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COVID-19 Lockdown in Nigeria: Again Poverty Collides with Ill-Health

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Abstract

Poverty is common in African societies and there is a strong relationship between poverty and ill-health. Ill-health produces poverty and poverty creates and perpetuates ill-health. COVID-19 is a health problem, and a highly transmittable viral infection caused by SARS-COV-2. Within its 64 days of entry into Nigeria, 1932 persons were confirmed infected with 58 deaths. Therefore, Nigerian government ordered a total lockdown in Lagos State, Ogun State and Abuja. However, many Lagos residents live in poverty. They were faced with two major pandemics – hunger and COVID-19. The relationship between poverty and ill-health was once more placed under the x-ray. As a result, the study assessed the level of compliance the poor residents of Lagos showed towards the lockdown as well as the economic consequences of the lockdown on them. The research being a qualitative study used in-depth interview guide to collect data from 138 participants selected from four LGAs of Lagos State. The resultant data were analyzed using descriptive statistics and presented in narrative style. Data revealed that the poor residents of Lagos were unprepared for the lockdown and consequently could not cope with it. This resulted in low compliance rate. However, the economic consequences of the lockdown are precarious and the future is bleak. Therefore, the poor is highly susceptible to ill-health and extreme poverty currently and in future. Consequently, policy makers should always avoid lockdown as preventive measure over COVID-19 or any other pandemic/epidemic. Alternative measures abound.

Keywords: COVID-19, Coronavirus, Disease, Ill-health, Lockdown, Poverty.

Introduction

Poverty has become a common scene in African societies that it is assumed to be a normal phenomenon. Poverty has been looked at from different perspectives/approaches: absolute, relative and subjective. Therefore, poverty is a situation in which a person has insufficient resources to withstand the dictates of his/her society and life challenges (Phipps, 2003; Nwosu, 2014). Therefore, relationship between poverty and ill-health is not a simple one. Ill-health can be a catalyst for poverty, and in turn poverty can create and perpetuate poor health status. Poverty and ill-health are twin phenomena that affect the individual, family and invariably the entire human society (Grant, 2005).

According to Goodman and Conway (2016), a particular doctor while searching for a missing document in a garbage bins behind Zuckerberg San Francisco General Hospital found crumpled prescription slips that patients had tossed in the hospital trash can throughout that

week. The patients could not afford to buy the drugs prescribed. As a result, the doctor changed his approach in conversations with his patients. He usually asked them, “Well, you need these drugs. Which one can you afford? Often it is not that patients are not adhering to advice. It is that they cannot pay for the drugs or simply that they do not feel the doctor even listened to them. In most rural areas of Nigeria, sometimes some elders will be ill and refuse to disclose it to anyone. It is not because they do not want to. It is because anyone they tell will advise them to go to hospital. But they could not due to the fact that they do not have money.

In actual fact, poverty collides with ill-health very often in Nigeria. Sometimes, one can have a patient who needs to keep his antibiotic drug in a refrigerator but he has never seen one before. One could have a patient who requires to be given anti-malaria injection but she has not seen food to eat for the past two days. Similarly, we could have a person who brings her malnourished convulsing child to the clinic but could not afford to pay for the registration card at a fee-paying hospital. In all these cases, the obvious denominator is poverty. Therefore, poverty is the root cause of most ill-health (Goodman & Conway, 2016). Before the outbreak of COVID-19, the economy of Nigeria was fragile. The GDP growth rate in Nigeria was 2.3% in 2019. This shows poverty in Nigeria before the onset of COVID-19 in the country (Onyekwena & Ekuruche, 2020).

This is why Reliefweb (2020) posited that the economic statistics concerning Africa is already bad and the effect of the current pandemic (COVID-19) on the most deprived and marginalized persons is quite devastating. They pointed out that poor people in Nigeria will bear the brunt of COVID-19 pandemic. In fact, majority of Nigerians work in the informal sector of the economy as street vendors, wheelbarrow pushers, loaders, helpers at building sites and even street beggars. In other words, COVID-19 is not only an infectious disease but also a major economic life threat especially amongst the poor (Resnick, 2020).

