



Research Article

The Coronavirus Pandemic (Covid-19), Between Health Awareness and Risk Construction in Cote D'Ivoire

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Abstract: The coronavirus COVID-19 that emerged in China and spread to several countries has become a public health problem. This pandemic in manifestation has claimed many victims, the statistics in this study are not exhaustive. Restrictive measures in terms of social and especially hygienic interactions are therefore recommended as part of therapeutic actions. The present study analyses some sociological burdens of the failure to fully implement measures to prevent this pandemic in Côte d'Ivoire. The study is essentially qualitative with survey tools such as documentary review and semi-structured interviews¹ administered to a category of actors. It emerges that the full applicability of prevention measures against the coronavirus COVID-19 involves several dimensions or psycho-sociological and economic variants.

Keywords: Pandemic, Coronavirus (COVID-19), Health awareness, Risks, Côte d'Ivoire.

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INTRODUCTION

The idea of "consciousness" is associated with that of "prudence" and that "health consciousness" refers to the self-esteem or prudence that is manifested in the relationship of the human being to his health, understood that any normally constituted and socialized subject takes care of his health (S. Dedy, 2008). Thus, health consciousness refers to the preservation of life. The subject who is aware of the dangerousness of a phenomenon (having experienced or heard about it) does not develop the same attitudes and behaviour as the one who does not know anything about it: the well-informed subject takes fewer risks for his life, while the less well-informed subject exposes himself, he lives dangerously, out of ignorance. In other words, consciousness preserves and saves, while its opposite, unconsciousness, exposes and kills (S. Dedy, idem).

A study conducted on health risks showed that: "Health behaviours are social behaviours that are schematically conceived as functions of the attitudes and beliefs of individuals and groups with respect to objects or situations. These behaviours therefore reside in divergent rationalities, or even in an ethno-ethics of the social construction of threat and the moralization of life habits". Thus, the use of thrifty underpants is conditioned by the representations that women make of the product in order to legitimize it (T. Apostolidis and L. Daby, 2012).

In this same system of social influence of behaviours, (M. Cécile, 2002), argues that: "Risk behaviours are related to the degree of familiarity with risk, a consequence of experience or habit. In addition, the influence of the peer group influences behaviour. Some risk behaviours are often experienced by several people and would not likely be adopted in isolation, implying the influence of the presence of others on how risk is represented. Being in a group makes you feel safe. There is also a sense of euphoria in the group: you get doped up by what the others

¹Aware of the risks of contamination of the coronavirus COVID-19 by a face-to-face interview, we are equipped with a bib and gangs while respecting the distance of one meter (Recommendation, WHO) between us and the interviewees.

are doing, it's enough for one to pass, and you all follow, you don't even think about it anymore. Besides that, the group also gives an objective view of the level of risk involved". Based on this thesis of (M. Cécile, *idem*), let us note that the trivialization of the measures of prevention of the coronavirus COVID-19 is motivated by the fact that the groups of relations in which the populations are registered develop the same ideologies of construction of the sanitary risks, which will mechanically reassure them and move away the fear of the incurred danger.

Let us agree in this vein that we take an analytical look at the prevention and construction of health risks related to the COVID-19 coronavirus pandemic. The COVID-19 coronavirus pandemic has caused enormous loss of human life worldwide. This study will not provide an exhaustive list of countries affected by the COVID-19 coronavirus pandemic. However, we will try to list some of the countries most affected by the COVID-19 coronavirus pandemic. In this regard, it should be noted that China, which was the source of the COVID-19 coronavirus, has partially accounted for 81,218 contaminated cases with 3,281 deaths². In Europe, Italy recorded 683 deaths from the coronavirus COVID-19 in 24 hours³. As of 28 March 2020, Italy had 10,000 deaths of COVID-19⁴. Besides, Madrid in Spain is more affected in front of China with 3,434 deaths including 514 deaths recorded between Monday 23 March 2020 and Tuesday 24 March 2020⁵. There are now 47,160 confirmed cases of COVID-19 coronavirus in Spain⁶. In France, the situation is not good. France has 25,233 confirmed cases of COVID-19 coronavirus with 1,331 deaths of COVID-19 coronavirus since the beginning of the pandemic⁷. As a result, 100,000 companies in France are applying for short-time working⁸. In the United States, there are 60,000 cases of coronavirus with 827 deaths in 24 hours⁹. On March 26, 2020, France 24 television announced at 13:00 GMT, 1,000 deaths and 70,000 cases of coronavirus COVID-19 confirmed in the USA.

