



THE SOCIOECONOMIC IMPACTS OF DISEASE PANDEMICS IN NIGERIA: A STUDY OF COVID 19 IN PORT HARCOURT METROPOLIS

ABSTRACT

This study is based on socioeconomic impact of disease pandemic in Nigeria. Port Harcourt metropolis as a commercialized city and state capital was adopted for the study. A descriptive survey design was used who engage in agriculture, private

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Introduction

Disease pandemic in recent times has no doubt a negative toll on the human race especially less developed nations like Nigeria, with huge socio-economic impact on manufacturing, supply chains, services, business such as tourism and travel as well as significant drop in global socio-economic security. In late December, 2019, a new variant of virus called coronavirus outbreak started from Wuhan, Hubei Province of China few years after the Ebola pandemic, as an epidemic. Covid19 presents with non-specific clinical manifestations caused by



sector, public service and trade/craft by collecting data from 400 households using a stratified sampling technique and analysed . Most of the surveyed respondents had a secondary education level and about 81% of them were males with about 52.50% that are not married. Majority of the respondents (55%) earn between 0-30,000 naira while only 7.5% earn 91,000 naira and above as monthly income. In addition, majority of them (96%) opined to be unhappy with the ban on social gathering. And about 65.5% showed sadness about restriction on intra/interstate movement and more than half (50.5%) of them said to have experienced domestic violence during the lockdown. It was also found that about 98.5% of respondents were not comfortable with stay at home order. Nearly 95% of them were identified to be financially incapable during the lockdown period and about 93.75% said they did not get income support from their employers (especially the private sectorworkers). Similarly, 93.75% of the respondents did not get palliative support and 97% of them said covid-19 had negatively affected their business/economic activities. About 85.5% of the respondents that are students said they do not have access to internet facilityfor virtual learning, while 53% of the respondents have no internet knowledge. 80.75% ofthe respondents said they had constraints in learning virtually. Findings from the researchrevealed that Nigerian households especially in Port Harcourt metropolis have suffered both socially and economically from the pandemic and so more measures need to be taken to reach out those affected in order to cushion the effects caused by the pandemic.

Key word: Covid 19, Pandemic, Disease, socioeconomic

SARS-CoV-2(severe acute respiratory syndrome Coronavirus-2)



(Bogoch, 2020) created a more destabilized global economy, causing a rise in high standard of living, crashing small economies, putting the global system at a standstill, limiting social interaction and communications. Sociologically, pandemics both past and present had caused global social disruption by limiting global social relations. The idea of “social distancing” which was and is still felt in this current COVID-19 pandemic, negates regular social interaction, which is the bedrock of human society (Amzat and Razum, 2014). A contagious disease of global health importance also disrupts the usual norms of close physical contacts since the disease during its outbreak transmits through contact with individuals who already contracted the disease. COVID-19 deglobalizes the world in terms of human migration with airports shut, and social events (sports, festivals and the like) postponed indefinite.

The outbreak of the dreaded corona virus took the global state unawares towards the end of December, 2019. At its inception in Wuhan city in China, it was regarded as a regional health challenge whose global potential risk was summarily underestimated. Although, many countries were in solidarity with China upon this health disaster, Covid-19 was nonetheless not perceived as a threat with a global scale. In fact, the World Health Organization (WHO) declared that the health crisis in China had no global potential threat (WHO, 202). Thus, given that the modern world is deep-rooted in the concept of globalization and the position of China as the manufacturing hub of the world; a seemingly less risky Chinese health issue metamorphosed into a global scale with lethal consequences (Price and van Holm, 2020; Ezeaku and Asongu, 2020). As at the 20th of June 2020, statistics showed that the total global confirmed cases of Covid-19 were 8,753,853 while the global death toll was 463,281. This indicated a 5.29 percent fatality rate and about 20 percent recovery rate (WHO, 2020).



As a highly vulnerable continent, Africa soon recorded imported cases of Covid-19. As at 2020, the total confirmed cases of Covid-19 in Africa stand at 287,385 cases; with about 132,959 recoveries and 7,708 deaths recorded (WHO, 2020). These represent a 46.3% recovery rate and about 2.3% fatality rate, respectively. However, there have been a lot of debates on the reasons for the low cases of Covid-19 recorded in Africa (World Bank, 2020; OECD, 2020; Diop and Asongu, 2020). This seems ironical given the level of public health infrastructure, governance structure, porous borders, weak institutions, *inter alia*, in the region. It was rather argued that the low number of confirmed cases of Covid-19 recorded in Africa was due to low testing capacity and not necessarily because of location or the effectiveness of containment policies.

In Nigeria, the first recorded case of Covid-19 was on the 27th February, 2020. While as at 20th June, the total confirmed cases in Nigeria stood at 19,606 with 6,718 discharged and 506 deaths, representing about 35 percent recovery rate and 2.6 percent fatality rate, respectively (WHO, 2020).

The world has been witnessing global trade and movement of the people, so also the globalization of health (see Youde, 2020). This is to say that, the spread of COVID-19 was made efficient through global activities either by trade or other forms of physical communications. Amzat (2020) put that, the global transmission of diseases is one of the dysfunctions or latent functions of globalization, which offers both opportunities and catastrophes. The world is a global village; hence the healths of individuals are intrinsically linked irrespective of distance. In Beck (1992; 1999) and Giddens (1990) idea of risk society theory is concerned with the unintended and unforeseen side effects of modern life and backfire on modernity has its effects on the human society which could be



seen in the health risk in Wuhan (China) as it becomes a pandemic, through human migration, affecting all countries of the world, with several thousands of deaths. On the advent of a global spread, there is need for a lockdown, restriction of movements and physical communications which therefore, automatically will lead to economic decline.

Problem Statement

The effect of virus disease pandemics represents both public health and socioeconomic crisis. While the public health crisis addresses disease containment measures, treatment and development of vaccines; socioeconomic crises reflects both social and economic demands and supply shocks, consequent upon disruptions in the socioeconomic activities caused by social restrictions and global lockdown. The outbreak of these viruses has thus disrupted the conduct of major socioeconomic activities policies across Nigeria. The rise in government spending driven by the need to combat the effect of virus disease pandemic had increased the country's fiscal deficit and her susceptibility to high public debt vulnerabilities. The prevalence of the vulnerabilities of socioeconomic variables due to the consequence of infectious diseases on the globe, Nigeria in particular, calls for proper understanding of the socioeconomic effects of Covid-19 in Nigeria. This line of research becomes essential for some reasons. First, since the outbreak of the Covid-19 pandemic, there have been a number of early reviews of their impacts from both policy and empirical perspectives. Given their nature, the trend is to assess the impacts of the pandemic from different perspectives in order to understand the country-specific characteristics. But the attention of many has been to understandably focus on the short-run effect of both viruses on several socioeconomic variables.



Though, socioeconomic problems like poverty, unemployment, low income, inequality, poor housing, ineffective health facilities, epileptic power supply etc. are present in developing countries (Adeniran and Sidiq, 2018; Kyambalesa, 2009), Covid-19 pandemic outbreak may further confound socioeconomic livelihood in Nigeria where over half the population lives below international personal income people \$1.25 daily (Central Bank of Nigeria, 2015; United Nations agency, 2014). Essentially, a developing country like Nigeria already battling with poor performance of basic development indices is likely to aggravate her challenges with the permanent changes pandemics has brought to the world, Nigeria in particular. This research therefore reveals the socioeconomic impacts of disease pandemics on Nigeria and tends to contribute to other scholarly research work in this regard.

Conceptual Review

Socioeconomic and Informal Economy

According to Gustav (1932) socioeconomics is can be used as an umbrella term for various areas of inquiry. The term refers broadly to the "use of economics in the study of society". More narrowly, contemporary practice considers behavioral interactions of individuals and groups through social capital and social "markets" (not excluding, for example, sorting by marriage) and the formation of social norms. In the relation of economics to social values.

