SOCIAL EFFECT OF COVID-19: CASES FROM NORTH SHOA ZONE, OROMIA, ETHIOPIA

EFECTO SOCIAL DEL COVID-19: CASOS DE LA ZONA NORTE DE SHOA, OROMIA, ETIOPÍA

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ABSTRACT

The primary motivation for initiating this study is the recognition that there is a lack of geographically disaggregated information regarding the socio-economic effects of COVID-19 and thus resulting in failure to cultivate context-based prevention response and the prevailing prevention needs. Unless the key socio-economic effects of COVID-19 are known, and if there is no alignment with the spatial variation, it is impossible to plan, target, and deliver sound interventions. This study covers the North Shewa Zone of the Oromia region, Ethiopia. A mixed research approach with a descriptive survey design has been used and a systematic sampling technique was employed to select respondents proportionally from each stratum by the population size determination formal of Yemane (1967) the sample units were 374 respondents. The study revealed that Covid -19 has a significant effect on social networking specifically; on social assets and social gatherings.

Keywords: Covid-19; Ethiopia; social effect; social networking; social asset.

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RESUMEN

La motivación principal para iniciar este estudio es el reconocimiento de que existe una falta de información desglosada geográficamente sobre los efectos socioeconómicos de COVID-19 y, por lo tanto, no se logra cultivar una respuesta de prevención basada en el contexto y las necesidades de prevención predominantes. A menos que se conozcan los efectos socioeconómicos clave de COVID-19, y si no hay alineación con la variación espacial, es imposible planificar, orientar y realizar intervenciones sólidas. Este estudio cubre la Zona Shewa del Norte de la región de Oromia, Etiopía. Se utilizó un enfoque de investigación mixto con un diseño de encuesta descriptivo y se empleó una técnica de muestreo sistemático para seleccionar encuestados proporcionalmente de cada estrato mediante la determinación formal del tamaño de la población de Yemane (1967), las unidades de muestra fueron 374 encuestados. El estudio reveló que Covid -19 tiene un efecto significativo en las redes sociales específicamente; sobre bienes sociales y tertulias.

Palabras clave: Covid-19; Etiopía; efecto social; redes sociales; activo social.

INTRODUCTION

Background of the Study

The Coronavirus disease (COVID-19) was first recognized in China at the end of 2019. Declared a pandemic by the WHO on 11 March 2020, COVID-19 has become a global emergency, given its impact on the entire world population and the economy. Thus, it has continued to spread across the world. The number of people infected and passed away by this virus continues to rise. For instance, as of 27 April 2020, there were more than 3000000^{+} people infected and more than $200{,}000^{+}$ deaths occurred because of Coronavirus disease.

The spread of COVID-19 varies across continents. According to African Union (2020), the pandemic progresses slowly on the African continent, but the spread of the virus is showing no sign of slowing down. On April 3, 2020, there were 7,028 cases (AU, 2020). After 20 days, the number of cases increased to more than 25,000, and this figure even shows that the increase of newly infected people at an increasing rate.

Ethiopia is one of the African countries being affected by the Coronavirus disease. On March 13, 2020, Ethiopia reported the first confirmed case of COVID-19 in Addis Ababa. According to the Ethiopian Ministry of Health and Institute of Public Health report of April 27, 2020, 2:00 pm, the total confirmed case is 124^{+}, deaths 3 and 50 recoveries. Thus, it can be said that the spread of the virus is at a less advanced stage in Ethiopia due to the preventive measures taken by the government, including the declaration of a state of emergency.

The major preventive measures put in place to contain the virus includes physical distancing, staying at home, ban on large gathering and/or social gathering, movement restriction, school closure and the like. These preventive measures are adversely affecting the social and economic activities of the people particularly urban dwellers whose livelihood is highly networked to the global economy.

On the other side, according to AU (2020), beyond its impact on human health, COVID-19 is

disrupting an interconnected world economy through global value chains, which account for nearly half of global trade, abrupt falls in commodity prices, fiscal revenues, foreign exchange receipts, foreign financial flows, travel restrictions, declining of tourism and hotels, frozen labor market, etc.

Therefore, COVID-19 has a huge potential to create severe economic impacts on the Ethiopian Economy. It is different from other diseases because its solution would come through movement restriction which leads to social and economic disruption. It is estimated that COVID-19 will cut 2.9 percentage points of this fiscal year's economic growth in Ethiopia (UNICEF Ethiopia, 2020).

The virus determinedly jeopardizes the socio-economic activities of urban dwellers due to that cash-oriented life is more likely attributable to urban areas than the counterparts. Urban inhabitants must purchase necessities and they have to pay more for services. If this is the case, urban dwellers need more cash income than the rural population. Therefore, COVID-19 led economic disruptions would detriment the life of urban occupants and urban economic activities.

Job losing is the other consequence of COVID-19 manifested in the urban areas. It is estimated that employment in the African continent will drop by 48 percent due to the reduction in production (UNICEF Ethiopia, 2020), and because of the varied measures put in place to prevent the further spread of the virus. The COVID-19-led measures are also affecting the self-employed population and urban centers because they either quit or scarcely execute economic activities or businesses.

