A Study of Socio-Cultural Practices and COVID-19 Preventive Measures in South Sudan

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Acronyms and Abbreviations

COVID-19	Coronavirus Disease 2019
CSOs	Civil Society Organizations
DRC	Democratic Republic of Congo
HLTF	High Level Taskforce
NGOs	Non-Governmental Organizations
PoCs	Protection of Civilian Sites
Govt	Government
R-ARCSS	Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan
R-TGoNU	Revitalised Transitional Government of National Unity
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

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Executive Summary

The study principally investigates whether the socio-cultural practices of South Sudanese influence their responses to COVID-19 measures that the Government of South Sudan has adopted to stop the spread of the virus. Its findings record the ways in which they do.

The researchers, who carried out the study, collected qualitative and quantitative data from South Sudanese from diverse backgrounds using a variety of instruments, in particular a key informant schedule, observations checklist and a structured questionnaire. Mainly due to difficulties posed by the virus, the fieldwork was limited to locations in the national capital, Juba. Nonetheless, the study findings have relevance for the whole country.

In the study, a sample of 500 respondents, randomly selected, was used with a confidence interval of 95 percent (for details refer to Annex 3 table entitled 'descriptives'). The findings have aptly demonstrated how some socio-cultural practices made it challenging for South Sudanese to comply with COVID-19 preventive measures. With respect to the regular washing of hands with soap and water, 86 percent of the 500 respondents say that they wash hands with water and soap. Moreover, 48 percent of them state that they wash hands often in a day.

As for the social distancing preventive measure, the findings reveal that 51 percent of respondents did not avoid contact with others, 64 percent have shaken hands with others, and 44 percent say they are used to shaking hands and 18 percent fear being viewed as a bad individual by others if they refuse to shake hands. Moreover, 33 percent have attended public prayers during the COVID-19 pandemic. The respondents likely understood this as meaning prayers in churches or mosques, but not taking into account prayers at funerals, homes and other places. As indicated later, the number of people attending funerals is high. This confirms the fact that South Sudanese are close to others, especially those from their families, clans, or ethnic groups.

Another cultural value that South Sudanese cherish is the sharing of things and that makes it hard to observe social distancing measures. The findings show that 72 percent of respondents drink water from a cup that other people in their household also use. Forty seven percent of them say it is their culture to drink water from one cup and 22 percent say that they cannot afford to have more than one cup. Seventy-three percent say they share food with others from a single tray or bowl. Moreover, 54 percent state that it is their culture to eat food from one tray or bowl, and 16 percent say that they do not have enough food to be able to eat from many separate trays or bowls.

Furthermore, mutual support during funerals is valued which also poses challenges for observing social distancing measures. According to the findings, 81 percent reveal that they have attended funerals during the COVID-19 period, 35 percent admit to sitting close to other people and 36 percent say they sit less than 2 metres from other mourners. The very high level of funeral attendance during the COVID-19 period is likely linked to extensive and strong social, especially family and friendship, ties that bind South Sudanese.

The need to move to visit others, acquire necessities and for other reasons makes social distancing problematic in some cases. Eighty percent of respondents report using public

transport, which is often congested. Mask wearing is a new and not readily accepted practice. The findings indicate that 15 percent of respondents wear masks all the time when in public, 55 percent sometimes, and 30 percent not at all. The key reasons they give for not putting on masks are: not liking masks, not knowing how to put on masks, being unable to afford the cost of masks, and it not being in their culture to wear masks.

Staying home when sick with coughs and flu is not something that all South Sudanese commonly do. The findings show that 53 percent of respondents stay home when experiencing flu like symptoms and 47 percent say they do not. Even when they stay home, the risk of transmitting the virus is still significant because South Sudanese families are normally large. Forty seven percent of respondents say their households contain between 6 and 10 people, and 26 percent report that 4 to 5 people share a bedroom.

Beliefs and stigmatization also affect the responses of people to COVID-19 preventive measures. Twenty six percent of respondents are afraid of taking COVID-19 test. Fifteen percent fear stigma if results turn out positive and 9 percent fear rejection by the community. Interestingly, 74 percent have no concerns about having the test and so the potential for expanded voluntary testing is good.

According to the findings, the radio is the most preferred mode of communicating COVID-19 health prevention messages. This is not surprisingly as, for a long time, the radio has been the primary medium for conveying information to the public. Sixty percent of respondents said that they preferred the radio. However, there is a potential for social media to be a good means of widely circulating health information. Fifty eight percent pointed out that they consider it to be an effective mode of communication and 32 percent say they consider it to be highly effective.

The findings demonstrate the importance of taking socio-cultural practices seriously when implementing COVID-19 preventive measures, which apply to all countries on the globe, in the particular context of South Sudan.

1. Introduction and Overview

1.1. Rationale

This study examines the socio-cultural practices of South Sudanese and their responses to the COVID-19 preventive measures that the government, World Health Organization (WHO) and other partners (refer to Annex 1) adopted in order to stem the spread of the virus. South Sudan is a diverse country with over 60 ethnic groups that practice their own cultures. Cultures denote shared social systems of knowledge, beliefs, values, and assumptions that guide and shape behaviour and the interrelations of people (Gillin 1955). Therefore, I argue in this study that the South Sudanese people's worldviews and behaviors, which have been shaped by their cultures, greatly influenced their responses to the social distancing and other measures that the government imposed to curb the spread of COVID-19. The key questions the study has sought to answer are: First, what are the lessons learnt from the government directives in its attempts to contain COVID-19 in South Sudan? Second, what should have been done differently by the government's High-Level Taskforce (HLTF) on COVID-19 to contain the COVID-19 pandemic in South Sudan? And, what recommendations can be made so as to enhance responses to the COVID-19 spread?

The South Sudanese government established the HLTF to deal with the spread of the virus and its repercussions, and adopted a raft of preventive measures on 22 March 2020 to halt the spread of the virus before registering a positive case. These actions reflected the fear that a rapid spread of the virus would quickly overwhelmed the weak health infrastructure in the country.

The preventive measures closely mirrored those implemented by neighbouring countries, especially Uganda, and included closing international borders, stopping flights into and out of the country, grounding planes flying to the different states within the country, shutting down schools, and banning social gatherings including church events and sport activities. Despite these preventive measures, on 4 April 2020, the South Sudan Public Health Laboratory confirmed the first positive case. The number of cases rapidly increased. By 21 June, the number had reached 1,892 positive cases and 34 deaths (Jale 2020).

Evidently, the measures were not having the desired quick effect of rapidly reducing or preventing the spread of the disease. Instead, the country was increasingly becoming the epicentre of the disease spread in the Eastern Africa region (Ting 2020). However, by July, the numbers of recorded cases had started to decline. The numbers went down to single digits, and activities aimed at containing the virus declined as life returned to normal.

A study conducted by the University of Juba's High-level Taskforce on COVID-19 Response at the time when cases were still rising, revealed that many South Sudanese in Juba continued to ignore the social distancing measures so as to work in the informal economy and sustain their families (University of Juba 2020). This is not surprising as the government hardly provided any support as a safety net for vulnerable people.

Despite the then rapidly rising numbers of positive cases, on 7 May, South Sudan's Presidency announced the easing of the preventive measures, which anyway did not amount to much for

many ordinary people who continued to gather together at funerals, interact in market areas, and engage in other economic and social practices, seemingly unconcerned about COVID-19 measures. Some schools in Juba even opened their doors to learners, prompting warnings from the Ministry of General Education and Instruction about penalties for violating government guidelines (Akol 2020). Some of the public universities in the country, led by the University of Juba, pushed for return to business during what the Vice Chancellor of University of Juba termed this "New Normal" (Akec 2020). The University then re-opened its doors to students and church leaders were allowed to re-open places of worship for public prayers

More recently, however, cases have reportedly been rising as many countries experience a surge. On 11 November, Abdel Bagi Akol, the Vice President in charge of the HLTF, appeared on the National TV during the evening English news broadcast, to urge the public to comply with COVID-19 preventive measures, including physical and social distancing, regular hand washing with soap and water, and wearing face masks. The newsreader said that 2,996 people were recorded to have been infected, 59 had died and 2,776 had recovered since the virus hit South Sudan.

By documenting the manner in which South Sudanese have responded to the preventive measures recommended by the government and the WHO, and their reasons for doing so, the study provides valuable information for actors engaged in fighting the spread of the virus. Tellingly, a policy brief produced by a group calling itself Citizen's Taskforce on COVID-19 recommends that, awareness messages on COVID-19 should "be designed with knowledge of socio-cultural norms of South Sudanese communities" (Citizen's Taskforce on COVID-19 South Sudan 2020). This study informs such an approach by shedding more light on relevant socio-cultural practices and how they shape people's responses to COVID-19 prevention measures.

1.2. Context

South Sudan became independent on 9 July 2011, and less than two years later descended into civil war. Since then, it has remained a fragile country, trying to transition out of war by implementing the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS). Pursuant to the implementation of the R-ARCSS, a Revitalised Transitional Government of National Unity (R-TGoNU) is being formed. Unfortunately, the implementation of the R-ARCSS is slow. Moreover, there are armed groups acting outside the R-ARCSS that continue to pose security problems.

In addition, there are persistent devastating communal conflicts, the most serious of which have been ongoing in Jonglei State involving youth from Nuer, Dinka and Murle communities, and forcing civilians to flee. The President decreed a High-Level Committee to address the communal conflicts in Jonglei, but it is unclear whether this is likely to successfully bring to an end the violence there.

Moreover, the country has recently grappled with a locust invasion and devastating floods in many areas, forcing thousands to flee their home areas. Apart from declaring a state of emergency in Jonglei, the R-TGoNU has done very little to address these problems. It is only humanitarian organizations that are providing substantial help to the affected communities.

Being landlocked and dependent on revenues from oil, whose global price has slumped, South Sudan's economy is facing severe hardships (The World Bank 2020). Inflation has skyrocketed, and the South Sudanese pound (SSP) has rapidly depreciated. Government employees have regularly gone without salaries and wages for months at a time. Their meagre salaries, if and when paid, cannot purchase much. They are not able to acquire basic services, many of which are lacking or in dismal shape.

COVID-19 emerged in this gloomy context. Unsurprisingly, many people, both within the country and outside predict a catastrophe of enormous proportions will hit the country as it clearly lacks the wherewithal to deal with a disease that more well-resourced countries are finding it challenging to contain.

