

## **Effect of COVID-19 lockdown on poor urban households in Nigeria: Where do we go from here?**

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### **Abstract**

**Background:** Lockdown of cities is the major strategy for controlling the spread of COVID-19. However, many households that depend on daily income for survival will feel the negative consequences of the lockdown.

**Objectives:** The aim of this study was to explore the effect of the lockdown on poor urban households' capacity and ability to meet their basic needs.

**Methodology:** The study was undertaken in southwest (Lagos state) and southeast (Anambra and Enugu states) Nigeria. Data were collected using in-depth interview with thirty (30) heads of household in the capital cities of Anambra, Enugu and Lagos states. The data analyses followed a thematic style, with emphasis on four major themes, namely: food stock and feeding during lockdown, medical care and access to health facilities during lockdown, availability and payment of utility bills during lockdown and payment of rent during lockdown.

**Results:** It was found that during the lockdown, poor urban households experienced major difficulty in feeding due to lack of finance and increase in the cost of food items and transportation. Additionally, it was found that many households ignored signs and symptoms of illness, self-medicated and used home remedies because of difficulties in accessing health care facilities.

**Unique contribution:** This study has provided evidence that may be useful for health promotion in times of emergency by showing that health control measures should also take into account the poor households.

**Conclusion:** Although the lockdown of cities to control the spread of COVID-19 has its merits, it negatively affects the socio-economic and health wellbeing of the citizens, especially daily wage earners.

**Key recommendation:** The government should scale up the provisions of palliatives to cushion the effects of the lockdown on poor urban households in times of public health emergencies.

**Keywords:** COVID-19, Lockdown, Food, Health, Palliatives; Poverty

### **Introduction**

Currently, there are more than 22 million confirmed cases of COVID-19 in the world (Worldometer, 2020). Because of its global spread and continual rise in the number of cases, World Health Organisation (WHO) declared it a global health challenge and a global pandemic (Gallegos, 2020; Ramzy & McNeil, 2020; *New York Times*, 2020). Nigeria is one of the countries currently battling with the pandemic and WHO has identified her as one of the 13 African countries with high-risk factor for the spread of the virus (Ezigbo & Ifijeh, 2020). The first case of coronavirus was confirmed in Nigeria on February 27, 2020 when an Italian citizen that arrived Lagos tested positive (NCDC 2020; Maclean & Dahir, 2020). Ever since, the number of cases has continued to rise and as at August 18<sup>th</sup>, 2020, there are 49,485 total confirmed cases, 36,834 discharged cases and 977 deaths in Nigeria (Worldometer, 2020). As an effort to curtail the spread of the virus, the Nigerian president enacted the COVID-19 regulation on 30<sup>th</sup> March as conferred by section 2, 3 and 4 of the Quarantine Act

of 1926. This meant the restrictions of movement of persons and goods as well as ban on social and economic activities and mass gathering all over the country (Olawaju, 2020). Because the virus was still spreading, the government extended the lockdown even further. But it is important to note that the lockdown of cities has the capacity to spark off economic challenges and other long lasting consequences on daily wage earners and those living below the poverty line (Mcfall-Johnsen *et al.*, 2020).

Urban areas in Nigerian states that have confirmed cases experienced stiffer restrictions of movements and public gatherings. This, could impoverish many urban households in Nigeria because of current economic crises, high inequality rate and poverty in urban areas (World Bank, 2016). An analysis of income poverty in Nigeria using the Nigerian General Household Survey from 2010-2013 showed that over 26% of people in urban areas live below the poverty of 384,104.72 naira (Jaiyeola & Bayat, 2019). Higher rate has been reported by other researchers; for instance, Adebayo (2013) reported a poverty incidence rate of 36.4% among urban households in Osun state. Akerele *et al.* (2012) reported a higher poverty incidence rate of 41% in a study in southwest Nigeria. The recent poverty and inequality report by National Bureau of Statistics [NBS] (2019), however, placed the proportion of urban households living in poverty at 18%. Despite, it is arguable that in urban areas, human conditions have greatly deteriorated, malnutrition has risen sharply and food production has been low as well as quality of healthcare is poor (Okosun *et al.*, 2012).

