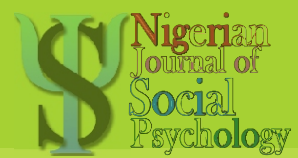


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Cultural Components in Response to COVID-19 Alerts among Isu Folks of Eastern Nigeria

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Abstract

Diseases pertain to organic bodily system but they gnaw humans within socio-cultural systems. Any disease therefore has cultural components with folk psychology influencing epidemiology and treatments. The novel corona-virus disease (covid-19) broke out in Wuhan, China in December 2019. By March 2020, it had spread to the width of a pandemic. Swiftly, the World Health Organization alerted the world of the nature, mode and frequency of the infection asserting that there was then no known cure or vaccine. Different societies cultivated diverse attitudes and responses to the disease and its alerts meant to protect their bodies and environments from the virus. The study enquired into the responses to covid-19 alerts by Isu-folks of Eastern Nigeria. Data were obtained from the field by participant observation of the folk in-situ between April to August 2020; unit of analysis was the folk's patterned conversations with their overt behaviors towards covid-19 alerts. A variant of interpretative ethno-methodology-conversational analysis, and symbolic interactionism were the combined framework for the exposition of the responses and collective psychology to covid-19. The folks were found to have indulged in denials, allegorical insults, intricate bodily ritual semiotics, and parodies. These responses generated feelings of collective immunity and invincibility replacing panic and fear of the pandemic with adaptive emotions.

Keywords: *Components, covid-19 alert, folk-psychology, psycho-cultural, responses.*

Introduction

The world got ruffled with the outbreak of the novel corona virus disease (Covid-19). It started in Wuhan, China in December 2019, and spread to the larger part of the world in few months. The World Health Organization (WHO) expectedly declared the disease a pandemic (WHO, 2020) and set up some responses;

Mark (2019: 313) had outlined the process of response to epidemics to include:

Diagnosis of the disease, investigation to understand the source of transmission; implementation of control strategies and programmes, research to develop adequate means to treat the disease and prevent its spread, and the production and distribution of the necessary drugs and vaccines.

WHO promptly started the response process by alerting the world on the nature, mode of transmission, and prevention of the disease. It was expected that all socialites would heed the WHO guide to contain the disease. But diseases are hardly isolated from their socio-cultural contexts. So culture can get information about a disease transmuted.

Covid-19 has been explained to be caused by a new and severe type of corona virus known as severe acute respiratory syndrome coronavirus 2 (SARSCOV-2). It is said to be in the family of corona virus (others include SARS, HSNI, HINI and MERS), and it is a contagious

respiratory illness transmitted through the eyes, nose, and mouth, via droplet from coughs and sneezes, close contact with infected persons and contaminated surfaces. It has an incubation period of approximately one to fourteen days. The symptoms include cough, fever, and shortness of breath, and it is diagnosed through a laboratory tests. The contagion could lead to severe respiratory problems or death, particularly among the elderly and persons with underlying chronic illness. Some infected persons however, are carriers for the virus with no symptoms while others may experience only a mild illness and recover easily (Saucer, 2020). These facts were among the earliest alerts on Covid-19 to Nigerians (NCDC, 2020). Obviously, knowledge of infection pathways and relevant precautions to take are needed to control any pandemic.

Diseases may be a biological organic fact, but the responses to diseases depend on the content of a peoples world of reality and reality is, to borrow from Babbie (2005), “a tricky business”. An assertion is real if it makes sense and does not contradict actual observation. Making sense depends on the people’s level of knowledge which has cultural colouration. So a disease’s epidemiology, effects, and cure are influenced by a people’s cultural interpretation and response to the disease. The first Covid-19 infection came into Nigeria through an infected Italian citizen in February 27, 2020 (NCDC 2020). Since then infections in Nigeria have run into hundreds of thousands and tens of thousand deaths (NCDC, 2021).

It is curious that most reported cases of corona virus occur in the urban areas. Not a case has been reported in the hinterlands where the “scientific” precautionary measurers against Covid-19 are ill observed. This suggests that Covid-19 infection is related to residence. Apparent rural-urban differential in Covid-19 infections in Nigeria prompted this study which seeks to inquire into rural perceptions and responses of Isu-Ebonyi folk of Eastern Nigeria to Covid-19 pandemic.