In view of these serious consequences for human life, several preventive and security measures have been taken by the political authorities of the above-mentioned countries. It is from this perspective that French President Emmanuel Macron calls for "unity" against the coronavirus and castigates divisions. President Emmanuel Macron calls on the French government to introduce an exceptional bonus for healthcare personnel for their unfailing fight against the coronavirus. Similarly, President Emmanuel Macron promises a massive investment and upgrading for the hospital. Furthermore, among the various measures adopted, the scientists approve that containment is for the time being the most effective measure in the fight against the pandemic until a curative solution is found¹⁰.

Like the Asian and European countries mentioned above, Africa is also affected by the COVID-19 coronavirus pandemic. Senegal has reported since 2 March 2020, 36 confirmed cases of new coronavirus. No deaths have yet been reported¹¹. Senegal, faced with COVID-19, suspended its air links with France, Italy and five other European and North African countries on Wednesday 18 March 2020. French travellers will be able to reach France on board one of the six aircraft chartered exceptionally by Air France. The Senegalese President has announced the closure of schools, a ban on public demonstrations and the cancellation of Independence Day festivities. Muslim brotherhoods have suspended all gatherings scheduled for March 2020¹².

Sub-Saharan Africa now has its first Covid-19 victim, who died in Burkina Faso on Wednesday 18 March 2020. While the World Health Organization asks the African continent to "wake up" and "prepare for the worst",

² OUEST-France.fr

³ Télévision France 24, Thursday, March 26, 2020. Remember that these figures are rising day by day. In the context of this study, we will try to give some statistics on the provisional results of some countries affected by the COVID-19 coronavirus pandemic as reported by the France 24 television news on Thursday 26 March 2020.

⁴ France 24, 28 March 2020

⁵ France 24, *idem*

⁶ France 24, *idem*

⁷ France 24, *idem*

⁸ France 24, March 26, 2020 at 13:00 GMT

⁹ France 24, *idem*

¹⁰ France 24, *idem*

¹¹ <https://information.tv5monde.com/afrique/coronavirus-le-senegal-le-mali-et-la-cote-d-ivoire-renforcent-leurs-mesures-352109>

¹² <https://information.tv5monde.com/afrique/coronavirus-le-senegal-le-mali-et-la-cote-d-ivoire-renforcent-leurs-mesures-352109>

the World Health Organization (WHO) is asking the African continent to "wake up" and "prepare for the worst"¹³, the governments of Senegal, Mali and Côte d'Ivoire have adopted new measures to deal with the pandemic¹⁴.

In addition to the damage caused in human lives, the coronavirus COVID-19 has an impact on the economy of African countries with 30 million jobs at risk¹⁵. In the face of this COVID-19 coronavirus pandemic, the African political authorities have taken preventive measures to combat the pandemic through the involvement of all social strata in awareness-raising against the COVID-19 coronavirus and the scrupulous observance of preventive measures. To this end, the World Health Organization (UN) has called for an emergency plan for Africa¹⁶ to deal with the COVID-19 coronavirus pandemic.

In Côte d'Ivoire, the curve of contaminated cases is constantly rising. On March 25, 2020, the number of cases of COVID-19 increased with 80 people contaminated¹⁷. On Thursday 26 March 2020, Côte d'Ivoire recorded 16 new confirmed cases of COVID-19 coronavirus and 05 additional cases on Friday 27. That is 101 confirmed cases to date. As of March 28, 2020, the number of confirmed cases of COVID-19 had risen to 140¹⁸. The spread of the COVID-19 coronavirus pandemic is growing at an exponential rate in Côte d'Ivoire. In fact, 29 new COVID-19 positive cases were recorded on Sunday, March 29, 2020. This brings the number of confirmed cases in Côte d'Ivoire to 165 confirmed cases among which, 4 COVID-19 patients have recovered with 1 death recorded¹⁹.

