

VOLUME 6 ISSUE 3, 2021

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Journal of Social Sciences

Published by
Faculty of the Social Sciences
Enugu State University of Science & Technology
www.esutjss.com

Developing the Rural Poor: A Trajectory to Curbing the Spread of COVID-19 Pandemic in Nigeria

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Abstract

The aim of this paper is to investigate poverty in the rural areas as one of the major causes of the spread of Covid-19 pandemic in Nigeria. Nigeria is a country with an overwhelming population of more than two hundred million people. Out of this number, the rural communities host the greater percentage. Rural communities are characterized by endemic poverty and lack. Covid-19 pandemic is a disease transmitted through body contact with the infected person. The level of poverty in the rural communities propelled the teeming population to engage in short time migration to urban areas in search of better life. This trend exposes the population to this deadly pandemic. Studies have been carried out on micro preventive measures like the public compliance to Covid-19 non-pharmaceutical measures. However, none of these studies has addressed the poverty nature of the rural dwellers as a causative factor to persistent internal migration which ultimately exposes greater percentage of the population to the deadly virus. Everett Lee's theory of migration was adopted as the theoretical framework. The paper concluded that rural poverty is one of the greatest challenges in curbing the wide spread of Covid-19 pandemic in Nigeria. The study recommended that it is crucial for the poverty in the rural communities to be addressed through the provision of those pull factors in the urban areas like good water and sanitation, markets, schools, health facilities among other infrastructures. This will curb the spread of the virus.

Keywords: *covid-19 pandemic, poverty, population, rural communities*

Introduction

Rural poor refers to the type of poverty ravaging those in the rural areas. It is a type of poverty characterized by every minute of uncertainty about the economic, political and social wellbeing of those living in the rural area. Many of the rural poor are family farmers, subsistence producers or landless agricultural workers. They include fisher folk, pastoralists, and forest dependents and generally people with limited access to productive means) Food and Agricultural Organization, 2021). World Bank (2015) spelt out notable characteristics of poverty to include hunger, lack of shelter, being sick and unable to visit a doctor, unable to go to school, illiterate, jobless fear for the future, losing a child due to ill-health brought about by

unclean water, powerless as well as lack of representation and freedom. A typical rural community in Nigeria mirrors these indexes and as such would always be in the move to better their life. The United Nations Department of Economic and Social Affairs (2015) stressed that much of the poverty is concentrated in sub-Saharan Africa, home to approximately 413 million poor people, Nigeria inclusive where the poverty rate at 41 percent is notably higher than all other regions of the world where the poverty rate is below 13 percent, globally, 10 percent of the world's population lives in extreme poverty, down from 36 percent in 1990. The document stated that notably, Africa remains the world's most rural region with 60 percent of the population living in the rural areas as at 2014. This may have informed the reason for very high speculation by international community at the onset of COVID-19 pandemic that dead bodies will fill the streets of Africa as a result of poverty in the region. As stated in Worldometer (2020), many health experts projected that Africa will face a hard time and struggle to keep the outbreak of coronavirus to check once it is confirmed on the continent. It noted that the concerns were based on pervasive weak healthcare system and the diseases ravaging most of Africa. The document went further to say that as at June, 2020, no country in Africa was coronavirus free. The confirmed cases (in Africa) stood at 192,721 with about 5200 deaths and 85107 total recoveries.

Development is a very wide concept with lots of definitions and theories. For instance, Society for International Development conceptualized development as a process that creates progress, positive change or the addition of physical, economic environmental, social and demographic components. The document stressed that the essence of development is to rise in the level and quality of life of the population and the expansion of local regional income and employment opportunities, without damaging the resources of the environment. Seers (1972) in Abuiyada (2018) conceptualized development as the condition for the realization of the human personality. Its evaluation must therefore take into account three likened criteria namely reduction in (1) poverty (ii) unemployment and (iii) inequality. Without prejudice to other definitions, development within the context of this paper presupposes all processes and conditions that enhance the wellbeing of people. It portends all the efforts put in place in order to separate human beings from impending danger and threat. Development is all about the wellbeing of people. As Todaro and Smith (2006) pointed out that if development strategy results in robust economic growth and political stability without significant change in quality of life of the masses of the people, something is wrong; The duo concluded that that high growth performance without people participation is clearly economic growth without development.