1.3. Methods

Between October and November 2020, a team of researchers from the University of Juba executed the research project on which this report is based. The members of the team carried out fieldwork in the Protection of Civilian Sites (PoCs) in Juba, as well as neighbourhoods in the city (refer to Annex 3 for details). Because of travel restrictions and other difficulties caused by COVID-19, the team could not carry out research outside Juba, and strictly observed the do-no-harm principle so as to minimize risks to all those involved in the study.

The researchers used a mixed method approach, designed to increase triangulation. Qualitative data was collected through key informant meetings based on a schedule of questions. Quantitative data was gathered using an in-depth structured questionnaire (refer to Annex 2), which was administered to a sample of 500 randomly selected respondents with a confidence interval of 95 percent (the details are shown in the Annex 3 table entitled 'descriptives'). The research participants were selected using purposive sampling techniques designed to achieve a stratified representation of individuals from different age groups, genders, positions within a given neighbourhood, ethnicity, socio-economic statuses, and levels of education. Moreover, researchers observed the actions and behaviours of people in the various neighbourhoods, and used an observation tool to record what they had seen.

By using Statistical Package for Social Sciences (SPSS) software, figures and tables were produced out of the data. The figures have been labelled and inserted in appropriate locations within document. However, all the tables are placed together in Annex 3.

2. Findings and Analysis

This section covers mainly the key findings of the study.

2.1. Basic information about respondents

The demographic characteristics of the respondents are diverse which reflects the diverse nature of the South Sudanese population. According to Figure 1, the ages of respondents fall within various age brackets, with most of them being in the 19-28 bracket (29 percent), 29-38 bracket (27 percent), and 39-48 bracket (19 percent) (refer to Figure 1). Reflecting the young nature of South Sudanese population (70 percent of the population is estimated to be under 30 years), Figure 1 is skewed to the left. The respondents live in over 30 different

residential areas in the city (refer to Annex 3 for details of locations) and originate from the ten states (plus two administrative areas and one area with special administrative status) which make up the country, with the majority being from Central Equatoria in which the national capital is situated (refer to Figure 2). In terms of gender, 52 percent of respondents are males and 48 percent females. As for marital status, 25 percent are unmarried, 63 percent married, 4 percent separated, and 7 percent widowed. With regard to educational attainment, 25 percent have not attended formal education, 19 percent have attended primary or elementary schools, 4 percent have attended intermediate schools, 23 percent attended secondary schools, 23 percent attended undergraduate study, and 6 percent have received postgraduate education. With respect to employment status, 52 percent are employed and 47 percent unemployed

Figure 1: Age brackets of respondents.

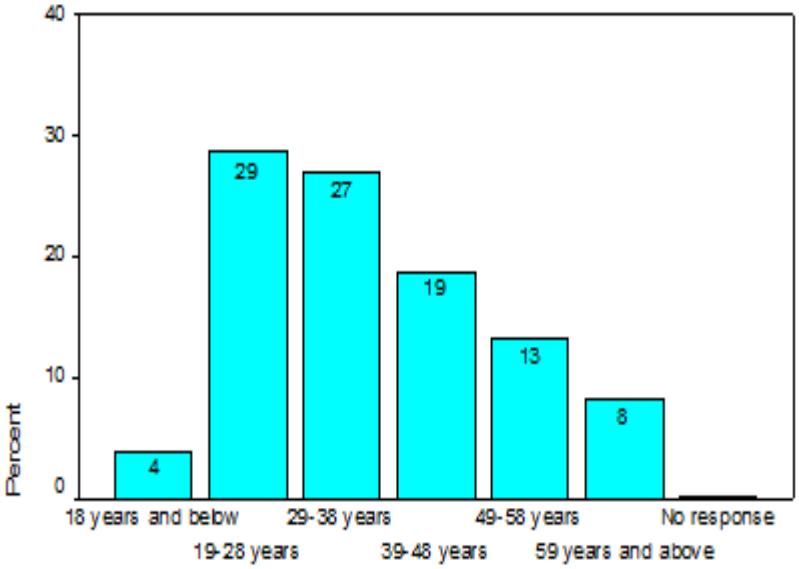
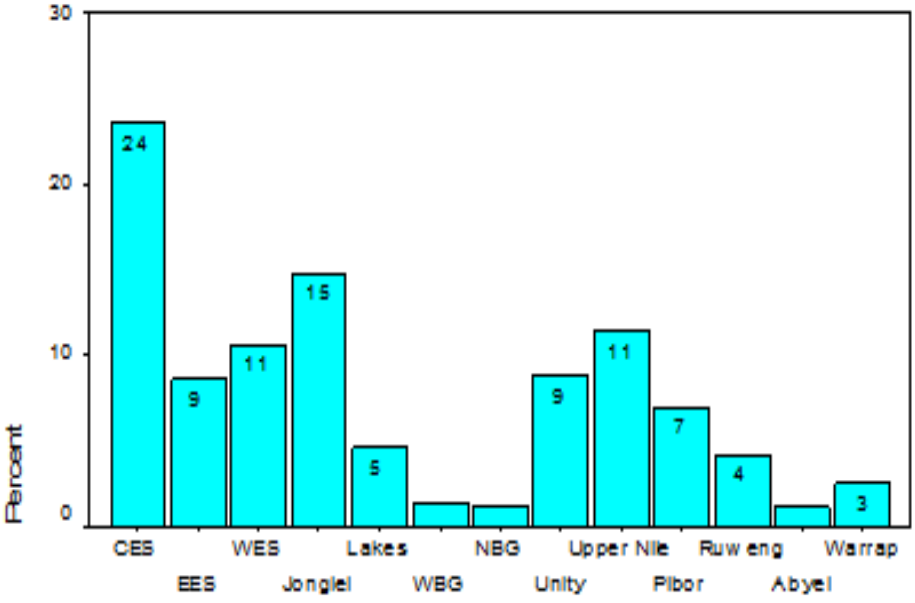


Figure 2: States or Administrative Areas of origin



As for monthly spending, the majority spend less than 50,000 SSP per month (refer to Figure 3). And finally, with respect to religious beliefs, 91 percent of the respondents are Christians (refer to Figure 4).

Figure 3: Monthly expenditures of respondents

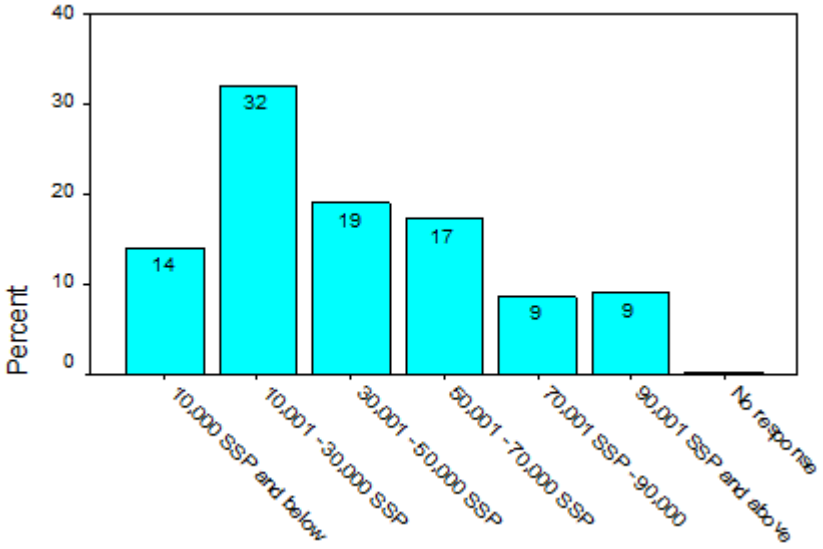
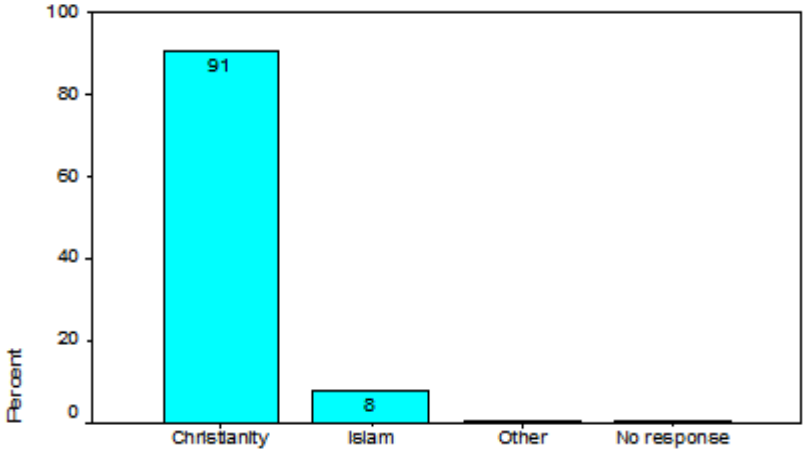


Figure 4: Religion of respondents



2.2. Hand washing frequently with soap and water

South Sudanese normally wash their hands before and after eating food, but in many cases only with water. The quality of water is often bad. Many people do not have access to clean water even in the national capital, where water tankers are the main source of water for families. However, according to Figure 5, 14 percent of respondents said they wash only with water, and 86 percent claim they wash with both soap and water. According to Figure 6, 48 percent stated that they wash their hand often and 8 percent said they wash occasionally. And, according to Figure 7, 75 percent agreed that the government guidelines on frequent hand washing made sense. Some institutions, such as banks, enforce hand washing on their premises which might have influenced behaviors.

