the covid19 pandemic raises many questions. Every day several cases of contamination, deaths, and cures are recorded. Despite this increase in the number of cases, we note that in most cities of Benin in general and in Parakou in particular, the population continues to neglect health measures (wearing mufflers, social distancing in markets, and places of strong agglomeration). The question which then arises is the following: how to understand the perceptions and attitudes of the inhabitants of the city of Parakou vis-à-vis the coronavirus?

The objective of the study was to analyze the level of knowledge, perceptions, and attitudes of the inhabitants of the city of Parakou vis-à-vis covid 19. The methodology used for this work is the mixed approach with a predominantly qualitative basis. The mother population is the inhabitants of the Parakou commune. The survey took place in the 1st district of the city of Parakou. Analysis of the data revealed that on the one hand, the populations assimilate the origin of covid19 to a human creation or even a genetic manipulation in the laboratories. These diverse perceptions are explained on the other hand by the low level of knowledge of the populations on the coronavirus. On the other hand, respect for barrier gestures follows repression or any administrative constraint. Which testifies to a bad attitude of the population of the 1st district.

Keywords: Covid-19; Perception, level of knowledge, administrative constraints, Parakou

1.0 INTRODUCTION

The advent of coronavirus has been a crucial concern for its existence, its origin, etc… The pandemic has caused a major problem in connection with social and environmental changes throughout history. The new coronavirus has stretched through almost all countries worldwide, causing thousands of deaths. The disease was stamped as a pandemic by WHO on March 11th, 2020. Indeed, for WHO, a pandemic is the worldwide stretching of a new disease (WHO, 2020). Up to now, 188 countries in the world are impacted, by 198. (Thiébaux, 2020). Out of the 54 African countries, 40 have COVID-19-affected people (la Tribune Afrique, 2020). Bénin is among those African countries concerned with that pandemic. Indeed, since the appearance of the first covid-19, and mainly the first covid-related death case, Benin like other countries in the world has set up measures including keeping people indoors to stop spreading the
pandemic. Yet, when leaving the confining system, there has been a slackening in the application of barrier measures. This has been justified with the words from Professor Romain Glélé kakaï: « Bénin will probably come out by the end of October with 577 confirmed covid cases in one day, if the established barrier measures since May 2nd are conserved. Such is the case with Parakou, the third biggest city with the particular status of the country. Based on the high progress of this problem, research on the « popular perception around coronavirus and the Parakou inhabitants’ attitudes» has been carried out in order to understand the different reasons for the slackening in respect of the barrier gestures by people. The research is planned through four chapters: the first chapter will display the physical and theoretical framework of the research. The second chapter will describe the applied research methodology to answer the research question. The obtained results and their analysis are presented in chapter three. And lastly, chapter four presents the discussion related to the obtained results.

The coronavirus epidemic (Covid-19) has been first enumerated in Wuhan (China), on December 31st, 2019. 182,406 people worldwide have been affected up to Tuesday, Mach 17th, 2020, with thousands of deaths (WHO, 2020). Since March 11th, 2020, WHO has considered the Covid-19 world situation as a pandemic; that is, the epidemic is now the entire world concern. To fight against this pandemic, WHO has decided on some measures. These measures include:

- Washing hands regularly, using the alcohol-based solution, or using clean water and soap.
- Avoid touching one’s face after hand contact with contaminated surfaces, or after contact with sick people, since these are among the transmission modes of the virus; washing hands can reduce the contamination risks.
- Regularly cleaning hard surfaces, with a disinfectant solution, after cooking or after office work.

On Monday, March 16th, 2020, Bénin, in turn, declared its first covid-19 infected case (Ministery of Health, 2020). Facing such a situation, Benin authorities took sanitary measures in order to control the pandemic; these include:

- Recommendation to families who lost their members for limitation to a strict minimum of people attending the subsequent burial ceremonies.
- Recommendation to religious officials for respect of a one-meter sanitary security distance during celebrations, to avoid hands shaking and other risky attitudes.

All the cities of Benin in general, and the city of Parakou in particular, are then set in the new policy where the population must from now on respect the sanitary measures shaped by the authorities both at national and local levels. But since the end of the application of barrier measures in the month of May, it is noticed an increase in the number of coronavirus infection cases, with more than 500 that are effectively confirmed (Ministry of health, 2020). The population had strictly respected the recommended sanitary measures by the government, through wearing nose covers, systematic hand washing, and social distancing.