COVID-19 has also resulted in social network disruption. Social networks are so critical for urban residents. According to Moser (1998) and Dersham & Gzirishvili (1998), it refers to networks of mutual support that exist within and between households, extended family, and communities, which people can mobilize to access, for example, loans, childcare, food, accommodation and information about employment and opportunities. However, social distancing, staying at home, and ban on social gathering confines people from accessing the aforementioned assets. There will be widespread loss of income and deeper levels of poverty as social distancing intensifies (UNICEF Ethiopia, 2020). Beyond its impact on accessing these assets, lack of social network and/or lack of engagement in local community life contribute to poor health (Gatrell & Elliot, 2009).

Given the fact that the virus is a recent phenomenon, its socio-economic effect is seldom known. There is no information regarding the social and economic effects of COVID-19 on the community. Having a better understanding of the socio-economic effects of COVID-19 on the community contributes to knowledge as well as intervention aiming at improving the well-being of the affected community. Therefore, this study is intended to investigate the socio-economic effects of COVID-19 on the community of North Shoa Zone, Oromia Regional State.

Justification of the Study

The primary motivation for initiating this study is the recognition that there is a lack of geographically disaggregated information regarding the socio-economic effects of COVID-19 and thus resulted in failing to cultivate context-based prevention response and the prevailing prevention needs. Unless the key socio-economic effects of COVID 19 are known, and if there is no alignment with the spatial variation, it is impossible to plan, target, and deliver sound interventions.

So far, in Ethiopia, too few researches have recently been done focussing on the macro-level impacts of COVID 19 and also using national-level secondary data. Depending on the nature of transmission of the virus, its socio-economic effects may be less generalized and more heterogeneous with a marked areal variation.

Thus, COVID 19-led intervention should not be based on national-level statistics, but need to be more focused geographically, and directed to those districts or communities exhibiting effects of the virus. Therefore, this necessitates conducting North Shoa Zone specific socio-economic effects of COVID 19.

The objective of the Study

- **General Objective:**

The overall objective of the study is to investigate the Social effects of COVID-19 on the community of North Shoa Zone, Oromia Regional State.

The study tries to address the following specific objectives:

- To assess the effects of COVID-19 on the communities' social network of the study area
- To identify the most adversely affected group of the community because of COVID 19 led measures.

REVIEW OF RELATED LITERATURE

Definition: Epidemics, pandemics, and economic prosperity

An epidemic is "The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly over normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed; previous experience or lack of exposure to the disease; and time and place of occurrence…Generally, a disease that exhibits large inter-annual variability can be considered as an epidemic."

Pandemic is "An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population."

Endemic is "The constant presence of a disease or infectious agent within a given geographic area or population group; may also refer to the usual prevalence of a given disease within such area or group."

The links between epidemics and economics are broadly similar to those between health and wealth in general. Prosperous societies not only have better health; they are also at least somewhat protected against epidemics. Like other health problems, meanwhile, epidemics can hamper economic development and trigger vicious spirals whereby worsening health reduces wealth and diminishes the

protection against further health threats (David E. Bloom and David Canning, 2006).

Social Effect of COVID-19

Social distancing restrictions and demand shifts from COVID-19 are expected to shutter many Small businesses (Robert W. Fairlie, 2020). The number of active business owners in the United States plummeted by 3.3 million or 22 percent over the crucial two-month window from February to April 2020. The drop in business owners was the largest on record, and losses were felt across nearly all industries and even for incorporated businesses. African-American businesses were hit especially hard experiencing a 41 percent drop. Latinx business owners fell by 32 percent, and Asian business owners dropped by 26 percent. Simulations indicate that industry compositions partly placed these groups at a higher risk of losses. Immigrant business owners experienced substantial losses of 36 percent. Female-owned businesses were also disproportionately hit by 25 percent. As to Alexander W. Bartik, et al., (2020), 43 percent of businesses were temporarily closed, and that employment has fallen by 40 percent. This represents a shock to America's small firms that has little parallel since the 1930s.

As to Gurpreet S. Sidhu (2020), the impact of the COVID-19 pandemic on all sorts of industries is unimaginable, and it will continually disrupt the world economy until its prevention vaccine comes in the market and given to at least half of the population. The pandemic results loss of millions of jobs in all industries and has a much broader impact than the recession in the year 2008. Worst hit industries are hotels, travel, transport, oil, entertainment, real estate, construction, and advertising. Alone US, Hotel Industry projected to lose $3.5 billion/week and around 6.5 million jobs out of 8.3 million total hotel jobs and by looking at the COVID-19 growth at present. Thus, the future predicted moving towards one of the worst recessions of all time. COVID-19 is turning out to be the worst nightmare for humans.

According to Shruti Agrawal, ital., (2020) India faces multiple challenges in terms of financial crises, health crises, collapse in commodity prices, and much more. The banking system has increased the surplus liquidity because of the demand-side shocks that arise due to uncertainties as well as lockdown in the market. There is a huge impact on the financial shock that includes stock market crash, liquidity crises as it began to drain out from the global market in banking system and various changes in monetary policies. The US dollar credit crunch has started bothering the world economy due to huge collapse of earnings, dollar denominated debts. Most of the companies that depends upon international trade will suffer severe pressure. The global economic production is on decline and expecting a huge recession in the entire economy. The huge uncertainty and fall in market has led to double whammy of business that disturb the entire chain of production and demand cycle. It includes the various facilities and services provided by the Indian government and private sectors such as Tourism, Hospitality and Aviation are the major sectors that are facing maximum loss in the present crises. Some targeted industries in the supply side go for the shutdown that is the marginal firms. India, being the highest exporter of raw material and import source of goods that are required for their intermediate and final goods, is on pause now due to the delay in supply of goods from china.

