

Government Administrative Practices and Spread of COVID-19 in Akwa Ibom State, Nigeria

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Abstract

This study examined government administrative practices and the spread of COVID-19 in Akwa Ibom State, Nigeria, employing a survey research design. The study sought to ascertain the effect of lockdown and quarantine as administrative practices on the spread of COVID-19 in Akwa Ibom State. Data were collected from three hospitals, one from each of the three senatorial districts of the state. A descriptive research design was adopted to review data, using the Statistical Package for Social Science (SPSS) version 25. The Emergency management theory was reviewed as a basis for the explanation of concepts for the study. The findings of the study revealed a significant effect of lockdown administrative practices on reducing the spread of COVID-19, while quarantine administrative practices indicated an insignificant impact on the spread of COVID-19 in Akwa Ibom State. It was concluded that the use of lockdown and quarantine were useful administrative instruments for curtailing the spread of COVID-19 in Akwa Ibom State. The study therefore recommended that lockdown should be used in disease-endemic areas in Akwa Ibom state, especially in areas with high infection rates for Lassa fever and others. This would help curb infections like coronavirus. Also, there is a need for the government to retain all the activated quarantine centres for healthcare purposes if another pandemic occurs. This will reinforce the preventive capacity of the government to deal with such.

Keywords: Government administrative practices, spread covid-19, lockdown, quarantine, Akwa Ibom State.

Introduction

COVID-19 pandemic broke out in December, 2019 in Wuhan, China. Research reveals that the pattern of transmission was from human to human (Riou & Althaus, 2019) with symptoms such as cough, fever, breathing difficulties, and respiratory issues (World health organization (WHO, 2020). The symptoms of COVID-19 usually manifest after two weeks of contracting the disease, thereby making it easy for infected people to spread the disease to others unknowingly (African News, 2020), leading to low report of COVID-19 cases and deaths, with major casualties on the younger and elderly ones, especially those suffering from pneumonia and bronchitis (Centre for Disease Control Prevention, 2020). In the bid to contain the spread of COVID-19, national governments imposed lockdown of all non-essential services, resulting in people forcefully staying indoors and working from homes where necessary and possible.

The Department for International Development (2020) noted that African countries used lock down and adopted containment measures and non-pharmaceutical interventions such as washing of hands, testing, contact tracing, isolation, and treatment. Despite the global shut-down of socioeconomic activities, except for essential services and enforcement of containment measures, the disease, according to the United Nations Department of Economic and Social Affairs (2020) spread from China to 180 countries as of 3rd June, 2020, infecting 6.5 million people, and leading to the death of 383,000 people across the globe. As of 18th July, 2020, data from Africa Centers for Disease Control and Prevention (2020) showed that the continent had recorded 701,573 cases, 14,937 deaths and 369,120 recoveries. Therefore, in the share index of COVID-19 cases, 5% of all cases reported in the world took place in Africa (World Health Organization, 2020). With these figures, the fatality of COVID-19 would have been astronomical, if national governments (Nigeria inclusive) did not enforce lock down policy measures to contain the spread of the disease.

In Nigeria, as at 22nd February, 2021, 150,000 cases and over 1800 deaths were recorded with 1,400 cases in Akwa Ibom state (NCDC, 2021). The pandemic had impacted virtually all the countries of the world, and despite the advancement of health care in developed countries, they seemed to have taken the worst hit in terms of disease burden and the total COVID-19 related deaths (Coronavirus Update, 2020). To limit the spread of the disease, most nations, including African countries, instituted strict prevention and control measures including regulations such as general lockdown and home quarantine, ban on public gatherings, international flights restrictions and raised awareness on proper hand wash, hygiene, and sanitation as well as social distancing (Bruinen et al, 2020). Due to the government deficit (see Udoms & Atakpa, 2021), coupled with the dense population, poor access to potable water, weak healthcare system, sharing of sanitation facilities and a high degree of social mixing among the inhabitants of low- and middle-income countries such as Nigeria, the implementation of hygiene and other public health measures necessary for the curbing of the coronavirus difficult (Reuben et al, 2020).