Despite this increase in cases, it is noticed that in most cities in Benin in general, and in Parakou in particular, people have kept ignoring the sanitary measures (non-wearing nose cover, non-
respect of social distancing in markets and overcrowded places). Salutation habits (kissing, shaking hands, contacts …) have not changed significantly. Based on the exploratory inquiry, the inhabitants of Parakou seem not to believe in the existence of the covid pandemic. The different causes in connection with the disease have diverse origins, going from medical causes to spiritual ones. On February 7th, 2020, some scientists from an Agricultural University in the South of China identified the Pangolin as a suspected ‘possible host intermediary’ for transmitting the coronavirus to humans. This little mammal can consume in the South of China and could be a host intermediary between the bat and humans. (BLAIZE, 2020). Yet, research carried out by Professor Luc Montagnier (Medicine Nobel Prize, 2008) has allowed identifying another contamination hypothesis by the pandemic. For him, the new coronavirus has been conceived in Wuhan laboratories: « The laboratory of the city of Wuhan has specialized coronaviruses for a long time (...) they have an expertise in the domain »; Professor Montagnier has studied the description of the coronavirus genome: “(Montagnier, 2020 quoted by Blaize, 2020).

2.0 RESEARCH QUESTIONS

2.1 Objectives

➢ Global objective

Analyzing the knowledge and perception levels, and the attitude of Parakou city inhabitants with COVID-19.

Table I: Table synoptic of specific objectives

Hypothesis

H1: Perceptions of coronavirus in the city of Parakou vary from one individual to another

H2: The weak level of knowledge from Parakou city inhabitants of Coronavirus explains their perceptions et habits vis-à-vis respect to barrier measures

H3: Administrative constraints, the police intervention are factors that impact barrier gestures by people in Parakou.

3.0 METHODOLOGICAL CONSIDERATIONS

3.1 Research Framework

On a geographical basis, the city of Parakou is boarded to the North by the township of N’dali, to the South, and to the West by the township of Tchaourou. Parakou is stretched through 441 km², with 66% of the territory being urban. The city is set 407km away from Cotonou, the country's economic capital city, and is the principal city in the North of Benin. With a middle altitude of 350km, Parakou is located at 9°15° and 9°30 de latitude North, and 2°20 and 2°45 longitude East. The township is subdivided into three (03) districts and 58 city areas. (INSAE: RGPH4, 2013).
Figure 1: Map of the township of Parakou

Source: http://www.semanticscholar.org

The population of the township of Parakou has grown from 103,577 inhabitants in 1992 to 255,478 inhabitants in 2013 (RGPH4), which represents a population growth of 3.76%. Three-quarters of that population is settled in highly urbanized areas, and the other part is settled in the suburbs. The township is occupied by 75,080 men and 74,739 women. The ratio then represents 100.45 men for 100 women. As is the case with other townships in the Borgou department, the population in the township of Parakou is highly young, with the majority of people aged below 15. The dominant religion is Islam. The other religions practiced in the township are traditional religions, the catholic religion, Protestantism, and others. Many linguistic groups live in the township of Parakou; they include the Batonou, the Fon, the Dendi, the Yoruba, the Otamari, the Yom and Lokpa, the Fulfulde, the Adja, and others. (INSAE: RGPH4, 2013).

The sanitary coverage of the township of Parakou is among the best, which results from the combined actions of the public and private health centers.

There are sufficient sanitary infrastructures and equipment in the health centers: one could list:

- A Regional and University Health Center (CHD)
- A Military Health Center (HIA)
- A Township Health Center
- Three District Health Centers
- Many Drugstores
- A Health Center Laboratory
They are also two Social Promotion Centers (CPS) that carry out nutritional and backing up activities for indigenous people.

3.2 Methodologic approach

- The nature of the research

The present research has referred to quantitative and qualitative research methods. As such, the research is based on a mixed method, with qualitative dominance.

In effect, the quantitative method is meant to help collect field data through a questionnaire. This has allowed collecting figures for descriptive and statistical analyses while displaying the links between variables and factors.

The qualitative method, in turn, is a research method that is concerned with the sense of observation of a social phenomenon in a natural area. It deals with data that are hardly countable. The qualitative method with its tools that are interview guides and the observation grill allows interviewing people highly concerned with the study, in order to analyze the perceptions and attitudes of people about the coronavirus in the city of Parakou.

