

**Mitigating Against Covid-19 Pandemic Effect in Akwa Ibom State Through Provision of Adequate Palliatives: The Perception of Social Scientists in Akwa Ibom State**

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**BY**

**ARCHIBONG, Uto I., *Ph.D*  
Institute of Education  
and Professional Development  
University of Uyo, Uyo**

**&**

**Bassey UDOM  
Sociology and Anthropology Social Sciences  
University of Uyo  
Akwa Ibom State, Nigeria**

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**ABSTRACT**

*The study sought to assess the mitigating against COVID 19 pandemic effects in Akwa Ibom State through provision of adequate palliatives as perception of social scientists in Akwa Ibom State. The research design used for this study was a Survey. The research area for this study was Akwa Ibom State. The population of this study comprised all social scientists. Simple random sampling technique was used to select 50 respondents as the sample size. The instrument used for data collection was an interview schedule titled “COVID-19 PANDEMIC AND ADEQUATE PALLIATIVES QUESTIONNAIRE” (CPAPQ). 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. The reliability coefficient obtained was 0.84 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 simple regression. The test for significance was done at 0.05 alpha levels. The study therefore concluded that the outbreak of Covid-19 pandemic has caused so much harm to the people, many have lost their jobs resulting in high cost of leaving Nigeria’s government has an obligation to protect people’s right to an adequate standard of living, including adequate food and nutrition, the highest attainable standard of health, and the right to social security by the provision of palliative which will help mitigate the effect of Covid-19 pandemic among the people of Akwa Ibom State. In conclusion, there is significant effect of palliative in mitigating COVID-19 Pandemic. The study recommended that Nigeria’s federal government should urgently develop a plan to deliver social and economic assistance to the tens of millions of people who will lose income due to COVID-19, particularly informal workers who lack an adequate social safety net.*

**KEYWORDS: Mitigation, Covid-19 Pandemic, Adequate Palliatives**

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**Introduction**

The direct disease burden from covid-19, the pandemic response is already causing negative indirect effects. Our assessment is based on rapid scoping of potential impacts and a non-systematic review of diverse publications, so there is a high degree of uncertainty about the extent of some impacts. However, the range of health concerns identified, beyond those directly attributable to the virus itself, should be recognised in developing and implementing responses. The effects may also vary by context. In low and middle income countries without social safety nets, the effects on population health and health inequalities are likely to be worse than in richer countries, as is beginning to be seen in India (Roy 2020). Actions must be targeted to support the most vulnerable people, by building a more sustainable and inclusive economy (McCartney, Hearty, Arnot, Popham, Cumbers, McMaster 2019). People may experience loss of income from social distancing in several ways. Although some people can work at home, many cannot, especially those in public facing roles in service industries, a group that already faces precarious employment and low income. (McKee, Reeves, Clair, Stuckler, 2017) others may be affected by workplace closures, caused by government mandate, an infected co-worker, or loss of business. Yet more may be unable to work as school closures require them to provide childcare. In the UK, 3.5 million additional people are expected to need universal credit (which includes unemployment payments) as a result of the pandemic (Benstead 2020). The growth of the informal, gig economy in some countries has created a large group of people who are especially vulnerable as they do not get sick pay, are on zero hour contracts, or are self-employed (Kuhn 2016). Nigeria's federal and state governments should ensure the rights to food, shelter, and other basic necessities for people losing jobs or income during the COVID-19 pandemic. Nigeria's government has an obligation to protect people's right to an adequate standard of living, including adequate food and nutrition, the highest attainable standard of health, and the right to social security.

### **Statement of Problem**

The economic assistance that the government has announced in response to the virus has exposed inadequacies in Nigeria's social protection systems and risks excluding the country's poorest and most vulnerable people. Millions of Nigerians observing the COVID-19 lockdown lack the food and income that their families need to survive. The lockdown, however, prevents many Nigerians working in informal sectors from traveling to work or conducting their business. The informal sector, in which more than 80 percent of Nigerians work, includes a wide range of occupations, from street traders, taxi drivers, tradesmen, and artisans to food vendors and hairdressers are in devastation. The study therefore sought to assess the mitigation against covid-19 pandemic effect in Akwa Ibom State through provision of adequate palliatives.

