

Containing the COVID-19 Pandemic in Nigeria: A Reflection on Government Actions and Citizens Reactions

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ABSTRACT

The outbreak of the COVID-19 pandemic led to the lockdown of the global economy in the early part of the year 2020. In line with the measures recommended by the World Health Organization (WHO), countries also introduced further mechanisms based on their respective unique environment to contain the virus. This paper reflected on the citizens' reactions to government measures in containing the COVID-19 pandemic in Nigeria. Specifically, it reviewed the government's actions towards containing the virus and how they influenced the citizens' response. The study was qualitative and focused between March and September 2020. Relying on secondary data that were analyzed through content analysis, we triangulated the Persuasive Communication Theory and Resistance Theory to interrogate the government's actions and the citizens' reactions. We argued that the government's approach towards containing the virus contributed to (i) the doubt on the existence of the virus in the country held by some of the citizens, (ii) the lack of strict observation of precautionary measures and safety regulations, (iii) the seeming non-co-operation between the government and the citizens in containing the virus. The implications of this relationship pose challenges for future epidemics, pandemics, and development in the country and could serve as a premise for further research.

KEYWORDS: COVID-19 pandemic, Nigeria, Government, Containing, Citizens, Safety, Precautionary measures and regulations, development

INTRODUCTION

The emergence of disease elicited appropriate preventive and curative measures. While the origin of disease appears to be illusory (Mackenbach, 2006), it seems to be certain that leprosy is the oldest disease in the world (Sarno & Pessolani, 2001; Norman, 2018). Diseases spread as a result of population growth, increased human movements, and interactions which are the function of civilization and urbanization (Dobson & Carper, 1996; LePan 2020).

It is the scale of a disease or the spread that leads to its categorization as either an epidemic or a pandemic (Morens, Folkers & Fauci, 2009). According to ZADIG (2012: 4-50) disease is regarded as an epidemic when "there are more cases of a particular disease than expected in a given area, or among a specific group of people, over a particular period." It is considered a pandemic "when a new infectious agent, or a reemerging one, spreads across multiple continents, or even worldwide." The latter is distinguished from the former based on "geographical spread, disease movement, explosiveness, and high attack rates, minimal population immunity, novelty, infectiousness, contagiousness, and severity" (Morens et al, 2009). The world has experienced many pandemics. Huremović (2019) chronicled the history of pandemics from the religious perspective through recorded history to the 21st century, identifying the periods, places of origin, fatalities, and their impact. LePan (2020) corroborates Huremović's (2019) account, fills the perceived gaps, and extended it to the COVID-19, which the World

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Health Organization (WHO) declared a pandemic on March 11, 2020 (Cucinotta & Vanelli, 2020).

Sequel to the above, countries rolled out measures to deal with the pandemic. In Nigeria, the Presidential Task Force (PTF) on COVID-19 was set up by the President on March 7, 2020, the six COVID-19 alert phases framework in the Response Plan was introduced on May 15, 2020, and the COVID-19 Regulations 2020 came into effect on March 30th, 2020 respectively (Presidency, 2020a; 2020b). According to the Presidential Task Force on COVID-19 (2020:1) the duty of the PTF is "to coordinate and oversee multi-sectoral inter-governmental efforts to contain the spread and mitigate the impact of the COVID-19 pandemic in Nigeria". Strategic amongst its objectives is to "keep the public abreast of strategic progress with Nigeria's response, and emerging developments regarding preparedness and response." In a similar vein, amongst its functional areas the "Risk Communication & Community Engagement", "Infection, Prevention & Control" are very instructive. COVID-19 Regulations 2020 emphasized seven (7) areas: "Restriction/Cessation of movement in Lagos, FCT, and Ogun State, Seaports in Lagos to be operational, Suspension of passenger aircraft, both commercial and private, Need for personal sacrifice, Relief materials, Support of the private sector and individuals, and Government committed [sic] to the fight against the virus" (Presidency, 2020b).

Our aim in this paper is to show that how the citizens responded to the containment of the virus within the period under review was a function of the approach adopted by the government. In doing so, the paper aside the introduction was organized in six sections: (i) a brief literature review, (ii) theoretical framework, (iii) governments actions in containing the pandemic and the citizens' reactions, (iv) how government actions impacted the citizens' reactions, (v) implications for a future epidemic, pandemic, and development in the country, (vi) Conclusion.