As of Channing Arndt, ital., (2020) lockdown, which is a measure taken to reduce contagion by breaking existing social and economic forms of contact, imposes a severe negative shock on the

economy with immediate loss of economic activity followed by medium-term and long-term economic effects. Four channels by which a lockdown and other efforts are expected to influence economic activity are distinguished: (i) the forced reduction in production as a result of a national lockdown and other restrictions on non-essential business operation, (ii) the impact of the lockdown on household demands for goods and, especially, services (e.g., tourism as a result of travel and movement restrictions), (iii) the effect of disrupted global production and supply chains on South African exports, and (iv) the effect of uncertainty on business investment. These four channels of direct impact will have knock-on effects that spread through the entire economy. Reduced activity in one sector has consequences both for the suppliers of that sector, who face lower demand, and for the users of the output of the sector, who face supply disruptions. Thus, the shock spreads through the economy.

According to Badar N. Ashraf (2020) the announcements regarding the implementation of social distancing measures by governments have dual, a direct negative and an indirect positive, effect on stock market returns. Specifically, the announcements of social distancing measures result in negative stock market returns due to their expected adverse impact on economic activity. While these announcements lead to positive market returns through the channel of reduction in COVID-19 confirmed cases that is such measures also have indirect beneficial economic impact through the channel of reduction in the intensity of COVID-19 outbreaks. Government announcements regarding public awareness programs, testing and quarantining policies, and income support packages largely result in positive market returns.

According to UN (2020) the socio-economic impacts being felt across Ethiopia already are wide-ranging and serious, with the potential to become severe, depending on the combination of the pandemic's trajectory, the effects of counter-measures and underlying and structural factors. The most impacted group, sectors and regions include: Workers employed in micro, small and medium-size enterprises (MSMEs) in the urban, informal, sector (manufacturing, construction, trading, retail, hospitality and tourism); Workers in industrial parks that are already laid off or in danger of losing their jobs; Farmers/pastoralists and households in areas at-risk of increasing food insecurity; Frontline health system workers; Women in the urban informal sector and employed in industrial parks; Children of school-going age who are from poor, food insecure households; Particularly vulnerable children and adolescents (e.g. urban street children); The vulnerable, especially in urban informal settlements and slums; Groups with specific vulnerabilities (persons living with HIV/AIDS, persons with disabilities, older persons, the homeless); Internally Displaced Persons, refugees, returnees/relocates and returning migrants; Urban informal settlements and slum areas; Developing regional states (DRS): Afar, Benishangul-Gumuz, Gambella, Somali; MSMEs in supply chains in construction, manufacturing, agro-industry, hospitality, tourism, and retail; MSMEs in supply chains for agricultural and horticultural exports as well as production and marketing of critical food crops.

According to Alemayehu Geda (2020) the COVID-19 has significant effect on the service sector which has the enormous contribution of the sector for overall economic growth of the country (46 percent) and urban employment (70 percent). The demand for the service has already collapsed. For instance, the Hotel occupancy rate is declined after the outbreak of the pandemic in Ethiopia.

The inability to earn income from the sale of livestock and milk threatens the food security and lives of

households in the region. Business operations in Somali Region, as in other parts of Ethiopia, are also being crippled by the effect of the COVID-19 crisis. Profits have fallen for almost all businesses, due to decreased demand and movement restrictions that are increasing transportation costs and hindering access to affordable inputs. This is already resulting in job losses, which are likely to increase in the coming months as businesses will increasingly be unable to pay their workforce.

MATERIAL AND METHODS

This study will be conducted in the North Shewa Zone of Oromia Region state, Ethiopia which is one of the 20 Zones of the Oromia Regional state. It is bordered on the south by Oromia Special Zone Surrounding Addis Ababa, on the southwest by West Shewa, on the north by the Amhara Region, and on the southeast by East Shewa. Its absolute location is 9º15'N-10º15'0''N Latitude and 38º01'36''E-39º30'0''E longitude. Based on the 2007 Census conducted by the CSA of Ethiopia, this Zone has a total population of 1,431,305, of whom 717,552 are men and 713,753 women with an area of 10,322.48 square kilometers. It has a population density of 138.66. While 146,758 or 10.25% are urban inhabitants, a further 9 individuals are pastoralists. A total of 314,089 households were counted in this Zone, which results in an average of 4.56 persons to a household, and 303,609 housing units.

For this research, however, thirteen administrative towns exist, six towns need more briefing as the target areas of the study and therefore the researchers have attempted to describe the demographic information of the towns.

Fiche Town is a town in central Ethiopia. It is the administrative center of the North Shewa Zone of Oromiya Region and separate woreda. The 2007 national census reported a total population for Fiche of 27,493, of whom 12,933 were men and 14,560 were women.

Gebre Guracha Town is the administrative center of Kuyu woreda, according to CSA (2007) data the population is counted as 19872 of whom 9184 males and 10646 are females.

