

SOCIO - ECONOMIC AND CULTURAL IMPEDIMENTS IN THE DIAGNOSIS, TREATMENT AND CONTAINMENT OF COVID-19 AMONGST WOMEN IN NIGERIA

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Abstract

The discovery of COVID-19 infections in Wuhan District of China and spread to other parts of the world literally took humanity by storm. In Nigeria, the first case of the virus was officially reported by the Federal Ministry of Health on the 27th of February 2020. Attempts at diagnosis, treatment and containment of patients especially women has often been met with obstacles in many parts of the country due to existing socio-economic and cultural impediments placed on women. This paper identified and discussed some of these impediments with a view to recommending strategies for effective containment of the disease. Qualitative data obtained from literature sources were reviewed and analyzed thematically. The social cultural theory of disease was used as a theoretical framework of analyses. The paper found several impediments against effective diagnosis and treatment of COVID-19 among female patients in many parts of the country. It therefore recommends among other things, the enlightenment of the people on the need to jettison cultural differences and work towards effective control of the disease.

Keywords: COVID-19; Cultural Impediments; Diagnosis; Social Cultural Theory; Treatment and Containment.

Introduction

Corona virus Disease 2019 (COVID-19) is caused by SARS-CoV-2, a virus that was first recognized in Wuhan, China, in December 2019. Genetic sequencing of the virus suggests that it is a beta corona virus closely linked to the SARS virus. In Nigeria, the first case of the virus disease was identified on the 27 February 2020, in an Italian citizen who tested positive for the virus in Lagos. Governments, both at the Federal, State and Local levels, in their attempt at containing the spread of the disease have been making concerted efforts towards mitigating the effects and spread of the virus. At the national level, the federal government set up a powerful Presidential Task Force with the mandate among other things to coordinate local and international efforts aimed at containing the virus; oversee efforts at the diagnosis, treatment and general wellbeing of persons infected by COVID-19 and initiate strategies aimed at reducing the effects of policies aimed at controlling spread of the disease. The committee developed guidelines for the identification, diagnosis and treatment of the disease and worked closely with NGOs, CBOs, International and local donor groups.

It also initiated programmes aimed at improving on the living conditions of some vulnerable groups especially women. These programmes among women groups included the distribution of foodstuff, money, drugs and free treatments that could boost women's immunity levels, provide resistance to COVID-19 infection and sensitize women groups on strategies for prevention and control of the disease. COVID-19 isolation and treatment centers were set up throughout the country through effective collaboration with the state governments. State governments also set up task forces to organize, and coordinate efforts at taming the spread of the virus as well initiate and execute ideas that will ensure containment.

It has however been observed by Abubakar (2020) that there exists socio - economic and cultural impediments towards actualizing the goals of government in the diagnosis, treatment and containment of the disease among women in Nigeria. This paper will therefore attempt to identify and discuss these impediments with a view to pointing out ways by which they can be subverted and mitigated.

Theoretical Framework

The theoretical framework adopted in explaining the phenomenon of COVID-19 is the Social Cultural theory of disease. The socio-cultural perspective looks at the individual, his behaviors, and the symptoms of disease in the context of his culture and background. The perspective integrates the impact of cultural and social norms in understanding how individuals, groups and communities seek help in times of sickness. Therapists who use this perspective work with clients to obtain and integrate information about their cultural patterns into a unique treatment approach based on their particular situation (Wenham, Smith, & Morgan, 2020). Socio cultural therapy can include individual, group, family, and community treatment modalities. As our society becomes increasingly multiethnic and multiracial, public health professionals need to develop cultural competence. This requires understanding and addressing issues of race, culture, religion and ethnicity in the ability of people seeking medical help. The perspective also seeks an understanding of how to effectively meet and improve the health needs of various populations for which Eurocentric therapies have limited application (Lewin, 2010).

The socio-cultural theory aims at identifying cultural practices, behaviours and antecedents that tend to limit the proper utilization of western medicine. It insists that therapy

that will help the sick under such circumstances to come to terms with the role and process that use such modalities and define goals consistent with the life experiences and cultural values of people and communities. The theory strives to recognize peoples and communities' identities in their efforts at accessing appropriate health services. It therefore advocates the use of universal and culture-specific strategies and roles in accessing health care services as well as diagnosis, treatment and containment of disease. (Alon, Doepke, Olmstead-Rumsey and Tertilt, 2020).

In the case of the COVID-19 disease, the theory points to the role of socio-cultural practices and behaviours that tend to negate the containment efforts of various agencies and government. In Nigeria, various socio economic and cultural factors work together to exclude women from seeking care in issues of COVID-19. In Northern Nigeria for example, where women are restricted to Purdah, going out by the female gender to seek help in hospitals becomes a burden the women must bear. Again, the resources with which to seek health care are in the hands of men due largely to prohibitive cultural practices that give such rights to men. These factors combine to exclude and or stand in the way of women towards seeking qualitative care when infected with COVID-19 in Nigeria.