The severity of the lockdown sparked off protests among persons who depend on daily wages in urban areas (Katharina & Alex, 2020). The federal government responded by announcing palliatives of food and cash with more focus on the urban poor who reside in satellite and commuter towns (Shittu, 2020). However, this was only available for 3.6 million persons who would be identified with the use of three models: conditional cash transfer, bank verification number, and enlisting the assistance of telecommunication service providers (Ogundele, 2020). In other words, those who recharge above N100.00 and those who have up to N5,000.00 in their accounts were not qualified to receive the palliatives. These parameters were criticized heavily, first 3.6 million persons are only about 5% of Nigeria's poverty population judging from the recent poverty and inequality report that puts poverty headcount rate at 40.1%. Secondly, being able to recharge N100 or having above N5,000 does not necessarily remove the tag of "poor" and "vulnerable" (Njoku *et al.*, 2020). Thus, inability to use true indicators of poverty would result in the exclusion of many households in the distribution of the palliatives. To this effect, the lockdown would affect poor urban households who depend on daily wages for sustenance. Providing average citizens with social relief services during difficult times will protect them from economic hardship (Ewalt & Jennings Jr, 2014). Moreover, to ensure that citizens comply with the lockdown directives, they must be able to meet their basic needs even while on lockdown.

A study of the effect of the lockdown on poor urban households and the disbursement of palliatives is important. This is because understanding the effect of the lockdown and the disbursement of palliatives provides a knowledge platform for government to focus intervention on the vulnerable. Moreover, a study of this nature is timely following various strategies on how to reduce the spread and impact of the virus. Therefore, the aim of this study was to explore the effect of the lockdown on poor urban household ability to meet basic needs such as food and healthcare.

## **Methodology**

### **Design and area of the study**

Data for the study was elicited through a qualitative interview, guided by the phenomenological approach. This is best suited when the aim is to increase insight about a phenomenon (Astalin, 2013). The study was carried out in Lagos, Enugu and Anambra States of Nigeria. Lagos is located in south-western Nigeria and is the largest city in Nigeria. Enugu and Anambra are located in South eastern Nigeria and they also have quite large cities. These states have confirmed cases of COVID-19 and the state governments have responded appropriately by restricting movements and public gatherings.

### **Participant selection**

We selected the respondents purposively through a snowball technique because of the difficulty of movement. The researchers started by asking friends to recommend household heads who reside in satellite and commuter towns in Lagos, Anambra and Enugu States. We asked each person identified to recommend another household head who reside in the same area but not in the same house. The aim was to be as random as possible and to avoid the possibility of gathering data from a single spot. We identified ten household heads in each state capital bringing the total to 30 household heads that were interviewed for the study. When the household head is not disposed to speak with us we requested to speak to their spouse – provided the spouse was aware of all the economic decisions made within the lockdown as well as know the financial status of the household. We determined this by asking them initial questions about household income, quantity of food item purchased and spending on healthcare.

### **Instrument and data collection**

We developed an in-depth interview guide for the study. The guide focused on four major areas of need that families addressed during the lockdown phase. They include food supply, medical care, and utility bills (water, electricity, etc.). Key questions in the guide were on how households have been impacted by the lockdown. Specifically, we asked household heads the challenges they encountered in their attempt to provide food, access medical care, and pay utility during the lockdown. Data was gathered in April, 2020 during the second phase of the lockdown. Because of the difficulty in movement, we collected data via phone conversations. The interviews were conducted in English language and it lasted an average 40 minutes. Study participants gave verbal consent to the recording of the interview sessions and they were guaranteed confidentiality throughout the report.

### **Data analyses**

The audio tapes were later transcribed verbatim and proof read by three of the researchers multiple times. The theme generated included food stock and feeding during lockdown, medical care and access to health facilities during lockdown, and availability and payment of utility bills during lockdown, and suggestions on how government can cushion the effect of the lockdown. After immersion with the data we generated quotes that suite each themes. Verbatim quotations were pulled to illustrate our findings in each theme.

## **Findings**

### ***Sociodemographic of respondents***

Participants were in the age group of 38-70 years old and had an average age of 56. All the participants had at least a secondary education with the exception of two who had only first school leaving certificates. The sex distribution is, 77% males and 23% females. In other words, 7 of the household heads were females. The number of people in each household

ranges from 3-8 with an average of 6. Finally, the respondents are mainly business persons, traders, unemployed (retired civil servants), teachers and transporters.