Literature

Conceptual clarification

Covid-19

The acronym (Covid-19) emerged in February 2020 when the International Committee on Taxonomy of Viruses and the World Health Organization announced official names for both the virus and the disease it causes: SARS-COV-2 and Covid-19, respectively. The name of the disease is derived from the words, corona, virus and disease, while the number 19 represents the year that it emerged (Elflein, 2020).

Historically, humanity has experienced many deadly forms of diseases, some of which still exist because of lack of permanent cure. Some have been eradicated through vaccination (eg. Small pox, polio) while others are still being managed using drugs (eg. Tuberculosis, malaria, common cold, HIV/AIDS, goal fever, SARS and Ebola). Coronavirus disease is a highly contagious disease recoding worrying level of mortality described as “threatening to dwarf the impacts of previous historic contagious” (Lines, Burke-Shyne & Girelli, 2020).

In addition to the above measures, there are pieces of information specifically designed to alert all Nigerians on the dangers of Covid-19. These alerts are on what corona virus is, its symptoms, how dangerous it is, its transmission mode, and its preventive behaviours (NCDC, 2020). The general restrictions imposed on the country and accompanying alerts were meant to curb wide-spread impact of the disease. It is expected that all Nigerians would take the

directives. However, attitudes to these directives have evinced non-compliance. It is about behavioural change which is damn difficult (Aliyu, 2020), even in the midst of government coercion and prosecutions (Mohammed, 2020).

New cases are being detected and reported around the world daily. As at 13 July 2021, Covid-19 has been confirmed in 210 countries (Statista, 2021). Nigeria had 168713 infections out of which 2124 deaths had occurred as at July 13, 2021 (Worldometer, 2021). Infections are highest in Lagos, which currently has the third wave of the pandemic, Abuja and other cosmopolitan towns in Nigeria (NCDC, 2021).

More worrisome is recent confirmation of delta variant of Covid-19 by NCDC (NCDC, 2021). It is the SARS-COV-2 Delta variant, also known as lineage B.1. 617.2. The Delta variant is highly transmissible and has been found in over 90 countries. For now, the impact of the delta variant on existing vaccines and therapeutics is not known.

Responses to Covid-19

Nigeria officially responded to Covid-19 initially by shutting down public and private businesses, and restricted movements and all forms of social interactions (NCDC, 2020). Currently, the Nigeria Centre for Disease Control is working with the Nigeria Institute of Medical Research (NIMR), African Centre for Genomics of Infectious Diseases (ACEGID), and other laboratories within the national networks to carry out genomic sequencing. There are also travel restrictions from countries with high prevalence of Delta variant; the national travel protocol, which include compulsory seven-day self-isolation and repeated tests on the seventh day after arrival, and moral – legal suasion to all Nigerians to adhere to existing public health and social measures such as physical distancing, frequent hand washing, and proper use of face masks. Vaccines and testing using approved antigens-based rapid diagnostic test (RDT) for the population are advised by NCDC (NCDC, 2021).

In spite of the official prescriptions, and proscriptions, and pertaining to Covid-19, the folks of various societies of Nigeria take to their cultural dictates in their responses to Covid-19 alerts. This observation informs the apt assertion that Covid-19 responses indicate how a biological and epidemiological issue could become a social, economic and political subject (Sadati, Lankarani & Lankarani, 2020), and it may be added, a cultural and psychological concern.

Diverse reactions of most Nigerians to the Covid-19 pandemic are emblematic of their perception of and response to its alerts. Attitudes among the folks towards Covid-19 alerts are generally skepticism, sarcasm, ignorance, denial or out-right rejection. A survey conducted by the British Broadcasting Corporation (BBC) at the end of March, 2020 to determine the perceptions of Lagos residents to Covid-19 revealed that survival concerns were more crucial to the people than the danger posed by the coronavirus disease. The participants feared hunger not the virus”. A participant had gleefully declared: “it is hunger I am worried about, not a virus. I even heard it doesn’t kill young people” (Orjinmo, 2020). In another study, most of the participants reportedly believed Covid-19 to be a disease of the temperate region which affects only the white man and their black elite allies, and that drinking hot liquid could reduce or eliminate the survival (ITV, May 10, 2020). It is therefore attractive to join Oriniowo (2020) in his accurate observation that majority of Nigerians have been skeptical about the Covid-19 and its impacts on human lives.