Figure 5: Hand washing

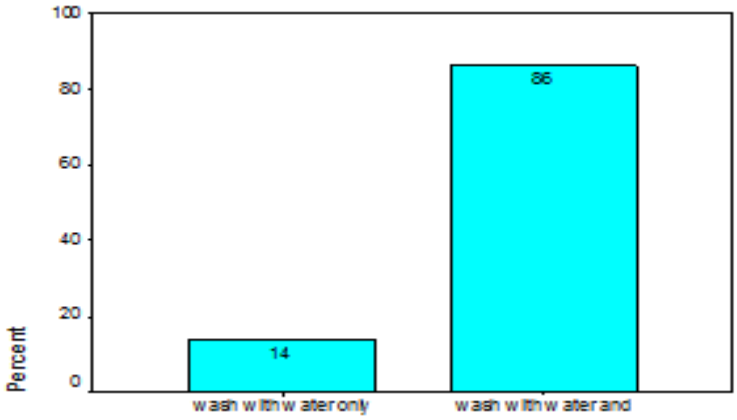


Figure 6: Frequency of hand washing with water and soap per day

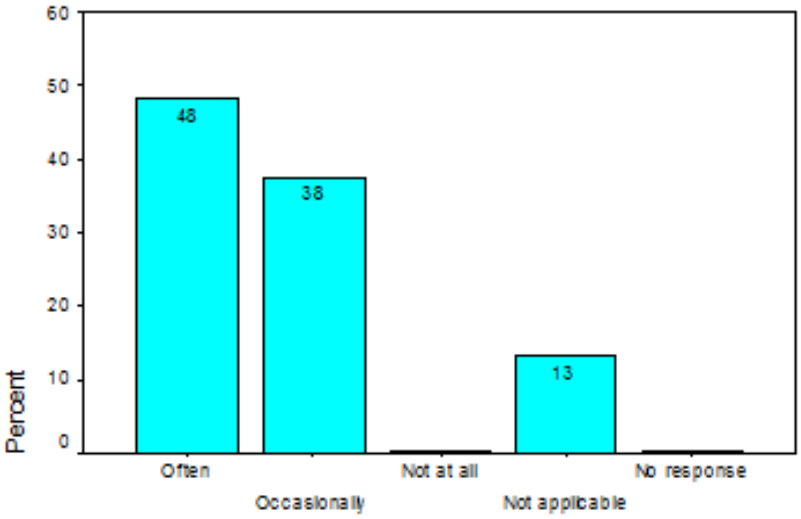
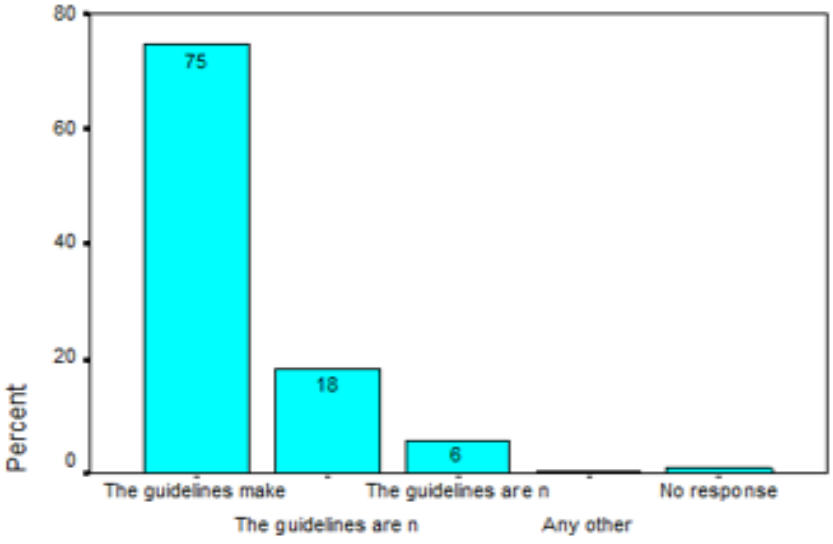


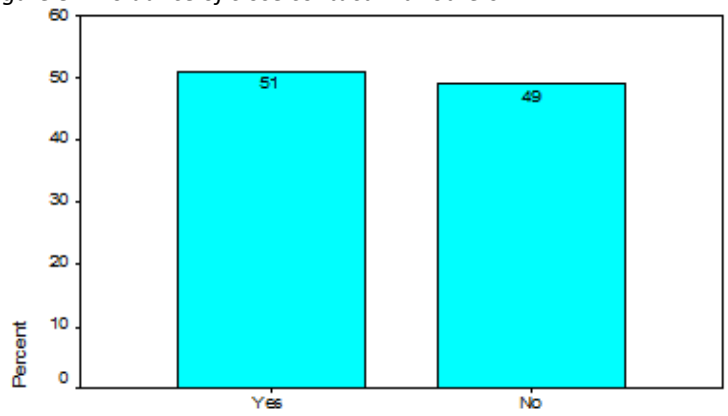
Figure 7: Attitudes toward Government frequent hand washing guideline



2.3. Social distancing

South Sudanese communities promote closeness among their members, which is not in keeping with the physical and social distancing measures adopted by the government to contain COVID-19. In some communities, wrong doers are the ones isolated as a punishment. For example, some communities in parts of South Sudan isolate or ostracize persons suspected of engaging in witchcraft (Leonardi et al 2010). As Figure 8 below indicates, it is clear that a large proportion of those interviewed (49 percent) did not avoid close contact with others, even though the government continuously spread messages about the importance of social distancing as a measure to check the spread of COVID-19.

Figure 8: Avoidance of close contact with others



2.3.1. Hand shaking

People normally shake hands when greeting each other and live together in homes. Individualism is often abhorred. A large proportion of those interviewed (64 percent), as shown in Figure 9 below, continued to ignore the government advice not to shake hands. Figure 10 indicates that the main reasons for this non-compliance related to both socio-cultural practices and beliefs, with 44 percent saying that they are used to shaking hands when greeting another person and 18 percent expressing fear of being seen as a bad person. Clearly, shaking hands is a socially acceptable or expected practice but of course risky, considering that it is easy to transmit the virus through close physical contact.

Figure 9: Shaking of hands when greeting

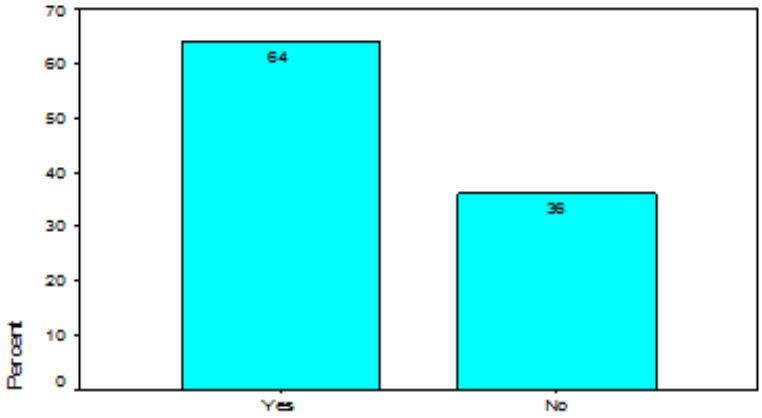
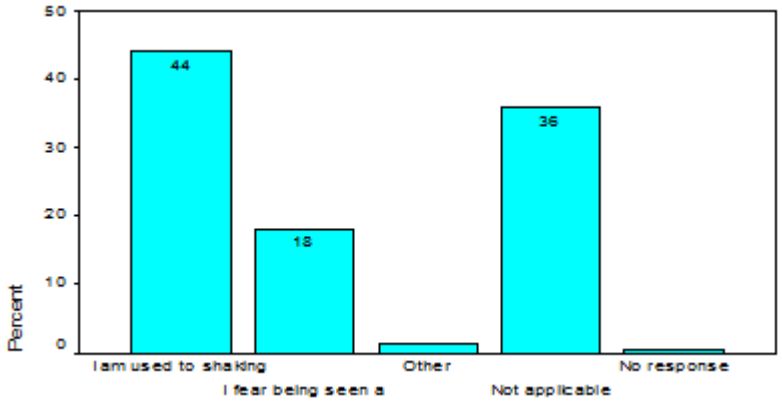


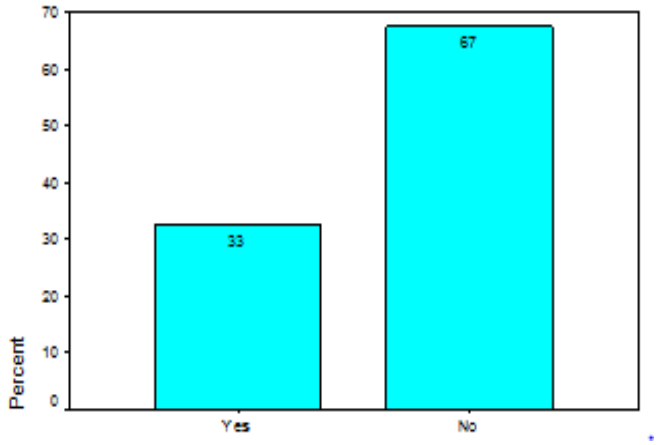
Figure 10: Reasons for shaking hands when greeting



2.3.2. Attending prayers

The majority of South Sudanese are either Christians or Muslims and often participate in regular public prayers in churches and mosques, which are crowded places. That was why the government closed down prayer places for a period of time. Yet, according to Figure 11, 33 percent of respondents attended prayers during the COVID-19.

Figure 11: Attendance of prayers during COVID-19



2.3.3. Sharing of a cup for drinking water and a tray or bowl for eating food

Sharing of food and drink is a common practice among South Sudanese communities, which also complicates efforts to maintain social distancing guidelines. Drinking water is usually served from a single cup, and food is eaten from a single bowl or tray. In Figure 12, 72 percent of respondents confirm that they drink water from a single cup, shared with others. According to Figure 13, 47 percent gave the reason for this as being used to sharing one cup and 22 percent said they could not afford more than one cup. In Figure 14, 73 percent said they share food from a single tray or bowl, and, according to Figure 15, 54 percent said that it was their culture to share food from a single tray or bowl, and 16 percent said they did not have enough food to eat from different plates.