Socioeconomic is a combination of two words 'socio and economic'. Socio means society or social issues, while economic relates to means of income. Therefore, socioeconomic refers to societal and economic factors. It is a broad term used to describe the social and economic standing of individual in the society (Hellmich, 2015; Mark 2009). Socioeconomic covers a variety of ways that explains individual work



experience, household, as well as access to basic needs and resources (Davis and Dolfsma, 2008; Heath, Martin and Beerten, 2003). While various indices may be applied in determining socioeconomic condition of the individual, major indicator includes occupation, income and education (Darin-Mattsson, Fors and Kåreholt, 2017; Hellmich, 2015). Darin- Mattsson, et al (2017) further maintains that these major indicators (occupation, income and education) affect the other, in the sense that, individual's type of occupation largely corresponds to their income which in turns determines their level of education. Studies (Baizidi, 2019; Brown, 2009; Heath, Martin and Beerten, 2003) agreed on a typical model of socioeconomic classification such as the upper, middle, working and lower classes. Individual in the upper class are rich and wealthy, but few in number and controls larger part of the society's wealth (Akhbar-Williams, 2010; Brown, 2009). Two types of group exist in the upper class viz: the upper upper class e.g aristocrat who has been rich from generations and the lower upper class such as the capitalist (Brown, 2009; Heath, Martin and Beerten, 2003). The middle class, also known as the sandwich class, are largely white collar or professional workers characterized by moderate incomes and affordable basic needs (Baizidi, 2019; Liu, 2010). Based on their level of education, individual in the middle class are further divided into two groups. This includes the upper middle class, categorized as skilled workers or highly educated professional with high incomes and, the lower middle class typically comprises of less educated people with lower incomes such as secretaries, retailers, teachers etc. (Akhbar-Williams, 2010; Stephen, 2016).

Otherwise known as blue collar class, the working class are made up of unskilled workers who are engaged in manual or strenuous labour (Akhbar-Williams, 2010; Heath, Martin and Beerten, 2003). This



category of people includes electricians, plumbers, carpenters etc. The last classification on the social rung is the lower or the underclass, characterized by poverty, unemployment and homelessness (Brown, 2009; Darin-Mattsson, et al, 2017). Individual in the lower class are excluded from mainstream society, lack medical care, education, housing, food, clothing and vocational training. Informal economy is a shadow, gray, black or underground business enterprise, not fully regulated by the government. It can also be defined as the type of economic enterprise that is not taxed nor included in a country's GDP or economy projection (Ogbuabor and Malaolu, 2013). Informal economy covers a wide range of labour market activities including street trading, carpentry, motorcycle services photography, catering, hairdressing, fashion designing, painting, media personality etc. Informal economy is said to be widespread in developing countries due to scarcity of earnings opportunities and economic hardship (Awojobi, Ayakpat and Adisa, 2014; Nastav and Bojnec, 2008).

In Nigeria, the informal economy is significant because it provides employment opportunities for the teeming unemployed citizens and the medium to meet the needs of poor consumers through cheaper and accessible goods and services (Ogbuabor and Malaolu, 2013; Yusuf, 2014). Also, due to the ease and flexibility attached to the operations of informal enterprises, the sector is devoid of bureaucratic regulatory framework with little or no formal educational requirements (Awojobi, Ayakpat and Adisa, 2014; Fapohunda, 2013). Due to its vast population and abundance natural resources, Nigeria is arguably one of the largest economies in Africa. However, the paradox of these potential factors continues to manifest in low socioeconomic livelihood among its citizens. Socioeconomic problems in Nigeria are compounded by increasing unemployment, inadequate social welfare, ineffective health care facilities etc., which continues to widen



inequalities and disparities between the rich and the poor, thus weakening social cohesion and citizen's trust in government (Adeniran and Sidiq, 2018).

Covid-19 Pandemic in Nigerian

Throughout human history, there have been a number of pandemics of diseases such as smallpox and tuberculosis. The most fatal pandemic in recorded history was the Black Death (also known as The Plague), which killed an estimated 75–200 million people in the 14th century. The term was not used yet but was for later pandemics including the 1918 influenza pandemic (Spanish flu).^{[8][9][10]} Current pandemics include COVID-19 (SARS-CoV-2) and HIV/AIDS.

Pandemics are large-scale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. Evidence suggests that the likelihood of pandemics has increased over the past century because of increased global travel and integration, urbanization, changes in land use, and greater exploitation of the natural environment (Jones and others 2008; Morse 1995). These trends likely will continue and will intensify. Significant policy attention has focused on the need to identify and limit emerging outbreaks that might lead to pandemics and to expand and sustain investment to build preparedness and health capacity (Smolinsky, Hamburg, and Lederberg 2003).

Porta (2008) defined a pandemic as an epidemic occurring on a scale that crosses international boundaries, usually affecting people on a worldwide scale. A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. For instance, cancer is responsible for many deaths but is



not considered a pandemic because the disease is neither infectious nor contagious.

Covid-19 is a new genre of Corona viruses that causes illnesses such as common cold, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) (Centers for Disease Control and Prevention, 2020; WHO, 2020). It is an infectious disease that spreads mainly through droplet of spittle or release from the nose when an infected person coughs or sneezes (Nigeria Center for Disease Control, 2020; WHO, 2020). The novel corona virus is said to originate from Wuhan City in China (WHO, 2020; Wuhan Municipal Health Commission, 2019). Empirical investigations (Peiris, Lai and Poon, 2003; Shrikrushna, Quazi, Shubham, Suraj, Shreya, Rohit, Suraj and Biyani, 2020; WHO, 2020) reveal that corona virus diseases such as SARS-CoV and MERS-CoV was contracted from animal in China, 2002 and Saudi Arabia, 2012 respectively. However, Covid-19 is a novel virus because it has not been previously identified in human system. Common symptoms of Covid-19 include fever, cough, Dyspnea and tiredness (NCDC, 2020; Shrikrushna, et al, 2020; WHO, 2020). The suffix '19' as used after Covid correlates to the year of discovery of the virus in 2019 (Ohia, Bakarey and Tauseef, 2020; WHO, 2020).

A pandemic is a widespread epidemic that affects people in many countries and continent. It is a term used to substantiate the rapid rate of contagious disease raging from endemic and epidemic (Muthu, 2005; Qiu, Rutherford, and Mao, 2017). An endemic disease is an infectious disease that is common in a particular region or community, while epidemic is an outbreak of infectious disease in a community at a particular time (Chakraborty, 2017; Qiu, Rutherford, and Mao, 2017). A pandemic occur when an epidemic becomes widespread and affects people in many countries. The contagious effect and rate of spread of Covid-19 globally justify the pandemic nature of the virus (see table 2



for the number of countries, confirmed cases and death rate of Covid-19 as at June, 22 2020). The WHO confirms Covid-19 as a pandemic on 11 March, 2020 (CDC, 2020; WHO, 2020). Historical accounts of similar cases of Covid-19 pandemic includes: Spanish Flu, 1918-1919; Asian Flu, 1957-1958; Swine Flu, 2009-2010; SARS, 2002- 2003; Ebola, 2014-2016; MERS, 2015-present (Patrick and Daniel Krewski, 2016; WHO,2020). Across polities, governments have continued to introduce a number of precautionary measures such as self-isolation and lockdown to curb the spread of Covid-19. Further still, personal hygiene practices such as frequent washing of hands with soap and water or use of alcohol based hand sanitizer, wearing of face mask, maintaining social and physical distancing at least 1 meter away in public gathering etc., has been suggested as means to minimize the spread of Covid-19 (WHO, 2020; NCDC). While global effort to develop vaccine to contain the spread of the novel corona virus is ongoing, the movement restriction, lockdowns and social distancing occasioned by the pandemic has continued to cause structural changes in economy and social system globally. Based on the high rate of contagious effect of Covid-19, the WHO (2020) observes that developing countries may face inadequate testing capacity due to weak and ineffective health system.

