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UNDERSTANDING SOCIAL PATHOLOGY OF DISEASE CAUSATION AND SOCIO-CULTURAL FACTORS OF CORONA VIRUS (COVID-19) IN SOUTH-WEST, NIGERIA

Key words: Covid-19, Microbe infection, Ethno-religious, Social pathology, fatalism.

ABSTRACT: The new SARS-CoV-2 coronavirus disease (COVID-19) started in Wuhan City of China on December 31st 2019As at August 3,2020 a total of 18,056,310 million cases had been diagnosed globally with over 689,219 deaths with cases in Nigeria snowballing gradually becoming lethal. Given Nigeria's socio-economic and demographic significance to African continent, it is imperative to understand the cultural norms that may aid or obstructs prevention and treatment of the disease in order to halt its transmission.

Data for study came from the Nigeria Centre for Disease Control and other publicly available data sources supported with PEN-3 cultural model developed in 1989 by Airhihenbuwa. The model places culture at the core of the development, implementation and evaluation of successful public health interventions.

COVID-19 transmission increases with large population concentration in urban areas and proximity to major entry points to other adjacent states and countries. The paper suggested that dominant cultures, civilization and religious practices should be adhered to, adopted as the case may be for restrictions such physical distancing, hand hygiene, use of face masks and another prophylactic regimen to flatten the curve of the pandemic in Nigeria and likely occurrence of similar disease in future.

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INTRODUCTION

Responses to the outbreak of Coronavirus (COVID-19) transmission and mandatory precautionary measures across Nigeria has not received adequate level of enthusiasm and adherence from the populace due largely to social, cultural belief and religious dictates. That is, life is a set like ‘tram lines’ which one cannot escape, and whatever occurrence now or in the future was pre-defined, destined by designed and cannot be changed. Disease, sickness and death are interpreted in this light beyond health contours or the biological malfunctioning of the system and ruptured of genes; often these events are interpreted as enemies of society with death as most devastating contrarian to humankind existence. A large component of people’s culture on pathology and death in Nigeria and elsewhere in sub-African societies are intuitively considered as an act of God (Maxter, 1990; Beier, 1982). In a deeper meaning therefore, death and diseases are shrouded in religious mysteries enmeshed in cultural connotation and outcome of eventuality of “what will be will be” (Balogun, 2018). The expression of religion depends largely on local/environment of the believers, involve physical, mental, moral and social conditions of people involved. Death, though, an eventual terminal point of individuals is believed to be an inimitable act of God. A fatalism which explains total deference to God irrespective of the circumstance(s) of death. Disease occurrence and motivation for health seeking behaviour is also seen from this prism.

The history of evolution over time points to a way of life – some cultural perspectives – dictating the dos and the don’ts of the society. Culture therefore, is the summation of the belief system, norms and values to gauge people disposition. It aggregates folklores, nuances and mores which dictate people way of life from the womb to death. It spells out in details socialization process; anticipates occurrence of disease and death; it prescribes pathway to healthcare at both prophylactic and therapeutic stages. Decision making to seek for health intervention on every case is based on culture and social facts which influence individuals’ illness behaviour and how people decide to seek for healthcare and follow professional advice(s). Culture, therefore, as a total way of life spells out the norms and values of

society as fundamentally designed to protect individual against vagaries of life including the occurrences of pandemic disease such as COVID-19. This however, is in contrary to the public health initiatives which are framed or ascribed to germ invasion of bodily system, individuals' health behaviour, actions or inactions. That is, individuals may be sick or dead because of poor adherence to preventive regimen or recommended treatment of orthodox doctors (Whembolua, Tshiswaka, Kambamba & Conserve, 2015). In this respect no illness particularly is contextually social and culturally framed but individually determined.