Coronavirus disease otherwise referred to as COVID-19 is an infectious disease caused by newly discovered coronavirus. The manifestations of the virus on human body include mild to moderate respiratory illness. A person infected can recover without requiring special medical treatment. In some cases however, symptoms can be severe and as such require urgent medical attention (Onaka, 2020) Coronaviruses are large family of viruses that are known to cause illnesses ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The novel coronavirus

was identified in 2019 in Wuhan, China. It is a new type of coronavirus that has not been previously identified in humans (WHO, 2020) The novel coronavirus disease was first called acute respiratory syndrome coronavirus 2 (SARS-CoV-2) due to genetic similarity to SARS (Okechukwu, Chukwu & Nkechukwu 2021).

Nigeria is one of the first 210 countries affected by the dreaded virus globally with the index case from a 44 year old Italian man who returned to Nigeria from Milan, Italy on the 24th of February, 2020. The rate of infection and fatalities made the World Health Organization on the 30th of January to declare the outbreak of COVID-19 a pandemic and indeed Public Health Emergency of International Concern (WHO, 2020). From the time of the index case in Nigeria, several measures have been put in place to avert the danger of spread of the virus. Principally was the quick intervention of the World Health Organization by dishing out personal non-pharmaceutical preventive measures which include; washing of hand with soap in a running water for about twenty seconds, using hand sanitizers with basic alcohol composition not less than 65%, use of facemask to cover both mouth and nose simultaneously, obeying the physical / social distancing rules of not less than one meter gap from the next person In addition to these directives was the introduction of lockdown measure by countries of the world.

The Federal Government of Nigeria introduced and indeed enforced the initial lockdown measure on the 30th of March, 2020 for three states out of the thirty-six states of the federation. The three states which were conceived as the epic centre for the spread of the virus include Lagos State, Ogun State and the Federal Capital Territory Abuja (Kalu, 2020). The lockdown was extended for two weeks. Again, following the detection of index case in Nigeria, the NCDC-led national emergency operation centre at level 3; the country's highest level of public health emergency was activated. This was followed by deployment of Rapid Response Team with state leading contact tracing and other response activities Various Nigeria leaders have been largely supportive of the lockdown at least at the beginning. The Christian Association of Nigeria (CAN) and Nigerian Supreme Council for Islamic Affairs (NSCIA) supported the government lockdown and have worked with some local and state governments to disseminate accurate information and encourage compliance (Campbell & McCassin 2020). However; the whole country was thrown into confusion following community transmission which was first publicized at a press briefing on 1st April, and this became more evident following the 203 positive cases whose sources of infection remain undetermined (Onyeleke, 2020). The reason for this psychological trauma was not unconnected with the general poverty in the rural areas conspicuously identified on the low literacy level, poor or complete absence of health facility, poor nutrition, poor or complete absence of infrastructure among others. Most importantly, people living in the rural areas rely on agriculture as their source of livelihood and as such would always move these produce to cities where they can dispose of them Dead bodies arising from the wide spread of the virus were harvested in large numbers in many communities in Nigeria. Scholars in their various positions have dealt with the impact of COVID-19 pandemic on the economy and public compliance to the COVID-19 preventive measures (Owoeye & Olaniyan, 2020). However, few or none of these studies has addressed rural poverty as one of the root causes of the spread of the COVID-19 pandemic in Nigeria It is against this backdrop

that the paper addressed the need to develop the rural areas as a trajectory to curtailing the spread of COVID-19 pandemic in Nigeria.

