Place of Residence and Student's Perception of the Impact of Covid-19 Pandemic During the Lockdown in Akwa Ibom State

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ABSTRACT

The impact of covid-19 is felt in all aspects of human life, including education. The study examined place of residence and student's perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State. The study centered on Nigerian people's perception on covid-19, student's perception on the impact of Covid-19 and how place of residence influences the impact of Covid-19. The comparative survey design was used for this study. The population of the study consisted of all ss3 students in both rural and urban secondary schools in Akwa Ibom State. Stratified systematic sampling technique was used to select a sample size of 30 secondary school students as the respondents. The instrument used for data collection was an interview schedule titled "PLACE OF RESIDENCE AND STUDENT'S PERCEPTION OF THE IMPACT OF COVID-19 PANDEMIC DURING THE LOCKDOWN QUESTIONNAIRE" (PRSPICPLQ). The reason for using the interview schedule was because of restricted movement in the state and closure of schools. Instrument reliability was tested using Cronbach reliability test at 0.86 coefficient. The data obtained was analyzed using the descriptive statistics for the research questions and simple regression for hypothesis. The result tested for significance at 0.05 alpha level. The study concluded that there is significant difference in the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State, there is also a significant difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State. One of the recommendations made was that the state government should ensure that aid and health care workers have access to all populations in need, including rural dwellers, to accommodate surges in health personnel and allow the transport of humanitarian and medical commodities as needed for preparedness and response activities.

KEYWORDS: Covid-19, Pandemic, Place of Residence, Student's Perception, Impact, Lockdown

Introduction

COVID-19, from the family of Coronavirus (others include SARS, H5N1, H1N1 and MERS), is a contagious respiratory illness transmitted through the eyes, nose, and mouth, via droplets from coughs and sneezes, close contact with infected person and contaminated surfaces. It has an incubation period of approximately one to fourteen days. The symptoms include cough, fever and shortness of breath, and it is diagnosed through a laboratory test. The contagion could lead to severe respiratory problems or death, particularly among the elderly and persons with underlying chronic illnesses. Some infected persons however, are carriers for the virus with no symptoms while others may experience only a mild illness and recover easily (Sauer, 2020). As there is currently no cure or vaccine for the COVID-19; medical treatments are limited to supportive measures aimed at relieving symptoms, use of research drugs and therapeutics. Knowledge of infection pathways and relevant precautions to take is needed to control the pandemic. While the scientific community continues to research possible vaccines or drugs for the viral infection, it is expected that adequate knowledge will motivate individuals to make decisions which may prevent and curb the epidemics.

Nigeria recorded its first case of COVID-19 on the 25thof February 2020 with the index case being an Italian man who works in Nigeria and flew into the commercial city of Lagos from Milan. Since then Nigeria has recorded an additional 2 cases –a contact of the index case and an independent woman who arrived from the United Kingdom on the 13thof March, 2020. Also, more needs to be done in terms of nationwide campaign to sensitize more Nigerians on the preventive measures against the virus disease as 50 percent disclosed that they do not have information on preventive measures against the virus.

Problem Statement

Daily, new cases of coronavirus (COVID-19) emerge around the world. What is certain from China to Italy to Iran etc. is that nations and continents are being affected by the rate at which the virus spreads. People are being quarantined in hospitals and aboard ships in distant ports, and the movement of labor and vital supplies has been significantly distorted. Currently, COVID-19 has been considered a pandemic as a result of its speed and scale of transmission. It is pertinent that the Federal Ministry of Health and all stakeholders, continue and ramp up their efforts in ensuring that the cases of the virus infection can be reduced in Nigeria, and ultimately contain the virus. With the spread of COVID-19 being similar to a wildfire, it is therefore necessary to assess place of residence and student's perception oF the impact of covid-19 pandemic.

Objectives of the study

1. To examine the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State.
2. To find out the difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.
3. To determine the Preventive measures against covid-19 as a way of curbing the effect of covid-19 pandemic.

Research questions

1. What is the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State?

2. What is the difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State?
3. What are the preventive measures against covid-19 as a way of curbing the spread of covid-19 pandemic?

