

'IGWEBUIKE' PHILOSOPHY AND THE MANAGEMENT OF COVID-19 IN NIGERIA

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Executive Summary

This paper discussed 'Igwebuike' philosophy and the management of Corona virus pandemic (Covid-19) in Nigeria. It attempted to show the correlation between this philosophy and how Covid-19 is being managed in Nigeria. The development of the disease, its spread and preventions were deliberated upon, in the sense that it originated from China. It has spread into many countries, and can be contracted through droplets from the affected person(s). Avoidance of gatherings (both social and religious), use of face masks and sanitizers were presented to be some of the ways in which the spread of the pandemic could be curbed. To arrive at a lasting solution, the government introduced social lockdown, and foodstuffs were distributed to people to cushion its effects on them. The work revealed that 'Igwebuike' philosophy and Covid-19 are related in the sense that both deal with people and their affairs. It brought about solidarity on the part of government and the populace in finding solutions to the common problem of the pandemic in their ability to search for vaccines, while individuals were suggesting African herbs. Also, the Covid-19 period encouraged families to stay together in unity and harmony as 'Igwebuike' philosophy resonates. It was then recommended that there should be proper database for unbiased distribution of palliatives. The lockdown should be a nation-wide issue for proper supervision, and that

other deadly deceases ravaging the country, like lasser fever, should be well-managed like the issue of Covid -19. In conclusion, leaders could embrace 'Igwebuiké' philosophy of solidarity in decision making so as to avoid followers losing confidence in them as it happened at a point during the management of Covid-19 pandemic in Nigeria. Phenomenological method of inquiry was used for the purpose of this study.

Key Words: 'Igwebuiké' Philosophy, Kanu Ikechukwu Anthony, Management, Covid-19, Palliatives, Social distancing, Isolation Centre and Face mask.

Introduction

The outbreak of Corona Virus disease, otherwise known as Covid-19, started in December 2019 in China. This is an infectious disease that has been presented to be caused by a newly discovered virus. According to the report of Matt and Sabrina (2020), it seems to have originated from Wuhan seafood market where all sorts of wild animals like marmots, birds, rabbits, bats and snakes are merchandized illegally. "Coronaviruses are known to jump from animals to humans, so it is thought that the first people infected with the disease – a group primarily made up of stallholders from the seafood market contracted it from contact with animals" (p.4). There are many contending views on the origin of the virus. Matt and Sabrina further said that virologist assessment shows that the infection is from bat, while some are of the opinion that the early cases of Covid-19, however, appeared to have inflicted people with no link to the Wuhan market at all, suggesting that the initial route of human infection may pre-date the market cases. By implication, it might be transmitted between human to human. Some also said it came from the laboratory investigations, whereas another opinion was that it was a recurring of pandemic of past centuries. With these competing views, the origin of this pandemic might not be known. The only fact is that it was invented from China.

Within the first week of April 2020, the following countries were the top ten that were affected by the Corona virus pandemic-USA, Italy, Spain, Germany, China, France, Iran, United Kingdom (UK), Switzerland and Turkey (Duddu, 2020). In the same vein, Matt and Sabrina (2020) reported that the disease had been detected in more than 200 countries and territories, with the US, Russia and the UK experiencing the most widespread outbreaks, followed by Brazil, Spain and Italy. With this information, a lot of awareness programme came up and how to control it became important. It was described in numerous alertness programmes that Covid-19 was majorly transmitted through droplets of the infected persons. When an infected person coughs or sneezes, the droplets from these actions hang in the air or surfaces. If anyone comes in contact with the droplets either by breathing it in or by touching the contaminated surfaces from there to the mouth, eyes or nose, the person has been infected. It is spread through socialization, therefore, avoidance of close contacts, social lockdown, including religious gatherings were used as means of controlling the spread of the sickness. The precautionary measures have created a lot of setbacks for virtually every individual and every one of the countries it touches. It is beyond health issues because if prolonged, it might have political, social and economic effects. The poor will suffer more in this regard and those who rely on their daily income for survival may not find it interesting.

As presented by the Nigeria Centre for Disease Control, The first Corona virus case was announced in Nigeria on the 27th of February 2020 in Lagos. The second one came up on the 9th of March, 2020 at Ewekoro, Ogun State. This pandemic kept spreading that as at the time of this research (14/5/2020), the total confirmed cases had risen to 5,162 - active cases, 3,815; recovered cases, 1,180 and number of diseased persons, 167 within 34 states in Nigeria, as analyzed below.

