

## **PASTORAL LESSONS FROM COVID 19 PANDEMIC LOCKDOWN IN NIGERIA**

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### **ABSTRACT**

This paper investigates Pastoral lessons from Covid-19 pandemic lockdown in Nigeria. Religious organizations and other places throughout the world experience lockdown which affected all programme of activities. The study implores how religious leaders carried out their ministry during Covid-19 pandemic. This research makes use of quantitative and reviews of literatures being the methodology. Findings show that religious leaders adapted to the situation by exploring other possible means to perform their religious activities through the use of internet for the study.

**Keywords:** Covid-19 Pandemic, Pastoral Lessons, Pandemic Lockdown in Nigeria.

### **INTRODUCTION**

The COVID-19 pandemic has an extremely significant impact on the functioning of societies, as well as many sectors of economic life. It is very difficult to forecast the directions and depth of necessary changes during the development of the pandemic. This is due to the fact that different scenarios and the pace of development of COVID-19 are considered in different countries. Thus, public policies used in the fight against pandemics are also different in individual countries. Assessments of social, economic, and cultural effects of the pandemic must be multidimensional, and thus, subject to significant uncertainty (Sukowaki and Ragleb 11).

The coronavirus pandemic is developing very rapidly on a global scale. It is understandable that it has a very significant impact on the whole social life, including religious life. Religious practices, which have, by their very nature, a community dimension in almost all religions, in Christian denominations as well, are also changing under the influence of the pandemic. The purpose of the article is to examine pastoral lessons from Covid 19 pandemic lockdown in Nigeria

The coronavirus disease of 2019 (COVID-19) pandemic gripped the world with a shock, thereby overwhelming the health system of most nations. The World Health Organization (WHO) declared the novel human corona virus disease (COVID-19) outbreak, which began in Wuhan, China on December 8, 2019, a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 (WHO, 2020). With over seven million cases globally as of June 7 (2020): Following this WHO declaration,

the Corona virus Preparedness Group was constituted on January 31 in Nigeria (a country with 36 states and a Federal Capital Territory [FCT]). WHO categorized Nigeria as one of the 13 high-risk African countries with respect to the spread of COVID-19. Nigeria is also among the vulnerable African nations, given the weak state of the health care system (Marbot, 3). In Africa, there are still communities without health care facilities, apart from the scarcity of health workers (Amzat, 9). The projection is that Africa could bear the final burden of the COVID-19 pandemic if the countries do not institute effective measures to combat the pandemic.

Sociologically, the pandemic has caused global social disruption by limiting global social relations. The idea of “social distancing” negates regular social interaction, which is the bedrock of human society (Amzat and Razum, 8). A contagious disease of global health importance also disrupts the usual norms of close physical contacts since the disease transmits through contact within individuals who already contracted the disease. COVID-19 deglobalizes the world in terms of human migration with airports shut, and social events (sports, festivals and the like) postponed indefinitely. The “stay-at-home” campaign and proscription of (large) social gatherings mean that social interaction has been limited.

Globalization, which signifies compression of time and space, aids the transmission of diseases on a global scale, facilitating the spread of COVID-19. The world has been witnessing global trade, movement of people, and the globalization of health (Youde, 10). The global transmission of diseases is one of the dysfunctions or latent functions of globalization, which offers both opportunities and catastrophes. The world is a global village; hence the health of individuals is intrinsically linked irrespective of distance. Beck (14) and Giddens (19) introduced the idea of risk society theory. The theory is concerned with the unintended and unforeseen side effects of modern life, which back fire on modernity (itself) (Wimmer and Quandt, 7). These side effects change human society: a health risk in Wuhan (China) becomes a pandemic, through human migration, affecting all countries of the world, with several thousands of deaths. As the world is being de-territorialized, facilitating trade, communication, and information, it is also prone to (health) risks. Beck (4) noted that the world reflects the creation of health hazards, which jeopardize human living conditions at a global level.

### **The first month of COVID-19 in Nigeria (February 27 – March 27, 2020)**

According to the Nigerian Centre for Disease Control (NCDC), the training of the rapid response teams across the 36 states in Nigeria was concluded in December 2019. On January 28, the NCDC further revealed that a Corona virus Group had been set up to activate its incident system to respond to any emergency. Additionally, the NCDC worked with 36 states including FCT in Nigeria to activate their emergency operations centers to manage and link up with the national incidence coordination centers (Ihekweazu,4). Although the government had strengthened the surveillance at the airport since January 2020, Nigeria recorded its COVID-19 index case that was imported from Italy, on February 27. This raised concerns about the effectiveness of airport surveillance and, by extension, the country’s general preparedness. The index case (an Italian) had visited some other states of the federation before testing positive for COVID-19. The pre-COVID-19 preparedness was grossly inadequate.

**Table1**

Timeline of Corona virus Outbreak in Nigeria (February27-June7,2020).

