

SOCIO-RELIGIOUS ISSUES IN THE AFRICAN RESPONSE TO THE COVID-19 PANDEMIC: THE OGBA AND ENGENNI PERSPECTIVES

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Abstract

This paper on the socio- religious issues on the African response to the coronavirus pandemic, focuses on the Ogba and Engenni perspectives. The research identifies the pandemic as one that shook the world to its foundation. It explores the World Health Organisation's (WHO) definition of Pandemic and its attitude to the outbreak of the coronavirus disease in November, 2019. The paper traces the origin of the virus to the Chinese city of Wuhan from where it spread to other parts of the world. The response from different countries to the challenge was critically x-rayed. It notes that Ogba and Engenni in general have their ways of treating infectious and contagious ailments through quarantine, isolation and physical distancing as applied to sufferers of tuberculosis, leprosy, measles, chicken and small pox. The purpose of this research is to identify and explain how Ogba and Engenni people approach issues of pandemic in the traditional setting. The work adopts the phenomenological

method in the discussion. It observes that Africans use roots and herbs to attend to issues of health care. It concludes that the flora and fauna in Africa is rich enough to be explored to curb the spread of the disease.

Keywords: *Virus, epidemic, pandemic, flora and fauna, infection and disease prevention*

INTRODUCTION

The coronavirus disease officially named Covid-19 by World Health Organisation (WHO), is one of the worst threats to human existence in the twentieth and twenty-first centuries. At the beginning, this ailment was considered to be a Chinese disease. Unfortunately, between the month of November 2019-August 2020, many unimaginable things happened globally. As a result, the year 2020 will go down in history for many negative reasons. Many families across the globe lost loved ones, many were separated and many children made orphans. From east to west, north to the southern hemisphere, through the various continents, Nations were shaken to foundation. People died in their numbers, yet, the very cause of death has no known medical solution. In the late 2019, the coronavirus which was initially noticed in Wuhan, China like a regional infection took the world by storm, challenging all known medical precautions. Moving from China to Europe and to South and North America and further extending to Africa, the spread of this virus knows no bound.

According to the World Health Organisation (WHO) official release, the coronavirus was renamed Covid-19, when its spread crossed national and international borders and was declared a pandemic. To this end, the World Health Organisation (WHO) defined a pandemic as an epidemic occurring worldwide or occurring over a very wide area; crossing international boundaries and usually affecting a very large people (WHO, 2020). Between February and April 2020, Covid-19 spread like wildfire. Here, starting from Egypt to South Africa, Nigeria to Kenya, no country, state or city is spared of its challenging impact. The purpose of this research is to identify and explain how Ogbia and Engenni people approach issues of pandemic in the traditional setting. The work adopts the phenomenological method

in the discussion. It observes that Africans use roots and herbs to attend to issues of Healthcare. It concludes that the flora and fauna in Africa is rich enough to be explored to curb the spread of the disease.

Background of the study area. Ogba and Engenni are two distinct ethnic societies situated along the Orashi forest of the northern Niger Delta area of Rivers State. Ogbaland has three sub-groups: Egni, Igburu and Usomini. Like their neighbours, Engenni is located south of Ogba. Engenni together with Ubiye and Igbuduya groups of Ekpeyeland, form the present Ahoada West Local Government Area. The two ethnic cultures are very rich in forest resources. It has green vegetation throughout the year. As a result of the rich vegetation, traditional medicine is a good trade among the people.

HISTORY AND CHARACTERISTICS

Without doubt, the evolution and spread of the coronavirus, is one phenomenon which cast a serious aspersion on the capacity and capability of the World Health Organisation (WHO) as the world body in charge of World health matters. Unfortunately, China is an iron-curtain country where what is placed at the public domain is the only truth. Therefore, when the virus was initially reported in China, the world took it from them as one of those things. Unfortunately, the devastating impact of this virus left the world to scamper for the way out. According to the World Health Organisation (2020), Coronavirus is an infectious disease caused by a newly discovered virus in Wuhan-China in early November 2019. This disease is very peculiar and most people infected, experience mild to moderate respiratory illness and recovers without any requisite treatment. Studies indicate that majority of the victims of this virus attack are older people aged Sixty and above. Others include sufferers of cardiovascular ailment, diabetes, cancer, acute respiratory and other underlying ailments.