Social pathology of disease transmission on the other hand points to the role of research to advance medicine, clinical profiles and to devise new treatment to fight viruses, microbes' infections of both communicable and non-communicable diseases. To be sure, humanity and pathogens are noted to share a common historical evolution and long history together (Jegade, 2010). Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The first cases of COVID-19 disease surfaced in late December 2019 in Wuhan city, the capital of Hubei province in China. The coronavirus disease COVID-19 is caused by a virus that spreads through droplets released when an infected person coughs or sneezes. A person can become infected with the virus by being in close contact (less than 2 metres) of an infected person. Infection can also spread by touching a surface or object that an infected person coughed or sneezed on. The disease is noted to cause devastating public health impact across the world with death tolls in hundreds of thousands. In January 30, 2020, the World Health Organization acknowledged the virus as a public health emergency of international scope and subsequently declared it to be a global pandemic. As of August 3, 2020, COVID-19 has spread to over 214 countries and territories, causing over 18,056,310 million cases of infection had been diagnosed globally with over 689,219 deaths. In Nigeria, as at August 3, 2020, there were a total of 44,129 infections with over 883 mortality confirmed cases spreading across 36 states and the Federal Capital Territory (FCT) which Lagos and the Federal Capital Territory accounted for 72.9 percent. Lagos state was the first state in Nigeria reported to have one case of COVID-19 on February 27, 2020.

It is not unlikely however, that each Nigerian ethnic group would respond to the disease outbreak such as COVID-19 and its management from a particular understanding of their culture, religious practices including their level of exposure to public health as enunciated in the modern medicine. In these circumstances, any new health hazard and its suggested orthodox remedies may be suspected as having the tendency to disrupt society's established strategies for managing everyday healthcare activities. Such that physical distancing of 2 metres, refrain from hands shake, hugging, closing down of religious centres, quarantine and isolation for suspected carriers sound novel therefore, may be resisted. Also, interventions seen to originate from the Europe and north America frequently spark suspicion in Nigeria, especially in the northern states and trigger questions about the motivations that underpin them. Memories of the British colonial occupation certainly matters, as do perceptions of current geopolitics. The "War on Terror" in the wake of 9/11 for instance, is still fresh in people's minds and is widely perceived as primarily a hate campaign against Islam. All these events are noted to vitiate routine ways of life and practices that assumed to have foreign colours. For instance, there was mistrust in northern Nigeria towards global public health measures to eradicate polio in the early 2000s' which was borne out of widespread fears, engendered by religious and political leaders, that vaccines were intentionally compromised with anti-fertility agents and HIV to reduce the Muslim population. Not until very recently after two decades, that WHO declared Nigeria free of polio, the scourge was endemic in the northern region then. This inuendoes also were muted by some clerics in Islam, Christianity and traditional faiths that COVID-19 campaign for prevention may be all along a scam. Having considered the social factors which influence an individual's illness behaviour, one still needs to understand how people decide to seek professional advice. One way of approaching this has been to emphasise the role of health beliefs by examining the role of individual motivations, beliefs and perceptions. However, although this approach has the virtue of taking the role of individual choice seriously it suffers from an over-rationalistic and individualistic emphasis. Decision about health and illness cannot usefully be seen as single, once and for all choice. There are many factor influencing illness behaviour and

decision making (such as religion, culture, work and family commitments) which vary through societies and times. Rather than looking at entry into the formal health care system in terms of individual rational decision making at a particular point in time, it is more useful to think of such decisions as result of a social process stretching over a period of time (Zola, 1973). What therefore, appears irrational to orthodox health practitioners may be a locally rational response to uncertainty, or at least, an attempt to use locally available resources to manage a threatening situation. Examples of this in the case of Nigeria, is the discovery and the use of several local herbs, with the believe that the herbs can prevent or cure COVID 19 infection. The Yoruba of South West Nigeria especially putunal-loyed truston religion, whether indigenou or orthodox, as the ultimate save haven from diseases, including epidemics. For example, during the outbreak of the Spanish flu of 1918, the Christians from Yoruba extraction composed a prayer song, specifically calling on God to mark them out from the scourge of the epidemic. It goes thus:

Saamiiye

Baba saamiiyesiwalara o

Iku n be lode

Saamiiye

Baba sàamì iyewalàrà o

Lukuluku n be lode

Saamiiye

Baba saamiiyesiwalara o

Give us the mark

Father, give us the mark of life

Death is on the prowl

Give us the mark

Father, give us the mark of life

The flu is on the prowl

Give us the mark

Father, give us the mark of life

Insights into all these variables perhaps would bring an enduring improvement in health status, redefine the salient but vicious and epidemic cycles of disease outbreaks and how to manage the occurrence by situating it within the contexts of ethnicity, religion, social and cultural factors. While a better grasp of cultural practice would help deepen the social variables and dynamics of trend with the outlook and relationship in tandem with the global entity and world panorama, there is the need to understand each culture's peculiarity. In what way(s) then, might ethno-religious variables influence epidemiology of disease such as COVID-19, and possibility of death. And to unravel the enshrouded mystery and suggest exegesis to mitigate occurrence. To answer this, one may want to look at what are the major social-ethnics and religion influences on health, pathway to healthcare, individuals' background experiences of illness, consequences of healthcare action taken and what are the common or generalized values attached to death. Additionally, what is the role of society on individual action and resources provided to mitigate the experiences of illness and disease especially during emergency.