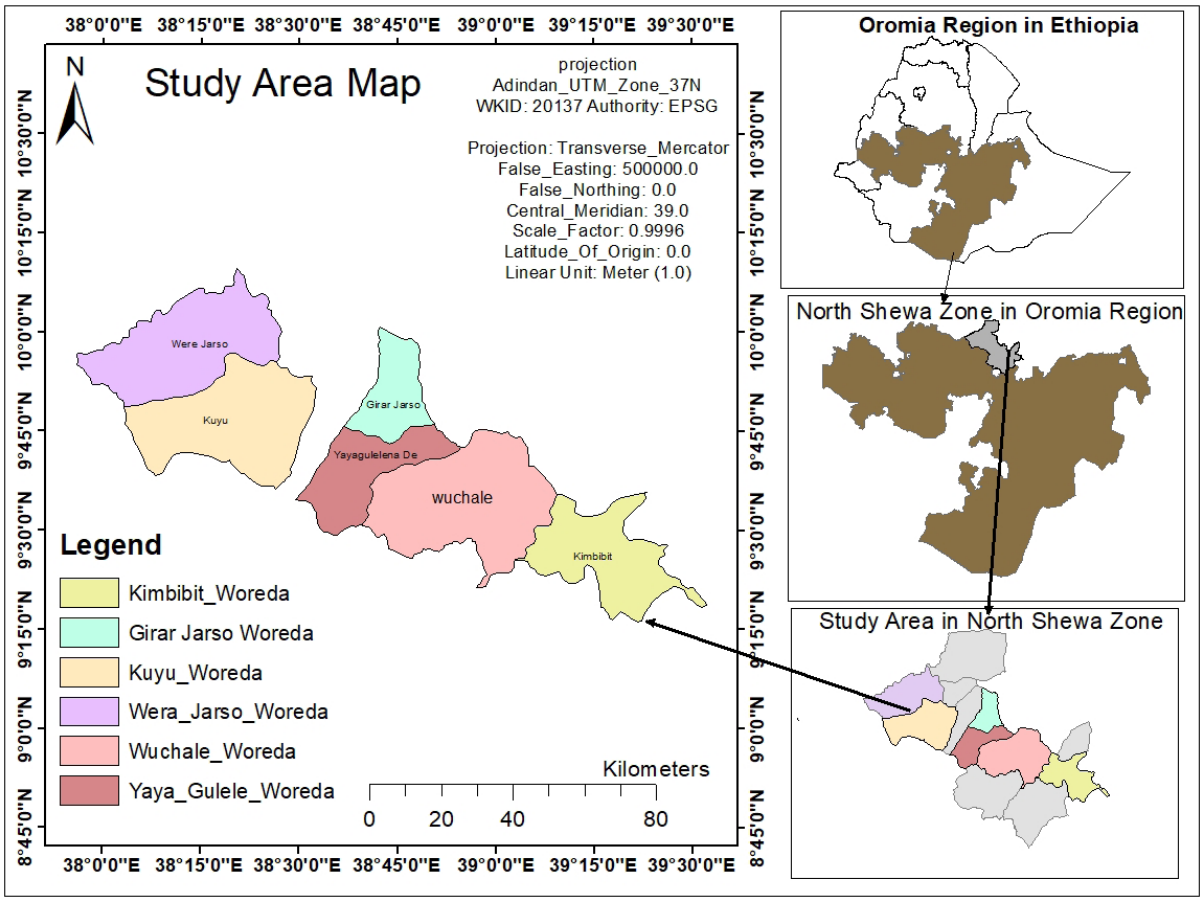
Shano Town is the central administration of Kimbibit woreda and its population counted as 4027 of which 2142 and 1885 are males and females respectively (CSA, 2007).

Debre Tsigie Town is the town and central administration of Debre Libanos woreda and its population counted as 4686 of whom 2189 males and 2497 females (CSA, 2007).

Muke Ture Town is the central administrative town of Wachale woreda and its population counted as 6426 of whom 3148 males and 3278 females (CSA, 2007).

Kere Goa is the central administration of Wara Jarso woreda and its population counted as 4806 of which 2299 and 2507 are males and females respectively (CSA, 2007).

All these six towns of North shewa are located with the main national road which connects two regions Oromia regional state and Amhara regional state and Addis Ababa.



Research Approach

In this study, a mixed research approach will be employed. The research design of this study is a descriptive research design that involves the method of cross-sectional research in nature; because descriptive research design is adopted to describe precisely the existing phenomenon regarding the socio-economic effect of COVID-19.

The targeted population of this study will be hospitality (transport providers both taxi and public transport, Hotels, Bar and Restaurants), MSEs, milk producers and collectors, Shoppes, Wholesaler, Traders/Retailers, day laborers, informal sectors, street vendors, daily wage workers and a household of the Towns available in the North Shoa Zone. Multistage Sampling Technique will be used. First, based on the degree of towns' exposure to COVID 19, high interconnectivity among Towns, High Social mobility and economic activity, and the location suitability of the town to collect data, from total towns in the study area, six Towns (Fitche, Sheno, Debra Tsige, Muka Turi, Gerba Guracha, and Qare Goa) are selected by using a purposively sampling technique. This method is used because it is appropriate when the study places special emphasis upon certain criteria and for the intensive study on the principle that they can be representative of the entire population. Next, since the selected towns from which a sample is to be drawn do not constitute a homogeneous unit, a stratified sampling technique will be applied. Finally, a systematic sampling technique will be employed to select respondents proportionally from each stratum.

