

COVID-19 in Nigeria: Personal observations and need for safety measures

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Abstract

The novel coronavirus pandemic is a public health emergency with international concerns. It led to various countries across the world shutting down economic and social activities and promoting various preventive measures. Educating the public on safety measures for COVID-19 will not only save lives but will reduce the rate of community transmission and promote preventive health practice. Nurses and other medical health workers in the Nigerian health sector need to play an active role in public education to curb the spread of COVID-19. There is a need for safety measures by the public and health care workers. It is however important to acknowledge that preventive measures such as the use of face mask, hand washing, social distancing, and sit-at-home are not common or routine activities that people are used to hence the need for proper awareness. This short report presents a field visit and personal observation on COVID-19 in Nigeria.

Keywords: COVID-19, patient, health, medical, social work

Introduction

The novel coronavirus pandemic is still new to most nurses and medical social workers in the Nigerian health sector. Nurses are key personnel in the provision of health care services to patients in the Nigerian health care sector. Medical social workers are also important personnel who provide psychosocial support to patients in a few health public care facilities in Nigeria. While awareness is important, reports revealed that medical personnel such as nurses, doctors, and other frontline medical personnel are in danger of infection if preventive measures are not strictly adhered to while attending to infected COVID-19 patients (NCDC, 2020). There are reported cases of several health workers being infected in different countries (Buonseuso, et al, 2020). With this knowledge, nurses and other health care workers in the Nigerian health sector need to be careful while providing care in order to stay alive to save lives. Adhering to standard preventive measures is key in providing care to confirmed COVID-19 patients and others with unconfirmed cases of COVID-19.

Standard procedure for nurses in the care of a patient with COVID-19 according to the WHO (2020a) standard includes the use of Personal Protective Equipment (PPE) to reduce transmission and restriction of the number of people visiting confirmed

COVID-19 patients. PPE should be discarded in an appropriate waste container after use. Waste containers should be kept outside in a place far from the treatment room and admission wards. Hand washing hygiene should be performed before putting on and after taking off PPE. Nurses should also ensure that the number of visitors should be restricted and in places where nurses and other medical personnel will have to use the staircase, touching of the handrail should be discouraged. The WHO guideline on COVID-19 also noted the importance of nurses restricting health care workers from entering the rooms of COVID-19 patients if they are not involved in direct care. Nurses have a duty to remind other health care workers involved in the direct care of COVID-19 patients on the need for use of gowns, gloves, medical masks, and eye protection (goggles or face shield) while attending to confirmed cases.

It is possible however, that some medical personnel due to work pressure may not be mindful of using some of the provided preventive equipment to safeguard themselves while attending to cases. This can be counterproductive when ignored as nurses and other medical personnel need to stay healthy to save lives. Duan and Zhu (2020) recommended that under strict infectious measures, non-essential personnel such as clinical psychiatrists, psychologists, and mental health social workers should be discouraged from entering the isolation ward for patients with COVID-19.

Furthermore, the WHO guideline also recommended that nurses consider minimizing the number of times a room is entered by checking vital signs during medication administration and plan which activities will be performed at the bedside. Other preventive measures for health care workers include proper disposal of used treatment materials in a waste container, frequent hand washing, and social distancing (WHO, 2020a). More importantly, nurses should avoid touching their mouth, nose, and eye after attending to a patient whether with a confirmed or unconfirmed case of COVID-19.

Perception and beliefs about COVID-19 by community members

My observation during the COVID-19 pandemic as a public health care officer in the Nigerian health sector was revealing. Also, my daily interaction with health care practitioners and members of the public in the wake of the coronavirus pandemic showed that many people do not have adequate knowledge of COVID-19. I heard stories like:

Nne, this thing that they are talking about is not true, where is the corona sickness in this our village. No, tell me where is it? That disease is not for us but for people in those white people's country...it cannot come here. There is no case in Anambra even that one that came is not true. We should stop talking about that thing and think of how to take care of our families.

Based on my job description as a nurse in a public health institution, I engage daily in providing health care services to patients who visit the clinic with various cases of ailment. I do this in collaboration with other medical workers. My observation shows that patients that visit health care facilities during the period of COVID-19 show little or no attention to preventive measures. Many people that visit health care facilities still exhibit doubt about the existence of the virus and those that know about the virus also expressed pessimism on the possibility of contracting the virus even with violation of

preventive measures. For instance, in my interaction with a male patient, he was quick to say:

Nurse, there is no coronavirus in Nigeria, it is propaganda. I don't need to wash my hand or do any of those things you people are talking about. Don't worry because nothing will happen to me. Our God is in control and no weapon formed against me shall prosper.

For another elderly patient, he cheerfully explained:

...well, there may be coronavirus in Nigeria and it is also possible that there is no coronavirus in Nigeria...I think there is no virus in Nigeria. I think there is a war between medical doctors and herbal doctors. Something you don't understand what is happening in this country until you are told. I have this inner belief that there is no virus in Nigeria.