The index case of Covid-19 in Nigeria was recorded on 27 February, 2020 when an Italian citizen tested positive for the virus in Lagos (NCDC, 2020). However, the number of confirmed cases and death of Covid-19 in Nigeria has continued to increase. Analysis in table 3 shows that 20,244 confirmed cases, 6,879 recovery and 518 deaths of Covid-19 were recorded across states in Nigeria as at 22 June, 2020. The effect of Covid-19 pandemic on socioeconomic livelihood in Nigeria implies negative consequences for larger part of its citizens who are engaged in the informal sector of the economy and lives below international poverty line of US \$1.25 a day (Central Bank of Nigeria, 2015).



The outbreak of Covid-19 pandemic in Nigeria is hinge on conspiracy theories. One of such belief is that Covid-19 is nonexistence but a means for the government to divert public fund to private pocket. This position pervades public domain since public's trust ingovernment is low (Odima, 2020). Another belief is that Covid-19 is a disease for the elites and wealthy individuals. This position seem catchy resulting from news from government officials, business leaders, celebrity, social and media personality who tested positive for the virus or died from Corona virus related illness (Campbell, 2020). Thus, despite public awareness on preventive measures of Covid-19, the lower class in the society perceived government regulations as a sham, thus increasing the rate of community transmission of the virus in Nigeria (Campbell and McCaslin, 2020).

Socioeconomic Challenges of COVID-19

The economic impact of covid-19 among most countries can be felt through three possible scenarios i.e. the labour productivity shock which comes from workers unable to do their job and it results into the average decline in labour productivity by 1.4% during the pandemic in 2020. The impact of covid-19 also causes a total factor productivity shock that is felt through a temporary paralysis of domestic activities caused by disruptions to distribute and the inability to provide inputs and services due to quarantine for workers leading to a big enough reduction in global GDP by 1% in total factor productivity growth. The last impact is the trade shock. It is felt through the international trade disruptions bringing about cost of doing trade to rise by nearly 5% on the average. This is suffice to provoke the cost of global economic growth by 1% (Vos et al., 2020). The covid-19 pandemic has compelled the researchers into examining the impact of the virus on the economy and has drawn



the attention of policy makers into designing a policy guidelines to tackle the pandemic globally. This is due to significant negative return witnessed on the foreign direct investment from China (Takahashi & Kazuo, 2020); the reduction of revenue from tourism countries (Dolnicar & Zare, 2020); the negative effects on oil prices (Akanni & Gabriel, 2020; Albulescu, 2020; KPMG, 2020); and the devastating and imminent recession (World Bank, 2020). This has subsequently reduced labour supply in the labour market and made people to engage in more precautionary spending (Jordà, Singh & Taylor, 2020). Thus, the socioeconomic challenges or implication as a result of the COVID 19 pandemic is discussed under four sub-headings which includes; closure of school, social and community cohesion, economic implication and knowledge and awareness towards COVID 19 and lack of social welfare program.

Closure of Schools

The trying the period of 1918-1919 influenza pandemic in the United States, school closures and public gathering bans were introduced with which helps in the reduction of mortality rates. It was recorded that cities that implemented such interventions earlier had greater delays in reaching peak mortality rates. Schools were closed for 4 weeks according to a study of 43 US cities' response to the Spanish Flu. School closures were shown to reduce morbidity from the Asian flu by 90% during the 1957- 58 outbreak, and up to 50% in controlling influenza in the US, 2004-2008. Multiple countries successfully slowed the spread of infection through school closures during the 2009 H1N1 Flu pandemic. The closures of schools in the city of Oita in Japan helped in the successful decrease in the number of infected students even at the peak of infection. Mandatory school closures and other social distancing measures were associated with a 29% to



37% reduction in influenza transmission rates. Early closures of schools in the United States delayed the peak of the 2009 H1N1 Flu pandemic. Despite the overall success of closing schools, some studies of school closures concluded that it is not the best measure in the control of pandemic and that the process is ineffective. For example a study conducted in Michigan found that “district level reactive school closures were ineffective” (Adelakun, 2020).

In the year 2009 when there was an outbreak of swine flu in the United Kingdom, in an article titled “Closure of Schools during an Influenza Pandemic” published in the Lancet Infectious Diseases, a group of epidemiologists endorsed the closure of schools in order to reduce the further spread of the infection, and buy time to research and produce a effective vaccine. They studied previous influenza pandemics including the 1918 flu pandemic, the influenza pandemic of 1957 and the 1968 flu pandemic, they reported the effect of school closure would have, particularly with a large percentage of doctors and nurses being women, of whom half had children under the school going age of 16. They as well looked at the past trends of the spread of influenza in France during French school holidays and noted that cases of flu reduced when there was closure of schools. Looking at when teachers in Israel went on strike during the flu season of 1999-2000, visits to doctors and the number of respiratory infections dropped in seldom (Adelakun, 2020).

Globally, both developed and developing countries decided to close schools, colleges and universities. The crisis crystallizes the dilemma policymakers are facing between closing schools (reducing contact and saving lives) and keeping them open (allowing workers to work and maintaining the economy). The severe short-term disruption is felt by many families around the world: home schooling is not only a massive shock to parents’ productivity, but also to children’s social



life and learning. Teaching is moving online, on an untested and unprecedented scale. Student assessments are also moving online, with a lot of trial and error and uncertainty for everyone. Many assessments have simply been cancelled. Importantly, these interruptions will not just be a short-term issue, but can also have long-term consequences for the affected cohorts and are likely to increase inequality. Unlike western countries, the Federal Ministry of Education's school-closure directive did not produce policy measures on how to ease learning disruptions for children and how to address the digital mean of learning which may be alternative method to physical teaching learning process in the dynamic society. In an account of Taibat Hussain, the Coordinated Education response to COVID-19 pandemic on the landing page of the Ministry website is vague and does little to address the learning needs of the most vulnerable and disadvantaged (Taibat, 2020). The single well-documented response is the Nigeria Education in Emergency Working Group (NWiWwg) Strategy, published on 7 April 2020 which aims to mitigate the negative impact of the school closure on learners and teachers in North-East Nigeria. While the efforts of the Federal and State government in the health sector and in providing financial stimulus packages and emergency palliatives must be commended, ignoring the education sector would be disastrous. As emphasised by UNESCO, temporary school closure comes with high social and economic costs, with severe impact on children from disadvantaged background.

Social and Community Cohesion

As the COVID-19 global pandemic ravages the entire world, enforcing non-pharmaceutical guidelines to contain its spread is an arduous task for most countries. Developing nations like Nigeria are



tremendously faced with the immense responsibility of implementing some of the COVID-19 guidelines to save its estimated 200 million people from the disease. Many knowledge experts have taken considerable time to analyse the situation as it affects different dimensions of its national life. An important aspect to look at is how the COVID-19 pandemic affects social and community cohesion in the country (Nextier SPD, 2020).

Generally speaking, most COVID-19 prevention guidelines are rather anti-social as they strongly advise maintenance of social and physical distancing within and among people to curb the spread of the virus. Human interactions and activities that involve physical meetings and engagements have been suspended by both Federal and state governments as a result of the pandemic. This is in contrast to social cohesion, which is simply the extent of interconnectedness and solidarity among groups in society. The general idea behind social cohesion is to reduce socioeconomic and sociocultural inequalities and disparities that exist within societies. Nigeria's heterogeneity is an old tale. The country has about 250 ethnic groups with three recognized religions and over 500 languages. Community-level social cohesion in Nigeria remains a topical subject matter as the country is bedevilled with many instability-laden challenges which include but not limited to tribalism, religious bigotry and war, indigene-settler dichotomy, inter-communal wars, secessionist agitations, boundary disputes, amongst others (Nextier SPD, 2020).

