Archives of Pharmacy and Pharmacology

Research Article

Volume 1, Issue 1

Local Perception of Coronavirus Disease Care in Southwestern Nigeria

Aderemi Suleiman Ajala[1], Kayode Akinsete[2], Idayat T Gbadamosi[3] and Sam K Olaleye[4]*

[1]*Department of Archaeology and Anthropology, University of Ibadan, Nigeria*

[2]*Department of Archaeology and Anthropology, University of Ibadan, Nigeria*

[3]*Department of Botany, University of Ibadan, Nigeria*

[4]*Department of Religious Studies, University of Ibadan, Nigeria*

[*]**Correspondence:** Aderemi Suleiman Ajala**,** Department of Archaeology and Anthropology, University of Ibadan, Ibadan, Nigeria, E-mail: asajala@yahoo.co.uk

Received: June 20, 2020; Accepted: August 4, 2020; Published: August 08, 2020

Abstract

This study presents cultural classification of illness and disease as an insight into the comprehension of the behaviours and attitudes of people towards Coronavirus disease. The researchers depend largely on data gathered through rapid research approach in some cities in Yorùbá land in the southwest geopolitical zone of Nigeria, where Facebook, WhatsApp, phoning, and quick in-depth interviews, ethno-botanical survey/analysis of some anti-microbial herbs and case analysis were held. The study brings to light conflicting and contrasting opinions of COVID-19, which engender divergent systems of care and prevention among which are biomedical against preternatural causation and application of local herbs in competition with globalised western health care techniques. So the study proposes that, for proper understanding and formulation of care and preventive methods against Coronavirus, accommodation of local traditions within the context of globalised health culture is necessary.

Keywords: COVID-19; Yorùbá land; Local perception; Globalised health behaviours; Biomedical and preternatural causation

Introduction

By its outbreak, Coronavirus Disease (COVID-19) has plunged the entire world system into abysmal health and economic difficulties that surpass the after maths of previous universal pandemics such as HIV/AIDS and Ebola. Though the occurrence of COVID-19 is not the first epidemic and pandemic that has wreaked havoc on the global community, COVID-19 has engendered greater worldwide horror and panic as a result of the virulence of its emergence and spread. Ebola, which is the most recent epidemic, did not have worldwide coverage but was restricted to few countries in Africa and, therefore, did not provoke global mass frenzy which COVID-19 has unleashed on the world [1].

The spread of COVID-19 is so unprecedented that within the first five months of its outbreak, no continent is spared of the infection. The disease has, therefore, caused global economy to dwindle as there is a daily upsurge in morbidity and mortality. In addition, the global spread of the pandemic and the attendant damages to humanity have triggered a worldwide fright and horror. Between November 2019, when the first index case of COVID-19 was discovered in Wuhan region of China, and March 30th 2020, morbidity due to the pandemic rose to 703,485 with United States of America (USA) taking the lead with 164,248 cases. As at 1st April, 2020, there were 915,525 confirmed cases of COVID-19 worldwide, the global death toll had hit 45,541 while active cases in different countries around the world had hit 675,198 [2]. According to British Broadcasting Corporation (BBC) news, mortality due to COVID-19 in the United Kingdom (UK) on April 1, 2020 was 2,352, with not less than 22,000 persons that tested positive to the virus while in France mortality due to COVID-19 was 4032.

As at 1st April, 2020, the USA recorded 4,100 mortality rate accrued from COVID-19, with confirmed cases of 205,036, thereby making the United States the most affected country. Italy had the highest number of mortality numbering 13,155 deaths

out of 110,574 confirmed cases. In Africa, the story is not by any means different. For example, as at April 1st, 2020 [2,3], in South Africa, there were 1,380 confirmed cases and five deaths while only 52 cases recovered from COVID-19.

The first case of COVID-19 in Nigeria was confirmed on the 27th of February 2020 which was an Italian citizen who came to Nigeria on 25th February, 2020 from Milan, Italy for a brief business visit. Covid-19 case update by the Nigeria Centre for Disease Control (NCDC) reveals a total of 139 confirmed cases and 2 deaths as at 31st March, 2020. Although it was reported that 9 cases recovered and were discharged, there was no gain yet as the incidents of the pandemic continued to escalate every day. On April 30, 2020, for instance, 204 new cases were confirmed which brought the total number of confirmed cases to 1932. In this connection, the University of Ibadan (UI) data analysis and management Covid-19 group projected that the total confirmed cases in Nigeria was likely to hit 312 by the first week of April, 2020 if the number of cases continued to increase in same manner without urgent intervention. This prediction notwithstanding, Nigeria suffers insufficient test kits, inadequate isolation centres, and slow treatment of the COVID-19 patients and shortage of Personal Protection Equipment (PPE).

Sundry methodologies employed in containing the spread of COVID-19 are determined by the fright and horror generated by the deadly disease. Considerably, physical distancing, self-isolation, quarantine, lockdown and border closure against immigrants and refugees have been universally adopted to repress the virulent spread of the disease. Since no drug has been invented yet for the treatment of COVID-19, palliative measures, using various drugs like chloroquine, vitamin C, and alternative therapies are engaged in caring for patients of the disease. While each of these techniques has its uniqueness, with reference to social structures of society where they were invented, every society where COVID-19 is currently found has applied these approaches in mostly similar context, the local peculiarities that may influence best results in application of these strategies notwithstanding. Border closure may be effective in some West Africa countries, for instance, between Ghana and Republic of Togo in Aflao border, but perviousness in Nigerian international land borders with Cameroon and Chad, Niger and Benin Republic may militate against the success of border closure. In the same vein, one may wonder how border closure can be affected between Germany and Switzerland in Konstanz/Kreuzlingen where international border is loosely kept. Similarly, physical distancing may be easily applicable in European societies that have imbibed the culture of individualism but physical distancing and self-isolation may be hard to apply in many African communities where there is prevalence of large family sizes characterized by face to face relationship and interpersonal contacts, community interaction is communal and folks hustle for daily maintenance without strong public social investment. This difficulty is aggravated by the fact that quarantine imposes the suspicion of punishment and risk of stigmatization. In several communities in Africa, the control of COVID-19 has been made very slow by the challenges against those intervention approaches. Besides, many African nations like Nigeria have degraded their local methods of healing viral and bacterial infections and depend largely on western health care techniques which are often poorly serviced. Consequently, with the sluggishness of the global system to produce vaccine against coronavirus, the financial cost of accessing western medical care in Nigeria is higher and this makes it quite arduous to handle the disease even with the enforcement of physical distancing and self-isolation against COVID-19 by the government of Nigeria.

