Global Journal of Research in Humanities & Cultural Studies
ISSN: 2583-2670 (Online)
Volume 03| Issue 05 | Sept.-Oct. | 2023
Journal homepage: https://gjrpublication.com/gjrhcs/
Original Research Article

Understanding Community Response to the Fight against COVID-19: Lessons for Preparedness for Future Health Emergences in Sokoto State, Northwestern Nigeria

*Labbo Abdullahi

Department of History Usmanu Danfodiyo University, Sokoto

DOI: 10.5281/zenodo.8336004 **Submission Date:** 15 Aug. 2023 | **Published Date:** 12 Sept. 2023

***Corresponding author:** Labbo Abdullahi, PhD
Department of History Usmanu Danfodiyo University, Sokoto

Abstract

The article examines the Sokoto people's misconception of the COVID-19 prevention and control measures and analysis how the misconception informed the people's response to the measures. This is to address the problem for future health emergencies in Sokoto State, and northwestern Nigeria as a whole. In conducting this research, data was qualitatively obtained through in-depth interviews with key informants and Focus Group Discussions (FGDs). The FGDs and Key Informant Interviews (KIIs) were conducted in three Local Government Areas (LGAs) across the three Senatorial Zones in Sokoto State. The participants in the FGDs and KIIs included religious and traditional leaders in the selected LGAs. The selection of participants was technically made based on their closeness and direct contact with the larger community. On the whole, 48 participants were engaged in FGDs, while 6 key informants were engaged in in-depth interviews. In all, 12 engagements were carried out; 6 FGDs and 6 KIIs. Primary data collected through direct contact with the selected participants indicate that Sokoto people like many others in northwestern states of Nigeria misconceived COVID-19 prevention and control measures as anti-Islam and Hausa culture. This religious-cum-cultural motivated misconception was the greatest challenge to the activities of all the State COVID-19 Task Forces in the region.

Keywords: Community, COVID-19, Future Health, Emergences, Northwestern Nigeria.

INTRODUCTION

Background

Novel Coronavirus disease (COVID-19) became an invisible force sweeping mercilessly across nations, bringing the whole world to a standstill. It respects no one; and has exposed the limits of medical science and human knowledge. The pandemic began in December 2019, when a cluster of viral pneumonia cases of unknown origin emerged in Wuhan, Hubei Province of China. This emergency has attracted global concern, and in January 2020, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC) (Jian-Wei *et al.*, 2020). As of October 9, 2020, the global situation of the pandemic indicated that there were 36,754,395 laboratory-confirmed cases with 1,064,838 mortalities (WHO, Daily Situation Report, October 9, 2020). Nigeria recorded its first case of COVID-19 on February 27, 2020, and since then, COVID-19 appears to be spreading rapidly in the country. As of October 9, 2020, all the country's 36 States, including FCT, were affected; and, there were 59,992 confirmed cases, 7,265 active cases, 51,614 recovered patients, and 1,113 mortalities (NCDC Daily Situation Report, October 9, 2020). Several cases were recorded in various states and Sokoto State in particular recorded its index case on 20th April 2020 (Sokoto State COVID-19 Update, April 20, 2020). Responding to the pandemic, the Sokoto State government set up a Task Force and Emergency Response Committee. The Committee is charged with the responsibility of assessing the situation of the pandemic in the State and accordingly advises the State Government on immediate, short, and long-term measures to be taken for the prevention and control of COVID-19. Upon the technical advice of the Committee, there came up several control measures and activities that include the closure of states' boundaries, banning large gatherings

and social mobilization, and risk communication campaigns to create awareness of the dangers of large gatherings, including congregational prayers and other socio-cultural and religious gatherings. Though some people complied with the set protocols, many others, misconceived COVID-19 itself and its control measures. Consequently, they seemed to have no reason to comply with such measures as wearing face masks and, most especially, bans on religious and cultural-related activities such as handshaking, physical distancing in congregational prayers, and cultural gatherings like weddings and naming ceremonies. The misconception is demonstrated in the people's attitude towards COVID-19 control measures not only in Sokoto but all over Nigeria, and stands to be the greatest challenge to the COVID-19 Task force Committees. Thus, this article specifically focused on the Sokoto people's misconception of, and response to the State Task force orders in COVID-19 prevention and control in the State.

Objective

The objective of this research is an examination and analysis of the Sokoto people's misconception of and response to the COVID-19 prevention and control measures; to advance recommendations for preparedness against future health emergencies in Sokoto State, and northwestern Nigeria at large.