Achieving community-level social cohesion becomes a difficult task in the face of the pandemic. With people strongly cautioned to stay at home and avoid all forms of social gatherings, engagements and interactions, it ultimately affects the idea of community cohesion which aims to promote bonding and togetherness among



community members. Some of the methods by which community cohesion are usually achieved include sporting events, schools, places of worship, community outreaches, campaigns and convention, cultural and entertainment programmes that tend to bring communities together or advance the interconnectedness between and among them. For instance, the orientation exercise of the National Youth Service Corps (NYSC) has been indefinitely suspended. The orientation exercise is part of a one year scheme designed to promote cross-cutting relations between fresh Nigerian graduates. These events are largely physical and social. With the current pandemic and the guidelines being enforced, the success of existing community-based social cohesion programmes may be greatly threatened. For example, in some communities in the North-east region of Nigeria, community cohesion has helped some communities in the war zone to develop coping mechanisms and resilience capabilities against the jihadist violence and its overwhelming impact (Nextier SPD, 2020).

Interestingly, community cohesion may also improve due to the pandemic. As the world battles the novel virus, people are beginning to seek ways to adapt to the new normal. People are engaging in charitable activities to help vulnerable people survive the harsh realities that come with the pandemic and the guidelines in place. Already existing community-level structures that serve as the engine rooms of community cohesion, especially in the conflict areas, are familiar with some of the existential challenges that the pandemic may have triggered. For instance, community-level groups in the Lake Chad Basin that have known jihadist violence for over ten years have taken up distinct roles to improve collaborations within and among their communities. Some of their activities have also helped to strengthen community cohesion in



where there are religious and cultural disparities, according to a 2019 Nextier SPD study. Furthermore, the existence of these prevailing community-based structures can be leveraged on in these trying times. First, utilising such engine room of community cohesion especially in conflict-prone areas will help to preserve their existence and relevance as long as the pandemic lasts. The bigger advantage is that, while these existing groups are helping to enforce COVID-19 guidelines, their original roles as actors of community cohesion will still be functional.

Although it may be difficult to maintain community cohesion in conflict zones during the pandemic, it is not an impossibility. It is important to identify peace-building actors and other stakeholders involved in conflict recovery and other activities that culminate to community cohesion. The idea is that the very essence of activities and roles of actors that promote community cohesion should not wane as a result of the pandemic. Specifically, government and other relevant bodies that are involved in engendering community cohesion across all the divides that exist within the Nigerian society should seek new ways of overcoming the new challenges. First, community or social cohesion is fostered by a perceived sense of the credibility of government affairs by the people. Therefore, government should see that the distribution of palliatives and all other government programmes during the pandemic is evenly implemented without favouring or marginalising one group or groups over others. Perceptions of marginalisation or lack of even distribution of public goods tend to widen the gulf that exists between different groups that make up the Nigerian society. Notwithstanding, the pandemic and its precautionary guidelines may affect social or community cohesion in Nigeria, but with proper planning and envisaging existing platforms that promote cohesion,



government can cushion its impact and open up new vistas that aid cohesion (Nextier SPD, 2020).

Economic Implication

The COVID-19 pandemic affected the global economy in two ways. One, the spread of the virus encouraged social distancing which led to the shutdown of financial markets, corporate offices, businesses and events. Two, the rate at which the virus was spreading, and the heightened uncertainty about how bad the situation could get, led to flight to safety in consumption and investment among consumers and investors (Ozili and Arun, 2020). There was a general consensus among top economists that the coronavirus pandemic would plunge the world into a global recession. Top IMF economists such as Gita Gopinath and Kristalina Georgieva stated that the COVID-19 pandemic would trigger a global recession. In financial markets, global stock markets erased about US\$6 trillion in wealth in one week from 24th to 28th of February. The S&P 500 index also lost over \$5 trillion in value in the same week in the US while the S&P 500's largest 10 companies experienced a combined loss of over \$1.4 trillion³ due to fear and uncertainty among investors about how the pandemic would affect firms' profit (Ozili and Arun, 2020). The travel restriction imposed on the movement of people in many countries led to massive losses for businesses in the events industry, aviation industry, entertainment industry, hospitality industry and the sports industry. The combined loss globally was estimated to be over \$4 trillion. Several governments in developed countries, such as the U.S. and U.K., responded by offering fiscal stimulus packages including social welfare payments to citizens while the monetary authorities offered loan relief to help businesses during the pandemic. There were also spillovers to poor and developing



countries. The effect was more severe on developing countries like Nigeria that have a weak public health infrastructure and non-existing social welfare programs.

There are five main ways through which the COVID-19 pandemic spilled over into Nigeria. One, the COVID-19 pandemic affected borrowers' capacity to service their loans, which gave rise to non-performing loans (NPLs) that depressed banks' earnings and eventually impaired banks' soundness and stability. Subsequently, banks were reluctant to give additional loans to borrowers as more and more borrowers struggled to repay the loans granted to them during the COVID-19 outbreak. Two, there were oil demand shocks which was reflected in the sharp decline in oil price. The most visible and immediate spillover was the drop in the price of crude oil, which dropped from nearly US\$60 per barrel to as low as US\$30 per barrel in March. During the pandemic, people were no longer travelling and this led to a sustained fall in the demand for aviation fuel and automobile fuel which affected Nigeria's net oil revenue, and eventually affected Nigeria's foreign reserve. Three, there were supply shocks in the global supply chain as many importers shut down their factories and closed their borders particularly China. Nigeria was severely affected because Nigeria is an import-dependent country, and as a result, Nigeria witnessed shortage of crucial supplies like pharmaceutical supplies, spare parts, and finished goods from China. Four, the national budget was also affected. The budget was initially planned with an oil price of US\$57 per barrel. The fall in oil price to US\$30 per barrel during the pandemic meant that the budget became obsolete and a new budget had to be formed which had to be repriced with at low oil price.



Also, the COVID-19 pandemic affected the Nigerian stock market. Major market indices in the stock market plunged when investors pulled out their investments into so-called safe havens like US Treasury bonds. Stock market investors lost over NGN2.3 trillion (US\$5.9bn) barely three weeks after the first case of coronavirus was confirmed and announced in Nigeria on January 28, 2020. The market capitalisation of listed equities, which was valued at NGN13.657 trillion (US\$35.2bn) on Friday, February 28, 2020 depreciated by NGN2.349 trillion to NGN11.308 trillion (US\$29.1bn) on Monday 23 March 2020. The All-share index closed at 21,700.98 from 26,216.46 representing 4,515.48 points or 20.8 per cent drop.⁴ The stock market crash is illustrated in figure 1 below while table 3 shows the one-month movement in the all share index.