CONFIRMED CORONA VIRUS CASES BY STATES IN NIGERIA

| STATE AFFECTED | NO OF CASES(LAB CONFIRMED) | NO OF CASES ADMISSI ON | NO OF DISCHARCH ED | NO OF DEATH |
|-----------------------|-----------------------------------|-------------------------------|---------------------------|--------------------|
| <i>Lagos</i> | <i>2,099</i> | <i>1,525</i> | <i>541</i> | <i>33</i> |
| <i>Kano</i> | <i>753</i> | <i>633</i> | <i>87</i> | <i>33</i> |
| <i>FCT</i> | <i>379</i> | <i>290</i> | <i>82</i> | <i>7</i> |
| <i>Katsina</i> | <i>224</i> | <i>183</i> | <i>29</i> | <i>12</i> |
| <i>Bauchi</i> | <i>207</i> | <i>179</i> | <i>25</i> | <i>3</i> |
| <i>Borno</i> | <i>191</i> | <i>151</i> | <i>20</i> | <i>20</i> |
| <i>Jigawa</i> | <i>176</i> | <i>169</i> | <i>4</i> | <i>3</i> |
| <i>Ogun</i> | <i>134</i> | <i>72</i> | <i>57</i> | <i>5</i> |
| <i>Gombe</i> | <i>124</i> | <i>36</i> | <i>87</i> | <i>1</i> |
| <i>Kaduna</i> | <i>114</i> | <i>94</i> | <i>17</i> | <i>3</i> |
| <i>Sokoto</i> | <i>112</i> | <i>59</i> | <i>40</i> | <i>13</i> |
| <i>Edo</i> | <i>92</i> | <i>60</i> | <i>27</i> | <i>5</i> |
| <i>Oyo</i> | <i>73</i> | <i>55</i> | <i>16</i> | <i>2</i> |

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|----------------------|-----------|-----------|-----------|----------|
| <i>Zamfara</i> | <i>73</i> | <i>50</i> | <i>18</i> | <i>5</i> |
| <i>Kwara</i> | <i>56</i> | <i>43</i> | <i>12</i> | <i>1</i> |
| <i>Osun</i> | <i>42</i> | <i>8</i> | <i>30</i> | <i>4</i> |
| <i>Rivers</i> | <i>30</i> | <i>25</i> | <i>5</i> | <i>3</i> |
| <i>Yobe</i> | <i>32</i> | <i>28</i> | <i>3</i> | <i>1</i> |
| <i>Kebbi</i> | <i>31</i> | <i>16</i> | <i>11</i> | <i>4</i> |
| <i>Nasarawa</i> | <i>29</i> | <i>23</i> | <i>5</i> | <i>1</i> |
| <i>Plateau</i> | <i>25</i> | <i>21</i> | <i>4</i> | <i>0</i> |
| <i>Delta</i> | <i>22</i> | <i>9</i> | <i>9</i> | <i>4</i> |
| <i>Adamawa</i> | <i>21</i> | <i>14</i> | <i>7</i> | <i>0</i> |
| <i>Ondo</i> | <i>19</i> | <i>7</i> | <i>11</i> | <i>1</i> |
| <i>Taraba</i> | <i>17</i> | <i>16</i> | <i>1</i> | <i>0</i> |
| <i>Akwa Ibom</i> | <i>17</i> | <i>3</i> | <i>12</i> | <i>2</i> |
| <i>Ekiti</i> | <i>15</i> | <i>5</i> | <i>9</i> | <i>1</i> |
| <i>Enugu</i> | <i>12</i> | <i>10</i> | <i>2</i> | <i>0</i> |
| <i>Niger</i> | <i>10</i> | <i>8</i> | <i>2</i> | <i>0</i> |
| <i>Ebonyi</i> | <i>9</i> | <i>9</i> | <i>0</i> | <i>0</i> |
| <i>Imo</i> | <i>7</i> | <i>5</i> | <i>2</i> | <i>0</i> |
| <i>Bayelsa</i> | <i>6</i> | <i>6</i> | <i>3</i> | <i>3</i> |
| <i>Benue</i> | <i>4</i> | <i>4</i> | <i>0</i> | <i>0</i> |

| | | | | |
|----------------|---|---|---|---|
| <i>Anambra</i> | 2 | 1 | 1 | 0 |
| <i>Abia</i> | 2 | 1 | 1 | 0 |

SOURCE: NCDC MICROSITE. As at 15/5/2020

Management of Covid-19 in Nigeria

Covid-19 pandemic did not enter Nigeria as a surprise. Before the first case was announced, many countries had been experiencing it and it was proclaimed to be a pandemic. Therefore, apart from the fact that people heard about it themselves through the media, the government did some sensitization programmes to bring the issue of this pandemic to people's doorsteps for preparations. In the report given by Adepoju (2020), the following were done even a month before the spread of the pandemic in Nigeria: giving information on personal hygiene and cough etiquette, creating health workers network centers around the nation, gathering skilled workers for tracing and to treat infected cases, and five testing laboratories were developed.