Rural Poor and Challenges of COVID-19 Pandemic

Generally across the globe, the concept of rural is synonymous with poverty and inequality. In the United States of America, rural healthcare infrastructure is limited in size since 2005, about 700 hospitals are currently at risk of closure. Many rural hospitals have limited number of hospital beds, intensive unit care beds or ventilators which can affect their ability to treat patients with COVID-19. Rural residents in the United States of America seeking care most often travel long distances to reach hospitals, health facilities and clinical specialists. Thus, long-standing systemic health and social inequalities have some rural residents at increased risk of getting COVID-19 or having severe illness. Africa's healthcare system is known to be overstressed and underfunded and this made it easy for COVID-19 to wreak havoc in the system. The disparity between rural and urban healthcare services is too wide and little or nothing has been done to bridge the gap (Centres for Disease Control, 2021). In a study conducted by the National Bureau of Statistics, 41% Nigerians were classified as poor. Thus on the average, four out of ten Nigerians has real per capita expenditure below #137.430 (\$352) per year. The Bureau however noted that it did not take inclusive of Borno State; the state worst hit by the decade-long Boko Haram armed uprising because many areas were unsafe and apparently difficult to reach. The Bureau reported that 52% percent of people in the rural areas live in poverty compared with 18% in the urban parts of the country. It further revealed that the highest poverty level were in the North-West of Sokoto where 87.7 percent of people live below the poverty line. As of 2019, the population mostly affected by poverty in Nigeria was those living in large households in rural areas For instance, almost 80 percent of people living in household with at least twenty individuals in rural areas lived below the poverty line (Varella, 2020). Even before the COVID-19 crisis, around four out ten Nigerians were living in poverty and millions more were vulnerable to falling below the poverty line as growth was slow and not inclusive. (World Bank Group, 2021) The implication of this poverty trend is that life seems unbearable at the rural setting and therefore addressing any issue that does not border on alleviating the endemic poverty in the rural areas no matter the challenge will be viewed with every sense of negativity. The COVID-19 pandemic was construed by rural dwellers to be untrue, imaginary or political tale to continue to woe the rural dwellers into endemic danger and lack. Okereke and Nelson (2020) observed that in spite of the enormous fatalities recorded across the globe as a result of COVID-19 pandemic, there were misconceptions and misinformation about the pandemic in several communities in rural Africa. The duo reported that in Sudan, people were convinced that the virus is yet to be reality in the country and that it cannot spread in extreme temperature. To this end, they failed to adhere to the precautionary measures. In Kenya, people in the rural communities believe that the government uses COVID-19 pandemic is an avenue to extort money from donor agencies. In addition to this belief is the notion that excessive drinking of alcohol is a panacea to ward off the pandemic. In Nigeria, there was the belief that COVID-19 affects only people of high socioeconomic status; as such

the endemic poverty in the rural areas has already served as shield to people living in the rural areas. In a study by Okechukwu, Chukwu and Nkechukwu (2021) on perception and knowledge of COVID-19, the researchers adopted qualitative method of data collection using In-depth Interview(IDI) elicit data from 63 respondents, the study found that respondents believe that COVID-19 is a mere hoax and thus does not exist. It was equally found out from the same study that the poor knowledge about the pandemic negatively affected their compliance with the preventive measures. A very wild held misconception about COVID-19 pandemic in Africa is that the genetic makeup of Africans is such that will resist such disease giving the high fatality rate in other continents of the world.