On the other hand, we see unchanged practices in terms of compliance with WHO preventive measures against the spread of the coronavirus COVID-19 by populations. Media messages that do not translate into real action in the field lead to the passivity of the populations regarding hygiene measures because, in such a situation of the COVID-19 coronavirus pandemic, the populations have kept their eating habits, namely, frequenting public places of consumption and rejoicing²⁰. Thus, we are witnessing more and more the persistence of certain risky behaviours, particularly in the behaviour through hugging and hand-to-hand greetings. An observation carried out in certain districts of Yopougon and Abobo in Abidjan, has shown that the populations continue to live without fear of risk of contamination by the coronavirus COVID-19. In these communes, the populations continue to consume food in public restaurants without respecting the one-metre safety distance (WHO). Some people circumvent alcohol bans by confining themselves to confined spaces. The hygienic conditions of preservation are not respected: systematic hand washing with soap and water after physical contact with a friend or family member is not respected. This indicates recklessness about the harmful effects that contact between people can produce. Thus, in view of the previous consequences for human life and the seriousness of the problems associated with the COVID-19 coronavirus pandemic, the political authorities have taken preventive measures to control and prevent the spread of the COVID-19 coronavirus contagion. The measures in terms of prevention can be summed up in eight(8) essential points here : i) The closure of all the *maquis*²¹ and restaurants from Monday 23 March 2020 at midnight, after that of bars, nightclubs, cinemas and entertainment venues; ii) The establishment of a curfew from 9 p.m. to 5 a.m.; iii) The regulation of interurban, inter-communal and intra-communal transport and the prohibition of unauthorized travel between Abidjan and the interior of the country; iv) The gradual containment of populations by geographical area, depending on the evolution of the pandemic; (v) The creation of humanitarian corridors to assist persons or communities in urgent need of assistance; (vi) The strengthening of the capacities of pharmaceutical industries, laboratories and diagnostic and care structures throughout the national territory; (vii) The early detention, rapid care and confidential isolation of patients; (viii) The establishment of a call centre dedicated to covid-19 and an alert and monitoring system using, in particular, new communication technologies.

Also, in terms of risk management, the Government of Côte d'Ivoire has taken operational measures based on the following major strategies: communication and awareness-raising among the population; strengthening

¹³ The best advice for Africa is to prepare for the worst and to prepare now," the Director-General of the World Health Organization (WHO), Ethiopia's Tedros Adhanom Ghebreyesus, said on Wednesday 18 March.

¹⁴ <https://information.tv5monde.com/afrique/coronavirus-le-senegal-le-mali-et-la-cote-d-ivoire-renforcent-leurs-mesures-352109>

¹⁵ France 24, *idem*

¹⁶ France 24, *idem*

¹⁷ Ministry of Health, Côte d'Ivoire, *ibid*.

¹⁸ Télévision 1ere chaine de Côte d'Ivoire, 8 p.m. news, 28 March 2020

¹⁹ Télévision 1ere chaine de Côte d'Ivoire, 8 p.m. news, 29 March 2020

²⁰ Restaurants, internet cafes, nightclubs, beaches etc.

²¹ Open social space where alcohol and food are sold and accessible to the public. Generally, in this gastronomic area, hygiene conditions are not very good and expose customers to the risk of contamination by the coronavirus covid-19.

epidemiological surveillance within communities and the country's land, sea and airport borders; promotion of preventive measures through the intervention of joint forces, in this case the involvement of all social and political strata in the fight against the COVID-19 coronavirus pandemic with a view to promoting health-promoting behaviour. The Government of Côte d'Ivoire undertakes to disburse the sum of 95 billion CFA francs, i.e. about US\$ 5,400,000,000,000 for the management of COVID-19 cases and the strengthening of the medical system. In addition, to contain the spread of the coronavirus pandemic COVID-19, the government of Côte d'Ivoire, has decided to ban travel outside Abidjan (economic capital of Côte d'Ivoire), from Sunday, March 29, 2020 at midnight²².

Despite the preventive measures taken to combat the spread of the coronavirus COVID-19 and the awareness of the health risks involved, we note a lack of compliance with the measures and provisions taken by the Government of Côte d'Ivoire. The populations continue in certain neighbourhoods in open markets not to respect the distance of one metre on the one hand and on the other hand, the curfew instituted from 9 p.m. to 5 a.m. by the President of the Republic of Côte d'Ivoire is not respected by certain individuals aware of the seriousness of the coronavirus COVID-19 pandemic. From this observation, the following question arises: Why is there a gap in the population with regard to the new rules of social functioning in a context of prevention of contamination of COVID-19? How can we explain the persistence of lifestyles that are resistant to restrictive measures in the face of the COVID-19 pandemic? What are people's perceptions of the COVID-19 coronavirus pandemic?

This study analyzes some sociological burdens of the non-application of the prevention measures of the coronavirus COVID-19 in Côte d'Ivoire. Specifically, it aims at: i) Determining the social factors influencing the measures of prevention of the coronavirus COVID-19; ii) Determining the ideologies legitimizing the construction of risks; iii) Determining the perceptions of the populations of the coronavirus COVID-19.