One model that that surmised the above succinctly and stimulates a deep understanding of the influence of culture on health is the PEN-3 cultural model developed in 1989 by Airhihenbuwa. The model places culture at the core of the development, implementation and evaluation of successful public health interventions. It describes the centrality of culture in health interventions and stipulates three domains of health beliefs and behaviour that should be taken into account: (1) Cultural Identity, (2) Relationships and Expectations, and (3) Cultural Empowerment. Each domain includes three factors that form the acronym PEN; Person, Extended Family, Neighborhood (for the Cultural Identity domain); Perceptions, Enablers, and Nurturers (for the Relationships and Expectation domain); Positive, Existential and Negative (for the Cultural Empowerment domain) (Whembolua, Tshiswaka, Kambamba & Conserve, 2015). Within the Cultural Empowerment domain, the study is couched to investigate health issues and the health behaviour of South Western Nigerian dominated by of Yoruba ethnic group using the PEN-3 cultural model as an analytical framework, the objective of the study is to assess the role played by ethno- religious and socio-environmental factors on death and

disease through COVID-19 transmission to understand the social pathology in South-West Nigeria.

COVID 19 INFECTIONS AND PREVENTION PATTERN IN THE SOUTH-WEST: ETHNO- RELIGIOUS CONSIDERATIONS

The South-Western part of Nigeria is populated mainly by people of the Yoruba ethnic group. Politically, the South-West is divided into six states, namely Lagos, Ogun, Oyo, Ondo, Osun and Ekiti. It should be stated that some Yoruba people are also found in Kwara and Kogi states in the North Central Zone and Edo State in the South-South Zone of Nigeria. The Yoruba have been city dwellers for a long time, well before the amalgamation of the Southern and Northern Protectorates in 1914. This means they have been living in large groups for several hundreds of years. The Yoruba, are homogeneous borne out of centripetal- force- like- association of people which places premium on the universal good of the society above the good of individuals. On the other hand, the good of individual is a sub-set of the good of society. Yoruba are highly cosmopolitan with particular emphasis of collective living and great opportunity of early contacts with modern education, civilization and modernization. This conceptual collectivity is partly due to the fact that there is an existing compendium of mythology (Ifa Corpus) that cogitates the philosophical understanding of the people to live in perpetual unity.

*Agbajọwọ la fínsọya
Ajejeọwọkankogberu de ori*

*It is with the clenched fist that one strikes his chest.
One hand cannot put a load on the head.*

The preeminence of culture and its putative roles are sacrosanct. Although, majority of men and women in many Yoruba towns are now converts of the Christian and Islamic religions. This process started early.

By the start of the 19th century, Islam had spread widely in areas under Oyo control, and in the 1840s Christianity arrived, brought by the Saro (Sierra Leoneans) and the missions. At the level of the individual, however, traditional beliefs are more tenacious. For many people, there is nothing inconsistent about combining traditional rites at home with church or mosque attendance, though Christian and Muslim leaders preach against it. Naming among this ethnic group reflects the inextricable intertwined nature of traditional beliefs, going side by side with the received doctrines of Islam and Christianity. An overwhelming majority of Yoruba have both native/traditional names and religious/foreign names. The *Ifa* diviner or *Babalawo* is still an important source of help and advice, though he now shares his clientele with Muslim diviners and Christian prophets and Pastors. In the process of diffusion in Yoruba society, Christianity and Islam have themselves been modified. The new religions share organizational similarities with the old cults, and Yoruba rites of passage have been adapted to fit the new beliefs. At the level of doctrine, both Christianity and Islam emphasize elements which are also important in traditional religion, and there are similarities in the ways in which members of all three religious groups view the supernatural and their relations with healthcare and wellness. The beliefs existentially inform health seeking behaviour.