Hypotheses

1. There is no significant difference in the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State.
2. There is no significant difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.

Literature Review

Prevalence of Covid-19 in the Globe

Since the start of the outbreak in December 2019, the new coronavirus has spread to nearly all countries and territories. As of 31 March 2020, there have been over 750,000 confirmed cases of coronavirus disease 2019 (COVID-19), with over 36,000 deaths reported, including children. Basic preventative measures like hand washing with soap and water are much more difficult for poor and vulnerable people with an estimated 2.1 billion people worldwide lacking access to safe, readily available water at home.

UNICEF is part of joint-UN industry consultation with coordinated UN forecasts, political advocacy with national counterparts to fast-track regulatory clearances, ease border restrictions and allow flexible financing to support procurement at scale. As part of the overall UN-wide effort, UNICEF continues working around the clock to scale-up and deliver a response across its sectors to address the needs created by the COVID-19 pandemic. UNICEF's appeal and strategy are in line with the WHO's inter-agency Strategic Response Plan and the COVID-19 Global Humanitarian Response Plan led by the UN Office for the Coordination of Humanitarian Affairs (OCHA). With the fast-moving spread of the pandemic, UNICEF requires, now more than ever, flexible and timely funding so that it can be allocated quickly to where it is most needed and as the situation evolves. A lack of flexible funding will diminish the humanitarian system's capacity to respond effectively and efficiently.

In many countries, especially those with ongoing humanitarian crises, the COVID-19 outbreak is creating significant additional pressure on the already overburdened social service delivery systems, exacerbating the vulnerabilities of affected populations. The urban poor, migrant, stateless, internally displaced and refugee populations are especially neglected. These settings often also lack continuous access to health, water and sanitation services. Populations on the move will be further exposed to the disease as basic essential and life-saving services are hindered due to control measures, movement restrictions, border closures and discriminatory access to testing and other health services.

The situation of Nigeria on covid-19

The novel Coronavirus disease 2019 (COVID-19), first identified in Wuhan China in December 2019, has rapidly spread to almost every region of the world. The disease is caused by a new and severe type of Coronavirus known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The infection has no immediate treatment and vaccine, and it has according to World Health Organization (WHO, 2020) become a worldwide pandemic causing significant morbidity and mortality. There are 1,603,428 confirmed cases, 356,440 recoveries from the illness and 95,714 deaths worldwide as of April 9, 2020 (Worldometers, 2020). On February 27, 2020, an Italian citizen became the index case for COVID-19 in Nigeria and as at April 9, 2020, there were 288 laboratory-confirmed cases of COVID-19 in Nigeria with 51 discharges and 7 deaths (Nigeria Centre for Disease Control, NCDC, 2020). To prevent further spread of the virus, civil societies and government agencies embarked on enlightenment campaigns for good hygiene and social distancing. Temperature screening was conducted at airports and those returning from countries with numerous confirmed cases of COVID-19 were implored to self-isolate. The NCDC in association with State governments also began tracing and tracking of possible victims and their contacts. On March 18, 2020, the Lagos State government suspended all gatherings above fifty people for four weeks and ordered all lower and middle level public officers to stay-at-home (Ewodage, 2020).

Similarly, the Federal government, on March 30, 2020 introduced various containment strategies such as closing of the national borders and airspace, schools, worship centers and other public places, canceling of mass gathering events and placing the Federal Capital Territory, Lagos and Ogun states on lock down for an initial period of fourteen days (Radio Nigeria, 2020). Covid-19 testing laboratories were set up in Lagos, Abuja and Irrua in Edo State while State governments opened isolation centers and imposed dawn to dust curfews in their territories.

At early stages of a pandemic, precautionary measures are needed to protect against possible danger and curtail the disease spread. In line with this therefore, the Nigerian government (just like other governments around the world) introduced various containment strategies which have interfered with individuals' daily lives and have led to severe economic loss and social disruption. People were coerced to stay at home, businesses and offices were closed, exempting healthcare facilities/workers and ―essential commercial establishments. For Nigerians making a living in the informal economy, their livelihood is now threatened by the lockdown since much of their activities and businesses involve face-to-face contact.

