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POST COVID-19 RECOVERY AND COPING METHODS AMONG RESIDENTS IN EDO STATE

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ABSTRACT

Post covid-19 survival has remained fervent in the heart of state actors and non-state actors, academics, policy makers and business professionals. This is informed by havocs wrecked by the pandemic at both micro and macroeconomic sphere. While it is true that nations of developed world have recovered fast and recorded double digits growth, Africa has shown slow pace of recovery. Citizens in the latter have continued to experience downward fall in quality of life and household malnutrition due to havocs of economic woes imposed by covid-19. Nigeria is not exception in the woes. This study therefore examined household recovery in post covid-19 lockdown and coping methods. The study adopted descriptive quantitative survey. Sample size was 398, determine using Yamane statistically method of sampling. Study population consisted of household in semi urban area of Okada in Edo state. Data were collected and analysed quantitatively using descriptive and inferential statistics. Mean age of participants was 38.9 and consisted of 55.5 % males in the study. More than three quarter sample population had slow pace adjustment in post lockdown, more than half participants reported job loss, financial stagnancy to keep up small businesses, poor household income and malnutrition. Three quarter sample participants were self employed and relied on business income or contractor service. Coping methods consisted of family support, quarantine and isolation from crowd and deliberate removal from public service. Household income tremendously shrank due to poor public fear of covid-19 which affected small scale occupation and self driven income. It is recommended that welfare intervention should be intensified to recalibrate occupation and rejig household in the post lockdown.

Keywords: covid-19, household income, post lockdown recovery, welfare state.

Introduction

The global community experienced the surge of covid-19 pandemic which ravaged human existence and altered mode of life. Covid-19 is a respiratory viral disease which has rapid mortality and highly contagious (World Health Organization: 2020). The mortality rate of the disease is considered highest in the global community; killed more than one million victims; affected 50 million patients; and subjected global health to vulnerability in which everybody is a potential carrier (Nigeria Centre for Disease Control, 2020). The disease was discovered in the Chinese city of Wuhan and later spread to global society which brought countries

together in collective effort to cure and eradicate the disease (World Health Organization, 2020). Covid-19 is defined by World Health Organization (2020) as pandemic disease. This definition discloses danger of contagiousness, rapid risk and mortality of the viral disease. Against this backdrop, the pandemic was a wildfire ravaging every nook and cranny of the globe, there was premonition to shut down economic, social, political, religious activities and other engagements to contain the pandemic. Nations in America, Europe, Asia and Africa closed down activities to avoid physical contact. Sovereign nations developed independent tactics to fight the pandemic.

Nigeria has the share of the pandemic as global nation. The federal government took drastic measure to shut down the economy in a bid to safeguard public health. This proclamation was binding on the federating units of Nigeria. Therefore, socioeconomic activities were grounded for some period of time. Movement of goods and services was halt; business vista was reconfigured; physical contact was restricted; and there was new normal that organized economic activities. In the year 2020, Nigeria economic society was altered and application of online socioeconomic was launched. There was faceless business contact which was prosecuted through internet networks. Business owners and consumers, which had knowledge of online enterprises rapidly keyed into the new vista of networking. This period was a daunting challenge for social and economic activities to thrive in both public and private sector (National Bureau Statistics, 2020). It was the period of economic downturn and social distancing did not only collapse the shock of economic buoyancy, it also altered pattern of social life, lifestyle consumption, luxurious goods and the multiplier effect was rapid, shutdown profit for numerous entrepreneurs.

Indeed, the heat of covid-19 pandemic ushered Nigeria into another economic recession twice within five years (NBS, 2020). The economic downturn compelled complex organization in banking, manufacturing, travels and tours, aviation, hospitality and consulting firms to shed personnel as response to the recession. There was massive retrenchment of payroll personnel to keep balance sheet healthy for organizations (Central Bank of Nigeria, 2020). Unfortunately, the recession was a cutting edge which affected both formal and informal organization. Numerous artisans, traders, large scale and medium/small scale farmers and business entrepreneurs were caught in the web of the recession. The recession inflicted resounding havoc on Nigerian economy, shutdown economic prospects for local and foreign business partners, and there was heat which also pervaded in the civil service of the federation (NBS, 2020). Invariably, salaries were owed in backlogs for government workers, the purchasing power was battered and multiplier effect was pronounced in the market system, especially the informal sector.