Discussion

Causes, symptoms, spread and prevention of COVID-19

According to the WHO (2020), the Corona virus disease 2019 (COVID-19) has been found to be caused by SARS-CoV-2. The process of genetic sequencing has indicated that COVID 19 is closely linked to the SARS virus. Lauer et al (2020), stated that epidemiology and virology studies suggest that transmission mainly occurs from symptomatic persons to others by close contact through respiratory droplets, direct contact with infected individuals, or by contact with objects and surfaces that have been exposed and contaminated by an infected person (Alhazzani et al 2020). By way of definition, a symptomatic COVID-19 case is a person who has developed signs and symptoms suggestive of COVID-19. Symptomatic transmission refers to transmission of SARS-CoV-2 from persons with symptoms (Burke et al 2020). Clinical and Virology studies that have collected repeated biological samples from confirmed patients demonstrate that shedding of SARS-CoV-2 is highest in the upper respiratory tract (nose and throat) early in the course of the disease, within the first 3 days from onset of symptoms (WHO, 2020).

The incubation period for the virus, which is the time between exposure to the virus and symptom onset, is, on average, 5–6 days, but can be up to 14 days (Nigerian Presidential Task Force on COVID-19, (2020). During this period, also known as the “pre - symptomatic” period, some infected persons can be contagious, from 1–3 days before symptom onset. It is important to recognize that pre-symptomatic transmission still requires the virus to spread via infectious droplets or by direct or indirect contact with bodily fluids from an infected person. An asymptomatic case is a person infected with SARS-CoV-2 who does not develop symptoms (Centers for Disease Control and Prevention, 2020)). Marshall, (2021a) found that while most people with COVID-19 develop only mild (40%) or moderate disease, approximately 15% develop severe disease that requires oxygen support and 5% have critical disease with complications such as respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, thrombo embolism and/or multi organ failure, including acute kidney injury and cardiac injury. Older age, smoking and underlying non-communicable diseases (NCDs),

such as diabetes, hypertension, cardiac disease, chronic lung disease and cancer, have been reported as risk factors for severe disease and death (Marshall, 2021b).

According to the Federal Ministry of Health (2020), COVID 19 patients display symptoms such as: fever breathlessness cough, sore throat headache muscle pain, chills and loss of taste or smell. These symptoms are likely to occur 2–14 days after exposure to the virus. SARS-CoV-2 spreads from person to person through close contacts. As people with COVID-19 breathe out or cough, they expel tiny droplets that contain the virus. These droplets can enter the mouth or nose of someone without the virus, causing an infection to occur. The most common way that this illness spreads is through close contact with someone who has the infection. Close contact is within six feet. The disease is most contagious when a person's symptoms are at their peak. However, it is possible for someone without symptoms to spread the virus. A study (Huang et al, 2020) suggests that 10% of infections are from people exhibiting no symptoms. Droplets containing the virus can also land on nearby surfaces or objects. Other people can pick up the virus by touching these surfaces or objects. Infection is likely, if the person then touches their nose, eyes, or mouth.

Risk factors

Some factors can affect the risk of coming into contact with the virus, while other factors can affect the risk of developing severe illness (**Centers for Disease Control and Prevention (2020)**). The risk of coming into contact with the virus depends on how far it has spread in a person's local area. The risk is higher for anyone in close contact with people who have COVID-19 and healthcare workers. Viruses can also spread more in certain areas, such as highly populated cities. Alon, Doepke, Olmstead-Rumsey, and Tertilt, (2020), have found that older adults are most at risk of severe illness, as are people with the following chronic health conditions:

- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Obesity, which occurs in people with a body mass index (BMI) of 30 or higher
- Sickle cell disease
- Weakened immune system from a solid organ transplant
- Type 2 diabetes

Prevention of COVID-19 Disease

The presidential task force on COVID-19 in Nigeria made available the following guidelines for effective prevention of the disease:

The best way to prevent the virus from spreading is by avoiding close contact with people with COVID-19 and washing of hands regularly.

- (a) Washing the hands with soap and running water for at least 20 seconds per time. This is particularly important after being in public places.
- (b) When soap is not available, use a hand sanitizer with at least 60% alcohol. Avoid touching the face before washing the hands.
- (c) People with COVID-19 should stay at home and avoid contact with other people to prevent the illness from spreading. Keep surrounding surfaces as clean as possible and avoid sharing household items.