However, coronavirus disease can be transmitted easily and is a pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2. This emerged in Wuhan, China in December 2019 and spread around the world. Currently, no drug has been clinically approved for treatment and/or prevention of coronavirus disease (COVID-19). However, some anti-viral drugs used for treatment of COVID-19 have shown some clinical recovery (Shereen & Siddique, 2020). Indeed, coronaviruses belong to Nidoviral order and family of coronaviridae. Corona represents spikes that are like crown in the out part of the virus. This is why it was named coronavirus. Coronaviruses are minutes in size (65-125nm in diameter) and contain a single-stranded RNA as a nucleic material, size ranging from 20 to 35 kbs in length (Zhang et al, 2003).

The novel coronavirus which originated at Wuhan killed over 1800 persons and infected over 70,000 individuals within its first fifteen days of appearance. The virus was initially called Wuhan coronavirus or 2019 novel coronavirus (2019nCoV) by Chinese researchers. It was later renamed SARS-Cov-2 and the disease is also named COVID-19 by the International Committee of Taxonomy of Virus (ICTV). The high transmission rate of SARS-COV-19 is because of the genetic recombination event at S protein in the RBD region of SARS-Cov-2 and

the decision by some nations to bring back nationals from infected areas as well as poor screening of passengers (Cui et al, 2019; Lai, 2020).

The first cases of COVID-19 in Africa came as a result of exposure to international contacts such as trades, travels, tourism or business. The African countries worst hit are those with the greatest rate of international contacts. They include Nigeria, Egypt, South Africa and Morocco. COVID-19 entered Nigeria on 27st February, 2020 through an Italian based in Nigeria who returned from Milan, Italy. Since then the confirmed cases have been increasing. Within 64 days, Nigeria had recorded 1932 confirmed cases with 58 deaths (NCDC, 2020). In these figures, Lagos State has the highest number of victims. Therefore, Lagos State being the epicenter of the spread of COVID-19 has attracted much attention in terms of total lockdown and palliative measures. Therefore, African urban centres like Lagos with high dense population create conditions for the quick and undetected spread of the viruses. And most parts of Lagos depict this crowded informal settlements that fuel the spread of COVID-19 (African Centre for Strategic Studies, 2020).

As a result of this, the Federal Government of Nigeria ordered a total lockdown in Abuja, Lagos and Ogun States on 30th March, 2020. Schools in the country had earlier been closed. Therefore, people in these areas were to stay indoors except those on essential duties. All non-essential businesses were shut down. All these were aimed at preventing further spread of COVID-19. On 13th April, 2020 the Federal Government of Nigeria extended its total lockdown in Abuja, Lagos and Ogun States by two weeks (CNBC Africa, 2020). It should be recalled that Nigeria has a large informal sector, which contributes 65% of its economic output. The lockdown has not only reduced the consumption of non-essential commodities but have also affected the income-generating capacity of these groups (Onyekwena & Ekuruche, 2020). This is in spite of the fact that many Nigerians live in poverty and squalor in cities like Lagos and in informal settlements just like the situation in Diepsloot and Delft in South Africa. During the total lockdown in Lagos State, those who were poor could not buy anything to store for the period like the affluent. Even self-isolation is completely impossible in poor and overcrowded neighborhoods and conditions (Mugabi, 2020).

Therefore, according to Khulla and Chokshi (2018) poverty is a contributor to death and disease. As such, income is strongly associated with morbidity and mortality. In the past, scholars' concern has been centred on the effect of one's poverty on one's health conditions and vice versa. The current situation has raised another level of worry. In this case, even when a poor person is not yet ill or infected by the virus, the presence of the illness (COVID-19) in the person's environment can also affect the person's income negatively. This makes the relationship between poverty and ill-health stronger. From this stand point, it can be seen that presence of pandemic within one's environment can reduce one's income and expose the poor person to greater chances of being infected.

It is as a result of these issues that the study is aimed at:

- (a) Assessing the amount of preparation that poor residents of Lagos make in readiness for COVID-19 lockdown.
- (b) Identifying the level of compliance to the lockdown in Lagos State by the poor residents.
- (c) Assessing the coping strategies adopted by the poor in Lagos during the lockdown.
- (d) Find out the economic consequences of the lockdown on the poor in Lagos State.