Although the economy was later reopened to recalibrate the battered system which resulted from the pandemic, the socioeconomic configuration has not recovered from the shock (NBS: 2020; World Trade Organization, 2021). It is important to ascertain if Nigeria has recovered from negative decline in the Gross Domestic Product (GDP). The contour of spots on socioeconomic life is universal and it may not be ascertained those households, enterprises and entrepreneur, especially within Okada community, of Ovia North East Local Government Area of Edo State, has fully recovered. Against this backdrop, the study crosschecks post pandemic life and survival of households.

Objectives of the study

Drawing from above proposition and literature evidence, the following specific objectives are listed for the study, to:

1. Appraise coping strategies adopted by residents in post covid-19 lockdown
2. Assess socio-economic recovery in the post covid-19 era.

Literature Review

COVID-19 Spillover to the Nigerian Economy

Covid-19 pandemic imposed unprecedented effect on global economy and crippled economies of many developing nations. The pandemic lockdown affected Nigeria and spillover evidence is rife. To start with, the pandemic altered borrowers' capacity to service existing loans, which gave rise to non-performing loans (NPLs) that depressed banks' earnings and eventually impaired banks' soundness and stability (Ozili, 2020). Subsequently, banks were reluctant to give additional loans to borrowers due to poor capacity to service and repay existing loans during COVID-19 outbreak (National Bureau of Statistics, 2020). Similarly, global shocks in oil demand significantly affected crude price. The most visible and immediate spillover was drop in price of crude oil, nearly above US$30 per barrel and below US$60 per barrel as at March 2020 (NBC:2021).Crude oil market was visibly affected in short and long run effect, displaced projected gains for macroeconomic variables (Central Bank of Nigeria, 2020). Aviation sector experienced drastic destabilization and stagnation since lockdown proclamation restricted both domestic and international flights (CBN, 2021).

There were supply shocks in global supply chain, importers shut down factories due to closed borders particularly China which serves Africa hub (NBC, 2021). Nigeria was severely affected due to fact that it is import-dependent economy, and this resulted in shortage of crucial supplies for pharmaceutical items, spare parts, and finished goods from China (CBN, 2021). National budget was significantly adjusted to the reality of lockdown and macroeconomic decline. Federal budget had planned oil price at US$57 per barrel prior to pandemic lockdown; however, the fall in oil price to US$30 per barrel suggested that the budget was not useful and needed recalibration to reflect economic reality. Also, Nigerian stock exchange market was visibly distressed during pandemic. Major market indices in the stock market plunged when investors pulled out their investments into safe havens like US Treasury bonds (CBN: 2020). Stock market investors lost more than NGN2.3 trillion (US$5.9bn) barely three weeks after the first cases of coronavirus was confirmed and announced in Nigeria, January 28, 2020 (NBC: 2021).

The market capitalization 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 percent drop. Although the economy recovered shortly after easing of lockdown and pandemic subsided, the route to recovery has slowed with traces of consequence for growth and socio-economic implication for citizens. Post recovery evidence indicates major setback for residents, job losses, inflation, fall in household income, inadequate nutrition and hunger and social vices have remained major problem in Nigeria society (Micah, 2022). Government is resolute to recalibrate economic growth and gross domestic product, GDP, global outlook of economy suggests that developed economies have recovered fast and doubled the gains in post recovery lockdown (CBN, 2021).

Developing nations like Nigeria has progressed at low pace when citizens are in dire need of social transformation and development to compensate the loss in the pandemic.

Monetary and Fiscal Policy measures in post lockdown recovery

In response to the COVID-19 outbreak, the monetary authority, the Central bank, said it would provide support to affected households, businesses, regulated financial institutions and other stakeholders to reduce the adverse economic impact of the COVID-19 outbreak. The central bank provided support in six ways. One, it granted extension of loan moratorium on principal repayments from March 1, 2020. This meant that any intervention loan currently under moratorium would be extended by one year. Two, it offered interest rate reduction on all intervention loan facilities from 9% to 5% beginning from March 1, 2020. Three, it offered NGN50bn (US$131.6m) targeted credit facility to hotels, airline service providers, health care merchants, among others. Four, it provided credit support to the healthcare industry to meet the increasing demand for healthcare services during the outbreak. The loan was available only to pharmaceutical companies and hospitals. Five, it provided regulatory forbearance to banks which allowed banks to temporarily restructure the tenor of existing loan within a specific time period particularly loans to the oil and gas, agricultural and manufacturing sectors. Six, it strengthened the loan to deposit ratio (LDR) policy which allowed banks to extend more credit to the economy. On the other hand, the fiscal authorities had to review and revise the 2020 national budget of N10.59 trillion (US$28 billion).