- The theoretical approach

The research is carried out, following three approaches. In effect, to explain people’s apprehension about the coronavirus, the action theory will be used. As Parsons T. and Shils E. stress it, the human’s action is social in so far as the individual or collective social actor considers, in the orientation of their action, the existence of social objects in their environment. Those objects could appear as other actors with whom they are in interaction, or just symbols, values, and representations that are part of the cultural universe in which every human being lives and acts. ((Parsons and Shils, 1951, quoted by Yao, 2010).

Then, the methodological individualism is used to explain the perception of the inhabitants over the coronavirus. Methodological individualism is a method of analysis of economic and sociologic phenomena that stipulate that every social phenomenon must be understood as the derivation of individual actions. To understand a natural phenomenon means to understand individuals’ actions, and to try to apprehend how they are interconnected. (Dortier, 2013, p. 179).

And lastly, the attitude is described through a strategic analysis. This theory championed by Crozier et Friedberg (1977) states that: the attitude of an individual in the society is the result of a rational strategy. As such, the acting actor is never fully bound to, since he/she disposes of a certain margin of liberty. The Individuals then take optimal decisions for themselves along with the pieces of information or the social intersections they possess. So, the actor acts on the system, and the system allows the latter to self-adjust based on his/ her margin of liberty.

Sample population of the study

- Target group and method of data collection
- Inclusion criteria
Inhabitants of the city of Parakou

La commune de Parakou est subdivisée en 3 arrondissements. Du point de vue démographique le 1er arrondissement est le plus peuplé de la commune de Parakou (INSAE, 2016). Donc le 1er arrondissement sera considéré comme terrain de recherche car il regroupe toutes les diversités socioculturelles de la ville. Cependant seront prise en compte que les habitant’s ayant au minimum 15 ans sans distinction de sexe, de profession et de groupe socioculturel.

The city health center servants

The township of Parakou is situated in the Parakou-N ’Dali sanitary zone. The township also hosts the Borgou Regional Health Center. The health center servants concerned with the present research are then those from the cardiology, the pediatric, the ORL and the dermatology services from the Borgou Regional and University Health Center (CHDU-Borgou).

Local authorities, municipality authorities, religious officials, and spokesmen

Only local authorities, municipality authorities, religious officials, and spokesmen from the first district of Parakou township are considered in the frame of the present research.

Non-inclusion criteria

Any persons that do not meet the inclusion criteria are not considered in the present research.

Sampling and sampling techniques

Sampling is the process of selection of units (for example, individuals, groups) of the population under study, in order to analyze those units in detail, so as to draw conclusions about the global population.

The global population includes all the target actors for this research. The sampling technique is dependent on the type of method to be used.

Quantitative method

The simple random sampling technique is used. The random choice as defined by Quivy and Campenhoudt, « consists in considering randomly, basing on any process, a giving population for the study » (Quivy and Campenhoudt, 1985, p.73). The height of the population is determined using the following formula:

\[ n = \frac{z^2 \times p \times (1-p)}{e^2} \text{ with parameters } z = 1.96; e = 0.05; P = 0.90. \]

\[ n = 138 \]

This formula shows that with a sample population of 138 people, the results could appear more reliable with a 5%. Error margin. To Pour maximize representability of the sampling and to be able to randomize the results, 150 people are interviewed. A height distribution of the sampling per quota is applied and shared over 12 of the 23 city areas (RGP-H-4, 2013) of the first district of Parakou. The sampling is distributed as shown in the following figure 2:
Figure 2: Distribution of the sampling

Considering the demographic weight of the 6 villages of the district.

Source: Field data 2020

The reasoned choice sampling technique combined with the snow bowl method are used. As M. Grawitz stresses it, the reasoned choice «aims at making forehand selection within a well-known group » (M. Grawitz, 2001, p.487). In all, 19 interviews were carried out.

3.3 Data processing and analysis technique

The data processing has been computerized. After the field research stage, data are organized, firstly following the research variables, and secondly following the research hypotheses. The collected data are processed and analyzed with the sphinx plus2 software. A computerizing mask and a data base are conceived. The data base analysis then goes through a descriptive analysis.

Data from open questions are processed basing on content analysis. For M. Grawitz « the choice of categories represents the essential approach of the content analysis, and it makes a link between the research objective and the results» (Grawitz, 2001). As for the data from the interviews (the verbatim) are transcribed using to the Word 2013 software, then they are analyzed following categories. This categorization is based on responses modes.

