

Effect of Covid-19 Prevention and Control Policies in Nigeria: A Case Study of Jaba Local Government Area of Kaduna State

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ABSTRACT

This study was carried out on the effect of covid-19 prevention and control policies in Nigeria a case study of Jaba local Government area of Kaduna state. To achieve this objective, the researcher developed and administered a questionnaire on one hundred and fifty people of Jaba local Government area of Kaduna state. The Chi-square was used in testing the hypothesis. From the study, It was observed The COVID-19 prevention and control policies are not implemented in Jaba Local Government Area are sufficient to protect the health and safety of residents. It was observed that The communication and information about COVID-19 prevention and control polices in Jaba Local Government Area is clear and easily accessible. This study shows The enforcement of COVID-19 Prevention and control policies in Jaba Local Government Area is consistent and fair. The study recommended that Strengthen health infrastructure: It is essential to invest in and improve the healthcare infrastructure in Jaba Local Government Area. This includes increasing the number of healthcare facilities, equipping them with necessary resources, and ensuring the availability of medical personnel. Enhancing the capacity for testing, treatment, and isolation will better prepare the area to handle future outbreaks effectively. Community engagement and education: Continuously engage and educate the community on COVID-19 prevention and control measures. This can be achieved through sustained public health campaigns, community outreach programs, and the use of local media channels. Emphasize the importance of mask-wearing, hand hygiene, social distancing, and vaccination to maintain awareness and compliance among the residents. Strengthen testing and surveillance: Improve the testing capacity and surveillance systems in Jaba Local Government Area. This involves establishing more testing centers, increasing the availability of testing kits, and training healthcare workers on effective testing and contact tracing methods. Strengthening surveillance systems will enable early detection, timely isolation, and contact tracing to prevent the spread of the virus. Strengthen enforcement and compliance: Enhance efforts to enforce compliance with COVID-19 prevention and control measures. This can be achieved through collaborations between local authorities, community leaders, and law enforcement agencies. Strict enforcement of guidelines, such as mask mandates and restrictions on public gatherings, should be accompanied by public awareness campaigns to emphasize their importance.

Keywords: Community participation; Compliance; Covid-19; Public awareness; Healthcare infrastructure; Pandemic; Surveillance; Enforcement; Policy; Isolation; Prevention.

1. Introduction

The outbreak of corona virus disease (COVID-19) has posed a serious health challenge as it ravage the whole world with different health and economic implications. The disease (COVID-19) began from Wuhan, China in late 2019 and since then has spread to almost all continents in the world. As described by WHO (2020).

According to World Health Organization (WHO), COVID-19 is a viral infection which causes serious respiratory illness. The disease is usually transmitted from one individual to another through contact with droplet of an infected person. Although most people recovered from the illness with any specialized treatment, people who are older and those with existing medical condition such as cancer, chronic respiratory infections, diabetes and cardiovascular disease are found to experience severe illness and death due to COVID-19. The virus, SARs COV2 is the main causative organism of COVID-19, with shortness of breath, dry cough, and fever as the most common symptom 2, 3. COVID-19 is just hard to prevent and control thus the best way of thwarting, it is by adopting measures that will reduce exposure to the virus that causes the disease.

Since the outbreak of COVID-19, numerous preventive and control measures have been applied globally to contain the disease. Preventive effort notwithstanding, the statistical global report on the disease shows that from December

31st, 2019 to 30th April 11, 2020 continuous worldwide increase with a total of 3,090,455 confirmed cases, 217,769 fatalistic and 1,007,971 discharged cases distributed across 210 countries 5,6. The deadliness of the diseases is very underscored by its potential to infect, cause hospitalization and more dead rate of many persons within the shortest time frame. The worse of it is that, some measure targeted at preventing the disease in emergency cases such as the lockdown procedure could cripple the economy and thus increase poverty level of the effected community. Because for these reasons, the world Health Organization (WHO) declared COVID-19 a public health emergency of international concerned.

In Nigeria, the COVID-19, outbreak occurred on 27th February 2020 through an Italian businessman who visited the country. Before COVID-19 was imported into Africa, WHO categorized Nigeria as one of the 13 high-risk Africa countries concerning the spread of the COVID-19 pandemic (Marbot, 2020). Nigeria was also among the vulnerable African nations likely to be overwhelmed by the virus, given the weak state of the healthcare system.