Problems of Covid-19 on Nigerians

The socio-economic costs added to the health hazards; general panic and social disruptions thrown up by Covid-19 have significant cost to the global economy. Thus, a United Nations Trade and Development Agency (UNCTAD) estimated the cost of the outbreak to be around US\$2 trillion in 2020 (Akanni & Gabriel, 2020). Coronavirus outbreak continues to have severe consequences on social values globally, leading to panic among some sections of the population and a genuine sense of disappointments especially among the younger generation, indicative of societies' vulnerability in confronting the hazards (Sadati et al, 2020). Several media outlets reported that Nigerians, especially those at the lower rung of the socioeconomic ladder were adversely affected as a result of the nation-wide lockdown. This is expected as Africans generally, and Nigerians in particular, are used to communal life of shared values. Numerous poor households were reportedly in need of food palliatives mostly because many of them are petty or small scale business men and women who could not step out to their business locations where they get daily bread because of the social distancing regulations (Human Rights Radio and Television, 2020; ITV, May 9, 2020).

According to Africa Business Radio, though social distancing is a valid containment behavior against coronavirus, it is a novel situation that most Africans struggle to come to terms with. Generally and culturally, Africans tend to survive difficulties by teeming together as communities of care (Okereke 2021) not in isolation to individualism as in the western world. The World Health Organization and Centre for Disease Control are promoting social distancing as an essential response to this pandemic, ignoring the fact that there are many parts of the world where this approach is contextually unacceptable or even near impossible (African Business Radio (ABR), 2020). To the average Nigerian, any concept that poses a threat to the communal wellbeing is seen as foreign and unwelcome. In the midst of poverty, insecurity, unemployment and a plethora of other challenges, the mindset of "togetherness" is what has always been the bedrock of Nigeria's survival not self isolation or physical distancing. This has contributed to attitude of Nigerians towards the alerts of Covid-19. The coronavirus disease has undoubtedly caused serious concern for all religious adherents. According to the foremost sociologist, Emile Durkheim, religion is a system of beliefs and practices about what is sacred in a society. Thus, religion has an overarching influence on members of society, especially in times of disasters (Kasapoglu & Akbal, 2020). No wonder religious activities were not banned in some countries such as Turkey, but mosques and churches were shut down in Nigeria.

The restriction on communal or congregational worship as part of measures to curb the spread of the coronavirus disease added to the dissatisfaction felt by adherents of different faiths in the country, as it affected their social solidarity constantly enacted and renewed by such rituals as handshake, music, dance, singing and prayer, all of which give meaning to their everyday lives (Umoh, 2020).

Education is yet another aspect of the social system or structure that has been badly impacted. Reports indicate that the closure of schools in countries around the world affected about 70% of the global students' population, particularly among the most vulnerable members of society (UNESCO, 2020). Education is a prerequisite in many respects for upward mobility in society. It serves the function of socialization, learning, and status placement. Schools were closed, leaving all categories of learners at home, suggesting that the school is temporarily relieved of its role of socialization. Some of the students did turn to one form of delinquent or criminal acts because of loneliness, restlessness and boredom.

Additionally, the danger posed by Covid-19 could be seen in the socio-psychological cost of staying at home. A study conducted on the impact of Covid-19 revealed that women bore the brunt of the staying at home directives. Women experienced more domestic violence during stay – at- home (Kasapoglu et al, 2020). Covid-19 brought loss of jobs, social connection with loved ones, means of livelihood and even once dreamt future but the aftermath of Covid-19 may be more problematic to the society.

The World Health Organization feared a rise in the levels of loneliness, stress, anxiety, harmful abuse of drugs and alcohol, depression, suicidal tendencies, and other post-traumatic stress as Covid-19 continues (Muanya 2020).

Theory

A combination of conversational analysis of ethno methodology variant and symbolic interactionism is the study's theoretical berth. Literally, ethno methodology refers to the “method” that people use on daily basis to accomplish their everyday lives. The concept was introduced by Harold Garfinkel into sociological literature in 1954. It presupposes that people are rational, but they use practical reasoning” not formal logic to accomplish their everyday lives. Linstead (2006) defined it more formally as the study of “the body of common-sense knowledge and the range of procedures and considerations by means of which the ordinary members of society make sense of, find their way about in, and act on the circumstances in which they find themselves”.

Ethno methods are “reflexively accountable” (Orbuch, 1997). Accounts are the ways in which actors explain (describe, criticize and idealize) specific situations. Accounts are reflexive in the sense that ethnomethods enter into the constitution of the state of affairs they observe.

