

### **CORONA VIRUS PREVENTION STRATEGIES UTILIZED BY RURAL DWELLERS IN AMASSOMA COMMUNITY IN BAYELSA STATE, NIGERIA**

#### **ABSTRACT**

The aim of the study is to assess the knowledge and practice of pelvic inflammatory disease prevention strategies among the female students of College of Health Sciences, Niger Delta University, Amassoma, Bayelsa State, Nigeria. The research design adopted in this study was the descriptive design. The design was considered appropriate for the study on the assessment of knowledge and practices of pelvic inflammatory disease prevention among female students in College of Health Sciences, Niger Delta University. A total of 184 females students in the female hostel of College of Health Sciences, Niger Delta University, Bayelsa State were approached for this study. The students were approached in the evening hours during their leisure hour. The researcher briefed them about the study and obtained their consent to participate in the study. Data obtained were analyzed using descriptive statistics of frequency tables and simple percentage. The results obtained from the study revealed that majority of the respondents 64 (35%) were between the ages of 15-20. The marital status of the respondents has 104 (57%) as single as against 56 (30%) as married and 24 (13%) as divorced. The result indicated strongly that majority of the respondents 104 (57%) were Christians, while 56 (30%) and 32 (17%) were Muslims and other religion respectively. Also, students in 500level are the highest respondents with a total number of 48 (26%). The result demonstrated that 96 (52%) of female students in College of Health Sciences of the University had a considerable level of knowledge of pelvic inflammatory disease. More than half (52%) of the respondents had good level knowledge about PID prevention; also an overwhelming majority of them held a very positive attitude towards PID prevention.

**Key words:** Corona Virus, Prevention Strategies, Rural Dwellers, Amassoma Community, Bayelsa State, Nigeria

#### **1. INTRODUCTION**

Corona Virus Disease 2019 (COVID-19) pandemic has emerged as a global health crisis, with 3,855,788 infected persons and 256,862 deaths worldwide as of May 9, 2020 [1]. It is a new and

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highly infectious respiratory disease caused by a novel corona virus and was first detected in December 2019 in Wuhan, China [2]. According to the European Centre for Disease Prevention and Control (ECDC) in 2020 [3], the causal virus called the Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2) is highly infectious and has recorded more than 3 million cases within a space of four months of outbreak. In 2020, WHO reported that as at May, 2020, two hundred and twelve (212) countries of the world have been affected by the highly infectious SARS-CoV-2 and it still has a high chance of reaching many new territories [4]. The global mortality rate was pegged at about 3.4% in early March, 2020, but a shift from this is expected to occur before the end of the pandemic [5]. Furthermore, it has become a major issue in Nigeria as cases have been confirmed in the different states of the country including the Federal Capital Territory (FCT). From an epidemiological point of view, the observed trend in incidence of newly confirmed cases in Nigeria suggests that it may take a while before the country is able to flatten the COVID-19 incidence curve [6]. Due to lack of vaccine or proven drugs for the management of COVID-19, transmission control becomes a very important intervention that can abate the spread of the disease in community and health care settings [7]. Moreover, the emergence of any infection within a community can threaten public health security as it might cause serious health impacts and has the potential to interfere with international travel and trade [8]. According to Enwereji and Ezeama [9], many people in communities especially children and elderly are at risk of losing their lives to pneumonia, diarrheal diseases, malaria, human immunodeficiency virus (HIV) and other preventable diseases unless urgent action is taken to mitigate the spread of COVID-19. For instance, disruptions in immunization services for fear of getting infected with the virus will result in more children dying from pneumonia, which already kills many children in rural areas. Limited resources in rural areas may result to lack of basic

hand washing facilities at home which form the fundamental mechanism to prevent COVID-19, thereby, expose already vulnerable people in rural areas to infection [9]. The Federal Ministry of Health and the Nigerian Centre for Disease Control (NCDC) worked diligently to put in place some certain control measures and guidelines for prevention of COVID-19. Despite the efforts put in place by the Nigerian government to mitigate the impact of COVID-19, poor public knowledge, attitudes and practices of people relative to COVID-19 control can foil even the best national public health control response. In a study by Enwereji and Ezeama [9], it was revealed that preventive measures like lockdown and social distancing rules, wearing of face mask, hand washing with soap, and environmental cleanliness were slightly observed thereby, exposing the rural areas to COVID-19 infection. Nigeria is currently in the heat of COVID-19 pandemic and to guarantee a successful early containment of the disease, in the absence of vaccine, adherence to control measures determined by people's knowledge, attitudes, and practices towards COVID-19 is very important [10]. With these precedents in mind, the researcher seeks to determine corona virus preventive strategies utilized by rural dwellers in Amassoma community.

## **2. MATERIALS AND METHOD**

**Research design:** A qualitative descriptive approach was utilized to obtain the information on corona virus prevention strategies utilized by rural dwellers in Amassoma community. Qualitative design approach is the most suitable design to answer the objectives of the study and provides a unique appreciation of the reality of human experience. All ethical approval and consideration was sort for before proceeding with this study.

