

Education, Health Literacy, Covid 19 Guidelines and Peoples' Behaviours in Eswatini.

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Abstract

This study examines peoples' health literacy and critical thinking skills application to Covid 19 guidelines. The Education, Health literacy and Peoples' Health Behaviours Mediated Framework was used to unpack peoples' behaviours. 500 people were observed to ascertain their adherence to Covid 19 guidelines. Content analysis and reflection helped in teasing out visible and invisible peoples' behaviours towards guidelines. Findings indicted that the peoples' level of health literacy and critical thinking skills application and thinking disposition were not at expected level. People overlooked broader social and financial costs of not adhering to guidelines. In some contexts social distancing was perceived as racism and this displayed lack of critical thinking skills and understanding of Covid 19's destruction power. People were not better stewards of their safety, this disrupted government's effort in containing the virus and had an empathy deficit on government's effort. It was concluded that there was a complex interplay between Covid 19 guidelines and peoples' critical thinking skills and dispositions. Education and the guidelines were in interaction and influenced peoples' behaviours. It is recommended that education system's programmes need to pay extra attention on enhancing critical thinking skills.

Key words: Covid 19 Guidelines, Education, Health Behaviours, Health literacy

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I. INTRODUCTION

Education holds a special place in society and in promoting a health nation in Eswatini. This is depicted by its lion share budget almost every year. It is a foundation of a society, because only health and well informed citizens have a potential of sustaining themselves. Thus, educational programmes are expected to stress basic literacy skills, knowledge, critical thinking skills, problem solving and analytic ability to educate the citizens on a myriad key health matters including Covid 19 pandemic. Covid 19 is one of the 21st century wicked health problems confronting the world today and it has the result to future imaginable health damages and injustices and poverty (Comber, 2015). Covid 19 has replaced some of the infectious and life damaging diseases and become the leading rapid causes of death, in the 21st century. Prevention of this virus has taken the fore front in public health in Eswatini and elsewhere.

Educational matters such as critical thinking skills are given explicit attention in Eswatini national education system policy; they are included as one of the key competencies in the education framework for national curriculum for both primary and secondary schools. Critical thinking skills matter because the ability to think critically is an essential life saving skill, relevant to key decision making in many complex circumstances, particularly in this Covid 19 era. This study examines peoples' health literacy and critical thinking skills in relation to Covid 19 required behaviours (wearing a mask and social distancing), or it infers whether their behaviours were mediated by their possession of critical thinking skills. Peoples' capabilities to reason could be detected by examining the available various courses of action taken to respond to Covid 19 preventative measures and their thinking disposition. Dispositions, as their personal positive attitudes, demonstrated through verbal and non-verbal behaviours. Within, this study thinking disposition is expected to be observed in the participants' behaviours and be linked to Covid 19 preventative measures, wearing a mask and social distancing.

11. Covid 19 Peoples' Behaviours

This Covid 19 era is complex as the HIV scourge in that it forces people to engage in opposite forms of thoughts processes, the irrational and rational processes. While the irrational is unidirectional, the rational is directional (Paul and Elder, 2006), both have an influence on peoples' actions and behaviours. Thus, Covid 19

requires peoples' critical and creative thoughts, which are inseparable (Paul and Elder, 2006) and challenges people to reason through intricacies.

Peoples' capabilities to reason are supported by other cognitive and affective qualities such as hope and critical thinking skills. Peoples' hope and trust in Covid 19 guidelines and medication is important because once peoples' hope and trust are distorted or disrupted it could lead to peoples' despair, hopelessness. Once, hope is diminished, people may be less committed towards the achievement of a safe and supporting culture of reducing Covid 19 cases and hopefully eradication of the virus (Birmingham, 2009).

Hope for success of government in reducing Covid 19 cases, has a potential of orienting the citizens or people towards government's support, success, and organise their thinking and acting anticipate and promote government effort. People, could be motivated by hope and be dedicated to the Covid 19 guidelines and be committed to a safe free Covid 19 living environment. Covid 19 requires peoples' hope and to think about their core social habits which may speed up or catalyse the acceleration of the pandemic, behavioural changes and reduction of Covid 19 cases and deaths. The reduction of Covid 19 cases is something that is hoped for by the Eswatini government and the world. This requires people to think beyond the surface.