There are two conflicting local opinions about COVID-19 among the people of south-western Nigeria. Influenced by education, income, and religion, many Nigerian people such as the Ibos of southeast, Ibibio of south-coast, the Nupe of central and Yoruba of southwest Nigeria consider coronavirus as disease of the rich, especially against the fraudulent politicians who refused to develop Nigeria but have ruined the nation's economy through unbridled corruption and fraud of public capitals. Specifically among the Yoruba of southwest Nigeria, the disease is, therefore, seen as a punishment against corruption and dishonesty. Since its spread of to Nigeria is connected with international travel, COVID-19 is also regarded as disease against the Diasporas and returnees. This notion is prominent among the low-educated people and low income earners who are mostly adherents of traditional religions. On the other hand, the highly educated people and high income elites who are mostly associated with Christianity and Islam subscribe to the belief that COVID-19 is a biological weapon being used in superiority contest

between China and USA on economic control of the world. So the disease is biological and is no respecter of any person or group. Similarly, the uniqueness of control techniques and the complexity of the disease perception relating with prevention and care for the disease suggests localization of medicine and limitation of globalized health care approaches.

By localization of disease and illness we mean that illness and disease are shaped by culture. Hence, "how we perceive, experience and cope with illness and disease are based on our explanations, specific to social position we occupy and the system of meaning we employ" [4]. In other words, illness and disease are shaped by human cultures. Illness behaviour in the case of COVID-19 has been influenced by this notion as many Yorùbás in south-western Nigeria consider it as 'common cold' or 'flu' that can easily be dealt with and, therefore, does not necessitate the idea of exaggerated 'physical distancing' or 'isolation'. The idea that the biomedical construction of coronavirus does not correspond to the people's cultural perception governed in terms of labelling, explanation and the valuation of the uneasiness suffered is the popular perception.

The people's perception of the disease, access to care and choice of care system are informed by the opposition to the biomedical explanation of illness behaviour. Even when government is doing its best to contain the spread of the infection and care for the patients, the people consider approach as 'intimidating' and 'punitive' in nature; they would, therefore, not make themselves readily available for tests and care. This partly explains why some people who tested positive to COVID-19 have attempted to escape from the isolation centres because isolation is considered as a kind of 'captivity'. Here the basic issue is that the west-induced and globalized clinical interaction setting is contrary to the people's perception of care-giving as defined by their culture categorization. Thus, utilization of the therapy becomes onerous.

The general attitudes of all the parties involved are affected by the cultural categorization of COVID-19 by the people on the one hand, and the government with clinical care givers, on the other, and these are responsible for divergent cultural responses to coronavirus as a 'disease entity' and the appraisal of the health behaviour recommended for the people. As aforementioned [5], biomedicine is in itself a cultural system. In this connection, the clinical culture places a high value on the disease as a threat and as such, the need for treatment and cure and in the process, making light of the illness is regarded as subjective. In the same vein, the government, mainly driven by the political economy of the disease regime, followed the same thought pattern.

By and large, the principal concerns are people's encounter of an illness episode and the consequent manifestation of illness in terms of pains, infirmity or disorder. Therefore, pre-incubating period of a disease without symptoms is not commonly regarded as important to many people; so, the medical expression of a disease without illness is also never considered significant. All these have implications for people's dominant health performance. Due to engendered culture 'opposition', as indicated among the Yorùbás of southwest Nigeria, the biomedical-influenced behaviours relating to the prevention and spread of COVID-19, despite media propaganda, amounted to no considerable positive acceptance of 'self-isolation, 'physical distancing', 'mask wearing', restriction of movement or lockdown among other care methods introduced for COVID-19 in the society. All these are construed as a set of superfluous social and economic burdens on the people devised by the impervious political leaders. So, in this paper, we try to analytically consider Yorùbá local perception of Coronavirus disease in south-western Nigeria, banking on data gathered through ethnographic rapid research evaluation.

Methodology

We carried out the fieldwork between 15th March and 30th of April 2020 among the Yorùbá people of south-western Nigeria. Collection of data was through Rapid Research Approach (RRA) method, using online interview through mobile phone calls, WhatsApp and Facebook messenger to carry out qualitative interviews and short limited physical contact key informants' interviews using personal protective equipment such as face masks, hand gloves and hand sanitizer. Case analyses were also cautiously held in two places in Ibadan. This was necessitated by the likelihood of infection of coronavirus through body contact. The Yorùbás principally occupy six federating states of Nigeria located in south-western Nigeria which are Oyo, Osun, Ondo, Ekiti, Lagos and Ogun. In the first three weeks of the outbreak of COVID-19 in Nigerian, Lagos and Osun states in south-western

Nigeria had the first and third highest cases of the pandemic respectively. This trend continued for a considerable period as evident in Lagos having the highest incidence of COVID-19 cases (85 cases) with Osun having 14 cases as at 1st April, 2020.

For interviews, forty-eight respondents were selected among whom were twelve medical doctors, ten traditional healers, seventeen community leaders from various social strata, three local herb sellers (Tewetegbo), and six government executives. Interviews were conducted for respondents in Ibadan and Oyo (in Oyo State) and Osogbo and Iwo (in Osun State) in south-western Nigeria. The high prevalence of COVID-19 cases in Oyo and Osun States informed their selection for this study. As at 31st March, 2020, Oyo State had seven cases while Osun had three cases by which they were in second and third places respectively following Lagos State with over 60 cases out of the identified 135 cases of COVID-19 in Nigeria.

In addition to online interviews, the identified herbs were subjected to ethno-botanical analysis. We categorized the anti-microbial herbs mentioned and identified their botanical names; we also did the authentication of the herbal formulas through ethno-botanical study among the local herb vendors that were interviewed in Bode central herb market in Ibadan, Oyo State, Nigeria. The survey was designed to investigate the native knowledge of herb vendors at the Bode market on the use of the microbial herbs. The market was visited to get informed consent of respondents and participants of the survey. The participants were told the essence of the study in clear terms; information was obtained from the respondents through oral interviews and tapes were used to their record their responses.

Having recorded the interviews, transcribing them and generating interview scripts, data analysis was done through content. So, from the interview, scripts like facts were collated against unlike ones. Through this deduction we were able to produce common opinions and counter-opinions from which our discourses as research findings and discussions of findings emanate.

Research Findings

The yoruba conceptualization of microscopic disease

The belief system of the Yorùbás has much impact on the causation, caring and curing of illnesses. Several preter-natural agents are believed to be causal factors of illnesses. These agents include some local divinities, the ancestors, and the spirits. According to Yorùbá cosmology, the local divinities were responsible for the creation of the world. The Yorùbás also believe that the ancestors - the living dead in the spiritual world - have more power than the living. The spirits are apparitional beings which the Yorùbás call with different names such as ẹbọra, ànjọ̀nú, iwin and ọ̀ṛọ-igi. The Yorubas believe that these agents have good and bad mysterious powers respectively. The agents with good intentions help people in providing solutions to some of the difficulties connected with diverse kinds of sicknesses through the use of herbal therapy, about which they are more knowledgeable than any human. It is believed that the wicked ones among them are part of the causation of diseases in the lives of individuals, groups and even humanity as a whole.

In view of the belief of the Yorùbás that divinities, ancestors and spirits are the sources of diseases, these agents are directed by the religious means through veneration so that the Yorùbás can always have sound health. Veneration involves supplication, prayers of worship, offering of sacrifice, and appeasement. Magic and medicine are also used to bring the agents under control [6].

Even though it is generally believed that all illnesses and diseases originate from the spiritual realm before it is manifested in the physical, some diseases and illnesses are believed to be caused by natural factors. These include biomedical illnesses like headache, stomach ache, cough and so on which are scientifically associated to dirty environment, insect bites and poor nutrition. Usually, herbs and, sometimes, incantations are used to treat these types of diseases [7].