- (d) Always cover the mouth and nose when coughing or sneezing. Face masks are generally necessary for people who have the illness. Anyone who has regular contact with people with COVID-19 should also wear a face mask.
- (e) Vaccinate yourself against the virus at designated centers scattered all over the country

Impediments to effective diagnosis, treatment and containment of COVID-19 amongst women in Nigeria

Several socio economic and cultural impediments exist among ethnic nationalities in Nigeria that tend to impede the successful diagnosis, treatment and containment of COVID-19 among women as examined below.

Cultural impediments

Abubakar (2020), identified so many cultural practices amongst groups in Africa that tend to impede effective diagnosis, treatment and containment of COVID-19 among women. Some of these impediments are isolated and discussed below.

(a). Beliefs and use of complementary medicine

The first sets of cultural impediments are those that are related to beliefs and use of complementary medicine. Several beliefs about COVID-19 disease, its causes and treatment exist among the various ethnic groups in Nigeria that delay people from seeking care at health facilities. Beliefs and myths about the causes and transmission of COVID-19 including being related to witchcraft, evil forces and family curse exist. Others are those that tend to associate the disease with sin and particular race. Such beliefs often block the patient's pathway to care as most patients resort to seeking remedy from traditional healers and religious centers before going to formal healthcare centres.

In a predominantly Christian State like Benue for example, people prefer to seek help in the form of prayers, deliverances and exhortations which they believe will drive away the evil forces responsible for the disease. Other beliefs that the disease is a foreign man's disease and cannot infect an African abound. These kinds of belief have been reported in other studies done in Tanzania and other African countries (WHO, 2021). The discovery of a vaccine for the disease has been greeted with skepticism based on the same belief that individuals who take the vaccine may shorten their lifespan (USAID. 2021). Action follows belief and so someone who believes witchcraft is the cause of COVID-19 and that taking the vaccine shortens one's life span will by default, consult a traditional healer or someone with spiritual powers first, which prolongs the pathway to diagnosis and treatment at conventional health facilities. The general apathy in taking the vaccine for COVID-19 in spite of campaigns from government and other organizations is partly attributed to this erroneous belief.

(b). Cultural practices related to dressing, association and movement

There are cultural practices that place greater restrictions on the movement and dress of women. Such areas are likely to see fewer opportunities for both vector and air-borne pathogen transmission for women relative to men. One of the known routes of infection with SARS-CoV-2 is touching one's face. This has necessitated for calls by public health agencies advising against this practice (FMH, 2020). This presents a challenge to community education since this behavior is instinctive, habitual and very frequent. Behzadifar et al (2020) have argued that in conservative Muslim cultures in particular, where wearing a burka or niqab, providing full or

partial coverage of the face, respectively, is relatively common in public, touching of mouth, nose and eyes by females is correspondingly restricted. Even in the increasingly observed instances of where the “modesty” function of covering the hair and face is separated from the traditional (often religious) purpose of the clothing, such practices have this unintended public health value. Facial covering may additionally afford a limited level of filtration of air-borne droplets, such as those carrying virus particles.

The interaction between gender roles and disease exposure is often overlooked in the analysis of containment of Covid-19. In other cultures, or indeed subcultures, where versions of the veil or other passive forms of discouragement of facial touching are absent, but where strict or partial segregation of genders is observed due to cultural norms, pathways to community transmission are likely to be impinged. Of course, more highly-segregated workforces and family life is seen in many traditional societies in Nigeria regardless of the prevalent religion or other belief system.

According to Abubakar (2020) the segregation between genders is apparent in the Muslim dominated north and some parts of western Nigeria. This has impacted on the involvement of women in society itself. This is reflected in the extent to which women engage in certain occupations or roles outside the home. This lower level of engagement in society beyond the customary domestic and childcare functions may even, in extreme cases, reduce the likelihood of women attending a health clinic to receive a diagnosis and treatment, leading to underreporting of COVID-19 among women. For instance, in most rural and even urban settlements in Northern Nigeria, there is often a gender imbalance in favor of male medical practitioners.

In combination with strong cultural practices that are frequently prevalent in isolated communities against women interacting with men outside their family group, women may not expressly seek medical attention thereby impeding diagnosis. The point here is that cultural practices may impact on the gender balance of reported COVID-19 infection prevalence in systematic ways, particularly in conservative societies, whether religious or secular, around Nigeria. This is to say: women may be afforded some protection by customs relating to traditional clothing; they may be placed at less risk of contracting infection through distancing from men or separation from the broader workforce and community; and - by their known reluctance to be attended to by male medical practitioners and so be less disposed to seek a qualified diagnosis and treatment when exposed to COVID-19. They may be therefore underrepresented in data collected on infection and morbidity.

Socio - Economic Impediments

Socio – economic impediments also exist in the effective diagnosis, treatment and containment of COVID-19 as discussed hereunder:

(a). Impediments relating to cost of accessing health care.

