

## **COVID-19 in our communities: When caution was thrown to the winds**

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### **Abstract**

Various media channels have tried to increased awareness of the novel coronavirus pandemic especially its effective preventive measures. This awareness however is yet to translate into compliance with the preventive measures. In this paper, we report observation in two communities in Anambra State, south-east Nigeria. Majorly, community members believed that the novel coronavirus was more of a hoax than reality with a negative impact on livelihood. We also found that knowledge of COVID-19 is still low as safety measures are not fully adhered to and often neglected. This negligence is a concern and thus suggests the need for engagement of social workers in the management team of COVID-19 to prevent community transmission. Safety measures through the enforcement of social distancing, hand washing, use of face mask, and other protective measures should be intensified. We recommend the mitigation of the impact of COVID-19 through the distribution of palliatives using community approved standards to address the need of the most vulnerable in local communities.

**Keywords:** Coronavirus, COVID-19, palliative, social distancing, knowledge.

### **Introduction**

On February, 27<sup>th</sup> 2020, the first official case of coronavirus (COVID-19) was announced in Nigeria by the Nigeria Center for Disease Control [NCDC] (NCDC, 2020). A few weeks after, more confirmed cases of the novel coronavirus was reported in different states across Nigeria. This resulted in the lockdown of states thereby affecting education, businesses, and religious activities across the country. Many people were confined to their location due to the lockdown as the inter-state movement was restricted with the stay-at-home orders. Reporting from two different locations (Nnewi and Oko) within Anambra state, southeast Nigeria, we present our observations based on interaction with people during the lockdown. These observations which started in April 2020 and still ongoing are also supported by interviews of some community members.

### **Findings**

#### *Perception and beliefs about COVID-19*

Our personal interaction as social workers with people in our community revealed that the news of the novel coronavirus in Anambra state came with different feelings and

behaviour. While the news brought so much terror, apprehension, mixed feelings for some group of people, and to some others, a feeling of outrage. Being that the first case of confirmed coronavirus in Nigeria was a foreigner; an Italian and other known victims of the virus as at then were "the elites" and "political figures", some Nigerians thought that the "selectiveness" of the virus might be God's way of bringing about changes and restoring good governance in our political system. Common comments that were outstanding with some people within our locations include: "That is their punishment for not investing in their country's health system" and "coronavirus is a disease for the rich".

Furthermore, with the controversy that surrounded the first index case of COVID-19 in Anambra state, many people within our location could not come to terms with the reality of the novel coronavirus (Eleweke, 2020). There were various misconceptions about the pandemic that needed the engagement of social workers at the village, local government, and state level to help dispel fake news and transmit relevant information. Social workers were however missing in the team of COVID-19 health workers providing both awareness and palliative services in the communities. This omission as we noticed during community observations and interviews may be part of the reason why most community residents believe that the novel coronavirus is a hoax more than a reality since they were not dully tutored as asocial workers would have done.

In both communities, views on COVID-19 differed but were focused on some salient issues. For instance, most community members believed that the novel coronavirus was more pronounced among the rich politicians that spend government funds at the expense of the provision of welfare services for the people. Some expressed it this way "the sickness is for the top politicians who travel around the world...it is not for the poor". Many others as we witnessed argued on the possibility of the virus being transmitted within the country considering Nigeria's hot climate, hence a hoax. For those with a dogmatic religious perspective, they interpreted the pandemic as God's punishment for the sins of mankind and thus considered it a sign of "end times". Some others noted that it was a means for the government at different levels, ministries, and other parastatals to cash out aids given to fight the virus. Some citizens perceived it as a disease that would take its toll and fade away just like other diseases. There were comments like: "there is no need for all this lockdown and punishment that government is giving to people, the sickness will come and go". An elderly woman in one of the locations said: "Those that will die will die and those that will survive will survive. After all, influenza that killed our forefathers in those days did not wipe out our entire generation".

#### *Preventive measures on COVID-19*

Our observations showed that community and religious leaders do not have adequate knowledge of COVID-19 neither do their community members. Many residents do not believe that the preventive measures as directed by the state government are effective ways of curbing the spread of COVID-19. Some of the responses we got during our fieldwork experience revealed the following:

"Well, we use to have such disease in those days when there was no medical solution. So I don't understand why this corona thing should be a problem for the entire world at this time when we have many medical doctors"

“I know that what they are saying about coronavirus may be true...yes it may be killing people... but somehow, I do not believe that what our government is telling us is true. I don't just believe and I don't know why”

“The disease is not here in this village because they said that the disease is only in Lagos and Abuja. I don't even want to know about the sickness because there are so many other important things to worry about”

However, there were a few who were very cautious of the preventive measures and adhered strictly to the protective directive given by both state and federal governments, who believe that the COVID-19 pandemic was real, life-threatening, and a huge public health risk. Those that saw the novel coronavirus as real were very cautious with the use of protective equipment and preferred staying at home for fear of contracting the virus. An encounter with an elderly man was revealing as he boldly said “I will not leave this house as long as this sickness is still around in this country, I am not joking... this compound is big enough for me to walk around every morning”.