It is believed that preter-natural diseases like mental illnesses, obstructed pregnancy and some other childbirth difficulties are induced or influenced by the nefarious deeds of sorcerers, witches and wizards. Many times, some of the illnesses with natural causes can become hard to cure, and in such cases, they are associated with spiritual ailments. These are cases which defy

scientific and medical solutions and become dreadful that defied cure from western biomedical approaches. Thus, as often explained, "ẹ lọ fẹsẹ ilé to ọ́", such cases are referred for care only through traditional methods are preferred.

Evil spirits called Ajogun are also believed to cause and influence mystical diseases or illnesses. As earlier mentioned, sometimes divinities and ancestors can also inflict mystical diseases on human beings who refuse to hearken to their voices or who violate their rules and regulations; but Ajogun is the cause of majority of these diseases. If such a disease affects an individual or a few people, it is referred to as Arun, Àìsàn or òjòjò but if it affects a whole community, town, city, or countries like the cases of bird flu, Ebola and coronavirus, it is called Àjàkálẹ̀ àrùn, that is, a disease that spreads quickly and extensively among a group of people. Some Àjàkálẹ̀ àrùn that were witnessed in the past are measles (measles virus), smallpox (variola virus) and yellow fever (flavivirus).

Before the introduction of modern medical practices and establishment of modern medical facilities in Nigeria, the Yorùbás had their ways of dealing with epidemics. In the event of an epidemic, the first thing to be done was to consult Ifá oracle- a local system of divination. It was usually the Ifa oracle that would take the lead in the fight against the disease. In such a situation, Ifá would indicate the particular Ẹbọ-sacrifice - to be offered to ward off the evil illness and the herbs to be used for healing are inferred from Ifa verses. In one of such verses called Odù Ọ̀wọ́nrín Ṣogbe , Ifá says:

Bọ́ọyá awo wọn lóde Ìdó	Booya the priest of Ido land
Ọ̀gọ̀rọ̀ngbọ̀bì awo wọn lóde Ìjèṣà	Ogorongobi the priest of Ijesa land
Èrìngùndúdú awo ìlú Ìṣakin	Eringundudu the priest of Isakin town
Àwọn gbinrin àjìjà	Gbinrin Ajija
Àjìjà gbinrin	Ajija gbinrin
Agogo ẹṣin ní jí	It is the gong of the horse that wakes up
Ní kó gbinrin gbinrin hánu	It holds gbinrin gbinrin in its mouth
A dífá fáwòdì	This divines for Awodi (Hawk)
Lọ́jọ́ tó nlọ wòréré ayé ṣàkun ṣàkun	On the day he was going to stare at the earth
Agogoríre	Agogorire
Bẹ́ẹ̀ni ò gbọ́fá	Is ignorant of Ifa
Bẹ́ẹ̀ni ò moògùn	And doesn't know herbal medicine
Ogún ọmọdé bá pé láró	If twenty children tarry in the smithy
Kò lé mọ̀dí àwòdìòkè Í wò	They can't know the secret of Awodioke
A dífá fún Ọlọ́fin Ọ̀jẹ́mbẹ̀lẹ́	This divines for Olofin Ojembele
Èyí tó nbá nkan ibi sùn	Who was sleeping with evil things
Èyí tó nbá nkan ibi jí	Who was waking up with evil things
Èyí tí gbogbo aáburú ilé ayé filé rẹ̀ ṣebùgbé	In whose house all evil things in the world reside
Wọ́n ní kó kára á lẹ̀	He was advised
Ẹbọ ni kó má a ṣe	To be offering sacrifice
Ó gbọ́ rírú ẹbọ ó ru	He heard and offered sacrifice
Ó gbọ́ ẹrù àtukèṣè ó tù	He heard appeasement of Esu, he offered
Ọjọ́ pé lóní o	today is the appointed date
Alápó ngbápó	Apo owners carry apo
Ọlọ́run ngbọ́run	Orun owners carry orun
Tó bá dìje òní	On the seventh day from today,

Oun ibi á ṣi kúrò nílẹ̀ yí	Evils depart from this land
Èdú gbálé	Edu swept the houses
Èdú gbánà	Edu swept the roads
Ifá á gbá oun ibi dà sósà.	Ifa will sweep evils to the lagoon.

During the reign of Ọlọ́fin Ọ̀jẹ́mbẹ̀lẹ́, there was an epidemic named Efori tulu-having similar symptoms as Corona virus - which started from the family of Ọ̀jẹ́mbẹ̀lẹ́. It was an acute headache that affected the young and old alike. The people tried in vain to contain or even cure it. So Ọ̀rúnmìlà was invited and he consulted Ifá. Ifá then revealed that the problem was caused by one Ajogun - a left-wing military leader who resided in the air. Ẹbọ (sacrifice) was believed to work faster than medicine; so an Ẹbọ was prescribed which comprised the head of Ọká - puff adder, the head of an alligator, bitter leaf, Rinrin leaf, Ọ̀dúndún leaf, Tẹ̀tẹ̀ leaf and plenty water. The water was used to squash all the leaves. The solution and the other ingredients were put inside a big pot and the pot was suspended at the entrance of the town. All who entered the town were required to drink from the solution and rub some of it on their bodies for immunity against the plague. This kind of practice can be recommended for individual homes to combat any epidemic (Àjàkálẹ̀ àrùn). Besides, the Yorùbás often appeal to the forebears for help in situations of Àjàkálẹ̀ àrùn. Sometimes, the Yorùbás also appease some divinities that they believe can cause Àjàkálẹ̀ àrùn. One of them is Obaluaye who is also known as Sanponna.

According to information gathered, a complete fumigation of the whole community, town or kingdom can also be done by blending different leaves like Wọ̀rọ̀wọ́, Ọ̀dúndún, Ẹ̀là, Rinrin, and Tẹ̀tẹ̀ among others. These leaves which are symbolically known as ẹ̀rọ̀ lenitives are used to fumigate the people and houses that are infected by an epidemic disease. Sometimes, this may be based on the past experiences of the resident priests and herbalists in such communities or on the injunction of Ifá as afore mentioned. To do the fumigation, plenty of those leaves are gathered together, squeezed in pots, and some virgin boys and girls would be appointed to carry the pots on their heads with drumming, singing and dancing. One of the songs usually sung is as follows:

Ikú lọ nílẹ̀yí,	Death has vanished from this land,
Iṣu lọ̀lọ̀ ikú lọ,	Lolo yam, death has gone;
Àrùn lọ nílẹ̀yí,	Disease has vanished from this land
Iṣu lọ̀lọ̀ àrún lọ	Lolo yam, disease has gone