Prevalence of Covid-19 in Akwa Ibom State

As many states of the federation began to record cases of COVID-19, many believe it was only a matter of before it would hit Akwa Ibom State and it came with a bang. Five cases were confirmed in a go and this generated much anxiety and hopelessness among the people. According to Udonquak (2020), before the announcement by the National Centre for Disease Control that five persons had tested positive for COVID-19 in Akwa Ibom State, there had been calls for a lockdown of the state, which many thought would have presented the 'entry of the disease' to the state and this was ignored. So, it was no surprise that when NCDC announced the test results of five samples from the state confirming them to be positive for COVID-19, the health commissioner quickly issued a statement rejecting the test result. With the release of the confirmed cases in the state, it has now dawned on the people that it is no longer a time for living in denial of the virus but it is their responsibility to comply with the guidelines on how to stay safe and beat COVID-19, part of which is the stay-at-home order and the total lockdown of the state.

Nigerian people's perception of COVID-19

On the case of COVID-19, some Nigerians due to superstitions and ignorance of the science behind the infection prefer only to pray (even violating the social distancing rule by attending churches or mosques during the lockdown) and use anointing oils, talisman, herbs or rituals to prevent contracting and spreading the virus. Some also use social media platforms (e.g. Whatsapp, Twitter, Facebook and Instagram) to spread fear, project fake news concerning the source of the virus, incite panic buying, proffer fake cures and undermine medical advice, deliberately or ignorantly (Hassan, 2020). They opined that lockdown, self-isolation and social distancing are un-African solutions to the pandemic (Abati, 2020).

NOIPolls conducted a public opinion poll to gauge the perception of Nigerians regarding the awareness, mode of transmission, symptoms and to ascertain their awareness on possible preventive measures of COVID-19.This poll was conducted as at the time Nigeria had only 2 confirmed cases of COVID-19.The poll result revealed that a vast proportion of Nigerians (84 percent) are aware of the COVID-19 virus disease and this cuts across gender, geographical location and age-group with at least 73 percent representation. The awareness level is not surprising given that the health authorities have through various media platforms informed Nigerians of the illness and have assured Nigerians that they can manage the spread of the virus, when the first case of COVID-19 was confirmed in the country in February, 2020. Also, the Nigeria Centre for Disease Control (NCDC) issued a public health advisory to inform Nigerians about symptoms and preventive measures, and has provided a toll-free number for guidance. With the incorrect news of immunity being spread it is alarming to note that the poll revealed that 26percentof Nigerians nationwide held the perception that they are immune to the virus. Further probing showed that Nigerians who held this belief have based it on their faith and religious beliefs (40 percent) and the perception that they have a strong genetic make-up (30 percent) that is resistant to the virus. Additionally, other opinions on immunity to the virus includes, that the Nigerian weather is too hot for the virus to survive in (17percent), and that their personal herbal remedy will protect them from the virus (8 percent), while others have the idea that the COVID-19 is not an African disease rather a western disease (5 percent).

On panic level, with reference to being infected by the virus, 63 percent of Nigerians disclosed that they are concerned that they may contract the virus. With regards to knowledge of the symptoms of infection, cough (45 percent), fever (33 percent) and sneezing (25 percent) were identified as the top three symptoms of the virus while body contact with infected person was mostly mentioned as one of the primary ways of spreading the virus. Furthermore, the poll revealed that 50percent of Nigerians do not have information on preventive measure against the coronavirus disease. This implies that about hundred million Nigerians are at risk of being infected with the disease. Nevertheless, it is heartwarming to note that 45 percent stated that regularly washing of hands is one of the measures they would take to prevent the spread of the disease. Interestingly, it is very important to note also that a vast majority of Nigerians disclosed that they would be willing to report (97 percent) and be tested (97 percent) if they show any sign of COVID-19 as well as willing to be quarantined (97 percent) if they are at risk of spreading the virus disease.

Place of residence and the impact of covid-19

Rural populace

There are several features of rural populations and places that increase their risk of coronavirus-related mortality and other long-term health impacts.