To accelerate peoples' health behavioural changes partly depends on individual thinking capabilities to use empathy as a connectedness mechanism, which supports peoples' deeper awareness of the implications of practising and adhering to safety guidelines such as wearing a mask and physically distancing oneself from others. Empathy has profound implications regarding how people relate to each other, how they respond to key national matter such as Covid 19 guidelines and how they function within the guidelines connectedness national and international mandate.

Empathy is central in motivating people to focus on matter, cooperate, share resources and ideas, and to help each other (Natale and Sora, 2010), promoting pro-social behaviours and thoughtful actions. This is a critical quality in the implementation of national mandate such as Covid 19 guidelines, which partly depends on collective and motivated thoughtful actions. Covid 19 is a collective health enemy, to be conquered through collective thoughtful actions and mutual interdependence. It is a thought-provoking health challenge, which challenges peoples' existing ways of thinking, knowing and practice. Knowing that Covid 19's defeat depends on peoples' greater sense of responsibility, oneness, and being empathetic to the nation's call of defeating the pandemic may depends on every individual's capability to think about her social behaviours. Empathy has socio-economic possibilities of dissolving the barriers between individual self and others, and helps people to feel another's pain, concern, and become connected in a shared reality of the pain of Covid 19. The share reality has the ability to re-orient an individual empathetically towards Covid 19 guidelines and other peoples' suffering (Pfattheicher et al., 2020; Sassenrath et al., 2016; Palovich and Krahnke, 2012), perhaps from Covid 19 and its socio-economic implications.

111. Education and Health matters

Education has a key role in the development of health literacy (Vamos and Rootman, 2013), and sustaining a health nation. Education aims at increasing peoples' knowledge, skills which are necessary for maintaining peoples' health and behaviours (Kickbusch, 2005). Education and health have a shared focus and interests and their interests cut across all spheres of society (Butjs, 2009), it provides the basic literacy skills which influence the health of populations and individuals and health literacy (Chiarelli and Edwards, 2006). Once, people have developed health literacy they would have the capacity to obtain, process and understand basic health information and act on it accordingly. Health literacy could be improved through integrated programmes because it requires a broader focus, beyond a focus on the health sector or any single sector. It needs inter sectorial collaboration mainly between the education and health sectors. Health literacy is indeed mediated by different contexts because it takes place in different spheres of society which need to collaborate with each other. Schools as a special context, can encourage teachers to incorporate health topics in their curriculum and urged partnerships and working relationships with health workers and avoid both social and financial costs (Levy and Royne, 2009), because of peoples' failure to process health matters and taking an appropriate actions.

More often Educational attainment is strongly correlated with better health behaviours (Prins et al. 2015). It equips people with the literacy to understand and draw conclusions from health related information for behavioural change. Educational attainment is one of the different pathways, through which literacy is related to health matters. Health literacy could be viewed as social determinates of health (Prins et al. , 2015), it provides people with a set of skills to prevent diseases and protect their health. Health literacy could be the best way to access socioeconomic opportunities and resources required to improve ones' health and raising the future productivity of the individual citizens and bringing other social benefits of the country (Prins et al. , 2015). Health literacy entails peoples' knowledge, motivation and competencies to access, understand, and apply health information in order to make judgements and take decisions, concerning diseases prevention and health promotion (Serensen et al., 2012).

Literacy proficiency matter for individual's health and economy wide productivity (Stevens, 2004), it has a potential of breaking down generations of cycles of deprivation, one of the sources of ill health practices, including peoples' failure to adhere to Covid 19 guidelines. Deprivation of educational skills fails people to enlarge the range of health related choices available to them and to adhere to infectious diseases' (Covid 19) guidelines.

IV. Health literacy and health society

The concept of a health society is also embraced by the Eswatini Education Sector policy of 2018, under the ambit of Education For Sustainable Development (ESD), which also advocates for the advancement of health literacy in Eswatini. Health literacy is an essential capacity to lead a health life, through individuals' behaviours in societies. It is a priority for the Eswatini government for sustainable development purposes. McGowan, 2005; Baker et al., 2007; Eichler et al., (2009) noted that poor health literacy affects peoples' health and wellbeing, increases rates of chronic diseases and health costs. Health literacy is no longer perceived as a narrow medical concept but a broader preventative health concept with rich skills which contribute to individual empowerment for socio-economic development (Sehlueter and Vamos, 2017), and the country's sustainability. Thus, health literacy is an effective health intervention and precursor for sustainable development for different countries (Mitic and Rootman, 2012), encouraged by different organisations mainly the World Health Organisation.