The variant of ethnomethodology, for they are many (Zimmerman, 1976), used in the instant study is the conversational analysis. It requires the collection and analysis of highly detailed data on conversations. These data include not only words but also “hesitations, cut-offs, restarts, silences, breathing noises, throat clearings, sniffles, laughter and laughter like noises, prosody and the likes, not to mention the non-verbal behaviours of the conversant” (Zimmerman, 1988). These are cues for understanding folk attitudes.

Information or alerts on Covid-19 got to the Isu folks and they converse them among themselves. The conversations expose their perceptions of and attitudes to, not really, the disease but the alerts-what they heard about the disease. Such information is filtered through their cultural sieve responding and interpreting them in line with their normative and cognitive cultural reality and world-view.

All humans have capacity for thought but the thought is shaped by social interaction. This is the basic principle of symbolic interaction (Snow, 2001). George Herbert Mead introduced the concept of symbolic interactionism in his conviction that the social world should be analyzed to reveal the meanings of social experiences.

Mead (1962) explained:

We are not in social psychology building up the behavior of the social group in terms of the behavior of separate individuals composing it; rather, we are stating out with, given social whole of complex group activity into which we

analyze (as elements) the behavior of each of the separate individuals composing it.

To Mead, the social whole precedes the individual mind. A social investigator need not be detached from the problem of investigation. An investigator who is a part of the on going research will better understand the participants' social experiences which shape individual behaviours.

Method

The participants

The participants in this study were the whole Isu-folk community in their native socio-cultural setting. The people is an agrarian community in the extreme North of Ebonyi-South of eastern Nigeria. Estimating from their 2006 population, they must have risen to some 50,000 persons. They are rural in residence, predominantly farmers, with traditional leadership structure, the people are highly adapted to traditional religion. The younger generations are only beginning to embrace western education but still have high regards for traditional normative values of communalistic orientation, universalism, spiritualization of the unseen, and accommodative value. These cultural elements are assumed to have shaped the responses of the participants to Covid-19 alerts.

Instruments

The participants were studied *in-situ*. It was a field research using participant – observation. The researcher lived with the participants in Isu-community between April and August 2020 participating and observing the responses of the folk to information and directives on Covid-19. The responses were obtained from the folk's conversations and overt behaviours. These cues were the unit of analysis and not the individual participants. The cues were analyzed qualitatively by thick description organized on certain salient themes. Thick description refers to description of social experiences in terms of the construction the people have upon what they live through.

Results/Discussion

Results of the study are here presented by themes. All the themes make up the participants responses to Covid-19 alerts with the cultural elements that shaped the responses. Coronavirus disease was heard being discussed indiscriminately in the community and by all ages, sexes and social statues. The people have a local name for it, "Okoro" meaning invader. But no native expressed ever seen a sufferer (patient) of Covid-19. Having not seen a sufferer of Covid-19 cast doubt on the real existence of the disease.

For the folks, a disease affects man and the disease is seen through the patient. It is the manifestation of a disease that will determine the name, symptoms, signs and treatment as well as attitude to the disease and the sufferer. Where nobody was seen suffering a claimed disease, the claim is laughable; and the folks did laugh at the claim. They discussed the alerted symptoms of the disease as non-issue claiming that the publicized cough, fever, sore throat and general weakness are common occurrences and need not be feared. There was nothing in the folk's reality to establish the existence of Covid-19. However, the people imagined its existence and invented a symptom they called "strangulation" "Ndogbu" for the

disease. This name comes from the feeling of strangulation one at times experience in the dream world by a mystical invader the people called “Osakpu,” a coverer. It is the culture of the natives to identify any new phenomenon within an existing class of phenomena resembling the new one. It helps the natives to contain emerging cases of anything. For the natives, the existence of Covid-19 is imaginary with imaginary lethal effects but should still be evaded off.

On the transmission of Covid-19, the natives did not see it as a contagious disease but a punishment for disobedience to an esoteric cult rules which membership is by unconscious initiation by contact with a member who himself is not conscious of his membership. Although, contacting it is by predestination, one needs to make himself unacceptable to the taste of destiny. To achieve the hatred of destiny is the way to prevent Covid-19. This is done by spiritual fortification by scarification often done in the armpit. It was not done by any special medicine man. Any two natives do the scarification to each other. Other rituals include “lipping” fresh palm frond, wearing a string of fibrous roots on the waist, or drawing a circle around ones waist with a yellow ochre “odo”, trudging ones way and using denial and insulting words on the disease as one walks along his/her way.

Overt behaviours towards Covid-19

The preventive measures listed above are body ritual semiotics which come from the native culture of spiritualization of the unseen. They placed the unseen Covid-19 in the realm of the spirits. The body rituals are meant to wade off Covid-19 the way they wade off evil spirits.