Brief Literature Review

Huremović (2019) and LePan (2020) accounts on the history of pandemics share similarities as well as differences. Between 340 BC and 2019, Huremović identified thirteen pandemics with the Athenian Plague as the first and Disease X as the last. LePan identified twenty pandemics between 165 AD and March 12, 2020. His account started with the Antonine Plague and ended with the COVID-19, thereby, filling the perceived gaps in the former's account. Huremović (2019) noted that it was the practice of protective isolation in ancient times through mandatory isolation in the medieval age that metamorphosed to quarantine, which was first observed at the City-state of Dubrovnik, Ragusa, in 1377 during the Black Death pandemic. Pike et al (2010) recognized a time lag between the outbreak of a disease and the development of an approved vaccine, which is affirmed by the case of COVID-19. As a result, they suggested modification of behaviour, health education and public enlightenment, communication strategies as preventive and control measures pending the availability of an approved vaccine.

Wolfe et al (2007) cited in Pike et al (2010) analyzed the emergence of a disease-causing agent and categorized the mode and levels of disease transmission or spread, which they classified into five stages. The World Health Organization's (2011) "Phase of Pandemic Alert for Pandemic (H1N1)" revised in 2009 appeared to have been structured after these stages. Thus, countries adapted this pattern in the design of their respective response, management, or governance framework in containing the COVID-19 pandemic. For instance, while Nigeria evolved a 6-phase Response Plan, South Africa was governed by a 5-level containment framework (Presidency, 2020a; South African Government, 2020).

The outbreak of COVID-19 and its global impact has popularized terms, preventive and control measures associated with containing the spread of a disease on an intercontinental scale. It led to a better understanding of the difference between epidemic and pandemic, social and physical distancing, as well as the meaning of quarantine and its right pronunciation. Others are lockdown or "hard lockdown" (Ranchhod & Daniels, 2020:3) and working remotely, which capture the levels of implementation of stay-at-home and the dominant mode of work or businesses within the period respectively. Personal Protective Equipment (PPE), palliative and stimulus packages are also inclusive and we regard them to be amongst the most popular terms associated with the containment of COVID-19 because they affected everyone in a way or the other. There was no exoneration in the use of PPE, palliative, and stimulus packages that were targeted at supporting the poor and salvaging business. Their procurement and distribution

processes elicited corrupt practices in many countries like Nigeria and South Africa at an exponential magnitude. This led to the emergence of an emergency new class – *Covidpreneurs* (Businesstech, 2020; JGL Forensic Services, 2020) – those who corruptly enrich themselves from the disruptions caused by the COVID-19 pandemic.

Framework of Analysis

The Persuasive Communication Theory explains how to overcome or avoid resistance to change or the desired behaviour in society through appeal or persuasion. Attributed primarily to Carl Hovland and his group, the theory originated in the 1950s and was popularized by other scholars, notably, Petty and Cacioppo (1981, 1986) through their Elaboration Likelihood Model (ELM). According to Ajzen (1992:5) "the Persuasive Communication theory appeals to reason, attempting to bring about change and compliance by convincing the individual of the validity or legitimacy of the advocated position". In other words, message(s) are created and communicated given a prevailing "situation in order to promote a psychological state that leads people voluntarily to engage in the desired behavior" (Ajzen, 1992:5). At the centre of persuasive communication are the [i] context and [ii] message(s), therefore, "beliefs, attitudes, intentions, and behaviors are targets of a persuasive communication" (Fishbein & Ajzen, 1975, 1981 cited in Ajzen (1992:21). This underscores the fact that individual beliefs impact a person's attitude and behaviour, thereby, bringing about certain action(s). Thus, Fishbein and Ajzen, (1975, 1981) cited in Ajzen (1992:18) explain the yielding and impact effects of persuasive communication (likened to the spill-over effects); they argue that a change in a particular belief, attitude, behaviour can lead to changes in other beliefs, attitudes, and attendant behaviours. They further supported this position with the analyses of the theory of Reasoned Action and the theory of Planned Behaviour.