The Eswatini government has put and used different World Health Organisation's (WHO) guidelines and strategies to curb the spread of Covid 19. More often these strategies are influenced by peoples' health literacy and other literacies (Levy and Roynes, 2009).

V. Preventative Strategies: Social Distancing, Wearing Masks

The Eswatini government has also used different levels of preventions, which aims at inhibiting the spread of Covid 19 across the country, region and the world. The entire Eswatini populations are targeted with universal, inclusive strategies designed to prevent the virus from spreading. Emphasis is placed on social distancing, wearing masks, and the washing hands more often. The screening prevention strategy is also used by the Eswatini government as a measure which detect the virus before it is symptomatic. It is an inclusive strategy, embracing every member of the society. The tertiary prevention strategy is one of the strategies, where government's effort focus on citizens already affected by the virus, and where attempts are made to reduce resultant to fatality and restore peoples' health and functionality.

The success of these strategies partly depends on educational related competencies, including critical thinking skills and health literacy. Levy and Roynes, (2009) stated that people with limited literacy skills use fewer preventative services and engaging in preventative behaviours. This could be particularly disturbing given the Eswatini government's effort and increased focus on preventative measures in all public spaces. This study examines peoples' behaviours in relation to COVID 19 guidelines, particularly wearing a mask and social distancing in Eswatini. Peoples' behaviours could be viewed or deduced from different educational matters such as application of critical thinking skills and depicting different literacies towards key issues such as Covid 19 health guidelines. Literacy is a crucial skill for an individual's behaviours and key component of a nation's health economic prosperity and social wellbeing (Gordon and Carneiro, 2013; Ixer, 1999).

Peoples' literacies and health literacy should enable them to make sound health decisions in all the Covid 19 contexts of their everyday life. These are fundamental components of pursuing and sustaining peoples' control over their health by seeking information and taking responsibilities (Kicbush et al. 2013), in today's increasing complex world, where citizens are faced with more health information and other misinformation. Citizens are expected to display their critical thinking skills or reasoning capabilities to respond to different types of information. This is more relevant in today's era of Covid 19, where the virus is not yet known and understood. In addition, peoples' reasoning capabilities are important in the era of Covid 19, where the expansion of media channels of all types is felt in all spheres of life. Reasoning capabilities are expected to help people to be better able to decipher the complex messages and behaviours they receive and observe from the array of sources (Gordon and Carneiro, 2013). Reasoning capabilities provide people with the transformative power.

People have a potential transformative power which largely depends on the extent to which they possess literacy and health skills (Levy and Roynes, 2009). This could be described as peoples' abilities to make or exercise judgement and choice in their every day practices. Peoples' transformative power on health matters is a product of quality education and society. Prins et al., (2015) stated that making higher education more accessible for those whose parents did not have the chance to access it, promotes literacy and social capital, socioeconomic resources and indirectly public health and a health nation (p 17). This suggests that literacy and social capital and socioeconomic resources work in tandem to shape peoples' health life and wellbeing.

V1.Methodology

The purpose of the study is to examine peoples' health literacy and critical thinking skills in relation to Covid 19 required behaviours (wearing a mask and social distancing), and infers whether peoples' behaviours were mediated by their possession of critical thinking skills. More often, peoples' actions or behaviours reflect their minds fitness or lack thereof (Levy and Royne, 2009).

The study focuses on critical thinking skills because peoples' behaviours or actions could be a product of their critical and creative thoughts or not. Some people 'behaviours such as a failure to adhere to Covid 19 guidelines are products of their mind sets, but not of their creative minds. They reflect an undisciplined, uncritical mode of thinking. Covid 19 requires people to think beyond the guidelines, think about the implications of their failures to adhere to the guidelines (social costs and financial costs). Covid 19 requires people to bring thoughts into being, to interpret, and make sense of the guidelines beyond their individual self. This involves encompassing an ecological approach which embraces the social and environmental determinants (Levy and Royne, 2009), this depends on individual stability of the mind-set, educational attainment and health literacy. There is a relationship between education attainment, health literacy, and peoples' health actions or behaviours (Von wagner et al, 2009), see Figure 1). This links to the **E**ducation, **H**ealth literacy and **P**eoples' **H**ealth related **A**ctions or **B**ehaviours **M**ediated **F**ramework (EHPHBMF) (see Figure 1), used to unpack the related concepts.

