

Myths and realities of COVID-19 pandemic and border-crossing strategies by traders and travelers in response to interstate ban in Ebonyi State: Implications for Social Workers

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Abstract: Coronavirus, otherwise known as COVID-19 has ravaged the world and adjudged one, if not the deadliest global pandemic ever faced by mankind because of its rate of infection. As a result, countries all over the world imposed lockdown, travel ban and safety guidelines to contain the spread of the virus. These measures were also instituted in Ebonyi state, Nigeria to contain community transmission of the deadly virus. This study explored the myths and realities of COVID-19 pandemic and border-crossing strategies by traders and travelers in response to interstate ban in Ebonyi State and implications for Social Workers. Eighteen participants were purposively selected for the study, with in-depth interview as data collection instrument. Data were analysed with the use of thematic analysis and direct quotes. Study revealed that participants were crossing the closed border through bush paths, hiding in container truck, and bribing the border officials. Study recommended that government should always make adequate provisions for palliatives and adequately sensitize the public before instituting such orders, like the lockdown. Medical social workers should also be involved in the distribution of palliatives and awareness creation.

Keywords: COVID-19, Crossing strategies, Interstate ban, Myths and realities, Traders, Travelers

1. Introduction

It is no longer news that the COVID-19 pandemic has had far-reaching effects on the global economy as the lockdown has affected global travel business, national health care systems, the food industry, events industry, education, and global trade (Ozili and Arun, 2020; Ozili, 2020). Globally, nations have been facing serious socio-economic hardship occasioned by the novel COVID-19 virus, which started in late 2019 in Wuhan, China. Nigeria as a nation has had its own share of socio-economic downturn as many activities were shutdown to contain the spread of the virus in the absence of vaccine.

The virus presents pneumonia-like symptoms similar to severe acute respiratory syndrome coronavirus (SARS-CoV), and Middle East respiratory syndrome coronavirus (MERS-CoV), high fever, dry cough, fatigue, malaise, difficulty in breathing, and diarrhea (Li et al, 2020; Abdelhafiz et al, 2020; Oyeyemi, 2020). Although most people can easily recover from the sickness without specialized treatment, people who are older and those with existing medical conditions such as cancer, chronic respiratory infections, diabetes, and cardiovascular diseases are more likely to experience severe illness and death (WHO, 2020). According to Omaka-Amari et al (2020), the novel coronavirus disease has become an important health threat ravaging the entire world with

numerous health and economic implications. Due to lack of vaccine or proven drugs for the management of COVID-19, transmission control becomes a very important intervention that can abate the spread of the disease in community and health care settings (Li, YC et al, 2020).

The first confirmed case of covid-19 in Nigeria was detected in a traveler who arrived Lagos from Europe on February 28, 2020 (National Centre for Disease Control {NCDC}, 2020). The pandemic caused sufferings to poor citizens, and was severe in Nigeria as a result of weak institutions that were ineffective in responding to the pandemic and the lack of adequate social welfare programmes that would have catered for majority of the poor and vulnerable citizens who were affected by the virus (Ozili, 2020). As a result, the government invested in preparedness measures including a US\$ 27 million increase in funding for the NCDC to strengthen laboratory testing and isolation capacity (International Monetary Fund {IMF}, 2020a). The government also launched public education campaigns emphasizing hand washing, maintaining physical distance from people and avoiding large gatherings (Andam et al, 2020).

As the country experiences a steady increase in the number of confirmed cases of COVID-19, movement restrictions and lockdown were instituted to respond to the pandemic (Brooks and Knights, 2020). On March 30, authorities in Nigeria imposed a lockdown on the commercial city of Lagos, neighboring Ogun state and the capital city of Abuja (Mongabay Series, 2020). As COVID-19 spread to all 36 states, the government quickly placed a ban on interstate travel. Curfews were introduced, facemask made compulsory, and public spaces like markets and places of worship either shut down or required to limit entry to 50 people at a time (Mongabay Series, 2020). The federal government in an attempt to curtail the spread of COVID-19 advised all state governors to establish a minimum of 300-bed space treatment facilities in anticipation of a further upsurge (Amzat et al 2020). On April 23, 2020, the Nigerian Governor's Forum unanimously agreed to ban interstate travel in the country for initial two weeks' period to curtail the spread of the virus from state to state starting from Thursday, May 7. Prior to this, states like Akwa-Ibom, Cross River, and Ebonyi had already used barriers to stop people from entering their states (Reuters Staff, 2020).