Furthermore, information on COVID-19 and recommendations by health authorities showed a great skepticism in the Nigerian environments, with individuals considering the disease a 'big man's disease' or a disease of the white man. This was also fueled by misinformation on the social media amidst the wide dissemination of information by appropriate health authorities (Reuben et al, 2020). Knowledge, attitude and perception of COVID-19 by individuals were seen in many studies to affect the practice of precautionary measures against the disease (Reuben et al, 2020). An online survey in the United Kingdom and United States showed that higher knowledge led to a reduced likelihood of negative attitude and bad practice towards COVID-19, even though there were numerous misconceptions about the disease (Geldsetzer, 2020).

Therefore, the use of lockdown and social distancing policy measures adopted in all the 36 states including Akwa Ibom State, helped in the control and spread of the deadly virus. Social distancing was a strategy aimed at reducing physical contact between people, to reduce the risk and the spread of COVID-19 in communities. This measure meant that, at least, two meters in physical distance must be maintained between two individuals. More so, physical greetings-hugs and handshakes were to be avoided (NCDC 2020). To enforce this, the federal government of Nigeria prohibited large gatherings, issued compulsory stay-at-home directives to non-essential public servants, and also shut down schools, markets, and churches (NCDC 2020c). Not surprisingly, compliance with these directives was resisted by majority of the populace. In a country where over 85% of its population rely on their daily economic activities, even the meager palliatives given by the government could only reach about 2% of the population (Action aid 2020), meaning that the bulk of the remaining 98% could inevitably starve to death if they were to abide by the social distancing measures. Faced with the grim

choice of exposure to COVID-19 virus or hunger, most Nigerians chose to ignore social distancing measures in pursuit of their livelihood. This measure which failed in its enforcement may have sustained the transmission chain of the virus in states with high-density population such as Lagos, Oyo, Plateau, and FCT that recorded increased incidence of the virus.

Statement of the Problem

Despite the efforts put in place by the Nigerian government to mitigate the impact of COVID-19, (NCDC, 2020) poor public knowledge, attitudes and practices of people relative to COVID-19 control can be challenging even to the best national public health control response. The citizens of Akwa Ibom State argued that COVID-19 disease was for the elites and politicians, who returned from international travels or had contact with foreign bourgeois (NCDC, 2020). Since the confirmed COVID-19 cases between February 27 and March were imported by returning travellers from foreign countries (Amzat, 2011), some citizens in Akwa Ibom State bluntly refused to comply with the COVID-19 protocols despite several cases of the virus being recorded in the state. Consequently, five cases were later confirmed in the state and this generated much anxiety and hopelessness among the citizens of the State, this was followed by the announcement by the Special Adviser on Health Matters to the State Government that 44 people had died in Akwa Ibom State since COVID-19 started on April 1, 2020 (Premium Times, 2020). Thus, cases of COVID-19 within the state rose from 5 to 156, while several deaths were recorded and NCDC (2020) reported that Akwa Ibom State had recorded 293 COVID-19 new cases.

Sadly, as the COVID-19 virus continued to intensify in the state, market traders were busy doing their usual business and some churches were dancing and hugging their members without obeying COVID-19 policy response measures by the State Government. As rightly observed by Nan (2020) and Ajaji (2020), the steady rise of COVID-19 cases, however, was attributed to a poor level of compliance with safety measures, guidelines and protocols, as well as unwillingness to accept directives and abide by the policies measures outlined by the government to preserve lives, as it reopened the nation's economy. While many Akwa Ibom citizens continued to doubt the existence of the deadly virus in the state, the incidence of COVID-19 grew steadily and moved from an imported case and elitist pattern to community transmission (Amzat, 2011).