Rural Populations Are Older: Coronavirus infection is more deadly for older adults. According to a recent NCDC report, thus far, 31% of COVID-19 cases, 45% of hospitalizations, 53% of intensive care admissions, and 80% of deaths have been among adults aged 65 and older, with the highest percentage of severe outcomes among those 85 years and older. This is bad news for rural Nigeria. Nineteen percent of the rural population is 65 years or older, compared with 15% in urban areas. In addition to its implications for mortality rates, the older age structure in rural areas has implications for informal care giving. Older adults nationwide rely on informal caregivers (e.g., friends, family, and neighbors) for support, but access to informal caregivers may be more difficult in rural areas given longer travel times. This may lead to greater isolation among older adults in rural areas and may mean that they do not get necessary healthcare services and other essential resources, like medications, groceries, and social interaction.

Rural Areas have Higher Prevalence of Chronic Health Conditions: Early data from China show that people with certain serious chronic medical conditions, such as heart disease, diabetes, chronic respiratory disease, lung cancer, and depression are at greater risk of death and other serious complications from COVID-19 because these conditions weaken the body's health defense and immune system against viral infection. Rural populace has higher rates of each of these chronic health conditions than their urban peers. This means that although transmission rates may be lower in rural areas, the percentage of cases resulting in death and other serious complications could be higher in rural than in urban areas.

More Limited Health Care Infrastructure in Rural Areas: Since 2010, 126 rural hospitals across 31 states have closed. Even when hospitals are available in rural areas, they do not have the capacity to deal with a surge in coronavirus cases, and they have limited availability of medical personnel, ventilators, personal protective equipment (e.g., masks, gloves, gowns), and other essential supplies. Particularly concerning is that only 1% of the nation's ICU beds are located in rural areas. In addition, rural physicians are older than their urban counterparts, meaning that they are at very high risk while providing services.

Besides the resources that are necessary to treat the virus, COVID-19 testing availability and access is also essential because a) federal and state governments need to know where to allocate limited treatment resources and b) individuals may be more likely to self-isolate if they know there are positive cases in their communities. Moreover, people who do not know they have the virus because they have not been able to get tested may inadvertently pass the virus on to someone else. In general, testing rates have been lower in the most rural states.

Longer-Term Health Consequences: There are also potential longer-term consequences to rural population health. The connection between local economic conditions and population health is well-documented. Rural economies tend to be less diversified than urban economies, increasing risk of widespread job loss if that industry goes under. Recession, which represented a severe and sudden economic downturn, is associated with higher population-level rates of poor self-reported health, disability, problems with digestion and sleep, diabetes, low-weight births, psychological distress, suicide, higher caloric intake, and declines in physical activity and fertility.

Urban populace

The impacts of the coronavirus epidemic on rural communities will also have major implications for urban populations since they supply disproportionate shares of the nation's food, energy, and natural amenity recreation. Urban populations are at risk as they tend to live in overcrowded settings, making it incredibly difficult to practice social distancing.

However, WHO in its guidance on respiratory disease says that the highest risk area while on a flight is the two rows in front, behind or next to an infected person. The implications of this, with particular regards to our kind of public transport and shared taxi system, in the urban areas are huge. First, the terminals and bus stops for loading and offloading of most transport companies are crowded, while vehicles, especially those of the informal and semi-formal transport, are overloaded with tight seating arrangements. Secondly, it is needful that managers of transport companies, terminal operators and company/vehicle owners sanitize and disinfect the terminals and vehicles repeatedly. This currently does not seem to be the case. There is therefore a clear chance that the difference measures being put in place in the wake of the COVID19 in Nigeria may amount to nothing if the transportation gaps are not quickly addressed, because transport is not an option, it's a daily necessity and arguably 50% of the population utilizes public transport or shared taxis. Whether rural, urban, or somewhere in between – we are all in this together.

Preventive measures against covid-19

Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets, not by airborne transmission. The people most at risk of infection are those who are in close contact with a COVID-19 patient or who care for COVID-19 patients. Preventive and mitigation measures are key in both healthcare and community settings. The most effective preventive measures in the community according to Nigeria Centre for Disease Control (NCDC) 2020 includes:

- Using PPE Appropriately; this involves selecting the proper PPE and being trained on how to put on, remove and dispose of it.
- Performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty;
- Avoiding touching your eyes, nose and mouth;
- Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- Wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
- Maintaining social distance (a minimum of 1m) from individuals with respiratory symptoms.