This kind of comment is common with many patients who visit the clinic and others in the community. Many people are quick to dismiss the topic as they feel that there is nothing like coronavirus. Many do not even see anything so important with adhering to any preventive measures. Some of the feedback we got during our interaction with community members include:

"Please don't worry about me, I will be fine whether I wash my hands or not". For another female respondent, "Why are you people disturbing people with something that is not real, well I will wash my hands but not because of coronavirus". Another male respondent said to us:

I wash my hands and I want to believe that there is something like coronavirus even though I don't believe everything about coronavirus...like this social distancing, I don't believe that one. Go to "Eke Ekwulobia" (referring to a big marker in the neighbouring community) and see things for yourself whether there is anything like social distancing. We have been going to the market since the lockdown and touching ourselves even without washing our hands, how many people have the coronavirus killed in this community.

This act of negligence was common feedback during the discussion with some indigenes of the community. For a few others, adhering to preventive measures was more of an oversight since it is something that they are not used to. This oversight needs to be addressed during community sensitization outreaches.

Outcome of community sensitization

We undertook the outreach to Oko on the 7th of April 2020. Oko is a small semi-urban community located in Orumba North Local Government Area of Anambra State, South-East Nigeria. This trip was borne out of the desire to promote awareness on COVID-19 in the community and contribute to the effort of the state government in curbing community transmission of the virus. The team was made up of a social worker, a field officer from a Faith-based Organization, and a nurse. We made a field trip to some villages in the community where we spoke with some household heads and other members of the extended families. We also spoke with people in the market places, commercial motorcycle park, and ATM stands. The use of native dialects was a huge advantage and provided an opportunity for effective communication. The sensitization campaign was conducted in the morning and evening in the form of one-

on-one interviews, home visits, and market sensitization. We also spoke with people via phone calls. Safety precautions were adhered to during the public and house-to-house visits. The visit to the community provided us with the opportunity to hear stories about people's perceptions of COVID-19. Our interaction with people revealed that COVID-19 was more of a myth to many people than reality.

My observation also revealed that some health care officers by sheer oversight neglect adhering to safety preventive measures hence the need for more enlightenment. Adhering to safety by health workers should not be undertaken only by those in places with reported cases. There is a need to build the capacity of nurses and other health workers in places where there are no reported cases of COVID-19 so that they are adequately prepared to tackle the challenge in case of a possible outbreak. Observation and interaction with people during our home visit during the COVID-19 pandemic revealed that many people go around with medical masks and hand gloves for fear of contracting the virus. Others use handkerchiefs and cloth masks to cover their nose and mouth while in public places but still use their hands to pick their nose and eye. There are also a few people who use their hands to cover their mouths and nose while in public places not knowing the consequences of such an act. We got feedback like:

"...I am using this handkerchief to protect myself..."

"...They say we should use anything to cover our mouth and nose..."

"...I use this cloth mask because it is cheap and also good to prevent this disease...yes there is coronavirus oh!

"I forgot my face mask at home so I am using my hand to cover my nose and mouth...there is sanitizer on my hand...yes I can shake my friends since there is sanitizer in my hand. That one is enough because it can protect me for the whole day"

"...I have just one face mask and I don't wash it every day because I don't use it everyday"

"I only cover my mouth and nose because there is saying that *nkwucha abughi ujo*" (meaning that being careful is not because one is afraid of anything).

"...at least with this covering of face and mouth, I think I am safe from any disease ..."

While the personal action of people to take responsibility for controlling the spread of the virus is commendable, people must be given proper education on the right thing to do. It took us time to explain and educate people in public places we visited. Though there is strict enforcement on wearing face masks in public places by various state governments, it is, however, necessary that people are educated on the use and hygiene practice with the use of face masks. Nurses and medical social workers must join the team to educate both in-patients and out-patients. According to WHO (2020a), wearing medical masks may cause unnecessary cost and a procurement burden that create a false sense of security that can lead to the neglect of other essential preventive measures. It is commendable that the government of various state support use of cloth mask which is affordable and can be re-used. It is however important to note that the public need to be educated on the need to wash cloth mask to avoid possible infection. This is an area where medical social workers and social workers in other areas of practice can educate the public in their various communities.

Conclusion

Nurses and social workers need to be part of the team that will promote awareness of COVID-19 in medical facilities and communities in Nigeria. It is therefore important that nurses provide education on COVID-19 for those who visit public and private health care facilities. To contribute to the effort to reduce the spread of COVID-19 in Nigeria, nurses and social workers can volunteer to raise awareness on the COVID-19 pandemic in various communities. We do not need to wait until we have reported case of COVID-19 in our community before we start awareness promotion. We can lend a helping hand by offering volunteer services in our immediate communities to increase awareness and help people understand that COVID-19 is real and not imaginary. The coverage areas of our community sensitization may be small due to certain limitations like fund and project vehicle, we are however happy and fulfilled contributing in to the effort of saving lives in our community. We save lives when we educate our community members about COVID-19 and the need to stay safe by adhering to preventive measures.

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