Although a lot of research has been conducted on this topic, there is still a gap in the literature which this study intends to fill. It is against this background the researcher undertook this study to examine the effect of Akwa Ibom State government administrative practices on the spread of COVID-19 with the following objectives:

1. To examine the effect of lockdown as an administrative practice on the spread of COVID-19 in Akwa Ibom State.
2. To evaluate the impact of quarantine as an administrative practice on the spread of COVID-19 in Akwa Ibom State.

Review of Related Literature

Concept of Covid-19 Pandemic

The coronavirus disease also known as "COVID-19" is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome which started in China in late 2019 and spread around the world, causing unprecedented damage to both human life and industrial activities and disrupting operational efficiency of businesses in Nigeria in particular. The Director-General of the World Health Organization (WHO) proclaimed the international spread of a new coronavirus (SARS-CoV-2) to be a worldwide Pandemic because it rated spread and infection to human life (Gabriel et al., 2020). The difference between an epidemic

and a pandemic is a matter of “scale” in the public health field. In short, a pandemic is an epidemic that has gone global.

The term “pandemic” as defined in medical literature, is pathologically characterized by some key features including wide-geographic extension, disease movement, newness, sternness, high attack rates and explosiveness, minimal population immunity, infectiousness and contagiousness. This viral malady, within a short time, crippled great economies of the world, both developed and developing, including the United States of America, China, Russia, Britain, India, Europe, South Africa, Nigeria and Asia, among others (WHO, 2020).

2.2 Lockdown and COVID-19

A Lockdown is the imposition of stringent restrictions on travel, social interaction, and access to public spaces. It is a security measure resulting in a person or group of persons being prevented from leaving or entering a building, city, location, or country either by air, land, water etc. in the event of an emergency, such as COVID-19. It came into common parlance as governments around the world responded to the spread of Covid-19 in early 2020, by placing strict measures to stop the transmission of the virus. Considering the benefits of lockdown, Miles et al (2020) noted that it significantly reduced the rate of new infections and deaths from coronavirus. They reported estimates of how many additional deaths from the virus there would have been without the lockdown restrictions. These estimates ranged from “very few” to 450,000. However, the authors believed that figures at either extreme of this spectrum were implausible (Miles, et al, 2020).

Although the implementation of the inter-state lockdown practice was aimed at mitigating the spread of the COVID-19 virus from state to state, with the support of state governments, the UNDP (2020) reported that the mandated lockdown in three key states and the FCT, Abuja, as well as restrictions in movement in 33 other states of the Nigerian federation, apparently affected the livelihood of so many Nigerians negatively. The closure of businesses, as people were ordered to stay indoors exacted adverse effects on vulnerable population sources of income. Most of them were daily income earners and worked in the informal sectors of the nation's economy, which required close person-to-person for cash transactions and patronage. It was also pointed out that while the lockdown policies were critical for disease containment, they undermined the economic and social foundations of survival and resilience structures of the country's most vulnerable.

Similarly, Igwe (2020) observed that there were viral videos that revealed public outcry against the continued lockdown, without the government making adequate provisions for their feeding and overall welfare. These pockets of protests from the informal workers and unemployed groups in various parts of the country forced the Nigerian government to begin easing the lockdown on the movement of people to avoid national social unrest despite the cases of COVID-19 on the increase, since the enforcement of the lockdown.

Okwumbu (2020) asserted that as a way of cushioning the effect of the lockdown, the Nigerian government introduced and rolled out several palliative measures to combat both the economic crisis and health emergency occasioned by the COVID-19 pandemic. This included granting a three-month repayment moratorium for all government-funded loans. The moratorium covered the Government Enterprise and Empowerment Program (GEED) initiatives and schemes of the federal government, such as Tradermoni, Marketmoni, Farmermoni, and all loans issued through the Bank of Industry, Bank of Agriculture, and the Nigeria Export-Import Bank.