The government announced that the budget was reduced by NGN1.5 trillion ($4.90 billion) as part of the measures to respond to the impact of coronavirus on the economy and in response to the oil price crash. The new budget was benchmarked at US$30 per barrel from US$57 per barrel in the previous budget.

Lack of social welfare program

Before the COVID-19 outbreak, there were major social welfare problems in Nigeria 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 are underdeveloped, 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 corona virus 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&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& 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.

The significance of social policy perspective cannot be underestimated in neoliberal economic tradition. Against this backdrop, the study adopted dimension of welfare state assumption to complete literature. Welfare state assumes that government is saddled with mainstream duties to provide essential services to citizens as leverage for subsidy to eliminate high cost of living (Micah, 2022). Government acts as safe haven in the provision of infrastructure, housing, sanitation, health insurance, social life allowance, family support benefits, aged cares and amenities to compensate cost of living. America, United Kingdom and part of Europe are examples of welfare state despite neoliberal economic model which operated in the society. Government is a safety net for citizens and state programmes offer compressive data of residents for effective distribution. Social policy theory assumes that the state exists as protection of citizens, redistribute income to compensate for inequality and safeguard the vulnerable. Although traditional welfare state assumes socialist perspective when government owns and redistributes state resources, neoliberal welfare state extends the notion that government diversity function, deregulate and liberalize the economy to remove bureaucratic bottlenecks for efficiency. This ideology is rooted in the American society and Europe when deregulation and liberalization allow efficiency and state welfarism. The position manifested sufficiently during covid-19 lockdown in America and Europe. Citizens in these countries were covered effectively in the state comprehensive social data and welfare.

Nigeria offered similar welfare provision during lockdown and provided palliative programme. However, it was found that state data and records of citizens were not adequate, skewed politically, hijacked by politicians or did not exist in some cases. It was therefore difficult to cover citizens' distress and welfare service had little no impact for residents. Unfortunately, many households were dazed in hunger, starved with malnutrition and lacked essential services to keep up with life. Businesses were folded up, job losses mounted, investment failed without state compensation and hopes of survival daunted. The post recovery lockdown has remained elusive for many in the country and there is exacerbated socio-economic situation.

Methodology

This study was conducted in Okada community, semi-urban location consisting mainly of households. Okada is located in Ovia North-East local government (LG) area, and headquarter of the LG. Population of the residents consisted of 153,849 and mainly dominated by Edo people of the Niger-Delta in south-south geopolitical zone. The study adopted quantitative survey design and consisted of 398 sample population. Taro Yamane sample

formula N/ (1+n (e)^2) was adopted. Sample estimate and notation are expressed: n= sample size, N= Population under study, e= margin error working at confidence level of 95%=0.05

Sample size n= 153,849(1+153,849 (0.05)^2)
= 153,849(1+153,849 (0.0025)
=398

The study adopted household selection techniques using purposive, systematic and accidentally sampling method. At the level of purposive, study area was selected based on criteria of study objectives which fit perfectly into study area. This study is designed to cross check coping strategies in post lockdown pandemic; Okada residents were inclusive in the catastrophic effect of pandemic lockdown. The town exhibits post lockdown distress in socio-economic activities. There are 2500 households in the community as at the time of this study. The households were labeled in clusters of street-road and systematically identified for study. Every 50th household was selected, given total 50 households in the study. Accidental sampling was applied to select available and consented members of household. Method of data collection was quantitative using labeled numeric question method to generate statistical data. Structure questionnaire was applied. Data were analysed using quantitative method; data were input in computer software programme machine. Statistical tools which consisted of descriptive and inferential statistics were applied. Validity of instrument was cross checked using content validity method which sieved each question item in alignment with variable measurement for consistency. Reliability adopted Cochran's estimate test at .79 percent reliability and test-retest pilot study method. Ethical approval was validated by local authorization of the community and participants consented, identities kept anonymous and study was non malfeasant.