4.0 PRESENTATION AND ANALYSIS OF DATA

4.1 Socio-demographic characteristics

Distribution based on sample population gender
Sex | Frequency %
--- | ---
Male | 62.67
Female | 36.67
Total | 100

**Source:** Field data, 2020

Considering results displayed in table 1, the majority of interviewed people are men (62.67%) and women represent 36.67%. This result explains the reluctance of women to answer questions during the interview. Ceci s’explique par la réticence des femmes à répondre aux questionnaires lors des entretiens.

**Figure 3:** Distribution based on age of the sample population

Source: Field data, 2020

Analysis of the results presented in the above graph indicates that the majority of the interviewed people (72.66%) are aged 15 to 25 years old. They are followed with those aged 25 to 35 years old, with a percentage of 19.34.

**Figure 4:** Distribution based on the religion

Source: Field data, 2020
The above graph indicates that the majority (57%) of the interviewed people are Muslims, followed by the Christians (41%). This allows to conclude that the Muslim religion is the most practiced by the target population in the first district of Parakou.

There are four sociocultural groups within the sample population. They include: the Bariba (22%), the Nago and associates (20%), the Dendi (18.67%) and the Fon and associate (23.33%).

**Figure 6: Distribution based on the target population formal education level**

Based on the results presented in the graph, the majority of the interviewed people completed secondary school level education (38%), high level (25%), and primary school level (19%).

**PRESENTATION AND ANALYSIS OF THE RESULTS BASED ON SPECIFIC OBJECTIVE No1**

**People perceptions of COVID-19**

**Table V: perception of COVID-19**

<table>
<thead>
<tr>
<th>Perception over COVID-19</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frightful diseases</td>
<td>44</td>
<td>29%</td>
</tr>
<tr>
<td>Disease/ epidemic / pandemic</td>
<td>43</td>
<td>29%</td>
</tr>
<tr>
<td>Dreadful diseases</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Serious diseases</td>
<td>59</td>
<td>39%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data, 2020
The results displayed in the above table indicate that the interviewed people (39%) that are part of the sample population apprehend COVID-19 as a dangerous disease. Others (29%) think that Covid-19 is a fabricated disease, epidemic, or pandemic. Some others (3%) would admit that it is a dreadful disease. After analysis, one can conclude that the interviewed sample population apprehends COVID-19 as a dangerous disease, epidemic, or pandemic that causes death to the infected people.

❖ Origin of COVID-19

Origin of COVID-19

<table>
<thead>
<tr>
<th>Origin of COVID-19</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White people’s invention in a laboratory</td>
<td>52</td>
<td>35%</td>
</tr>
<tr>
<td>Chinees’ invention</td>
<td>45</td>
<td>30%</td>
</tr>
<tr>
<td>Americans’ invention</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>A natural disease</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>God’s creation as a punishment</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data, 2020

The above table indicates the different possible origins of Covid 19, according to the target population. It appears that 35% of the interviewed people think that covid-19 is fabricated by the Whites in their laboratories; others (30%) refer to the Chinese, or (13%) the disease comes from God, while some others (12%) say this is just natural, and 8% rather refer to Americans.

It can then be deduced that the majority of the target population think Whites’ laboratories (35%) and the Chinese (30%) are responsible for the appearance of Covid-19.

The whole of the displayed data through the above tables have allowed knowing the the perception of the target population about the origin of Covid 19. As such, for 35% of the interviewed people, the disease has a Western origin, and more precisely un laboratory. In another hand, the origin of Covid 19 is the Chinese (30%). Also, 35% of the interviewees think that the Covid pandemic is a dangerous disease, with reference to the following statements from those interviewed people.

« No doubt, Covid exists, yet, it is important not to dramatize about its dangerousness»
(Doctor D.M, Parakou, 2020)
« For me, this is a real infectious disease, many people died from it, and even some relatives of mine» (Doctor R B.F, Parakou, 2020)

For 29% of the interviewees, Covid-19 is a fake disease. The following statements are theirs:

« Personally, I can’t believe in those stuffs about Covid-19es. People just want to sell their nose covers» (Z. A, Parakou, 2020)

« This a matter of mentality ; when you have to deal with people who accord little importance to serious things, and who stick to their own vision that the Whites have fabricated the disease to bring change into the normal living» (Doctor : B. F, Parakou, 2020)

« Coronavirus is definitely an invention based on scam and exploitation policy» (S. R. Parakou, 2020)

The data from the interviews with the population show that COVID-19 is attributed to Whites’ invention in a laboratory, to the Chinese and to Americans, as well to God. In effect, for the majority of the interviewed people, COVID-19 is an invention by the Whites just to kill the Blacks, and as such this disease does not exist. The following statements illustrate their positions.