### **Food stock up and feeding during lockdown**

Most households head we interviewed reported managing to stock up food items during the first phase of the lockdown. However, the challenge was that food vendors increased the prices of food items and in some cases, the prices tripled. Illustrative quotes from a retired 55-year-old female civil servant and a business man, aged 65 revealed:

Well, I will tell you how it started, first of all when this pandemic was announced we were warned that there could be a lockdown, we were also informed that markets could be closed so, it meant that we needed to stock the house so I was able to stock the house with the things I knew I would need. I had to buy in bulk and I made sure that things were in place but the lockdown took more money than I expected. I was able to go to the market and do some purchase. I was able to store some quantity of food which we would be managing for now. But, it was expensive because about that time it's like every other person is buying, it's a kind of rush. People were rushing to buy food for their families, so it was quite expensive.

Another 45-year-old female in Lagos confirmed:

Things were very expensive because I bought a paint of Garri for N1200. It is too expensive! A paint of Garri that was sold at the rate of N400 has now increased to N1200. You have seen it...so it is too expensive.

Majority of the household heads reported difficulty in feeding their families because of increase in the price of foodstuff and cost of transportation to the market. This was made worse by the market task force who requested bribes before allowing access to the markets. Illustrative quotes from a male trader and a male business man captured it this way:

The challenge I have is that there is no money and the whole thing is making me sick. If I tell you that the situation is not painful...it is painful to me (sighs)! This lockdown is really making me sick, after staying at home for two weeks, they still extended it again by two weeks. So, I was thinking and hoping that the foodstuffs I got would be enough for that initial two weeks' lockdown before they now extended it, so the thing is really affecting me very well.

Another participant, a female business woman added:

The problem is that before you enter the market, the tax force will ask you to pay some money. Even when the Governor said those selling food items should go to their shops and stay one-one, they should space themselves. When we heard it on the radio, we had to call one another, we entered inside the market but to our greatest surprise, the task force inside Eke Awka market did not allow us to enter. Before you enter inside the market, you pay money at the gate. They collect extra N1000 before you can bring out your goods. So much inconvenience and some left them and went back home because they couldn't cope.

Data shows that many families reported difficulty in feeding due to these circumstances. Those who have few food stuff resort to rationing it. An illustrative quote from a 55-year-old nursing mother captured it this way:

Of course, we are rationing because there is no food, no transport to go and get the food, no money to buy the food. Because they are not eating well now, they are hungry and may be malnourished.

Another participant added:

It is very difficult, because all the goods added money, because when I collected the food stuffs I thought that the lock down will be two weeks, but later on it was shifted to another two weeks, which by then all the things I collected have started finishing, so myself and my children we had to go down to '0' '1' '1' – we don't eat food in the morning, we eat in the afternoon and then eat at night.

And yet another:

I ration food very well. We are in full-time rationing now. Normally, we do eat 1 tuber of yam, now we eat half tuber. This half may go round in 2 or 3 pieces to everybody. So that is it. We are rationing food now.

All the participants reported no form of palliative from the government or NGOs during the lockdown. To survive, those with spouse reported pooling resources to purchase necessary items. One of the participant, a business woman, captured it this way, "we did not get anything from the government, we did not get anything from the church, it's just the small money I got from my husband which I added to the one I have."

All the participants reported making attempt to borrow from friends to cushion the effect of the lockdown. But it is also difficult as captured by one of the participants, a trader in Lagos:

If anybody offers to borrow me some money, I will collect it. And you know that this borrowing..., anybody you approach will tell you that he or she is on lockdown. Nobody has agreed to lend help this period. I have gone but nobody agreed to give me money.

### **Medical care and access to health facility during lockdown**

Our data also suggests that households are faced with the challenges of access to healthcare during the lockdown. Almost all the households reported that a member needed medical attention during the lockdown but they had to self-medicate because of the financial burden of accessing medical care coupled with the fear of contracting the virus. A male trader in Anambra and a female trader in Enugu said:

Since the lockdown, the only medicine I have is paracetamol and anybody who complained of headache I just give them paracetamol and I keep praying to God, hoping that no sickness will attack them because I do not have the money to take them to the hospital.