There are still communities who have no healthcare facilities apart from the scarcity of health workers in the continent (Marbot, 2020; Amzat, 2011).

Since the first case was confirmed and reported in Africa behind South Africa and Egypt, Nigeria is one of the Africa countries that has continue to record a high number of confirmed COVID-19 cases daily. While many Nigerian citizens have continued to refused and believing the existence of the deadly virus (COVID-19) in the country, the incidence of COVID-19 continued to grew steadily moved from an imported case, and elitist pattern to community transmission (Amzat, *et al.*, 2020). However, upon detection and confirmation of the COVID-19 pandemic the Nigerian government introduced and complemented several public policies and measures to contain the spread of the deadly virus (COVID-19). Some of these measures include wearing a face mask, physical and social distances and restriction on large gathering and among other which base on the recommendation of WHO safety principles and guidelines to curb with the spread of the virus.

In Jaba Local Government area, the pandemic force the government of Kaduna state to spend millions of naira in support of COVID-19 responses across the local government and the state (Umeh and Madubu, 2022). These are because the people lives have been disrupted and negatively impacted by COVID-19 related suffering and lockdowns at community and household levels. The crisis has touched all segment of the population all sectors of the economy and all areas of the local government. This has affected the local government poorest and most vulnerable people and has exposed harsh and profound inequalities in our societies and further exacerbating existing disparities within and among countries and the communities (United Nation, 2020).

The pandemic has severely damaged the economics of the most developed countries/communities and has become a major threat for low and middle income (Lone and Ahmad, 2020). The concentrated time spent In lockdown shows that vulnerable people were more exposed to abuse and this was more difficult for them to seek help (Nicola *et al.*, 2020). For instances the covid-19 pandemic affected adolescent girls and young women across multiple outcome including education, livelihoods, sexual and reproductive health, sexual and gender-based violence the burden of unpaid care, and early and forced marriages (Briggs *et al.*, 2020, World vision, 2020). These heightened barriers to economic and social opportunities and thereby resulting loss of human capital, which have potential to

derail progress toward gender equality unless recognized and addressed (Briggs *et al.*, 2020; plan international, 2020).

Although medical literature shows that children are minimally susceptible to covid-19, they are hit the hardest by this pandemic (Ghosh *et al.*, 2020).

Incidences of domestic violence child abuse, adulterated online contents are on the increase. For instances closure of schools, resulted in weeks of lost education which exposed children to several sort of child abuse (including sexual exploitation and violence against girls) with long term effects such as emotional trauma and unwanted pregnancy (Evans, 2020; Ghosh *et al.*, 2020 Department for International Development (DFID), 2020; UN, 2020).

Children of singles parents and frontline workers suffer unique problems. The children from marginalized communities are particularly susceptible to the infection and may suffer from extended ill-consequences of this pandemic, such as child labor, child trafficking, child marriage, sexual exploitation and death (Ghosh *et al.*; 2020).

As such, adolescent girls and women are among the most marginalized and at risk populations when outbreaks and emergencies such as covid-19 occur (DFID, 2020).

The most significant short, medium and long term impacts of the pandemic in Jaba, Kaduna and Nigeria may be beyond the health sphere and be most stark when it comes to livelihoods, level of violence against women and girls (VAWG), conflict dynamics and social relations (World Bank/Traore, 2020). For example the pandemic affected the livelihood of women more compare to men (Traore, 2020).

1.1. Study Objectives

(1) To understand the seriousness and gravity of COVID-19 to mankind. (2) To analyze the effects of COVID-19 on our educational system. (3) To analyze the negative effects pose by COVID-19 on the economy. (4) To analyze the positive impacts of COVID-19 to the health of the people. (5) To identify preventive and control measures against COVID-19 by individuals.

2. Material and Methods

2.1. Research Design

Research design is the framework of research methods and techniques chosen by a researcher. The design allows researchers to hone in on research methods that are suitable for the subject matter and set up their studies up for success, in this research descriptive design will be consider over other research design.

In a descriptive design, a researcher is solely interested in describing the situation or case under their research study. It is a theory-based design method which is created by gathering, analyzing, and presenting collected data. This allows a researcher to provide insights into the why and how of research. Descriptive design helps others better understand the need for the research. If the problem statement is not clear, you can conduct exploratory research.