« This a disease just for killing Blacks. Yet, the fabricators of it have already failed, that is why they died in large numbers like flies» (A.M., Parakou, 2020).

« This disease is made by the Whites to better dominate us » (C. M., Parakou, 2020)

« This an invention of men to challenge God» (O. J., Parakou, 2020)

But, for some of the interviewees, COVID-19 is a God creation. For them, humans being wicked et since they don’t respect God, God is punishing them with this disease. Below are some of their statements:

« It’s the bad behaviours of humans that have led God to react with COVID-19 » (I. E, Parakou, 2020)

« This is disease from God to punish humans» (S. A., Parakou, 2020)

« Only God can answer that question » (I., Parakou, 2020)

« God has created COVID-19 to punish the world» (R. S., Parakou, 2020)

Interpreting and analyzing those data helps confirm our research hypothesis No 1 which stated that the inhabitants of Parakou think coronavirus is a human’s creation.

PRESENTATION AND ANALYSIS OF THE RESULTS FROM THE SECOND SPECIFIC OBJECTIVE

❖ Causes of COVID-19
Table VII: Causes of COVID-19

<table>
<thead>
<tr>
<th>Causes</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pangolin</td>
<td>6.67</td>
</tr>
<tr>
<td>absence of heat</td>
<td>8.67</td>
</tr>
<tr>
<td>Progress of science</td>
<td>36</td>
</tr>
<tr>
<td>non-respect of barrier gestures</td>
<td>45.33</td>
</tr>
<tr>
<td>consumption of wild animal meat</td>
<td>8.67</td>
</tr>
<tr>
<td>Others (to be specified)</td>
<td>3.33</td>
</tr>
</tbody>
</table>

**Source:** Field data, 2020

The above table shows the different causes of Covid 19, according to the interviewees. The table teaches that there are many causes for Covid 19. Among the causes, there is the non-respect barrier measures is the most important (45.33%), followed with the progress of science.

❖ **Symptoms of COVID-19**

Symptom of Covid-19

<table>
<thead>
<tr>
<th>Symptom of Coronavirus</th>
<th>numbers</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory problem</td>
<td>63</td>
<td>42%</td>
</tr>
<tr>
<td>Dry cough, flu and sore throat</td>
<td>77</td>
<td>51%</td>
</tr>
<tr>
<td>Fever and vomitting</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Exhaustion and Head ache</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>3%</td>
</tr>
</tbody>
</table>
This table shows that 51% of the interviewees think that the symptoms of covid-19 are: dry cough, flu, and sore throat, while 42% of them think that the main symptom is respiratory problems.

<table>
<thead>
<tr>
<th>Consequence of COVID-19</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>120</td>
<td>80%</td>
</tr>
<tr>
<td>Poverty</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>Turnover decrease and economic crisis</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data 2020

Taking into account the data from the above table, it is noticed that the majority (80%) of the interviewees consider death as the main consequence of covid-19; others (15%) think that covid-19 provokes turnover decrease and economic crisis, while some (5%) refer to poverty as the main consequence.

DATA FROM THE INTERVIEW WITH RELIGIOUS OFFICIALS AND LOCAL AUTHORITIES

The data from the interview with religious officials and local authorities show that COVID-19 is a disease from a wild animal called pangolin (the majority of the interviewees) and an invention of the Whites (a minority). The interviewees also noted that many people still ignore the existence of that disease which has killed so many people in the world. But as for the causes of covid-19, the non-respect of barrier gestures is stressed by the interviewees.

Analysis of the data from the questionnaires has allowed identifying the possible origins of covid 19 which include the non-respect of barrier measures and the progress of science. This analysis also allowed determine the different symptoms of the Covid 19 pandemic.

The most important symptoms exposed by the interviewees are: dry cough, flu, and sore throat (51%), then come respiratory problems (42%). Despite the diversity of the symptoms displayed, the most crucial consequence enumerated by the interviewees is death (80%).
Analysis of data shows that the population has very limited knowledge about Covid. This conclusion is based on the following statements from some health center officials:

« The level of knowledge of the population about Covid is too weak. One can even admit a crucial lack of consciousness from the population themselves». (Doctor D.M, PARAKOU, 2020)

Another doctor affirmed the following:

« The level of knowledge from the population about Covid is very low and weak » (Doctor B.F, Parakou, 2020)

« The level of knowledge from the population about Covid-19 is not so bad, but our people are just stubborn; hand washing is something that should automatically be observed everywhere; nose covering is respected outside because of the police presence and regulation. » (Nurse B.N, Parakou, 2020)

From the above analysis, it appears that people have very little consideration and knowledge about covid 19. This allows confirming the second research hypothesis which stated that the level of knowledge of the inhabitants of Parakou about covid 19 is weak.