I will tell you honestly, when one of my ward was sick, she was complaining of stomach ache you know..., I was afraid because I didn't want any member of my family to have any cause to go to the hospital because these days you don't know where you can contract this Covid. So, I don't want anybody to be exposed to the general public where they can get it. I was afraid but I just gave her malaria drugs and she is fine so we didn't need to go anywhere to get medical care.

Due to the financial burden of the lockdown, many households sought healthcare in chemists but had to owe with a promise to pay after the lockdown. One of the participant, a male household head said, "I have not paid for the bill, I told the chemist that I will pay him as soon as the lockdown is over." Meanwhile, others who couldn't access credit at the chemist relied on home remedies. A business woman in Anambra narrated:

Yes, when my daughter complained of sore throat, I didn't know how to get the medicine or even money to go to the chemist to buy medicine. I had to look for local medicine that I will give her, so I grinded ginger and garlic in hot water and gave her to drink and to God be the glory she was cured.

Financial challenge also made many households ignore signs or symptoms of illness. An illustrative quote from a business man captured it this way, "some of them have stomach upset but I ignore it." Another participant, a male trader corroborated it:

When you are sick if you don't have money you stay in your house because if you go to hospital they will ask you to pay and because I don't have money I stayed in my house and prayed to God to cure me.

In all, participants did not report any form of assistance from the government but had to borrow from friends to foot their medical bills. A female widow who received treatment from health facility revealed how she paid:

When they gave me hospital bill I called my friend to see what I'm passing through that I don't have money to pay for hospital bill. The person gave me money and I paid because If I don't pay they will not give me medicine and they will not take care of me in the hospital then I will die of sickness.

### **Availability and payment of utility bills during lockdown**

We also enquired about how households are paying utility bills during the lockdown and our findings revealed that many households are finding it difficult. Our participants reported that electricity bills are paid monthly and even though power is not constant, it is important for storing perishable items. One of the participant, a male business man revealed:

Yes, I'm paying electricity bill because we normally pay it monthly and the electricity bill is what we use to keep some of our perishable items so that it does not perish. Whenever we sight "NEPA", which is not constant, we put our perishable items in the fridge.

Payment for water was also inevitable and in fact, households make rational decisions to ensure that they pay for water bill. This was captured in a quote from an interview with a male household head:

The small money I have which I manage to feed my children, that's where I deducted to pay for the bills, because they threatened to disconnect the water if we don't pay for the water bill, that is the landlord.

Other bills such as subscription of TV stations were cancelled by some households who found it challenging to pay, "I disconnected my DSTV because I can't recharge again, my phone, I recharge 200 naira worth of airtime before, but now I recharge just 100 naira and I manage it to contact some of my customers.

### **How government can cushion the effect of lockdown**

Evidence show that all households interviewed are affected by the lockdown in various ways and no palliative were received by any of them. Further, we sought for suggestions that can help ease the burden of the lockdown and top of it all is that government should deliver food

items at door posts and give some cash to each households. Illustrative quotes captured it this way:

Does somebody want to help me? government should like..., anyway, in the developed country, what I see them do is drop food, food items at the door of each individual. If government can do that, it will go a long way. Maybe food items and put some money in envelope and together with the food items. I think it will go a long way in reducing the effect of the lockdown.

One time, they deliberated on how the money donated will be shared, and they said through those that have BVN number. We waited but we didn't see anything. Even if it is 20 thousand naira or thirty thousand at least it will help us. Or keep up with their promise of giving two months' free electricity, but they didn't do it. Others suggested the relaxing of lockdowns to specific days to ease the burden and the challenge of getting foodstuff. An illustrative quote captured it this way:

Government some time ago had their policies... For instance, in Anambra State, we were told to get food stuffs from the market on Tuesdays and Fridays. So that has been giving us a kind of leverage because on Tuesdays we go out to buy our foodstuffs then on Fridays we do the same so that has been a kind of help from the government for sustaining us.

On medical care, participants suggested free medical attention to help those who are sick within the period. A quote has it this way: "If government hospital will be able to help the people, they should announce that if anyone is sick, they should come and they would be given medical attention free, at least it will help."

