

Public Taxi Drivers' Experience in COVID-19 Prevention

Bekelu Teka Worku^{1*}, Endriyas Kelta Wabalo² and Masrie Getinet Abate³

¹Department of Population and Family Health, Jimma University, Ethiopia

²Department of Biomedical Science, Jimma University, Ethiopia

³Department of Epidemiology, Jimma University, Ethiopia

***Corresponding Author:** Bekelu Teka Worku, Department of Population and Family Health, Jimma University, Ethiopia.

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Abstract

Objectives: Transportation is of the always essential service to public. During COVID-19 emergency it is a high risk area due to mass people in confined space with limited ventilation, low access to detect infected person, presence of many surfaces to touch. This study aims to explore public taxi drivers' experience in COVID-19 prevention.

Study Design: Phenomenological study design.

Methods: Study was conducted from February 26-28/2021 in accordance with protocol of the consolidated criteria for reporting qualitative research (COREQ) checklist. In-depth interview was used to collect the data. Sample size was determined by data saturation. Data were analyzed thematically assisted with ATLAS ti7.1.

Results: Safety practice of COVID-19 prevention among Jimma town public taxi drivers is poor and deteriorating. They are highly dependent on traditional medicines and religious practice.

Conclusion: To contribute for decrease in expansion of COVID-19 among public taxi drivers, more activities such as focused awareness creation is recommended by the researchers.

Keywords: Public Taxi Drivers; Covid-19; Covid-19 Prevention; Lived Experience; Phenomenological Study; Ethiopia

Background

Corona Virus Infectious Disease (COVID-19) is a highly contagious disease that affects mostly respiratory system of human beings [1,2]. This disease able to infect a lot of people and resulted in many deaths within very short period of time over the world [3,4]. The ultrafast spreading nature of this disease in the absence of effective curing medication put the world in to great trouble and instability [5,6]. Furthermore, COVID-19 outbreak has resulted in a lot of public impediments including economic crises, social and health problems [7-10].

Ethiopia is the second most populous African country hosting for more than 112 million people with very relating and interdependent living styles which can creates convenience for COVID-19 transmission [11-13]. Following its detection on March 13/2020, Ethiopia is considered among top African countries needing priority for COVID-19 prevention preparedness [14-16]. Consequently, surveillance of infection prevention and control is important to limit widespread of this infections [17].

Various COVID-19 transmission reduction mechanisms such as mandated mask use, movement restrictions, alcohol/sanitizer use, and physical distancing were implemented on the world [18]. However, public transport is of the always essential service. During pandemics it is not least to provide access to health care facilities. Therefore, public transport operators must be able to maintain the service focusing on their staff, trying to protect them and preparing to deal with absenteeism for their pandemic plan efforts. At the same time, public transport systems are a high risk environment due to huge peoples in confined space with limited ventilation, no access control to identify infected persons, and available variety of common surfaces such as ticket machines, handrails, door knobs, etc. to touch [19].

Likewise, mass use of public transportation is challenging in Ethiopia in reducing COVID-19 transmission on top of shortage of sanitation materials such as water and sanitizer, hiding suspected cases due to fear of stigma, shortage of personal protective equipment, high prevalent immune-compromised people [13]. Unable to do screening before using transportation, limited number of taxi and taxi seat, absence of onboard cameras to enforce rules of COVID-19 prevention are challenging [13].

In general, data gathering and researching is of the important milestones to put plan on how to respond to the situation during health emergencies [20,21]. Despite this, to the level of our knowledge there is no published research articles indicating how public taxi drivers are experiencing COVID-19 prevention being on their routine activities.

Aim of the Study

This study is aimed at exploring experience of public taxi drivers to produce data that can contribute as an input for intervention in talking high spread of COVID-19.

Materials and Methods

Study design

Phenomenological study design was used to explore the experience of public taxi drivers in Jimma town regarding COVID-19 prevention. This study focuses on getting a lived experiences of COVID-19 prevention [22,23]. It was aimed to understand their knowledge of the possibility and methods of COVID -19 prevention, perception on its treatment and how they are struggling within the available load of life to reduce contracting and transmission of this infection. This study is conducted and reported in accordance with protocol of the "Consolidated criteria for reporting qualitative research (COREQ) checklist" [24].