The natives were found engaging in parodies. They “lip” fresh palm fronds for face mask. That was to mock the directive to use face-mask. On sighting a neighbor, one held his nostrils indicating that the other person was smelly finding a better cultural reason to isolate oneself from others as directed by Covid-19 alert. It was a mockery of the self-isolation directive. The people share communalistic orientation where sentiments, food, work, and all vital activities of life are shared. Any directive of self isolation except where it suggests itself by clear manifestation and threat of death could not be understood by the natives.

There were also communal commiserations by the participants. They devised a new form of “greeting” – how did you feel today in the midst of the invasion? The other person would reply; “it can’t cross my path”, pointing at his worn preventive stuff. The people share universalism as a creed and that contains accommodation of one another as a value. Asking after each other is a norm in the community to ensure the safety and welfare of all because an individual isolated is dead.

Nobody was ever seen suffering from Covid-19 but they expressed their readiness to treat any eventual attack. They talked about “shrine bathe” in the altar of their various deities. A typical shrine-bathe for suspected arthritis was observed by the researcher. It required a patient of an unknown disease to lie supinely across the heath of the “Ugwu ezeoke owere” deity which was believed to be omnipotent. The priest robs the person’s chest from the shrine’s rivulet while each person present pats him on the body. The act symbolized the acceptance of the person and washing off the sickness into the potent rivulet which takes the sickness away.

Adaptive emotions

The participants developed behaviors that created adaptive emotions. They satirized aliens who come into the community wearing face-masks. The natives would ask the alien “what is smelly”. Then every native there would burst into a fit of laughter. Such a collective laughter doused the tense fear and panic over Covid-19 alerts.

In the same vein, the participants were found embracing one another to deride, the call for isolation. Close persons often invited one another for a lovely embrace. They say “se anyi biakwali” (May we engage in a lovely embrace). That was to prove the potency of their protective stuff and to reenact their communal sentiment that the Covid-19 alert threatens to destroy. Creating those emotions sustain the folk’s social structure and get the individuals collected in spite of the disintegrative effects of Covid-19 alerts.

Hochschild had argued that emotions are not instinctually produced, so each time that a person enters into a new situation he or she must generate the emotions appropriate to the setting (Hochschild 2003). The folk recall past episodes of difficult invasions in the community and use that emotion member to justify their feelings of invincibility and immunity against Covid-19. In this procedure, there was an intense use of memory and imagination in order to bring the body into alignment with the culturally induced expectations of the moment, which was collective adaptation and collectedness.

Conclusion

This paper describes the responses of Isu-Ebonyi rural folks to the alerts of Covid-19 which are argued to be implicated in the cultural components of the folk. The participants were communalistic, universalistic and cast all experiences of unseen phenomena in the mould of the supernatural. Like automatons, the folks take to their ways. As been observed by Benedict (2018) most people are shaped to the form of their cultural dictates because individuals are malleable, and plastic to the moulding force of the society into which they are born. It may not actually be that individuals are automatons but indigenous institutions reflect an ultimate and universal sanity. Cultural influence in the conception of reality is difficult to dislodge, moreso among a folk community.

The participants interpreted and responded to Covid-19 alerts from their cultural repertoire which is subjective even if it appears efficacious without holding the counterfactual constant. The epidemiological implications of this subjective understanding of the participant may be catastrophic. The germ theory of disease still stands tall in etiological concepts. The participants’ attitudes of denials, insults and parodies cannot kill a virus if it enters the community but will exacerbate the spread and effects. Flowing from the foregoing results, recommendations are suggested.

Recommendations

Covid-19 activities and information in Nigeria were hijacked by political authorities through presidential task-force, state taskforces and local government task-forces on Covid-19 dictating actions and issuing orders. The National Centre for Disease Control reeled out statistics without evaluations of their conceptions.

Communities being alienated developed their own responses willy-nilly. It indicates the futility of efforts to protect a people by health information without the active involvement and

understanding of communities whose health is at stake. People should not be viewed merely as a source of pathology or victim of pathology and consequently as a target for preventive and therapeutic services. Health should be demedicalized and get communities involved as health resources. This implies a more active involvement of communities in health matters and disease control through planning, implementation, utilization, operation and evaluation of health services. The study recommends no standard pattern of community participation since community situations – economic, social relations, politics, cultural traits etc – are diverse. What is important is flexibility of approach.

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