**Research Setting:** This research was carried out in Amassoma community, Southern Ijaw, Bayelsa State. Amassoma Community is the largest Community in Southern Ijaw Local Government of Bayelsa State, Nigeria where Niger Delta University is situated. It is a coastal

community located about 10 kilometers away from Yenagoa, the capital city of Bayelsa State Nigeria. Amassoma is situated at latitude 4.97° North and longitude 6.11° East, 79 meters above sea level with a population of 6,970 (Census, 2006). It shares common boundaries with the Ijaw speaking communities, on the north with Ogobiri, south with Oporoma, east with Otuan and west with Torugbene. The Community is made up of 20 compounds commonly known as Pele or Ama. The major languages are; Izon (Ijaw) and Pidgin English like every Izon town. The people of Amassoma are characterized by a similar cultural system, norms and values. This setting was chosen because of the increasing rate of non-compliance with corona virus prevention strategies in Amassoma Community.

**Target Population:** The target population of this study was adult indigenes living in Amassoma Community.

**Study Sample:** The sample for this study was calculated to be thirty (30) adult indigenes living in Amassoma Community. Although it may not reflex the size of data available or depth of investigation; thus, the researcher adopted information saturation.

**Inclusion criteria:** Adult indigenes living in Amassoma Community irrespective of their demographic variables.

**Sample technique:** Purposive and convenient sampling technique was used for this study where the researcher relied on his own judgment when choosing members of the population to participate in the study. Thus, a total of 30 Adults was interviewed for this study.

**Instruments for data collection:** An individual interview was conducted with the aid of interview guide. The interview was made up of 2 sections. The first section is for demographic characteristics and then questions to guide the interview.

**Method of Data Collection:** Consent was obtained from the individual respondents, before interviewing the participants to collect data via structured individual interview.

**Method of Data Analysis:** Data collection from this study was analyzed using thematic method of analysis.

### 3. RESULT

The results are presented in themes, categories and statements as it emerged from the transcribed information collected from the participants.

#### Section A

**Table 1:** Demographic data

Options	Frequency	Percentage
<b>Age of Indigenes</b>	S	
20-29	5	17
30-39	12	40
40-49	9	30
50 and Above	5	13
<b>Occupation of Indigenes</b>	<b>Occupation of Indigenes</b>	<b>Occupation of Indigenes</b>
Students	Students	Students
Civil servants	Civil servants	Civil servants
Unemployment	Unemployment	Unemployment
Farmer	Farmer	Farmer
Trader	Trader	Trader
<b>Education of Indigenes</b>	<b>Education of Indigenes</b>	<b>Education of Indigenes</b>

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		Indigenes
Primary	Primary	Primary
Secondary	Secondary	Secondary
Tertiary	Tertiary	Tertiary
Illiterate	Illiterate	Illiterate
Religion status of Indigenes	Religion status of Indigenes	Religion status of Indigenes
Christian	Christian	Christian
Muslim	Muslim	Muslim
Traditionalist	Traditionalist	Traditionalist
Others	Others	Others
Sex of Indigenes	Sex of Indigenes	Sex of Indigenes
Male	Male	Male
Female	Female	Female

Table 1 shows the demographic characteristics indicates that; 4(17%) of the total respondents were of the age group 20-29, 12(40%) of the total respondents were of the age group 30-39, 9(30%) of the total respondents were of the age group 40-49, While 9(13%) of the total respondents were 50 years and above. For the Gender; 13(43%) of the total respondents were male, while 17(57%) of the total respondents were female. For the marital status; 6(20%) of the total respondents were single, 18(60%) of the total respondents were married, 3(10%) of the total respondents were divorced, 3(10%) if the total respondents were widowed. For the Religion; 18(60%) of the total respondents were Christians, 5(17%) of the total respondents were Muslims, while 5(17%) of there were totally respondents were traditionalist. The level of education showed that; 5(17%) of the total respondents were illiterates, 10(33%) of the total respondents stopped at primary level of education, 8(27%) of the total respondents stopped at secondary level

of education, while 7(23%) of the total respondents had both secondary degrees. For Occupation; 4(13%) of the total respondents were civil servants, 9(30%) of the total respondents were traders, 9(30%) of the total respondents were farmers, 6(20%) of the total respondents were students.