The framework has different pathways and processes where health literacy, critical thinking skills, may influences peoples' actions or behaviours on key aspects of Covid 19 guidelines (wearing a mask and social distancing). Of particular relevance to this study , the framework considers critical thinking skills, health literacy (products of the education system) as motivational factors which mediate peoples' health actions or behaviours, such as appropriately responding to Covid 19 guidelines (wearing a mask and Social distancing).

Education is at the centre on peoples' action; attitudes and behavioural change because of different mediation factors (see Figure1). The capacity to think critically involves a lot of learning, nurtured, and developed at school and home (Sharples et al. 2017). If people are to make well informed health choices they have to be competent or in possession of different competencies such as critical thinking skills (Sharples et al. 2017), they should be able to assess reality of health claims and information. This is becoming more important in today's world of Covid 19, because people are expected to take a bigger role in managing their health, attitudes, and behaviours. Thus, it is important to pay more attention on the interaction between education, health literacy and peoples' behaviours and health (see Figure1).

Figure 1; Education, Health literacy and Peoples' Health related Actions or Behaviours Mediated Framework (EHPHBMF).

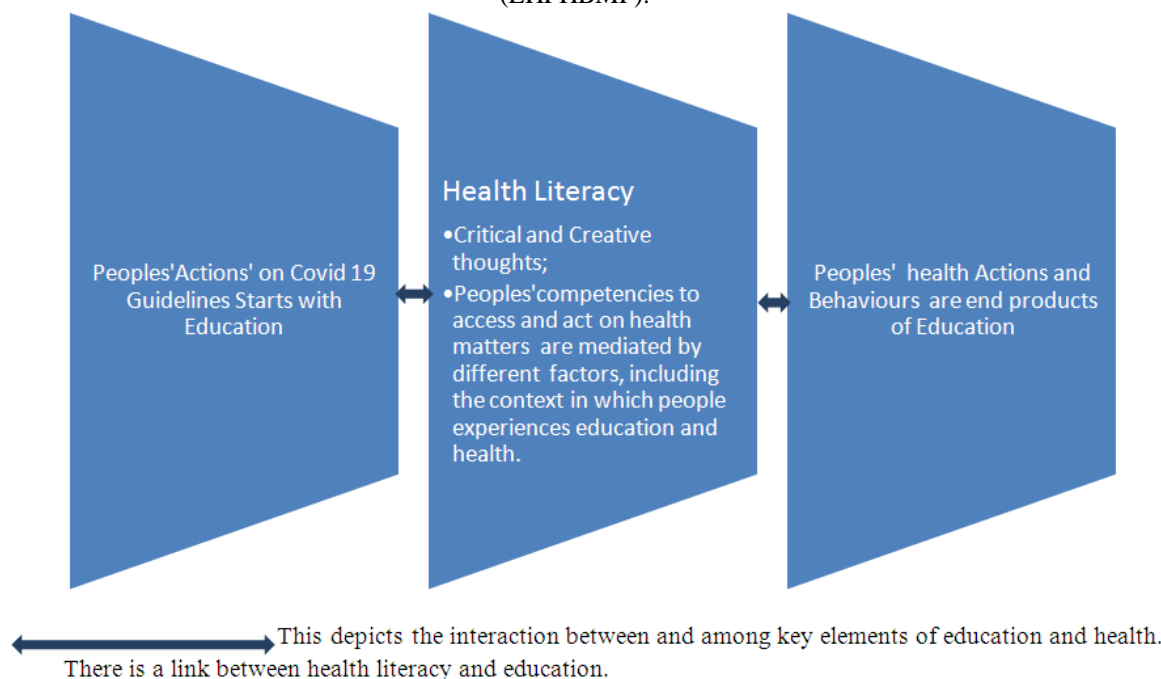


Figure 1 depicts the mediation processes of different factors which helped in unpacking peoples' behaviour and actions towards Covid 19 guidelines. The interaction between the education system, health system and the broader sphere of culture were areas considered because of their influences on peoples' health

actions. There are direct and indirect impacts of education on health (Chiarelli and Edwards, 2006), there is a world recognised influence of literacy skills on the health of the nation and on individual citizens' health related actions. Literacy skills provide the individual with the capacity to access, process, and comprehend health information and services to take appropriate health related decisions.

