

ALTERNATIVE HEALTHCARE SERVICES AND THE SECONDARY EFFECTS OF COVID-19 PANDEMIC IN NIGERIA

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Abstract

Following the declaration of COVID-19 as a pandemic around the globe, a great fear engulfed the people around the globe. With this mounting fear also came a great measure of pressure in the psyche of individuals worldwide. However, this paper upholds that though the COVID-19 pandemic has reduced minimally, its secondary effects still live in the mind of people. In the light of theoretical information this study, some of the observations include: the fear to consult the appropriate healthcare authorities even for non-COVID-19 conditions; the fear of being diagnosed of any of the symptoms of the disease; the fear of contamination; the fear of developing worse and probably terminal diseases from COVID-19 vaccines; the difficulties reaching healthcare facilities, lack of proper care from health care personnel etc. Thus, this paper recommends that effective communication is needed about COVID-19 and about the available health services provided by the government. Government should also strengthen their healthcare services to the masses and provide solutions on the areas of their fears so that while on the process of avoiding the negative effects of COVID-19, it would not create loopholes for the spread of other diseases.

Keywords: Healthcare, COVID-19 pandemic, depression, information, communication.

Introduction

The rapid spread of Covid-19 pandemic that started late in 2019 in China has affected both the health care personnel (HCP) and individuals in so many aspects of life in Nigeria and the world at large. But the concern of this paper is to attempt to speculate what the secondary effects of the pandemic would generate in the society in the future. The secondary effects in this context refers to the psychological state of people which could precipitate such accompanying abnormalities that fear rather than that which the Covid-19 infection itself could bring about in the consciousness of the individual. Indeed, it was realized that in 2020 when the World Health Organization (WHO), gave this description of the disease as a pandemic, it generated a great level fear and crises among individuals resulting in different methods of preventive and treatment measures. In spite of the known precautions like the use

of face mask, strict quarantine, social distancing etc, introduced to forestall or limit the spread of this disease, individuals still developed their different native or traditional methods of preventing the disease such as the inhalation and consumption of local herbs. Despite these various measures of precautions, the World Health Organization (WHO), still continued to report on how millions of people worldwide were getting infected with this disease as well as dying on daily basis. This report triggered the fear from individuals including the health care personnel and developed more serious crises among people (where everybody appeared to be enemy of one another since one cannot go close to another). Meanwhile, the fear was utmost anchored on the health care personnel since everybody who was caught up with the disease had to depend on them for survival. Consequently, they were directly exposed to the risk of contracting the disease. According to Secer et al (2020):

The burden of all individuals infected, treated, and returned to their normal life or passed away is on the shoulders of healthcare professionals all over the world. Healthcare professionals have to identify the people infected with the disease, respond to their treatment needs, carry out the severe and difficult treatment processes in hospitalized patients, face the psychological breakdown created by each patient passed away and also face the risk of developing the disease at any time. Each mentioned situation is a difficult living condition in itself, and the conditions are exposed to create secondary consequences for healthcare in the short and long-term.

Apart from their major risk of being infected with the disease as those who were at the forefront of the fight, this fear has consequently led to certain emotional and behavioral dispositions. Though the case of infected persons has reduced minimally in Nigeria, the resultant effect of this fear still makes it difficult to give proper attention to patients as and when due. Indeed, before now, some scholars have suggested that during pandemic periods, there was a chance to see the secondary effects in every facet of the society, and emotional and behavioral problems such as anxiety, fear, depression, suicide, substance abuse, etc. could be among them (Ornell et al 2020 and Banerjee 2020). Yet, one cannot deny the fact that now it has reduced, many health workers may still not be under such pressure but might have taken it for granted, a kind of an excuse or rather an advantage of their laxity on duty.

On the other hand, the ability of some individuals to overcome the fear and the crises generated by Covid-19 pandemic have made their daily lives so difficult that they can no longer go to hospital as they would not like to be quarantined for being infected with the pandemic. These have also created psychological and social adjustment (ie., conditioning oneself in order to suit and adapt to the current social context) on the side of the individuals. The fear of unknown carrier and some other challenging living conditions caused by the outbreak of Covid-19 have forced the psycho-social adjustment skills of both the HCP and the individuals to a further threatening situation within the nation.