Participant requirement

Study participants were selected randomly from bus station. Sample size was determined by data saturation idea at the point where no new themes from participants' practices were unable to be emerged. In general 10 public taxi drivers were included in data collection.

Data collection method

Open ended interview guide questionnaire was prepared in English after reviewing relevant articles [25-27] and translated in to local languages. Research team conducted data collection by in-depth interviews using tape recording and field note taking.

Data analysis

Audio-recorded interviews were transcribe verbatim and translated from local language to English by two independent language experts. The three researchers repeatedly listened to the audio after reading transcribed data to check for missed information. Data analysis was conducted thematically assisted with ATLAS ti 7.1 software.

Results and Discussion

Socio-demographic characteristics

Ten taxi drivers were included in to study. All of them were Jimma town dwellers. All participants had average monthly income of less than 5000 Ethiopian birr (Table 1).

Variables	Category	Frequency (%)
Sex	Male	9 (90)
	Female	1 (10)
Age	25 - 29	2 (20)
	30 - 34	4 (40)
	35 - 39	1 (10)
	40 - 44	1 (10)
	50 - 54	1 (10)
	62 - 66	1 (10)
Marital status	Single	3 (30)
	Married	6 (60)
	Divorced	1 (10)
Religion	Orthodox	4 (40)
	Muslim	5 (50)
	Protestant	1 (10)
Residence	Jimma town	10 (100)
Educational status	Primary school	5 (50)
	Secondary school	3 (30)
	College and above	2 (20)
Average monthly income	< 5000 birr	10 (100)

Table 1: Socio-demographic characteristics of public taxi drivers in Jimma town, N = 10.

COVID-19 prevention experiences

Theme 1: Using traditional medicine

Spices

Study participants reported using of traditional medicine every morning and evening to prevent COVID-19 disease. All most all of participants believes that corona disease can be prevented and relieved by eating garlic. They trust it has no scientifically proofed curing drug. Consequently, they indicate to use garlic, ginger, black cumin, green pepper and red pepper as alternatives of traditional medicine in their food.

A 29 years old participant said that, Corona is a kind of common cold. I had never gone to seek treatment from doctor for common cold in my life. Similar to this, I am eating garlic, green paper and using black cumin with tea and coffee to protect myself from Corona disease which I will continue for future also.

Another participant said, I do not think that corona virus disease is severe than asthma. I am asthmatic patient for more than five years. As I feel difficult to breath, I use black cumin with coffee and get relieve. As early I have heard corona is diagnosed in Ethiopia, I increased using of the cumin so that not get diseased yet. The reason I did not get diseased is not because of I protect myself and free of it. Surely it is because of the cumin I am using and I eat sufficient food to make my body more strong.

Eucalyptus

Eucalyptus leaf is another traditional medicine being used by taxi drivers. They used to put this leaf in boiled water and inhale its steam as a treatment for many respiratory disease.

A 33 years old participant said, as I got symptoms such as cough, sneezing, runny nose, fever and headache I use *Eucalyptus* leaf steam. I bring tip part of the leaf which are not very matured and add in to boiled water. I inhale its steam at the evening and go to bed. I relieve from the symptoms in the morning.

Local alcohol

Some taxi drivers are drinking local alcohol called "Haraqee" to prevent Corona virus disease. They are connecting this practice with the principle of using alcohol to sanitize hands and materials which is recommended by world health organization.

A 27 years old participant said, "I am drinking "haraqee" more than usual to fight corona virus". Following this, we asked him further question for clarification of his response as follows. Corona virus is a respiratory disease. It moves to respiratory organs with air not to stomach like food and drinks. How do you think drinking alcohol can prevent this disease?

He responded by saying, actually I heard from media that Corona virus does not transmit by air rather by droplet during coughing and sneezing. Droplet is liquid which can get in to stomach. I always drink alcohol if I encounter traveler who has cough or sneezing. I drink the alcohol as early as possible after my contact.

Theme 2: Worship in God

This study participants believe COVID-19 is punishment from God which has no medication and prevention except with the God's super power.