The skepticism of some Nigerians would not change the fact that we need to fight to win with the novel coronavirus especially with regards to the transmission of adequate information to people in our community. The World Health Organization [WHO] (2020b) and NCDC (2020) advised on several methods to help prevent the spread of the virus and save the health system from complete collapse. Such measures among others are hand washing, social distancing, wearing face masks, use of alcohol-based hand sanitizer, etc. (WHO, 2020b). The need for preventive measures such as hand washing practice, hand-rub sanitizer with alcohol-based, and use of other Personal Protective Equipment (PPE) have been reported in studies to be effective in containing the spread of the novel coronavirus (Gould, et al, 2018; Jordan, 2020; WHO, 2020a). These preventive measures are regarded as safety precautions that the general public needs to adhere to contain the spread of the virus. Many, people in our different locations from our field experience during the lockdown questioned the efficacy of the preventive measures.

In one of the locations (Nnewi), an encounter with a market woman at Nkwo Nnewi yielded the following statement; “if you really want to buy something from me, you have to remove your face mask because the mask is your way of saying that I have mouth odour”. It was obvious that many people were not comfortable with the use of the face mask. In another location (Oko), the face mask was worn by some people just to obey the directives of the state government and not with the intention of curbing the spread of the virus. Diverse population groups in both locations did not see the need for face mask except for a few. Some responses we got during our community field trip revealed thus:

“I don't like using that face mask because it chokes me due to the health problem I have”

“There is nothing bad with the face mask, I use it and all my children have their own...”

“I don't like the face mask as it changes the appearance of people you know.

“When you see the person you know before, you wouldn't be able to recognize the face again”.

“If I wash my hand, do I still need to use the face mask?”

“...yes I wear it when going out especially to the market because they will not allow you to enter if you don't have it and if you don't have, then you will be forced to buy one there”

#### *Use of protective measures in public places*

We are very much aware that the federal government made laws that are binding on states about preventing community transmission of the novel coronavirus. In Anambra state, the governor of the state made it mandatory for every public place such as restaurant, financial institutions, church, mosque, petty trading supplies stores etc to have at least a bucket of running water tap, soap, and hand sanitizer. We sighted these small water bucket taps during our community visit but were discouraged with the approach to the use of such public preventive measures. We observed that while some people were conscious of the use of available public preventive measures, others were not. In most places, the water buckets were just for window dressing and never used. Some shop owners even frown at people using their soap and water to wash as they considered it a waste. An encounter with a petty trader revealed that some water buckets placed in public places are not being used by the public for some reason. She stated that;

...why will I wash my hands in my shop? Didn't I wash in my house before coming out? This water bucket and soap are just here because of the police and government officials that are checking us. I don't want them to make trouble with us... tell the governor to provide soap for us. There is no borehole in this community, let the governor come and give us free water in this market... yes we are buying water.

For other persons, however, the bucket of water tap in public places was fully utilized and some even insisted that customers coming to buy must wash their hands.

#### *Social distancing in religious and public activities*

In our location, religious activities were suspended completely for over three weeks then relaxed. One community member noted, “I could remember entering a church to sit for the holy mass only for the person sitting at the edge of the pew to excuse himself. At first, I felt uneasy until I observed that the congregation maintained three persons per pew”. Social distancing was more valued in church gatherings than any other palace based on our observation. There was nothing like social distancing in market places that we visited during the lockdown as the normal push and pull were still the same everywhere in big markets. This was indeed a concern that needs the attention of local leaders to educate people more on the need for social distancing. Activities around burial and wedding ceremonies were put on hold but later relaxed toward the end of June. A visit to one of the burial ceremonies in my community revealed that social distancing was not practiced and the number of people in attendance was over three hundred. The usual traditional way of greeting and exchanging pleasantries was obvious. With hugging, shaking of hands, and talking at close range, caution was thrown to the wind as far as social or physical distancing was concerned.