Additional precautions are required by healthcare workers to protect themselves and prevent transmission in the healthcare setting. Knowledge such as regular hand washing, using hand sanitizers, wearing face masks, respiratory etiquettes, social distancing and self-isolation when sick are vital to reducing widespread infection (Leppin & Aro, 2009).

Student's perception of the impact of covid-19

Going to school is the best public policy tool available to raise skills. With the widespread of COVID-19 pandemic, many countries have (rightly) decided to close schools, colleges and

universities. The crisis crystallizes the dilemma policy makers are facing between closing schools (reducing contact and saving lives) and keeping them open (allowing workers to work and maintaining the economy). While school closures seem to present a logical solution to enforcing social distancing within communities, prolonged closures tend to have a disproportionately negative impact on the most vulnerable students. They have fewer opportunities for learning at home, and their time out of school may present economic burdens for parents who may face challenges finding prolonged childcare, or even adequate food in the absence of school meals.

Hard-won gains in expanded access to education could stagnate or reverse as school closures are extended and accessibility to alternative options like distance learning remain out of reach for those without means to connect. This may cause further loss in human capital and diminished economic opportunities. Country-wide school closures implemented by governments to control the spread of COVID-19 are now in place in 188 countries, resulting in over 1.5 billion learners studying remotely or without access to education. In many settings, remote learning will not reach those without internet access, and learning will be challenging for many without appropriate supervision. Children on the move are already disproportionately affected by learning disruptions, and they are at great risk of exclusion from online or other alternative learning options. As schools close, school meals and other support services are no longer available for the poorest children. Nearly 900 million children worldwide lack basic hygiene services at their school, increasing their risk of exposure to diseases such as COVID-19. Even when schools reopen, children will be returning to only 53 per cent of schools having basic hygiene services (defined as having a hand washing facility with water and soap available). Perhaps to the disappointment of some, children have not generally been sent home to play. The idea is that they continue their education at home, in the hope of not missing out too much.

Families are central to education and are widely agreed to provide major inputs into a child's learning, as described by Bjorklund and Salvanes (2011). The current global-scale expansion in home schooling might at first be seen quite positively, as likely to be effective, but typically, this role is seen as a complement to the input from school. Parents supplement a child's Math learning by practicing counting or highlighting simple Math problems in everyday life; or they illuminate history lessons with trips to important monuments or museums. Being the prime driver of learning, even in conjunction with online materials, is a different question; and while many parents round the world do successfully school their children at home, this seems unlikely to generalize over the whole population. Therefore, the family has the role of a complementing the formal educational system until the disease is totally silenced.

Research Methodology

A comparative survey design was used for this study. In this type of design, the researcher compared the extent of and the effects of covid-19 in both the rural and urban areas. The research area for this study was Akwa Ibom State. The population of this study comprised all SS3 students in Akwa Ibom State. A stratified random sampling technique was used to select the respondents. The contacts of the respondents was made available through the chairman of ANCOP (All Nigeria Conference of Principals of Secondary Schools), who gave out the phone numbers of 2 principals each from rural and urban schools. The principals in turn gave the phone numbers of 20 students from urban schools and 10 students from rural schools, giving a total of 30 students, which constituted the sample size. The main instrument used in this study was an interview schedule titled "PLACE OF RESIDENCE AND STUDENT'S PERCEPTION OF COVID-19 PANDEMIC

QUESTIONNAIRE (PRSPCPQ). The reason for using the interview schedule was on the ground that the researchers needed to adopt phone calls method where the respondents were called phone due to lockdown in the state. This instrument passed through face and content validated by the experts in test and measurement in University of Uyo. Cronbach Alpha technique was used to determine the level of reliability of the instrument. In the trial test, a total of 10 respondents who did not form part of the main study were randomly selected from one of the senatorial districts and the questions in the interview schedule put before them on phone due to lockdown in the state. The reliability coefficient obtained was 0.78 and this was high enough to justify the use of the instrument. The exercise took about six days. The researcher subjected the data generated for this study to appropriate statistical techniques such as descriptive analysis and independent t-test analysis. The test for significance was done at 0.05 alpha levels.