A 54 years old taxi driver said, our ancestors had told us such kinds of disease which will disturb the world and kill a lot of people will happen as the early sign of end of the world. After this, the more severe and deadly disease and disaster will happen. They are only those who believe in God will escape the situation. That is why I prefer to leave my worry to God even though I am trying to apply what is being recommended by governments and others.

A 32 years old adult taxi driver mentioned, I use masks and sanitizer only to achieve my part and not to tempt my God. I pray more than usual and go to church frequently since the emergency of this disease. I also contact my repentant father for my sin.

Holy water

A 40 years old driver said, once up on a time my wife developed a cough. It was dry cough with high frequency and large ton. Our neighbors were not coming to our house suspecting that she had corona. I was also guessing it is a corona since she has symptoms of corona disease that we here from media. I immediately go to the church and bring holy water for her. She used for three days consecutively and recovered soon.

Similarly, a 27 years old female participant stated, I prefer to wash my hand with holy water every morning than using alcohol or sanitizer throughout the day. I believe that there is a power of God on this holy water. I am save from corona and other disease as well using not drug but this powerful holy water only.

Theme 3: Using personal protective equipment

Study participants are using some recommended protective equipment to reduce spread of COVID-19.

Face mask

One study participant said, unlike as the early period of corona detection in Ethiopia, I do not use mask usually. I use when there are a lot of travelers and if I get traveler who looks sick. I do not believe that I can prevent this disease using face mask alone. My coworkers, customers and even traffic police do not use. Customers are not volunteer to use when I ask them. They respond me "will you buy for me". I have also encountered a traveler who reached at hitting me refusing to use face mask.

Another participant said, I use face mask during morning and after 5:00pm. It is difficult to use though out the day since Jimma is very hot. It causes suffocation and make me unable to breathe. Then again, other people do not use mask. Some people consider me as a fool man if I use.

One participant expressed his experience saying, I am Muslim. I go for prostrate frequently. I prefer not to use face mask rather than keeping aside and use again and again. It is difficult for me to afford economically to use every new mask since I am a father of children.

Alcohol/sanitizer

Respondent said, I usually use sanitizer before touching my nose and mouth. Furthermore, I use when I want to eat some things such as candy and gum being in my taxi. But, I face difficulty economically to sanitize inside and entry of my taxi.

Another respondent said, I have a sinus disease which aggravated to me when I use alcohol. Consequently, I do not use alcohol or sanitizer for my hand frequently. However, I use the alcohol in the case of difficulty to get water and soap to wash.

Discussion

This study revealed that taxi drivers in Jimma town are at risk of contracting and transmitting COVID-19 as they are acting in contrast to world health organizations' advice on travel [28]. They look very careless and negligent in applying safety measures of COVID-19 prevention. They prefer to use traditional medicines and approaches than using scientific approaches.

Consuming traditional medicine is common in Africa regardless of its procrastination than preventing disease being not proofed scientifically [29].

Moreover, considering COVID-19 as a punishment form God put them in to confusion to follow preventive measures. This finding has similarity with research finding from Uganda [30]. The dangerous here is not believing in God but the negligence of using scientifically recommended safety measures despite it is at risk working environment [2].

Furthermore, participants of this study are dependent on others to use protective equipment such as mask is useless. Moreover, they do not exercise activities such as opening the window to increase ventilation which was being used elsewhere reduce Corona virus spread [2]. Consequently, it is important to give due attention to this working environment by considering interventions such as focused awareness creation.

Conclusion

This study shows, experience of public taxi drivers in preventing COVID-19 transmission is poor and deteriorating. They are highly dependent on traditional medicines and religious practice despite, public transportation is a high risk area where more precaution is important. Consequently, more intervention such as focused awareness creation is better to be considered for these drivers.

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Authors' Contributions

All authors participated equally in study conceptualization, methodology, data collection, analysis, preparation and approval of manuscript.

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Ethics Approval

Jimma University provides Ethical approval.

Conflict of Interest

The authors declared that there is no conflict of interest.