According to the African Centre for Disease Control (2020), covid-19 is a communicable ailment caused by a new strain of coronavirus which causes its victim to suffer inexplicable breakdown in health and if not properly managed, may die. Till the present, the World Health Organisation (WHO) is yet to discover any treatment for the virus. This position is corroborated by African Centre for Disease Control (2020). The World Health Organisation notes that

possible symptoms of the attack include: Fever, dry cough, tiredness, less common symptoms are; aches and pains, sour throat, diarrhoea, loss of taste and smell, conductivity, skin rashes, discoloured fingers or toes, Others include difficulty in breathing or loss of breath, chest pain or pressure, loss of speech or movement”. Studies by WHO and other continental and health agencies indicates that this virus can be transmitted through various means. At first, it was suspected that the virus was contacted from animals at the food market in Wuhan. Unfortunately, it spread to humans. Other means of spread is through air droplets from infected persons when they sneeze. It is also spread through touching surfaces where the droplets are deposited. At any time, an individual contacts the virus and touches his eyes, nose or mouth, he automatically contacts the virus. The WHO submits that this devastating pandemic has no known cure. Under this confusion and panic, different countries, universities and research institutes set a task for themselves to develop a vaccine for the prevention of this disease.

MITIGATION MEASURES ADOPTED IN AFRICA

Following the experience of the 2014 Ebola outbreak in West Africa, African leaders were well aware that failure to contain Covid-2019 would spell doom for the continent. Therefore, member states quickly focused in preventing COVID-19 importation and containing onward transmission within countries (Marguerite, Akhona and John, 2020). On this premise therefore, as early as January 2, 2020, Ivory Coast soon followed by other African countries implemented enhanced surveillance at airports, screening all passengers with a recent travel history to China. Most African airlines suspended direct flight to and from China. This approach paid off as the first case on the continent was recorded in Egypt on February 14, 2020.

To forestall a rapid spread, By the end of March, 2020, most countries in sub-Saharan Africa, imposed travel bans on most affected Asian and European countries and instituted mandatory 14 days quarantine periods for most travellers. Within April and May, more than 40 countries closed their borders, allowing only cargo, freight and the expatriation of foreign natural resources only. Other mitigating measures including restriction on movement of people;

public gatherings as well as closing down of all educational institutions indefinitely were put in place. In addition, member states that recorded over 100 cases-imposed lockdown and curfew to prevent further transmission. Owing to these early efforts, some countries in Africa, witnessed a reduction in average daily case growth.

Chikwe and Emmanuel (2020) observe that in response to the lockdown and the challenges of responding to the pandemic, innovative rise of technology and new ways of working in health and other health sectors are being piloted; for instance, there is a boom in locally manufactured face masks; an explosion of locally produced soap and hand sanitizers; and training, meetings and workshops have moved online. Many governments paid hazard allowance and provided insurance covers for staff in the frontline of the infection.

Businesses within and outside Africa, teamed up and donated in cash and kind to support the different countries for instance, the 70 Million Naira donated by a coalition in Nigeria. The emergence of trusted voices and leadership by national public health institute like the Nigerian centre for disease control, the five regional centres for disease control, and the apex African centre for disease control after the west African Ebola outbreak has added technical dept and improved the quality of response. Social influences and celebrities equally joined voices with public health experts urging people to practice social distancing. As the African Union technical agency in charge of continental health security, the Africa Centre for Disease Control (Africa CDC) monitored reports of pneumonia from persons coming from Wuhan in early January 2020, observed by Marguerite, Akhona and John (2020) Africa CDC activated its emergency operations centre for Covid-19 on 27th January, 2020 after at least four Asian countries had announced cases. Weekly virtual coordination meetings with Africa CDC regional collaborating centres, Ministries of health and national public health institutions were then organized, in addition to regular press briefings and weekly updates, to ensure timely dissemination of information about the quickly evolving outbreak. Communication was reinforced across the five AU regions by the regional collaborating centres, which enabled verification of countries' alerts and reports.