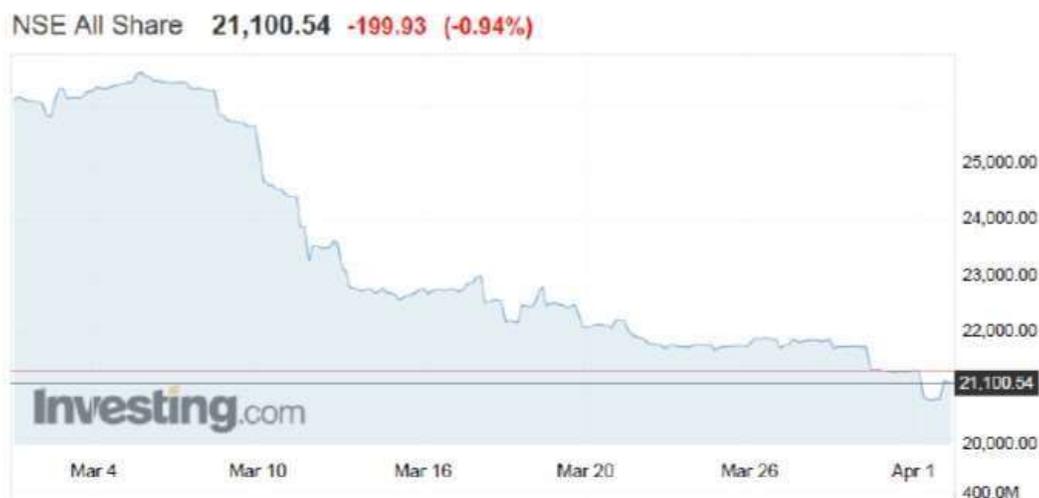


Fig. 2.1: All-Share Index – Nigerian Stock Exchange, Source: investing.com

Knowledge and Awareness towards COVID 19

Prior to the WHO pronouncement of COVID-19 as a global public health challenge and pandemic, many Nigerians regarded the



disease as a distant white man’s infirmity that could never spread to their abode. Without recourse to expert advice and recommendations, Nigerians and their government downplayed the emergence of COVID-19 in their territory thereby hesitating the adoption of initial preventive measures which would have saved costs while protecting the citizenry from undue exposure to the virus. With the confirmation of the index COVID-19 case in Lagos, Nigeria on February 20, 2020, other parts of the country including the north-central region continued their normal routines and social activities without observing the sketchy preventive measures initially outlined by Nigeria Centre for Disease Control (NCDC) (Hussain, 2012). The public opinion within central Nigeria was that COVID-19 is a “big man disease” (i.e. disease of the highly influential persons). Brug (2012) assert that, with the low level of education within this region of Nigeria, their immediate conclusion and misinformation on those vulnerable to the disease were expected. As the number of COVID-19 cases gradually rises among the Nigerian population, mainly of metropolitan areas including Abuja, the Federal Capital Territory (FCT) situated in central Nigeria, unfound uncertainties, palpable fear amidst misinformation regarding COVID-19 characterized the state of the inhabitants of the region. Knowledge of infection pathways and relevant precautions to take is needed to control the pandemic. While the scientific community continues to research possible vaccines or drugs for the viral infection, it is expected that adequate knowledge will motivate individuals to make decisions which may prevent and curb the epidemics. According to Leppin, (2009), knowledge such as regular hand washing, using hand sanitizers, wearing face masks, respiratory etiquettes, social distancing and self isolation when sick are vital to reducing widespread infection. In the studies of Brug



(2004) and Choi (2010), revealed that individuals' level of knowledge about an infectious disease can make them behave in ways that may prevent infection. Consequently, individuals may need to be informed about the potential risks of infections in order to adopt the right precautionary measures (Brog, 2009).

At early stages of a pandemic, precautionary measures are needed to protect against possible danger and curtail the disease spread. In line with this therefore, the Nigerian government (just like other governments around the world) introduced various containment strategies which have interfered with individuals' daily lives and have led to severe economic loss and social disruption. People were coerced to stay at home, businesses and offices were closed, exempting healthcare facilities/workers and "essential" commercial establishments. For Nigerians making a living in the informal economy, their livelihood is now threatened by the lockdown since much of their activities and businesses involve face-to-face contact. In Nigeria there is no social safety net, no access to food stamps or unemployment benefits, most people earn their living on a daily basis. Regardless of this however, there has so far been a high degree of compliance with the government directives, Nigerians are engaging in vigilant hand washing, practicing social distancing and self-isolation, and avoiding going to work, school or crowded areas. Even most religious leaders agreed to stop large gatherings, forbid the shaking of hands and directed church members to pray at home and use hand sanitizers (Makinde, and Olatunji, 2020).

On the other hand, some Nigerians due to superstitions and ignorance of the science behind the infection prefer only to pray (even violating the social distancing rule by attending churches or mosques during the lockdown) and use anointing oils, talisman, herbs or rituals to prevent contracting and spreading the virus.



Some also use social media platforms (e.g. Whatsapp, Twitter, Facebook and Instagram) to spread fear, project fake news concerning the source of the virus, promote prejudice against China, incite panic buying, proffer fake cures and undermine medical advice, deliberately or ignorantly. Abati, (2020) and Hassan (2020) opined that lockdown, self-isolation and social distancing are un-African solutions to the pandemic.

Given the importance of knowledge of precautionary activities in curbing the spread of infectious diseases such as the novel COVID-19, it is important to research on people's health knowledge at this period of the pandemic. Richards (2017) reported that knowledge among ordinary people about how to eliminate risks of contracting Ebolavirus led to a rapid drop in mid-2015 in the number of cases of infection. Therefore, in this study, we hope to ascertain the level of the knowledge of COVID-19 among a sample of Nigerians as well as their perceptions of the pandemic.

Lack of social welfare program

There were major social welfare problems in Nigeria before the COVID-19 outbreak which include child abandonment, armed robbery, homelessness, mental health problems, divorce, and problems of single parenting. These social welfare problems can only be addressed with serious social welfare policy and programs. But, currently, social welfare activities in Nigeria is under developed, poorly funded and is unavailable to majority of those who need them (Ahmed et al, 2017). For instance, the Nigerian government created the 'N-Power' social welfare program to address poverty among unemployed youth in Nigeria. The purpose of the N-Power program was to provide job training and skills to young (and educated) Nigerians, as well as a monthly stipend of 30,000 Nigerian naira (USD



\$83.33). The problem with the N-Power was that it isolated uneducated people, needy children, and older adults that need to be empowered as well. This is just one example of how Nigeria's social programs did not provide a social welfare safety net for all citizens in need of social welfare. In fact, Nigeria does not have a national social welfare program that offers assistance to all individuals and families in need of health care assistance, food stamps, unemployment compensation, disaster relief and educational assistance.

The consequence of not having a national social welfare program became evident during the coronavirus outbreak of 2020. During the outbreak, people had little to rely on, many poor citizens did not have welfare relief that could help them cope with the economic hardship at the time. There were no housing subsidies, no energy and utilities subsidies to individuals that were most affected by the coronavirus outbreak. In the literature, there are debates on the benefit of using social welfare programs to alleviate poverty and to help citizens cope with disasters (Luenberger, 1996; Dolgoff et al, 1980; Abramovitz, 2001), and social welfare theories provide different perspectives on how social welfare can be designed to meet the basic needs of the people (Fleurbaey and Maniquet, 2011; Arrow et al, 2010; Andersen, 2012). So far, the provision of social welfare services to vulnerable citizens in the population is the most proven way to protect them from economic hardship in bad times (Ewalt and Jennings Jr, 2014). In Nigeria, the lack of such welfare services for vulnerable people, households and poor individuals during the coronavirus outbreak caused severe pain and economic hardship to households and poor individuals. The implication of this is that social welfare has not been a policy priority by policy makers in Nigeria.



Empirical Review

Many studies have found that population health, as measured by life expectancy, infant and child mortality and maternal mortality, is positively related to economic welfare and growth (Pritchett and Summers, 1996; Bloom and Sachs, 1998; Bhargava and et al., 2001; Cuddington et al., 1994; Cuddington and Hancock, 1994; Robalino et al., 2002a; Robalino et al., 2002b; WHO Commission on Macroeconomics and Health, 2001; Haacker, 2004). There are many channels through which an infectious disease outbreak influences the economy. Direct and indirect economic costs of illness are often the subject of the health economics studies on the burden of disease. The conventional approach uses information on deaths (mortality) and illness that prevents work (morbidity) to estimate the loss of future income due to death and disability.

Losses of time and income by carers and direct expenditure on medical care and supporting services are added to obtain the estimate of the economic costs associated with the disease. This conventional approach underestimates the true economic costs of infectious diseases of epidemic proportions which are highly transmissible and for which there is no vaccine (e.g. HIV/AIDS, SARS and pandemic influenza). The experience from these previous disease outbreaks provides valuable information on how to think about the implications of COVID-19. The HIV/AIDS virus affects households, businesses and governments - through changed labor supply decisions; efficiency of labor and household incomes; increased business costs and foregone investment in staff training by firms; and increased public expenditure on health care and support of disabled and children orphaned by AIDS, by the public sector (Haacker, 2004).