Drawing on the theory of social constructivism, a current in contemporary sociology, Peter Berger and Thomas Luckman (1966, P.6) consider that: "Reality is socially constructed and that the sociology of knowledge must analyze the process in which this occurs. The key terms in these assertions are "reality" and "knowledge", terms that are not only topical in everyday language, but have a long history of philosophical research behind them. We need not enter here into a discussion of the semantic complexities of the everyday or philosophical use of these terms. It will suffice, for our purposes, to define "reality" as a quality belonging to phenomena that we recognize as having a being independent of our own will (we cannot "want" them), and to define "knowledge" as the certainty that phenomena are real and that they possess specific characteristics". Social reality and social phenomena as constructed, that is, created, institutionalized and subsequently transformed into traditions. Thus, the COVID-19 coronavirus pandemic and the health awareness associated with this conduct appear as social realities doubly constructed by the populations in Côte d'Ivoire: objectively, from the information received by experts on epidemics, and subjectively, from the experiences of contagious diseases.

We do not pretend to present an exhaustive picture of the factors contributing to the failure to fully consider COVID-19 coronavirus prevention measures. Indeed, the preceding lines nevertheless illustrate the possibility of borrowing various theoretical approaches or thought patterns in explaining the behaviour of populations in terms of epidemic prevention. The results of the present study are likely to contribute to further discussion on the burdens of not applying prevention measures in the context of epidemics in underdeveloped countries. The aim of this study is therefore to understand the social logics of the construction of health risks associated with health awareness in order to make our unceasing contribution to the progress of scientific research.

METHODOLOGY

Site and Survey Participants

The study ran from March 22, 2020 to March 29, 2020 inclusive. This study was carried out in the communes of Yopougon and Abobo (Abidjan District - Ivory Coast). The choice of these geographical areas is explained by the fact that these two localities have huge open restaurants and enough spaces for celebration such as bars, nightclubs and beaches on the edge of the Ebrié lagoon, a social setting where risky behaviours are becoming more and more widespread with the advent of the coronavirus COVID-19. Thus, risky behaviours generally emerge in a globalized environment of increasing mobility and with areas of very high human

²² The information was delivered on Thursday, March 26, by General Vagondo Diomandé, "Given the evolution of the situation, Abidjan will be confined in order to limit exchanges with cities in the interior".

concentration. Indeed, our college of informants is composed of fathers or mothers of families, adults and young people met in the spaces of rejoicing while the political authorities have taken preventive measures that force populations to respect the security and prevention measures of the coronavirus COVID-19.

Data Collection Techniques and Tools

The study has a qualitative perspective as it looks at the social burdens underlying the trivialisation of COVID-19 coronavirus prevention measures. Therefore, the following techniques should be used: documentary research, direct observation and semi-structured interviews administered to the populations. According to (Bruyen, 1974), the technical pole deals with procedures for collecting information and transforming it into data relevant to the general problem. Its function is to identify "the facts" in significant systems, by means of protocols for the experimental highlighting of these empirical data. It is therefore the place to specify the various techniques used to collect the data for this study. These are documentary research, direct observation and semi-structured interviews.

The literature search is an important step in the research process. It is defined by (M. Grawitz, 1986) as the technique that favours the review of and access to such data. In this sense, a literature search provides access to the work conducted on the subject under study. The literature search was conducted before, during and after the survey, i.e., throughout the study, either to guide the study or to reinforce the data collected. Direct observation allowed us, through visits to the social spaces of restoration and rejoicing, to know how the populations represent themselves the containment in the face of the COVID-19 coronavirus pandemic and the different behaviours of the populations to the prevention of the COVID-19 coronavirus. For this purpose, within the framework of this study, the information was obtained thanks to a semi-structured interview guide.

METHOD OF DATA ANALYSIS AND PROCESSING

In order to understand the social logics of the construction of health risks linked to the trivialization of COVID-19 coronavirus prevention measures, the approach adopted is that of content analysis. The object of content analysis is communication, which is the fundamental process of the formation of social representation (Moscovici, 1976). According to (R. Quivy and Campenhoudt, 1995), content analysis makes it possible, when dealing with rich and penetrating material, to satisfy harmoniously the requirements of methodological rigour and inventive depth, which is not always easily reconcilable. It should be noted that content analysis contains several analysis techniques, including discourse analysis, thematic analysis and analysis of verbal behaviour. For this study, the appropriate analysis is thematic analysis. Indeed, thematic analysis is a process that consists in cutting the corpus transversally. It involves using the theme as the unit of division. The thematic analysis allowed us to bring out the opinions of the populations on each theme in relation to the objective of the study.