Method

Research Setting

The research study was conducted in four out of twenty local government areas (L.G.As) of Lagos State. The four L.G.As were selected based on their population as well as density. The research was conducted in Alimosho, Surulere, Oshodi and Ojo local government areas of Lagos state between April, 1 and April, 30 of 2020. During this period the COVID-19 lockdown was still on. The study was carried out at that period to prevent the participants from forgetting their experiences during the lockdown. The selected L.G.A.s were further divided into streets and one major street was randomly selected from each L.G.A. The selected streets depicted elements of overcrowding. Every 10th house on both sides of each selected street was selected. From each house, the most senior occupant of every 3rd room on the right side and left side along the corridor was selected. Where the house is built in form of flats/duplex, we skipped. The selected houses must be the “face-me-I-face-you” structure (that means that the house must have a central corridor with rooms on both sides of the corridor). Houses in form of boys’ quarters were also selected.

In other words, four streets were selected from the four local government areas already selected. On each street, 20 houses were selected, which gives a total of 80 houses from the four L.G.As. From each house two participants were selected and that brings the total number of participants to 160.

Participants

The target population for the study was those adult males and females above 18 years. The target population was the poor residents of Lagos State. The determining factor for who is poor (low economic status) were occupation, the neighbourhood in which the person lives and the type of house in which the person lives. The participants must be low income earner, live in crowded neighbourhood and also live in “face-me-I-face-you” type of house or “boys’ quarters”. The total number of participants selected was 160. Out of this number, 22 persons decline to participate in the study. Those who agreed to participate were 138 (86.3%). Therefore, only 138 persons met the inclusion criteria and took part in the study.

Data Collection

Four research assistants who were volunteer workers were recruited and given online training to assist in collection of data from all the four selected L.G.As. As a result of the restriction of

movement because of the COVID-19 pandemic, each research assistant worked only in one local government area where he resides. The streets selected were Alhaji Tajudeen Street in Akowonjo area of Alimosho LGA, Odunjo Street in Aguda Orile-Iganmu area of Surulere LGA, Raimi Olowora Street in Mafolokun area of Oshodi LGA and Alaba-Rago Street of Ojo LGA.

The instrument for data collection was self-developed in-depth interview guide. The interview guide was developed in line with the research objectives. The research assistants selected the participants, gave them consent forms to fill. The participants were informed that the interviews would be conducted via telephone. The consent forms have the participants' phone numbers. With these phone numbers, the researchers were able to contact the participants and schedule the appropriate time for the interviews. The in-depth interviews were conducted through telephone because of the lockdown.

Data Analysis

The in-depth interviews which were conducted in English and/or Pidgin English were recorded on the mobile phones used. Each episode of the interview lasted between 30 and 40 minutes. It was later translated and/or transcribed in English language and reprocessed to determine errors and omissions before entering the data into coding sheet. The response of each interview was written out. Similarities and differences in their responses were outlined and catalogued. The resultant data were analyzed using descriptive statistics and presented in narrative style. Four themes resulted from the analysis. Quotes from the participants are used in the presentation of results. However, the names attached to the quotes are fictitious and have no relationship to the actual participants. This was done to ensure easy flow of data presentation and at the same time guarantee the anonymity of the participants.

Results

Level of Preparedness for COVID-19 Lockdown

The study sought to find out the level preparedness by poor residents of Lagos towards the lockdown. Data revealed that 81.2% of the participants said that before the index case was confirmed they were not aware of any disease called Coronavirus. They said that they are aware of Ebola virus and Lassa fever but not Coronavirus disease. As a result, there was no preparation at that stage. One of the participants (Ayokunle – a block molder) explained the situation thus:

I have not heard about coronavirus until three weeks ago. It was when they said that an “oyibo” man brought it into Lagos that I heard about it. They said that this sickness is different from other ones we know. I have heard about Ebola, Lassa fever but not Coronavirus. Preparation for the sickness? No one prepares for sickness. When it comes to anyone, it has come. Then, the person seeks for treatment. I have never

experienced this before. That everybody will remain inside the house because of a particular disease. This is the first time I am experiencing such a thing. So, I did not make any preparation the lockdown. But the situation is funny. Those who have the disease may be better than us, because we are really suffering.