Methodology

In conducting the research, data was qualitatively obtained through in-depth interviews with key informants and Focus Group Discussions (FGDs). The FGDs and Key Informant Interviews (KIIs) were conducted in three Local Government Areas (LGAs) across the three Senatorial Zones in Sokoto State. The selected LGAs were Wamakko (Sokoto Central), Dange/Shuni (Sokoto South) and Wurno (Sokoto East). The LGAs were selected based on the fact that Wamakko and Dange/Shuni were the COVID-19 worst-hit LGAs in their respective zones; while Wurno was one of the affected LGAs in Sokoto East Senatorial Zone.

The participants in the FGDs and KIIs included religious and traditional leaders in the selected LGAs. Precisely, the participants were strategically mapped out among the leading *Imams* of congregational prayers who are also Islamic teachers and preachers as well as among traditional leaders; specifically, village and ward heads. The selection of participants was technically made based on their closeness and direct contact with the larger community. In addition, some of the participants had been strategically engaged in sensitization and enlightenment campaigns to achieve the desired results of such public health programmes as polio immunization.

On the whole, a total of 48 participants (16 in each LGA) were engaged in FGDs, while 6 key informants (2 in each LGA) were engaged in in-depth interviews. Specifically, a total of 12 engagements were carried out; 6 FGDs (2 in each LGA) and 6 KIIs (2 in each LGA). Data was collected through direct contact with the selected participants.

LITERATURE REVIEW

Historically, there are a few works on the people's perception and community rejection of the modern public healthcare programme in Sokoto and the northwestern states of Nigeria as a whole. Such historical precedents providing a critical framework for interpreting the rejection of official public healthcare programmes like polio immunization in Sokoto were presented in a study by Labbo and Amzat, (2020). The genealogy of the suspicion that clouded both smallpox and polio vaccinations in the area was brought out of obscurity through qualitative content analysis. The authors observed that the people's perception and mistrust of colonial officers geared their apathy to smallpox vaccination. The authors conclude that the memories of smallpox vaccinations directly impact the contemporary polio eradication campaign. People perceived polio vaccination as a continuation of the surreptitious Western agenda; this mistrust of the West stands to be a significant challenge to polio eradication campaigns in the area. The challenge of mistrust and the perceived Western agenda was beyond the colonial preventive measures against diseases (Labbo, 2019a). Similarly, in an examination of the institutionalization and development of modern maternal and child health (MCH) services in Sokoto, Labbo opined that the same people's mistrust resulted in the tardy progress of the MCH and high maternal and child mortalities in the area up to the present time (Labbo, 2019b).

On the current trend of misconceptions of COVID-19, some scholarly texts exist. These studies include the examination of the COVID-19 Pandemic in Nigeria within the first two months of the outbreak and its preventive and control challenges. Factors that are militating against COVID-19 preventive and control efforts are the significant challenges to curbing the pandemic. It is observed that the pandemic continued to spread despite all the scientifically proven preventive measures that are frequently echoed in risk communication activities. Factors that undermine government preventive efforts include non-compliance with the prevention guidelines, misconceptions and myths, inadequate health facilities, and distrust of the government (Lois et al., 2020). Because of non-compliance with the COVID-19 guidelines, the incidence of its infection grew steadily in Nigeria, moving from an imported case and elitist pattern to community transmission within the first three months of the pandemic. The country recorded an upsurge (52% of total cases) in the transmission of COVID-19 during the short period the lockdown was relaxed. (Amzat et al., 2020).

In a related study, Oluwasegun et al. (2020) examined a few misconceptions circulating that the pandemic is surrounded by many misconceptions, especially in Africa. The level of COVID-19 misconception COVID-19 in Africa has sparked an infodemic (a staggering amount of information all over, some merely false). Some of the specific misconceptions held by many Nigerians include disbelief in the reality of the virus; some attributed the pandemic to the elites, especially those who do travel abroad, and the belief that the virus cannot survive as the temperature around the equator. These misconceptions made people hesitant to comply with the simple COVID-19 prevention protocols.