RESULTS

A number of scientific studies have focused on health risk behaviours. In the framework of this study, the emphasis has been placed on health awareness in relation to the construction of risks by populations. This phenomenon is observed in several countries affected by the COVID-19 coronavirus pandemic, but in different ways depending on each culture and the performance of the health system. Prevention measures vary according to the severity of the COVID-19 coronavirus pandemic. Of particular concern is the damage to human life caused by ignorance or trivialisation of COVID-19 coronavirus prevention measures. This study focuses on the social logics of constructing the meaning of health risks in relation to health consciousness. For this study, the result is divided into two main areas: the persistence of lifestyle habits in the face of the restrictive measures announced in the face of the seriousness of the COVID-19 coronavirus and the degree of health awareness.

Persistence of Lifestyle Habits In The Face Of the Announced Restrictive Measures In The Face Of the Seriousness of the Coronavirus COVID-19

According to (P. Bourdieu, 1980:92), "Individual behaviours generally occur within the framework of common-sense social thinking and practices rooted in a habitus as a continuous and largely unconscious process of learning and inculcation, which directs the individual to think, act and perceive experiences according to internalized patterns, instilled through learning or socialization. But also, and above all, a habitus as a set of predispositions that vary according to the nature of the risk and its contexts of emergence, as well as an "infinite capacity to generate in complete (controlled) freedom products of thoughts, perceptions, expressions, and actions that are always limited by the historically and socially situated conditions of its production. Risk behaviours are therefore part of lifestyles, habits, social practices, secular strategies for managing choices in a context of uncertainty; in short, as negotiated, on a daily basis, by an individual who has multiple and complementary rationalities and is open to dealing, in a reflexive framework, with certain risks in certain circumstances". The

trivialization of COVID-19 coronavirus prevention measures is thus explained by the habit of frequenting social spaces, thus becoming part of people's lifestyles and daily practices. This is illustrated by the following statement: "When I come home from work, I usually have a beer in the bush or in a bar before going home. It's not easy for me today to break the habit of drinking beer on the way home from work." (D.M., Yopougon, March 23, 2020 at 4:00 p.m.). It is in the same vein that the following statement is made: "I always eat breakfast in the street before starting work. I am a bus driver. We don't have enough time to eat breakfast at home" (C.A, Abobo, March 25, 2020 at 3 p.m.).

The use of open restaurants is now part of our way of life," he adds. These are the places where workers eat breakfast during their breaks. "(T.P., Yopougon, March 23, 2020 at 3 p.m.); "We don't have time to go home during the break to have lunch and return to work. We eat regularly in the street" (S.M, Abobo, March 25, 2020 at 4 p.m.). These findings confirm the results of the study (J. P. Assailly, 2006), "Risk behaviours are part of a social learning process about danger that takes place through two mechanisms: imitation of the behaviours that parents show their children and imitation within peer groups. Every individual in the process of physical and intellectual development undergoes socialization through the internalization of exteriority. The primary socialization that takes place in the family setting allows the child to incorporate the parental behaviors that he observes and according to which he or she guides his or her own behavior and a number of basic skills and values. Then, secondary socialization, which takes place through reference to a social group, influences the behaviours. An individual in a configuration of people is likely to adopt the same behaviour as his peers because he is unconsciously influenced by the overall behaviour of the members of the group. Consequently, this generalisation of behaviour within the group will give the individual an assurance of being safe from danger, hence the weakening of the perception of risk".

Thus, let us agree that the trivialisation of preventive measures is linked on the one hand to the fact that populations have also generally had recourse to social spaces for eating and rejoicing and on the other hand to the fact that the individual's entourage influences his or her consumption and eating habits, which will reduce or eliminate the fear of health risks linked to health consciousness. In the light of the above-mentioned observations, it should be stressed that perceptions thus guide people's behaviour towards the trivialization of the risks incurred by the non-observance of preventive measures. We therefore note that the trivialisation of COVID-19 coronavirus prevention measures is linked to the perception of prevention measures.

This is illustrated by the following statement: "We do not have the same way of life as Europeans. In Côte d'Ivoire, people buy live animals in open markets. If we are confined to houses, what do we survive on? Preventive measures must be adapted to our way of life" (N.K, Yopougon, 24 March 2020 at 10 a.m.). These findings show that the relationship of populations to their socio-cultural environment legitimizes their perceptions of risk behaviours in the face of the coronavirus COVID-19 pandemic.