It was also revealed that most residents of Lagos did not prepare for the lockdown because they do not have savings. Majority of the participants in the study (103 – 74.6%) were engaged in the informal sector of the economy. As a result, some earn their income only after the day's work. Any day that they did not work, they are likely to earn nothing. This category of participants was engaged in commercial driving, petty trading, hairdressing, shoe cobbling, loading of goods at motor parks among others. Anthony (a cobbler) puts it this way:

Do you mean how I prepared for the stay-at-home palaver? How should I prepare? I did not hear about the disease until recently. But even if they have informed me one year ahead, how will I prepare? I do not have savings either in my house or in any bank. It is what I get in a day that I use to feed my family. I have no bank account for now. For people like me, there is nothing to prepare..... The little that I made before the lockdown has been exhausted. Life here is unbearable. I have borrowed to the extent that I am afraid of borrowing from anyone again.

There are also some participants who said that they never prepared to stay at home for a long time. They believed that the issue will not go beyond three or four days. According to them, they prepared based on their savings and the fact that it would not last long. One of the respondents, Mrs. Komolafe, pointed out that when she heard about the disease and the rumour that there was going to be total lockdown in Lagos; she had only a savings of twenty-four thousand naira.

I quickly took the money and went to market. I bought some food stuff including soap. The money was almost exhausted. The food stuff I bought finished in the first one week. Since then we are dying gradually. Coronavirus is not killing anybody, what is killing us is hunger.

The data pointed out that most of the residents of Lagos State were not prepared for the lockdown. There was no sensitization and mobilization for an eventual lockdown until the virus arrived the state. Many others do not even have the resources to prepare even if they were mobilized for such purpose.

Level of Compliance by the Poor to the Lockdown in Lagos

Majority of the participants (87.7%) pointed out that the compliance rate on the first three days was only 60% successful. The security agents had hectic time forcing people to comply. In some places like Mushin and Ojuelegba, there were serious clashes between street urchins and law enforcement agents. A young man named Andrew, who participated in the study, puts it this way:

On the first day, I did not believe the total lockdown will work in Lagos. I work up early in the morning, prepared and went to shop. When I got there, I met other colleagues who were also standing by. None of us opened shop. We were afraid that hoodlums could vandalize our goods. Everyone waited. In about one hour thirty minutes, security agents came in and chased us away. I quietly went home. The following day, I went to shop but a bit late. This time, I did not see any of my colleagues within the vicinity. Later, a woman told me that my colleagues had earlier been chased away by police men and some of them were arrested. Immediately, I left the place and returned home. On the third day I was on my way to the shop when from a distance, I saw some young men who were being punished by soldiers. Some of them were rolling on the ground along the deserted street. I ran home and that was the last time, I have left my home.

It was reported by 71% of the participants that between the 5th and the 9th day of the lockdown, compliance level grew to about 97%. The few people who move out of their homes minus those on essential duties were miscreants. Some of them may not have real homes to stay in. The security agents were moving about to ensure total compliance. Most people clustered either in front of their houses or within their compounds. At a certain stage, the security agents wanted to force those in front of their homes to go inside their houses. But this was resisted as most people complained that they could not stay inside the houses in daytime because of excessive heat. According to the participants, the lack of electricity made most rooms uninhabitable during daytime. In most of the areas studied, the houses were clustered thereby reducing the presence of adequate ventilation. By mid-day the rooms are usually hot and uninhabitable. Most of the time, people use the fans to help the situation. But when there is no light to power the fans, the people resort to staying outside but in front of their houses to take fresh air. In some places, the attempt to chase the people into their houses resulted to serious confrontation between residents and law enforcement agents. At a point, the residents were allowed to stay in front of their compounds but not on the streets.

The situation changed between the 10th and 15th day of the lockdown. Most people could no longer stand the difficulty of staying at home without food or money. At this stage, the compliance level dropped to about 50% according to 76.1% of the participants. Some women began to fry bean cake (*akara*) or buns in front of their houses every morning. Patronage was

high because most people were hungry and wanted cheap items that could quench their hunger. Others people began to hawk food or food materials. In the process, some people began to move about though with caution. But most people were tired of staying indoors. It was at this point that government began to talk about palliatives.

According to Mr. Animasaun (a 48 year old businessman),

The lockdown due to Coronavirus disease was a surprise at the beginning. People did not take the stay-at-home order very seriously. But as days passed, the police and soldiers forced everyone to stay at home. No one wants to have trouble with soldiers. At a point, both heat and hunger chased everyone outside. The level of compliance dropped. This forced government to open food markets for some hours in a day. This enabled some people to get what they can eat. Most civil servants have no problem. They are just on holiday. At least their salaries are being paid monthly. Business people are the worst hit. But we are surviving.