The knowledge, attitudes, and practices (KAP) of the people toward COVID-19 are critical to understanding the disease's epidemiological dynamics and the effectiveness, compliance, and success of IPC measures adopted in a country. A study determined the levels of KAP towards COVID-19 in north-central Nigeria and the findings indicated that there is high knowledge of COVID-19. Many people also had positive attitudes towards the adherence to Infection Prevention and Control measures, including social distancing and self-isolation, improved personal hygiene, and wearing a face mask. However, many people would have COVID-19 vaccine hesitancy or total rejection when available. As such, there is an urgent need for community-based health campaigns against the detected misconceptions and possible vaccine hesitancy (Rine et al., 2020). There is a study that investigated the COVID-19-related knowledge, attitudes and practices, and misconceptions in Katsina State, the third-largest epicenters of COVID-19 in northwestern Nigeria. It was discovered that there is high knowledge of the existence of the disease and many of the people agreed that the pandemic would be successfully controlled. However, some respondents maintained that they trust the information on COVID-19 from media talks. Many others showed their readiness to trust healthcare workers for COVID-19 information; the greatest challenge to the fight against the pandemic includes the misconceptions that the virus was created in a laboratory and non-compliance with the prevention guidelines (Murtala et al., 2020).

Inadequate workforce mostly at the state's Primary Health Centres (PHCs). Poor health status indices result from poor health literacy influenced by culture and belief systems, low educational level, low health literacy, and low socio-economic status, amongst others. Insecurity in Zamfara State affects most local government areas bordering Sokoto State and contributes to an influx of sick and injured patients into the mostly dilapidated PHCs. Inadequate funding and releases for health care services result from reliance on federal allocation, so any decline in federal allocation affects the state.

At this juncture, it is imperative to stress that none of the texts is specifically focused on or examines the misconception of the Sokoto people and how it informed their compliance or otherwise with the orders of the Sokoto State Task force in the COVID-19 response. This is a significant gap in the COVID-19 response in the State, and the northwest as whole, especially considering the issue of how the misconception was the biggest challenge to the pandemic community transmission control protocols in not just Sokoto, but all other states of the northwest.

Findings and Discussions

From the findings of the research, it was discovered that Sokoto people's perception of COVID-19 itself on the one hand, and its control measures on the other heavily influence the people's willingness to comply with the State Task force orders for prevention and control. The perception was negatively fueled by misinformation and disinformation over time; and consequently, a lot of misconceptions clouded over the Pandemic and its control measures. Other factors affecting compliance with the orders of the task force include poverty, illiteracy, and lack of enlightenment. For a better and more appreciative understanding of the Sokoto people's willingness to comply with the COVID-19 prevention and control measures issued by the State Task force, the following glimpse of the people's perception of the Pandemic as obtained through this research is imperative.

i. Sokoto People’s Perception of the COVID-19 Pandemic and Its Control Measures

The findings of the research across the three areas show that the majority of people do not believe in the existence of COVID-19 in Sokoto State. They believe that the virus is real, but it has yet to emerge in the State. However, some significant percentages of the people do believe in the reality of the Pandemic and its existence in Sokoto, while others do not believe that the virus exists at all. Estimation shows that about 50% and 30% of the people in Wamakko and Dange/Shuni believe in the reality of the Pandemic and its occurrence in Sokoto, respectively; while in Wurno, it is estimated that between 30% and 40% of people do believe that COVID-19 is real and several cases were recorded in the Sokoto State.

Regarding the belief in the reality of the Pandemic in Sokoto State in particular, the frequently raised questions by the people who doubt the existence of the Pandemic in the State include: from where did the virus originate? Is there anybody who is said to have died of COVID-19? Is there anybody who is said to have recovered from COVID-19? Why have we not seen any patient of COVID-19 dead or alive? They often maintain that several diseases like cholera and meningitis exist and kill. They believe in their existence in the State because they have been directly or indirectly affected by them. Given this set of questions and doubts, it is observed that the level of confidence of even those who believe in the existence of the virus in Sokoto is very low.

But the first and most challenging issue is that people have been misinformed that the virus is meant for the elites who often travel across the world. Consequently, it is estimated that about 75% of people in all three LGAs believe that COVID-19 has nothing to do with common people. Related to this is the misinformation and disinformation that the virus is for the white men and cannot survive the temperature around the equator or the tropics. It has also been circulated among the Sokoto residents that the virus is not natural, it was artificially created. This misinformation further made Sokoto people perceive COVID-19 as an alien disease that cannot harm the ordinary men in the State. Many people consider it as common as the usual cold and fever. They maintain that cold is already a very dangerous sickness for the white men; while in Africa, it is a very minor disease that they used to have. Also, the use of the Hausa word Mura (cold) in the Hausa name of COVID-19 called Murar Mashak'o contributed significantly to making some residents of Sokoto State believe that COVID-19 is as mild as a common cold.