Photographs Illustrating the Risk Behaviours of Populations to the Contamination and Spread of COVID-19 in Côte d'Ivoire

Figures 1 & 2 below show the behaviour of the populations in Côte d'Ivoire, particularly the Abidjanese, with regard to the measures to restrict and prevent the coronavirus COVID-19. Figure 1 shows an open market in Abidjan, namely the "Djédjé Bagnon" market in Yopougon-Abidjan. Indeed, this social space is a market framework where we have two social positions. On the one hand the sellers of the articles and on the other hand the customers. The way we look at this social space of exchange is to appreciate, without taking a position, the behaviours of the people in this social space despite the fact that they are not the only ones to be affected by it



Figure 1: Djédjé Bagnon-Yopougon Market (Route de Dabou), Abidjan, 29 March 2020 at 10 a.m. GMT (A.J. Agobe, 2020)

Coronavirus-COVID-19 restriction and prevention measures.

Figure 2 shows the movement of motorists who are freely engaged in activities. Figure 1 shows that the population in Abidjan-Côte d'Ivoire continues to go about its daily business in peace despite the damage caused by the coronavirus COVID-19 worldwide with 140 confirmed cases of COVID-19 in Côte d'Ivoire²³.

It is clear from this observation that people develop ideologies that we can call "resilient". This ability of populations to overcome the consequences of COVID-19, allows them to legitimize their behaviour to go about their activities in peace. This statement illustrates: "We must not allow ourselves to be weakened in the face of an epidemic, whatever the damage it causes. On the contrary, a strong morale should be built up. This allows me to overcome fear in this period of COVID-19 and go about my activities in complete peace of mind" (T.L, Yopougon, March 29, 2020 at 10:45 GMT).

Moreover, some individuals, faced with the advent and damage caused by the coronavirus COVID-19, are developing "religious protection" ideologies. It is in this vein that the following is evidenced:

"I am a Christian and I believe in the advent of health crises or epidemics. For the Bible teaches us that there have been several movements that have destroyed humanity. In spite of these storms or movements, some people survived. In response, to overcome any fear of being swept away by any crisis of nature, as a Christian, I am relieved and overcame the coronavirus COVID-19 through this biblical verse from Psalm 91:5-11: Thou shalt not fear the terrors of the night, nor the arrow that flies by day, nor the pestilence that lurks in the darkness, nor the plague that strikes at noonday. If 1,000 fall beside you and 10,000 fall at your right hand, you shall not be hurt. Only open your eyes, and you will see the punishment of the wicked. Yes, you are my refuge, Eternal One. You're retreating from the very top, aren't you? No evil shall come near you to the earth, for he will command his angels to keep you in all your ways" (A.J.C, Yopougon, 29th March 2020 at 11:15 GMT).

It emerges from this argument, that populations in Africa in general and in Côte d'Ivoire in particular are attached to their religious values which consider as therapies or means of prevention in the face of disease situations. Indeed, this idealization of religious dogmas as means of prevention of populations in Côte d'Ivoire to be safe from any contamination of COVID-19, legitimizes the behaviors of populations to the construction of risks incurred in the face of COVID-19. Clearly, the relationship of African populations to the divinity gives them confidence to overcome any trial or difficulty in life. Indeed, for the African in general and the populations of Côte

²³ Télévision 1^{ère} chaine, 8 p.m. newscast, March 28, 2020

d'Ivoire, God controls any situation whatever the nature of the events. This way for Africans to appreciate the phenomena by handing the solution to the supreme being, i.e. God, comforts Africans to live with peace of mind in case of a health crisis. Illustrates this point: "God alone could help us find a solution to the coronavirus COVID-19 pandemic. Science offers us therapies, but it is God who heals. In other words, for us Christians, doctors heal but only God heals" (Y, M, Yopougon, 28 March 2020 at 15:00 GMT). It should be noted that, people build the healing of the coronavirus COVID-19 around the divinity.



Figure 2: A view of the current traffic situation in Côte d'Ivoire, Abidjan, 29 March 2020 at 10 a.m. GMT (A.J. Agobe, 2020)

This image shows the movement of people in Côte d'Ivoire despite the containment measure required by European countries to reduce the transmission or contamination of COVID-19 worldwide.