The lockdown directive involved closing down of all schools, government parastatals, bans on religious and social gatherings involving more than 20 persons, restrictions on businesses except those involving essential products such as foods, drugs, fuel, and gas etc (Omaka-Amari et al, 2020). To ensure total compliance to the lockdown directives, different state governments including Ebonyi State constituted taskforces and checkpoints especially at the entry points of each state. In Ebonyi State, there were roadblocks and taskforce teams at Enugu-Ebonyi, Ebonyi-Abia, Ebonyi-Cross River and Ebonyi-Benue boundaries to enforce interstate restrictions. However, all these efforts yielded little or no result as daily recorded cases of COVID-19 continued to rise as a result of recalcitrant behaviors of some citizens who refused to observe the preventive guidelines and adopted secret routes for traveling. Most people demonstrated nonchalant attitude with total lack of commitment to preventive guidelines by government authorities (Ojoma, 2020). Recent studies by Abdelhafiz et al (2020) and Zhong et al (2020) revealed that adherence to COVID-19 protocols in Nigeria is low compared to the measures taken in other countries like China and Egypt. This is because, during the lockdown, many Nigerians were unable to cope financially as majority of the Nigerian populace is classified as poor who do petty jobs to survive. According to George (2020), 85% of Nigerians are self-employed, most of which are traders, laborers and artisans. These people cannot stay at home for long without alternative means of survival, as they preferred to die of COVID-19 by fending for themselves and families, than watch them die of hunger because of lockdown order.

The lockdown and stay-at-home directives exact adverse effects on the peoples' livelihood-with disproportionate effects on the vulnerable population, most of whom are daily income earners (Amzat et al, 2020). The United Nations Development Program (UNDP, 2020) observed that the vulnerable population mostly works in the informal sector, which requires close person-to-person interactions for cash transaction and patronage. It further stated that while the lockdown was critical for disease containment, it undermines

the economic and social foundations for survival and the resilience structures of Nigeria's most vulnerable population. The projection is that millions of Nigerians will further be pushed into poverty, and temporary and permanent unemployment, which will expose them to hunger virus. Despite the government's directive on lockdown and interstate ban, desperate Nigerians continue to sneak into states of choice through their created and irregular routes with lots of them escaping security checks. According to Thisday (2020), essential workers have also taken advantage of their job to move freely and even transport people across the nation. In the same vein, most travelers smuggle themselves to another state by hiding in a container or van carrying essential items like food items. According to Premium Times (2020), lockdown rules have been violated in many states as many defy the interstate travel ban across the country. The paper earlier reported how law enforcement agents in some states have turned back people hiding in trucks carrying goods in a bid to beat security operatives and sneak into the states. This means that travelers are on a daily basis upgrading their tactics to gain entry into another state, by maneuvering security checks through hiding on trucks, thus continue to aid in the spread of the virus in the country (Thisday, 2020).

Another factor that affected COVID-19 control and prevention efforts in the country was the case of having to contend with COVID-19 myths and misconceptions amongst a good number of Nigerians (Omaka-Amari et al, 2020). While some Nigerians believed that the virus could not thrive in Africa because of its hot weather and felt immuned to the virus, others perceived the pandemic as the disease for the rich and politicians (BBC News, 2020). This is because the first recorded cases of the COVID-19 in Nigeria were among the prominent Nigerians and returnees from abroad. This misconception was deduced from the fact that most reported fatalities involved the rich and top government personalities (Omaka-Amari et al, 2020). According to Oyeyemi et al (2020), these set of individuals are not likely to adhere to the COVID-19 prevention guidelines, and may jeopardize the current efforts in the fight against this highly contagious disease. Therefore, myths and misconceptions through the social media have affected the minds of the people as it relates to the perceived severity and existence of the disease, which in turn led to the poor compliance to preventive measures in the country (Adewale, 2020; Olujowon, 2020).

2. Materials and methods

2.1 Participants

Eighteen traders and travelers were purposively selected for the study. All participants were either traders at International, Kpiri-kpiri, and New markets in Ebonyi/Enugu states or travelers/returnees. The rationale behind the choice of traders and travelers was because of their knowledge on border-crossing strategies adopted by some people in response to the COVID-19 lockdown directive and interstate border closure in Ebonyi state. The participants were either indigenes of Ebonyi state or people from other states who were residents in the state or had engagements in the state during the pandemic era.