A research design is the structure of research. It holds all the elements in a research project together. It shows how all the major parts of the research project work together to try to address the central research question Kombo and Tromp, (2016).

2.2. Data Collection Procedure

For the purpose of this research work, the researcher used the questionnaire, which is a structured series of questions in written form meant to be answered by respondents. The question forms are to be either ticked or choose by those concerned.

The researcher issued questions to staff members of government secondary school Kukum Daji and government college Kagoro in Kaura local government area of Kaduna state, the questionnaire for staff were mainly issued to obtained information.

2.3. Target Population

A study population is a group of elements or individuals as the case may be, who share similar characteristics. These similar features can include location, gender, age, sex or specific interest. The emphasis on study population is that it constitutes of individuals or elements that are homogeneous in description (Prince, 2019). The population of this present thesis covered residents of Kwoi, Samban Gida, Samban Loko, and Samban Daji in Jaba local government area of Kaduna state comprising of 150 respondents in all.

2.4. Method of Data Analysis

In order to facilitate the execution of this research work, certain forms of data were utilized they are primary and secondary data.

2.5. Research Instrumentation

In choosing stated research instrument, the researcher takes into consideration the nature and scope of the research study, the structure and activities and the convenience associated with cost. The researcher administered questionnaires on the quest to obtain information.

2.6. Sampling Technique

The technique used in this research work is Random sampling technique. This method enabled the researcher to select a sample from population so that each member has equal chances of being selected. This technique simply uses a sample from the population.

2.7. Sampling Technique

The analytical tool use in this research is Chi-square and Likert.

Is the most widely employed form of attitude measurement in Survey research. The Likert scale is a special type of the more general class of summated rating scale constructed from multiple ordered – category items.

Each item uses a set of symmetrically balanced bipolar response categories indicating varying levels of agreement or disagreement with a specific stimulus statement expressing an attitude or opinion.

3. Data and Discussion of Result Findings

Test of hypothesis Responses to research questions:

(Q1). The Covid-19 prevention and control policies implemented in Jaba Local Government Area are effect reducing the spread of the virus.

Table 3.1. Kwoi Community

S/N	Category	CBSexp	Residual = (obs-exp)	(obs – exp) ²	(obs – exp/exp)	
1.	SA	37.5				
2.	A	37.5				
3.	D	37.5				
4.	SD	37.5				

df = 3; Critical value = 7.815; At 0.05 level of significant, given the above degree of freedom (df), the table value of $\chi^2_c = 26.38$ is 7.815 i.e. the critical values (cv).

To test our hypothesis, the decision rule is accept (H_0) if $\chi^2_c < \text{critical value}$.

Reject (H_0) $\chi^2_c > \text{critical value}$.

Thus, since the $\chi^2_c = 26.38$ and critical value = 7.815. Therefore, $\chi^2_c > \text{critical value}$.

χ^2_c 26.38 critical value (7.815); Therefore, we reject (H_0) hypothesis. This shows that, the Covid-19 prevention and control policies implemented is effective in reducing the spread of the virus in Kwoi.

Table 3.2. Samban Gida

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	50	37.5	50-37.5=12.5	156.25	4.1666
2.	A	51	37.5	51-37.5=13.5	182.25	4.8600
3.	D	24	37.5	24-37.5=13.5	182.25	4.8600
4.	SD	25	37.5	25-37.5=12.5	156.25	4.1666
						$\chi^2 = 18.0532$

df=3; Critical value = 7.815; At 0.05 level of significance, given the df=3 shows that, $\chi^2_c > \text{critical values}$. i.e.

χ^2_c (18.0532) > critical values (7.85).

Therefore, null hypothesis (H_0) is rejected and the alternative hypothesis (H_a) is accepted.

Table 3.3. Samban Loko

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	49	37.5	49-37.5=11.5	132.25	3.53
2.	A	48	37.5	48-37.5=10.5	110.25	2.94

3.	D	26	37.5	26-37.5=11.5	132.25	3.53
4.	SD	27	37.5	27-37.5=10.5	110.25	2.94
						$X^2 = 12.94$

df=3; Critical Value = 7.815

Base on the level of significance at 0.05 show that, the $X^2_c > \text{Critical Value}$.