Accordingly, using the sample size determination formula of yemane (1967) sample will be drawn from the total targeted population for a questionnaire. The Sample size determination formula is

Where n= sample size; N= number population; e is confidence level (95%).

Sample size:

Also, Based on the knowledge and experience they have on the sample unit and COVID 19, at Zone level Tourism and Culture Office head, Trade and industry head, transport sector, Finance and economic cooperation, Social and labor office head, and COVID 19 task force are purposively selected for Key informative interview. Besides this, at woreda level Tourism and Culture Office head, Trade and industry head, Transport sector, Social and labor office head, COVID 19 task force and managers of Hotels are purposively selected for interview.

In this study Primary data (cross-sectional data) will be collected from hospitality, MSEs, Shoppes, Wholesaler, Traders/Retailers, informal sectors, street vendors, daily wage laborers, and household heads through a structured questionnaire, interview, and Key informative interview. Structured Questionnaire (Open-ended and closed-ended): b/c it is good to collect adequate data from a large number of respondents in a short period; and lower costs, free from the interviewers' bias, protect respondent's privacy. Both interviews and Key informative interviews are used because, they help the researcher to know the matter in-depth and to ask follow-up questions, and also to check the information obtained by questionnaire. Secondary data will be looked into various sources like materials, expert opinion, short notes, report, and guidelines published on COVID 19 by various reputable organizations like WHO, IMF, WB, WFP, IFPRI, MOH, EEA, FDRE government, and other international and domestic organization.

To analysis, the quantitative data both descriptive analysis like percentages, frequencies, standard deviation, independent sample t-test, and chi-square test will be used, and econometrics analyzing method will be employed.

RESULTS AND DISCUSSION

Demographic and Characteristics of the respondents

The total number of respondents used in data analysis is 374. The highest number of respondents is from Gerba Guracha town followed by Fiche town since these towns consist of the highest population number of all towns found in North Shewa Zone of Oromia National regional state.

TOWN	FREQ.	PERCENT	CUM.
FICHE	102	27.27	27.27
G/GURACHA	122	32.62	59.89
KARE GOA	63	16.84	76.74
M/TURI	49	13.10	89.84

SHANO	22	5.88	95.72
SHARARO	16	4.28	100.00
TOTAL	374	100.00	

Table 4.1: Age of the respondents

VARIABLE	OBS.	MEAN	STD. DEV.	MIN	MAX
Age	374	31.95187	10.41204	10	68

The age of respondents ranges from 10 to 68 while its mean is about 32.

Table 4.2: Gender of the respondents

GENDER	FREQ.	PERCENT	CUM.
Female	160	42.78	42.78
Male	214	57.22	100.00
Total	374	100.00	

About 57% of the respondents are males while females account for about 43%.

Table 4.3: Marital status of the respondents

MARITAL STATUS	FREQ.	PERCENT	CUM.
Married	206	55.08	55.08
Widowed	8	2.14	57.22
Single	148	39.57	96.79
Divorced	9	2.41	99.20
Separated	3	0.80	100.00
Total	374	100.00	

The largest number of the respondents are married (about 55%) followed by a single (about 40%) while the lowest number is accounted for by respondents who live separately from their spouse (about 1%).

Table 4.4: Family size

VARIABLE	OBS	MEAN	STD. DEV.	MIN	MAX
Familysize	374	3.71123	2.410218	1	14

The largest family size of the respondents is 14 while the smallest family size is 1 and the mean is 4.

Table 4.5: Household Dependency Ratio

VARIABLE	OBS	MEAN	STD. DEV.	MIN	MAX
dependentr~o	374	47.49926	85.34699	0	800

The lowest dependency ratio is 0 and the highest is 800. It means that there are respondents whose all members are economically active and there are respondents whose one member of the family was feeding eight people. The mean dependency ratio is about 47 which means on average for 47

economically inactive persons there are one hundred economically active persons who feed them.

Table 4.6: Educational status of the respondents

EDUCATION	FREQ.	PERCENT	CUM.
NOT EDUCATED	24	6.42	6.42
PRIMARY	35	9.36	15.78
SECONDARY	90	24.06	39.84
PREPARATORY/TVET/DIPLOMA	130	34.76	74.60
FIRST DEGREE	45	12.03	86.63
ABOVE FIRST DEGREE	50	13.37	100.00
TOTAL	374	100.00	

The proportion of educated respondents and not educated respondents is 76% and 24% respectively. From educated respondents, preparatory, TVET & Diploma all together account for the highest proportion (i.e. about 35%) while primary education accounts for lowest proportion (i.e. about 9%).

Table 4.7: Awareness about the Covid-19 Pandemic

AWARENESS	FREQ.	PERCENT	CUM.
NO	140	37.43	37.43
YES	234	62.57	100.00
TOTAL	374	100.00	

Among the respondents, about 63% reported that they had awareness about the COVID-19 Pandemic while about 37% of them reported they don't know about it. Thus, the concerned bodies should strengthen their effort to aware people about the pandemic in the study area.