In her own case, Mrs Ayomide (a civil servant in a local government area) pointed out that,

I have no reason not to comply with government directives. Most people who attempt to move about are usually business people. Sometimes, they move in order to get something to eat. For me, the situation is not funny..... In fact, the idea of waking up in the morning, eat breakfast, take bath, stay indoors, eat lunch, stay indoor again, take super and sleep is quite killing. Doing this continuously for two weeks is not an easy exercise. The body and the brain are getting weak. You know in Lagos we are always on the move. This Coronavirus disease is powerful.

Incidentally, on the 13th April, 2020 the Federal Government of Nigeria realizing that the number of persons testing positive to COVID-19 in the area is increasing, decided to extend the lockdown in Lagos State, Abuja and Ogun State by two weeks. The following day, there were pockets of protests in some areas of Lagos State particularly at Mushin. The protests were not only against the extension of the lockdown but also on the fact that the palliatives which the Federal and Lagos State governments claimed to be distributing had not reached the poor and the vulnerable who deserve them most. The distribution of the palliatives brought a new twist to the lockdown. In some places, people have to gather to wait for their own ration. This makes nonsense of the issue of social/physical distancing and isolation. There were cases at Alapere and Oshodi where miscreants hijacked the materials being distributed and began to distribute them among themselves and to others within the vicinity. At this point, the lockdown was ignored by those who were involved in the hijack of the palliative materials.

Coping Strategies Adopted by the Poor during COVID-19 Lockdown in Lagos

It was observed that residents of Lagos State have adopted different strategies to cope with the economic hardship occasioned by the COVID-19 lockdown. One of such strategies is the act of begging. Almost all the participants (98.5%) agreed that residents of Lagos have resorted to begging to make ends meet. The begging is of various types. Mrs Ibe, residing at Olowora street Mafolokun Oshodi puts it this way:

No matter what is happening around us, the most important thing is to stay alive. It is only when you are alive that you can be able to stay at home. These days, when I don't have palm oil or salt, I can go to some of my friends who live within this area to beg for it. Nobody is ashamed to beg for things these days. We must survive. My friends also come to collect from me. That is how we have been surviving so far. But it is not easy.

It was also reported that some devastated persons go to the extent of knocking on the doors or gates of people they do not know to beg for alms. In most cases, they do request for anything that their benefactor could afford to give out. Sometimes, they received raw food items, cooked food, money and even sachet water. This was to ensure that they survive the situation.

Another common strategy adopted by the residents of Lagos State to cushion the economic hardship introduced by the COVID-19 lockdown was the act of borrowing. Since most businesses in Lagos have closed, the people have been finding it difficult to take care of basic family responsibilities. Data revealed that some people exhausted the little food items or money they had in the first one week of the lockdown. The issue of borrowing was not restricted to only business persons. According to the data collected, it cut across all socio-economic status. And items that are usually borrowed include food items, drugs, kerosene, matches and money. Mr. Idowu gave insight into the act of borrowing as a survival strategy.

Borrowing is very rampant among people these days. Those who have been dishonest with repayment of previous loans may not be able borrow. People have been borrowing many things from their neighbours, friends and relatives even through phone calls. In my own case, I did not borrow from person. I borrowed from the cooperative society that I belong. And I have been managing the little fund for the main time. I do not know what will happen next.

In recent time, some people have been able to collect materials and money from government agencies as palliatives. However, many have been complaining that they could not get the palliatives. Only 35.5% of the participants agreed that they received the palliatives. Others said that they heard about it but have never received any. One of those who received the materials, Mrs Njoku, said:

I thank the government for their kindness. When they were talking about it, I never believed it will ever get to me. But one afternoon, their van stopped in front of our house. Then, they began to give each household a carton of the items. I received mine with joy. The carton contained rice, beans, noodles, oil, crayfish, salt and spices. The items helped a lot to reduce my tension. We have been managing the materials for some days. Yes, some are still remaining.

Apart from those who received palliatives in form of material items, there were others who also received cash transfer of ten thousand naira. These were mostly people who were earlier registered for the cash transfer before the outbreak of Coronavirus disease. However, only 17.4% of the participants agreed that they received such fund. As a result, the palliatives from both the Federal and Lagos State governments were part of the coping strategies over the lockdown in Lagos State.