Data shared by countries and monitored by Africa CDC's event-based surveillance team are channelled to a live "dashboard" that provide real-time insights into the evolution of the pandemic across all member states.

As the virus was reported in Africa relatively late, the continent was afforded extra time to prepare, Africa CDC seized the window of opportunity and rapidly mobilize a continent-wide response. An emergency meeting of African health ministers held on the 22nd February led to adoption of the Africa Joint Continental Strategy for Covid-19. The strategy was approved by the Bureau of the Assembly of AU Heads of State and Government, which underpinned African leadership and ownership of the response to the outbreak partnership with health agencies in sub-regional economic blocs ensured further alignment and synergies.

Marguerite, Akhona and John (2020) reported that, implementation of the continental strategy was led by the African task force for corona virus. A collaboration of Africa CDC, AU member states and partners, including the World Health Organization (WHO), this task force has harnessed and leveraged existing continental expertise through technical working groups aligned to priority areas. The technical working groups review the latest evidence and best practices, adapting them into policies and technical recommendations to inform public health action against Covid-19 and to foster coordinated preparedness and response across the continent.

In view of the above, efforts have concentrated on capacitating AU member states for case detection and continent synergies among Africa CDC, the WHO and the West Africa Health Organization led to the increase in Covid-19 testing laboratories in Africa from 2 to 43 between February and mid- March 2020. Regional workshops were conducted to strengthen the capacity of AU member states for enhanced surveillance at points of entry, infection prevention and control, risk communication and clinical case management, with face-to-face workshops transitioning to webinars in early March.

African countries, international health agencies and partners have rallied to support implementation of the joint continental strategy. In early February 2020, the Bill and Melinda Gates Foundation committed US\$20million to help strengthen emergency

operations centres, effective surveillance and contact tracing and isolation on the continent while the Ethiopian government and Jack Ma Foundation provided medical supplies including diagnostics, and equipment, to each of the 55 countries in Africa. In April, the AU chairman announced the African Union Covid-19 response fund, which supports Africa CDC in equipping, training and advising public-health and healthcare delivery systems in Africa. This fund will support Africa CDC's pooled procurement of diagnostics and other medical commodities via the newly launched partnership to accelerate Covid-19 testing (the PACT initiative).

TRADITIONAL APPROACH

The African is naturally very religious. Belief in the spirit world is very strong and this permeates their behaviour and actions. Africans, using the Yoruba concept of health and ill-health is that, health involves physical health, social health, mental, spiritual health and cultural well-being. According to Warren (1996) quoted by Mosunmola (1998), the Yoruba believe in Oludumare-Olorun, the creator of the world who is assisted by pantheon of deities who have worshippers, priests and priestesses. They recognize two realms of the cosmos: the visible and physical and the invisible and spiritual. The spiritual realm involves the ancestors, gods and spirits. The physical and the spiritual realm influences the wellbeing of humans.

To the African, ill health can be attributed to a spiritual cause or a natural cause. Mosunmola (1998) observes that disease with natural causation is usually treated with the use of egboogi (root) or agbo (herbs) by the herbalist, while disease with supernatural causation is treated by offering sacrifice as a means of placating the mystical forces. Ordinarily, Africans believe that all sickness are curable either by man or the spirits. They also hold that roots, plants and other materials are medicinal and could be applied to treat any ailment. This assertion is supported by Mbiti (1969). Similarly, Awolalu and Dopamu (1979) contend that in Yoruba tradition, roots, leaves, stems, tree barks, feathers, stagnant waters, clay, animal excrements, animal skins, and fins are some of the materials used by the shaman in Yorubaland to treat a sick person. This submission is supported by Falen (2018) Who writes that "Leaves and other plant

products are medicinal but also possess mystical and magical qualities that makes a preparer of leaves most suited to deal with both natural and provoked illnesses”. Kalu (2015) notes that in the practice of traditional medicine, religious specialists play an important role. Enigheni (2018) holds that in Africa, plants alone do not cure ailment rather, such must be combined with spiritual invocation which energises the medicinal potency to make such effective.