YORUBA HEALTH BELIEFS AND HEALTH SEEKING BEHAVIOUR

The Yoruba belief about health is closely related to their religious belief. They believe that it is normal to fall sick or die at one time or the other is prevalent. They also believe that illnesses come as a result of various factors including sins, natural causes and unnatural causes like someone wishing the person bad Nigeria (Jegade, 2010). Sickness/disease and death are regarded as punishment for offence/sins committed, prior the advent of Islam and Christianity, before the arrival of the Europeans, there was no disease or medical disorder that the Yoruba traditional medical practitioners (Oniṣẹ̀gùn/Adahunṣe) could not cure. The practitioners were learned and versed in the curative preventive powers of herbs, leaves, roots

and other natural resources. The Yoruba cosmos contains *Olorun* or *Olodumare*, the Supreme Deity; the *orisa* or lesser divinities; ancestral spirits, and a number of other categories of spiritual beings. These are related to Yoruba beliefs about destiny and reincarnation. Fulfillment of one's destiny is achieved through avoiding the wrath of the *orisa* and the attacks of witches and sorcerers. This is done with the help of the *orisa* and the ancestors, and through piety, divination and sacrifice. *Olorun* is to the Yoruba a rather distant figure, apparently playing little part in the day-to-day affairs of men. Idowu (1962) uses the analogy of the Yoruba *oba* who is responsible for the affairs of his kingdom, but who has little contact with his subjects, as most of his dealings with them are through the *orisa*. He argues that the *orisa* are, nevertheless, only the ministers of the deity, whose supremacy is clearly recognized. He is the creator, the final arbiter of heavenly and worldly affairs, omniscient, immortal and pure, and the source of all benefits to mankind (Idowu, 1962, p. 38–56). The number of *orisa* worshipped by the Yoruba is very large – about 401 deities. Though, they range in importance from those worshipped by only a single descent group in a single town, to those whose cults are found throughout the Yoruba land. Their nature and origins are varied. Some are personifications of natural features, such as hills or rivers, or of natural forces. Others are divinized heroes given cosmic attributes, such as Sango, the Yoruba divinity of thunder. The important divinities lead hierarchies of minor ones with similar characteristics, symbols and functions. The 'hard' *orisa* are led by Ogun, the divinity of iron, hunting and war, while the benign, 'white' *orisa*, particularly important to women, are led by *Orisanla*, the Yoruba divinity of creation. Each cult has its own rituals, music, oral literature, dances and divination techniques. To their followers, the *orisa* bring the benefits of health, wealth and children, but they punish neglect, impiety and the breaking of taboos with misfortune, sickness/ disease and death. However, the most obvious trend in Yoruba religion is the decline of the traditional cults in the face of Islam and Christianity with majority now kowtowing the received foreign medical intervention to assuage diseases and any other biological problems. Even at that there is a mixed bag of healing methods and practices from self-medication, herbal solution, syncretic healers, to orthodox medical solution. All these factors invari-

ably to a large extent dictate the pattern of COVID19 transmission and containment in Yoruba, South-West, Nigeria.

PATTERN OF SPREAD FROM MARCH TO AUGUST 2020

1. Urbanization is a major factor in the spread of COVID-19 and the epidemic is not the first that we have experienced in Nigeria. The Spanish flu epidemic of 1918 is a case in reference. The flu hit Lagos on the 15th of September, 1918. On 14th October, the flu was diagnosed in Onitsha, and by December, 20, it was all over Nigeria. Because the human being is a vital vector, human transportation is a key factor in the spread of diseases. Initially, there was no clarity about the factor is of social distancing and most of the time often resisted. Indeed, the cancellation of events likely to attract crowds, the closure of schools, and working from home help to curtail the transmission and have a drastic impact on the size of the susceptible population at any given time.
2. The Nigeria Centre for Disease Control (NCDC) launched the #TakeResponsibility campaign in March 2020 to encourage Nigerians and residents to take individual and collective responsibility to reduce the spread of the coronavirus disease. Spread of diseases is largely influenced by the socio-economic status of the individual, ethnic tradition/belief and other factors. The spread of each disease is also affected by traditional medicine, economic base, religion and culture of the region/town/country. The way a society reacts to an epidemic will determine the pattern and extent of the spread. This reaction is a function of so many factors, culture, religion, belief, education/enlightenment, availability of information, access to information etc. This is very instructive. Many, in the quest for means of livelihood during the COVID 19 pandemic contracted the virus. For instance, the 31 workers who got infected in their place of work at a factory in Ibadan, Oyo State, and the 104 workers who got the virus at the factory where they work in Sagamu, Ogun State.