Figure 12: Sharing a cup for water

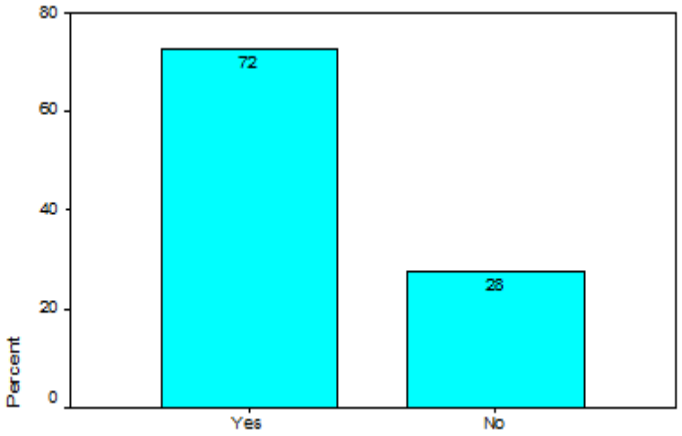


Figure 13: Reason for sharing a cup

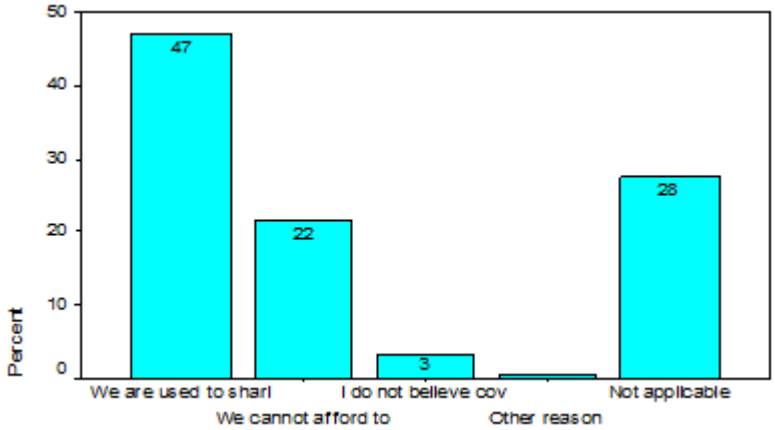


Figure 14: Sharing meals from single tray or bowl

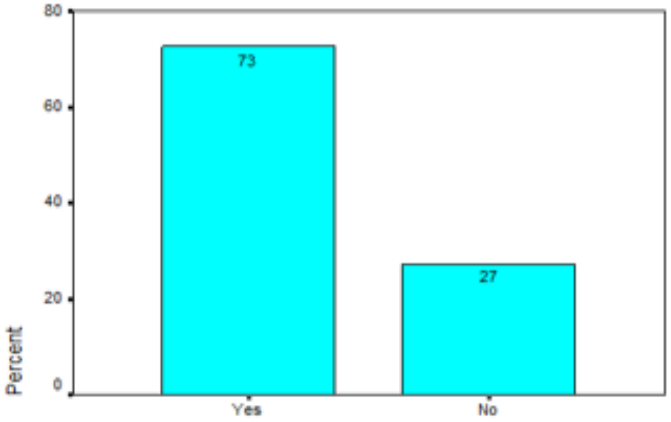
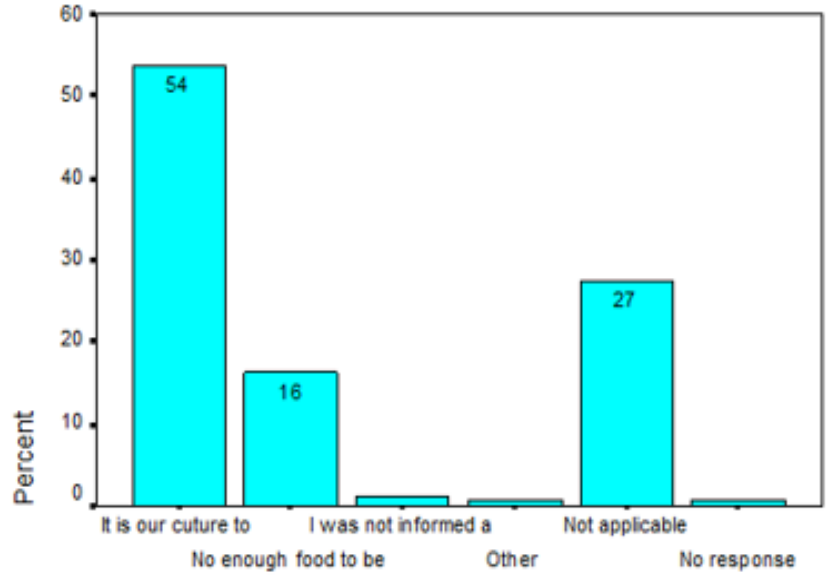


Figure 15: Reasons for sharing meals with others from single tray or bowl



2.3.4. Attending funerals

During funerals, South Sudanese often cry and sing together, and they also share food and drink. They largely ignore social distancing guidelines, rarely wear masks and do not frequently wash hands with soap and water. Figure 16 shows that 81 percent of those interviewed attended funerals during the COVID-19 period, and 35 percent reported that they sat close to other people and 36 percent said they sat less than 2 metres from other mourners, as indicated in Figure 17. I attended a funeral in the Gurei area in May, and another funeral in the University of Juba residential area in August, and observed on both occasions that mourners did not avoid sitting close to others and only a few of them wearing masks. The risk of spreading the virus during funerals is very high. Indeed, it was reported that 80% of all infections in the Eastern Cape Province of South Africa resulted from burial ceremonies (Jaja et al 2020).

Figure 16: Attendance of funerals during COVID-19

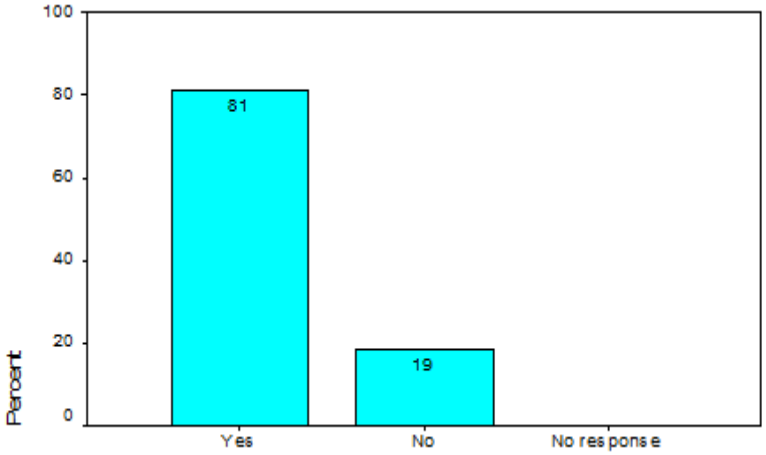
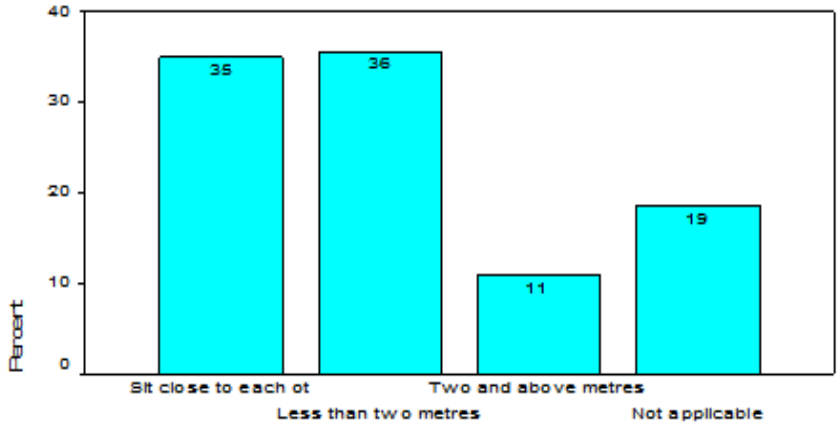


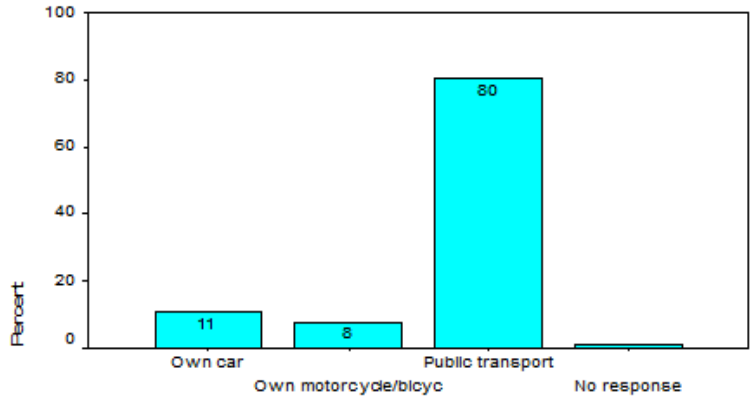
Figure 17: Distance apart during funerals



2.3.5. Own means of transport

People have to move around for many reasons, in particular to earn their livelihoods. Many people work in the informal economy and so need to be mobile, even when they do not feel very well. The overwhelming number of respondents (80 percent), as shown in Figure 18, reported that they rely on public transport, which is congested.

Figure 18: Own means of transport



2.4. Wearing masks

It appears that the most ignored government guideline intended to contain the COVID-19 pandemic, is the recommendation to wear face masks in crowded and public places. Figure 19 shows that only 15 percent of respondents claim that they wear masks all the time, 55 percent said sometimes, and 30 percent said not all. The reasons for not wearing masks, as shown in Figure 20 are: I do not like it (11 percent), I do not know how to wear it (2 percent), and I cannot afford buying face mask (9 percent), and it is not our culture to wear face masks (2 percent). Another likely reason is lack of consistent enforcement of the mask wearing measure. In fact, some institutions, like banks, enforce mask wearing and people on their premises do put on masks consistently. Another hurdle is that some people do not wear the masks properly as shown in the cover page picture, where the only person putting on a mask in the crowd left the nose uncovered.

Figure 19: Wearing masks

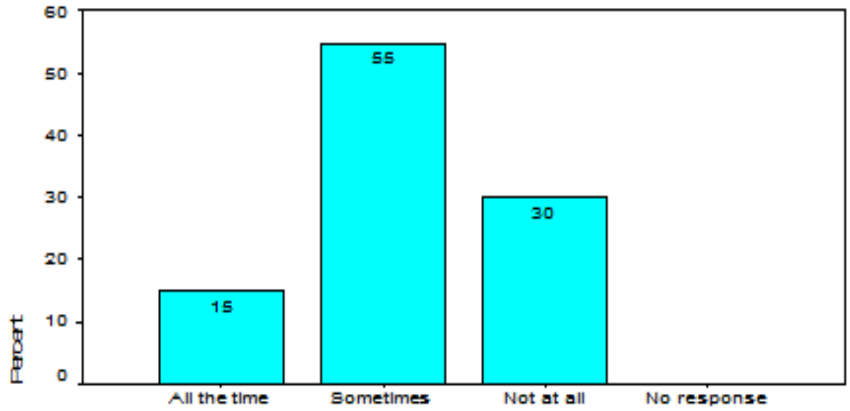
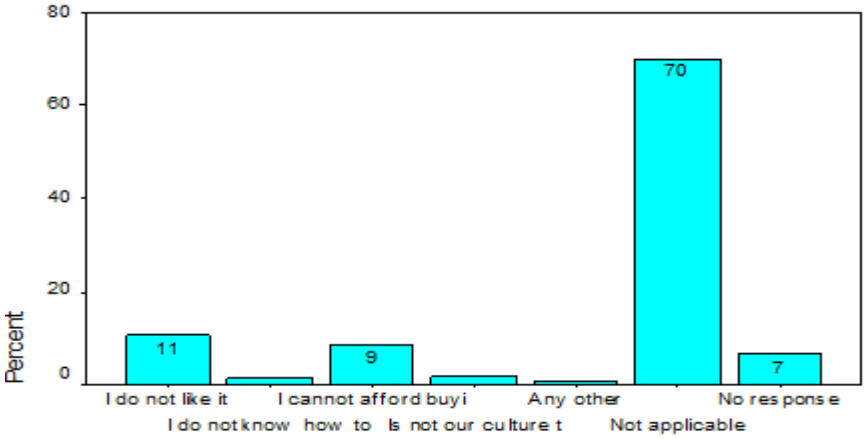