Results and Discussion

Results

Research Question 1

The research question sought to find out the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State.

Table 1: Percentage analysis of the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State.

EXTENTS	URBAN	%	RURAL	%	T. FREQ
VERY HIGH EXTENT	11	55	1	10	12**
HIGH EXTENT	5	25	2	20	7
LOW EXTENT	3	15	3	30	6
VERY LOW EXTENT	1	5	4	40	5*
TOTAL	**20**	**100%**	**10**	**100%**	**30**

****** **The highest percentage frequency**

***** **The least percentage frequency**

SOURCE: Field survey

The above table 1 presents the percentage analysis of the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State. From the result of the data analysis, it was observed that in the urban areas of Akwa Ibom State, 11(55%) of the respondents affirmed very high extent of covid-19 pandemic, seconded by 5(25%) who affirmed high extent. This was followed by the third group of the people, 3(15%) who affirmed low extent and finally, 1(5%) of the respondents who affirmed very low extent.

Also in the rural areas of Akwa Ibom State 4(40%) of the respondents affirmed that the extent of covid-19 pandemic is very low extent, seconded by 3(30%) affirmed on low extent followed by 2(20%) affirmed high extent fourthly, 1(10%) affirmed on very high extent.

Finally, from both (urban and rural) areas of the state, it was observed more respondents affirmed covid-19 pandemic to be of very high extents (12) while very few of the respondents affirmed it to be very low extent (5).

Research Question 2

The research question sought to find out the difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.

Table 2: Percentage analysis of the difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.

PERCEPTIONS	URBAN	%	RURAL	%	TOTAL
School Closure	4	20	2	20	6
Fewer opportunities for learning	2	10	1	10	3
Economic burdens for parents who may face challenges finding prolonged childcare	2	5	1	10	2
Economic burdens for parents to provide adequate food in the absence of school meals	1	5	0	0	1
Stagnation of hard-won gains in expanded access to education	1	5	1	10	2
Further loss in human capital and diminished economic opportunities	1	5	0	0	1
Over 188 countries closing schools result in over 1.5 billion learners studying remotely or without access to education.	1	5	1	10	2
Challenging learning for many without appropriate supervision at home	1	10	0	0	2
Lack of school meals and other support services for the poorest children	2	10	0	0	2
Lack of basic hygiene services to nearly 900 million children worldwide at their school increasing their risk of exposure to diseases such as COVID-19	1	5	1	10	2
Children returning to only 53 per cent of schools having basic hygiene services like hand washing facility	1	5	2	20	3
Ineffective current global-scale expansion in home schooling as it is supposed to be a complement to the inputs from school.	1	5	1	10	2
Unlearned Parents substituting child's hard topics with a simple one in everyday at stay at home	2	10	0	0	2
TOTAL	**20**	**100%**	**10**	**100%**	**30**

****** **The highest percentage frequency**

***** **The least percentage frequency**

SOURCE: Field survey

The above table 2 presents the percentage analysis of the difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State. From the result of the data analysis, it was observed that in the urban areas of Akwa Ibom State, people perceived 4(20%) to be school closure of the impact of covid-19 pandemic during the lockdown in State. While very few affirmed that 1(5%) was economic burdens for parents to provide adequate food in the absence of school meals, stagnation of hard-won gains in expanded access to education, further loss in human capital and diminished economic opportunities, over 188 countries closing schools result in over 1.5 billion learners studying remotely or without access to education, lack of basic hygiene services to nearly 900 million children worldwide at their school increasing their risk of exposure to diseases such as COVID-19, children returning to only 53 per cent of schools having basic hygiene services like hand washing facility and ineffective current global-scale expansion in home schooling as it is supposed to be a complement to the inputs from school.