The second most critical issue is the religiously and culturally motivated misconception of both COVID-19 and its control measures. Many people misconceived the Pandemic and its control measures as conspiracies, and concerted strategies to distance them from their sacred places and their culture. The reason for this misconception is that Sokoto people do not simply trust things that came to them from different religions and cultures. However, from the findings of this research, this misconception was seriously worsened by such measures as discouraging hand shaking, encouraging physical distance in congregational prayers, and banning congregation from sermons during the last month of Ramadan, as well as discouraging congregation from weddings and naming ceremonies. Both the religious, traditional, and community leaders as well as the general public perceived the measures as inappropriate while there was no such measure banning people from attending marketplaces. On the whole, many people including those who believe the disease is real, perceived the measure as a strategy used to distract Muslims from their religious duties under the guise of the Pandemic.

ii. People's Willingness to Comply with the COVID-19 State Task force Orders

Given the perceptions of the Sokoto State residents of COVID-19 and its prevention and control measures, it is very unlikely that the people in the State are willing to comply with the State Task force orders. However, from the findings of the research, it is observed that some gaps are yet to be bridged for the people to be fully enlightened and do away with their wrongly held misconceptions of COVID-19. One of such gaps observed during this research is that the potentials of the traditional and religious in the enlightenment campaigns are yet to be tapped; and as such the various misconceptions continued unchecked. Also, it is established that people are aware of the existing COVID-19 prevention and community control measures and some people are already complying with some of the orders issued by the Task force especially frequent hand washing but very few people wear face masks.

Many people especially those who positively perceived the Pandemic are likely to wholeheartedly comply with the State Task force orders. Those sets of people believe in the reality of the Pandemic for four good reasons given by them. Firstly, it is prescribed in the religion of Islam that diseases and cures are real and precautionary measures against diseases from oneself and others an equally cultural and religious obligation. Secondly, some people claimed that they have been enlightened by health professionals (to whom, they rush and seek care whenever they are sick) that the virus is real. This same set of people further holds it that assuming they are infected with the Pandemic or any other diseases, it is the same healthcare professionals that told them COVID-19 exists, will surely tell them (the people) that they are infected with either COVID-19 or any other diseases. So, for that reason, they believe in the Pandemic, and they are ready to comply with the scientifically approved orders by the State Task force. Thirdly, another set of people is against the misinformation that the virus was artificially created, they argue that being it artificial or natural, the fact that the virus exists, the need for its prevention and control is a necessity. Fourthly, even those who do not believe in the existence of the Pandemic in Sokoto, it is clear that the fear of contracting the virus is already instilled in their minds; and that is why many people avoid healthcare facilities that are perceived to be the epicenters of the virus. For instance, attendance at the RHCs and other primary health facilities dropped drastically during May and June.

Other factors that show if proper measures are put in place, many residents of Sokoto State will be willing to comply with the State Task force orders include the role that Islam and Islamic religious and traditional leaders can play. Hand washing as encouraged by the force, for instance, is an aspect of personal hygiene that is very central in the Islamic religion. Also, generally, prevention is central in Islam which is why Muslims are enjoined to say prayers before they go to their bed, leave, and or enter their houses, et cetera. The closeness and respect between traditional and religious leaders on one hand and the general public on the other is a significant potential that if properly utilized, a significant percentage of the residents of Sokoto will be willing to comply with the State Task force orders.

On the whole, from the findings, it is observed that many people are willing to comply with the orders by the Sokoto State COVID-19 Task force provided they are in agreement with the provision of Islamic religion or they are not perceived to be contrary to Islamic injunctions. This is because, in addition to many other factors, the majority of the Sokoto State people know that Islam made adequate provision for the prevention and control of epidemics. Also, even

those who do not believe in the reality of the Pandemic in Sokoto State in particular, have some level of fear of contracting the virus in their minds. Finally, from the findings it is estimated that the following percentages of people are likely to be willing to comply with the Task force orders: Wamakko 95%; Dange/Shuni 90%; and Wurno between 80% and 90%.

RECOMMENDATIONS

Given the findings of the research, the following recommendations are made for the future health emergence task forces to make headway in discharging their responsibilities in northwestern Nigeria:

- Utilisation of traditional and religious leaders in risk communication, community engagement, and enlightenment activities to convince people of the reality of the virus, its existence in Sokoto and the whole zone of the northwest, and the provision of Islam for preventive medicine;
- Intensified enlightenment campaign on what makes any future health emergencies or diseases different from other diseases like common cold, meningitis, cholera, et cetera;
- If it is not ethically wrong, recovered patients of past pandemics like COVID-19, poliomyelitis, and their relatives, as well as the relatives of the dead COVID-19 patients can be strategically used in the risk communication and community engagement activities to create wide awareness among the people that such diseases are real and global, not peculiar to other regions of the world only;
- Show of jungle on how victims of past pandemics like smallpox and COVID-19 patients suffered to further show people how such pandemics differ from malaria and common cold;
- As poverty stands to be a great hindrance in the observance of such measures as wearing face masks, self-isolate and lockdown observance, face masks, and palliatives should be made available in the hands of traditional and religious rulers in the event of any future health emergencies that require the same measures of prevention and control; and
- Provide face masks, and hand washing containers at strategic places, and residences of traditional, religious, and community leaders so that people will be led by example, in the event of similar future health emergencies.