Another coping strategy which some youth applied for survival over the lockdown was robbery. Some youths formed gangs and have been robbing residents in different neighbourhoods of Lagos. The most popular of this gang of robbers was called “one million boys”. The group was made of mostly young boys and few girls. Data revealed that they attacked several places in Agege, Ogba, Mushin and Okota. Other gangs have also been operating in different other parts of Lagos. There had been cases where some individuals were robbed on the streets near their homes. Mrs. Rotimi narrated her experience thus:

One morning, I sent my son of 12 years to buy soap from a neighbour’s house along our street. In ten minutes time the boy ran back breathing heavily. He reported that a young man met him in front of our gate and asked him to handover the money to him. When he refused, the man brought out dagger and threatened to kill him; and he quickly gave the N500 with him to the robber and ran back into the compound for safety. This is the kind of problem we are facing at this dangerous time. And this is also how these “bad boys” are surviving.

It should also be noted that the lockdown did not affect those selling food and food items as well as pharmaceuticals. As a result, some residents of Lagos who were not initially engaged in selling of food suddenly chose this occupation as a means of survival. One of the participants in the study, Miss Ogechi, explained it this way:

When I was in the village, I usually helped my mother in frying and selling *akara* (bean cake). Since I came to Lagos, I have been working at a company in Apapa. But when this lockdown started, I realized that I can use this means of fry and selling of *akara* to survive. Therefore, I bought some materials and began the business. The first

day, I made a profit of N2800 and I finished selling the *akara* before 1pm. That is how I have been coping since the lockdown began. No, after the lockdown I will go back to my regular work. But for now, I must survive.

There were others who also hawked food or food items from house to house. These hawkers sell to their customers according to what the customers could afford. In the process, they are using the means to survive and also help people who could not afford to cook their own food especially bachelors. Customers could buy food worth as small as N100. This has been helping both the hawkers and the buyers to cope with the lockdown in the area.

Economic Consequences of COVID-19 Lockdown on the Poor in Lagos State

The study attempted to find out the kind of economic challenges faced by the poor in Lagos as a result of the lockdown. It was found that all the participants (100%) for the study were poor. More than 72.3% of them work under the informal sector. Out of the remaining 27.7% of the participants, 23.2% were working in factories as casual workers. They receive daily payment. Only 4.3% of the participants collect monthly salaries as junior workers. On the average their daily income was less than four hundred naira (#400) per person. The result shows that more than 95.5% of the participants did not earn any income throughout the period of the lockdown. Mr. Johnson (a trader selling second-hand cloths, married with three children) said that,

Since this lockdown started, I have been spending, spending and spending. There is no income from anywhere. Any day I didn't go to shop, I will make no money. My brother, there is no income. We are just suffering. The help they promised to give, we have seen none. I have been borrowing to ensure that my children eat something.

The data have also shown that some of the poor residents of Lagos cannot afford food and even drugs during the lockdown. Some were afraid of going to hospital for two reasons. First, they lack the money for hospital bills. Second, they do not want to be tagged as COVID-19 patients even when they are aware that what were suffering has no relationship with the symptoms of COVID-19. In other words, result shows that the poor were facing three dangers: starvation, fear of COVID-19 and other illnesses. This was buttressed by Mrs. Olurin who explained that,

I am a petty trader. No money has entered this house since this problem started. I don't have any money as at this moment. I don't even know how to feed tomorrow. In fact, I have been feeling feverish for the past three days but I don't have money to even buy drugs. Go to hospital? How will I start? Where is the money for transport? Who will foot the bills? Please, forget about hospital. If I can get small money to buy some drugs, I will be fine.

The woman was relaying this in a shaky voice over the phone. Therefore, the poor in Lagos faced the problem of inability to get food and also drugs to treat other ailments.

Concerning the situation after the lockdown, the poor residents of Lagos pointed out that life after the lockdown is also bleak. They noted that all the money they had been borrowing to eat must be paid back. All the food/food materials they had purchased on credit must be settled. As a result, they want the lockdown to end so that they will begin know how to face the future. For most of them, the future is even frightening. According to Mr. Akpan,

Now that there is lockdown, anybody you owe may not disturb you much. At least there is ready-made excuse. But immediately the lockdown ends, you must begin to pay back what you have borrowed or bought on credit. The future is not bright. I may spend more than six months to pay all my debts. God is my strength.