Also in the rural areas of Akwa Ibom State 2(20%) of the respondents perceived school Closure, children returning to only 53 per cent of schools having basic hygiene services like hand washing facility to be the impact of covid-19 pandemic during the lockdown in Akwa Ibom State. While the least 1(10%) of the people perceived fewer opportunities for learning, economic burdens for parents who may face, challenges finding prolonged childcare, stagnation of hard-won gains in expanded access to education, over 188 countries closing schools result in over 1.5 billion learners studying remotely or without access to education, lack of basic hygiene services to nearly 900 million children worldwide at their school increasing their risk of exposure to diseases such as COVID-19, and ineffective current global-scale expansion in home schooling as it is supposed to be a complement to the inputs from school.

Finally, from both (urban and rural) areas of the state, it was observed more people perceived (6) school closure to be the utmost impact of covid-19 pandemic during the lockdown in Akwa Ibom State while very few of the respondents perceived (1) economic burdens for parents to provide adequate food in the absence of school meals and further loss in human capital and diminished economic opportunities to be the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.

Research Question 3

The research question sought to find out the preventive measures against covid-19 as a way of curbing the spread of covid-19 pandemic.

Table 3: Percentage analysis of the preventive measures against covid-19 as a way of curbing the spread of covid-19 pandemic.

PREVENTIONS	FREQ	%
Using PPE Appropriately	9	30**
Performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty	5	16.70
Avoiding touching your eyes, nose and mouth	7	23.33
Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue	4	13.33
Wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask	3	10
Maintaining social distance (a minimum of 1m) from individuals with respiratory symptoms	2	6.70*
TOTAL	**30**	**100%**

****** **The highest percentage frequency**

***** **The least percentage frequency**

SOURCE: Field survey

The above table 3 presents the percentage analysis of the preventive measures against covid-19 as a way of curbing the spread of covid-19 pandemic. From the result of the data analysis, it was observed that the using PPE appropriately 9(30%) rate the highest percentage of the preventive measures against covid-19 pandemic while maintaining social distance (a minimum of 1m) from individuals with respiratory symptoms 2(6.70%) rate the least percentage of the preventive measures against covid-19 as a way of curbing the spread of covid-19 pandemic.

Hypothesis 1

The null hypothesis states that there is no significant difference in the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State. In order to test the hypothesis, chi-square analysis was use to analyze the data (see Table 4).

TABLE 4: Chi-square analysis of the difference in the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State.

EXTENTS	RURAL		URBAN		T. FREQ	X^2
	Observed	Expected	Observed	Expected		
VHE	11	8	1	4	12	
HE	5	4.70	2	2.33	7	
						9.09*
LE	3	4	3	2	6	
VLE	1	3.33	4	1.70	5	
TOTAL	**20**	**20**	**10**	**10**	**30**	

***Significant at 0.05 level; df = 3; Critical X^2-value = 7.81**

Table 4 shows the calculated X^2-value as (9.09). This value was tested for significance by comparing it with the critical X^2-value (7.81) at 0.05 levels with 3 degree of freedom. The calculated X^2-value (9.09) was greater than the critical X^2-value (7.81). Hence, the result was significant, meaning that there is significant difference in the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State.

Hypothesis 2

The null hypothesis states that there is no significant difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State. In order to test the hypothesis, chi-square analysis was use to analyze the data (see Table 5).

TABLE 5: Chi-square analysis of difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.

	URBAN		RURAL		
PERCEPTIONS	**Obs**	**Exp**	**Obs**	**Exp**	**X^2**
School Closure	4	4	2	2	
Fewer opportunities for learning	2	2	1	1	
Economic burdens for parents who may face challenges finding prolonged childcare	1	1.33	1	0.67	
Economic burdens for parents to provide adequate food in the absence of school meals	1	0.67	0	0.33	
Stagnation of hard-won gains in expanded access to education	1	1.33	1	0.67	
Further loss in human capital and diminished economic opportunities	1	0.67	0	0.33	
Over 188 countries closing schools result in over 1.5 billion learners studying remotely or without access to education.	1	1.33	1	0.67	
Challenging learning for many without appropriate supervision at home	2	1.33	0	0.67	
Lack of school meals and other support services for the poorest children	2	1.33	0	0.67	**6.75****
Lack of basic hygiene services to nearly 900 million children worldwide at their school increasing their risk of exposure to diseases such as COVID-19	1	1.33	1	0.67	
Children returning to only 53 per cent of schools having basic hygiene services like hand washing facility	1	2	2	1	
Ineffective current global-scale expansion in home schooling as it is supposed to be a complement to the inputs from school.	1	1.33	1	0.67	
Unlearned Parents substituting child's hard topics with a simple one in everyday at	2	1.33	0	0.67	