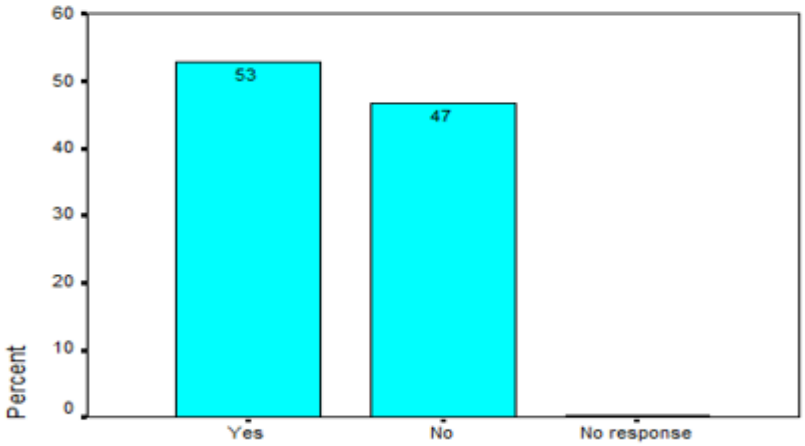
Figure 20: Reasons for not wearing masks



2.5. Staying home when having flu like symptoms

Many South Sudanese do not normally stay home when suffering from coughs and flu. If they were to do so, they would probably not be able to put food on the table, especially in the case of those working in the informal sector. This raises difficulties in implementing the guideline about staying home and avoiding travel one has flu like symptoms, considering that there are no economic safety nets. According to Figure 21, 53 percent claim they stay home when suffering from flu like sickness and 47 percent said they do not stay home.

Figure 21: Keeping of 'stay home' guideline when having flu-like sickness



Even when South Sudanese stay at home, the risk of passing the virus is still significant because of the large sizes of most families. South Sudanese usually live in households with many other people and often maintain an 'open-door' norm as a way to be hospitable to others. Socially, relatives, neighbors and friends visit each other at will. Moreover, childcare is often a community responsibility as pointed out by an anthropologist at the University of Juba. These cultural norms make it challenging to comply with the social distancing measures. According to Figure 22, 25 percent of those interviewed said that their households contained 5 or fewer people, and 47 percent said that their households contained between 6 and 10 people. Moreover, according to Figure 23, 26 percent of interviewees live in household in which 4 to 5 people share a bedroom, and 10 percent in households where 6 and more people share a single bedroom.

Figure 22: Number of household members

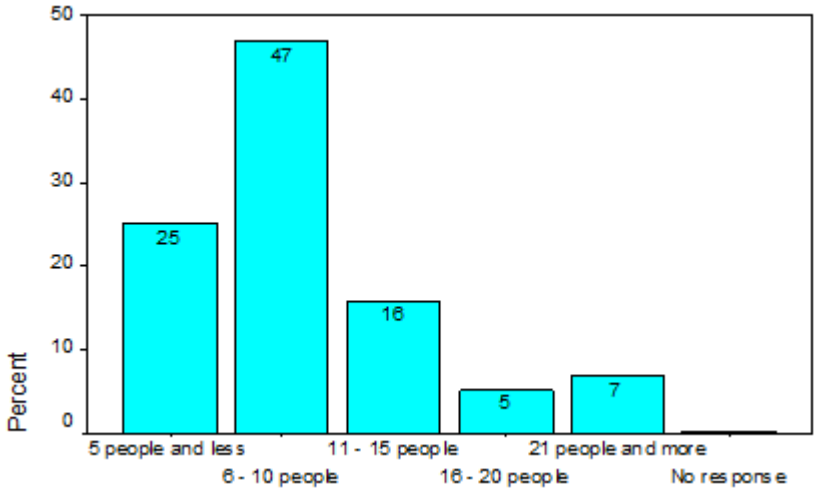
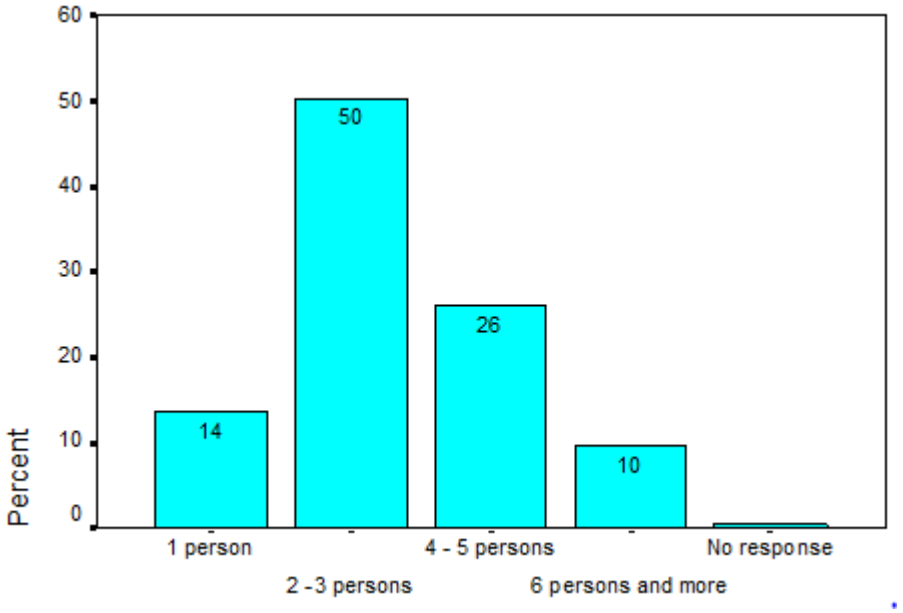


Figure 23: Highest number of people sharing bedroom



2.6. Beliefs and stigmatization

Fear and stigma, often linked to beliefs, have complicated matters for the institutions tasked with fighting against the spread of the COVID-19. For example, a medical student from the University of Juba volunteering as a contact tracer was threatened with death by a contact so as to keep his positive status secret (*Juvarsity* 2020). As Figure 24 indicates, a significant number of respondents (26 percent) are afraid to take the COVID-19 test because of fear of stigma or rejection by others if it becomes known that the result is positive. Nonetheless, the majority of respondents (74 percent) expressed no concerns about being tested. The reasons for the fear of taking the test expressed by around a quarter of respondents area, according to Figure 25: fear of stigma (15 percent) and fear of rejection by the wider community (9 percent).

Figure 24: Willingness to have a COVID-19 voluntary test

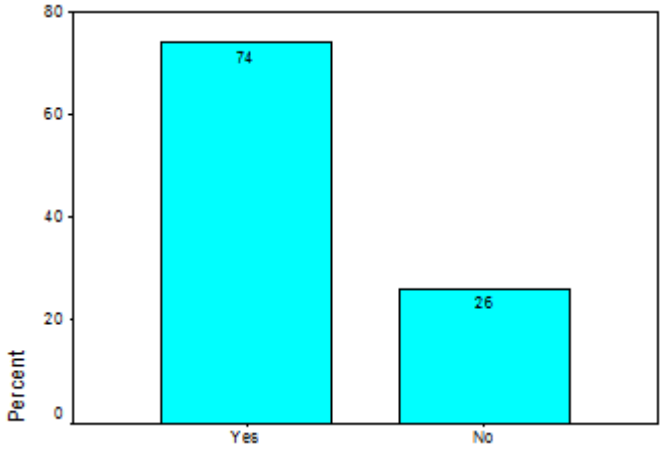
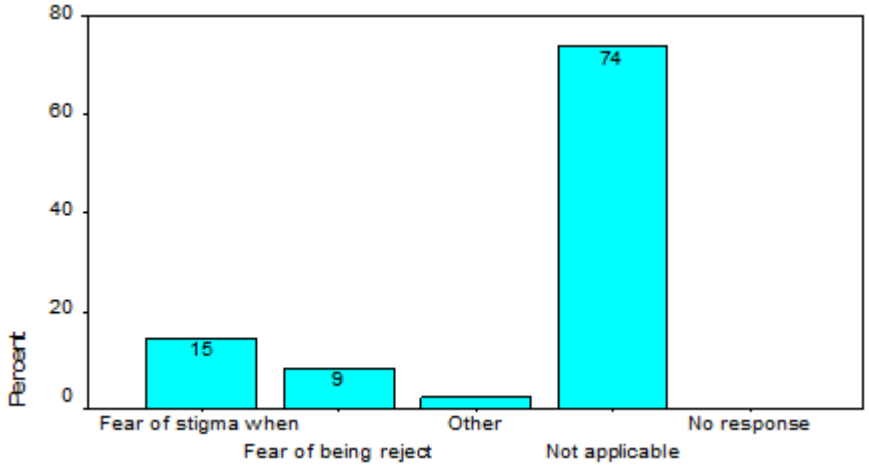


Figure 25: Reasons for rejection of COVID-19 voluntary test



2.7. Perceptions of most effective means of raising awareness about COVID-19

The content of public health messages, and how they are passed to people, is important as they influence the way people receive and react to them. According to Figure 26, 60 percent of respondents prefer radio for creating awareness about COVID-19. This is not surprising as radio has a long history of broadcasting news and passing on information from public institutions and their partner organizations. Moreover, internet access is very limited, and restricted mainly to urban centers. Mostly, the employees of institutions are the ones who use the internet as well as educated young people, who are using social media. Nonetheless, many people have faith in the social media. According to Figure 27, 58 percent believe that soial media is an effective means to promote awareness about COVID-19, and 32 percent consider it to very effective.