### **Objectives of the Study**

1. To find out the extent of COVID-19 pandemic in Akwa Ibom State.
2. To determine the extent of palliative provision by the government of Akwa Ibom State and Philanthropists in the state.
3. To find out the proportion of the palliative recommended for easy mitigating of the COVID-19 effect.

### **Research Question**

The following research questions were raised to guide the study

1. What is the extent of COVID-19 Pandemic in Akwa Ibom State?
2. What is the extent of palliative provision by the government and philanthropist in the State?

## Research Hypothesis

Ho<sub>1</sub>: There is no significant impact of provision of palliative on the COVID-19 economic effect to the people of Akwa Ibom State.

## Concept of Corona Virus

**Coronavirus** is type of common virus that infects humans, typically leading to an Upper Respiratory Infection (URI.) The viruses are spread through the air by coughing and sneezing, close personal contact, touching an object or surface contaminated with the virus and rarely, by fecal contamination. The illness caused by most coronaviruses usually lasts a short time and is characterized by runny nose, sore throat, feeling unwell, cough, and fever. Coronaviridae is generally considered to contain two genera, *Coronavirus* and *Torovirus*, which differ in nucleocapsid morphology, the former being helical and the latter being tubular. Coronaviruses are important agents of gastrointestinal disease in humans, poultry, and bovines. In humans, a species known as SARS coronavirus (or Severe Acute Respiratory Syndrome coronavirus) causes a highly contagious respiratory disease that is characterized by symptoms of fever, cough, and muscle ache, often with progressive difficulty in breathing. The first case was found in Saudi Arabia, and others were reported within the following year in France, Germany, Jordan, Qatar, Tunisia, the United Arab Emirates, and the United Kingdom.

In late 2019 a virus apparently closely related to SARS coronavirus emerged in Wuhan, China. The virus, later named severe acute respiratory syndrome coronavirus (SARS-CoV-2), caused an illness known as COVID-19, which was similar to SARS and was being characterized primarily by fever and respiratory symptoms. The virus was likewise highly contagious. By early 2020 it had spread throughout regions of China and had reached the United States and Europe, having been carried by travelers from affected regions. In March the World Health Organization declared the outbreak a pandemic, and travel to, from, and within many countries was severely restricted in an effort to control its spread. In many areas, schools and many businesses closed, and stay-at-home guidelines were implemented, which strongly encouraged people not to leave their places of residence.

## Concept of COVID-19 Pandemic

The outbreak of the new coronavirus infection, COVID-19 was initiated from the Hunan seafood market in Wuhan city of China in December 2019, and within a couple of months it has turned out to be a global health emergency. Live animals like bat, frog, snake, bird, marmot and rabbit are frequently sold at the Hunan seafood market (Wang, Horby, Hayden, Gao 2020). Genomic analysis revealed that SARS-CoV-2 is phylogenetically related to severe acute respiratory syndrome-like (SARS-like) bat viruses, bats could therefore be the possible primary source. As per the latest update of WHO on 18 April 2020, the outbreak of COVID-19 had spread in more than 200 countries. Approximately 146,198 people had died after contracting the respiratory virus out of nearly 2,164,111 confirmed cases, whereas more than 402,989 people have recovered from the disease. The first confirmed case relating to the COVID-19 pandemic in Nigeria was announced on 27 February 2020, when an Italian citizen in Lagos tested positive for the virus, caused by SARS-CoV-2 (Nigeria Centre for Disease Control 2020; Maclean, & Dahir, 2020). On 9 March 2020, a second case of the virus was reported in Ewekoro, Ogun State, a Nigerian citizen who had contact with the Italian citizen (P.M. News, 2020). The coronavirus

COVID-19 pandemic is the defining global health crisis of our time and the greatest challenge we have faced since World War Two. Since its emergence in Asia late last year, the virus has spread to every continent except Antarctica. Cases are rising daily in Africa, the Americas, and Europe. Across the world, shops, theatres, restaurants and bars are closing. Every day, people are losing jobs and income, with no way of knowing when normality will return. Small island nations, heavily dependent on tourism, have empty hotels and deserted beaches.