**PRESENTATION AND ANALYSIS OF THE DES RESULTS BASED ON THE THIRD RELATIVE SPECIFIC OBJECTIVE**

The above graph teaches that the majority of the interviewed people respect the protection gestures against Covid 19. Yet, observation on the field would teach the opposite since the interviewees were not all putting any mask and they did not respect any safe distance either.

**As for protection measures**

<table>
<thead>
<tr>
<th>Protection Measures</th>
<th>Numbers</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect of barrier gestures</td>
<td>131</td>
<td>87.3%</td>
</tr>
<tr>
<td>Using traditional medicines</td>
<td>7</td>
<td>4.7%</td>
</tr>
<tr>
<td>Attending hospitals</td>
<td>10</td>
<td>6.7%</td>
</tr>
<tr>
<td>Drinking local alcohol and the chloroquine</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Source:** Field data, 2020

Based on the above table, the first protection measure according to the interviewees is the respect of barrier measures, then comes the attendance of hospitals.
Social cohesion

<table>
<thead>
<tr>
<th>Social Cohesion</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>112</td>
<td>74.7%</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>25.3%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data 2020

The data from the above table indicate that 75% of the interviewees don’t mind living with people who recover from Covid, against 25% who will not live with anyone once concerned with covid-19 infection.

Close cases

<table>
<thead>
<tr>
<th>Close cases</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No</td>
<td>149</td>
<td>99%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data, 2020

The above table shows that the majority of the interviewees have no information about any Covid 19 infectious case in their neighborhood.

Place and moment

<table>
<thead>
<tr>
<th>Place and moment</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everywhere and at any time</td>
<td>90</td>
<td>60%</td>
</tr>
<tr>
<td>Because of the police regulation</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Avoid contamination</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>The disease does not exist</td>
<td>41</td>
<td>27%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>
Source: Field data, 2020

The data from the above table indicate that 60% of the interviewees respect the barrier gestures anywhere they are, against 27% who do not respect those measures on the premise that the disease does not exist. In this group, there are 4% of people who respect the barrier measures because of the police regulation.

### Attitude face à un cas

<table>
<thead>
<tr>
<th>Attitude when facing Covid-19 Case</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay away from him/her</td>
<td>30</td>
<td>20%</td>
</tr>
<tr>
<td>Calling the indicated emergency phone number</td>
<td>68</td>
<td>45%</td>
</tr>
<tr>
<td>Taking him/her to the hospital</td>
<td>44</td>
<td>29%</td>
</tr>
<tr>
<td>Taking care of (healing) him/her</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data, 2020

The above table indicates that the first reflex from the majority of the interviewee’s people (45%) when facing a Covid-19 case is to call the indicated emergency phone number, then comes the case of those who would refer to the hospital (29%).

### Personal attitude when facing covid-19 case

<table>
<thead>
<tr>
<th>Personal attitude</th>
<th>Number</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going to the hospital</td>
<td>96</td>
<td>64%</td>
</tr>
<tr>
<td>Calling hospital for emergency</td>
<td>24</td>
<td>16%</td>
</tr>
<tr>
<td>Finding solutions by oneself</td>
<td>30</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data, 2020
This above table indicates that the first attitude of the majority of the interviewees (64%) when when suspect any Covid-19 symptom on themselves is to refer to a hospital. For others (20%), the solution is to be found by themselves, and for some others (16%), they would call the hospital for emergency.

**Reason for social cohesion**

<table>
<thead>
<tr>
<th>Reason for social cohesion</th>
<th>Number</th>
<th>Frequency%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because he/she is healed</td>
<td>109</td>
<td>73%</td>
</tr>
<tr>
<td>Doubting</td>
<td>19</td>
<td>13%</td>
</tr>
<tr>
<td>Fear</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Source:** Field data, 2020

The main reason why the majority of the interviewees would accept living with people who recovered from Covid 19 is that those people effectively got healed from the disease; for others (15%), fear would not let them accept living with a person who once was affected with the Covid-19 virus. For some others (13%), the reason for rejecting people healed from Covid-19 is that there will always remain a doubt about their being effectively healed.