In this work, peoples' actions towards Covid 19 guidelines are not viewed in isolation but with some educational elements such as critical thinking skills or peoples' abilities to make or exercise judgement and choice in their every day practices regarding issues of wearing a mask and social distancing (see Figure 1). Every individual residing in Eswatini was expected to join hands with government in her effort of preventing the virus from spreading, detecting the virus before it is symptomatic and reducing fatality and restore peoples' health and functionality.

V11.Data collection

The data was collected mainly through observation, where people were observed in different settings: bus stops; roads construction sites, along the main roads, in a special traditional event and shopping mall. The observation was focusing on peoples' actions and behaviours regarding Covid 19 guidelines mainly wearing a mask and social distancing. People were observed to ascertain whether they were adhering to the international Covid 19 guidelines. The observations were done in a daily basis for a year-13th March 2020 to 13th March, 2021. Between two and five hundred people were observed, as the researcher travelled about ninety kilometres per day, collecting the data, from rural to urban communities.

The data was collected during the first and second wave of the virus. The first wave was characterised by severe spread of the virus and the second one, by more deaths. People were expected to adhere to the Covid 19 guidelines, and the Ministry of Health and Social welfare had explained how deadly the virus was, and a threat to the country's existence.

Peoples' capabilities to think critical were observed through their behaviours, actions and attitudes which were mediated by different factors including the nature of the education provided to the citizens and residents. Wearing a mask and social distancing were observed because they were part of the primary prevention strategy which was more about inhibiting the spread of the virus. The peoples' behaviours on this guideline were not observed in isolation but in relation to their health literacy and critical thinking skills. More often, health prevention strategies are affected by peoples' health literacy and critical thinking skills and thinking disposition (Levy and Royne, 2009), for example, peoples' low health literacy contributes to the bleak reality of public health for society.

Peoples' behaviours or command of certain skills were observed in actions and inferred intellectual processes applied and connected experiences used. The observed peoples' actions were noted (see table 1 Observed Health related peoples' Behaviours).

Table 1 Observed Health related peoples' Behaviours).

Covid 19 Health related expected daily practices	Observed peoples' daily practices
Peoples' health literacy display or showcase	<ul style="list-style-type: none"> • <u>No adherence to Covid 19 guidelines-2 in 5 people were not wearing mask nor social distancing;</u> • <u>Misunderstanding of social distancing in cars-it was perceived as a form of racism;</u> • <u>No peoples' display depicting the difference between the pre-existing state/first weave of Covid 19 and the second weave;</u> • <u>No self-reflection on the first weave causalities or fatalities;</u> • <u>Covid 19 did not occupy transformative role in some peoples' behaviours;</u> • <u>No peoples' empathy to government's effort to curb the virus;</u> • <u>Providing information on Covid 19 guidelines did not significantly increase some peoples' expected behavioural changes;</u> • <u>Lack of hope trust among the participants.</u>
Peoples' responses to Covid 19 prevention strategies.	<ul style="list-style-type: none"> • <u>Some not recognising the life-saving benefits of early detection;</u> • <u>Some not responding to free "screening" opportunities;</u> • <u>Overlooking the broader social and financial costs of wearing a mask and social distancing;</u> • <u>Some people were indirectly urged by key cultural event to</u>

	<p>“screen” and contributed to the reduction of the spread of the virus;</p> <ul style="list-style-type: none"> • Key cultural event stopped <u>–unthinkable</u> victims and potential spreaders of the Covid 19 virus; • <u>No peoples’ empathy on</u> government selfless effort to stop the spread of the virus.
Cognitive Processes and Comprehension of the implications of non-compliance to Covid 19 Guidelines	<ul style="list-style-type: none"> • The culture of business-oriented <u>override</u> the culture of health sensitivity among people, forced them to <u>ignore</u> guidelines; • <u>Economic consequences of non-compliance</u> were not profound understood and thought off; • <u>Limited applications of critical thinking</u> skills and thinking disposition-displayed through wearing a mask without social distancing; • People <u>displayed familiar syndrome-the fact</u> that workmates were working together on daily basis blindfolded them and influence them not to wear a mask or social distancing in their working zones; • The <u>unfamiliar became familiar or the strange</u> aspect of Covid 19 became familiar to some work mates; • People reorienting themselves.