2.5 Covid-19 and Quarantine

WHO (2020b) and the Centre for Disease Control and Prevention (2017) observed that individuals, communities, specific portions of the population, or the entire population who

contacted infected individuals were quarantined to see if they developed the illness. Quarantine is a condition in which individuals who have been exposed to a communicable disease are asked to keep themselves away from others for the disease's incubation period (Centers for Disease Control and Prevention, Quarantine and Isolation, 2020). The International Health Regulations (WHO, 2020) mentioned that suspected persons needed to be quarantined to prevent the spread of infection.

Khanna et al. (2020) believe that the timely implementation of quarantine measures during an outbreak delays the spread of the disease. They further stated that, if the local transmission is ongoing, it can further delay or control the peak of the epidemic. In the same vein, Chu et al. (2020) assert that mass quarantine is one of the measures that many governments worldwide imposed during the initial phase of the current COVID-19 pandemic. This was also adopted in Nigeria including Akwa Ibom State.

During the period of the COVID-19 pandemic, one of the measures taken by the government at various levels and health care professionals to combat the spread of the deadly, highly contagious and infectious virus was quarantine. In Akwa Ibom State, the government signed the quarantine and restriction of movement regulations 2020 into law on March 30th, 2020 to contend against the spread of the virus and to check the itinerary of coronavirus suspects in the state.

The quarantine law states that commercial tricycles are to carry not more than two passengers only. Minibuses to carry one passenger per row. Private vehicles are to carry not more than two persons in the back seat and one in the front seat. Public parks, shops, eateries, clubs, restaurants and markets were to remain closed except those who sell foodstuff, drugs and other essential commodities. All public burials, weddings, and other forms of public gatherings were prohibited. All places of religious worship, churches, and mosques were to strictly observe the social distancing prescription of a minimum of one-meter spacing and not more than 20 persons per gathering. Hand-washing facilities with running water, soap and sanitisers were also provided. Finally, defaulters of these offences were to be prosecuted.

With the signing of the law, three isolation centres were designated for quarantine monitoring and treatment of suspected and confirmed cases in the state. A 300-bed isolation and quarantine centre was constructed at the General Hospital, Ituk Mbang, Uruan Local Government Area to complement the earlier designated centres (the Infectious Diseases Hospital (IDH) isolation centre, Ikot Ekpene Local Government Area and Ibom Multi Specialty Hospital, Uyo) to curtail the spread of the virus in the state. The quarantine and isolation centres helped a great deal in stemming the tide of the rising cases of those infected with the virus. For instance, in the first case in Akwa Ibom state who tested positive, those who reported symptoms were taken to the quarantine centres for proper monitoring and after 14 days, they were subjected to a re-confirmation test (NCDC, 2020). As of April 2023, the number of lab-confirmed cases in Akwa Ibom State stood at 5,010, 4,960 discharged, 6 on admission and 44 deaths recorded (NCDC, 2020).

These statistics would have been worse if drastic measures such as the designation of quarantine centres, lockdown, use of facemasks, frequent hand washing and social distancing were not adopted in Akwa Ibom State.

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Some general preventive practices of Covid-19 as emphasized in the objectives of the study are analyzed here. They include lockdown, facemask usage, social distancing and the quarantine measures.

As part of the Akwa Ibom State government's measures to contend with the spread of COVID-19, the state government adopted the national policy of lockdown at all levels of the

state with the restriction of movements and the prohibition of public gatherings above 20 persons in religious and circular organizations. City lockdown was a pre-emptive action plan implemented to address an unusual scenario or a weakness in the system to pre-empt any danger to ensure the safety and security of people, the organization and the system. COVID-19 lockdowns aimed to reduce the rate of transmission by decreasing contact between individuals and reducing the burden on healthcare systems. The duration and severity of lockdowns varied depending on the severity of the outbreak, the capacity of healthcare systems, and the effectiveness of other measures such as testing, tracing, and vaccination.