The effects of AIDS are long-term but there are clear prevention measures that minimize the risks of acquiring HIV, and there are documented successes in implementing prevention and education programs, both in developed and in the developing world. Treatment is also available, with modern antiretroviral therapies extending the life expectancy and improving the quality of life of HIV patients by many years if not decades. Studies of the macroeconomic impact of HIV/AIDS include (Cuddington, 1993a; Cuddington, 1993b; Cuddington et al., 1994; Cuddington and Hancock, 1994; Haacker, 2002a; Haacker, 2002b; Over, 2002; Freire, 2004; The World Bank, 2006). Several computable general equilibrium (CGE) macroeconomic models have been applied to study the impact of AIDS (Arndt and Lewis, 2001; Bell et al., 2004). The influenza virus is by far more contagious than HIV, and the onset of an epidemic can be sudden and unexpected. It appears that the COVID-19 virus is also very contagious. The fear of 1918-19 Spanish influenza, the “deadliest plague in history,” with its extreme severity and gravity of clinical symptoms, is still present in the research and general community (Barry, 2004). The fear factor was influential in the world’s response to SARS – a coronavirus not previously detected in humans (Shannon and Willoughby, 2004; Peiris et al., 2004). It is also reflected in the response to COVID-19. Entire cities in China have closed and travel restrictions placed by countries on people entering from infected countries. The fear of an unknown deadly virus is similar in its psychological effects to the reaction to biological and other terrorism threats and causes a high level of stress, often with longer-term consequences (Hyams et al., 2002). A large number of people would feel at risk at the onset of a pandemic, even if their actual risk of dying from the disease is low. Individual assessment of the risks of death depends on the



probability of death, years of life lost, and the subjective discounting factor. Viscusi et al. (1997) rank pneumonia and influenza as the third leading cause of the probability of death (following cardiovascular disease and cancer). Sunstein (1997) discusses the evidence that an individual's willingness to pay to avoid death increases for causes perceived as "bad deaths" – especially dreaded, uncontrollable, involuntary deaths and deaths associated with high externalities and producing distributional inequity. Based on this literature, it is not unreasonable to assume that individual perception of the risks associated with the new influenza pandemic virus similar to Spanish influenza in its virulence and the severity of clinical symptoms can be very high, especially during the early stage of the pandemic when no vaccine is available and antivirals are in short supply. This is exactly the reaction revealed in two surveys conducted in Taiwan during the SARS outbreak in 2003 (Liu et al., 2005), with the novelty, salience and public concern about SARS contributing to the higher than expected willingness to pay to prevent the risk of infection. Studies of the macroeconomic effects of the SARS epidemic in 2003 found significant effects on economies through large reductions in consumption of various goods and services, an increase in business operating costs, and re-evaluation of country risks reflected in increased risk premiums. Shocks to other economies were transmitted according to the degree of the countries' exposure, or susceptibility, to the disease.

Despite a relatively small number of cases and deaths, the global costs were significant and not limited to the directly affected countries (Lee and McKibbin, 2003). Other studies of SARS include (Chou et al., 2004) for Taiwan, (Hai et al., 2004) for China and (Sui and Wong, 2004) for Hong Kong. There are only a few studies of economic costs of large-scale outbreaks of infectious diseases to



date: Schoenbaum (1987) is an example of an early analysis of the economic impact of influenza. Meltzer et al. (1999) examine the likely economic effects of the influenza pandemic in the US and evaluate several vaccine-based interventions. At a gross attack rate (i.e. the number of people contracting the virus out of the total population) of 15-35%, the number of influenza deaths is 89 – 207 thousand, and an estimated mean total economic impact for the US economy is \$73.1- \$166.5 billion. Bloom et al. (2005) use the Oxford economic forecasting model to estimate the potential economic impact of a pandemic resulting from the mutation of avian influenza strain. They assume a mild pandemic with a 20% attack rate and a 0.5 percent case-fatality rate, and a consumption shock of 3%. Scenarios include two- quarters of demand contraction only in Asia (combined effect 2.6% Asian GDP or US\$113.2 billion); a longer-term shock with a longer outbreak and larger shock to consumption and export yields a loss of 6.5% of GDP (US\$282.7 billion). Global GDP is reduced by 0.6%, global trade of goods and services contracts by \$2.5 trillion (14%).

Open economies are more vulnerable to international shocks. Another study by the US Congressional Budget Office (2005) examined two scenarios of pandemic influenza for the United States. A mild scenario with an attack rate of 20% and a case fatality rate (.i.e. the number who die relative to the number infected) of 0.1% and a more severe scenario with an attack rate of 30% and a case fatality rate of 2.5%. The CBO (2005) study finds a GDP contraction for the United States of 1.5% for the mild scenario and 5% of GDP for the severe scenario.

McKibbin and Sidorenko (2006) used an earlier vintage of the model used in the current paper to explore four different pandemic influenza scenarios. They considered a “mild” scenario in which the



pandemic is similar to the 1968-69 Hong Kong Flu; a “moderate” scenario which is similar to the Asian flu of 1957; a “severe” scenario based on the Spanish flu of 1918-1919 ((lower estimate of the case fatality rate), and an “ultra”scenario similar to Spanish flu 1918- 19 but with upper-middle estimates of the case fatality rate. They found costs to the global economy of between \$US300 million and \$US4.4trillion dollars for the scenarios considered. The current paper modifies and extends that earlier papers by Lee and McKibbin (2003) and McKibbin and Sidorenko (2006) to a larger group of countries, using updated data that captures the greater interdependence in the world economy and in particular, the rise of China’s importance in the world economy today.

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Methodology

A descriptive cross sectional research design was used to assess the knowledge and attitudes regarding Covid-19 among adults.



Study Area

The selected study area is Port Harcourt Metropolis which is the state capital which is highly commercialized of which is one of the major reasons it was selected for this research study. This area is selected because there was no any previous study on same topic done and also feasible for me.

Population of the Study

The entire Port Harcourt metropolis residence including individuals, public and private ventures constitutes the population for this study. This is recommended in order to properly and extensively carryout the research work.

Sample and sampling technique

Schools, churches, small and large scale business, social organizations, employed and theunemployed will be sampled for this study. A purposeful sampling technique was adopted in getting a sample size for this study.

Summary

This research study which is based on the socioeconomic impact of covid 19 pandemicon households in Nigeria is carried out in Port Harcourt metropolis as the case study. Chapter one constitutes the background of the study which introduces the history of disease pandemics of other diseases and the outbreak of Covid 19 which is also known asthe Coronavirus. Furthermore, the chapter also brings to light the statement problem of the study, objective of the study of which it is to determine the socioeconomic impact of disease pandemic on households in Nigeria using covid 19 as case study. Also, research questions were asked inorder to guide the research in the



process of the research study. Furthermore, significance, scope and limitation of the study were put forward, key terms were defined for proper understanding of the research work.

Chapter two of the research study dealt with the literature review of which key concepts were looked into and relevant literatures were reviewed. Chapter three made up the research methodology for the study of which descriptive survey design was adopted. The use of research survey questionnaire was adopted as the instrument for the study. Also, 400 respondents were sampled for the study.

Chapter four constitutes the analysis for the study. Data gathered from the field survey were analysed and discussed using the research questions answered from the field survey.

Lastly, chapter five summarizes and draws conclusion on the research study and also giving recommendations.