In application to our study, at the outbreak of COVID-19 a little appears to be known about the novel virus. Much of what was touted about it was in the realm of "trial and error" (Volkow, 2020; Nikhra, 2020). For instance, the disease was referred to as coronavirus during its outbreak and was later labelled COVID-19 by the World Health Organization on 11th February 2020 (National Center for Immunization and Respiratory Diseases, 2020). Furthermore, social distancing, a term associated with precautionary and safety measures against the spread of the virus, requiring a minimum distance between or amongst persons, was later found to mean a different thing and physical distancing was adopted as the right term (Hodgetts & Stolte, 2014; Hart, 2020). Again, Omori, Matsuyama, and Nakata (2020) have disproved that age is not a predisposing factor to contracting SARS-CoV-2; rather, its symptoms, progression, and fatality are age-dependent. Little wonder, Spaul et al (2020:1) observe that "policies that are helpful and sensible today may be harmful and illogical tomorrow. Every month seems to yield new information and consequences that were unforeseen even six weeks before".

The outbreak of COVID-19 was trailed by a lot of conspiracy theories that were bolstered by the internet penetration and proliferation of electronic devices, which informed people's beliefs about the virus and their attendant attitudes and behaviours towards precautionary and safety measures.

Based on the scenario, we argue that an ideal approach to containing the pandemic in the country, given when the outbreak was reported on the 8th December 2019 in Wuhan, China, and when the index case was recorded in Nigeria on 27th February 2020 (Amzat et al, 2020), would have been through persuasive communication. In this vein, we argue further that educating and enlightening the citizens on the true situation concerning the state of knowledge and available information about COVID-19, requesting them to take ownership of their safety, and informing them subsequently as new knowledge on the virus emerges, would have encouraged them to adhere to the recommended precautionary and safety measures. As we noted in the introductory section above, the government recognized the need for effective communication. As a result, it was enshrined in the objectives and functional areas of the PTF, thus, mainstreaming it in the five out of the six COVID-19 alert phases framework in the country's Response Plan. Thus, Nelson (2020:1) observes that:

"If there's one universal with COVID-19, it's that at this point in the pandemic, preventing and ultimately controlling local outbreaks relies largely on human behaviors. We have no effective vaccines, so the actions or inactions people and their communities take to modify behavior and mitigate spread are our only means of control".

It was in the wake of these realities, that the government jettisoned persuasive communication in preference for other measures that are perceived and seen to serve selfish interests. Thus, they failed to elicit the expected behaviours from the citizens, most of whom rather resisted them.

We further located our explanation for the citizen's reactions against the government's actions within the framework of the Resistance Theory. The emergence of the theory ascribed to James C. Scott was popularized by Michel de Certeau, Karl Polanyi, Antonio Gramsci, Jocelyn A. Hollander and Rachel L. Einwohner, et al. However, we adopted Vinthagen and Johansson's (2013, 2016) "Everyday Resistance" variant, and tailored its postulations to the peculiarity of our discourse, i.e. the type of resistance, agents, actors or resisters, and target involved, the context and time. The theory explains how people act or behave to change the condition they dislike. Its crux, irrespective of the nuances in variants, is "that resistance is an oppositional act" (Vinthagen & Johansson, 2013:1). According to Johansson and Vinthagen (2016:5) by everyday resistance, "we are interested in individual as well as collective actions that are not organized, formal or necessarily public or intentionally political, and we link them to configurations of power in everyday life." It captures a dominant-subordinate scenario between the agent(s) and target(s) (Hollander & Einwohner, 2004), Johansson and Vinthagen (2016:6) included observer(s), involving who is resisting "in relation to whom, where and when, and how or forms, actors, sites and strategies" (Johansson & Vinthagen, 2016:2&3)". Despite introducing a third factor - observer, Johansson and Vinthagen (2016:8) recognized that resistance usually involves the "dominant and subalterns," then we align with Hollander and Einwohner (2004: 536) "that resistance is directed from an oppressed group towards domination from above." Resistance is the "weapon or tactic of the weak" (Scott, 1990; de Certeau, 1984 cited in Vinthagen & Johansson, 2013) to resist domination, which could either be "coping, survival-

technique, accommodation or avoidance/escape" (Vinthagen & Johansson, 2013:23-24). The resisters whether individuals or groups are found in various places and positions wielding different identities, what relates or binds them together is their common or similar disposition to the target(s) concerning an issue (Johansson & Vinthagen, 2016:7).