As the team parades down the streets, the potion is sprinkled on every street, house and person in the community. In addition, herbal recipes can be recommended as a further and physical measure against the disease. For example, after offering the prescribed Ẹbọ as mentioned earlier, the following herbs can be boiled to be inhaled and drunk: Èso àbèrè (Parinari spp. Chysobalanaceae), Eèpo awọpa (Sansevieria sp. Liliaceae), Egbò tinúnpọgbẹ́ (Unidentified), Egbò ìpẹ̀ta (*Securidaca longepedunculata*), Aporópewọ (*Usteria guineensis*), Ewé and egbò òruwọ (*Morinda lucida*), Ewé dógóyárò, Akọgun (*Aristolochia repens*), Egbò ẹ̀gbẹ̀sì (*Coelocaryyon preussii*), Egbò àtaparí òbúkọ (*Heliotropium indicun*), Bàárà (*Citrullus lanatus*), Egbò ifọn (*Dioscorea cayenensis*), Ìrẹ̀sílẹ̀ ewé ipín (*Ficus exaspera*), and Akọ kánún (Potash). Some other herbs popular among herb sellers in Bode herb market are Garlic, Ginger, Shea butter, Palm oil, Lemon, Brown onion, Bitter-leaf, and Efo Yanrin. According to the herb sellers, demand for these herbs has enormously risen following the outbreak of COVID-19, which indicates that they are used as anti-microbial to prevent coronavirus disease. Their preparations are in diverse forms. One of such is boiling a combination of some of the leaves to drink. Some of the ingredients are also dried, ground and added to palm oil or shea butter to make an ointment while some others are steamed and inhaled for quick recovery [7]. Table 1 below gives the detailed ethno-botanical descriptions of the herbs that are commonly used against such microbial diseases as COVID-19.

Table 1: Ethno-botanical descriptions of the herbs commonly used as antimicrobial in south-western Nigeria.

Name of plant	Family	Common name	Yoruba Name	Part used
Allium cepa	Liliaceae	Onion	Àlùbósà	Bulb and leaf
Allium sativum	Liliaceae	Ginger	Áyù	Bulb
Citrus limon	Rutaceae	Lemon	Osàn, Òrombó	Fruit
Elaeis guineensis	Arecaceae	Palm wine/ palm oil	Emu Òpe/ Epo pupa	Juice/Fruit
Lagenaria breviflorus	Cucurbitaceae	Wild colocynth	Tàgiìrì	Fruit
Launaea taraxacifolia	Asteraceae	African lettuce	Yánrin	Leaf
Newbouldia laevis	Bignoniaceae	Tree of life or fertility tree	Akòko	Leaf, bark and root
Pistia stratiotes	Araceae	Water lettuce	Ojúoró	Whole plant
Vernonia amygdalina	Asteraceae	Bitter leaf	Ewúro	Leaf and root
Vitellaria paradoxa	Sapotaceae	Shea tree (Sheabutter)	Òrí	Fruit
Zingiber officinale	Zingiberaceae	Ginger	Atalè funfun	Tubers

There are diverse terms used in describing diseases or sicknesses in Yorùbá society of south-western Nigeria. Arun is the local term for a symptomatic ailment (disease) while Aisan is used for phenomenological ailment (sickness). The difference in the two terms is very clear ethno-medically among the people but both are often used interchangeably, there by derogating from their analytical conceptualization. The interchangeableness of the two terms does not imply confusion in identification of illness behaviours or in care approaches associated with them. Among others, synonyms like ailera, aigbadun and ojòjò are common vocabularies of illness state from which originate the metaphor "Òjòjò nṣògún, ara Ògún ò le" and the like.

Regardless of their causative agents, a wide-ranging word covering many ailments is Àrùn. Ailments caused by indefinite biological organisms such as viruses, bacteria and fungi are particularly described by the Yorùbás as arun while contagious diseases are called Àjàkálè àrùn. The Yorùbás believe that there are microscopic organisms that are capable of causing ill health, but they did not give analytic descriptions of these organisms as done in modern science. So, the Yorùbás do not have distinctive grouping of viruses, bacteria and fungi. All these tiny organisms are called Aifojuri (invisible to the naked eyes) and their being is associated with affliction due to defilement of society, climatic change and poor hygiene and sanitation. As illustrated by Ifakunle Awolowo, dirty environment can produce microorganisms. All the herbalists interviewed endorsed this view and added that seasonal variations can also engender breeding of microorganisms that can produce illness in human.

A person can be afflicted by Àrùn. This is revealed in Ifa chapter of Ogbè'sẹ́ [8] which gives an account of a hunter who failed to appease Ifa and was consequently infected with a disease caused by unidentified microscopic organism. The narrative goes thus:

Àbàṣẹkẹ́nṣẹ́kẹ	Abasekenseke
Ló dífá fún Ọdẹ	Divined for a hunter
Tí nlọ sóde Ìwó	Going to the city of Iwo
Wọ́n ní kó rúbọ	He was told to offer sacrifice
Kò ru,	He refused
Ó pawo léké,	He called the priest a deceiver
Nígbà tó dé ọ̀nà,	On his way,
Àrùn ẹsẹ̀ kọ́lú	A disease afflicted his legs

A disease which is an infection caused by microscopic organisms can afflict an individual and can also be an endemic infection affecting a whole family or community. The account of an infection inflicted on a husband, wife and children was related in the Ifa chapter called Odù Ọ̀kànràn Méjì [9] as follow:

Oye ni o san ara	It is harmattan that does not produce thunder
Kurukuru o ta monamona	The fog does not produce lightning
Ako aparo, abo aparo	The male and female partridges
Won o lagbe lori sanansan	Do not have comb on their heads
A difa fun olofin	Divines for Olofin
Olofin nrunte	Olofin was bedridden
Won ni ko gbodo ku sinu ite	They said he must not die bedridden
Onase aya a re nsojojo arun,	Onase his wife was afflicted with a disease
Won ni ko gbodo ku sinu arun	They said she must not die with a disease
Okanbi omo o re nsorengede,	Okanbi his son was seriously sick
Won ni ee forengede ku	They said he must not die with sickness
Oni dudu gba dudu, oni pupa gba pupa	Some collected black offering, some collected red
Alayinrin gbayinrin	Others collected multi-colour
Barapetu,	Barapetu (Orunmila)
O ba mama koku o karun	We wish you carried death and sickness
Baraapetu	Barapetu

According to Ifalowo Alabi, another Ifa chapter, Odù Ọ̀sá Méji, suggests that Arun can also afflict a group, village, town, city, country. This chapter goes thus:

Ifa ni won o kun mojo mojo	Ifa ni won o kun mojo mojo
Ifa ni won o ki un meji meji	Ifa ni won o ki un meji meji
Ifa pele mojo mojo	Ifa pele mojo mojo
Ifa pele meji meji	Ifa pele meji meji
Ifa pele	Ifa pele
Omo ologbaagbara eti ode Ofa	The son of Ologbagbara near Ofa
Orunmila loun kii sara ode Ofa	Orunmila said he was not from Ofa
O loun dode ofa	He said he got to Ofa
O loun bawon, ojojo kege kege ni nsewon	He met them with diverse illnesses
Ori nfo won, edo ndun won	They had headache and liver pain
Lara won o piye	They were not healthy
Oun ni won difa si	They consulted the Oracle on it
Pe oun ti nse awon yi nko, o se le san?	That how can their affliction be cured?
Orunmila ni igba ako okuta, igba akuko adie, two hundred cocks,	Orunmila said two hundred hard stones,
Ki won ni egbeegbaa igba	Two hundred thousand in two hundred places
O ni ki won o rubo lode Ofa	He said they should offer sacrifice in Ofa
L'Òrúnmìlà bá gbá ìyẹ̀ Ifá sí àwọn òkúta wọ̀nyẹn	Orunmila sprinkled Ifa powder on those stones
O ni ki won lo ma jijagudu e	He said they should scramble for the stones
Eni ti o ba ti ri mu,	Whoever did not get from it

Tie tan	That was their own end
Nibi tawon marun mefa gbe njijagudu okuta kan,	As five or six people were scrambled for one stone,
Ni gbogbo Àìsàn ti nsewon lode of aba san	All the sicknesses that afflicted them were healed
Oun ni eyi ti won se npe	That was why they say
Ijakadi loro ofa	Brawl is the tradition of Ofa

As revealed by the foregoing, a continent or even the whole world could also be infected with Àrun [10].