Social effects of COVID-19 Pandemic

Table shaking hand to friends, neighbors, relatives, workmates

SHAKING HAND	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	265	70.9	70.9
Yes	109	29.1	100.0
Total	374	100.0	

As shown in table 1, 265(70.9%) respondents are refraining from shaking hands of friends, neighbors, relatives, workmates whereas 109 (29.2%) of respondents are still shaking the hands of their friends, neighbors, relatives, workmates. Based on this data the majority of the respondents are showing the tendency to stop shaking hands to protect from the infection of Covid -19.

On the other hand, the data obtained from personal observation on the study site most of the people were observed by the researchers are refraining in handshaking when they are exchanging greeting; however, few segments of the people are still exchanging their greeting with handshaking.

Table 2. a tendency of supporting each other with your neighbors

SUPPORTING EACH OTHER	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	149	39.8	39.8
Yes	225	60.2	100.0
Total	374	100.0	

According to table 2.225(60.2%) of the respondents have the tendency of supporting each other and 149(39.9%) of respondents also have no the tendency to support each other.

Table 3. If your answer for table 2 is yes, how this mutuality is manifested?

MUTUALITY MANIFESTATION	FREQUENCY	PERCENT	CUMULATIVE PERCENT
CHILD CARE	40	10.7	11.5
LOOKING AFTER HOMES WHEN ONE GO TO SOMEWHERE	98	26.2	37.7
INFORMATION EXCHANGE	147	39.3	77.0
BORROWING MONEY	54	14.4	91.4
BORROWING FOOD STAFFS	22	5.9	97.3
BORROWING MATERIALS	8	2.1	99.5
OTHERS	2	.5	100.0
TOTAL	374	100.0	

As shown in table 3, the respondents mutuality has been manifested likewise 39.3 % information exchange, 26.2% looking after homes when one go to somewhere,14.4% borrowing money,10.7% child care and the remaining insignificant of borrowing food staffs and borrowing materials are the type of manifestation of mutuality of the respondents in the study area.

Table 4 What about the status of the above reciprocal relation between you and your neighbors following the confirmation of Covid-19 cases in Ethiopia?

	FREQUENCY	PERCENT	CUMULATIVE PERCENT
CONTINUED AS IT IS	62	16.6	17.4
CONTINUED, BUT DECREASED	190	50.8	68.2
RARELY CONTINUED	80	21.4	89.6
NOT CONTINUED	39	10.4	100.0
TOTAL	374	100.0	

Based on table 4, the issues of mutuality among respondents is continued but shown decreasing manner which is replied by 190(50.8) respondents. 80(21%) of respondents also replied that after the confirmation of Covid 19 the mutuality is rarely continued. The mutuality is also continued as it is after the confirmation of covid19 which is replied by 16.6% of the respondents and the remaining 39(10.4%) of the respondents also replied that the mutuality manifestation are not continued after the confirmation of covid 19 in Ethiopia.

Table 5. Which of the following reciprocal social assets that you have missed after the Covid-19 case is identified in Ethiopia?

RECIPROCAL SOCIAL ASSETS	FREQUENCY	PERCENT	CUMULATIVE PERCENT
FALLING TO VISIT NEIGHBORS/FRIENDS' HOMES WHEN THEY OR THEIR FAMILY MEMBERS GOT SICK	53	14.2	14.2
REJECTING NEIGHBORS OR FRIENDS INVITATION DURING THEIR MEHABER CELEBRATION	94	25.1	39.3
REJECTING NEIGHBORS OR FRIENDS INVITATIONS TO CHILD BAPTIZE CEREMONY	76	20.3	59.6
NOT VISITING HOME OF THOSE NEIGHBORS OR FRIENDS WHOSE WIFE HAS NEWLY DELIVERED BIRTH	49	13.1	72.7
REJECTING OF FRIENDS' OR RELATIVES' WEDDING CEREMONY INVITATION	81	21.7	94.4
FALLING TO ACCOMPANYING AT HOME OF THOSE NEIGHBORS OR FRIENDS WHOSE CLOSE RELATIVES HAVE PASSED AWAY	18	4.8	99.2
FALLING TO ACCOMPANYING FUNERAL CEREMONY	3	.8	100.0
TOTAL	374	100.0	

As shown in table 5, reciprocal social assets has been missed after the confirmation of covid 19 of which 94(25.1%) of respondent are rejecting neighbors or friends invitation during their Mehaber celebration, 81(21.7) are rejecting of friends' or relatives' wedding ceremony invitation, 76(20.3%) of respondents are rejecting neighbors or friends invitations to child baptize ceremony,53(14.2%) of respondents are Falling to visit neighbors/friends' homes when they or their family members got sick and the remaining 49(13.15),18(4.8%) and 3(0.8%) respondents replied that they are not visiting home of those neighbors or friends whose wife has newly delivered birth, Falling to accompanying at home of those neighbors or friends whose close relatives have passed away and Falling to accompanying funeral ceremony respectively .

Table 6. If you missed one or more of table 5 indicated reciprocal social assets because of fear of Covid-19 disease how do you rate its effect on your future social linkage disintegration?