Nigeria is an informal sector driven economy, the imposition of lockdown and stay-at-home by the government that introduced stimulus packages and palliatives to contain COVID-19 amidst paucity of data, were perceived as threatening the citizens' lives, especially, those who source of livelihood depends on daily income. There was spontaneous resistance primarily against the lockdown and stay-at-home across the country (Nelson, 2020, Amzat et al, 2020), regarded as coping and survival measures, as the citizens preferred to be killed by the virus, instead of hunger (Briggs & Numbere, 2020). The refusal by some citizens to use the face masks, adhere to physical distancing, and other precautionary and safety measures were secondary, which were a function of the government actions as noted above and analyzed in the next sections.

Governments Actions towards Containing the Pandemic and the Citizens' Reactions

The centrality of the government's role in the success or failure of containing the COVID-19 is obvious (Adepoju, 2020). On the incidence of COVID-19, South Africa was regarded as the country with the highest case in Africa and was ranked the fifth globally (World Health Organization, 2020:2). In recognition of this scenario, as well as the health status of its citizens and their lifestyle, the government banned the sale of alcohol, tobacco and implemented a very strict lockdown measure that was described as a 'hard' lockdown (Casale & Posel, 2020:1). Furthermore, the implementation of 33% cuts in the salaries of elected and appointed government officials for a period (Isilow, 2020) demonstrated commitment to containing the virus, which elicited a minimum of R5 freewill donation at the outlets of a certain Retail Shop to the cause by ordinary citizens when making payments for their purchases (Engelbrecht, 2020).

The actions of the Nigerian government towards containing the pandemic did not reflect the peculiarity of the country, and they accounted for the non-co-operation of its citizens. We categorized the actions into two broad groups, which we framed as (i) adapted measures, and (ii) introduced domestic measures. The former were the socio-medical precautionary, safety, control and remedial measures recommended by the World Health Organization like physical distancing, hand washing with running water and soap, the use of alcohol-based sanitizer, the use of Personal Protective Equipment (PPE): Facemasks, gloves, overalls, aprons, etc, stay-at-home, lockdown, isolation, contact tracing, case management (Abowei, 2020; Nelson, 2020; Dixit, Ogundeji & Onwujekwe, 2020). On the other hand, the latter were (a) travel ban (Partial and total), (b) curfews introduced to regulated movements, and (c) the economic and fiscal measures (stimulus packages and palliatives) to cushion the impacts of the pandemic. These are one year moratorium for all Central Bank of Nigeria loans, reduction of interest rates on all Central Bank of Nigeria loans from 9% to 5% for a given period, provision of N50 billion credit facility by the Central Bank of Nigeria to support to Micro, Small, and Medium Enterprises (MSMEs), including

hospitality and aviation businesses, N100 billion intervention fund for the health sector, granting of leave to Deposit money Banks to extend duration of credits granted customers for a period, N1 trillion intervention fund for the manufacturing sector, N523.3m “Lockdown School Feeding Programme”: Abuja, Lagos and Ogun States, N20, 000 Conditional Cash Transfer (CCT), and the reduction and hike in petroleum pump price (Tijjani & Ma, 2020; Ayeni, 2020; Banwo & Ighodalo, 2020; Onyekwena, & Ekeruche, 2020; Sanni, 2020; Wahab, 2020; Obinna, Iniobong, Odoh & Kwen, 2020).

The citizens’ reactions were mixed (negative and positive). On the negative side were: the perception that COVID-19 was either non-existence, Africans are immune to the virus, a hoax, conspiracy, elite’s disease - “rich man’s disease,” or artificial creation for selfish gains; partial compliance with precautionary and safety measures, resistance to lockdown, stay-at-home, and inter-states travel bans, refusal to go for testing – (Testing Centres/Laboratories as at August 5, 2020, were 62 in 32 states including the FCT, the number of samples tested as at Friday 21/8/2020 was 369, 904 out of about 200 million Nigerians (Nigeria Health Watch, 2020; <https://covid19.ncdc.gov.ng/>), and industrial action (strike) by some health workers. On the positive side were: indigenous inventions of PPE, ventilators, antidotes to the virus, donations to the federal and state governments by some private establishments and individuals (Howe & Shapiro, 2020; Campbell & McCaslin, 2020; Abowei, 2020; Nwaubani, 2020; Donnelly & Hassan, 2020; Olapegba et al, 2020).