Local perception of COVID-19

Two often conflicting notions of illness are underscored by the Yorùbá people of south-western Nigeria. The first construction is the modern, investigative and scientific idea hinged on knowledge derived from contemporary biological science that formulates germ theory of the causation and care of disease. The second is the indigenous explanation of the disease etiology and etymology based on local ethno-scientific perception of illness. Among the Yorùbás, construction of illness is largely determined by social class featuring education, income and religion. The high income educated Christians and Moslems mostly hold on to modern perception although there is occasional change to local explanation when considering the style of the disease transmission and the severity of the illness with the attendant expression of panic and fear by which modern perception is mostly defied like the aforementioned case of "ẹ lọ fẹsẹ ilé tọ́". Mostly, the perception of non-educated low income traditional religious believers is structures by the local construction of illness. The local perception of COVID-19 among the Yorùbás of southwestern Nigeria is structured by these two constructions.

Just like the initial Yorùbá perception of HIV/AIDS in the 1980s, at the onset of COVID-19 in the beginning of the year 2020, the Yorùbás disbelieved its existence due to the inadequate knowledge of the disease. They attached the outbreak of the virus and the disease to the cultural irrationality leveled against the Asians especially the Chinese. Prior to the global consciousness of COVID-19, several videos of some Chinese eating raw animals and insects went viral on Facebook and WhatsApp platforms. Besides, over the years of Chinese invasion of Nigerian economy and technology, a host of Yorùbás considered the Chinese as being crafty and phony. So when COVID-19 was said to have originated from China, the Yorùbás readily associated the disease with the Chinese cultural perception and based on their perceived craftiness of Chinese international economic culture, they disbelieved the reality of the infection. The mode of transmission of COVID-19 further corroborated the Yorùbá perception that the disease is foreign and could not infect Nigerians who reside in their locality. Up till 4th April, 2020, data released by the Nigerian National Centre for Disease Control (NCDC) revealed that 75% of all Nigerians infected with COVID-19 were returnees from such foreign nations as Ivory Coast, Italy, China and US, and the rest 25% were people who had contacts with returnees from foreign countries.

However, the Yorùbá scepticism began to dwindle as COVID-19, having claimed several lives in China, spread fast and awfully to other countries of the World with its attendant devastation especially on morbidity, mortality and international economy. The reality of the disease was gradually dawning on the people when the first incidence was discovered in Lagos, Nigeria on February 27, 2020, although there was still the supposition that COVID-19 is a disease affecting corrupt politicians and Nigerians who travelled to countries where the toll of the disease was heavy. In their efforts to save their loots, several corrupt politicians in Nigeria are given to continuous overseas travels under the guise of governmental meetings, tourism, holidays and medical trips. In view of the fact that the initial and majority (98%) of COVID-19 contacts fell into these categories, the public sentiment was that the disease was God's visitation on corrupt politicians and their cronies.

In order to avert wider COVID-19 infection in south-western Nigeria low contact with foreigners and returnees from foreign countries were recommended as protective measures against public transmission of the disease. The Yorùbás also believe

that high humidity, high temperature, intake of local herbs and certain foods like hot pepper soup would considerably contain the spread of the virus.

One other conflicting opinion about COVID-19 commonly held by the local herbalists is that of biomedical construction and preternatural explanation. This group of people opines that COVID-19 is a deadly viral disease and infectious catarrh, which is curable with the use of anti-microbial medication. As the local media information about the disease suggests a biomedical infection that is foreign to Yorùbá society, local herbalists tend to believe so, but they treat COVID-19 as microbial disease, which exhibits the symptoms of contagious catarrh and respiratory tract infections. Besides, the local herbalists intertwine the causative perception of the disease with the general supernatural causative view of diseases and illness. At first glance, COVID-19 is considered a chastisement for societal defilement triggered by the venality of the political elites and also an affliction by paranormal forces of Ajogun. Care patterns, therefore, reflect these indigenous opinions.

Care strategies

Care approaches as informed by biomedical causation of COVID-19 include health promotion and education, 'limited contact', 'physical distancing', 'self-isolation', 'stay at home', 'stay safe', lockdown and use of palliative drugs, while the use of local herbs is informed by cultural perception of the disease. Health promotion and education involved campaign for enhanced hygiene and propagation of preventive knowledge against COVID-19. Through health campaign, information about the symptoms of the disease were made public and reactions to the manifestation of the disease symptoms were made known through electronic, print and online media. Health care facilities were developed to be able to handle the outbreak of COVID-19. Such research institutes as National Centre for Disease Control (NCDC) and universities research centres were reactivated to produce data valuable in controlling the disease outbreak. Precisely, NCDC set out basic information on the disease in line with World Health Organization (WHO). Also, governments at all levels set up committees to handle the management of the disease. In addition, precautionary measure of 'stay safe' was exceptionally engaged through use of face covers, rubbing of hands with hand sanitizer and regular washing of hands with detergent and ethanol solution.

In COVID-19, essential features of preventive care were limited contact and physical distancing. Physical distancing stipulates limited number of people clustering together in places of work, places of worship, schools, mauls, motor parks and night clubs. Congregation of more than five persons was forbidden to guide against disease contact and principally to give room for easy tracing of the disease infections. In Oyo State, places of worship, government offices, schools, motor parks, night clubs and local markets (except those dealing with sales of food items and pharmaceuticals) were shut down and a dusk-to-dawn curfew was imposed in line with physical distancing. Total lockdown and stay at home order were imposed on three other states of south-western Nigeria, i.e. Lagos, Osun and Ogun. Up till April, 2020, Lagos and Osun States had high incidence of COVID-19 cases in southwestern Nigeria, which were 89 and 19 cases respectively. As at 4th April, 2020, Ogun State had low incidence of four cases but since it shares borders with Lagos and has many international border outlets, it became necessary to impose lockdown and stay at home order on the state. Lockdown stresses restriction of movement within Lagos, Ogun and Osun States and shutting of all land, water and air entries to the states. Also, it involves 'stay at home' order backed by state legislations whereby people are compelled by security agents to stay in their homes.