REFERENCES

1. Amzat, J., Aminu, K., Kolo, V. I., Akinyele, A. A., Ogundairo, J. A. & Danjibo, C. M. (2020). Coronavirus Outbreak in Nigeria: Burden and Socio-Medical Response during the First 100 Days. International Journal of Infectious Diseases, 98, 218-224.doi: 10.1016/j.ijid.2020.06.067.
2. Gilkey, M.B, Magnus B.E, Reiter PL, McRee A-L, Dempsey A.F, and Brewer N.T. (2014). 'The Vaccination Confidence Scale: A Brief Measure of Parents' Vaccination Beliefs. Vaccine.
3. Jian-Wei Wang, Bin Cao, Chen Wang. (2020). 'Science in the Fight against the Novel Coronavirus Disease'. China Medical Journal: Novel Coronavirus Disease (COVID-19) Collection.
4. Labbo, A. (2019a). 'An African Construction of Colonial Medicine: the Sokoto People's Perception and Response to the British Healthcare Programmes'. Sociology International Journal, 3(5).
5. Labbo, A. (2019b). 'Foundations and Development of Modern Maternal and Child Health Services in Sokoto Area of Northern Nigeria'. International Journal of History and Cultural Studies, 5(1).
6. Labbo, A. and Amzat, J. (2020). 'From Colonial Past to Present: the Nexus of Smallpox and Polio Vaccination Rejection in North-western Nigeria, forth-coming in IAARR Group of Journals.
7. Lois N.O, Christian O.A, Nkiru E.O, Patricia C.N, Onyechi N, and Eunice, N.A. (2020) 'Coronavirus (COVID-19) Pandemic in Nigeria: Preventive and Control Challenges within the First Two Months of Outbreak' African Journal of Reproductive Health June. (Special Edition on COVID-19). 24(2). https://doi:10.29063/ajrh2020/v24i2s.13.
8. Matthew, C. (2017). Mistrust: An Ethnographic Theory. Hau Book. Chicago
9. Murtala B.I, Abdullahi N, Aminu U, and Bashar, A. (2020). 'Corona Virus Disease 2019 (COVID-19): Knowledge, attitudes, practices (KAP) and misconceptions in the general population of Katsina State, Nigeria'. Unpublished paper. Available at https://www.researchgate.net/publication/342139293 doi: 10.1101/2020.06.11.20127936
10. NCDC Daily Situation Report, October 9, 2020
11. Olusola, A. (2020). 'Community Transmission of COVID-19 in Nigeria: the First 150 Days' Unpublished paper. Available at https://frenxiv.org/br4ks/
12. Oluwasegun, M.I. and Damilola, D.E. (2020). 'COVID-19 Pandemic in Nigeria: Misconception among Individuals, Impact on Animal and the Role of Mathematical Epidemiologists'. https://www.researchgate.net/publication/340995995 doi:10.20944/preprints202004.0492.vl
13. Rine C.R, Margaret M.A.D, Dauda A.S. and Patricia, E.E. (2020). 'Knowledge, Attitudes, and Practices towards COVID-19: An Epidemiological Survey in North-Central Nigeria'. Journal of Community Health. Springer. https://doi.or/10.1007/s10900-020-00881-1.
14. Sarathchandra, D, Navin M.C, Largent, M.A, McCright AM. (2018). 'A Survey Instrument for Measuring Vaccine Acceptance'. Prev Med.

15. Shapiro, G.K, Tatar O, Dube E, Amsel R, Knauper B, and Naz A. (2018). 'The Vaccine Hesitancy Scale: Psychometric Properties and Validation'. Vaccine.
16. Sokoto State COVID-19 Update, April 20th, 2020
17. WHO, Daily Situation Report, October 9, 2020

CITE AS
Labbo Abdullahi. (2023). Understanding Community Response to the Fight against COVID-19: Lessons for Preparedness for Future Health Emergences in Sokoto State, Northwestern Nigeria. Global Journal of Research in Humanities & Cultural Studies, 3(5), 8–13. https://doi.org/10.5281/zenodo.8336004