How Government Actions Influenced the Citizens’ Reactions

The citizens complied with preventive and safety measures in the era of the Ebola outbreak, thus, the World Health Organization (2014) acknowledged Nigeria’s response and actions to containing Ebola as “world-class.” Why are the citizens not complying with the preventive and safety measures to containing COVID-19?

We argue that the following government’s actions influenced the citizens’ reactions:

Defective containment approach: The same approach that the government employed from the onset when information about the virus was sketchy (Roli & Elizabeth, 2020; Amzat, et al, 2020:3), was being used, even though new information has emerged and are still emerging that warranted a change in approach.

Public enlightenment and education on the virus were not prioritized: Concerted efforts were not devoted to massive and intensive public enlightenment and education on the virus to facilitate the citizens taking ownership of their safety. This led to misinformation, confusion, fear, panic, and erroneous perceptions of the virus (Odubanjo, 2020).

Neglect to tap into indigenous inventions: Personal Protective Equipment and ventilators were manufactured in places like Aba, Kaduna, etc, in the country (Olatunbosun, 2020), when these items were in short supply globally. Despite the government’s announcement of N1 trillion intervention funds for the manufacturing sector, assistance was hardly received to boost the production of these items

for local use, least for export. Furthermore, the government did not show interest in either advancing the use or further verification of the 21 listed antidotes to the virus qualified by the National Agency for Food and Drug Administration and Control (NAFDAC) as “Safe to use” (Healthnews.ng, 2020). Ironically, the Russian launched a vaccine for the virus which did not observe the full process of clinical trials or procedures for orthodox medicine (Walker, 2020) backed by its government.

Lack of Altruism on the part of government officials: At the outbreak of the virus, the government did not show genuine concern and commitment to containing the pandemic. It failed to cut the contentious humongous salaries and allowances of its elected and appointed officials, and channel them to the fight against the pandemic, as was the case in South Africa. Instead, the pump price of *petroleum* was manipulated to douse the citizens’ resistance to the government’s action in the first instance. Later, it was hike alongside the electricity tariff (Umoru, Young & Agbakwuru, 2020), causing inflation and compounding the hardship the citizens faced by disruptions impacted by the pandemic.

Failure to sanction government officials accused of COVID-19 related corrupt practices: The pandemic is viewed by many citizens as an opportunity to embezzle public resources. Some government officials and their proxies became *Covidpreneurs* and diverted public resources voted for containing the virus resources for personal gains. A few select cases were: the monumental fraud in the Niger Delta Development Commission (NDDC) (Ogune, 2020), and the lockdown school feeding programme (Ailemen, 2020). The commercial banks’ implementation of stamp duty deductions from customers’ accounts with retrospective effect (Uzoho, 2020), shortly after they donated to the federal government towards containing the pandemic, which the citizens perceived as a calculated ploy to recoup the money donated and make a profit. The law enforcement agents had a field day (Asimi, 2020) enforcing the lockdown and stay-at-home regulations, and some international travellers were scammed under the guise of the Polymerize Chain Reaction (PCR) test (Ebi, 2020). Importantly, no accused official was directed to step aside pending outcomes of investigations as was the case in South Africa under similar scenarios (Erasmus, 2020).

Secrecy: There was a lack of openness and transparency in most of the government actions. Notably in this regard was the invitation of the Chinese medical team (a country where the virus originated) against the refusal by the Nigerian Medical Association (NMA). The citizens were not communicated on the purpose of the visit, procurement process, and distributions of PPE, palliatives, and stimulus packages (Anadolu Agency, 2020; actionaid, 2020).