Therapeutic caring includes testing for COVID-19, self-isolation and use of palliative drugs. Each state government in south-western Nigeria acquired COVID-19 test kits. Patients who tested positive were admitted in isolation centres established by governments. The isolation centres were furnished with ventilators and the inmates who were COVID-19 patients were given intensive care. Since no drug has been invented specifically for combating COVID-19, palliative drugs which were mostly anti-malaria drugs and vitamin C were commonly used to manage the disease. Domestic therapies featured the use of anti-microbial drugs which were locally-produced by Yorùbá herbalists. These drugs, which were acclaimed to be highly effective in view of their use in earlier outbreak of microbial diseases like small pox, cholera and Lassa fever among others, were prepared locally by

the native herbalists in south-western Nigeria and presented to government care centres for use in treating COVID-19. Although the call on government for official recognition of the herbal care by herbalists has not yet produced a positive response, there has been an increase in the unofficial patronage of local herbalists for anti-microbial drugs by individuals who used the drug as prevention against the disease. An herb seller in Bode market said "due to the outbreak of Corona disease, there is an increase in the demand for garlic, ginger, lime and lemon". The fact that garlic, ginger, lime and lemon are anti-microbial agents is the reason for the increase.

Utilization of local herbs against COVID-19

The use of local herbs against COVID-19 is influenced by local conceptualization of the disease. The Yorùbá people of south-western Nigeria has native knowledge of extracting local herbs for curative purpose, which was mostly drawn from ancient Ifa verses and age long discovery in local medicine. A view of Ifawole, which was corroborated by all interviewed Ifa priests, is that Orunmila calls microbial infections Arun Aifojuri; and instructions on the care and prevention of infections were coded in Ejiogbe and Ofun-meji chapters of Odu Ifa. Most microbial diseases are contagious and, if not checked on time, they can cause population decline in community, however, microbial infections can be cured. As related in Ejiogbe and Ofun Meji, common herbs used in preventing and curing microbial diseases are Ewe Ewuro (Bitter leaf), Oju oro (water lettuce), Omi Igbin (*Cornu aspersum*), Ori (sheabutter), Epo Pupa (palm oil), Emu (Palm wine) and Oti (wine) among others. Others are carrot, the black seed oil and honey. Table 2 below gives detailed ethno-botanic descriptions of the herbs that have prevalent use among the Yorùbás during the era of COVID-19.

Table 2: Ethno-botanical descriptions of the herbs commonly used as antimicrobial in south-western Nigeria

Name of Plant	Family	Common Name	Yoruba Name	Part used	Active Constituents
Allium cepa	Liliaceae	Onion	Àlùbósà	Bulb and leaf	Riboflavin, sulphur compound – n – prophyl disulphide
Allium sativum	Liliaceae	Ginger	Áyù	Bulb	Glycoside – allicin (A), sulphuric oils and phenols
Citrus limon	Rutaceae	Lemon	Osàn, Òrombó	Fruit	Citric acid
Elaeis guineensis	Arecaceae	Palm wine/ palm oil	Emu Òpe/ Epo pupa	Juice/Fruit	Carotenes, tocipherols, tocotrienols, sterols and squalene.
Lagenaria breviflorus	Cucurbitaceae	Wild colocynth	Tàgiìrì	Fruit	Octadecane and hexacosane
Launaea taraxacifolia	Asteraceae	African lettuce	Yánrin	Leaf	Alkaloids
Newbouldia laevis	Bignoniaceae	Tree of life or fertility tree	Akòko	Leaf, bark and root	Alkaloids, tannins and saponins
Pistia stratiotes	Araceae	Water lettuce	Ojúoró	Whole plant	Alkaloids, glycosides, flavonoids and steroids
Vernonia amygdalina	Asteraceae	Bitter leaf	Ewúro	Leaf and root	Saponins, vernodalin, vernomygdin, alkaloids and anthraquinones
Vitellaria paradoxa	Sapotaceae	Shea tree (Sheabutter)	Òrí	Fruit	Fatty acids: palmitic, stearic, oleic, linoleic and arachidic

Zingiber officinale	Zingiberaceae	Ginger	Atalè funfun	Tubers	Terpenes (zingiberene) and essential oil: gingerol

Subsequent to the interviews held with local herbalists and herb sellers in south-western Nigeria, and the substantiation of some of the stated herbs, Table 3 comprises lists of local herbs commonly used to prevent and cure microbial diseases while Table 4 contains the local herbs used in treatment of Respiratory Tract Infection in Yorùbá land. The herbs mentioned are being subjected to further study for likelihood of drug delivery (Table 5).

Table 3: Some herbal plants used for the treatment of microbial infection [11].

Name of Plant	Family	Common Name	Yoruba Name	Part used	Active Constituents
Andrographis paniculata	Acanthaceae	King of bitters	-	Leaf	Andrographolide (lactone)
Cassia fistula	Caesalpiniaceae	Golden shower	Aridan-tooro	Leaf , fruit and root	Ssennosides A, B, butynic acid anthraquinones
Caesalpinia bonduc	Caesalpiniaceae	Bonduc nut	Séyo	Stem and root	Bonducellin and β-caesalpin (seeds)
Citrullus colocynthis	Cucurbitaceae	Bitter apple	Bàrà	Fruit	Cucurbitacins and triterpene glycosides
Cleome viscosa	Cleomaceae	Tickweed	Ekuya	Whole plant	Saponins
Lagenaria breviflorus	Cucurbitaceae	Wild colocynth	Tàgîrì	Fruit	Octadecane and hexacosane
Olax latifolia	Olacaceae	Basra locus	Ifon	Root bark	Saponins
Phyllanthus amarus	Phyllanthaceae	Stonebreaker	Eyin-olobe	Leaf	Phyllanthin, hypophyllanthin, tannins and saponins
Phyllanthus niruri	Phyllanthaceae	Stonebreaker	Arunjeran	Leaf	Phyllanthin, hypophyllanthin and saponins
Syzygium aromaticum	Myrtacaea	Clove	Kànáfùrù	Seed	Eugenol

Table 4: Some drug plants with plausible therapeutic effects in the treatment of respiratory tract infections.

Name of Plant	Family	Common Name	Yoruba Name	Part used	Active Constituents
Abrus precatorius	Fabaceae	Rosary pea	Ìwérénjéjé, Ojú-ológbò	Seed and leaf	Toxalbumin (abrin)
Adansonia digitata	Bombacaceae	Baobab or Monkey bread	Osè	Leaf, fruit, stem and root	Tannins and alkaloid-adansonine
Carica papaya	Caricaceae	Pawpaw	Ìbépe	Leaf, fruit an seed	Protein and papain (sap)
Costus afer	Zingiberaceae Costaceae	Ginger lily	Tètè-ègún	Leaf, fruit, stem and root	Diosgenin and β-sitosterol

Crinum jagus	Amaryllidaceae	Forest crinum	Ògèdè odò	Bulb and leaf	Alkaloids
Spondias mombin	Anacardiaceae	Yellow mombin	Ìyèré	Leaf, stem bark and fruit	Tannins and resin
Nymphaea lotus	Nymphaeaceae	Water lily	Òsibàtà	All parts	Nupharine and nympheine
Pistia stratiotes	Araceae	Water lettuce	Ojúoró	Whole plant	Alkaloids, glycosides, flavonoids and steroids
Securidaca longepedunculata	Polygalaceae	Violet tree	Ìpèta	Root bark	Tannins, saponins and metyl-salicylate
Xylopia aethiopica	Annonaceae	Ethiopian pepper	Èèrù Alámò	Fruit	Kauren-diterpenes

Table 5: Some indigenous broad-spectrum (Aparun) antimicrobial recipes used for the treatment of infectious diseases in Nigeria (Bever, B. 1986).