2.2 Procedures

The study was carried out on travelers and traders in Ebonyi state during the COVID-19 periods. The study adopted a cross-sectional research design method with in-depth interviews as the data collection instrument. The purposive sampling method was adopted in the selection of the 18 traders and travelers. Twelve participants (4 each) were selected from International, Kpiri-Kpiri, and New markets respectively, while 6 respondents were either travelers or COVID-19 pandemic returnees in Ebonyi state. The choice of purposive sampling method was as a result of the researchers' knowledge that the traders and travelers were aware of border-crossing strategies adopted by most people to beat the border blockade imposed by the government of Ebonyi state to contain the spread of COVID-19, and were ready to share their knowledge and experience with the researchers. The exercise took place between May to July 2020, with each interview lasting for about 30 to 35 minutes. While some of the interviews were conducted physically, others were done using smart phones with the consent and agreement of the participants on time and places of the interviews. Collected data were analyzed with the use of themes, phrases and quotes.

3. Results

3.1 Knowledge of COVID-19

We enquired from the participants on their knowledge of COVID-19 virus. Findings revealed that most of the respondents were knowledgeable about the pandemic. They stated that COVID-19 is an infectious disease caused by a newly discovered virus called coronaviridae and transmitted through direct contact with infected people through infected secretions such as saliva and respiratory droplets, which are expelled when an infected person coughs or sneezes. Participants stated that the virus has caused many deaths and hunger amongst the people. However, some stated that COVID-19 is not as deadly as painted and was less active in Nigeria, compared to other nations like USA, UK and Italy. Reacting further, a respondent said:

“Yes, I have heard it killed so many people abroad and later got to Nigeria and Ebonyi state. Those infected were taken to hospital for treatment. However, I did not know of anybody that was infected”
(Female trader 1, International market).

Another respondent who spoke on knowledge of the virus stated, ‘coronavirus is said to be contagious disease killing people and defying all attempt to contain its spread. It spreads through droplets and body contacts, among others’ **(Male traveler, 4)**. Another said, ‘COVID-19 is a disease that transmit through body contact, fluid and sneezing’ **(Male trader 1, International market)**. Another added, ‘coronavirus is a disease that kills people without mercy’ **(Female traveler, 2)**. Still on knowledge of COVID-19, a respondent said, ‘COVID-19 is a foreign virus from China that has no cure and kills people’ **(Male trader 1, Kpiri-Kpiri market)**. Another respondent said, ‘COVID-19 is the latest disease in town killing people and destroying all sector of human living’ **(Female trader 1, New market)**. In lending his voice, a respondent had this to say:

“We heard there was an outbreak of disease called coronavirus, which started in China and spread to other countries including Nigeria and Ebonyi state. The virus according to news has killed so many people both at home and in abroad but I have not seen the virus kill anybody I know” **(Female trader 1, Kpiri-Kpiri market).**

3.2 Belief on COVID-19

We asked to know their opinions on the existence of COVID-19 in Nigeria in general and Ebonyi state in particular. Responses generated revealed that while majority of the respondents believed that the virus actually exists, few participants were adamant on the existence of the pandemic. This group of respondents believed that the government and politicians were simply using COVID-19 to deceive the poor masses and embezzle public funds in the name of battling the virus. Below are their responses:

“In the beginning, I didn’t believe that COVID-19 exists because I did not see any one affected or killed. But as time went on, I started believing its existence because of how government closed its major sources of income especially the Nigerian National Petroleum Corporation, Federal Inland Revenue Services, and the aviation industry. The government cannot be losing that huge amount of money by imposing lockdown on what does not exist” **(Male traveler, 2).**

Another respondent said, ‘I believe that the virus exists because majority believe too’ **(Female trader 2, International market)**. Another said:

“The COVID-19 is real. I strongly believe it exists and has caused untold hardship on the masses. It has also killed many notable Nigerians especially those who traveled abroad within that period. Even in Ebonyi state, I know of a top government official who died of the virus. So, the virus truly exists but I think the government is overrating its deadly nature and this is putting fear on the people” **(Male traveler, 1).**

Another respondent opined:

“The virus really exists but hunger and inadequate palliatives forced people into disbelieving its existence and started looking for means to beat the blockade to source food and escape starvation. Thus, people preferred dying of the virus than watch their dependents die of hunger because of the blockade” **(Male trader 1, New market).**

Still on participants' belief on COVID-19, a respondent said, 'it is real because it is the cause of all the sufferings we are facing right now' (**Male trader 1, Kpiri-Kpiri market**). Another quizzed, 'I believe the virus is real because it has killed notable people in Nigeria' (**Male traveler, 3**). Another stated, 'I believe in the existence of COVID-19 because of the way people are dying nowadays' (**Female trader 3, Kpiri-Kpiri market**). Another respondent said, 'the virus is real. I have suffered the disease and it was not funny' (**Male trader 2, New market**). However, a respondent with a dissenting view said, 'I do not believe in the existence of COVID-19. Even if it exists, it is a disease for our leaders, politicians and big men-not for the poor. The government is just deceiving the masses with the virus just to embezzle public funds' (**Female trader 3, International market**).

3.3 Reasons for border closure

Our interviews with the respondents was based on the reason for the border blockade by the government. Results revealed that border was closed by the government to contain the spread of COVID-19 from returnees and travelers from the neighboring states. Some respondents stated that the government was looking for the best possible way to reduce the spread of the virus, which at that time had no vaccine. Reacting further, a participant said, 'Ebonyi borders with neighboring states were closed to contain the spread of the virus through returnees' (**Male traveler, 4**). Another respondent said, 'I was told that it was caused by the rapid spread of the coronavirus, to avoid interstate transmission of the pandemic' (**Female trader 2, New market**). Another said, 'the border was closed to enable the government contain the spread of the virus. It was aimed at curtailing the interstate and community transmission of the pandemic' (**Male trader 1, International market**). Still on reason for border closure, a respondent quizzed, 'the government closed the border to enable it treat the already identified and isolated COVID-19 cases in the state' (**Female traveler, 1**). However, a respondent who did not believe in the existence of the virus had this to say, 'the government closed the border to have enough reason to embezzle public funds and suffer poor masses' (**Female trader 1, Kpiri-Kpiri market**).

3.4 Effects of the border closure and reasons for illegal border crossing

We asked to find out the effects of the border closure on the traders and travelers who defied government orders by illegally crossing the border. Findings revealed that people were facing economic hardship, hunger and starvation as a result of the lockdown order and border closure by the government. Participants revealed that many people were without foods and needed to find food at all cost to stay alive, thus devised means of crossing the closed border. The prices of food items skyrocketed because the border closure also affected means of transporting goods to the markets. According to the respondents, the closure affected many social activities as well and this affected many of us who work as comedians and masters of ceremonies. A respondent had this to say:

"The effect was too much as it made me stay at home doing nothing for a long time. People were finding it difficult to go out and find something to eat. Even when you see things to buy, it will be too expensive. The hunger was just too much to bear. Many people were arrested, detained while trying to cross the border through the bush paths just to find food and escape hunger. Others were robbed, while some were maimed. The closure of the church had the worst effect on me as I could not go to church for months as a Christian. Also, my daughter was alone starving in the town, while I was at home. I came home for appointment and could not go back before the interstate ban" (**Male traveler, 2**).

Another stated:

"The border closure affected many things including means of transportation as vehicles were not operational. They were rather grounded in line with the lockdown order. Taskforce officers were also arresting people and making money from travelers who were defying government's directive on lockdown and interstate ban. The people were hungry and needed to find food to stay alive. There were hunger and starvation as there were little or no means of transportation of goods and services. Prices of goods and services were also hiked as a result of the lockdown. Though government excluded essential services from the ban, costs of procuring such items were high, and so affected the

prices of commodities in the market. My family and I were starving because of the lockdown that restricted my movement as a trader” (**Female trader 2, New market**).

Still on the effects of the border closure, a respondent quizzed:

“The border closure made things very difficult for the masses as movement was restricted. So many people started going out illegally to enable them feed themselves and family. Personally, I stopped going out which affected my family and I as a trader. In fact, my family and I were starving as my husband’s salaries as a lecturer were also stopped at that period for refusing to enroll in IPPIS alongside other lecturers of federal universities. When the lockdown persisted, I started crossing the borders illegally as I shuttled between Ebonyi, Cross River, and Enugu states for my business” (**Male trader 1, Kpiri-Kpiri market**).