## **Discussion**

This study found that the lockdown affected both the quality and quantity of food intake of low income urban households. Throughout the phase of the lockdown, our study revealed that many households could not get enough food items because of exorbitant prices. Prices of food items and cost of transportation increased by 300 percent thereby decreasing the purchasing capacity of many households. It was also reported that high cost of foods and increased transport fare made it difficult for low income households who depend on daily earnings to purchase the needed items (Adedire, 2018). Our study showed that decreased purchase due to low finance resulted in food rationing and under-consumption as well as the likelihood of an increased malnutrition among poor urban households during the lockdown. Besides, it is acknowledged that poor eating as well as insufficient intake of food has adverse health consequences such as obesity, high blood pressure, high cholesterol, type-2 diabetes (Alamgir *et al.*, 2018).

The lockdown measures did not address how households will access healthcare and, importantly, quality of life and health improvements depends on timely medical attention (Bunker, 2001). In the midst of coronavirus pandemic, medical emergencies unrelated to the pandemic still occur (Sullivan, 2020). The study found that households relied on self-medication when faced with medical emergencies during the lockdown. People could self-medicate if they feel that the illness is mild and when they have previous knowledge of the drugs to use (Shafie *et al.*, 2018). But the potential risk of self-medication includes incorrect self-diagnosis, severe adverse reaction, masking of a severe disease, incorrect dosage, etc. (Ruiz, 2010). The study also found that some households ignored signs and symptoms of illness while some relied on home remedies to treat illnesses. Many households turn to these

measures because of difficulty in transportation and the fact that they are stranded, they cannot afford medical care so they self-medicate and explored other cheaper means. Payment of medical care in Nigeria is mainly through out of pocket and daily wage earners and low income households are most challenged by it (Garba & Ejembi, 2015). In addition, we found that those who were sick during the lockdown intentionally ignored health facilities for fear of contacting the virus at the facility. Sullivan (2020) similarly reported that patients with non-Covid-19 medical emergencies are avoiding health facilities for fear of contacting the virus. Majority of those who accessed care during the lockdown did so at nearby drug retail outlets promising to pay later. However, participants who utilised health facilities for emergency cases reported borrowing from friends to foot the bill. Going forward, the aftermath of the lockdown will include health complications and accrued debt for many households.

Our study found that payment for energy was a challenge to many households, and energy is important for storing perishable items during the lockdown. Already, many low-income households spend substantial amount of their income on utility services like electricity and water; and, affordability has always been a problem (Fankhauser & Tepic, 2005). Our study revealed that some households had to make rational decisions of forgoing feeding for water. Meanwhile, because of financial difficulties, other bills such as cable subscription were abandoned. None of our participants were in receipt of any palliative from the government or any NGOs. However, many had to borrow from friends to meet their basic needs and this was challenging. Worst hit in all these are single parents and widows who have no one to pull resources with. That none of the households received palliatives suggests that government's method of distribution is flawed. There are reports that the stimulus package by government was politicized and possibly high jacketed by politicians despite policy indicating that they were meant for the vulnerable (Eranga, 2020).

To this effect, long term goals would be to improve data of people in Nigeria, this can be used to identify every citizen, whether rich or poor. In the meantime, however, community leaders such as town union president, traditional rulers, local government authorities should be involved during the allocation and distribution of palliatives (Njoku *et al*, 2020). They are more likely to identify the people who truly need these palliatives and deliver essentials to their door steps. Moreover, the need to regulate prices of goods and services during lockdown is cannot be ignored. Prices of essentials like food must be controlled to ensure that marketers do not take advantage of poor households. Also, government needs to intervene on utilities like electricity, water, and perhaps, cable subscription. Considering the gravity of the pandemic, government should be ready to partner with private companies to give free and cost effective services during pandemics as well as make services readily available. All these can ensure that life is bearable within the period as well as reduce the chances of households violating lockdown rules.

Finally, access to medical care during pandemics is also important because health facilities help provide essential medical care to communities (WHO, 2009). Without daily income, households find it difficult to pay for healthcare. Strategies must be put in place to ensure that households can still access medical care during lockdown periods. Overall, government must show enough commitment in scaling up insurance coverage for all members of the society, including the urban poor. Additionally, health centres and hospitals must be equipped with ambulances to pick up patients when the need arises.