In the 2014, during the Ebola epidemic, some of the public-health institutes created to help in curbing this infectious disease became useful now, and improvement on them came in preparation for Covid-19 pandemic. This was why Nigeria Centre for Disease Control (NCDC) was being signed into law in 2018, to give the legal backing to perform its functions, according to Adepoju (2020). All these efforts were put together in preparation for Covid-19 pandemic, and in the report of Adepoju, it seems the arrangements were not sufficient as he asserts "Nigeria's prevention efforts are limited to screening international travelers at its airports while promoting hand washing and hygiene among the general populace. The country is relying on temperature screening at the airport, travelers' travel history and promotion of self-isolation for people visiting Nigeria from countries with numerous confirmed cases of COVID-19" (p.4).

Apart from these initial and immediate preparations, Nigerians were encouraged to wash their hands with soap under running water,

regular use of sanitizer was mandatory, use of face mask was made compulsory and social distancing became very important. Majority complied with these directives and people were using various kinds of masks, some even customized theirs. Covid-19 became real to Nigerians when the Federal Government declared total lockdown in March, 2020, in Federal Capital Territory, and Lagos and Ogun States. Other states within the country joined and it became a nationwide lockdown. Therefore, nothing seemed to function. There was no market, except for few hours in a day. Places of worship were under lock and key, businesses were not operative, schools at all levels could not continue and all recreational centers were closed in a bid to control the spread of Covid-19 pandemic. Only essential workers were allowed to move and work actively.

In this situation, Nigerians came together to fight this pandemic, and proposals on how to go about it became important. Many methods of solving it in an African way turned out to be necessary in the application of local herbs. The Benedictines Monks were prominent in this regard. Their research ended up in a solution, as announced by Adodo (2020) in this statement: “Paxherbals has developed a novel drug, called CVD PLUS specifically for the treatment of COVID-19,” the Clinic's founder, Fr. Anslem Adodo announced in a press release dated April 29” (p.1). While government was looking for vaccines for cure, the idea to adopt Afghanistan drug became glaring.

When this practice was on, those tested positive were kept in the isolation centers for treatment and to prevent them from mingling with the people. Some victims lost their lives in the process and majority were discharged from the centers. Another effort made by the government was the distribution of palliatives in terms of food items to cushion the effects of this pandemic on the people. It was a difficult moment for many Nigerians, especially those who relied on their daily struggles for survival, like labourers, drivers and petty traders or traders generally. They were spending their savings, even their capitals could be used to feed families during this period. Those who work for private organizations did not receive salaries during the

pandemic period, but federal and state workers were receiving salaries regularly. As this was in progress, the number of confirmed cases kept increasing.

The need to ease the social lockdown came up in May, 2020, and work resumed skeletally. Markets especially became very active. Movements within states were allowed and interstate movements were forbidden. The interesting part of the lockdown exercise was the reactions of people after a while. Majority lost confidence in the government and lost trust in the procedure of managing covid-19 because what was been presented on social media was not enough to prove that this pandemic was real or was prominent in Nigeria. A comedian at a time called it ‘Covid-19 for business.’ There were no sufficient evidences that people were dying of the pandemic in Nigeria and the media kept showing empty beds in the isolation centers, and the number of infected cases continued to rise, while death rate was increasing without revealing burial processes.

Since the Covid-19 has impacted religion in various ways, including the closure of churches, restriction on public worship of various faiths, as well as the cancellation of pilgrimages and religious festivals, religious leaders started reacting to why churches would not open and markets were operative. After all, the interactions in most churches are not as noticeable as that of markets. Onaiyekan, the Catholic Archbishop Emeritus of Abuja, in a write-up circulated through the social media said that “On a more practical level, if government finds reasons to relax measures for banks, markets and farms, there is no reason why churches and mosques should be excluded from the same special consideration” (p.2). This implies that the congestions in banks and markets, including farms, could also spread this pandemic.

Igwebuiké Philosophy

Igwebuiké has been described by Professor Kanu Ikechukwu Anthony, who has systematized the thought over time “as an Igbo word that expresses the heart of African thought, logic and the modality of being in African philosophy” (Kanu 2017, p.17). He further says that “it

means 'number is strength' or 'number is power', that is, when human beings come together in solidarity and complementarity, they are powerful and can constitute an insurmountable force"(p.17). By inference, therefore, this philosophy is people-oriented and establishes the fact that I am because we are.

In an attempt to describe *Igwebuike* philosophy, Ejem (2018) states that, "it establishes that there exists a common link between human persons and that it is through this relationship that every other person realizes himself/herself" (p.17). In another development, Kanu (2017) declares that the philosophy is highly connected with mutual association. This is related, according to him, to "a common origin, common world-view, common language, shared culture, shared race, colour and habits, common historical experience and a common destiny" (p.17). Therefore, as long as there is a unifying factor, we are meant for each other's good.