In Nigeria today, the availability and continuity of health care are being stressed. Individuals are seeking to procure high quality healthcare at lower risk exposure to the COVID-19 disease, and of course at a lower cost. The health care personnel (HCP) are also on the same race mainly because, healthcare workers (HCWs) are the frontlines of the global crisis, with the important responsibility of diagnosing and treating an exponentially increasing number of severely ill patients, often having to make critical decisions under physical and psychological stress (Bandyopadhyay S, et al. (2020). They are facing the occupational risk of contracting the virus which can result to death. These now become a serious issue as many are leaving orthodox medicine for traditional medicine since they can no longer be comfortable in taking treatment in hospitals. Alternatively, some are going for out-patient clinics or patent medicine shops for treatment. It could be seen that people choose to receive medical attention during this pandemic in minor clinics, patent medicine shops and traditional health care centre than being admitted to the hospitals, especially those owned and affiliated to the government hospitals. It can be argued that admission to hospital has a much greater impact on a person's life, but not when there is fear and crisis arising as a result of experiential avoidance in the hospital. As such, individuals sometimes use some ways like moving to another direction provided they are being cared for their ill-health. Ordinarily, caring alone to patients is part of treatment as it makes them to feel at home and equally have hope of being restored to normal health. But when such impression is denied from them, it makes them feel rejected and would want to avoid the negativity.

Hence, this paper is of the opinion that both government and individuals should look forward to seeing what might be the future consequences of ongoing acts that in the process of avoiding the side effects of the Covid-19 disease, may create an avenue for the spread of other diseases at the long-term. The health care services in Nigeria should endeavor to

comprehend the current nature of COVID-19 pandemic by providing the remedial drugs of it to all hospitals in Nigeria especially in the local areas like primary health centers. They should not be giving wrong information about the rate of increase or reduction of the disease. They should also caution and monitor all the media links to ensure the accuracy in circulating the information about the disease to public. Seminars and workshops should be organized by the Nigerian government to shed light to both HCP and individuals on understanding the behavioral, social and psychological consequences developed by COVID=19 diseases and see how it can be controlled before it gets out of hand.

Health Care Services and Covid-19 Challenges in Nigeria

The foundation of a successful health response is to ensure that people have access to health services. Any verbal or physical assault, obstruct, or threat to the availability, access and delivery of such services results in a sluggish health care response both from the health care personnel and patients themselves. Healthcare services are made up of medical professionals, organizations, and ancillary health care workers who render medical care to the sick ones. Health services attend to patients, families, communities, and populations. The emergency, preventive, rehabilitation, long-term, hospital, diagnostic, primary, palliative, and home care are being taking care of by them. These services are geared toward making healthcare accessible, high quality and patient-friendly. And to provide effective health services, many different types of services and providers are required (Health Services: Definition, Types and Providers, 2018). In the face of pandemic like this, adequate functional healthcare system within the country is highly needed. But in Nigeria, the health care system has experienced many down-falls (Onujekwu et al., 2020, Nnachi 2007, Asangansi et al 2009, Health Reform Foundation et al 2009, Health Reform Foundation of Nigeria (HERFON) 2020 and Nigeria primary Health Care policies 2020). The country is not well-served in the health-care arena. Most of the health facilities in Nigeria mainly in rural areas are not functioning properly. (Maternal Mortality in Nigeria 2010 and Nigeria Primary Health Care Policies 2020). Though the Nigerian government has been, in one way or the other, trying to make some different reforms in the health care system, but it is not quite effective in the state and local government level (Nigeria National Health Conference 2009 Communiqué, and Nigeria Primary Health Care Policies 2010). Accordingly, the health care system in Nigeria is still facing some challenges like poor coordination, fragmentation of services, dearth of resources,

including drug and supplies, inadequate and decaying infrastructure, inequality in resource distribution, and many more others.