It may not be out of place to state here that the adherence to the COVID-19 preventive measure seems not to have met the desired result in the rural communities in Nigeria. One of the preventive measures is that people should intermittently wash their hands with soap under clean running water. The majority of rural areas in Nigeria have no access to safe drinking water. The best that could be achieved in most of the rural communities is stream water or ponds which in most cases are located miles away from the communities. Discussing access to water supply, World Bank (2021) reported that as at 2019, approximately 60 million Nigerians were living without access to basic drinking water services, 80 million without access to improved sanitation facilities and 167 million without access to hand washing facility. It is pertinent to note that it was just one year after this report that Nigeria recorded an index case of COVID-19 pandemic. Given that access to water sanitation and hygiene is an important determinant of human capital outcome; including early childhood survival, nutrition health, learning and women's empowerment(World Bank 2021) the hand washing COVID-19 preventive measure and sanitation may not be practicable in most of the rural communities because of inaccessibility to water. Ewereji and Ezeama (2020) noted that telling individuals to use limited resources and other amenities in the rural to prevent coronavirus infection may lead to having doubt on government keen in solving the problem. Another preventive measure is that people should adhere to social or physical distancing, a measure that not only dispel rural dwellers from the communal living but distorts the age-long African brotherhood. Amzat and Razum (2014) stressed that sociologically, the pandemic has caused social disruption by limiting global and even internal social relations. The duo maintained that the idea of 'social distancing' negates regular social interaction which is the bedrock of human society in general and Africa in particular. It is indeed a daily routine among rural dwellers to exchange pleasantries every morning to identify probable health status of neighbours and relations. COVID-19 appeared and the rural dwellers were instructed to stay at home. Such disposition no doubt will trigger off culture shock and ultimately meet serious resistance particularly among the very aged ones who may not have the opportunity to get the proper information. Amzat, Aminu and Danjibo (2020) stressed that generally, the response to the coronavirus outbreak in Nigeria could be described as medicocentric and reactionary. They maintained that the federal and state governments only step up isolation centers after positive cases were confirmed in the country. For instance, there were no molecular laboratory in Ogun State where the index case was identified; the patient was transferred to Lagos State for diagnosis and treatment. Government only acquired medical equipment to fight the outbreak only when

positive cases had been reported. The authors concluded that such ugly practice not only exposed the deplorable state of the Nigeria healthcare system but equally unveil the insensitive disposition of the Nigeria government.

Rural Development partway to Curbing the COVID-19 Pandemic: A Theoretical Explanation

The paper adopts Everett Lee's theory of migration to illustrate the need to develop the rural areas to avert the seeming intractable spread of COVID-19 pandemic in Nigeria. Everett Lee propounded a comprehensive theory of migration in 1966. Lee begins the formulation of the theory by bringing out certain factors which lead to spatial mobility of population in an area. These include factors associated with the place of origin, factors associated with the place of destination, intervening obstacles and personal factors. Lee maintained that each place possesses a set of positive and negative factors. While positive factors are the circumstances that act to hold people within it, or attract or attract people from other areas, negative factors tend to repel them. In addition to these, there are factors which remain neutral and to which people are essentially indifferent. The relative poverty and lack in the rural areas have always continued to constitute a push factor from the rural areas to the urban centers regardless of the fact that the best way to prevent becoming sick is to avoid being exposed to the virus. This implies staying at home whenever possible and avoiding public places where one may encounter many other people (NCDC, 2021). Mobility to and through North and West Africa including Nigeria is motivated by a multitude of factors including socioeconomic reasons (seasonal labour, personal or family reasons, and /or the pursuit of better living condition) and in some cases violence, conflict and lack of right and freedom (Schewel, 2017). Rural dwellers in Africa; Nigeria inclusive largely depend on the cities close to them to sell their agricultural produce, seek medical attention and get desired information that would enable them cope with the inherent challenges in the rural setting. Amzat, Aminu and Danjibo (2020) maintained that trade and travels facilitate the flow of people who incidentally could move, carrying a health risk (as in the case of the present coronavirus), from one imported index case, many countries including Nigeria face tremendous health challenge with multiple cases and deaths. These are avoidable circumstance which would have been addressed if the rural communities are considered essential in the developmental map of Nigeria. For instance, developing a sound health system in rural communities would have eliminated the problem of the rural dwellers moving out of their places of residence to nearby cities to seek for medical help. This challenge no doubt places everyone at risk because the migrant could be a healthy carrier of the virus and because of other constraining factors like illiteracy cultural beliefs political problems and violence may not be aware of the symptoms of the health challenge including COVID-19. In a study by Onyenyi (2013), it was found that the average age of most internal migrants in Nigeria is between 14 and 65 years of age, and internal migration is not dependent on education and skills as the educated and uneducated, skilled and unskilled migrate. This demographic trend may have informed the reason why within the first thirty days of the index case in Nigeria, 70 percent of the individuals tested positive for COVID-19 were males and 30 percent females. Their age range was between 30 and 60 years and people aged 31 to 50 were the most affected.