Discussion of findings

Having set out to determine the level of preparation made by poor residents of Lagos State towards the COVID-19 lockdown, the study found that most poor residents of the area were not prepared for the total lockdown and the major reason was lack of awareness. Most of the people became aware only with the confirmation of the index case in Lagos, Nigeria. This finding supports the views of Zuo and Liu (2014) when they noted that awareness programmes through the media do make the people to become conscious of the disease and then take precautions in order to reduce their chances of being infected by the disease. They also pointed out that if awareness programmes are delayed as in case of Lagos State, it may have negative consequences on the people's ability to prepare or adapt to the situation. The result also aligns with the position of Climate ADAPT (2015) when they noted that awareness raising is important in helping people to adapt to the impact of a disaster or pandemic within their community especially when it involves total lockdown. In other words, they believe that awareness raising enhances adaptive capacity and reduces overall consequences of lockdown during pandemic.

Data also show that the awareness campaign over the COVID-19 and the lockdown became intensified only when the virus had already entered Lagos State. In other words, the awareness campaign was more or less reactionary. And that is why the poor residents of Lagos State found it difficult to cope with the lockdown and consequently the constant increase in the figure of confirmed cases of persons infected with COVID-19. This also aligns with the view of Climate ADAPT (2015) that awareness campaign at the early stage of a pandemic will help ensure that people adaptation level is high. Delay in awareness creation leads to fluctuation in the ability

of the people to cope with the situation in an expected way. Similarly, Science Daily (2018) pointed out that public awareness campaigns play a key role in helping to manage the spread of infections particularly when the issue involves total lockdown.

The study also investigated the level of compliance with the lockdown by poor Lagos residents. Data show that the level of compliance in the first three days was about 60%. The compliance level got to its peak between the 5th and 8th day of the lockdown. The residents of Lagos were actually forced to comply by the aggressive law enforcement agents. But when their resources became exhausted early during the lockdown, the compliance level dropped. At this stage, residents moved in order to feed their families. The finding supports the position of African Centre for Strategic Studies (2020) when they noted that lockdown will be very difficult to enforce in African cities where many residents are poor. The result is also in line with the view of Reliefweb (2020) who posited that the poor are the ones who are actually carrying the burden of the COVID-19 in Nigeria. The implication is that the higher the level of poverty, the lower the rate of compliance towards government policy such as COVID-19 lockdown.

Another determinant of the level of compliance to the COVID-19 lockdown is the environment in which the people live. The result revealed that majority of the residents of Lagos (>73%) live in crowded neighbourhood with poor sanitary conditions. It was reported that in some areas, there were an average of six persons per room. Usually such rooms have only a door and a window. That also creates poor ventilation. In other words, it becomes difficult to keep six persons in one room over a long period of time. That is why during the day time, the residents of Lagos are seen clustering in front of their homes. This in effect negates the social/physical distancing policy which is necessary for curtailing the spread of COVID-19. In actual fact, poverty leads to inability to maintain healthy behavior.

The study also examined the coping strategies that the poor residents of Lagos adopted during the COVID-19 lockdown in the area. Data revealed that the poor residents of the study area used different strategies to survive during the lockdown. The strategies include begging and borrowing. This is unlike what happened in Europe and North America where the major concern was how to cope with stress and boredom. In the study area, the major concern was how to get food. That is why the result of the study is different from the coping strategies adopted in Europe and North America. In the advanced nations, their coping strategies according to Kazeem (2020) include reading, writing, drawing and room exercises. That is why one is tempted to ask, is lockdown really the best preventive measure suitable for Nigeria? Or are just copying what works in other climes? In most advanced nations, their major concern about their citizens was not really food because their governments provided enough. They are usually concerned with emotional and psychological consequences of the lockdown (Allencomm.com, 2020).

The result of the study negates the recommendations of Coulbaly and Madden (2020) when they suggested that for the lockdown to be successful in prevention of the spread of COVID-19, governments should make effort to cushion the economic consequences of the lockdown

in Nigeria. And this suggestion is not being appropriately implemented, that is why the people resort to begging and borrowing in order to survive.