Another respondent retorted, ‘it was a very bad experience for my family and I as we found it difficult to eat because we were not allowed to go out in search of food’ (**Male trader 1, New market**). Another said, ‘I have never had that kind of experience since I was born. We barely ate 2 square meals daily as prices of food stuff went up’ (**Female traveler, 2**). Another added, ‘the border closure exposed us to hunger and starvation as we were without decent foods for months and government’s palliatives did not get to us’ (**Male trader 1, International market**). Still, another respondent said, ‘I have renal disease that I was going to University of Nigeria Teaching Hospital (UNTH) Enugu every two weeks to treat. The border closure affected my treatment. It was only God that saved me within that period’ (**Male traveler, 3**).

3.5 Strategies for inter-state border crossing

Our conversation was based on their strategies for border-crossing. The study found that while some people were crossing the closed border through the bush paths, some others were crossing the border by hiding at the back of container trucks, pretending to be goods and services. Findings equally revealed that some traders/travelers were crossing the blockade by either boarding motorcycle (Okada) from Ebonyi axis to Enugu axis through village/community routes and bush paths, or greasing the palms of the security/taskforce operatives at the border. Specifically, a respondent narrated the strategies as follows:

“Some people were crossing through the bush paths to beat the security operatives stationed at the borders, others were crossing through container trucks. Still, others leave their homes very early to cross the borders by greasing the palms of the security operatives at the borders. I belong to this group of people” (**Female traveler, 1**).

Another respondent said:

“The taskforce team always allowed us passage whenever we carried food items from Cross River state to Enugu through Ebonyi state for sale. This was because food items were exempted from the ban. However, if we want to cross without food stuff, we would leave very early in the morning and cross the border through bush paths, and then board another vehicle at the other side of the border. This means we would take bus from Abakaliki town or Ezzamgbo to Ebonyi boundary after Nkalagu, come down from the vehicle and beat the security team by crossing the border through the bush, and reconnect the road at Enugu-Idodo axis to board another vehicle to Enugu since movements were allowed within states. Sometimes, we would take early morning vehicle between 5 to 6 am, get to the blockade site where the taskforce team of Army, Police, Civil Defence and others would collect between N200 to N1000 from passengers and driver respectively and allowed us to go. At times, we made the same payments at the Enugu axis of the border too. Also, we sometimes take Okada from Nkalagu through Amechi-Idodo, to beat the taskforce team and continued our journey. Still some other times, the taskforce personnel would discharge the vehicle and order us to cross the border by foot and continue our journey, while at other times, they will chase us back or arrest some people and take them to Ebonyi state quarantine centers. Whenever they chased us back, we always looked for other means of crossing either by taking the bush paths or hiding at the back of container trucks. Still at other times, the personnel would keep us for hours even when we carried food items before allowing us passage” (**Female trader 1, New market**).

Another respondent said, 'I always look for vehicles carrying food stuff and pretend to be a trader, and the border taskforce team would allow me passage' (**Male traveler, 4**). Another said, 'I have a particular motorcyclist that carried me from Nkalagu Junction through bush paths to Idodo, where I would board a vehicle to Enugu town' (**Male traveler, 1**). Another respondent stated, 'my brother was among the security operatives attached to the border. Each time I got there, he perfects my passage' (**Female traveler, 2**). Another said, 'each time I want to go to Enugu from Ebonyi, I would look for traders with goods to carry in my car. This made my border crossing easier as essential services like foods were exempted' (**Male traveler, 3**). Reacting to the above, a respondent said, 'my husband is one of the Ebonyi State Executive Council Members. So each time I want to travel, he would get a note from the government house, which I presented to the security team at the border and they allowed me to pass' (**Female trader 2, International market**). Another said, 'I only needed to give the taskforce team money at the border and I would pass' (**Male trader 1, Kpiri-Kpiri**). Still another respondent opined:

"Well, it was a terrible experience. At times, we were locked inside container trucks carrying goods to enable us cross. Some other times, we took the bush paths if containers were not available. We also took okada through the bush paths to cross the border" (**Male trader 2, International market**).