SN	Recipes	Method of Preparation	Method of Administration and Dosage	Local Medicinal Use
1	Anogeissus leiocarpus (Àyin) root and Terminalia glaucescens (Idi) root are soaked in water or hot drinks	Infusion or tincture	The extract (½ teacup of the infusion or 2 tots of the tincture) can be taken twice daily after food	Antiviral and antibacterial remedy
2	Aristolochia bracteolata (Akogun) root, Calliandra portoricensis (Tude) root and Plumbago zeylanica (Inabiri) root are dried and powdered or soaked in hot drink	Powder or tincture	The remedy (½ teaspoonful of the powder or one tot of the tincture) can be taken once daily after meal	Antimicrobial remedy
3	Curculigo pilosa (Epakun) rhizome, Gladiolus dalenii (Bakà) corm and Cirullus colocynthis (Bàrà) fruit are pounded and dried, then powdered	Powder	The powder (½ teaspoonful) can be taken with pap or any cereal once daily after meal	Antimicrobial remedy
4	Garcinia kola (Orógbó) seed and Zingiber officinale (Ata'lè funfun) rhizome are dried and ground to powder	Powder	The remedy (½ teaspoonful of the powder with pap) can be taken once daily after meal	Antiviral (Yellow fever) and antibacterial remedy

5	Olax subscorpioidea (Ifon) root bark, Chasmanthera dependens (Ató) leaf, Xylopia aethiopica (Èèrù Alámò) fruit, Crinum jagus (Ògèdè odò) root, Allium ascalonicum (Alubosa elewe) leaf, and Tetrapleura tetraptera (Aidan) fruit are soaked in clean water for at least 3 days	Infusion	The extract (100 ml) can be taken twice daily after meal	Antiviral (Measles), antibacterial and antifungal remedy
6	Phyllanthus amarus (Eyin olobe) leaves are squeezed in water or dried and added to roasted Sorghum bicolor (Okà-bàbà) seeds as powder	Juice or powder	The remedy (½ teacup of the juice or one teaspoonful of the powder) can be taken once daily after meal	Antiviral, antibacterial and antifungal remedy
7	Plenty leaves of Vernonia amygdalina (Ewúro) are washed thoroughly and squeezed to extract the leaf juice. The extract is then added to pure honey in ratio 1:1 and stored in a bottle	Juice	The extract (2 desert spoonful) can be taken twice daily after meal	Antiviral (Measles) and antibacterial remedy
8	The fresh leaves of Momordica charantia (Ejìnrìn), Ageratum conyzoides (Imí-èsù), Senna alata (Àsùnhàn) and Vernonia amygdalina (Ewúro) are either squeezed in water or dried and ground to powder	Juice or powder	The remedy (½ teacup of the juice or one teaspoonful of the powder) can be taken once daily after meal	Antimicrobial remedy
9	The fruits of Ananas comosus (Òpe-Òyìnbó) and Cirullus colocynthis (Bàrà) are pounded and filtered with a sieve	Juice	The juice (125 ml or ½ cup) can be taken orally once daily after food	Antibacterial and antiviral remedy
10	Uvaria afzelii (Gbogbonse) root, Allium ascalonicum (Àlùbósà eléwé) leaf, Olax subscorpioidea (Ifon) root, Calliandra portoricensis (Túdè) root, Plumbago zeylanica (Ìnábìrì) root, Parkia biglobosa (Irú) seed and Capsicum frutescens (Ata were) fruits are dried and powdered; little salt is then added to the powder	Powder	The powder (½ teaspoonful) can be taken with pap or any cereal twice daily after meal	Antimicrobial remedy

Discussion

In southwest geo-political zone of Nigeria, where coronavirus and disease is, so far, most predominant, people's perceptions have been diverse but chiefly influenced by the cause, nature and forms of spread of the epidemic as well as classification of the infected people. As revealed by the data generated, there is a common 'opposition' to the universal definition of the illness incidence, the recommended illness comportment and the health manners of the people.

The genesis of COVID-19 which was traceable to China and the subsequent spread to Europe and North America have been considered as alien in nature, compelled by the strength of globalization and its all-conquering rampaging impacts that

hinged on the viewpoint of the superiority of Western ideas and thought system in respect of health care. This thinking has, therefore, generated an attitude, unintentionally designed to fight the all-conquering nature of domination in the pretences of globalization of western health care system, thus marking its bounds as indicated by culture particularities, meanings and expressions that have fast-tracked the inherent 'opposition' or 'resistance', from native and indigenous health care as demonstrated in the attitudes of the people. Southwest Nigeria is famous for the great number of leading elites in all domains of human endeavours in Nigeria. This is complemented with traditional elites who are proficient in the native knowledge and practices that they used over time to make sense of, and employed as ready-made 'devices' to deal with their environmental emergencies.

To exemplify this, two practical experiences gathered during the fieldwork on this paper are of great significance. The first experience was gathered on March 22nd, 2020 during the Commodity Allocation by the University of Ibadan, Ibadan Teachers' Cooperative Society. It is noteworthy that on this day, the official figure of COVID-19 cases in Nigeria was put at 56 and above 800,000 globally [12] and the Federal Government of Nigeria had closed Nigerian borders in a bid to impose a partial lockdown on the nation. The University Teachers' Cooperative Society told its members who are lecturers teaching in the University of Ibadan, Nigeria to pay a visit to the cooperative store to obtain some essential commodities to alleviate the hard economic effects of COVID-19 coupled with delay in payment of Nigerian federal universities' lecturers and the necessitated partial and selective lockdown of Nigeria. Observations and participation gave rise to questioning the reality and feasibility of the universally acclaimed safeguards against COVID-19 or recommended health practices. The University Teachers Cooperative Society members are well-informed, knowledgeable intellectuals, many of them are chemical and biological scientists and they are elites by all standards. By virtue of their social status, they know about and preach 'physical distancing', 'stay at home', 'limited contact', 'stay safe', 'self-isolation' and the like.

It was, however, observed that only a few, in fact, less than five out of about 40 members present at the particular time, put on face masks and virtually everyone came without hand gloves. None of the officials of the Cooperative Society wore masks or gloves as they were recording requests and issuing and receiving the requisition forms. The anxious co-operators who were scrambling to get their lots before the stock got exhausted besieged the officials. So much for physical distancing! The point here is that, considering the event, these highly-educated people have been transformed into social actors, who were unintentionally demonstrating their opposition and resistance to the western recommendations and crafty directives, so 'un-natural' to them. Their scientific status as scholars notwithstanding, they were unconsciously acting out a way of life, an innate culture of survival, so 'naturally' applicable in their peculiar social milieu.