V111. Data analysis

The data was analysed through content analysis and reflection. The observed and inferred data was analysed to tease out the visible and invisible messages related to the research questions. Both content analysis and reflection were used as a form of making sense of the data in relation to peoples’ responses to Covid 19 prevention strategies; Peoples’ capabilities to show case their health literacy through Cognitive processes and comprehension of the implications of non-compliance to Covid 19 Guidelines were teased out. The analysis led to different patterns and themes as underlined in table 1.

The data was further analysed through reflection, as defined by Yip, (2006) as a critical analysis of related concepts and behaviours in relation to practice or peoples’ actions (Atkins and Murphy, 1993). In this study the practice include the prevention of the spread of Covid 19 and critical thinking skills and peoples’ behaviours in relation to Covid 19 guidelines. Reflection helps in examining components in a situation, even in identifying existing knowledge, peoples’ critical thinking skills and thinking disposition (Atkins and Murphy, 1993) to Covid 19 guidelines. Thus, the reflection lens was used as a process of making sense of the data and clarifying the meaning in relation to the research question or matters under study Boyd and Fales, 1983).

The data was analysed to ascertain consistency and harmony between peoples’ behaviours and Covid 19 guidelines’ requirements. Consistency and harmony between peoples’ behaviours and Covid 19 guidelines may make the advocators of Covid 19 guidelines comfortable in the intentions and prevention processes of Covid 19. On the other hand, inconsistency between peoples’ behaviours and their critical thinking skills and thinking dispositions which may make government officials uncomfortable and be at variance with their roles of preventing the spread of Covid 19, through the use of the guidelines were ascertained.

1X. Findings and discussions

The peoples’ level of health literacy and critical thinking skills application and thinking disposition were not at the expected level. Their capability to reason were discouraging when taking into account the severity of the virus and explanations given by the Ministry of health and social welfare on how deadly the virus was. For example, it was found that 2 in 5 people were neither a wearing mask nor social distancing. They overlooked the broader social and financial costs of wearing a mask and social distancing. Levy and Royme, (2009) had also put some emphasis on the influences of the peoples’ inability to assess health matters in relation to social costs.

Some of the participants misunderstood the concept of social distancing in cars as it was perceived as a form of racism. They displayed their lack of critical thinking skills and understanding of the purpose of social distancing and its health related implications. Levy and Royme, (2009) also emphasised that if people are not able to examine healthy information, process them it, they could find it hard to make appropriate decision.

It was found that people were not better stewards of their own safety, health, and lacked critical thinking skills to navigate Covid 19 guidelines and overcome their contextualised oriented thinking deficit because of their social contexts. Milner, (2020) noted that people live in social contexts that have massive bearing or influence on their development, thinking capabilities and behaviours. The social contexts of the participants in this study disrupted or interrupted government’s effort of preventing the spread of the virus. Some were not able to brave difficult conversations that lead to understanding of the concept of social distancing in (complex contexts-in cars) in relation to their health and safety of others. Pfathericher et al.,

(2020) demonstrated that Covid 19 was not an only health matter but an educational matter because of the crucial roles played by both affective and cognitive empathy in promoting health care professionals' adherence to social distancing and hand washing compliance to protect other people.

The study indicated that some of the participants had a larger, more encompassing problem. They had an empathy deficit on government's effort in reducing the spread of the virus and for those who died serving the nation on Covid 19 related matters. Providing information on Covid 19 guidelines did not significantly increase some peoples' expected behavioural changes and being empathetic to those who lost their lives serving the nation on Covid 19 different capacities.

The people had difficulties in re-orienting themselves empathically towards relatives of those who lost their lives and to government. Pfatthericher et al., (2020) demonstrated that wearing a mask and physical distancing are related to peoples' empathy for those mostly vulnerable to the virus and those who have lost their lives fighting against the spread of the diseases.