Results and discussion

Table 1: Coping strategies among residents

Variable	Frequency (n=382)	Percentage (%)
Do you consult hospital or health centers at regular intervals to remain healthy in the era of Corona Virus?		
Yes	159	41.8
No	212	55.7
Not sure	11	2.8
Do you apply herbs as alternative means to prevent the virus?		
Yes	208	54.3
No	169	44.3
Not sure	5	1.4
Do you isolate from potential carrier of the virus?		
Yes	265	69.5
No	104	27.0
Not sure	13	3.5
Do you call government covid-19 response line to attend to suspicious case?		
Yes	80	20.9
No	292	76.5

Not sure	10	2.6
Do you apply physical distance at workplace?		
Yes	300	78.7
No	70	18.4
Not sure	12	2.9
Do you have personal hand sanitizer to prevent the virus?		
Yes	324	84.8
No	56	14.7
Not sure	2	0.5
Do you now avoid handshake and hugging in public space?		
Yes	287	75.2
No	85	22.3
Not sure	10	2.5

Source: Field Survey, 2021

Coping Methods among residents

This study identified some coping methods adopted by residents as means to prevent spread of Covid-19. Table 1 listed items which consisted of coping strategies adopted by residents to prevent Covid-19. Respondents were asked about their consultation to health facilities during the Covid-19 lockdown period. Only 159 (41.8percent) maintained consistent consultation in hospitals to remain healthy during the pandemic, 212 (55.7percent) had remained distanced and not willing to patronise hospitals because of anxiety associated with Covid-19. There were 207 (54.3percent) that preferred herbs to 169 (44.3percent) that preferred other alternatives. Isolation from potential carriers of the disease was indicated by 265 (69.5percent); 80 (20.9 percent) were keened to call government emergency call centres of Covid-19 willing to report cases of the disease while 292 (76.4 percent) were not interested in contacting the government because some doubt the effectiveness of the government while others did not have any reason to; and 300 (78.7percent) applied physical distancing in workplace. Similarly, 324 (84.8percent) adopted utilization of sanitizer as preventive measure; and 287 (75.2percent) avoided handshakes and hugging in public space. These were methods adopted by respondents to check contracting Covid-19 and complied with government preventive protocols.

The prevailing evidence in the study is that residents in the area were conscious about existence of Covid-19 and the methods adopted to live above infection and maintain healthy living. Although hospital patronage was better in this study compared to previous studies Odii e*t al* (2020), some respondents were found unwilling to visit hospitals because of fear associated with the pandemic. Galea *et al* (2020) proved that physical distancing has not only changed the patterns of daily routine but with serious consequences on mental health and well-being in both the short and long term.

Table 2: Socio-economic recovery among residents in post covid-19 era

Variable	Frequency (n=382)	Percentage (%)
Do you think your finances have improved after the lockdown?		
Yes	208	54.3
No	112	29.1
Not sure	22	7.8
Do you engage in constant interaction with others now?		
Yes	327	85.6
No	52	13.6
Not sure	3	0.8
Do you consult health services in the hospital now?		
Yes	242	63.1
No	137	35.8
Not sure	4	1.1
Are your business ventures recovering since after the lockdown?		
Yes	222	58.2
No	117	30.5
Not sure	43	11.3

Source: Field Survey, 2021

Socio-economic Recovery in Post Pandemic

While there is little research on the aftermath of the global pandemic, there are many studies on recovery after natural disasters such as the 2011 Japanese Tsunami, the 2011 Thailand Chao Phraya river floods, and the 2016 Taiwan earthquake (Abe &Hoontrakul: 2014; Abe & Ye: 2013; Basher *et al:* 2015). These studies indicated several common findings which includes the recovery from such natural disasters. Comparatively, a global pandemic such as COVID-19 is a larger external shock to the economy, but it does not physically damage the current production capacity. According to Kang et al., once lockdowns are lifted, workers can immediately go back to their jobs and business can return to normal. In the study done by Ozili (2020), the spillover havocs from Covid-19 lockdown affected all aspects of life in economic and social sector. The interest of researchers over time has always been to seek scientific approach which could solve the problem Covid-19 both at the level of clinical and non-clinical. Against this backdrop, the study conducted checklist of socio-economic recovery.

Basically, recovery was to show the proportion of respondents that indicated traces or expectation of recovery. In other words, it was possible that some individuals had expectation of recovery, but such individual is yet attains rapid level. Some respondents 207 (54.3percent) showed financial recovery in post pandemic lockdown, 111 (29.1percent) were yet to recover financial amongst them some felt it is impossible to recover in the early times of post lockdown. Critically, respondents that reported expectation only hope that things got better in the post lockdown. Similarly, 241 (85.5percent) began to engage in constant interaction, 53

(13.8percent) feared that constant interaction was not possible due to Covid-19 and had not begun to engage in constant interaction. In the same vein, 241 (63.1percent) have gradually begun to consider hospital consultation in post Covid-19 lockdown while 127 (35.8percent) were not going to consider hospital patronage. Respondents that considered utilization of hospital in post Covid-19 showed perception of anxiety and rationality. The fear of Covid-19 was visible among the respondents and it was not certain whether or not individuals that said they would patronise hospital was sustainable. There were 222 (58.2percent) had begun to experience business recovery and 117 (30.5percent) felt there was impossibility for recovery in post Covid-19 lockdown.