This study reveals the plight of low income urban households during the lockdown, though it is not without limitation. The study focused solely on urban households who reside in satellite and commuter towns. This implies that households in metropolitan and rural areas are neglected. Undeniable, they are equally affected by the lockdown, so future studies can explore this. Secondly, we collected data from satellite and commuter towns with the



assumptions that the residents are low income earners. In reality, however, some households found in these places are not actually low income earners but may be within the middle class or even higher. The study nonetheless draw attention to an important area in the effort to reduce the impact of the pandemic.

### **Conclusion**

The purpose of investigating the impact of covid-19 on poor urban households is to provide scientific basis for sustainable intervention. Although, countries are beginning to gradually ease the lockdown, the impact would, nonetheless, be felt by poor urban households in a protracted manner. This, suggests that the role of government during sensitive situations like this is important. Government should ensure that households have access to basic needs to cushion the effect of the pandemic and as well, make policies that guarantee regular access to healthcare. Government must understand that the effectiveness of the lockdown depends on if households are able to meet their basic needs.

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### **Reference**

- Adebayo, O. O. (2013). Analysis of poverty level among urban households in Irewole Local Government Area of Osuan state. *Global Journal of Arts Humanities and Social Sciences*, 1, 13-19.
- Adedire, M. F. (2018). Effects of urbanization on spatial demography change in Ibeju-Lekki Lagos peri-urban settlement. *Community Development*, 49(3), 292-311. Doi.org/10.108015575330.2018.1466822.
- Akerele, D., Momoh, S., Adewuyi, A. S., Phillip, B. B., & Ashaolu, F. O. (2012). Socioeconomic determinants of poverty among urban households in South-West Nigeria. *International Journal of Social Economics*, 39(3), 168 – 181. Doi.org/10.1108/03068291211199341
- Alamgir, K., Sami, U. K., Salahuddin, K., Syed, Z., Naimatullah, K. B & Manzoor, K. (2018). Nutritional complications and its effects on human health. *Journal of Food Science Nutrition*. 1(1), 17-20. DOI: 10.35841/food-science.1.1.17-20
- Astalin, K. P. (2013). Qualitative research designs: a conceptual framework. *International Journal of Social Sciences & Interdisciplinary Research*, 2(1), 118-124.
- Bunker, P. J. (2001). The role of medical care in contributing to health improvements within societies. *International Journal of Epidemiology*, 30(6), 1260-1263. doi.org/10.1093/ije/30.6.1260
- Eranga, I. O. (2020). COVID-19 pandemic in Nigeria: palliative measures and the politics of vulnerability. *International Journal of MCH and AIDs*, 9(2), 220-222. Doi:10.21106/ijma.394.
- Ewalt, J. A., & Jennings Jr, E. T. (2014). The great recession and social welfare spending in the American States. *International Review of Public Administration*, 19(3), 308-323.
- Ezigbo, O., & Ifijeh, M. (2020). *Corona Virus Spread: WHO List Nigeria among High Risk Countries*. Retrieved <https://www.thisdaylive.com/index.php/2020/02/01/coronavirus-spread-who-lists-nigeria-among-high-risk-countries/>
- Fankhauser, S., & Tepic, S. (2005). Can poor consumers pay for energy and water? An affordability analysis for transition countries (Working paper number 92). European Bank for Reconstruction and Development.