Conclusion

From the results, it is obvious that COVID-19 has negatively impacted on the socioeconomic status on households in Port Harcourt metropolis, Rivers state irrespective of their categories (trade, public sector, private sector and agriculture) and locations. The restrictions imposed by government at all level in order to curtail the spread of the virus has affected the income and livelihood of the households and consequently their wellbeing. Although, the depth and severity differ, however, the larger percentage of the population across locations have experienced significant economic shock with limited access to basic needs (like food, social life and education). Apart from the hardship imposed by the restrictions, the rise in food prices also contribute a significant difficulty in the socioeconomic wellbeing. The situation is expected to be largely felt among



students and the aged or those with no current occupation or loss of job.

Although, there were palliatives from the government and private individuals, still the effect of the impact of the pandemic was not cushioned because most persons or households did not get access to these palliatives thereby resulting to some persons starving during the pandemic periods. The situation therefore calls for the need for advocacy and urgent intervention to reduce incidence of poverty as well as the establishment of effective adaptive mechanism that will foster restoration of life, social and economic activities among the general public in port Harcourt metropolis and Nigeria at large.

Recommendations

Below are some recommendations the research study puts forward;

1. It is recommended that government should intensify efforts to reach out to those households who are less privileged and negatively affected by the pandemic in the country.
2. There is also need to robust national response to align with development target of national economic empowerment policy. Such efforts should provide livelihood opportunities to focus on the households who lost their revenue stream during the lockdown and implement social safety nets programs to cushion the negative effect of financial disruption occasioned by the pandemic.
3. Government should set up policies for social welfare for in order to help alleviate the poverty status of some Nigerians.
4. Monetary policy that can accelerate the increase in production by reducing the cost of production through the cost of capital and reduce energy prices should be



implemented.

References

- Abara, E. (2020). Updated: List of all companies and billionaires that have contributed to COVID-19 Relief Fund. *Nairametrics*,
- Adeniran, A., Sidiq, B. (2018). Economic recession and the way-out: Nigeria as case study. *Global Journal of Human Social Science*, 18(1), pp. 181-192.
- Adesoji, D. (2014). Socioeconomic characteristics and satisfaction of tenants in public housing in Lagos, Nigeria. *Africa Development / Afrique et Développement*, 9 (3), pp. 31-50.
- Akhbar-Williams, T. (2010). "Class structure". In Smith, Jessie C. (ed.), *Encyclopedia of African American Popular Culture*, (1), ABC-CLIO. p. 322.
- Al-Ghwel, H. (2020). Why Nigeria must diversify from oil and why it won't. Arab News. Available: <https://arab.news/c5dq5>. Accessed 2 June, 2020.
- Aluko F, Arowolo D (2010). Foreign aid, the third world debt crisis and the implication for economic development: The Nigerian experience. *African Journal of Political Science and International Relation*, 4(4) pp. 120-127.
- Amasi, O. (2016). "Economic recession through the lens of entrepreneurs and the private sector". Being a Paper Presented at a Symposium Organized by the Department of Economics, University of Uyo, Uyo, Akwa Ibom State, on Nigeria's Economic Recession.
- Amnesty International (2020). Nigeria: Authorities must uphold human rights in fight to curb Covid-19. Available: <https://www.amnesty.org/en/latest/news/2020/04/nigeria-covid-19/> Accessed 23 June, 2020.
- Arinze, F., Ogwu, S., Aliyu, A. (2020). Nigeria: Job cuts loom as COVID-19 takes toll on private sector. *AllAfrica*. Available: <https://allafrica.com/stories/202004060843.html> Accessed 23 June, 2020.
- Awojobi, O., Ayakpat, J., Adisa, O. (2014). Rebased Nigerian gross domestic product: the role of the informal sector in the development of the Nigerian economy. *International Journal of Education and Research*, 2 (7) pp. 301-316.
- Babanyara, Y., Usman, H., Saleh, U. (2010). An overview of urban poverty and environmental problems in Nigeria. *Journal of Human Ecology* 31(2): pp 135-143.
- Baizidi, R. (2019). Paradoxical class: Paradox of interest and political conservatism in middle class. *Asian Journal of Political Science*. 27 (3) pp. 72-285, doi:10.1080/02185377.2019.1642772
- Bjørnland, H. (2000). The dynamic effects of aggregate demand, supply and oil price shocks—A comparative study. *The Manchester School*, 68 (5), pp. 578-607.



- Brown, D. (2009). "Social class and status". In Mey, Jacob (ed.). *Concise Encyclopedia of Pragmatics*. Elsevier. p. 953.
- Campbell, J. (2020). Presidential gatekeeper and confidant, Abba Kyari, Dies From COVID-19. Council on foreign relations, April 21. Available: <https://www.cfr.org/blog/presidential-gatekeeper-andconfidant-abba-kyari-diescovid-19> Accessed June 30, 2020.
- Campbell, J., McCaslin, J. (2020). How Nigeria has responded to COVID-19 So Far. COVID-19. Council on foreign relations, April 28. Available: <https://www.cfr.org/blog/how-nigeria-has-responded-covid-19-so-far> Accessed June 30, 2020.
- Chakraborty. R. (2017). Epidemics. *Encyclopedia of global bioethics*. DOI 10.1007/978-3-319-05544-2_174-3
- Centers for Disease Control and Prevention (CDC) (2020). Human coronavirus types. Available: <https://www.cdc.gov/coronavirus/types.html> Accessed, 03 June 2020.
- Central Bank of Nigeria (CBN). (2015). Economic and financial review 53 (4) pp 1-150. Available: <https://www.cbn.gov.ng/Out/2018/RSD/CBN%20EFR%20Vol%2053%20No%204%20December%202015.pdf>, Accessed 20 June 2020.
- Darin-Mattsson, A., Fors, S., Kåreholt, I. (2017). Different indicators of socioeconomic status and their relative importance as determinants of health in old age. *International Journal for Equity in Health* (16):173, DOI 10.1186/s12939-017-0670-3.
- Davis, J., Dolfsma, W. (2008). "Social economics: an introduction and a view of the field", in Davis, John B.; Dolfsma, Wilfred (eds.), *The Elgar Companion to Social Economics*, Cheltenham, UK Northampton, Massachusetts: Edward Elgar, pp. 1– 7.
- Fapohunda, T. (2013). Reducing unemployment through the informal sector in Nigeria *International Journal of Management Sciences*, 1, (7), pp. 232-244.
- Feyisipo, R. (2020). Coronavirus: There will be no lockdown in Oyo, says Gov. Makinde. *Business Day*, April 27, 2020. Available: <https://businessday.ng/coronavirus/article/coronavirus-there-will-be-no-lockdown-in-oyo-says-gov-makinde/>
- Heath, A., Martin, J. and Beerten, R. (2003). 'Old and new social class measures' in D. Rose and D.J. Pevalin (eds.) *A Researcher's guide to the national statistics socio-economic classification*. London: Sage.
- Hellmich, S. (2015). What is socioeconomics? An overview of theories, methods, and themes in the field. *Forum for Social Economics* 44 (1), 1-23.
- Kwanga, C. (2015). Nigeria's rebased 2013 GDP: Contending the debate. *Journal of Humanities and Social Science*, 20, (3), pp. PP 27-34 DOI: 10.9790/0837-20332734 www.iosrjournals.org.