Recovery in the midst of the pandemic mixed with anxiety, hope, physical distancing, reduced social interaction and observance of Covid-19 preventive protocols. Although majority of the participants were yet to recover adequately in economic potential and health seeking behaviour, it is expected that government intervention in socio economic life of citizens is vital in the new normal.

Table 3: Chi Square Analysis

Demographic characteristics	Economic recovery				Chi square	Correlation
What is your sex?					X^2 13.442 df=10 p>.20 single linear regression (R1.34 p<.03)	r=-0.8 p<.04
	Yes	No	Not sure	Total		
Male	100(82.0%)	12(9.8%)	10(8.2%)	122 (43.3%)		
Female	78(48.8%)	70(43.8%)	12(7.5%)	160(56.7		
Total	178(63.1)	82(29.1%)	22(7.8)	382 (100.0)		
What is your occupation?	Economic Recovery?				X^2 13.277 df=4 p<.01	r=0.2 p>.04
	Yes	No	Not sure	Total		
Civil servant	29(72.5%)	8(20.0%)	3(7.5%)	40(14.2%)		
Corporate employees	24(48.0%)	11(22.0%)	15(30.0 %)	50(17.7%)		
Self employed	57(48.7%)	59(50.4%)	1(0.9%)	117(41.5 %)		
Clergy	10(66.7%)	2(13.3%)	3(20.0%	15(5.3%)		
Students	58(96.6%)	2(3.4%)	-	60(21.3%)		
Total	178(63.1%)	82(29.1%)	22(7.8%	382 (100.0%)		

Chi Square Test of Association

Chi square analysis was checked for some variables which revealed association between dependent and independent variables. Table 3.7 contains items of variables and chi square values. In the table, gender and economic recovery were cross tabulated to check chi square test. The intention was to verify difference in gender and recovery in post pandemic. Chi square test was given using spearman coefficient. There was no significant relationship between gender and recovery. This implies that economic recovery in post pandemic was not determined or skewed as factor of gender. Whether male or female is not prerequisite to fast-track recovery, rather it was expected that both male and female showed signs of recovery depending on availability of capacity or resources in the new normal. Further check was tested in correlation analysis. Correlation coefficient was given. There was negative non-linear coefficient, though significant at two-tail. Indicatively, the non-linear relationship was consistent with chi square test. However, two-tail significance offered further insight that recovery could likely be predicted by gender where further test is conducted.

Occupation and economic recovery were checked to identify difference. It was the intention to establish that there was no significant difference between occupation and recovery. Chi square spearman coefficient was given. It was significant relationship between occupation and recovery. This test was consistent with mean estimate of occupation and recovery. Suggestively, type of occupation was significant to predict recovery in post pandemic. Like mean estimate, it was predicted that civil service occupation and clergy had better chance of recovery. Self-employed occupation and corporate employee were less possible to recover. Correlation coefficient for occupation and recovery was given. There was positive linear relationship and significant.

Conclusion

The study evidently showed that households were inadequately covered by state palliatives which help to mitigate effect of lockdown. Less than three quarter of the residents' accessed palliative and coping method was based on family support, religious organization, meagre financial assistance from personal savings and business income. The post lockdown recovery was daunting for household residents due to lack of state support, bank ailing condition in post lockdown, failing ventures and political patronage which serves as means of access to welfare inclusion. There was dire socio-economic condition for households in the post lockdown.

However, the situation can be salvaged when welfare policy is efficiently governed. The study identifies the following policy recommendations based on evidence.

1. Access to covid-19 palliatives among residents in Edo state was selective and excluded some beneficiaries despite the vital cushioning it offered. It is recommended that state emergency intervention should be implemented and sustained to capture households for survival. In sharing such palliatives, village heads, religious leaders should be involved in the distribution of the palliative to help ensure even distribution.
2. Coping strategies were adopted by residents in Okada town, Edo state to adjust adequately to life in the pandemic. These methods were willingly followed and executed. It is the responsibility of the government and Non-government Organization (NGO) to educate the public through mass media on the relevance of the coping strategy as a way to reduce the spread of the virus.

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