Appraising the importance of medicine to humans, Otite and Ogionwo (2006) avow that an important aspect of life of human beings and animals is health”. They argue it affects what an individual do or how he behaves. Even the community at large leverage on the good health of its member for everyone to pursue his interest. Evaluating the potentials of African medicine, Ikenga-Metuh (1987) contend that “Medicine for Africans primarily conveys the idea of forces contained and can be extracted from the properties of some plants and herbs and applied to the varieties of human problems. Further, Ikenga-Metuh contends that these powers are contained in the inherent powers of nature. As a result, anyone who knows the recipes can tap them. In this wise, it is obvious that Africans constantly interact with nature in their measure to provide good health for the society. Without mincing word, Africa is rich in roots and herbs and despite the fact that Covid-19 was unexpectedly exported to Africa, the herbalists are gifted and with the intervention of the super natural, Covid-19 can be cured through roots and herbs. Over the years, dating from the 70s Africans have battled with all manner of diseases, such as measles, chicken pox, Lassa fever, yellow fever and Ebola. They believe that just as they survived the others, that is how they will survive Covid-19.

For every natural disease, pending on the area one comes from, there is root or herbs in that locality to prevent or cure that disease. The commonest ill-health in Africa is malaria and typhoid and the herbs for them are also so common that anybody can get it. For example, paw-paw leaves, paw-paw fruit, dogoyaro, lemon grass, just to mention but a few. The concept of quarantine is not strange to the African. When Apollo came, any infected person was made to stay away from people or wear a big eye glass because it was believed to

be contagious. The big dark eye class was to protect the eyes from the rays of the sun and also prevent it from spreading to another person. That eye glass can be likened to the nose mask of Covid-19. For clarity, one of the researchers in the year 1974 suffered from chicken pox and for a period of two weeks was quarantined, she was sent away from the boarding house, went home and at home was given a room to stay all by herself until she was cured. Without over stating the obvious, the word quarantine, and isolation for sufferers of certain ailment are not new to Africans. Obodoegbulam (2019) holds that among the Ogba people of northern Niger Delta of Rivers State, it was customary to isolate anyone who is discovered to be infected with diseases like chicken pox, measles, small pox. In Ogba, such an individual was usually taken to a small hut in the forest. This behaviour was owing to the understanding that such sickness was infectious and keeping such a patient within the homestead was likely to make the sickness go to another person. Besides keeping the person away from the community, palm wine is usually kept at the hut for the spirits which under-pins the particular ailment. The purpose for this drink is to assuage the anger of such spirit any time it calls. In the recent past, sufferers who are no longer taken to the forest, were confined to a room. They will stay isolated till there is a visible sign of recovery before they are re-integrated into the community. Within this period, they are said to have visitor. The ailment is not called by its name. It was believed that calling it by its name, will make the sickness not to go. Mbiti (1969) also witnessed this attitude among the Kikuyu of Kenya. In fact, other cultures in Africa do likewise. Besides isolating sufferers of the above-mentioned disease, sufferers of leprosy ow swollen feet, are also isolated. Obowu (1972) holds that in Ogba, anyone found to be infected with leprosy, was taken off the community and kept separate.

SOCIAL AND RELIGIOUS IMPACT

Owing to the lock down as a result of COVID-19, many families are today united. Wives are happy because they can now see their husbands at home, children who hitherto scarcely see their fathers are now having their fathers at home. This, of course, will result to more pregnancies, so by next year 2021, more children will

be born probably, this is one-way nature wants to replace the large number of people lost to the pandemic in Africa. With the restrictions on social gathering, it has helped to curb the excesses and extravagancy of wedding and burial ceremonies. Some schools of thought opine that, this is the best time to wed because one is going to spend less in entertainment. they believe that just as Lassa fever, came and gone, Ebola came and gone so corona virus will go to the Africans, the outbreak and spread of coronavirus raised both social, religious and health issues. Socially, one of the ways to curb the spread of the virus was to maintain social distancing. Unfortunately, it is not clear if these apply only in such gatherings as church services, weddings and funerals, to the exclusion of political activities. While church services are restricted to fifty persons, political activities go on in Nigeria without crowd control.