3.6 Experiences of illegal border crossing

Our findings revealed that participants expressed regrets over their illegal border-crossing experiences. While some stated they almost died while trying to illegally cross the borders, others said they were robbed by hoodlums who operated in the bush paths. In response, a participant said, 'It was difficult crossing as people were arrested, robbed, raped and even killed by hoodlums who were also operating in the push paths' (**Female trader 1, Kpiri-Kpiri market**).

Another respondent said:

"It was a very bad experience crossing through the push paths and trekking long distances. Some were actually killed in an attempt to cross illegally especially through the bush, while some others were either robbed, raped by hoodlums or were arrested by government personnel and taken to Abakaliki main stadium for quarantine" (**Male traveler, 2**).

Still talking about their experience, a respondent stated:

"It was difficult crossing illegally. At times, we will wait in vain to cross the border through containers, which compelled us to go back to where we were coming from. Some were robbed of their money and valuables while trying to cross through the bush paths. Some others were arrested by the taskforce joint team. There was also news of how some people were shot by the security operatives in Ebonyi and other states while trying to cross the borders illegally. In fact, I was almost arrested in one of my attempts to cross the Enugu-Ebonyi border. I had to run for kilometers before I was able to outrun the taskforce operatives" (**Female trader 1, New market**).

4. Discussion

This qualitative study was aimed at exploring the myths and realities of COVID-19 pandemic and border-crossing strategies by traders and travelers in response to interstate ban in Ebonyi state, Nigeria. Findings revealed that most of the respondents had good knowledge of the virus. They stated that COVID-19 is an infectious disease that originated from Wuhan, China, and transmitted through direct contact with an infected person. They further stated that the virus has caused much death, hardship, hunger, and starvation on the people especially the poor. The novel coronavirus disease has become an important health threat ravaging the entire world with numerous health and economic implications (Omaka-Amari, et al, 2020). In lieu of the above, the government imposed lockdowns, quarantines, interstate ban, social distancing measures and other safety/hygiene protocols to curb the rate of infection. Due to lack of vaccine or proven drugs for the management of COVID-19, transmission control becomes a very important intervention (Li, YC et al, 2020). As a result of a steady increase in the number of confirmed cases of COVID-19, movement restrictions and lockdown were instituted to respond to the pandemic (Brooks & Knights, 2020) with Nigerian authorities

imposing a lockdown on the commercial city of Lagos, neighboring Ogun state and the capital city of Abuja (Mongabay Series, 2020).

Study revealed that though majority of the respondents believed the virus exists, few others did not believe the existence of the pandemic, rather, they saw it as a decoy by the government and those in positions of authorities to institute fear on the people and siphon the public funds in the name of fighting the virus. This group of people did not believe in the existence of the virus, therefore were adamant in observing the safety measures introduced by the government to contain the sporadic spread of the deadly disease. While some Nigerians believed that the virus could not thrive in Africa because of its hot weather and felt immune to the virus, others perceived the pandemic as the disease for the rich and politicians (BBC News, 2020). According to Oyeyemi et al (2020), these set of individuals are not likely to adhere to the COVID-19 prevention guidelines, and may jeopardize the current efforts in the fight against this highly contagious disease.

The study found that people were exposed to economic hardship, social isolation, hunger, frustration, and starvation as a result of the lockdown and border closure by the government. People were forced to stay at home without adequate provisions of palliatives, which made it difficult for them to feed. Prices of commodities soared as border closure also affected food transportation. This lockdown has adverse effects on the peoples' livelihood especially the vulnerable population, most of whom are daily income earners (Amzat et al, 2020). The UNDP (2020) observed that the vulnerable population mostly works in the informal sector, which requires close person-to-person interactions for cash transaction and patronage. As a result of hunger and starvation, respondents devised means to illegally beat the security operatives stationed at the borders in a bid to fend for themselves and families, thus it was a matter of preferring to die of COVID-19 than to die of hunger. A particular respondent stated that he was undergoing chemotherapy treatment at the UNTH, Enugu from Ebonyi but could not continue with the routine treatment because of the interstate ban. The blockade affected his treatment so much that he almost had a relapse.