Figure 26: Mass media preference for awareness about COVID-19

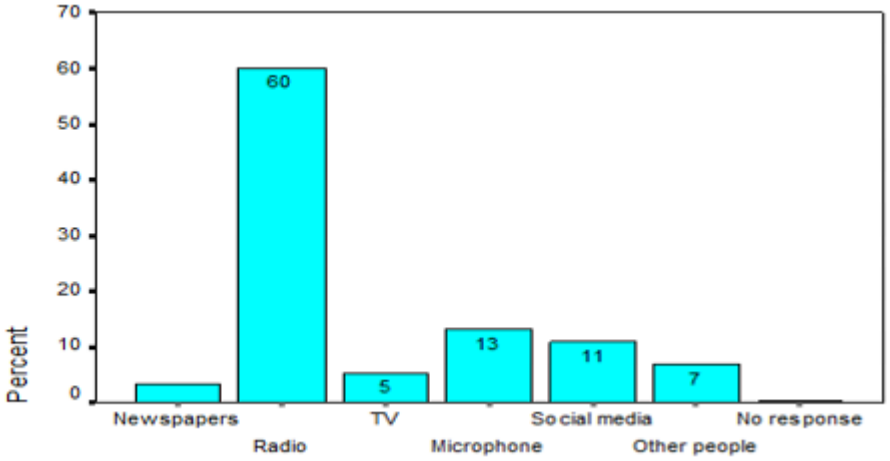
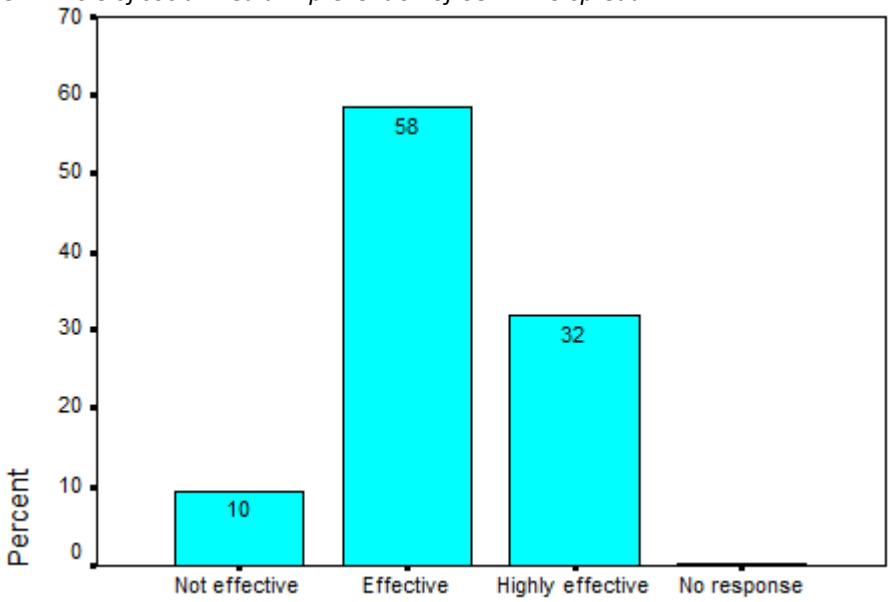


Figure 27: Role of social media in prevention of COVID-19 spread



3. Conclusion and Recommendations

This section concludes the study by presenting key findings and lessons learned from the implementation of measures that the South Sudan government adopted to curb the spread of COVID-19. Moreover, it makes recommendations to improve the government's response.

3.1. Findings

South Sudanese belong to over 60 ethnic groups, which have their own cultures that influence their worldviews and behaviors. The findings of this study indicate that the respondents' socio-cultural practices have greatly shaped their responses to the COVID-19 pandemic and measures promoted by the government and the WHO to curb its spread. In general, compliance with the COVID-19 measures have been poor in the country.

Researchers from the University of Juba collected data from the Protection of Civilian sites (PoCs) and over 30 other locations in the national capital, Juba. They mainly used a structured questionnaire to collect the data from 500 individuals belonging to diverse age brackets, states or administrative areas, genders, marital statuses, educational levels, monthly expenditure categories, and religious backgrounds. Largely, the findings have features that reflect the diversity of the country.

A key COVID-19 preventive measure is the washing of hands with soap and water frequently. We postulate that this will be difficult to achieve considering that South Sudanese normally do not wash hands with water and soap frequently because it is not what they are used to doing and also for practical reasons linked to scarcity and cost of water. Nonetheless, 86 percent of the 500 respondents say that they wash hands with both water and soap. Moreover, 48 percent of them state that they wash their hands often in a day.

With regard to the social distancing measure, this was difficult to attain because most South Sudanese closely relate with people from their extended families, clans or ethnic groups. It is mainly for this reason that youth from some communities are mobilized to fight members of other communities (see Jok et al 2017 and Wild, Jok and Patel 2018). The findings reveal that 51 percent of respondents did not avoid contact with others, 64 percent have shaken hands with others, and 44 percent say they are used to shaking hands and 18 percent fear being viewed as bad people if they refuse to shake hands. Moreover, 33 percent have attended prayers during the COVID-19.

Sharing of water and food is a common practice among South Sudanese because of cultural norms and the context in which they live. This makes it challenging to maintain social distancing. The findings indicate that 72 percent of respondents drink water from a cup that other people also use. Forty seven percent of them said it is their culture to drink water from one cup and 22 percent say that they cannot afford to use more than one cup. Seventy-three percent reveal they share food with others from a single tray or bowl. Moreover, 54 percent state that it is their culture to eat food from one tray or bowl, and 16 percent say that they do not have enough food to eat from many trays or bowls.

Another usual practice that brings individuals close to others is participation in funeral ceremonies and rituals. In the Democratic Republic of Congo (DRC), this was a major transmission route when Ebola struck the country (Bedford and Ripoll 2018). According to the

findings, 81 percent of respondents admit that they have attended funerals during the COVID-19 period, with 35 percent saying that they sit close to other people and 36 percent report sitting less than 2 metres from other mourners.

When asked about travel, which makes social distancing also hard, 80 percent of respondents report using public transport. Most of the respondents say that they do not avoid contact with others and do not wear masks. The study found that 15 percent of respondents wear face masks all the time in public places, 55 percent sometimes, and 30 percent not all. The key reasons for not wearing masks are: not liking masks, not knowing how to wear masks, being unable to afford the cost of masks, and it not being part of their culture to wear masks.

South Sudanese do not commonly stay home when suffering from coughs and flu, which increases the risk of spreading COVID-19. The findings indicate that 53 percent of respondents claim that they stay home when experiencing flu like symptoms and 47 percent say they do not. Even when they stay home, the risk of the transmission of the virus is significant because South Sudanese families are normally extended and therefore large. Forty-seven percent of respondents say their households contain between 6 and 10 persons, and 26 percent report that 4 to 5 persons share a bedroom.

Other important considerations pertaining to combatting the spread of the virus are beliefs and stigmatization. Twenty six percent of respondents fear taking a voluntary COVID-19 test. Fifteen percent fear stigma if the results turns out positive and 9 percent fear rejection by the wider community. Interestingly, 74 percent express no concerns about having the test which means that if capacity is available, large-scale testing should be possible at least in the city.

In terms of creating awareness about COVID-19, the radio is the most preferred mode of communication. The radio has a long history of use as a medium to convey information to the public in South Sudan and sixty percent of respondents preferred the radio. However, there is a recognition that social media can have a significant role in passing information even though internet coverage is limited. Fifty eight percent pointed out that it is an effective mode of communication and 32 percent consider highly effective.

3.2. Lessons learned

This section addresses what lessons can be learned from the implementation of the government directives aimed at halting the spread of COVID-19, and what the Government's High-Level Taskforce (HLTF) on COVID-19 should have done differently.

- Like neighboring countries, South Sudan quickly declared lockdown of institutions and a ban on some activities to help prevent or slow spread of the virus. Most people ignored this, however, partly due to a limited enforcement of the preventive measures. A few institutions, such as hospitals, schools, banks and other big enterprises, made hand washing and mask wearing mandatory on their premises. Directives are easily ignored as enforcement measures are absent or not applied by government institutions, which are weak. The government should have adopted robust enforcement action at all levels to show that it meant business.

- The process put in place by the government, led by the HLTF, to deal with the virus is a highly top-down one. First Vice President Riek Machar, who contracted the virus as did a number of cabinet ministers, initially led the taskforce. Whilst politicians have dominated it, but later technical experts also joined the process. However, it had no input from traditional and cultural leaders from the grassroots. This raises questions about public trust in the process, as local organizations and leaders, especially chiefs, are close to their communities and hence tended to be trusted (Moro 2015). At the outset, the government could have done more to include traditional and cultural leaders from the grassroots in the process.
- Some public figures are seen in public with no masks on or shaking hands, even though the public is being urged to adhere to preventive measures. When public figures do not follow directives, ordinary people are likely going to ignore them as well. The government should have stringently enforced directives on public figures at all levels, as well as the grassroots, to send the right message out.
- The government and partners have not adequately provided material support to vulnerable people so as to enable them to adopt preventive measures. Telling people to stay home when going out is the only means of putting a meal on the table, does not make much sense, neither does asking people to wear masks when the prices of masks are unaffordable to many. The government and partners should have organized adequate basic services for vulnerable people such as food, healthcare and water, to increase the likelihood preventive measures would be adopted. The government also should have led efforts to locally produce washable and affordable masks.
- Following what governments in other countries are doing, the South Sudanese government should have mobilized resources to facilitate expanded testing for COVID-19 in order to gain more reliable information about the spread of the disease. The findings reveal that many people are willing to be tested, meaning that if capacity is available, large testing is possible at least in the city.
- Messaging on COVID-19 that does not involve local leaders stands limited chance of having a substantial impact on people at the local level. A focus on radio broadcasts is likely to have had the most impact as this medium of communication has a long history of use in South Sudan.

3.3. Recommendations

In view of making recommendations to the government in order to improve the effectiveness of measures to contain the virus spread, and taking into account the findings and lessons learned from the study, the following suggestions are made:

- A large number of respondents had adopted the practice of washing their hands with both soap and water, partly because some institutions enforced this measure, and also both the government and NGOs had made an effort to provide required materials, especially water and soap, to people. This implies that consistent and enduring actions, including enforcement and the provision of basic services, are helpful to change behaviors.
- Traditional or customary authorities should be actively engaged in efforts to change the behaviors of people in their communities, so as to embrace the physical and social

distancing measures. In the DRC, aid organizations had to work with traditional healers to enhance the efficacy of their activities to support Ebola victims. We can learn lessons from their work.