In Africa, to give a befitting funeral to a deceased is to accord him all the rites associated with his passage. Similarly, Africans see it as a moral responsibility to attend the funeral of a loved one. This is interpreted as paying the last respect. It is also a taboo to bury a man outside his hometown. Unfortunately, all these happened during the lockdown. For instance, the paramount ruler of Akpo Kingdom in River state was buried in an unknown grave, which to the people, is the worst desecration unheard of in the history of the kingdom. A monarch in Akpo just as is the case with other African societies, is partly human and partly divine. It was a taboo to bury a deceased king outside His domain and without all the rites of passage. Going to the contrary, it is dangerous to both the dead person and the community.

On health grounds, it is unbelievable that there is a disease which has no cure. Ogba and Egenni people of northern Niger Delta of Nigeria, like other Africans hold that all diseases have a cure whether etiological or symptomatic. Worst still, that sufferers can get well even if no treatment is administered, is doubtful as Ogba and Egenni people opine that treatment to a sick person can come through the intervention of spirits especially where human effort proves unsuccessful. This may be the case with the Covid-19 pandemic which has defied all scientific attempt for now. One major criticism of Governments at all levels concerning the covid-19 containment is that the masses are excluded. In Ogba and Egenni tradition like other parts

of Africa, communal life-style is natural. What affects one, affects all. However, during the fight against the Covid-19 pandemic, the different levels of government more or less politicised the whole exercise to the exclusion of the people they claim to be protecting. Day after day, Nigerian Centre for Disease control (NCDC) continue to rule out figures of affected persons. To the masses, the whole exercise was presented as if Government was more interested in the number than the people.

In Ogba and Egenni world view, as is obtainable in other cultures in Africa, the traditional institution is very important. For any program to be effective, the people at the grassroot must be involved. In fact, despite the billions donated and or voted for the fight of the virus, the Nigerian citizenry complained that hunger threatened their live more than the pandemic.

CONCLUSION

In the light of the above, it is obvious that the Covid-19 pandemic has introduced a new world order; especially in the areas of health and associated matters. Before the era of the world being a global village, pandemic of this magnitude was unusual. The Covid-19 became a global challenge because the barriers which used to impede the manner of its spread are no longer there. The fast-growing aviation industry is a major factor which aided the spread of the virus with light speed. At the early part of the twentieth century when international travels were carried out via the water-ways with ship, it was not easy for any epidemic to spread at that geometrical progression.

Again, the dominant nature of China in international trade was another factor which facilitated the wide spread. Remember the Era of Ebola outbreak in West Africa, owing to the fact that the western world imported very little from the sub-region, its spread and impact were curtailed. In view of the above, one lesson the world must learn is to be dependent to a very large extent. Despite the fact that the disease started in China, the country did not suffer the same effect like the countries which depended on China for most of the technological hardwires. Like the case of Ebola epidemic in West Africa, since the western world did not require so much from there, it was easier to

check its spread to the outside world. On the final note, this study reaffirms that globalisation was the driving force for the fast and devastating effect of the Covid-19.

RECOMMENDATIONS

On this note therefore, the research recommends the following.

1. There should be proper enlightenment on the issues of corona virus at the grass root.
2. There should be a shift from dependence on western solution to this pandemic Africa is rich, in plants and herb.
3. Research institutes and researchers in Africa should be encouraged to carry out studies on the new wave of infectious and communicable diseases.
4. Africans should look inwards and explore her flora and fauna to develop indigenous treatment to the Covid-19.
5. The issue of COVID 19 should not be commercialized or made a money - making venture.

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