The other relevant experience was gathered at Oje and Bodija Markets. These markets are commodity markets in Ibadan city of southwest Nigeria. Oje market is more of a traditional Yoruba open market in the heart of Ibadan city mainly known for foodstuffs, fruits and other domestic procurements while Bodija is a popular modern lockup market, serving as the major foodstuffs and commodity depot for the entire geo-political zone and beyond. As we observed in the two markets, the composition of the social actors, mainly buyers, sellers, beggars and service providers like truck drivers, assistants and carriers cuts across all social classes. The roles were diverse, well-defined but structurally interrelated. Players in these African market settings were in necessary close contact situations and extended intensive relations characterized by body contact and protracted, often frantic, verbal communications. The idea of 'physical distancing' or 'self-isolation' was inapplicable, irrelevant, unworkable, insignificant, inconceivable and even senseless in a bustling, constraining and congested space where people bumped up and down hysterically.

In view of the above areas of conflicting social behaviour, there arise pertinent questions that challenge the globalized health behaviour on COVID-19. Some of them are: How do we recommend the norms of 'physical distancing' or 'self-isolation' in a society that depends largely on intensive, constant and sustained face-to-face interactions? How do we maintain physical

distance in a socio-economic environment where business deal is based, not on price tags but usually, on protracted exchange of price bargaining and negotiation as well other non-economic considerations? Besides the traders, what about the 'Alabaru' or load carriers, that one needs to assist or join, while offloading goods into one's vehicle? How do we avoid physical contact in a contact-prone environment or circumstance? How do we prevent the common impulsive grabbing of dress and fracases between the 'Alakowe' (highly-educated elites) and the 'Okada' riders (commercial motorcycle riders) who are disposed to damaging the former's highly-valued personal cars and the subsequent milling contacts from the 'good Samaritans' trying to restore peace?

In a way, all these circumstances are unconscious culture opposition or resistance to Western 'facts' about the explanation and suitable response that the all-conquering globalized healthcare tendencies have made to bear on the people. Rationally, the insight into possible remedy or action response lies in the understanding of the culture logic that informed or generated and sustained this opposition, the diverse social identities of the two sets of actors notwithstanding. Shared essential cultural core values and a familiar dominant environmental reality have conditioned a shared response to related social encounter, although in different social settings and situations. People's culture has become a resource, a subject and an object in this case.

The above two situations challenge the pandemic nature of COVID-19 in Nigeria and the authenticity of the acclaimed manner and frequency of infection as well as the relevance of the West-inclined health behaviour in the perception of the people, on the one hand. It also challenges the acquaintance of the government with nature and understanding of cultural peculiarities of Nigerians. At this point in time, culture classification in disease and illness is germane in amplifying the place of culture in health, disease and illness. Culture has been seen "as a set of practices and behaviours defined by customs, habits, language, and geography that groups of individuals share" [13]. No doubt, culture is a system of shared ideas and symbols. This then reveals the symbolic construction of disease and illness to be cultural phenomena. Moreover, while admitting that the symptoms of disease and illness as expressed globally are biological, culture reveals that the language and communication of illness incidence and attitudes towards the meanings and expression of illness-related behaviours as well as beliefs are fundamentally cultural constructions.

Every cultural group interacts and relates with specifically-defined cultural milieu and this determines their manner of survival. In this case, culture is both the subject and the object since people are the product of cultural patterns that exist in their society and these have been entrenched in them via the processes of enculturation and socialization. Therefore, over time, they are likely to utilise these as resource, to elucidate, assign meanings and construct reality by constant and instructive social interaction.

Consequently, culture now becomes the object of making the individuals normative social actors. As social actors, they procure and reproduce the ethics that guide the exemplary patterns of esteemed and qualified types of action and behaviour, together with definition of illness episode, illness behaviour and remedy-seeking behaviour. So, this becomes the lens by which the world is viewed, and also structured and suitable manner of interacting with it [14,11].

Conclusion

This study suggests that the cultural practices of a people would influence not only their health but also all facets of their life, including social contacts, and their contributions to social functioning of disease. This is consequent on the fact that humans are bound to survive in a collaborative environment; hence they are affected and influenced by the happenings in the environment from which they obtain culturally befitting way/s of reacting to them. In line with this notion, culture now largely accounts for the etiological theories of illness and disease. This partly clarifies the refutation of biological explanations of COVID-19 by the Yoruba people of south-western Nigeria and their subsequent proposition of the concept of 'divine retribution' for the 'evils' or 'sins" of political and economic corruption as the etiology for COVID-19, particularly in relation to the affected population especially the politicians and elites that are considered to be mostly infected. In view of this, healing is not seen in the realm of biomedicine but in imploring and appeasing the supernatural and the use of local herbs.

References

1. Adewale Oke. Traditional Health Services, Ibadan: Sociology Paper Series. 1995;4(1).
2. Fasina Agboola, Ojulowo Oriki Ifa Apa Kinni. Lagos: Project Publications Limited, Nigeria.
3. Kleinman A, Eisenberg L, Good B. Culture, Illness and Care. Clinical Lessons from Anthropologic and Cross-Cultural Research. Focus. The Journal of Lifelong Learning in Psychiatry. 2006;4(1):140-9.
4. A David Napier, Clyde Ancarno, Beverley Butler, Joseph Calabrese, Angel Chater, Helen Chatterjee. Culture and Health. Lancet. 2014;384(9954):1607-39.
5. Esther Jean Langdon, Flávio Braune Wiik. Anthropology, Health and Illness An Introduction to the Concept of Culture Applied to the Health Sciences. Rev Lat Am Enfermagem. 2010;18(3):460-6.
6. National Centre for Disease Control. Weekly Epidemic Reports. Lagos, NCDC, 2020.
7. Takiri Ojua, David Ishor, Pefun Ndom. African Cultural Practices and Health: Implication in Nigeria for Rural Development. International Review of Management and Business Research. 2013;2(1):147-65.
8. Olaleye Samuel Kayode. Ebo as a Healing Technique in Ifa Divination System, an Investigation of a Potent Therapeutic Mechanism for Today's Health Problem. Germany: LAP LAMBERT Academic Publishing. 2013. p.40.
9. Peoples James, Bailey Garrick. Humanity. Introduction to Cultural Anthropology. Thomson Wadsworth: United Kingdom. 2006.
10. Richards P. Ebola: How a People's Science Helped End an Epidemic. London: Zed Books, UK; 2016.
11. World Health Organisation. Total Confirmed Coronavirus Cases in Africa. New York, John Hopkin University Press, 2020.
12. The Punch Newspaper. Isolation Centre Remains Shut Down over Lack of Bed Spaces. Lagos, The Punch, Nigeria, April 2nd, 2020.
13. Thos AJ. Itan Ifa, Agbigba. Yanrin tite ati Owo Erindinlogun ti a fi Nwadi Nkan ni Ile Yoruba. Lagos: The Ife-Olu Printing Works.
14. Wande Abimbola, Ijinle Ohun Enu Ifa, Apa Kini, U.K: Wm. Collins, Sons and Co. Ltd, 1989: 88.