This method of confinement was used to minimize the possibility of spreading the virus around town to individuals located around the incident. In Akwa Ibom State and the nation of Nigeria, the lockdown helped to contend with the spread of the pandemic (Igwe, 2020).

The government of Akwa Ibom State in managing the spread of the pandemic signed into law, the Akwa Ibom's Quarantine and Restriction of Movement Regulations 2020 to check the itinerary of Coronavirus suspects in the state. The State government by evoking the powers bestowed on it by Sections 4 and 8 of the Quarantine Act, Cap. Q2, Laws of the Federation of Nigeria, 2004 and Section 1 (1) (c) of the Akwa Ibom State Infectious Disease (Control of Spread) Law, 2014, stated that the law took immediate effect in all of the state's 31 local councils (Inemesit, 2020).

The state government, in showcasing its readiness to cope with the situation within the state, without fear or favouritism, handed a seven-day ultimatum to ExxonMobil to comply with stipulated COVID-19 guidelines or risk having all its quarantine centres in Akwa Ibom State shut down. As observed by the Secretary to the State Government, Dr Emmanuel Ekuwem, ExxonMobil, in operating its quarantine centres, had not followed the AKSG/NCDC/WHO laid-down protocols for the effective and efficient running of quarantine centres. This he said breached government policy and was capable of endangering the lives of not just ExxonMobil staff, but also those of the people in the state (Inemesit, 2020).

2.2 Theoretical Framework

2.2.1 Theory of Emergency Management

The theory of emergency management was propounded by an American expert in emergency administration (David 2004). Emergency management theory is a theory of disaster and risk management, formulated to provide a pragmatic, proactive and reactive all-in-one paradigm for the management of disruptive and hazardous phenomena after the terrorist attacks on the Pentagon and World Trade Center on 11 September 2001 in the United States of America. This theory holds that disastrous emergencies are inevitable in society and have the tendency to cause unrecoverable effects unless responsible, immediate and urgent measures are taken in the dimension of preventing, responding, recovering and mitigating issues of these emergencies. The theory also states that unless these measures and strategies for executing them are put in place, society is doomed to be marred by unrecoverable emergencies that will threaten its very existence.

The theory also holds that if the human species and society do not want to be likened to the extinct animal species, then they should evolve proactive, reactive and post-emergency occurrence measures and plans that will combat disastrous emergencies and their effects head-on. The measures to be adopted should be in line with the nature of the disaster and must conform to the critical and fundamental emergency management principles of preparedness, response, recovery and mitigation, (David 2004).

The relevance of this theory shows the immediate and urgent measures taken by the government in the dimension of preventing, responding, recovering and mitigating issues of these emergencies as related to the spread of COVID-19.

Methodology

The survey research design was adopted for this study. The design was considered appropriate since it enabled the researcher to obtain the opinion of health workers in the three senatorial Districts concerning Government Administrative practices on the spread of COVID–19 in Akwa Ibom State.

Data used in the study were collated from the three hospitals' record books in the three senatorial districts. The hospitals include General Hospital, Ikot Ekpene, Emmanuel General Hospital, Eket and Methodist General Hospital, Ituk Mbang, Uruan Local Government Area. Multiple regression and bivariate correlation methods were used to measure the nature and degree of relationship between the variables in this study. Based on this, t-statistic and F-statistic values were used to establish the statistical significance of the independent variables at a 5% level of significance, and for testing the research hypotheses. The Coefficient of Determination (R²) was used to establish the predictive power of the independent variable for explaining the changes or variations in the dependent variable. Statistical Package for Social Science (SPSS) analytical software version 25 was adopted. Simple regression models are used in the analysis of relationships between the dependent and independent variables. This is given as follows:

$$Y = \alpha_0 + \beta_1 X + \mu_1 \quad \text{Equation 3.1}$$

Where:

Y = Dependent Variable

X = Independent Variable

α_0 = Regression Constant

β_1 = Regression intercept or coefficient

μ_1 = error term

These are specified in regression equations for each of the research hypotheses earlier stated in this study.