Igwebuike philosophy is significant in this regard because it moves away from an individualistic life to the communal life that Africans have always preached and lived. It emphasizes cooperation among a group of people, irrespective of their backgrounds, keeping in mind that what makes our coming together relevant is the fact that we are human beings. If this philosophy is ever considered by all members of a group, it will foster love and unity for the attainment of both individual and group purposes. The end result of *Igwebuike* philosophy is common benefit, in which members stand with themselves in times of good and bad; hence, it is a life of 'sharedness,' as Kanu (2014, 2015, 2016 & 2018) affirms.

***Igwebuike* Philosophy and the Management of Covid-19**

Having analyzed what *Igwebuike* philosophy stands for, its relevance to the management of Covid-19 in Nigeria will be divided into three parts. The first is the fact that both *Igwebuike* philosophy and Covid-19 are about people. This philosophy centers on the affairs of others and having consideration for another person; so also are the issues of

Covid-19. This was reflected in the management of the pandemic when isolations centers were built to separate affected people from others to avoid them being infected. The imposition of the use of face masks was for individual good and for the good of others as well.

Another common factor was the issue of joint efforts on the part of the government and the populace to find solution to this common problem, as we have in the search for local herbs on the part of the populace, and government was in search of vaccines. This problem was addressed in a common manner as *Igwebuike* philosophy pays attention to collective matters, in keeping with Kanu's declaration that it involves "a common origin, common world-view, common language, shared culture, shared race, colour and habits, common historical experience and a common destiny"(p.17). To Nigerians, the Corona Virus pandemic was a collective problem that needs collective efforts to resolve.

The third part of this relevance is about unity and oneness. The summary of *Igwebuike* philosophy is actually unity. This is what Kanu emphasises in his explanation of *Igwebuike* philosophy in people coming together in solidarity and complementarity to form an insurmountable force. The Corona Virus pandemic period has seen families and the nation uniting in prayers. Many families that have ever lived apart can now use this phase to stay together and share memories of a lasting value. Children are at home with their parents, closely in prayers and sharing what they have together as they hope and yearn to have more years for family ties.

Recommendations

Based on the discussions above, the following recommendations are presented:

1. That in case of future occurrence, the government should be more proactive in closing the borders to prevent travelers who transport the diseases from entering the country. In a case like this, less attention should be paid to the immediate effects of it

on the economy; after all, the economy was affected and many lives were lost as recorded.

2. The country needs a functional database in a time like this for the distribution of palliatives. Many people did not receive any food items as support from the government. This brought about their anxiety to return to their businesses, since their immediate needs could not be met. If there had been a well-designed database, palliatives would have been easy to distribute as other measures to curb the diseases were being put in place like fumigation of public places and building of isolation centers.
3. Any situation that may cause total lockdown needs to be adequately planned. Total lockdown should be general, that is, it should be a nationwide programme happening at the same time in all the states. The regulations on how to go about it must be left to the federal government, instead of individual state governments.
4. The efforts put into fighting the Corona virus pandemic on the part of the government were commendable. However, attention should be paid to other communicable diseases in Nigeria, if our interest is on saving lives. Lassa fever, malaria resulting from dirty environments, and diarrhea ensuing from regular climate change claiming lives every time can be addressed so that people will enjoy good living in peaceful environments.

Conclusion

This paper discussed *Igwebuike* philosophy and the management of Corona virus disease (Covid-19) pandemic in Nigeria. It was an epidemic in China that occurred in December, 2019 which suddenly turned to be a pandemic, throwing the whole world into panic. It came to Nigeria in 2020 February and it has been adequately managed by the government and the entire people of Nigeria, giving their support through compliance with the regulations of the government on how to

go about it. This cooperative effort is actually laudable as it gave much hope for the future.

It is important to note that before the era of Covid -19 in Nigeria, there have been other issues confronting the populace in this country that are not on health basis, but are deadly. Therefore, attention should be given to lack of qualitative education, problem of insecurity, development matters in terms of amenities, job creation for youths and young school leavers, functional pension scheme for workers and the needs of retirees. Lack of robust plans for the above might lead to negative effects on the health of Nigerians. Consequently, they develop high blood pressure, depression, dementia and all sorts of health issues that result in untimely deaths of the concerned. Hence, consideration should be given to all areas of their lives to encourage better living.

Nigerians are known for struggles and stressful life style; hence, let everyone keep in mind that Covid-19 lockdown had given all the opportunity to rest and get refreshed. Finally, leaders at all levels need to adopt the 'Igwebuiké' philosophy of solidarity in decision making so as to avoid followers losing confidence in them, as it happened at a point during the management of Covid-19 pandemic in Nigeria.

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