It is clear from this observation that despite the risks of contracting COVID-19 in traffic, populations develop ideologies of "survival". Because, for the populations, it would be necessary to go about one's business in order to live. This is what we see:

"We are aware of the seriousness of the COVID-19 coronavirus pandemic. But we need to eat with our families. We don't have the same way of life with Europeans. We would have to find safety measures adapted to our way of life as Africans. This is the method of confinement with accompanying measures. Thousands of people in Côte d'Ivoire live in the informal sector. So to confine this whole category of people, agree with me that it would be another crisis more dangerous than COVID-19. For, famine kills" (S.A, Abobo, 23 March 2020 at 10 am GMT).

Degree of Health Consciousness of the Populations to the Construction of the Risks Incurred

The individual's relationship to his or her health is an important factor in the development of health risk behaviours. According to (S. Dedy, 2016) "in their practices, actors expose their health or that of society not because they are not driven by the instinct of self-preservation, but simply because they do not know that they are running risks to their health or that of the environment to which they belong". What is at issue for (S. Dedy, idem), "is fundamentally the low level of scholarly culture, the predominance of popular knowledge. It is this popular

knowledge that more or less strongly conditions the attitude and behaviour of individuals with regard to the disease and, in particular, with regard to prevention. Ignorance kills because it misleads; conversely, knowledge saves because it takes us from the stage of instinctive prevention to that of a culture of prevention".

Let us remember that ignorance of the health risk influences the habits of the population: "Everything that happens to us is God's will. We always die of a cause. There is no zero risk in the prevention of a disease" (T.J., Yopougon, March 24, 2020 at 4 p.m.). In the analysis: "The magnitude of danger is an important variant of risky behaviour. It makes it possible to distinguish the accident (great danger) from the incident (slight danger). There may be danger without much risk, but if there is no danger, there is no risk. Individual and collective pipelines are thus constructed schematically according to the level of perception of danger. It is obvious that a social actor who is better informed about the dangers of a given reality does not develop the same behaviours as one who has never heard of it or who is less informed about the dangerousness of the phenomenon" (M. Pardo, 2002).

The trivialisation of preventive measures is therefore linked to a poor knowledge of the danger associated with health awareness. From this perspective, (W. Dab and D. Salomon, 2013) maintain that: "Risk behaviours are guided by the degree of danger perceived by social actors. Thus, nothing is a risk in itself; there is no risk in reality. But on the other hand, anything can become a risk; it all depends on how one analyses the danger and considers the event" (Ewald, 1991, quoted by W. Dab and D. Salomon op. cit.). Since the perception of danger is a social construct, all individuals have a differential conception of what is dangerous and according to which behaviour is oriented. The use of thrifty underpants is therefore guided by a low level of knowledge of the associated danger among women in the Sicogi market. By ricochet, (R. Kmiec and C. R. Levy, 2014) consider that: "Risk judgment is not influenced by probabilities and utilities, but is a function of fear related to catastrophic potential and the degree of knowledge of the risk. This position therefore poses a problem for health education insofar as ignorance leads social actors to develop behaviours that endanger their health. Lack of information and awareness is a factor that influences risk behaviour". From this observation by (R. Kmiec and C. R. Levy, idem), it should be noted that the trivialization of the risks incurred in the face of the COVID-19 coronavirus pandemic is thus explained by the low level of knowledge of the danger.

From The Closing of Consumer Spaces to the Redefinition of New Types of Relationships between Salespeople and Customers

Measures to close off consumption areas (restaurants, bush, bars, etc.) have many consequences depending on the different players. Indeed, the owners of maquis and restaurants highlight the economic factors in terms of the disappearance at an elusive period of real sources of income. This situation modifies the functioning of households where food remains an essential product of its stability and solidity. Dame A.N. already shares the state of her household's situation by confiding: "the closure of my restaurant puts me in a state of continuous depression. Indeed, I have to look for a reconversion in an income-generating activity in order to ensure the daily food expenses, but in the current situation, what can I do? "(A.N, Abobo, March 24, 2020 at 5 p.m.).

On the other hand, some customers who regularly frequent restaurants show a change in eating habits, especially during working hours. Access to food is becoming difficult, especially since it is a vital substance and source of energy. Its difficult accessibility affects the daily profitability that the worker should produce. The current context of the owner's and customer's experience leads to the emergence or increase of new sales strategies that avoid either the gathering of large numbers or the confined consumption of large numbers in an enclosed space. It is about the existence of new food trajectories. Increasingly, tenants deliver food or customers come to stock up and consume in another unusual space.