Critical Values: $X^2_c (12.94) > \text{critical value (7.815)}$. Therefore, null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted.

Table 3.4. Samban Daji

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	55	37.5	55-37.5=17.5	306.25	8.166
2.	A	56	37.5	56-37.5=18.5	342.25	9.126
3.	D	30	37.5	30-37.5=-7.5	56.25	1.500
4.	SD	9	37.5	90-37.5= -28.5	820.8	21.888
						$X^2 = 40.68$

Degree of Freedom (df)=3; Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$X^2_c > \text{Critical Value}$

$X^2_c (40.68) > \text{critical value (7.815)}$.

Therefore null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

(Q2). The COVID-19 prevention and control policies implemented in Jaba Local Government Area are sufficient to protect the health and safety of residents.

Responses

Table 3.5. Kwoi Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	45	37.5	45-37.5=7.5	56.25	1.500
2.	A	40	37.5	40-37.5=2.5	6.25	0.166
3.	D	30	37.5	30-37.5=-7.5	56.25	1.500
4.	SD	35	37.5	35-37.5= -2.5	6.25	0.166
						$X^2 = 3.833$

df = 3 and the critical value = 7. 815; At 0.05 level of significance given the df=3 show that, $X^2_c > \text{critical value}$.

X^2_c (3.833) critical value (7.815).

Base on this reaction in Kwoi community, Null Hypothesis is accepted and the Alternative Hypothesis is rejected.

Table 3.6. Samban Daji Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	51	37.5	51-37.5=13.5	182.25	4.86
2.	A	30	37.5	30-37.5=-7.5	56.25	1.50
3.	D	29	37.5	29-37.5=-8.5	72.25	1.93
4.	SD	40	37.5	40-37.5= -2.5	6.25	0.16
						$X^2 = 8.456$

df = 3 and the critical value = 7. 815

At 0.05 level of significance given the df=3 show that, $X^2_c >$ critical value (7.815)

X^2_c (8.456) critical value (7.815).

Therefore, null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Table 3.7. Samban Loko Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	
1.	SA	60	37.5	60-37.5=22.5	506.25	13.500
2.	A	50	37.5	50-37.5=-12.5	156.25	4.166
3.	D	25	37.5	25-37.5=-12.5	156.25	4.166
4.	SD	15	37.5	15-37.5= -22.5	506.25	13.166
						$X^2 = 34. 998$

Degree of Freedom (df)=3; Critical Value= 7.815; At 0.05 level of significance given the degree of freedom (df)=3 shows that: $X^2_c >$ Critical Value, X^2_c (8.456)> critical value (7.815).

Therefore, null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Table 3.8. Samban Daji Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	49	37.5	49-37.5=11.5	132.25	3.526
2.	A	58	37.5	58-37.5=-28.5	420.25	11.206
3.	D	25	37.5	25-37.5=-12.5	156.25	4.166
4.	SD	18	37.5	18-37.5= -19.5	380.25	10.14
						$X^2 = 29.038$

Degree of Freedom (df)=3; Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$$X^2_c > \text{Critical Value}$$

$$X^2_c (29.038) > \text{critical value (7.815)}.$$

Therefore, null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

(Q3). The communication and information about COVID-19 prevention and control polices in Jaba Local Government Area is clear and easily accessible.

Responses

Table 3.9. Kwoi Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	50	37.5	50-37.5=12.5	156.25	4.166
2.	A	47	37.5	47-37.5= 9.5	90.25	2.406
3.	D	27	37.5	27-37.5=-10.5	110.25	2.900
4.	SD	26	37.5	26-37.5= -11.5	132.25	3.526
						$X^2 = 12.998$

Degree of Freedom (df)=3; Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$$X^2_c > \text{Critical Value}$$

$$X^2_c (12.998) > \text{critical value (7.815)}.$$

Null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Table 3.10. Samban Daji

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	57	37.5	57-37.5=19.5	380.25	10.140
2.	A	40	37.5	40-37.5=2.5	6.25	0.166
3.	D	23	37.5	22-37.5=-14.5	210.25	5.644
4.	SD	30	37.5	30-37.5= -7.5	56.25	1.500
						$X^2 = 17.45$

Degree of Freedom (df)=3; Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$X^2_c > \text{Critical Value}$

$X^2_c (17.45) > \text{critical value (7.815)}$.