- Some respondents complain about leaders saying one thing and doing the opposite. There is a need for leaders to act as role models who practice what they preach as it promotes trust. Socially, many South Sudanese believe leaders who are perceived as truthful and that is why traditional leaders are often held in high esteem by their community members.
- Educating people on proper mask wearing and providing resources to help them acquire the masks are crucial for changing behaviors with respect to mask wearing, which is novel and often uncomfortable to many.
- Targeted interventions are called for in some locations, such as the PoCs, markets, schools and prayer places, because they are often crowded. In some places, including the PoCs, the inhabitants come from similar backgrounds and so social norms should be taken into account. This is happening in some cases but more needs to be done;
- There is a need to provide support to vulnerable people as a safety net, since cultural practices as well as the forbidding economic context make it challenging to comply with preventive measures such as staying home when feeling sick with coughs and flu.
- COVID-19 messaging should take into account cultural norms and the reality of the living contexts of ordinary people. Detailed information should be provided to increase knowledge and promote increasing awareness about COVID-19 and efforts to combat its spread. Increasing the use of local platforms, especially the ones under traditional leaders or other locally influential persons, for communication purposes, to enhance trust, is vital to change attitudes and behaviors;
- The intensive and extensive use of radio to spread messages is helpful, as many people in urban and rural areas have been receiving news and other programmes over the radio for a very long time. However, there is also the potential to make greater use of social media as a means of passing on important health messages.
- Finally, according to the study, many people are willing to undergo voluntary testing, and therefore this can be expanded with anticipated limited resistance if the capacity is present. Many countries dealt with the pandemic by expanded testing. South Sudan can also expand testing

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Annexes

Annex 1: COVID-19 Guidelines from the Government and Partners

Annex 2: Questionnaire

A STUDY OF CONSEQUENCES OF SOCIO-CULTURAL PRACTICES FOR MEASURES TO CONTAIN COVID-19 IN SOUTH SUDAN

QUESTIONNAIRE

Researcher should introduce himself/herself and the study, and request for consent to do the interview. If consent granted, he/she should ask a question and record the answer by ticking the appropriate box or writing precisely the answer in the space provided. He/she should also note the time taken to complete the whole interview.

About the interview

Initials of the interviewer	
Date of interview	
Location of interview	

ID …….

A. BASIC/PERSONAL INFORMATION

1. Age of the respondent in years

(a) 18 years and below ☐ (b) 19 – 28 years ☐ (c) 29 – 38 years ☐

(d) 39 – 48 years ☐ (e) 49 – 58 years ☐ (f) 59 years and above ☐

(2) State/Administrative Area of origin

(a) CES ☐ (b) EES ☐ (c) WES ☐ (d) Jonglei ☐ (e) Lakes ☐ (f) ☐

WBG ☐ NBG ☐ (m) Unity ☐ (i) Upper Nile ☐ (j) ☐ r ☐ (k) ☐

Ruweng ☐ Abyei ☐ (n) Warrap ☐

(3) Gender of the respondent

(a) Male ☐ (b) Female ☐

(4) Marital status

(a) Unmarried ☐ (b) Married ☐ (c) Separated ☐ (d) Divorced ☐

(e) Widow/widower ☐

(5) Educational background of the respondent

(a) No school attended ☐ (b) Primary/elementary ☐ (c) Intermediate ☐

(d) Secondary ☐ (e) University (Undergrad.) ☐ f) University (Postgrad.) ☐

(6) Employment status of respondent

(a) Employed ☐ (b) Unemployed ☐

(7) What has been your monthly expenditure during the COVID-19?

(a) 10,000 SSP and below ☐

(b) 10,001 - 30,000 SSP ☐

(c) 30,001 - 50,000 SSP ☐

(d) 50,001 - 70,000 SSP ☐

(e) 70,001 - 90,000 SSP ☐

(f) 90,001 SSP and above ☐

(8) Religious affiliation

(a) Christianity ☐ (b) Islam ☐ (c) Other: please specify ----------

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B. HAND WASHING

(9) Do you wash hands with water only, or water and soap daily?

(a) Wash with water only ☐

(b) Wash with water and soap ☐

(10) If wash with water and soap, how frequently do you wash your hands in a day?

(a) Often ☐ (b) Occasionally ☐ (c) Not at all ☐

(11) What do you think about the government guidelines of frequent hands washing?

(a) The guidelines make sense ☐

(b) The guidelines are not practicabl☐

(c) The guidelines are not consistent with our cultur☐

(d) Any other. Specify ----------

C. SOCIAL DISTANCING

(12) Were you able to avoid close contacts with other people?

(a) Yes ☐ (b) No ☐

(13) Do you shake hands with others when greeting?

(a) Yes ☐ (b) No ☐

(14) If you shake hands in greetings, why?

(a) I am used to shaking hands when greeting ☐

(b) I fear being seen a bad person ☐

(c) Any other. please specify…….

(15) Were you attending prayers during the COVID-19 lockdown?

(a) Yes ☐ (b) No ☐

(16) If attended prayers during the COVID-19 lockdown, why?

(a) I believe in God for controlling the spread of COVID-19 ☐

(b) I do not trust the government information about the existence of COVID-19 in South Sudan ☐

(c) I did not get the information about the danger/existence of COVID-19 ☐

(d) Any other. Specify----------

(17) Have you been sharing a single cup for drinking water in your household during COVID-19?

(a) Yes ☐ (b) No ☐

(18) If sharing a single cup, why?

(a) We are used to sharing one cup ☐

(b) We cannot afford to have more cups ☐

(c) I do not believe COVID-19 is in South Sudan ☐

(d) Any other reason: please specify …….

(19) Have you been eating your meals from a single tray or bowl with other household members?

(a) Yes ☐ (b) No ☐

(20) If the answer is yes in 19 above, why?

(a) It is our culture to eat food together ☐

(b) No enough food to be able to eat on separate plates ☐

(c) I was not informed about the danger of sharing food with others during COVID-19 ☐

(d) Any other. Specify ……

(21) Do you attend to funerals?

(a) Yes ☐ (b) No ☐

(22) If attending funerals, how far apart do people sit?

(a) Sit close to each other ☐

(b) Less than two metres apart ☐

(c) Two and above metres apart ☐

(23) If attending funerals, is the number of attendants/mourners determined by the government?

(a) Yes ☐ (b) No ☐

(24) What means of transport do you use?

(a) My own car ☐

(b) My own motor cycle/bicycle ☐

(c) Public transport ☐

D. FACE MASKS WEARING

(25) Have you been wearing face mask?

(a) All the time ☐

(b) Sometimes ☐

(c) Not at all ☐

(26) If the answer is 'Not at all' in 25 above, why?

(a) I do not like it ☐

(b) I do not know how to wear the mask ☐

(c) I cannot afford buying the mask ☐

(d) Is not our culture to wear mask ☐

(e) Any other: Please specify ……..

(27) Do you wear face mask when in public transport?

(a) Yes ☐ (b) No ☐

(28) If not wearing of face mask in transport, why?

(a) I do not like it ☐

(b) I do not know how to wear the mask ☐

(c) I cannot afford buying the mask ☐

(d) Any other: Please specify ……..

E. STAY HOME GUIDELINE

(29) Do you believe that movement of people spread COVID-19?

(a) Yes ☐ (b) No ☐

(30) Do you keep the advice 'stay home' as a means of avoiding spreading COVID-19 when suffering from flu-like sickness?

(a) Yes ☐ (b) No ☐

(31) If no 'stay home' advice is observed, why?

(a) I go for work ☐

(b) Going out for social functions including funerals ☐

(c) Both (a) and (b) above ☐

(d) Any other. Please specify: ……

(32) What is the number of people staying in the household in which you live?

(a) 5 and less ☐ (b) 6 – 10 people ☐ (c) 11 – 15 people ☐

(d) 16 – 20 people ☐ (e) 21 and more ☐

(33) What is the highest number of people sharing a room in the household?

(a) 1 person ☐ (b) 2 – 3 persons ☐ (c) 4 – 5 persons ☐ d) 6 persons and above ☐

F. BELIEFS AND STIGMATIZATION

(34) Would you be willing to have a COVID-19 voluntary test?

(a) Yes ☐ (b) No ☐

(35) If not willing for COVID-19 voluntary test, why?

(a) Fear of stigma when tested positive ☐

(b) Fear of being rejected by the community when tested positive ☐

(c) Any other: Please specify ……..

(36) What do you think would be effective in stopping the spread of COVID-19?

(a) Faith in God ☐

(b) Health care (in hospitals and clinics) ☐

(c) Traditional herbs ☐

(d) Traditional rituals/cleansing ☐

(e) Any other. Specify ……..

G. PERCEPTION ABOUT ENLIGHTMENT/AWARENESS CREATION

(37) **What is your opinion of the role of the social media in preventing the spread of COVID-19?**

(a) Not effective ☐

(b) Effective ☐

(c) Highly effective ☐

(38) Which of the following mass media would you prefer for enlightening people about COVID-19? (Choose one most preferred mass medium)

(a) Newspapers ☐

(b) Radio ☐

(c) TV ☐

(d) Microphone ☐

(e) Social media ☐

(f) Other people ☐

Thanks very much for answering my questions!