Bibliography

1. Tanno LK., *et al.* "Coronavirus Disease (COVID)-19: World Health Organization Definitions and Coding to Support the Allergy Community and Health Professionals". *The Journal of Allergy and Clinical Immunology in Practice* (2020).
2. Shen J., *et al.* "Prevention and control of COVID-19 in public transportation: experience from China". *Environmental Pollution* (2020): 115291.
3. Kannan S., *et al.* "COVID-19 (Novel Coronavirus 2019)-recent trends". *European Review for Medical and Pharmacological Sciences* 24.4 (2020): 2006-2011.
4. McIntosh K., *et al.* "Coronavirus disease 2019 (COVID-19)". *UpToDate Hirsch MS Bloom* 5 (2020): 1.
5. Pang J., *et al.* "Potential rapid diagnostics, vaccine and therapeutics for 2019 novel coronavirus (2019-nCoV): a systematic review". *Journal of Clinical Medicine* 9.3 (2020): 623.
6. Lu H. "Drug treatment options for the 2019-new coronavirus (2019-nCoV)". *Bioscience Trends* 14.1 (2020): 69-71.
7. Shigemura J., *et al.* "Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations". *Psychiatry and Clinical Neurosciences* 74.4 (2020): 281.
8. Fetzer T., *et al.* "Coronavirus perceptions and economic anxiety". *Review of Economics and Statistics* (2020): 1-36.
9. Evans O. "Socio-economic impacts of novel coronavirus: The policy solutions". *Biz Econs Quarterly* 7 (2020): 3-12.

10. Ayittey FK, *et al.* "Economic impacts of Wuhan 2019-nCoV on China and the world". *Journal of Medical Virology* 92.5 (2020): 473-475.
11. Hoddinott J and Mekasha TJ. "Social Protection, Household Size, and Its Determinants: Evidence from Ethiopia". *The Journal of Development Studies* (2020): 1-20.
12. Nations U. "World Population Prospects (2019). Data Booklet (2019).
13. Ayenew B and Pandey D. "Challenges and opportunities to tackle COVID-19 spread in Ethiopia". *Journal of Peer Scientist* 2.2 (2020): e1000014.
14. Tolu LB, *et al.* "How Prepared Is Africa for the COVID-19 Pandemic Response? The Case of Ethiopia". *Risk Management and Healthcare Policy* 13 (2020): 771.
15. Abate L, *et al.* "Status of distribution of coronavirus disease (COVID-19) in Ethiopia within first three months". *Academic Journal of Research and Scientific* 2.15 (2020).
16. Medinilla A, *et al.* "African regional responses to COVID-19. Discussion Paper (2020).
17. WHO. Strategic Partnership for International Health Regulations (2005). and Health Security (SPH) (2020).
18. Organization WH. Coronavirus disease (COVID-19) situation report (2020): 182.
19. Des Transport Publics UI. Management of COVID-19 Guidelines for Public Transport Operators (2020).
20. Valerie Amato N. "The Role of Data in Emergency Management" (2020).
21. Sethi N. "Research and global health emergencies: on the essential role of best practice". *Public Health Ethics* 11.3 (2018): 237-250.
22. Bhar S. "Introducing Phenomenological Research Methodology in Sustainable Consumption Literature: Illustrations from India". *International Journal of Qualitative Methods* 18 (2019): 1609406919840559.
23. Wertz FJ. "Methods, historical development, and applications in psychology". *The Wiley Handbook of Theoretical and Philosophical Psychology: Methods, Approaches, and New Directions for Social Sciences* (2015): 85.
24. Tong A, *et al.* "Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups". *International Journal for Quality in Health Care* 19.6 (2007): 349-357.
25. Sterling MR, *et al.* "Experiences of home health care workers in New York City during the coronavirus disease 2019 pandemic: a qualitative analysis". *JAMA Internal Medicine* (2020).
26. Tirachini A and Cats O. "COVID-19 and public transportation: Current assessment, prospects, and research needs". *Journal of Public Transportation* 22.1 (2020): 1.
27. Freitas-Jesus JV, *et al.* "The experience of women infected by the COVID-19 during pregnancy in Brazil: a qualitative study protocol". *Reproductive Health* 17.1 (2020): 1-7.
28. WHO. Coronavirus disease (COVID-19) travel advice (2021).
29. Wild S. "Miracles and medicine: How COVID-19 has been changing the traditional remedies game" (2021).
30. Peace TA. "Examining Causes and Implications of COVID 19 pandemic from Religious Education Perspectives". *IJO-International Journal of Educational Research* 3.11 (2020): 01-28.

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