This paper revealed that because of hunger and starvation orchestrated by government's border closure and general lockdown without palliatives, people resorted to illegal means of crossing the border to find food and keep other engagements. Interviews revealed that while majority of the respondents crossed the border through the bush paths to beat the security operatives manning the borders, some others were crossing the border by pretending to be goods and services at the back of container trucks. According to Premium Times (2020), lockdown rules have been violated in many states as many defy the interstate travel ban across the country and found means of crossing the blockade. This is because, during the lockdown, many Nigerians were unable to cope financially as majority of the Nigerian populace is classified as poor who do petty jobs to survive. According to George (2020), 85% of Nigerians are self-employed, most of which are traders, laborers and artisans. These people cannot stay at home for long without alternative means of survival, as they preferred to die of COVID-19 by fending for themselves and families, than watch them die of hunger because of lockdown order.

Findings equally revealed that some respondents' friends and relatives were among the security or taskforce team at the border who aided their passage, while others were either greasing the palms of the security personnel at the border to cross, or boarding motorcycle (okada) through Nkalagu and Idodo. This was captured by Thisday (2020) when it stated that essential workers have also taken advantage of their job to move freely and even transport people across the nation. In the same vein, most travelers smuggle themselves to another state by hiding in a container or van carrying essential items like food. However, findings from the study revealed that participants expressed regrets over their experiences at the border as they were exposed to many dangers including robbing, rapping, and maiming by hoodlums who also operated in the bushes. Some were arrested by the security operatives and taken to quarantine canters. The study also revealed that most of the respondents recounted how they had to trek long distances, or nearly suffocated inside container trucks to beat the border security.

5. Implications to social work

To observe COVID-19 protocols and contain the spread of the virus, there must be a multi-disciplinary approach and action involving multi-disciplinary teams. One of such teams is medical social workers. Social workers can play several roles to help flatten the curve of the virus. According to International Federation of Social Work (IFSW, 2020), social workers can join forces with other health care practitioners in rendering health and social services to individuals and families who require psychosocial support/counseling, referral, re-integration etc. However, despite this understanding of united action in curbing the spread of COVID-19, social workers have been ignored (Rasool, 2020). In Nigeria, for example, social workers were asked to go home alongside other non-health professionals at the heat of the pandemic (Onalu et al, 2020). This is in contrast to the direction to social workers in some developed nations like the United States of America, New Zealand, United Kingdom, Italy, China, South Africa, etc, who were part of the COVID-19 management team (Cui, 2020; Dominelli, 2020; Hyslop, 2020; IFSW, 2020; Pengli, 2020; Scarnera, 2020; Zhang et al, 2020).

Social workers in Nigeria can utilize social media platforms to sensitize and educate the public about the pandemic, attend to the psychological care of COVID-19 victims and their family members, and actively participate in palliative distribution and data collection of affected and discharged patients (Onalu, et al, 2020). According to Madumere (2017), public enlightenment usually appeals to the emotions of people and raise their consciousness regarding the consequences of some of their actions thereby stimulating their change of behaviors in more positive manner. Therefore, medical social workers should participate actively in campaigns aimed at containing the spread and effects of COVID-19. They can sensitize the people through various means and channels including the social media on why they should adhere to government's directives on COVID-19 lockdown, border closure, and general hygiene to help curtail the spread and adverse effects of the virus especially the third wave of the pandemic.

6. Conclusion and recommendations

In summary, government introduced the lockdown and travel ban to contain the spread of COVID-19 infection. However, this noble gesture was thwarted by the very people the government wanted to protect because of poor palliative supply and government's insensitivity to the ripple effects of such order on the poor Nigerians who survive on daily menial jobs. As a result, many Nigerians disobeyed the lockdown order and were moving from one state of the nation to another through illegal means, in search of food. These poor Nigerians preferred dying of the virus or in the hands of the border officials than watch their dependents perish of hunger. Though the government did a lot of awareness creation through television, radio, and social media platforms, it is worthy note that most of the rural poor do not have access to those means of communication. These lack of awareness affected the level of compliance to COVID-19 guidelines and directives. Thus, the rate of infection that was meant to be curtailed through the interstate ban and lockdown continued to rise. Sequel to the above reasons, the study recommends that adequate sensitization of the people should be made, and adequate palliatives provided before enforcing such order in the future. Stakeholder should also brainstorm on the best possible ways to enforce such order without exposing people to more danger of hunger and starvation. Multidisciplinary team involving social workers should work together to flatten the curve of such pandemic. Social workers should play the role of educators by sensitizing the people on why they should observe such order. They should also be involved in contact tracing, counselling, and distribution of palliatives.

7. References

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