Stigmatization: The Anambra and Benue States COVID-19 index cases were not handled professionally. The video footage (<https://youtu.be/SqYpCDo9HK0>) (<https://www.youtube.com/watch?v=XV2qq2ofW9g>) from the Benue’s index case and reactions from the Anambra’s case (Eleweke, 2020; Adanikin, 2020) went viral in the new media platforms and introduced a stigmatization twist into the fight against the virus. Furthermore, their responses, especially, the video footage from the Benue State index case

appear to lay credence to some of the citizen's perceptions of the politicization of the virus and its conspiracy theories.

Validating the conspiracy theories: The attempts at a hasty and speedy passage of the Infectious Diseases Control Bill 2020 by the House of Representatives and the National Health Emergency Bill 2020 by the Senate (Anadolu Agency, 2020) in the absence of any approved vaccine for COVID-19, the initial reluctance to conducting Polymerase Chain Reaction (PCR) tests in Kogi and Cross River States (Offiong, 2020), the coincidence of National Assembly's announcement to probe the disbursement of COVID-19 palliatives and fire outbreak at the Accountant General of the Federation's office (Progressive Governors Forum, 2020), the industrial actions embarked by health medical doctors on 15 June 2020 over shortage of PPE, absence of life insurance, none payment of hazard allowances, salaries at the peak of the pandemic despite the N100 billion intervention fund for the health sector, etc, (Onyeji, 2020; Adejumo, Adejumo & Okonofua, 2020) tend to validate the conspiracy theories on the virus.

Flouting of precautionary and safety protocols by government officials: Government officials that are supposed to be exemplary in observing the COVID-19 protocols flouted them. A few select cases were at the burial events of Abba Kyari, Buruji Kashamu (Akor, Oke & Moses, 2020), at the airports (Olawoyin, 2020a; 2020b), and the Edo and Ondo States gubernatorial elections campaigns and rallies (Okereh, 2020).

Implications for future epidemic or pandemic

The government's actions towards containing the COVID-19 pandemic pose serious implications for future epidemic or pandemic in the country. They imply that the citizens may view the outbreak of epidemic or pandemic in the future with reservation, as a result, may not take it seriously, thereby, jeopardizing their lives with obvious consequences. Furthermore, the acceptance and use of vaccines to control epidemic or pandemic may elicit resistance, especially, given the touting of the depopulation of Africa conspiracy theory that was barely debunked in the country. The prevalence of unmitigated corrupt practices related to containing the COVID-19 pandemic suggests the government's endorsement of diverting public resources meant for development for personal gains. Finally, these impact the citizens' lack of confidence and trust in governments' actions, and may hardly elicit their co-operation which is very necessary for development.

Conclusion

We reflected on the containment of the COVID-19 pandemic in Nigeria between March and September 2020. We zeroed in on the government's actions, and the citizens' reactions, how they interacted as well as the outcomes. We provided brief literature perspectives on the variables under study and a framework that aided our analysis respectively. Specific government's actions towards containing the COVID-19 and the citizens' reactions were highlighted. Furthermore, how the government's actions impacted the citizens' reactions and the implications for future epidemic or pandemic in the country were also discussed.

We noted that aside from adapting the COVID-19 protocols as recommended by the World Health Organization,

countries injected other precautionary measures and safety regulations in line with their peculiarities towards containing the virus. First, we argued that knowledge and information about the virus were sketchy and new information is emerging. Second, we also argued that Nigeria is mainly an informal sector economy characterized by the paucity of reliable data. We faulted the approach adopted by Nigeria's government towards containing the pandemic, as we observed that it did not align with these realities.

We argued that given the prevailing circumstances that trailed the virus and the nature of the Nigerian state, a better approach to the containment of the pandemic would have been effective and efficient communication through public enlightenment and education of the citizens, grounded in transparency and openness that would have influenced them to take ownership of their safety. Relying on the triangulation of persuasive communication persuasion theory and resistance theory, we analyzed why the government's actions failed to elicit the expected behaviours from the citizens, rather, they were met with resistance in many places.

We concluded by pointing out that future epidemic or pandemic in the country may not be taken seriously by the citizens, this will influence the acceptance and use of vaccines for the prevention and control with the attendant consequences. The implications of these and unmitigated COVID-19 related corrupt practices for the country's development could serve as a premise for further research.

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