THE STATUS OF SOCIAL LINKAGE	FREQUENCY	PERCENT	CUMULATIVE PERCENT
Very high	175	46.8	46.8
High	60	16.0	62.8
Medium	103	27.5	90.4
Low	24	6.4	96.8
Very low	11	2.9	99.7
Total	374	100.0	

According table 6, effect on respondents future social linkage disintegration is rated as 176(46.8%) respondents rated very high, 103(27.5%) of respondents rated medium, 60(16%) respondents rated

high and the remaining 6.4 % and 2.9% respondents replied that low and very low effects of Covid 19 on future social linkage disintegration

Table 7 Did you call each other with your neighbors in coffee ceremony (before the Covid-19 case is identified in Ethiopia)?

CALLING ON COFFEE CEREMONY BEFORE COVID 19 CONFIRMATION CASE	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	133	35.6	35.6
Yes	241	64.4	100.0
Total	374	100.0	

Based on table 7, 241(64.4%) of respondents replied that there was a call each other for coffee ceremony among their neighbors before the confirmation of covid 19 in Ethiopia, whereas 133(35.6%) of respondents replied that there was no call for coffee ceremony among their neighbors before the confirmation of covid 19 in Ethiopia.

The data obtained from interview shown that most of the people in the study area are calling each for coffee ceremony before the confirmation of covid 19 in Ethiopia.

Table 8. Coffee ceremony following the confirmation of Covid-19 cases in Ethiopia

CALLING ON COFFEE CEREMONY AFTER COVID 19 CONFIRMATION CASE	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	310	82.9	82.9
Yes	64	17.1	100.0
Total	374	100.0	

In table 8, we can understand that most of the respondent in the study area replied that there was no a call for Coffee ceremony following the confirmation of Covid-19 cases in Ethiopia which is 310(82.9%) respondents .However 64(17.1) of respondents replied that still they are calling for Coffee ceremony following the confirmation of Covid-19 cases in Ethiopia.

The data obtained from interview shown that most of the people in times of announcing the confirmation of covid 19 in Ethiopia are refraining from getting coffee ceremony among the neighbors, however after a while the people are slightly continuing in getting coffee ceremony among the neighbors.

Table 9. Did you call each other with the neighbors during the holiday (before the Covid-19 case is identified in Ethiopia)?

CALLING ON HOLIDAY BEFORE COVID 19 CONFIRMATION CASE	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	128	34.2	34.2
Yes	246	65.8	100.0
Total	374	100.0	

In table 9, anyone can understand that most of respondents 246(65.8%) replied that they are calling

each other during the holiday before the Covid-19 case is identified in Ethiopia, whereas 128 (34.2%) of respondents replied that they are not calling for holiday before confirmed case of covid 19 in Ethiopia .

The data obtained from interview the people are interacting and calling during holidays with their neighbors.

Table 10. Calling for holiday following the confirmation of Covid-19 cases in Ethiopia

CALLING ON HOLIDAY AFTER COVID 19 CONFIRMATION CASE	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	263	70.3	70.3
Yes	110	29.4	99.7
Total	374	100.0	100.0

According to table 10, the majority of the respondents 263(70.3%) are not Calling for holiday following the confirmation of Covid-19 cases in Ethiopia, but 110(29.4%) respondents are calling for holiday following the confirmation of Covid-19 cases in Ethiopia .This data is supported by the data obtained from interview, some segments of the people are interacting during the case of covid 19 confirmed in Ethiopia.

The personal observation of researchers also shown people are gathering in times of holidays in Easter holiday, New Year and Meskel holiday in selected study areas.

Table 11, Did you have experience of enjoying with friends at hotel, cafeteria or coffee house before the Covid-19 case is identified in Ethiopia?

EXPERIENCE OF ENJOYING IN CAFETERIA, HOTEL BEFORE COVID 19 CASE CONFIRMATION IN ETHIOPIA	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	77	20.6	20.6
Yes	297	79.4	100.0
Total	374	100.0	

Table 11, shown that most of respondents 297(79.4%) have experience of enjoying with friends at hotel, cafeteria or coffee house before the Covid-19 case is identified in Ethiopia. The remaining 77(20.6%) of respondents replied that they have no experience of enjoying with friends at hotel, cafeteria or coffee house before the Covid-19 case is identified in Ethiopia.

The data obtained from interview shown that most they people founded in the study area are enjoying in cafeteria, hotel, drinking and coffee houses.

Table 12. Experience of enjoying in Cafeteria, hotel... following the confirmation of Covid-19 cases in Ethiopia

EXPERIENCE OF ENJOYING IN CAFETERIA, HOTEL AFTER E COVID 19 CASE CONFIRMATION IN ETHIOPIA	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	295	78.9	78.9
Yes	79	21.1	100.0
Total	374	100.0	

According table 12, the clear majority of the respondents 295(78.9%) replied that they have no experience of enjoying in Cafeteria, hotel after covid 19 case confirmation in Ethiopia. The remaining 79(21.1%) of respondents also replied that still the do have the Experience of enjoying in Cafeteria, hotel after covid 19 case confirmation in Ethiopia.

Based on the opened ended question during the respondents area enjoying in hotel together they are using covid19 preventive measures like physical distancing, face mask and sanitizers.