Completed questionnaire checked by:_____

Date:_____

Annex 3: Tables

Descriptives

			Statistic	Std. Error
ID	Mean		250.50	6.46
	95% Confidence Interval for Mean	Lower Bound	237.81	
		Upper Bound	263.19	
	5% Trimmed Mean		250.50	
	Median		250.50	
	Variance		20875.000	
	Std. Deviation		144.48	
	Minimum		1	
	Maximum		500	
	Range		499	
	Interquartile Range		250.50	
	Skewness		.000	.109
	Kurtosis		-1.200	.218

Residential area

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Atlabara	12	2.4	2.4	2.4
	Check Point	6	1.2	1.2	3.6
	Custom market	15	3.0	3.0	6.6
	Gudele	32	6.4	6.4	13.0
	Gumbo	5	1.0	1.0	14.0
	Gurei	10	2.0	2.0	16.0
	Gwongkoroki	10	2.0	2.0	18.0
	Hai Baraka	4	.8	.8	18.8
	Hai Malakal	19	3.8	3.8	22.6
	Hai Mauna	8	1.6	1.6	24.2
	Hai Mayo	3	.6	.6	24.8
	Hai Thoura	3	.6	.6	25.4
	Hai zande	10	2.0	2.0	27.4
	Jebel	3	.6	.6	28.0
	Jebel Yesua	3	.6	.6	28.6
	Joborona	6	1.2	1.2	29.8
	Jondoru	4	.8	.8	30.6
	Juba Na Bari	11	2.2	2.2	32.8
	Juba Town	19	3.8	3.8	36.6
	Kator	51	10.2	10.2	46.8
	Konyokonyo	27	5.4	5.4	52.2
	Lemon Gaba	5	1.0	1.0	53.2
	Lologo	17	3.4	3.4	56.6
	Malakia	2	.4	.4	57.0
	Ministries	5	1.0	1.0	58.0
	MTC	3	.6	.6	58.6
	Munuki	29	5.8	5.8	64.4
	New Site	21	4.2	4.2	68.6
	Nyokuron	38	7.6	7.6	76.2
	POC	102	20.4	20.4	96.6
	River Side	12	2.4	2.4	99.0
	Rock City	5	1.0	1.0	100.0
	Total	500	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	259	51.8	51.8	51.8
	Female	239	47.8	47.8	99.6
	No response	2	.4	.4	100.0
	Total	500	100.0	100.0	

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Umarried	123	24.6	24.6	24.6
	Married	315	63.0	63.0	87.6
	Separated	22	4.4	4.4	92.0
	Divorced	5	1.0	1.0	93.0
	Widow/widower	34	6.8	6.8	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Educational background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No school attended	123	24.6	24.6	24.6
	Primary/elementary	97	19.4	19.4	44.0
	Intermediate	22	4.4	4.4	48.4
	Secondary	113	22.6	22.6	71.0
	Undergraduate	116	23.2	23.2	94.2
	Postgraduate	29	5.8	5.8	100.0
	Total	500	100.0	100.0	

Employment staus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	260	52.0	52.0	52.0
	Unemployed	233	46.6	46.6	98.6
	No response	7	1.4	1.4	100.0
	Total	500	100.0	100.0	

Monthly expenditure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10,000 SSP and below	70	14.0	14.0	14.0
	10,001 - 30,000 SSP	160	32.0	32.0	46.0
	30,001 - 50,000 SSP	95	19.0	19.0	65.0
	50,001 - 70,000 SSP	86	17.2	17.2	82.2
	70,001 SSP - 90,000 SSP	43	8.6	8.6	90.8
	90,001 SSP and above	45	9.0	9.0	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Religion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Christianity	453	90.6	90.6	90.6
	Islam	40	8.0	8.0	98.6
	Other	3	.6	.6	99.2
	No response	4	.8	.8	100.0
	Total	500	100.0	100.0	

Handwashing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	wash with water only	69	13.8	13.8	13.8
	wash with water and soap	431	86.2	86.2	100.0
	Total	500	100.0	100.0	

Frequency of washing with soap per day

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Often	242	48.4	48.4	48.4
	Occasionally	188	37.6	37.6	86.0
	Not at all	2	.4	.4	86.4
	Not applicable	67	13.4	13.4	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Attitude towards Govt guidelines of hand washing frequency

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	The guidelines make sense	373	74.6	74.6	74.6
	The guidelines are not practicable	92	18.4	18.4	93.0
	The guidelines are not consistent with our culture	29	5.8	5.8	98.8
	Any other	2	.4	.4	99.2
	No response	4	.8	.8	100.0
	Total	500	100.0	100.0	

Avoidance of closed contact with others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	255	51.0	51.0	51.0
	No	245	49.0	49.0	100.0
	Total	500	100.0	100.0	

Shaking of hands when greeting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	320	64.0	64.0	64.0
	No	180	36.0	36.0	100.0
	Total	500	100.0	100.0	

Reason for shaking hands when greeting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I am used to shaking hands when greeting	220	44.0	44.0	44.0
	I fear being seen a bad person	91	18.2	18.2	62.2
	Other	7	1.4	1.4	63.6
	Not applicable	179	35.8	35.8	99.4
	No response	3	.6	.6	100.0
	Total	500	100.0	100.0	

Attendance to prayers during covid-19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	163	32.6	32.6	32.6
	No	337	67.4	67.4	100.0
	Total	500	100.0	100.0	

Reason for attending to paryers during locked down

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I believe in God for controlling the spread of covid-19	149	29.8	29.8	29.8
	I do not trust the Govt information about covid-19 existence	7	1.4	1.4	31.2
	I did not get the information about the danger/existence of	6	1.2	1.2	32.4
	Other	2	.4	.4	32.8
	Not applicable	336	67.2	67.2	100.0
	Total	500	100.0	100.0	

Sharing of single cup for water

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	362	72.4	72.4	72.4
	No	138	27.6	27.6	100.0
	Total	500	100.0	100.0	

Reason for sharing single cup in a household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	We are used to sharing one cup	235	47.0	47.0	47.0
	We cannot afford to have more cups	108	21.6	21.6	68.6
	I do not believe covid-19 is in S. Sudan	16	3.2	3.2	71.8
	Other reason	3	.6	.6	72.4
	Not applicable	138	27.6	27.6	100.0
	Total	500	100.0	100.0	

Sharing meals togethers with others on single tray/bowl

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	363	72.6	72.6	72.6
	No	137	27.4	27.4	100.0
	Total	500	100.0	100.0	

Reason for sharing meals with others on single tray/bowl

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	It is our cuture to eat food together	268	53.6	53.6	53.6
	No enough food to be able to eat on separate plates	81	16.2	16.2	69.8
	I was not informed about the danger of sharing food with oth	6	1.2	1.2	71.0
	Other	4	.8	.8	71.8
	Not applicable	137	27.4	27.4	99.2
	No response	4	.8	.8	100.0
	Total	500	100.0	100.0	

Attendance to funerals during covid-19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	406	81.2	81.2	81.2
	No	93	18.6	18.6	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Distance apart during funerals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sit close to each other	175	35.0	35.0	35.0
	Less than two metres apart	178	35.6	35.6	70.6
	Two and above metres apart	54	10.8	10.8	81.4
	Not applicable	93	18.6	18.6	100.0
	Total	500	100.0	100.0	

If number of people at funeral determined by Govt

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.2	.2	.2
	No	406	81.2	81.2	81.4
	Not applicable	92	18.4	18.4	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Means of transport used

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Own car	55	11.0	11.0	11.0
	Own motorcycle/bicycle	38	7.6	7.6	18.6
	Public transport	402	80.4	80.4	99.0
	No response	5	1.0	1.0	100.0
	Total	500	100.0	100.0	

Wearing of face mask

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	All the time	75	15.0	15.0	15.0
	Sometimes	274	54.8	54.8	69.8
	Not at all	150	30.0	30.0	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Reason for not wearing face mask

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I do not like it	53	10.6	10.6	10.6
	I do not know how to wear it	8	1.6	1.6	12.2
	I cannot afford buying the mask	43	8.6	8.6	20.8
	Is not our culture to wear face mask	9	1.8	1.8	22.6
	Any other	4	.8	.8	23.4
	Not applicable	350	70.0	70.0	93.4
	No response	33	6.6	6.6	100.0
	Total	500	100.0	100.0	

Wearing of face mask in transport

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	312	62.4	62.4	62.4
	No	173	34.6	34.6	97.0
	No response	15	3.0	3.0	100.0
	Total	500	100.0	100.0	

Reason for not wearing face mask in public transport

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I do not like it	94	18.8	18.8	18.8
	I do not know how to wear it	13	2.6	2.6	21.4
	I cannot afford buying the mask	52	10.4	10.4	31.8
	Other	15	3.0	3.0	34.8
	Not applicable	324	64.8	64.8	99.6
	No response	2	.4	.4	100.0
	Total	500	100.0	100.0	

Peoples' mobility aids the spread of covid-19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	441	88.2	88.2	88.2
	No	56	11.2	11.2	99.4
	No response	3	.6	.6	100.0
	Total	500	100.0	100.0	

Keeping of 'stay home' advice if having flu-like sickness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	265	53.0	53.0	53.0
	No	234	46.8	46.8	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Reason for not observing 'stay home' advice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I go for work	60	12.0	12.0	12.0
	Going out for social functiosn including funerals	81	16.2	16.2	28.2
	Go for work and attend to social functions	89	17.8	17.8	46.0
	Other	2	.4	.4	46.4
	Not applicable	264	52.8	52.8	99.2
	No response	4	.8	.8	100.0
	Total	500	100.0	100.0	

Total of household members

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 people and less	126	25.2	25.2	25.2
	6 - 10 people	234	46.8	46.8	72.0
	11 - 15 people	79	15.8	15.8	87.8
	16 - 20 people	26	5.2	5.2	93.0
	21 people and more	34	6.8	6.8	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Highest number of people sharing bedroom at household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	68	13.6	13.6	13.6
	2 -3 persons	252	50.4	50.4	64.0
	4 - 5 persons	130	26.0	26.0	90.0
	6 persons and more	48	9.6	9.6	99.6
	No response	2	.4	.4	100.0
	Total	500	100.0	100.0	

Liking of Covid-19 voluntary test

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	370	74.0	74.0	74.0
	No	130	26.0	26.0	100.0
	Total	500	100.0	100.0	

Reason for rejection of covid-19 voluntary test

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Fear of stigma when tested postive	73	14.6	14.6	14.6
	Fear of being rejected by the community when tested positive	43	8.6	8.6	23.2
	Other	12	2.4	2.4	25.6
	Not applicable	370	74.0	74.0	99.6
	No response	2	.4	.4	100.0
	Total	500	100.0	100.0	

Means of controlling the spread of covid-19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Faith in God	113	22.6	22.6	22.6
	Health care (in hospitals and clinics)	306	61.2	61.2	83.8
	Traditional herbs	58	11.6	11.6	95.4
	Traditional rituals/cleansing	6	1.2	1.2	96.6
	Other	14	2.8	2.8	99.4
	No response	3	.6	.6	100.0
	Total	500	100.0	100.0	

Role of social media in the prevention of spread of covid-19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not effective	48	9.6	9.6	9.6
	Effective	292	58.4	58.4	68.0
	Highly effective	159	31.8	31.8	99.8
	No response	1	.2	.2	100.0
	Total	500	100.0	100.0	

Mass media preference for the enlightenment about covid-19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Newspapers	16	3.2	3.2	3.2
	Radio	301	60.2	60.2	63.4
	TV	26	5.2	5.2	68.6
	Microphone	66	13.2	13.2	81.8
	Social media	55	11.0	11.0	92.8
	Other people	34	6.8	6.8	99.6
	No response	2	.4	.4	100.0
	Total	500	100.0	100.0	