### **Concept of Palliative**

Palliative (derived from the Latin root *Palliare*, or "to cloak") is an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex illness (Zhukovsky, 2019). Within the published literature, many definitions of palliative care exist; most notably, the World Health Organization describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual (WHO, 2019). It is provided by an interdisciplinary team which can include physicians, nurses, occupational and physical therapists, psychologists, social workers, chaplains, and dietitians (Zhukovsky 2019). Evidence supports the efficacy of a palliative care approach in improvement of a patient's quality of life (Kavalieratos, Corbelli, Zhang, Dionne-Odom, Ernecoff, Hanmer, 2016; Hoerger, Wayser, Schwing, Suzuki, Perry (2019). Palliative care's main focus is to improve the quality of life for those with chronic illnesses. It is commonly the case that palliative care is provided at the end of life, but it can be for a patient of any age (What is Palliative Care, 2020). The specific concept of palliative care shown in this study is the focus on life, with the objective of optimising quality of life. The caregivers sought to use strategies to create space for living for the patients. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life and to relieve suffering for both the patient and the family

### **The Effect of Covid-19 to Human Health**

The relationship between human health and disease is neither a new concept, nor a new subject. The emergence COVID-19 in China at the end of 2019 has caused a large global outbreak and is a major public health issue. This virus is highly infectious and can be transmitted through droplets and close contact. The human to the human spreading of the virus occurs due to close contact with an infected person exposed to coughing, sneezing, respiratory droplets or aerosols. These aerosols can penetrate the human body (respiratory system) via inhalation through nose or mouth (Phan 2020; Riou and Althaus, 2020).

The clinical spectrum for individuals with COVID-19 infection ranges from mild or non-specific signs and symptoms of acute respiratory illness such as fever, cough, fatigue, shortness of breath, to severe pneumonia with respiratory failure and septic shock, which are very similar to other coronavirus diseases (Backer 2020). COVID-19 being a respiratory disease, damage of the tissues of Lungs is quite obvious, but there is report that other organs and tissues may also be affected. Loss of lives due to any pandemic causes definite irretrievable damage to the society. In almost all the COVID-19 stricken countries, entire educational, commercial, sports and spiritual institutions are closed. Industries are suffering a lot as many of these excepting those related to essential amenities, are closed for a long time in many countries. Some of the experts are even

saying that human civilization has not faced such an unprecedented emergency after the World War-II. So, COVID-19 has undoubtedly put forth a remarkably bad effect on the day to day life of the entire human society and also on the world economy.

### **Provision of Palliative as a Way of Mitigating Covid-19 Pandemic**

When announcing the lockdown, President Buhari said the government would put in place measures to “preserve the livelihoods of workers and business owners to ensure their families get through this very difficult time in dignity.” He said that “the most vulnerable in our society” would receive conditional cash transfers for the next two months, while Sadiya Umar Farouq, minister of Humanitarian Affairs, Disaster Management and Social Development said that food rations would be distributed to vulnerable households. On April 1, the Humanitarian Affairs Ministry began paying 20,000 Naira (US\$ 52) to families registered in the National Social Register of Poor and Vulnerable Households set up by the Buhari administration in 2016 to combat poverty. The government said that each family on the register will receive monthly cash payments for four months.

These payments are likely to reach only a fraction of the Nigerians who will need economic assistance, Human Rights Watch said. Farouq said on March 31 that the National Social Register included 11,045,537 people from 2,644,493 households, far fewer than the over 90 million Nigerians estimated to live in extreme poverty, on less than \$1.90 a day. Buhari said on April 13 that the National Social Register would be expanded from 2.6 million households to 3.6 million in the next two weeks. On April 8, the government announced that 77,000 metric tons of food will be distributed to vulnerable households affected by the lockdown in Lagos, Ogun, and Abuja, but the modalities for distribution are not yet clear. The government’s failure to disclose key details of the cash transfer program has also cast doubt on how many people it includes and who will benefit, Human Rights Watch said. On April 4, the Social and Economic Rights Accountability Project (SERAP), a non-governmental organization, filed a freedom of information request seeking details on the government’s relief funds. “We are seriously concerned that millions of the country’s poorest and most vulnerable people have not benefited from the announced palliatives, donations, reported cash payments, cash transfers and other benefits.