Model 1:

$$\text{COVID19} = \alpha_0 + \beta_1 \text{LKD IKOT EKPENE} + \beta_2 \text{LKDEKET} + \beta_3 \text{LKDUYO} + \mu_1 \quad \text{-----Equation 3.2}$$

Where:

COVID19_SPREAD= Prevalence of Spread of Covid 19 and Government Administrative Practices in Akwa Ibom State

LKD = Lockdown administrative practices in the three senatorial district

Model 2:

$$\text{COVID19} = \alpha_0 + \beta_1 \text{QT IKOT EKPENE} + \beta_2 \text{QTEKET} + \beta_3 \text{QTUYO} + \mu_1 \quad \text{Equation 3.3}$$

Where:

QT = Quarantine administrative practice in the three senatorial district

3.1 Test of Hypothesis

3.1.1 Hypothesis One

H₀: Lockdown as an administrative practice has no significant effect on the spread of COVID-19 in Akwa Ibom State.

Hypothesis 1 was deduced from the first objective, which states that “lockdown as an administrative practice has no significant effect on the spread of COVID-19 in the spread of the virus in the three senatorial districts of Akwa Ibom State”. The results of the hypothesis are extracted from Appendices (D) and presented in Table 1.

Table 1: Results for the Testing of the Hypothesis One

COVID19 = 382.633-	1.922LKD IKOT EKPENE-	28.827LKD EKET+	26.159LKDUYO	
t-stat. =	61.709	(-0.016)	(-0.201)	1.428
Prob. =	0.000	0.947	0.318	0.163
R =	0.292			
R ² =	0.085			
F-stat =	3.993			
Prob. (F-stat) =	0.031			

Source: Researcher's Computation (2023)

Table 1 shows that the prevention of COVID19 pandemic will decrease at an average of 382.633 units if the independent variables are held constant. This implies that in the absence of lockdown measures in Ikot Ekpene, Eket and Uyo senatorial districts, corona virus pandemic will decline averagely by 382.633 units. Again, a unit increase in the level of lockdown policy in Ikot Ekpene senatorial district leads to a decrease of 1.922 units in Covid19 Pandemic during the period covered in this study. Also a unit increase in the level of lockdown policy in Eket senatorial district leads to a decrease of 28.827 units in Covid19 Pandemic during the period covered in this study. A unit increase in lockdown in Uyo leads to a decrease of 26.159 units in Covid19 pandemic during the period covered in this study. This implies that there is a positive relationship between the lockdown policy and the prevention of covid-19 pandemic in Uyo senatorial district in Akwa Ibom State. However, this positive relationship is not statistically significant with a computed t-statistic value of 1.428 and a probability value of 0.163 which is greater than 0.05 level of significant. Lockdown in Ikot Ekpene senatorial district is statistical reliable with the probability value of -0.016 which is less than 0.05 level of significance. Also lockdown Eket senatorial district is not statistical reliable as its p-value of 0.318 is greater than 0.05 level of significance.

The coefficient of determination, R² value of 0.085 indicates a moderately low predictive power of the independent variables, Lockdown in (Ikot Ekpene, Eket and Uyo senatorial districts) to explain only 8.5% of the variations in the dependent variable, Covid19 pandemic. The remaining 91.5% of the variations in the dependent variables would be attributable to other variables not considered in this study. This is given as an error term. Finally, since the computed F-statistic value of 3.993 and probability value of 0.031 were obtained, there is the likelihood that the model for this hypothesis is a good fit. As such, with the probability value of 0.031 being less than 0.05, the null hypothesis will fail to hold, and is rejected. The alternative hypothesis which states that lockdown as administrative practices has a significant effect on the reduction of COVID-19 in the three senatorial districts of Akwa Ibom State is accepted.