The first socio economic impediments are those related to costs of accessing health care. Alhazani et al (2020) have stated that costs incurred in accessing health services including transportation is a significant socioeconomic barrier to accessing COVID-19 diagnosis and treatment services. He observed that when planning to come to the hospital one needs to arrange for bus fare and accommodation cost among others. In most treatment centers, although diagnosis and treatment is free, patients still pay for drugs which are not always readily available. Since most women especially those in the rural areas depend on their

husbands for money, such costs become prohibitive thereby denying them the desired medical attention.

Behzadifar et al (2020) have observed that although primary health services are said to be free in some States in the country, there are other costs that must be borne by patients who want to access health services. These include transport cost as well as costs of medicines and cost of diagnosis that are not provided in health facilities. These costs are likely to rise as COVID-19 spreads and poor households in urban slums and rural areas will likely constitute a disproportionately higher share of the financial risk as they attempt to seek treatment or self-medicate. This will raise the risk of catastrophic spending and impoverishment, driving them deeper into poverty. In all these, the women will be hardest hit.

(b). Geographical location and accessibility to health facilities

The costs and geographical accessibility also constitute significant impediment in the quest for COVID-19 diagnosis and treatment. The lack of proximity of many of the COVID-19 diagnostic and treatment centers to majority of the people in Nigeria is a major impediment. Most of the COVID-19 treatment centers are situated in the urban centers, thus making it difficult for women from remote areas to easily access care when they come down with symptoms that are suggestive of COVID-19.

(c). Poor equipment and facilities at treatment centres

Closely related to this is the fact that many of the treatment centers are ill-equipped. Some treatment centers in the country lack the basic facilities required for handling COVID-19 cases. In many centers, basic equipment such as oxygen machines, face masks, kits for testing, fan and even beds are not available. In others, basic drugs are in short supply and patients are encouraged to buy them when the need arises.

Amongst developing countries, Behzadifar et al (2020) has provided evidences from Iran that exemplifies the concerning general response capacity of low- and middle-income countries (LMICs), and the barriers faced concerning testing, provision of protective personal equipment (PPE) for health staff, and advanced medical services. People living in LMICs, as well as millions of poor people especially women living in developing countries, also experience significant barriers to self-protection due to crowdedness, poor housing conditions and poor sanitation. Additionally, the global economic downturn and limited international support put millions of women in LMICs at significant risk of being food insecure which tend to lower their immunity and further expose them to COVID-19 infections and deteriorating health conditions.

Also, women from poor households, who constitute the largest proportion of the population in Nigeria, are likely to be the hardest hit by COVID-19 because the celebrated interventions of social distancing and staying at home are unlikely to be effective. This is because the majority lived in crowded conditions implying that the infection rate or the average number of people that each infected case will infect, in such crowded conditions is likely to be far above the estimated 2–4. Serious efforts are needed to interrupt the spread to these communities (Wenham, Smith, and Morgan, 2020).

Poor nutrition and lockdowns

Inequalities in nutrition as well as access to food and other services were reinforced by the government-imposed lockdowns which restricted the business activity of the majority of the population especially women. More than 85% of the population in Nigeria is employed in the informal sector, majority of which is women, mostly depending on daily income for survival of their families and have limited or no access to social protection. In addition, the nature of these jobs is such that they cannot be done from home. In Nigeria, the closure of restaurants, bars and other supporting businesses during the COVID-19 period sent a lot of people home without benefits, as is expected in informal employment. In addition, the general economic environment caused by lockdowns forced small scale traders, marketers, transporters, etc., to close their business which subjected their family members especially women, to further economic hardships (Alon et al, 2020).

Conclusion and Recommendations

Socio-economic and cultural practices and beliefs impeded the diagnosis, treatment and containment of COVID-19 amongst women in Nigeria. The socio-economic impediments included high cost of care and financial dependency by women on their husbands, amongst others. The cultural impediments included traditional beliefs and use of complementary medicines as well as cultural restrictions on women's access to independent health care and restrictive religious practices. These impediments are fundamental and can be generalized to other disease conditions. The recently reported decline in TB cases could be reflecting people fearing to seek formal treatment for cough due to COVID-19 and resorting to purchasing medicines over-the-counter or using traditional herbs.

Resolving awareness/knowledge gaps, beliefs, stigma and improving socioeconomic welfare of affected communities is an important antidote that cuts across many disease conditions especially COVID-19. This study recommends future studies with monitoring and evaluation components to assess the impact of the interventions on socio economic and cultural aspects of impediments to women's care. Learning from end users by diagnostic and medicine developers will enable them to develop effective diagnostic and treatment tools peculiar to women needs. Social protection programmes to women working in high-risk industries like hospitals is necessary to prevent contamination and spread of the virus to households. Focusing resources on disseminating information through traditional rulers to ruler women may prove useful at the primary point of healthcare.

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