The peoples' behaviours depicted the absence of self-reflection on the second wave causalities or fatalities. The second wave of the virus had shocked the nation and paralysed government's effort on her fight of the virus and this was expected to influence peoples' thinking and shape their behaviours. The second wave of the virus did not enable a greater sense of focus on the guidelines and oneness among the people, and on the government's effort on preventing the spread. This wave was expected to promote the culture of reflective thinking, unity and a purposeful single focus on respecting the guidelines. The absence or lack of the culture of reflective thinking can be seen as symptomatic of not only for a single programme but the broader problem of the education system and with multiple implications. Yip, (2006) has convincingly demonstrated that some educational programmes such as in social work are integrated in nature with multiple implications, which require people to exercise judgement under extreme pressure, knowing that the consequences of not responding correctly have broader implications.

Covid 19 did not urge the people to reflective, be involved and recall past experiences on the first wave of Covid 19, evaluating their present and past experiences on Covid 19 and search for new perspectives and new health behaviours. Yipe, (2006) indicated that reflection is self-involving, in recalling the past and present horrific situations (where most people lost their lives due to Covid 19). Vamos, at al., 2016 and Buij, (2009) have shown that education and health have shared interests in helping people to reflect in their actions in order to leave a healthy life.

It was indicated that people were indirectly urged by a key national cultural event to "screen" and this contributed to a limited reduction of the spread of the virus. Vamos, et al, (2016) stated that health matters and educational ones involve systemic interactions between the individuals or citizens and other different systems in societies. Some of the people who partake in the Covid 19 screening exercise were discovered to be positive and received the appropriate care, support and treatment. Thus, the identified people were treated and not spread the virus across the population. The key national cultural event stopped the unthinkable potential spreaders of the Covid 19 virus. To an extent, the spread of the virus was minimised and some lives were saved because the cultural event provided a rare opportunity for people to undergo the screening exercise.

The existing money driven culture blindfolded people and forced them to override the culture of health sensitivity and ignored the guidelines and the socio-economic implications of not adhering to the guidelines. The money driven culture also blindfolded people on the implications for the overall of economies of the country and the wellbeing of the individual citizens and families.

People displayed the familiar syndrome on Covid 19, they believed that they were too familiar with their social contexts and workmates as they were working together on daily basis and these blindfolded them and influence them not to wear a mask or adhere to social distancing rules in their working zones. Milner, (2012) noted that when people adopt a familiar syndrome in their thinking they can run the risk of consciously and subconsciously avoiding and missing the important aspect of the matter. The familiar syndrome made the people to lose their potential to occupy transformative roles within the constraining Covid 19 environments. It was revealed that the way people respond to guidelines was not influenced only by the guidelines but also by their critical thinking skills, reasoning power, beliefs, and attitudes towards them.

X. Conclusion

There is a complex interplay between the Covid 19 guidelines and the peoples' critical thinking skills and other behaviours. It was concluded that the peoples' behaviours and guidelines were shaped by broader layers of contexts (their critical thinking skills and the dynamics between them). The dynamics included their social contexts (eager to work for survival and their social enjoyments). Covid 19 is one of the rare "wicked social problems" the world has ever experienced with capabilities to exacerbate the existing injustices, inequalities and poverty in societies.

It was concluded that people's different social contexts blindfolded them on the implications of their failure to adhere to Covid 19 guidelines. This depicts the absence or lack of the culture of reflective thinking

which can be deduced as a broader problem of the Eswatini education system, and its capability to promote reflective thinking skills. Covid 19 is a complex and cognitive demanding health national problem because some of its prevention strategies such as the secondary prevention or screening require people to think and reflect on the implications of not screening versus screening. People did not fairly display their capabilities to engage in self-reflection, look at implicit understandings of their actions and those of their colleagues or workmates in relation to guidelines.

It was concluded that some people had an empathy deficit on the Eswatini government and international community's effort in reducing the spread of the virus and for those who died serving the nation on Covid 19 related matters.

It has been concluded that health literacy is not only a health matter but inter-sectorial matter to be improved through integrated programmes because of its broader implications. Education, health literacy, hope, Covid 19 Guidelines in Eswatini were in interaction and influenced peoples behaviours, thus, changes in the core teaching and learning of critical thinking skills ad reflection on practice are necessary to hinder an accelerating growth in Covid 19 infections and peoples' misery.

It may be recommended that the education system needs to pay extra attention on the enhancement of the critical thinking skills through different educational programmes. Education officials have to consider what necessary changes have to be initiated to the critical thinking skills pedagogical discourses for young that could have the greatest impact on the educational programmes to enhance the teaching of critical thinking skills and health literacy.

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