The public health is so important that it always require immediate attention like giving out information on time purposely for fighting possible health threat. But when there are no proper techniques for combating the health challenges in the health care sector, it can lead to serious health issues or health insecurity in the country, especially with regard to such infectious diseases as the COVID-19. Communicable disease outbreak like this one is always a threat on the lives of individuals as well as the security of the nation. Currently it is still difficult to track the COVID-19 pandemic and come up with effective treatment and preventive measures. Adequate health care delivery is highly concerned with the health care services (public health agencies) whose main duty is to safeguard the public from the dangers of major health issues, including a contagious disease like this one. Meanwhile, the Nigerian health care system has been plagued by different infectious disease outbreak such that they needed to have strengthened the health work force planning. This will enable them to avoid the numerous threats and communication lapses that may exist, and get much improved on the health care service performance. At least, there should be timely and accurate medical data from different sources precisely as Library of Congress has gained audio diaries displaying over two hundred frontline healthcare personnel to fight against COVID-19, a collection that presents genuine proofs from hospitals and communities around the country as the public crisis spreads out. (The library of Congress Country Studies). This should be the kind of information required from the Nigerian health care system. As a real time story, it appears more authentic than most of the flying news that has no reliable source. Notably, as the nation begins to get back to normalcy, the audio dairies and other documentaries will act as a warning and a sign of the effect COVID-19 has had on the health care system.

However, according to Onwujekwe et al (2010), despite the efforts to improve the health services available to Nigerians, health access is currently only 43.3%. And the problem with this health care delivery system in Nigeria is because of the peculiar statistics of the Nigerian population. Greater numbers of people are living in the rural areas while few people live in the urban areas. By estimation, the percentage of the health care provided by private vendors is 70% higher than the government (Omorum et al 2009 and Banjoko et al online source, Nigeria Demographic and Health Survey, 2008). These explained conclusively that the Nigerian health care system is inadvertently poor and does not meet up in giving effective

management and controlling diseases. To this end, the top 4 questions for health care system in Nigeria are - Should healthcare continue to be managed as no man's business or should it be approached as an investment for the sustainability of human health? Will the government integrate national technological sovereignty in health policy? Will the capacity of the healthcare workforce increase in Nigerian healthcare system? Will healthcare system in Nigeria increase in digitalization, including community and hospital workflows? When the above fundamental questions are put into consideration of either short term decision then Covid-19 might just be a minor case in Nigeria. But where such is not yet possible, the issue of COVID-19 pandemic which is a global problem should not make them weaker and helpless in their operation. Instead, the Nigerian health care system should optimize information by linking to other international monitoring systems and be able to provide a health care system that is more reliable in delivering high quality care.

Fear and the Management of COVID-19 Pandemic

Fear is an emotion that is triggered by a perceived danger, which results in physiological and eventually emotional changes, such as a more aggressive response or fleeing from the situation (Wikipedia edited by H.J. Mitchell). Fear occurs most often as a result of some certain challenges that are being perceived at the present, or in expectancy of a future threat as well as a risk to oneself. It is closely related to emotional stress, which comes as a result of situations that is likely to be uncontrollable or unavoidable (Ohman, 2020). Although in the context of phenomenology, behavioral expressiveness, psychometrics and the level of neurobiology, the human emotion of fear and anxiety are mostly not the same (Bouton et al 2001; Barlow 2000, 2002; Barlow et al 1996). It has been seen theoretically as a basic form of emotion that is natural to humanity irrespective of age, race or culture.

Notwithstanding, it is not easy to understand individuals' response to any threat based on the fear it generated, where fear has emerged as a major factor facilitating lifestyle shifts and health-securing behaviors (Green and Witte 2006, Morman 2000, and White and Allen 2000). Actually, some people find certain situations more frightened than others. But in the case of deadly disease like COVID-19, fear, panic, anxiety and stigma can be triggered instantly among people globally (Ahorsu et al, 2020; Strong 1990). The kind of unauthentic information we receive and unconfirmed rumors from social media sometimes generate a new kind of fear in this horrible situation (Abramson, 2020; Lin, 2020; Rubin and Wessely 2020). Nigerians are the living case of this situation. They have got themselves involved into