We also observed that bus drivers and tricycles maintained two persons to a sit behind thereby making transport fare worrisome and tasking for the people who could barely afford three meals a day. I watched while standing on a not too busy road to see how people act with regards to sitting arrangements in a tricycle, bus, and the popular

motorcycle called okada in my location. It was both an interesting and worrisome sight to behold. The commercial buses and tricycles adhere strictly to just two passengers behind the driver and one passenger in the front with the driver. Physical distancing was to some extent maintained even though most passengers were not with any face mask. It was worrisome beholding okada riders and their passengers rubbing body parts with no form of physical distancing or use of a protective mask. This further suggests the need for social workers to be considered as part of an essential workforce that can spread information on COVID-19 in rural communities across Anambra state. We are aware that The United Nations Children's Fund (UNICEF) was very active with creating awareness on COVID-19 in Anambra state but it is not clear how many social workers in the state were part of this sensitization programmes. Working with development partners such as UNICEF, government and other local Non-governmental organization can help publicize relevant information of COVID-19 thereby preventing community transmission.

#### *Impact of lockdown on families and livelihood*

From our observation, the lockdown prevented many Nigerians from working in both formal and informal sectors from traveling to work or conducting their businesses. Local food vendors and traders expressed fears over their inability to feed their families during the lockdown. An increase in food prices as a result of the lockdown means that many cannot restock on necessities. The informal sectors in which the majority of people worked include a wide range of occupations such as street traders, artisans, food vendors, hairdressers, etc. Informal workers have lower income and often do not have savings, health insurance, or pensions that provide them with a basic social safety net. The only safety net according to those we spoke with were their families and friends.

Our observation and interaction via telephone conversation with people during the lockdown revealed that the lockdown is not without a consequence on the people. Comments from the public showed that those that depended on daily income were the worst affected as they were forced to disobey government directive in a bid to keep hunger at bay. This was not just for themselves but also for their children and other dependant family members. Many responses revealed the hard times that families were going through in terms of the provision of basic needs especially food.

“...look at me, before the lockdown, I was selling rice every day to feed these children, but with everybody at home, who are you going to sell to. If this thing continues, I don't know how to take care of these children”

“You cannot have everything coming from your farm. Even if you have vegetables and yam from your farm, are you not going to buy oil to eat the yam with it?”

“Hunger is the greatest problem for me in this lockdown...the palliative is not shared to us... we must go out to look for what to eat and sell. This stay-at-home will not work”

The impact of the lockdown on household income cannot be overemphasized. It was indeed challenging for households that depend on daily income during the pandemic. Generally, in economic terms, the COVID-19 outbreak is impacting negatively on government revenues, businesses, families, and individuals across the nation. The economic impact is very high and perhaps the government might need more pragmatic

palliative such as social and fiscal policy palliatives and equitable distribution of relief materials. In 2018, Nigeria was announced by the World Poverty Clock to be the poverty capital of the world, with over 40% of its citizens living below the poverty line (Kalu, 2020). More so, a large proportion of the population lives on daily income with no savings to act as a financial buffer during the lockdown. Several households despite their informed knowledge of COVID-19 could not adhere to the stay-at-home order as they needed to desperately fend for their families. This was obvious in our engagement with people in our communities.

#### *COVID-19 Palliative and the vulnerable*

Though President Buhari and other well-to-do individuals made promises of some palliative measures which include disbursing of funds and food items, the reality on the ground, based on personal interaction with community members is far from the promises made. Only a handful of the population received any form of support. The vulnerable were excluded in most cases. There were no means or yard-stick to determine who is vulnerable and deserving as many claimed that COVID-19 palliative should be for all Nigerian citizens. As explained by people in our communities:

“...many families are poor in Nigeria and so should be given palliatives”

“How can you tell me that palliative is for the poor in a community, are we not all poor with this lockdown thing? Where is the money?”

“Palliative should be shared at the Umunna (Kinsmen) level... they know who is who”

“I don’t believe in social register for the poor by the government, who wrote that names in the first place... there is social register with every Umunna, Umuada, and church leader... go and meet them and they will show you who is poor in this community”.

According to those that we spoke to, palliatives should be for all the citizens and not just the poor and the noted that community leaders should be involved in the identification of the most vulnerable in their community. This is an area that social workers can engage state government to know measures suitable for determining vulnerable households.

#### **Conclusion**

Community and religious leaders must play an active role in being a part of the sensitization campaign in rural communities. We also recommend that social workers play an active role by bringing to bear those roles of social work practice through networking with other health providers and development partners in their communities to increase awareness of COVID-19. Above all, awareness of COVID-19, however, should not be limited to radio and television broadcasts, rather it should include visits to communities to see how people adhere to preventive measures.

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