stay at home		
TOTAL	**20**	**10**

***Significant at 0.05 level; df = 12; Critical X^2-value = 21.03**

Table 5 shows the calculated X^2-value as (6.75). This value was tested for significance by comparing it with the critical X^2-value (21.03) at 0.05 levels with 12 degree of freedom. The critical X^2-value (21.03) was greater than the calculated X^2-value (6.75). Hence, the result was not significant, meaning that there is no significant difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State.

Discussion of the Findings

The result of the data analysis in table 4 was significant due to the fact that the calculated X^2-value (9.09) was greater than the critical X2-value (7.81) at 0.05 level with 3 degree of freedom. The result implies that there is significant difference in the extent of covid-19 pandemic in rural and urban areas of Akwa Ibom State. The result therefore was in agreement with the research findings of experts, who avowed that there is a clear chance that the difference measures being put in place in the wake of the COVID19 in Nigeria may amount to nothing if the transportation gaps are not quickly addressed, because transport is not an option, it's a daily necessity and arguably 50% of the population utilizes public transport or shared taxis. Whether rural, urban, or somewhere in between – we are all in this together. The significance of the result caused the null hypotheses to be rejected while the alternative one was accepted.

The result of the data analysis in table 5 was not significant due to the fact that the critical X^2-value (21.03) was greater than the calculated X^2-value (6.75) at 0.05 level with 12 degree of freedom. The result implies that there is no significant difference in rural and urban students' perception of the impact of covid-19 pandemic during the lockdown in Akwa Ibom State. The result therefore was in agreement with the research findings of experts who asserted that school closures seem to present a logical solution to enforcing social distancing within communities, prolonged closures tend to have a disproportionately negative impact on the most vulnerable students and that they have fewer opportunities for learning at home, and their time out of school may present economic burdens for parents who may face challenges finding prolonged childcare, or even adequate food in the absence of school meals. The non-significance of the result caused the alternative to be rejected while the null hypotheses was accepted

Conclusion

The Coronavirus disease has become a severe pandemic and poses many serious challenges at national, regional and global levels. The consequences, even if they are difficult to calculate, are expected to be enormous in view of the rapid spread of the Covid-19 and the drastic measures taken by countries. As rates of coronavirus (COVID-19) infection and death continue to rise, it is important to consider how rural areas may be differentially affected. Rural parts of Nigeria may be comparatively better off than urban places due to lower population density in rural areas. Lower population density reduces opportunities for virus spread. On the one hand, the urban population are vested with greater attention and infrastructures to tackle COVID-19. The global lockdown of education institutions is going to cause major (and likely unequal) interruption in students' learning; disruptions in internal assessments; and the cancellation of public assessments for qualifications or their replacement by an inferior alternative- home schooling. However,

government and her agencies need to do more to improve the confidence of the citizens in their ability to provide the needed care and manage cases of COVID-19.

Recommendations

Health Service Delivery System Should:

- Engage with local communities to provide access to information for all populations, avoiding convening large groups where this may increase the risk of transmission;
- Train health care workers to properly identify GBV and IPV risks and cases; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can referral patients for additional care;

Development and Humanitarian Organizations Should:

- Continue development and humanitarian service provision as much and as safely as possible, accounting for the potential imposition of movement restrictions and social distancing measures. Where possible, continue GBV, psychosocial support, and WASH services along with the provision of food, nutrition, and hygiene commodities and shelter support.

Federal Governments Should:

- Ensure that aid and health care workers have access to all populations in need, including rural dwellers, to accommodate surges in health personnel and allow the transport of humanitarian and medical commodities as needed for preparedness and response activities;
- Ensure that any movement restrictions relating to COVID-19 account for the needs of different vulnerable groups.

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