- Kyambalesa, M. (2009). Socio-economic challenges: The African context. *AfricanAffairs*, 108, (430) pp. 144–145, <https://doi.org/10.1093/afraf/adn070>
- Liu, W. (2010). Social class and classism in the helping professions: Research, Theory, and Practice. SAGE. pp 29.
- Mark A. (2009). ‘Social economics’ in Jan Peil and Irene van Staveren (ed.), *Handbook of economics and ethics*, pp. 516-22, Edward Elgar Publishing.
- Nastav, B., Bojnec, S. (2008). Small Businesses and the Shadow Economy. *Czech Journal of Economics and Finance*, Vol. 58, Issue 01-02, pp. 68-81.
- National Bureau of Statistics (NBS) (2020). GDP. Available: <https://www.nigerianstat.gov.ng/> Accessed 23 June, 2020.
- National Bureau of Statistics (NBS) (2010). National manpower stock and employment generation survey: Household and Micro Enterprise (Informal Sector) Available: <http://www.nigerianstat.gov.ng/download/403>, Accessed 23 July, 2020.
- Nnanna, J.(2020). An overview of the economic impact of COVID-19 Pandemic on Nigeria. *Business Day*. Available: <https://businessday.ng/author/businessday2015/> Accessed 23 June 2020.
- Meyer N., Meyer D. (2016). The relationship between the creation of an enabling environment and economic development: A Comparative Analysis of Management at Local Government Sphere *Polish Journal of Management Studies*, 14 (2) pp.150-160, DOI: 10.17512/pjms.2016.14.2.14
- Michael, M. (2004). The status syndrome: How social standing affects our health and longevity. New York: Owl Books.
- Aguiar, A., Chepeliev, M., Corong, E., McDougall, R., & van der Mensbrugghe, D. (2019). The GTAP data Base: Version 10. *Journal of Global Economic Analysis*, 4(1), 1-27.
- Arndt, C. and J. D. Lewis (2001). The HIV/AIDS pandemic in South Africa: Sectoral Impacts and Unemployment. *Journal of International Development* 13(4): 427-49.
- Barro, R. J. (1991). Economic growth in a cross-section of countries. *The Quarterly Journal of Economics*, Vol. 106, No. 2, pp. 407-443.
- Barro, R. J. (2015). Convergence and Modernisation. *Economic Journal*, Vol. 125, No. 585, pp. 911-942.
- Bell, C., S. Devarajan and H. Hersbach (2004). Thinking about the long-run economic costs of AIDS, in *The Macroeconomics of HIV/AIDS*, M. Haacker (eds). Washington DC, IMF: 96-144.
- Beveridge, W. I., 1991. The chronicle of influenza epidemics. *History and Philosophy of the Life Sciences* 13(2), 223-34.
- Bhargava, A. and et al., 2001. Modeling the effects of health on economic growth. *Journal of Health Economics* 20(3), 423-40.



- Bittlingmayer, G., 1998. Output, stock volatility, and political uncertainty in a natural experiment: Germany, 1880-1940. *Journal of Finance* 53(6), 2243-57.
- Bloom, D. E. and J. D. Sachs, 1998. Geography, demography, and economic growth in Africa. *Brookings Papers on Economic Activity* 0(2), 207-73.
- Bloom, E., V. d. Wit, et al., 2005. Potential economic impact of an Avian Flu pandemic on Asia. ERD Policy Brief Series No. 42. Asian Development Bank, Manila. http://www.adb.org/Documents/EDRC/Policy_Briefs/PB042.pdf.
- Chou, J., N.-F. Kuo, et al., (2004). Potential impacts of the SARS outbreak on Taiwan's Economy. *Asian Economic Papers* 3(1), 84-112.
- Congressional Budget Office (2005). A potential influenza pandemic: Possible macroeconomic effects and policy issues, CBO Washington DC.
- Cox, N. J. and K. Fukuda (1998). Influenza. *Infectious disease clinics of North America* 12(1): 27-38.
- Cuddington, J. T., 1993a. Further results on the macroeconomic effects of AIDS: the dualistic, labour-surplus economy. *World Bank Economic Review* 7(3), 403-17.
- Cuddington, J. T., 1993b. Modeling the macroeconomic effects of AIDS, with an application to Tanzania. *World Bank Economic Review* 7(2), 173-89.
- Cuddington, J. T. and J. D. Hancock, (1994). Assessing the impact of AIDS on the growthpath of the Malawian Economy. *Journal of Development Economics* 43(2), 363- 68.
- Das, S. R. and R. Uppal,(2004). Systemic Risk and International Portfolio Choice. *Journal of Finance* 59(6), 2809-34.
- Feldstein, M. and C. Horioka, (1980). Domestic Saving and International Capital Flows. *Economic Journal* 90(358), 314-29.
- Figura, S. Z. (1998). The forgotten pandemic. The Spanish Flu of 1918 was gravest crisis American hospitals had ever faced. *The Volunteer Leader* 39(2): 5.
- Fisman, R. and I. Love, (2004). Financial Development and Growth in the Short and Long Run. The World Bank, Policy Research Working Paper Series 3319.
- Freire, S., (2004). Impact of HIV/AIDS on saving behaviour in South Africa. African development and poverty reduction: the macro-micro linkage, Lord Charles Hotel, Somerset West, South Africa.
- GHSIndex, 2020. Global Health Security Index 2019. Nuclear Threat Initiative, Washington D.C; Johns Hopkins Center for Health Security, Maryland; and The Economist Intelligence Unit, London. <https://www.ghsindex.org/>.
- Gordon, R. H. and A. L. Bovenberg, (1996). Why Is Capital So Immobile Internationally? Possible Explanations and Implications for Capital Income Taxation. *American Economic Review* 86(5), 1057-75.



- Grais, R. F., J. H. Ellis, et al., (2003). Assessing the impact of airline travel on the geographic spread of pandemic influenza. *European Journal of Epidemiology* 18(11), 1065-72.
- Haacker, M., 2002a. The economic consequences of HIV/AIDS in Southern Africa. *IMF Working Paper W/02/38*, 41-95.
- Haacker, M., 2002b. Modeling the macroeconomic impact of HIV/AIDS. *IMF Working Paper W/02/195*, 41-95.
- Haacker, M., Ed. (2004). *The Macroeconomics of HIV/AIDS*. IMF, Washington DC.
- Hai, W., Z. Zhao, et al., (2004). The Short-Term Impact of SARS on the Chinese Economy. *Asian Economic Papers* 3(1), 57-61.
- Henderson, D. W. and W. McKibbin (1993). A Comparison of Some Basic Monetary Policy Regimes for Open Economies: Implications of Different Degrees of Instrument Adjustment and Wage Persistence. *Carnegie-Rochester Conference Series on Public Policy* 39(1): 221-317.
- Hyams, K. C., F. M. Murphy, et al., (2002). Responding to Chemical, Biological, or Nuclear Terrorism: The Indirect and Long-Term Health Effects May Present the Greatest Challenge. *Journal of Health Politics, Policy and Law* 27(2), 273-91.
- Kaufmann, D., A. Kraay, et al., (2004). Governance Matters III: Governance Indicators for 1996, 1998, 2000, and 2002. *World Bank Economic Review* 18(2), 253-87.
- Kilbourne, E. D., 2004. Influenza pandemics: can we prepare for the unpredictable? *Virallmmunology* 17(3), 350-7.
- Kilbourne, E. D., 2006. Influenza immunity: new insights from old studies. *The Journal of Infectious Diseases* 193(1), 7-8.
- Killingray, D. and H. Phillips, (2003). *The Spanish influenza pandemic of 1918-19 : new perspectives*. Routledge, London ; New York.
- Lee J-W and W. McKibbin (2004) "Globalization and Disease: The Case of SARS" *Asian Economic Papers* Vol . 3 no 1. MIT Press Cambridge USA. pp. 113-131 (ISSN 1535-3516).
- Lee J-W and W. McKibbin (2004) "Estimating the Global Economic Costs of SARS" in S. Knobler, A. Mahmoud, S. Lemon, A. Mack, L. Sivitz, and K. Oberholtzer (Editors), *Learning from SARS: Preparing for the next Outbreak*, The National Academies Press, Washington DC (0-309-09154-3)
- Levine D.I. and W. J. McKibbin, W. (2020) "Simple steps to reduce the odds of a global catastrophe" The Brookings Institution, <https://www.brookings.edu/opinions/simple-steps-to-reduce-the-odds-of-a-global-catastrophe/>