such menace. A situation where one cannot have a trust on information about a deadly disease hovering around him, not even from the government source is terrible. The Nigeria Centre for Disease Control (NCDC) will keep giving information about records on new COVID-19 cases without mentioning the specific areas and people who are directly infected with the virus. Nobody knows whether the cases are real or not. This has made the situation worse as many became more confused than ever. Such an unprecedented fear and non-reliability or absence of future hope triggers the human emotional system to form an anxiety. Anxiety according to Epstein (1985) can be a hinderance to future success, low self-esteem, and a challenge to individual's ability to make sense of the facts of his life. In this context, anxiety is a reflect of emotional behavior as it would be largely stuck with a different negative situation. The combination of fear and anxiety turns into depression and further diseases which might lead to unimaginable and tough situation. Mattioli, et al., (2020) would say that mental health and physical health were also affected negatively in both long and short-term period. By implication, when some group of individuals were as a result of fear of contacting COVID-19 disease cease from going to hospital for healthcare management or treatment of any disease, the disease might escalate to another pandemic. The possibility of controlling the new breed of the disease might be difficult as greater number of people would have the symptoms. For instance, if everybody becomes reluctant to go to the hospital for having a contagious disease like Ebola, AIDS, Flu and other communicable diseases for fear of being suspected of having COVID-19 then it would be so difficult to control as there would be no way of diagnosing nor treating the effected ones.

Since it is globally considered that the health care workers are at higher risk of contacting the COVID-19 disease compared to non-healthcare workers (Koh, 2020), good number of individuals have the fear of going to hospital in order to avoid getting infected with the disease. The HCP are more directly exposed to the carriers of the disease and as such, they are at increased risk of being the victim of the infection. But if it is clearly made known to the public that such a difficult life conditions experienced by the HCP are well controlled and have nothing to fear about then it would not put the people at a disadvantage, and such as increase the possibility of their running away from getting treatment in hospitals.

Although there are no concrete epidemiological findings regarding the harmful effects of COVID-19 on individuals and their effect on public health, the results of the few studies show that fear of getting COVID-19 results in severe emotional and behavioral

consequences, as shown by the above-mentioned hypothesis (Secer et al, 2020). Research results on the former Ebola disease outbreak are also in support of this view and added that people who have psychological problems are more likely to experience traumatized and challenging living conditions. (Reardon, 2015; Shigemura et al, 2020). The fear developed on the HCP in the face of pandemic remains a negative effect that strengthens or make people's position disadvantageous as Shultz et al, (2016) cited in Secer et al, (2020) would say that, even after the pandemic periods have passed, secondary psycho-social consequences are likely to occur in professionals who have been affected by trauma closely, which may affect people's quality of life for a long time. This has been concretized in Nigeria. It is just a living experience among many Nigerians. The fear of unknown carrier of the virus is still within the minds of the healthcare personnel even as the disease has reduced minimally. The health care personnel hardly devote themselves in attending to patients because they are psychological derailed. Every patient is now seen as a life threat and as such, good numbers of health workers are demoralized in discharging their duty effectively. Thus, the secondary effect of COVID-19 has imposed a paradigm shift among the health personnel since one has to avoid others in order to save one's life. This particular syndrome is destabilizing the efficient standard of health workers. It is therefore important that government has a way of moderating the fear already generated by the pandemic by giving accurate medical information and the way forward.

Conclusion

This work has discussed the need for understanding the nature, risks and the consequences of secondary health problems that seem to develop due to COVID-19 pandemic in HCP and the public. It therefore established that: The possibility of being unable to work in hospitals due to the fear of COVID-19 can illustrate the persistence of many psychological problems on individual and public health; the emerging secondary effects of the pandemic can escalate if individuals who if individuals who are infected continue to avoid treatment of the same infectious disease that plagues them; and that when individuals are not properly guided, they can pay attention to other directions that may provoke a greater spread of other diseases in the short and/or long-term. Thus, this paper suggests that the Nigerian government should develop and implement a preventive and rehabilitative practice for HCP even after the pandemic. They should be giving accurate information about the disease and endeavor to strengthen the health care provision to the citizens.

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