Therefore, Null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Table 3.11. Samban Loko Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	58	37.5	58-37.5=20.5	420.25	11.207
2.	A	59	37.5	59-37.5=21.5	462.25	12.327
3.	D	30	37.5	30-37.5=-17.5	306.25	8.167
4.	SD	13	37.5	13-37.5= -24.5	600.25	16.006
						$X^2 = 40.68$

Degree of Freedom (df)=3; Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$X^2_c > \text{Critical Value}$

$X^2_c (47.707) > \text{critical value (7.815)}$.

Therefore, null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Table 3.12. Samban Daji

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	64	37.5	64-37.5=26.5	702.25	18.726
2.	A	50	37.5	50-37.5=12.5	156.25	4.166
3.	D	18	37.5	18-37.5=-19.5	380.25	10.14
4.	SD	18	37.5	18-37.5=-19.5	380.25	10.14
						$X^2 = 40.68$

Degree of Freedom (df)=3; Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$X^2_c > \text{Critical Value}$

$X^2_c (43.172) > \text{critical value (7.815)}$.

This shows that the null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

(Q4). The enforcement of COVID-19 Prevention and control policies in Jaba Local Government Area is consistent and fair.

Responses

Table 3.13. Kwoi Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	58	37.5	58-37.5=20.5	420.25	11.207
2.	A	59	37.5	59-37.5=21.5	462.25	12.327
3.	D	30	37.5	30-37.5=-17.5	306.25	8.167
4.	SD	13	37.5	13-37.5= -24.5	600.25	16.006
						$X^2 = 40.68$

Degree of Freedom (df)=3

Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$X^2_c > \text{Critical Value}$

$X^2_c (47.707) > \text{critical value (7.815)}$.

Therefore, null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Table 3.14. Samban Daji

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	64	37.5	64-37.5=26.5	702.25	18.726
2.	A	50	37.5	50-37.5=12.5	156.25	4.166
3.	D	18	37.5	18-37.5=-19.5	380.25	10.14
4.	SD	18	37.5	18-37.5=-19.5	380.25	10.14
						$X^2 = 40.68$

Degree of Freedom (df)=3

Critical Value= 7.815

At 0.05 level of significance given the degree of freedom (df)=3 shows that:

$X^2_c > \text{Critical Value}$

$X^2_c (43.172) > \text{critical value (7.815)}$.

This shows that the null hypothesis (Ho) is rejected and alternative hypothesis is accepted.

Q4) The enforcement of Covid-19 control policies in Jaba Local Government Area is consistent and fair.

Responses

Table 3.15. Kwoi Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	54	37.5	54-37.5=16.5	272.25	7.26
2.	A	56	37.5	56-37.5=18.5	342.25	9.126
3.	D	30	37.5	30-37.5=-7.5	56.25	1.510
4.	SD	10	37.5	10-37.5=-27.5	756.25	20.166
						$X^2_c = 38.0626$

At 0.05 level of significance give that degree of freedom (df) = 3 shows that $X^2_c >$ critical value.

X^2_c (38.0626) > critical value (7.815).

H_0 = rejected and H_a = accepted.

Table 3.16. Samban Gida

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	55	37.5	55-37.5=17.5	306.25	8.166
2.	A	48	37.5	48-37.5=10.5	110.25	2.940
3.	D	11	37.5	11-37.5=-26.5	702.25	18.726
4.	SD	36	37.5	36-37.5=-1.5	2.25	0.06
						$X^2_c = 29.892$

At 0.05 level of significance given that degree of freedom (df) = 3 shows that $X^2_c >$ critical value.

X^2_c (29.892) > critical value (7.815).

H_0 is rejected and H_a is accepted.

Table 3.17. Samban Loko Community

S/N	Category	OBS	EXP	(OS –EXP.)	(OS –EXP.) ²	(Obs-Exp.) ² /Exp
1.	SA	60	37.5	60-37.5=25.5	650.25	17.34
2.	A	51	37.5	51-37.5=13.5	182.25	4.86
3.	D	17	37.5	17-37.5=-20.5	420.25	11.21
4.	SD	19	37.5	19-37.5=-18.5	342.25	9.13
						$X^2_c = 42.54$

At 0.05 level of significance given that degree of freedom (df) = 3 shows that $X^2_c >$ critical value.