- Gallegos, A. (2020). *WHO Declares Public Health Emergency for Novel Corona Virus*. Medscape Medical News. Retrieved from <https://www.medscape.com/viewarticle/924596;2020>
- Garba, M. B., Ejemi, C. L. (2015). The role of National Health Insurance Scheme on structural development of health facilities in Zaria, Kaduna State, North Western Nigeria. *Annals of Nigerian Medicine*, 9, 9-14. DOI: 10.4103/0331-3131.16332726.
- Jaiyeola, O. A., & Bayat, A. (2019). Assessment of trends in income poverty in Nigeria from 2010-2013: An analysis based on the Nigeria General Household Survey. *Journal of Poverty*, 24(3), 185-202. Doi.org/10.1080/10875549.2019.1668900.
- Katharina, M., & Alex, M. (2020). *Why Lockdown May Prove Deadly*. Pandemic Response. Retrieved from <https://www.zora.uzh.ch/id/eprint/187632/>
- Maclean, R., & Dahir, A. L. (2020). *Nigeria Responds to First Corona Virus Case in Sub-Saharan Africa*. Retrieved from <https://www.nytimes.com/2020/02/28/world/africa/nigeria-coronavirus.html>
- McFall-Johnsen, K. J., Lauren, F., & Morgan, A. (2020). Third of the Global Population is Corona Virus Lockdown. Retrieved from <https://www.businessinsider.in/international/news/a-third-of-the-global-population-is-on-coronavirus-lockdown-x2014-hereaposs-our-constantly-updated-list-of-countries-and-restrictions/slidelist/75208623.cms>
- National Bureau of Statistics [NBS] (2019). 2019 Poverty and Inequality in Nigeria: Executive Summary. National Bureau of Statistics.
- New York Times* (2020). *Corona Virus Live Updates: W.H.O Declares Pandemic as Number of Infected Countries Grows*. The New York Times. Retrieved from <https://www.nytimes.com/2020/03/11/world/coronavirus-new.html/2020>
- Nigeria Centre for Disease Control (2020). First Case of Corona Virus Disease Confirmed in Nigeria. Available from <https://ncdc.gov.ng/news/227/first-case-of-corona-virus-disease-confirmed-in-nigeria>
- Njoku, L., Ebiri, K., Olumide, S., Musa, N., & Agboluaje, R. (2020). Why controversy over FG's COVID-19 palliatives persists. *The Guardian*. Retrieved from <https://guardian.ng/news/why-controversy-over-fgs-covid-19-palliatives-persists/2020>
- Ogundele, B. (2020, April). Covid-19: FG to focus on urban poor for palliatives. *The Nation*. Retrieved from <https://thenationonline.ng/covid-19-fg-to-focus-on-urban-poor-for-palliatives/>
- Okosun, I., Siwar, C., Hadi, S. A., Nor, R. A. (2012). Urban poverty in Nigeria and approaches to poverty alleviation: A review. *African Journal of Political Science and International Relations*, 6(1), 8-14. DOI: 10.5897/AJPSIR11.109
- Olarewaju, K. (2020). *COVID-19: Nigeria Announces Lockdown of Major Cities*. World, Africa. Retrieved from <https://www.aa.com.tr/en/africa/covid-19-nigeria-announces-lockdown-of-major-cities/1784358>
- Ramzy, A. McNeil, D.G. (2020). *WHO Declares Global Emergency as Wuhan Corona Virus Spreads*. The New York Times. Retrieved from <https://nyti.ms/2RER7om>.
- Ruiz, M. E. (2010). Risks of self-medication practices. *Current Drug Safety*, 5(4), 315-23. Doi.org/10.2174/157488610792245966
- Shafie, M., Eyasu, M., Muzeyin, K., Worku, Y., & Martín-Aragón, S. (2018). Prevalence and determinants of self-medication practice among selected households in Addis Ababa community. *PLoS ONE* 13(3): e0194122. doi.org/10.1371/journal.pone.0194122
- Shittu, I. (2020). Nigerian governments' initial measures and palliatives to businesses in the wake of COVID-19 pandemic. ICLG. Retrieved from <https://iclg.com/briefing/11546-nigerian-governments-initial-measures-and-palliatives-to-businesses-in-the-wake-of-covid-19-pandemic>

- Sullivan, K. (2020). As coronavirus surges, non-covid medical emergencies take a back seat, putting patients at risk. MSNBC. Retrieved from <https://www.nbcnews.com/health/health-news/coronavirus-surges-non-covid-medical-emergencies-take-back-seat-putting-n1175871>
- WHO (2009). Hospital preparedness checklist for pandemic influenza. World Health Organisation. Retrieved from [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/78988/E93006.pdf29](http://www.euro.who.int/__data/assets/pdf_file/0004/78988/E93006.pdf29).
- World Bank (2016). Nigeria: a short update on poverty and shared prosperity. World Bank retrieved from <http://documents.worldbank.org/curated/en/636531549879664295/pdf/NIGERIA-Poverty-Briefing-Note.pdf>.
- Worldometer. (2020). COVID-19 Coronavirus pandemic. Retrieved from: <https://www.worldometers.info/coronavirus/>