Another coping strategy adopted by residents of Lagos State is the provision of palliatives by state and federal governments. Most poor people looked forward to this as a coping measure. It was as a result of this that some street urchins in Mile 12 area waylaid the vehicles conveying the materials and distribute the materials among themselves and to other persons within the vicinity. The result supports the view of Reliefweb (2020) that in times of crises or pandemic, the poor will always bear the brunt. It is also in line with the submission of Resnick (2020) when he noted that urban population in Africa works in the informal sector and that lockdown could pose major problems to the people.

Yet, another dangerous coping strategy adopted by youths in the study was robbery. This is seen as survival through crime and violence. Those hoodlums most times become successful because the attention of most law enforcement agents was focused on the implementation of the lockdown and securing the palliative materials. This creates security lacuna, through which the criminals deal with their victims who were already impoverished by the lockdown. This result supports the view of Resnick (2020) that lockdown could create problems for the people.

The study finally investigated the likely economic consequences faced by the poor during and after the lockdown. The result shows that the poor who mostly belong to the informal sector of the economy and depends on daily income for survival are the worst hit. They are facing death from two dimensions – starvation and COVID-19. This is why Goodman and Conway (2016) posited that diet plays major role in determining a person's chance of survival. Therefore, poor neighbourhoods and starvation make the COVID-19 lockdown in Lagos State a dangerous affair.

Looking at the economic situation facing the poor during post COVID-19 lockdown in the area, the study revealed that the economic condition of the poor will be worse. Most of them may need to work for several months to repay the debts they are currently accumulating. In actual fact, their economic conditions are bleak. And if they escape COVID-19, they may have to contend with other health challenges in future. This result aligns with the view of Kern and Ritzen cited in Stearman (2018) when they said that poverty creates ill-health. This is also echoed by Onyekwena and Ekuruche (2020) who pointed out that the erosion of wealth during the lockdown will lead to decline in assets and aggravate the economic impact even after the COVID-19 era.

Conclusion

Based on the findings of the research about the relationship between poverty and ill-health with particular emphasis on the COVID-19 lockdown, the study concludes that the poor residents of Lagos State are facing serious hardship. The hardship resulted from the inability of the state and federal governments to create early awareness about the pandemic before it entered the

country. This also resulted in unpreparedness among poor resident towards the lockdown and their low compliance.

For the sake of survival poor residents of Lagos designed certain coping strategies. While some of the strategies are debasing but within the law, others were criminal in nature. This also shows that extreme deprivation especially during the period of lockdown could lead to some criminal activities. Humans are always eager to survive in spite of the situation facing them.

The findings of the study have further extended the relationship between poverty and ill-health. The earlier thinking was that poor health of an individual brings about reduced income and expansion of poverty within the person's family. From the outcome of the present study, we can submit that serious negative health condition within person's environment can lead to reduction in the person's income resulting in health-poverty trap. At this point, income status of an individual is not only strongly associated with his morbidity and mortality but the ill-health of the person or members of his society can negatively affect the individual's income and economic status. This makes the poor to be more susceptible to ill-health and extreme poverty.

Therefore, the study suggests that there should be a better measure for prevention of the spread of COVID-19 or any other pandemic in future instead of total lockdown. Most time, the government of Nigeria copy what works in other climes out of context. Social capital in Europe and North America has been at low ebb before the COVID-19 pandemic. Similarly, their economic system is also different and as such it is easy to enforce total lockdown with high level of success over there. It is recommended that the new policy for prevention of the spreading of COVID-19 should involve imposition of curfew (between 5pm and 7am), compulsory washing of hands with soap, use of sanitizer every two hours possibly 9am, 11am, 1pm, 3pm and 5pm and banning interstate movements within the period. These require the involvement of village heads, community leaders, media houses, religious leaders and voluntary organizations to prompt the people. Africans are best driven by persuasion and not by force. The wearing of face mask should be made compulsory. The medical centres should be improved to provide excellent services not only to COVID-19 patients but also for other patients with different ailments. The testing of individuals should be intensified to identify healthy carriers of the disease and isolate them early. It is also important that essential services must be expanded to include farmers, food vendors, patrol station attendants, vehicles mechanics, motorcycle and tricycle taxi riders, researchers and traditional healers.

Since the COVID-19 pandemic is ravaging the world as at the time of writing this paper, it is expected that further research be carried out to identify future trends. Similarly, researches are expected to be carried out to assess the role of media in the management of COVIC-19 in Nigeria, the relationship between socio-economic status and mortality rate as a result of COVID-19 pandemic among others.

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