Confined-space drinking is more evident with alcoholic beverages. Mr. K. K.A. says: "It is difficult for me to go straight home from work. My friends and I asked a well-known bush keeper to "open a transmission corridor" for us. We are sold out and the atmosphere is friendly. "(K.K.A, Yopougon, March 26, 2020 at 4 p.m.). The respondent's comments highlight the weaknesses in the monitoring of the measures taken by the public authorities. There is also talk of identifying the limits of preventive measures and the capacity of vulnerable actors to initiate resilient actions related to the conditions created by restrictive measures. This situation poses the real problem of risk awareness and raises questions about the elements to be mobilized in the definition of coercive measures for behavioural change.

DISCUSSION OF RESULTS

In total, this study examines some ideological references that legitimize the trivialization of measures to prevent the COVID-19 coronavirus pandemic among the population in Côte d'Ivoire. These ideological referents are often influenced by the perceptions maintained on the one hand by the actors and on the other hand, the socio-cultural space in which the actors evolve. First of all, the study showed how popular perceptions and lived experiences of epidemics articulate and interpenetrate to legitimize their behaviour in terms of trivializing the COVID-19 coronavirus prevention measures. Secondly, it could be argued that people's behaviour is based on a popular perception of the trivialisation of the risks incurred in general. Above all, however, the construction of risks is based on the degree of health awareness of the population. It emerges that the main challenge consists in minimizing health risks within a cultural category from a survival perspective. On this basis, the present study comes close to the results of (Kmiec and C. R. Levy, 2014) who consider that: "Risk judgement is not influenced by probabilities and utility, but is a function of fear linked to catastrophic potential and the degree of knowledge of the risk. This position therefore poses a problem for health education insofar as ignorance leads social actors to develop behaviours that endanger their health. The lack of information and awareness is a factor that influences risk behaviours" It emerges from the above-mentioned observation that populations develop behaviours that legitimise their lifestyles on the one hand, and on the other hand develop ideologies for the construction of health risks based on cultural values and socialisation. Moreover, the results of this study have shown some socio-cultural burdens from the continuity of populations to the use of social spaces. These ideological referents were, among others, the construction of health risks and socialization.

CONCLUSION

This study is a contribution to the sociology of epidemics, health risks and the therapeutic itinerary. It analyzes some social factors legitimizing the behaviors of populations during the period of the COVID-19 coronavirus pandemic. It has been purely qualitative with appropriate survey tools. The result is that the perceptions and knowledge of the actors interpenetrate and legitimise their behaviour in the face of the COVID-19 coronavirus prevention measures. In fine, it should be noted that the ideologies that populations are building around the COVID-19 coronavirus pandemic constitute the inseparable element in terms of the behaviour and attitudes of populations to minimise health risks. This idealization of the trivialization or minimization of health risks is accompanied by an ethic on the part of populations belonging to the same socio-cultural field, with each individual or actor demonstrating strong normative self-control, thus limiting risk behaviors such as confinement and regular hand washing with disinfectant. In short, the trivialization of the risks incurred by populations due to the nonfull application of COVID-19 coronavirus prevention measures is linked to ideologies that we can describe as "ignorance", which allow populations to build self-confidence by continuing to frequent social spaces.

REFERENCES

1. William, D., & Danielle, S. (2013). *Agir face aux risques sanitaires*, Hors collection, PUF, Page 248.
2. Assailly, J.P. (2006) les conduites à risque des jeunes : un modèle socioséquentiel de la genèse de la mise en danger de soi, *revue-psychothrops*, 2, 12 | pages 49 à 69.
3. Kmiec, et. & Levy, C. R. (2014). *Risque et construction sociale : une approche interculturelle*, Disponible à l'adresse : <https://www.cairn.info/revue-les-cahiers-internationaux-de-psychologie-sociale-2014-1-page-69.htm#>
4. Berger, P. & Luckman, T. (1966). *The Social Construction of Reality: ATreatise in the Sociology of Knowledge*, Anchor, 240 p
5. Bourdieu, P. (1980). *Le sens pratique*, Paris, Minuit.
6. Quivy, R. & Van, C. L. (2011). *Manuel de recherché en sciences sociales*, 4eme Edition, DUNOD, Paris.
7. Dedy, S. (2008). *Pratiques à risque pour la santé et conscience sanitaire des populations en Afrique subsaharienne : cas de la côte d'ivoire*, cah. Santé publique, vol. 15, n°2- 2016 © EDUCI 2016.
8. Apostolidis, T. & Dany, L. (2012). *Pensée sociale et risques dans le domaine de la santé : le regard des représentations sociales*, université de Marseille, France.