**Table 2: Strategies used in the prevention of Covid-19**

Theme	Category	Statement
<b>Theme 1</b>	Social distancing and stop working	<ol style="list-style-type: none"> <li>1. We did it for only a while because it was difficult to stay away from people and events.</li> <li>2. We dey go out because man suppose chop na.</li> <li>3. I did it for my safety.</li> </ol>
	Wearing of face mask when going out	<ol style="list-style-type: none"> <li>1. I wore face mask and I also made sure my husband children go out with their own always; I was the police in my family.</li> <li>2. Yes oh, because at a time government people even pursue us from street without face mask.</li> <li>3. I used because it was almost like a trending fashion at the time</li> </ol>
	Sniffing of tobacco and steaming of self	<ol style="list-style-type: none"> <li>1. This method nai sure pass because you just come out fortified.</li> <li>2. I no miss to take at least one wrap every morning, this thing nai help me so.</li> </ol>
	Taking of hot drink (dry gin) and hot water every morning	<ol style="list-style-type: none"> <li>1. As them say the sickness dey fear alcohol so taking of alcohol become my breakfast</li> <li>2. I did take alcohol especially during the first few weeks.</li> </ol>

Table 2 shows the theme, category and statements as they emerged from the data analysis. They were all lived experiences by rural dwellers in Amassoma community. They are: social distance

and stop working, wearing of face mask when going out, sniffing of tobacco and steaming of self, drinking of hot drink (dry gin) and hot water every morning.

**Table 3: Reason for utilization of the strategies**

Theme	Category	Statements
<b>Theme 2</b>	Because the government says so	<ol style="list-style-type: none"> <li>1. The pressure was too high from government</li> <li>2. E just dey as if police and government people dey everywhere if I no use face mask.</li> </ol>
	Fear of exposure	<ol style="list-style-type: none"> <li>1. I didn't want to get infected so I had to do the needful</li> <li>2. Yes, fear of exposure was my measure reason for avoiding public gatherings.</li> </ol>
	Cultural reasons	<ol style="list-style-type: none"> <li>1. Sickness wey dey kill people of cos na to take native things to cure am because oyibo no get cure</li> <li>2. The cultural method was the best way to resolve it</li> </ol>

Theme 2 is reason for utilization of the strategies. It has three categories, they are: because the government says so, fear of exposure, and cultural reasons.

#### **4 DISCUSSION**

The ultimate purpose for this study was to determine the prevention strategies utilized by Amassoma indigenes against corona virus. A total of 30 respondents were interviewed.

##### **4.1 Theme 1: Strategies used in the prevention of Covid 19**

The study revealed the lived experiences of rural dwellers in Amassoma community. From the first category on social distancing and stop working, respondents stated that they go did it for

only awhile because it was difficult to stay away from people and events; also they go out because it wasn't easy to stay home; and some persons did it was for their safety. From the second category, on wearing of face mask when going out, respondents stated that they wear face mask and some of them make their entire family to wear it as well; some person wear it because the government made it compulsory; some other find it beautiful and fashionable. Furthermore, another category was on sniffing of tobacco and steaming of self, respondents stated that this method was the best since the virus didn't have cure then, while some others see it as routine daily. The last category on theme 1 was taking of hot drink (dry gin) and hot water every morning, respondents stated that this was their breakfast since the virus can be killed by alcohol, while some others took it during the initial period.

#### **4.2 Theme 2: Reason for utilization of the strategies**

This study shows the reason for utilization of the various strategies. The respondents in category in this revealed their reasons for utilizing the strategies.

For the first category says it was because the government says so, respondent stated that the pressure from government made the use the strategies such as face mask and social distancing and the law enforcement authority made sure of this as well. The second category say it was fear of exposure, respondent reported that they were scared of getting infected. Furthermore, the third category say it was because of cultural reason, to this respondents says the cultural method which is taking of warm water and dry gin was more effective since the virus didn't have vaccine then.

## **5 CONCLUSION**

This study identified that some rural dwellers in Amassoma lack adequate knowledge on corona virus prevention. Notably, the virus can present its like pneumonia and severe respiratory

syndrome. However the preventive strategies include; social distancing, hand washing, avoid touching of face, restriction of movement and so more. Some factors influencing the utilization of covid 19 prevention strategies was also reported. The study also showed strategies utilized by rural dwellers in Amassoma and the reasons for utilizing such strategies as reported by the respondents.

## **6 RECOMMENDATION**

1. Researchers should engage in studies that would identify and provide preventive measures for corona virus among rural dwellers.
2. Federal and state governments can contribute in the effort to reduce the spread of corona virus providing stable funding and creating in health awareness in tackling spread of corona virus.
3. Rural dwellers should be enlightened about the consequence of not adhering to rules set by the government on prevention of corona virus.
4. Local government council should develop programs that will help create more facility and also equip them necessary personal protective equipment for the rural dwellers to use.
5. Health centers in the community should teach rural dweller the proper use of personal protective equipments and also emphasize the disadvantages of not using them properly.
6. Since majority of the rural dwellers are uneducated, a simple language should be used and emphasis should be given them on avoiding harmful health strategies for prevention of corona virus.

7. Schools in the rural area should teach its teachers and students on effective use of personal protective equipments and also lay emphasis on effects of not using these strategies.

## 7 ETHICAL CONSIDERATION/APPROVAL

The researcher collected a letter of introduction from the Institution of study and sort ethical approval before proceeding with the research study.

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