The data obtained from interview witnessed that there is slight change in decreasing enjoying in hotels coffee house, cafeteria and alcohol drinking house although gathering in these areas are still observed. The data from researchers' personal observation the social gathering events are in decreasing trend but the event is continued as usual and practicing minimal of covid 19 preventing measures.

Table 13. Did you have experience of visiting your rural family or relatives before the confirmation of COVID 19 in Ethiopia?

EXPERIENCE OF VISITING YOUR RURAL FAMILY	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	117	31.3	31.3
Yes	257	68.7	100.0
Total	374	100.0	

Based on table 13, 257(68.7%) of respondents replied that they have experience of visiting their rural family or relatives before the confirmation of COVID 19 in Ethiopia but 117(31.3) of respondents also have no experience of visiting their rural family or relatives before the confirmation of COVID 19 in Ethiopia.

According to table 14, most of respondents 312(83.4%) replied that they refrain from vising their rural families or relative, but 62(16.6%) of respondents visited their rural family or relatives.

Table 15. Did your relatives, friends, children abandon to visit you as a result of fear of Covid-19?

	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	113	30.2	30.2
Yes	261	69.8	100.0
Total	374	100.0	

Based on table 15, most of respondents 261(69.8) replied that their relatives, friends and children abandon to visit respondents as a result of fear of Covid-19, whereas 113(30.2%) of respondents

confirmed that their relatives, friends, children abandon to visit respondents as a result of fear of Covid-19.

Table 16 .In which of the following social gathering you are participating in?

SOCIAL GATHERINGS	FREQUENCY	PERCENT	CUMULATIVE PERCENT
IDDIR	96	25.7	25.7
MEHABER	63	16.8	42.5
IQQUB	115	30.7	73.3
IDDIR AND MAHIBER	50	13.4	86.6
IQQUB AND MAHIBER	24	6.4	93.0
ALL EVENTS	26	7.0	100.0
TOTAL	374	100.0	

As shown in table 16, 115(30.7%) of respondents replied that they are participating in *iqqub*, 96(25.7%) of respondents also participated in *Iddi*r, 63(16.8%) of respondents also participated in *Mahiber* and the remaining also participating in both *Iddir* and *mahiber*(13.4%), *Iqqub* and *mahibe*r(6.4%) and the remaining 7% of them are also participating in all social gathering events .

Based on the data obtained from interview the people in study area are participating in all social gathering events however *Iddir* and *Iqqube* are the major events that most of the people are actively participating. *Mahiber* is also the other social gathering but it is not comparable with *iddi*r and *Iqqub.*

Table 17, If you are participating in Iddir, is you holding a meeting of Iddir as usual after the confirmation of COVID 19 in Ethiopia?

	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	243	65.0	65.0
Yes	131	35.0	100.0
Total	374	100.0	

Based on the table 17, 243(65%) of the respondents replied that they have participated in meeting of *iddir* as usual after Covid 19 case confirmed in Ethiopia whereas 131(35%) respondents are holding meeting in *Iddi*r as usual.

Respondents wrote their response on open ended question that leaders of the *iddir* are undertaking the meeting by taking the responsibilities of the member they can undertake it.

From the interview data we can understand that *Iddirs* are continued as it is by the coordination of the leaders of the *Iddir* and the meeting of the *iddir* members is shown decreasing trend in order to prevent covid 19.

Table 18 . Mehaber members for a celebration after the confirmation of COVID 19 in Ethiopia

	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	274	73.3	73.3
Yes	100	26.7	100.0
Total	374	100.0	

According to table 18, 274 (73.3%) of respondents confirmed that they have no *Mahiber* celebration after the confirmation of COVID 19 in Ethiopia. But the remaining 100(26.7 %) respondents are holding meeting in their *mahibe*r celebration.

The data taken from the interview shown that as same as *iddir* most of the *mahibe*r celebration can be undertaken by leaders and waiters of the *mahiber* than celebrating *mahiber* by all members after the confirmed case of covid 19 in Ethiopia.

Table 19. If you are participating in Iqqub, are you coming together with members as a usual after the confirmation of COVID 19 in Ethiopia?

	FREQUENCY	PERCENT	CUMULATIVE PERCENT
No	292	77.8	78.0
Yes	83	21.9	100.0
Total	374	100	

As shown in table 19, 292(77.8) respondents replied that they are not coming together with the members of the Iqqub, whereas 83(21.9%) are coming together with members of the iqqub.

The interview data shown that the members of the *iqqub* are withdrawing from the membership because of the daily income of most *iqqube* members is decreasing even zero income is recorded because of covid 19. The members having continued income sustains the *iqqube* with leaders meeting by taking preventing measures of covid 19.

CONCLUSION

The majority of respondents had awareness about the COVID-19 Pandemic and most of the people were refraining in handshaking when they are exchanging greeting; however, few segments of the people were still exchanging their greeting with handshaking. The issues of mutuality were continued but shown decreasing manner after the confirmation of Covid 19. Indigenous Social networking's likewise *Indir* and Ikub were decreasing very fast.

The concerned bodies should strengthen their effort to aware people about the pandemic in the study area. Thus, COVID 19-led intervention should not be based on national-level statistics, but need to be more focused geographically, and directed to those districts or communities exhibiting effects of the virus.

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