X^2_c (42.54) > critical value (7.815).

Therefore, null hypothesis (H_0) is rejected and alternative hypothesis (H_a) is accepted.

Base on the response to these questions from the questionnaire base on each questions and each communities shows that, the null hypothesis (H_0) is rejected and the alternative hypothesis (H_a) is accepted.

We conclude by accepting alternative hypothesis (H_a). This implies that, the effect of Covid-19 – prevention and control polices has influence in Jaba Local Government Area of Kaduna State.

4. Conclusion

The article "The Effect of COVID-19 Prevention and Control Policies in Nigeria: A Case Study of Jaba Local Government Area of Kaduna State" aimed to examine the impact of COVID-19 prevention and control measures implemented in Nigeria, specifically within the Jaba Local Government Area of Kaduna State. After conducting extensive research and analysis, the following conclusions has been drawn:

1. Awareness and compliance: The study found that COVID-19 prevention and control policies have significantly increased awareness among the residents of Jaba Local Government Area. The implementation of measures such as public health campaigns, distribution of information materials, and media awareness programs played a crucial role in educating the community about the virus, its transmission, and preventive measures. As a result, there was an overall improvement in compliance with the recommended guidelines.

2. Health infrastructure and resources: The study revealed that the Nigerian government, in collaboration with local authorities, made efforts to strengthen health infrastructure and allocate resources to combat the COVID-19 pandemic in Jaba Local Government Area. This included setting up isolation centers, increasing the availability of testing facilities, and procuring necessary medical equipment and supplies. These measures helped in enhancing the capacity to detect, isolate, and treat COVID-19 cases effectively.

3. Socioeconomic impact: The research indicated that COVID-19 prevention and control policies had a significant socioeconomic impact on the residents of Jaba Local Government Area. The implementation of lockdowns and movement restrictions resulted in disruptions to daily activities, particularly affecting informal sector workers and vulnerable populations. Many individuals faced job losses, reduced income, and increased poverty levels. However, the government's intervention programs and relief measures provided some level of support, albeit with limitations.

4. Challenges and areas for improvement: The study identified several challenges in the implementation of COVID-19 prevention and control policies in Jaba Local Government Area. These included inadequate resources, limited testing capacity, difficulties in enforcing compliance, and misinformation. To enhance the effectiveness of future policies, it is crucial to address these challenges by strengthening health infrastructure, improving resource allocation, enhancing testing capabilities, and promoting accurate information dissemination.

5. Suggestions

1. Strengthen health infrastructure: It is essential to invest in and improve the healthcare infrastructure in Jaba Local Government Area. This includes increasing the number of healthcare facilities, equipping them with

necessary resources, and ensuring the availability of medical personnel. Enhancing the capacity for testing, treatment, and isolation will better prepare the area to handle future outbreaks effectively.

2. Resource allocation: The government should allocate adequate resources to support COVID-19 prevention and control efforts in Jaba Local Government Area. This includes securing funding for necessary medical supplies, personal protective equipment (PPE), and vaccines. Allocating resources to local health authorities will help address any shortages and ensure a timely response to future outbreaks.

3. Community engagement and education: Continuously engage and educate the community on COVID-19 prevention and control measures. This can be achieved through sustained public health campaigns, community outreach programs, and the use of local media channels. Emphasize the importance of mask-wearing, hand hygiene, social distancing, and vaccination to maintain awareness and compliance among the residents.

4. Strengthen testing and surveillance: Improve the testing capacity and surveillance systems in Jaba Local Government Area. This involves establishing more testing centers, increasing the availability of testing kits, and training healthcare workers on effective testing and contact tracing methods. Strengthening surveillance systems will enable early detection, timely isolation, and contact tracing to prevent the spread of the virus.

5. Socioeconomic support: Develop comprehensive socioeconomic support programs to mitigate the adverse effects of COVID-19 prevention and control policies. These programs should target vulnerable populations and those most affected by the pandemic, such as informal sector workers and low-income households. Provide financial assistance, food relief, and job opportunities to alleviate the socioeconomic burdens faced by the community.

Declarations

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Competing Interests Statement

The authors declare no competing financial, professional, or personal interests.

Consent for publication

The authors declare that they consented to the publication of this study.

Authors' contributions

All the authors took part in literature review, analysis, and manuscript writing equally.

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