The data provided through the above tables indicate a positive attitude from the target population vis-à-vis the pandemic. Yet, the following statement from one of them states the contrary:

« *It is clearly visible that very few people respect the barrier gestures...* » (Docteur : D. M, Parakou, 2020)

In effect the reference to health center sis the first reflex from the majority of the interviewees (64%) when the notice a suspected sign. Then comes in second position the category of those whose seek the solution by themselves (20%). It is likewise noticed a positive attitude when a neighbor is infected; in this case, 45% of the interviewees would call an emergency health center. Also, 20% of the interviewees prefer staying away from affected people with covid. In this same way, many (75%) would not mind living with a person once infected with Covid-19 but now healed, because they believe in his or her being totally healed. One the opposite, others (25%) would not collaborate with healed people from Covid-19 because of fear of contamination (15%) or because of doubt of total healing (13%). Yet, in terms of protection measures against Covid 19, the protection measures that the target population would refer to first, is respect of barrier measures (87.3 %), followed with attending hospitals (6.7%). In effect, 60% of the interviewed people respect barrier gestures everywhere they are, and 27% of them do not respect those measures because they think that the disease does not exist. In this group, 4% of the interviewees respect the barrier gestures by constraint.
Analysis of the data shows that respect of barrier gestures by the population is dependent on many factors, as one can learn through the following statements from health service servants:

« Wearing nose cover is effective only because of the police supervision» (a nurse, B.N, Parakou, 2020)

« Many are those who even do not have a nose and even at the hospital gate and at gathering place; they hardly respect safe distances; then, covid remains covid » (Doctor. D.M, Parakou, 2020).

« Globally, I will say that people don’t consider the Covid pandemic here in Parakou, with the way the behave in the traffic, and when they come to hospital for medical care. One must constantly be after them, reminding them about the protective measures. And for any answer they would say that the disease is not acting in Africa, let alone in Benin and Parakou; they even wonder if that affection truly exists.» (Doctor: B.F, Parakou, 2020)

From these analyses, it appears that many factors influence respect of barrier gestures; these factors include: The police supervision and reprimanding; the wearing of nose cover as a condition to have access to public services.

As such, the hypothesis that respect of barrier gestures is dependent on many factors is confirmed.

5.0 DISCUSSION OF THE RESULTS

The global objective of the present research is to analyze the level of knowledge, the perception et the attitude of the inhabitants of Parakou city the Covid-19. The field data allow discussing three main results. Firstly, the results show a multitude of perceptions as for the causes of Covid 19. Then, 35% of the interviewees think that Covid 19 comes from Western laboratories. Others (30%) think that it has a Chinese origin and some others again (8%) attribute it to Americans. In all, 73% of the interviewees attribute the origin of Covid-19 to human invention, and even to some genetic manipulation in laboratories. In effect, from the appearance of covid-19, some polemics immediately aroused as for the origin of that pandemic that has set all the world into a kind of cataclysm. Research work led by Professor Luc Montagnier (Medicine Nobel Prize, 2008) have come to the same conclusion as the present study. Those researches have allowed identifying another contamination hypothesis about the pandemic. According to Professor Luc Montagnier, the new coronavirus has been prepared in Wuhan laboratories: « The Wuhan city laboratory has been specialized in les coronaviruses for so long (...) they have an expertise in the domain. », he affirms. In this. Light of research, some scientists and international institutions reject that hypothesis of human contamination. On May 1st, 2020, WHO assured that the new coronavirus had a « natural origin » according to many scientists, and not a human fabrication (Auréli BLAIZE, 2020).

Yet, despite the sanitary alert, a bad apprehension of the virus is observed through many assumptions from populations. As for the symptoms, one notes a satisfecit. Data show that the most remarkable symptoms are dry cough, flu and sore throat (51%), followed with respiratory troubles (42%). This appears in the ‘Health Resources’ Magazine:
« The covid-19 infected people can show slight symptoms or no symptoms, or even on the contrary a dangerous infection that leads to death.

Most of the infections are generally slight and their symptoms appear progressively 2 to 14 days after exposure to covid-19. Among the most common symptoms are the following: dry cough, fever, tiredness, and the other common symptoms

Despite the plurality of the symptoms, the closest consequence is death (80%). Populations of the first district in Parakou city, even with their weak knowledge about covid 19, respect the barrier gestures against the spread of coronavirus. Yet, let’s stress that sometimes this respect of barrier gestures does not occur willingly; most the time, they do this by constraint. Reference to health center remains the first reflex from the majority of the interviewees (64%) when they suspect coronavirus signs. The same positive attitude is noticed when Covid 19 signs is suspected with a neighbor, but in this case 45% of them would call a health center emergency number, while 20% of them would keep away from the suspected person. In the same way, many people (75%) don’t mind living with people who recovered from covid because they believe in their being effectively healed, while (25%) of people won’t live with anyone once affected with covid for fear or because they have doubt (13%) about his or her being totally healed.