3. Other factors include population density, The Lagos factor(s), Proximity to Lagos, Belief- socio-cultural/personal, Government efforts and personal efforts

Pattern of infection in South-Western Nigeria (as at 3 August, 2020)

National Confirmed cases	44,129
National Discharged cases	31,609
National Active cases	11,624
National Deaths cases	896

S/N	State	Cases	%	Active	%	Discharged	%	Dead	%
1	Lagos	15 355		2 057		13 106		192	
2	Oyo	2 771		1 347		1 396		28	
3	Ogun	1 407		407		1 176		24	
4	Ondo	1 204		531		648		25	
5	Osun	580		374		294		12	
6	Ekiti	152		83		67		02	
Total		21,469	48.65	4,557	39.2	16,039	50.6	28.3	31.58

FACTORS AFFECTING SPREAD IN THE SOUTH-WEST, NIGERIA

1. POPULATION

The population of Lagos State is over 20 million. Lagos is the most populated state in Nigeria. With the high population, the State has the smallest land mass in the country. This resulted in very high population density. The available space per person is so little that disease control will be a herculean task.

2. THE LAGOS FACTOR(S) MAJOR PORT OF ENTRY

Lagos is a major gateway to Nigeria. Apart from hosting the largest and busiest airport in Nigeria, Murtala Mohammed International Airport, Lagos handled 6,367,478 passengers in 2017 (<https://www.lagos-airport.com>). Little wonder that COVID-19 index case in Nigeria was that of an Italian citizen who works in Nigeria and returned from Milan, Italy to Lagos, Nigeria on the 25th of February 2020. Similarly, the first COVID-19 death in Nigeria was recorded Monday 23rd March 2020, according to the Nigeria Centre for Disease Control, the case was that of a 67-year-old male who returned home following medical treatment in the UK. “He had underlying medical conditions—multiple myeloma and diabetes and was undergoing chemotherapy” (NCDC, 2020). It will also be recalled that the Spanish flu epidemic of 1918 and the deadly Ebola virus were also first discovered in Lagos.

3. PROXIMITY TO LAGOS

The figures as of 3 August, 2020, show that Lagos, Oyo, Ogun and Ondo States have recorded 15,355, 2771, 1407, 1204 and 152 cases respectively, while Osun and Ekiti states have relatively lower numbers. A face value assessment suggests that proximity to Lagos could be a strong factor. Ogun State, though with not too large population is one of the epicenters of the COVID-19 pandemic in Nigeria. Currently the state ranks fourth, considering the number of infections. This is due to the proximity to Lagos. Due to the space problem in Lagos, many people who work in Lagos State live in Ogun State. In fact, Ogun State is the gateway to Lagos. All the roads leading to Lagos from the Nigerian hinterland pass through one part of Ogun State or the other.

4. BELIEF-SOCIO-CULTURAL/PERSONAL

The Yoruba are a very communal people. The capitalist orientation of ‘T’ is strange to the Yoruba culture, rather, the Yoruba place high premium on

the extended family system. Communal living and interaction are in the nature of the Yoruba; hence, they have this song:

Farakan mi
Farakan mi
Araìisafara

Come closer to me
Come closer to me
We should not be far away from one another

However, in recognition of the outbreak of infectious diseases, there is another song to counter the notion of the first song:

Arakiisafara

Bi i tikokòrò kọ

We should not be far away from one another
Not in the case of an infectious disease.

From this, we can see that traditionally, the Yoruba recognizes that some diseases are transferrable, and they recognize isolation of infected members of the community. Leprosy is an infectious disease. In Yoruba land, lepers are isolated. From the time we started living in cities, the Yoruba people have been creating lepers' colonies far away from the city. Hence, sayings such as:

A kii so fomodeko ma dete.
To bati le dagbogbe

We do not admonish a young person not to contract leprosy
As long as he/she can live in the forest alone.

Another Yoruba folk song confirms the isolation of lepers.

Igbo ladete n gbe
Igbo ladete n gbe
A kiikoleadetesigboro

Lepers live in the forest
Lepers live in the forest
We do not build lepers' colony in the city.