### **Methodology**

The research design used for this study was an Expost-facto. The research area for this study was Akwa Ibom State. The population of this study comprised all social scientists in Akwa Ibom State. Simple random sampling technique was used to select 50 respondents as the sample size. The instrument used for data collection was an interview schedule titled “COVID-19 PANDEMIC AND ADEQUATE PALLIATIVES QUESTIONNAIRE” (CPAPQ). 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. The reliability coefficient obtained was 0.84 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 simple regression. The test for significance was done at 0.05 alpha levels.

## Result and Discussion

### Result

#### Research Question 1

The research question sought to find out the extent of COVID-19 Pandemic in Akwa Ibom State. To answer the research percentage analysis was performed on the data, (see table 1).

**Table 1: Percentage analysis of the extent of COVID-19 Pandemic in Akwa Ibom State.**

EXTENTS	FREQUENCY	PERCENTAGE
Very high extent	6	15**
High extent	5	12.5
Low extent	6	15
Very low extent	4	10*
<b>TOTAL</b>	<b>50</b>	<b>100%</b>

\*\* 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 Akwa Ibom State. From the result of the data analysis, it was observed that 6(15%) rated the highest percentage of the extent of COVID-19 Pandemic in Akwa Ibom State. While the least percentage 4(10%) rated the lowest percentage of the extent of COVID-19 Pandemic in Akwa Ibom State.

#### Research Question 2

The research question sought to find out the extent of palliative provision by the government and philanthropist in the State. To answer the research percentage analysis was performed on the data, (see table 2).

**Table 2: Percentage analysis of the extent of palliative provision by the government and philanthropist in the State.**

EXTENT	FREQUENCY	PERCENTAGE
Low Extent	9	22.5**
Very Low Extent	7	17.5*
<b>TOTAL</b>	<b>50</b>	<b>100%</b>

**SOURCE: Field survey**

The above table 2 presents percentage analysis of the extent of palliative provision by the government and philanthropist in the State. From the result of the data analysis, it was observed that the lowest percentage (22%) of the respondents affirmed that the extent of palliative provision by the government and philanthropist in the State. While the least percentage (17%) of

the respondents stated that the extent of palliative provision by the government and philanthropist in the State.

### **Hypothesis testing**

#### **Hypothesis one**

The null hypothesis states that provision of palliative has no significant COVID-19 economic effect on the people of Akwa Ibom State. In order to test the hypothesis regression analysis was performed on the data, (see table 4).

**TABLE 3: Simple Regression Analysis on the impact of provision of palliative on the COVID-19 economic effect as perceived by the people of Akwa Ibom State.**

<b>Model</b>	<b>R</b>	<b>R-Square</b>	<b>Adjusted R Square</b>	<b>Std. error of the Estimate</b>	<b>R Square Change</b>
1	.035a	.001	.019	2.82727	.001

**\*Significant at 0.05 level; df= 49; N= 51; critical R-value = 0.294**

The table shows that the calculated R-value .035 was less than the critical R-value of 0.294 at 0.5 alpha level with 49 degree of freedom. The R-Square value of .001 predicts 0.1% of the impact of provision of adequate palliative on the COVID-19 effect to the people of Akwa Ibom State. This rate of percentage is lowly positive and therefore means that there is no significant impact of provision of palliative on the COVID-19 economic effect to the people of Akwa Ibom State, meaning that the palliative provide is not adequate enough to improve the economic level of the people of Akwa Ibom State.

### **Conclusion**

The outbreak of COVID-19 pandemic has caused so much harm to the people, many have lost their jobs resulting in high cost of leaving Nigeria’s government has an obligation to protect people’s right to an adequate standard of living, including adequate food and nutrition, the highest attainable standard of health, and the right to social security by the provision of palliative which will help mitigate the effect of COVID 19 pandemic among the people of Akwa Ibom State. In conclusion, there is significant effect of adequate palliative in mitigating COVID-19 Pandemic.

### **Recommendation**

1. Nigeria’s federal government should urgently develop a plan to deliver social and economic assistance to the tens of millions of people who will lose income due to COVID-19, particularly informal workers who lack an adequate social safety net.
2. The government should also clearly communicate its economic relief plans to the public and clarify eligibility, timelines, and procedures.
3. Nigeria’s federal and state governments should acknowledged the devastating fact that COVID-19 has caused food and livelihood sources vulnerable to Nigerians,



and that they need to deploy more resources, creativity, and transparency to ensure the basic necessities of life for everyone.

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