It is to be noted that the results of the present research must be interpreted with caution because, as mentioned in the difficulties met, the time allotted for field investigation is relatively short and the data are also collected in hard conditions

6.0 CONCLUSION

The present research work has permitted us to bring our contribution to the ongoing debate about Covid 19. The study has concerned the popular perception around coronavirus and the attitudes of the inhabitants of Parakou city. The research aimed at analyzing the level of knowledge, perception and attitude of the inhabitants of the city of Parakou with COVID-19. More specifically, the study mainly seeks, first to apprehend the different perceptions of the inhabitants of Parakou with the Coronavirus, and secondly to evaluate the level of knowledge of the inhabitants of Parakou over the coronavirus, so as to finally describe the attitude of the inhabitants of the city with the coronavirus. As such, the problem of the population represents a serious concern to the government and the society. This is a complex problem, based on people hard difficult living conditions, but which must be eradicated. The sensitivity of of the problem requires the application of adequate and appropriate methods to succeed in this study. To meet these objectives, the study has referred to some sociological tools (interview guide, questionnaires) in understanding the popular perception and the attitude of the population of Parakou with coronavirus. In this logic, second hand data have been collected basing on documentary research through scientific reading of former research works. This is mainly concerned with the literature review about former research works. The study shows that the inhabitants of the first district in the city of Parakou do not really believe in the existence of Covid 19. The quick spread of the pandemic has set a real doubt in the population about the existence of the virus. In Benin, and more precisely in Parakou, the same reactions are observed when it comes to talking about covid 19 with the population. Those different reactions allow to come to the conclusion that people under estimate the danger, together with their lack of
knowledge about the virus. Yet, despite those different perceptions over the existence of Covid, people try to respect the barrier gestures, though sometimes under constraint.

REFERENCES

Allport G. (1935), Attitudes, In Handbook of social Psychology, Murchison, Clarh University, pp. 788-884


BLAIZE A. (2020), Covid-19: définition, origine, quand est-on contagieux, en ligne, consulté le 20/05/2020

Chaponnière J.R. et Rouquin M. (2020), Coronavirus : un grain de sable dans l'économie mondiale, centre d'études prospectives et d’information internationales, en ligne, consulté le 20/05/2020

Crozier M. et Friedberg E. (1977), L'acteur et le système : les contraintes de l’action collective, seuil, sociologie politique, p.436

Dortier J.F. (2013), Le dictionnaire des sciences sociales, Sciences humaines, p. 457

Dussart C. (1983), Comportement du consommateur et stratégie de marketing, Paris,


GRAWITZ M. (2001), Les méthodes de recherche en sciences sociales, 11è éd., Dalloz, Paris,


Merleau-Ponty M. (2005), Phénoménologie de la perception, Gallimard, TEL, France p. 537

Nugroho R. (2020), Le pangolin possible hôte intermédiaire du coronavirus, 123RF, en ligne, consulté le 05/06/2020

OMS (2020), Définitions de cas provisoires révisées pour la notification des cas d’infection par le coronavirus du syndrome respiratoire du Moyen-Orient (MERS-CoV), en ligne, consulté le 03/09/2020

OMS (2020), l'OMS publie des lignes directrices pour aider les pays à maintenir des services de santé essentiels pendant la pandémie de Covid-19, communiqué de presse, Genève, en ligne, consulté le 20/05/2020

Quivy R., Campenhoudt L-V. et Marquet J. (1985), Manuel de recherche en sciences sociales, 5è éd, DUNOD, p.379
Ryder G. (2020), le coronavirus : 1,6 milliard de travailleurs dans le monde risquent de perdre leurs moyens de subsistance, le monde, en ligne, consulté le 06/04/2020

TETEGOU N. (2020), lutte contre le Covid-19 à Parakou: négligence des menas préventives dans la vente de Tchoukoutou et du Sodabi, Bénin 24 TV, en ligne consulté le 20/05/2020


Yao A. (2010), Théorie systémique de l'action sociale et innovation sociale, Université du Québec en Outaouais (UQO), Alliance de recherche université-communauté (ARUC-ISDC), Axe 1 Développement social, Série: Recherches, numéro 31, p. 16