A musician, IsimotAbakeAbiola who composed a song specifically on the Corona virus emphasized the issue of social/physical distancing. The popular Yoruba saying is that:

Karìnkapò`
Yiyè nii yè ni

When we move together
We get many benefits.

Lady IsimotAbakeAbiola modified this age long saying. She averred that during this period of the Corona virus pandemic, it cannot be beneficial to move together, thereby recommending the observation of social distancing.

Karìnkapò`
Yiyè nii yè ni

Bi i tiKòronà ko.

When we move together
We get many benefits.
Not in the case of the Corona virus.

5. GOVERNMENT EFFORTS

Provision of information – Nigeria Centre for Disease Control (NCDC) working in conjunction with the Presidential Task Force on Covid 19 have not fared badly. They have worked closely together to formulate policies for the containment of the spread, treatment and maintenance of infected cases. Information, enlightenment and orientation agencies, the media and other non-governmental agencies have developed and communicated information and enlightenment materialsto educate, inform and warn members of the public.

6. PROVISION OF FACILITIES

However, the governments failed woefully in the provision of facilities. The testing facilities are acutely in short supply. As of 15 June, 2020, only about 96,000 out of a population of 207 million have been tested nationwide. Given this scenario, so many people are infected already. They have not been tested. So, they cannot receive treatment. They have not been isolated. They remain in their communities and continue to spread the virus, albeit, unknowingly. The result of this is that many people will die of the virus infection without it being recorded.

7. PERSONAL EFFORTS

There is evidence that many are following the various guidelines and policies of government by using mouth and nose covering, avoiding crowded places such as parties and places of worship, personal sanitation, which has always been a virtue and core value among the Yoruba. This pandemic has also promoted the use local herbal preparations which are believed to cure the symptoms of the viral infection. Though, the idea of self-medication is dangerous, however, the Yoruba believe that for every ailment or disease, God has created plants and roots as cure. This they have been using before the introduction of western medication:

Şeleruagbo

Agbaraagbo

LỌşun fi n wẹmọ rẹ

Ki dokita o to de.

Abimọ ma danasile

Ọşun là npòwemọ

The Ọşunriver which springs from the ground

The Ọşunriver which flows with vigour

Is what the Ọşun goddess used to bathe her babies

Before we had medical doctors

The one who has a newborn and does not make a fire place

That is the Ọşun goddess

CONCLUSION

The health belief as a result of social values attached to life and death may be regarded as a rational assessments and circumstances of lives. The outcome of these norms on health and cultures in a capitalist society, like Nigeria with different social classes and deep-seated inequalities may be implicative as it plays important role in designing and implementation of healthcare protocol during communicable diseases like COVID-19, EBOLA and other microbial diseases. Deference to fatalism and/or denial of the fact of COVID-19 almost marred the preparation to curtail and contain its spread when it first broke out as a result of ethno-religious and cultural sentiments leading to reluctance and apathy in the response to COVID-19 protocol. This is because everyday interactions and activities including health, work and leisure in African societies constitute a compendium of people's well-being and how to live without disease. Explanation for health conditions have shown that there is relationship between socio-cultural factors and causes of disease including plague in epidemiological/pandemic dimension such as covid-19, Ebola, cholera, HIV/AIDS and utilization of modern health facilities and adherence to preventive measures. The other side of this argument is purely social, such as

income, occupation and the level of education- where these are lacking or at very low ebb there is tendency for class differentiation between the poor and rich. People who are poor depend on the goodwill of few rich people for life support. Thus, it is not out of place to be susceptible to feelings of despair, helplessness, fatalism, anger or shame (Jewson, 1998). Poverty, apart from acute deprivation also occasions poor emotional and psychological judgement. The resulting stress, incapacitation for independent decision – frustration and / low self-esteem may have implications on healthcare decision making. Relating this to COVID-19 medical regimen and protocol issues of physical distancing, isolation, quarantine, and so on may be difficult for the poor especially for those who rely on the few rich among them as *patron saint* for their daily upkeep. This is the case with the *Almajiris* in the Northern Nigeria, who daily throng the streets eking-food. To these of people lockdown is a mirage. Therefore there is the need to marry suggested protocols on COVID-19 and treatment with social, culture and environment of its occurrence for efficacious treatment.

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