(39.0 percent). Food and Agricultural Organization (2021) noted that rural families increasingly depend on non-farm incomes. The document further affirmed that when infrastructure or basic services are lacking, credit is difficult to get and institutions are weak, small rural enterprises and services are the hardest hit. Given the level of poverty in the rural areas which is degenerating on daily basis, the nation's workforce is at risk of being exposed to the virus given the age range of those that are involved in the productive sector.

Conclusion

The aim of this paper is to explore the developmental challenges of rural dwellers in Nigeria in relation to curbing the trend of COVID-19 pandemic Nigeria. The level of poverty in the rural areas of the country calls for immediate concern particularly in curbing the infections trends of the pandemic. The multiple assumptions and explanations given to COVID-19 pandemic not only depicts a state of desperation of the rural dwellers but equally brings to bear a total neglect of the rural poor by government. Most rural communities lack the infrastructural capacity like water and sanitation, health facilities, and basic health information which are fundamental in containing the speed of corona virus.

Migration theory was used to explain the reason for persistent movement of people from the rural areas to urban centers. The identified COVID-19 none pharmaceutical measures constitutes strong push factors from the rural to the urban centers. Rural dwellers thus conceived these measures as laughable because they either not available or constitute breach to the already existing culture of interactive and co-existence. The rural dwellers dependence on the urban centers makes prohibition of movement which is a preventive measure unattainable. This accounts for the reason why community transmissions of COVID-19 will continue. We believe that proactive development of the rural areas will curb the trend of migration and apparently ease the wild spread of corona virus (COVID-19 pandemic).

Recommendations

Rural area is the hub of food and raw materials in Nigeria and indeed the world at large. To this end, there is urgent need for Nigeria Government to be proactive in providing essential services and infrastructure to the rural dwellers Nigeria government seem not to care about the welfare of the citizens. Otherwise, the entire process of checkmating the rate of infection of the dreaded virus and the treatment of those infected were never integrated into the health system in spite of the fact that there were similar outbreaks like Ebola, monkey pox. Cholera among others This paper therefore recommended as follows:

Government should open up rural communities through construction of standard roads, provision of electricity, water and sanitation, markets and assist rural dwellers in the marketing of their agricultural produce

.Government should employ more health personnel; particularly doctors in the rural communities. Incentives should be given to these health professionals to avert possible rejection of the rural environment as place of work. Health educators should constitute part of the medical team in the rural areas to carry out this essential health task. The idea of using none professionals has not yielded good result in curbing health challenges in Nigeria including the spread of COVID 19. For instance, at the onset of the COVID 19 pandemic, government of Nigeria made use of members of the National Orientation Agency, majority of who are not well informed about the virus.

Government should construct rural housing as part of measures to curtail rural-urban migration which ultimately expose the teeming population to danger. The rural housing programme will serve as incentive to health and perhaps other essential service workers to work in the rural areas

Provision of adequate water and sanitation are very critical in this concern. One of the measures to curtail infection of COVID 19 is through personal hygiene. These include washing of hands and good toilet system. The Government on-giving plan to provide water and sanitation in the rural communities appears two slow or completely abandoned. This programme should be vigorously pursued. An interim arrangement should be made through the local government authority and the town unions to provide washing hand facilities (soap and water) at strategic locations in the communities. This would not only help in curbing the spread of the virus but a measure to remind rural dwellers of government commitment in tackling the virus. Such action would equally motivate the rural dwellers to support the effort of government

Government should deliberately structure empowerment programme for the rural youths of the country. The ideas of sharing #30,000 seem not to be making any impact particularly in the rural areas that hosts the greater population of the country. Empowerment programme and its funding should be in tandem with the current economic reality. When this is done, people particularly the forgotten youths in the rural will begin to appreciate life and such abide by all the rules / measures to protect life including the ravaging COVID 19 pandemic.

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