3.1.2 Hypothesis Two

H₀: Quarantine as administrative practices has no significant impact on the spread of COVID-19 in Akwa Ibom State.

Table 2: Results for the Testing of the Hypothesis Two

COVID19 =	$462.997 + 5.174QT_{IKOT\ EKPENE} + 40.147QT_{EKET} - 22.331QT_{UYO}$			
t-stat. =	7.351	0.254	1.082	(-1.692)
Prob. =	0.000	0.801	0.287	0.100
R =	0.326			
R ² =	0.106			
F-stat =	1.271			
Prob. (F-stat) =	0.301			

Source: Researcher's Computation (2023)

Table 2 shows that the prevention of the spread Covid19 will decrease at an average of 462.997 units if the independent variables quarantine in the three senatorial districts is held constant. This implies that in the absence of the quarantine, the coronavirus pandemic will decline by 462.997 units. Again, a unit increase in the level of quarantine policy in the Ikot Ekpene and Eket senatorial districts will lead to an increase of 5.174 and 40.147 units respectively in the COVID-19 pandemic during the period covered in this study. This implies that there is a positive relationship between quarantine policy and the prevention of the spread of COVID-19. Also, a unit increase in the level of quarantine in the Uyo senatorial district led to a 22.331-unit decrease in Covid19 pandemic during the period covered in this study. However, the coefficient of the three independent variables is not statistically significant with their probability value of 0.801, 0.287 and 0.1000.000 which are greater than 0.05 level of significance.

The coefficient of determination, the R² value of 0.106 indicates a low predictive power of the independent variables, quarantine policy to explain only 10.6% of the variations in the dependent variable, Covid-19. The remaining 89.4% of the variations in the dependent variable would be attributable to other variables not considered in this study. This is given as the error term. Finally, since the probability value of F-statistics of 0.301, there is a likelihood that the model for this hypothesis is not a good fit. As such, with the probability value of 0.301 being greater than 0.05, the alternate hypothesis will fail to hold and is rejected. The null hypothesis which states that quarantine as an administrative practice has no significant impact on the spread of COVID-19 in the three senatorial districts of Akwa Ibom State is accepted.

4.3 Discussion of Findings

There is an inverse and insignificant relationship between the effects of lockdown as an administrative practice on the spread of COVID-19 in Ikot Ekpene, Uyo and Eket senatorial districts of Akwa Ibom State. This is an indication that the increased level of lockdown policy led to the prevention of the spread of coronavirus in Akwa Ibom State. This agrees with the finding of Ibrahim (2020) and Adebayo (2020) that the lockdown helped in curbing the spread of the virus not only in Nigeria but across the world. This implies in Akwa Ibom State, the lockdown policy was an effective policy that helped to prevent the spread of the virus during the pandemic.

Conclusion

The spread of coronavirus during the period of the pandemic was fast and spontaneous, and several measures and policies were introduced by the World Health Organisation (WHO), healthcare institutions, and personnel to stem the surge. Such measures and policies included

the compulsory lockdown and restriction of movement and association in society, enforcement of social distancing, compulsory use of facemasks in public spaces, and the quarantine of infected persons. These were the four-pronged adopted by the government to contend with the spread of covid-19 pandemic in Akwa Ibom State. The findings of this study therefore affirm that the use of lockdown and quarantine were powerful guidelines in curtailing the spread of COVID-19 in Akwa Ibom State.

Recommendations

In line with the findings in this study, the following recommendations are offered:

1. The use of lockdown was very instrumental in curbing coronavirus. Such restrictions of people should also be used in disease-endemic areas in Akwa Ibom state, especially in areas with high infection rates for Lassa fever and others. This would help curb infections like coronavirus.
2. There is a need for the government to retain all the activated quarantine centres for healthcare purposes if another pandemic occurs. This will reinforce the preventive capacity of the government to deal with such.

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