Incidence of Coronavirus	February 27 – March 27 Number	(first 30 days) Percentage
Total positive cases	81	
Total discharged	3	3.7% (of positive cases)
Total deaths	1	1.2% (of positive cases)
Incidence of Coronavirus	February 27 – April 27, 2020	(first 60 days)
Total positive cases	1337	12.2% (of the total tests)
Total discharged	255	19.2% (of positive cases)
Total deaths	40	3.0% (of positive cases)
Total tests	10,918	
Incidence of Coronavirus	February 27 – June 7, 2020	(first 100 days)
Total positive cases	12486	16.3% (of total tests)
Total discharged	3957	31.7% (of positive cases)
Total deaths	354	2.8% (of positive cases)
Total tests	76802	

According to Nigeria Centre for Disease Control (NCDC, 2020; Worldometer, 10) Other neighboring countries that are already battling with hundreds of COVID-19 cases. When COVID -19 forced some of them to return to Nigeria, many returned positive for COVID-19. From the first index and other imported cases, there has been a continuous spread across other states through inter-state travels.

During the first 30 days of COVID-19 in Nigeria, the disease distribution was elitist. The majority of those who tested positive were returnees from abroad (NCDC,2020). Air travel is predominantly elitist in Nigeria because of the high rate of poverty. The political elite also bore the early brunt of COVID-19 with three state governors and some political appointees testing positive for COVID-19. Due to the (initial) trend, the initial perception was that COVID-19 was a disease of the elite, who returned from international travels or had contact with the political bourgeoisie. Such perception, which has not dissipated, undermined control efforts. Sooner than expected, there was evidence of community transmission as COVID-19 broke the class boundary. It then became the responsibility of every Nigerian to take preventive responsibility.

Efforts are being made to reduce the timing (Akoretal.,6). Due to limited testing and treatment resources, the Federal Government (FG) has targeted only those in pressing need of testing. Therefore, those to be tested are the following:

1. Returnees from overseas trips who are symptomatic within 14 days of their arrival (the returnees were advised to self –isolate for 14 days upon return to Nigeria),
2. Persons who had contact with confirmed cases and developed symptoms within 14 days of contact, those having COVID-19- related symptoms of unknown cause,
3. And persons residing in areas with a moderate or high prevalence of COVID-19.

The number of molecular laboratories with the capacity to test for COVID-19 increased from five to 23 (as of June 7). Currently, private molecular laboratories are not being used for COVID-19 testing in Nigeria. Over three months after the index case was confirmed, more than one-third of the 36 states are without a testing laboratory. Samples are to be sent to Abuja or any of the available molecular laboratories if any case is suspected from the states without testing centers (Michael, 11). Although there is no cure for the COVID-19 infection, the NCDC revealed that the treatment of COVID-19 patients harmonizes with the guidelines from the African Centers for Disease Control. Additionally, the Federal Government is making efforts to eradicate the virus by directing the Coalition of Epidemic Preparedness Innovation [CEPI] to oversee three agencies (the Nigerian Institute for Medical Research [NIMR], the Nigerian Institute of Pharmaceutical Research and Development [NIPRD], and the National Agency for Food and Drug Administration and Control [NAFDAC]) that will research and find a cure to the virus (Ifijeh, 19). NAFDAC has accepted some local herb alreme dies for testing.

Table 1 shows the rate of recovery from COVID-19 as of June 7, 2020. Treatment of positive patients takes an average of one month. Most of the patients who succumbed to the infection in Nigeria reportedly had severe underlying health conditions, which became complicated by the corona virus disease (NCDC, 2020). Following international best practices, the NCDC has made a prescription for safe burial practices with minimal risk to the deceased 'sloved ones. COVID-19 requires competent laboratory diagnosis and stringent care procedures. Therefore, home management by primary care givers (relatives) should not be an option, although the PTF is considering it due to limited resources and facilities. The virus is highly contagious; hence, it requires PPE, which is even inadequate for those in the frontlines. If implemented, the option of home care might lead to an up surge in the burden of COVID – 19 in Nigeria.

### **RESEARCH PROBLEM**

Against the backdrop that the lockdown of Religious Institutions and other public places have prevented pastors from performing their pastoral ministry in the traditional ways through physical contacts, churches had to find other means of holding their church activities, and pastors had to explore alternative means of performing their pastoral ministry. Therefore, this paper is an attempt to find out pastoral lessons from COVID 19 pandemic lock down in Nigeria. It also looks at how pastors can be more effective in their pastoral ministry, when the churches are re-opened for congregational religious worship.

### **RESEARCH METHODOLOGY**

The study establishes a comparative analysis of what happened during COVID 19 lockdown in Nigeria with special focus on pastoral lessons from COVID 19 pandemic lockdown in Nigeria. The researcher adopted the use of whatsapp, Facebook messenger, email address and review of literatures from other authors as occasion demanded for the study.

### **COVID-19-PANDEMIC LOCKDOWN**

As part of the efforts to curtail the spread of COVID-19 pandemic, governments throughout the world started to restrict gathering of large number of people in public places and movements from one place to the other, especially inter-state and cross-border movements, and advocate stay safe or stay at home. It also involves what is termed social (or preferably physical) distancing –“a way to keep people from interacting closely or

frequently enough to spread an infectious disease” where “schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.” (Agilkaya 1) This restriction is popularly known as lockdown. With the advent of a COVID-19 case in Nigeria on February 27, 2020, the Nigerian governments at the federal and state levels started imposing series of lockdown measures. (Peterson 2) Undoubtedly, this lockdown affected churches and the ways pastors are performing their pastoral ministry among the church members (Oyelola 7).

**POPULATION AND INSTRUMENT USED FOR DATA COLLECTION**

The targeted population of this study was selected Nigerian pastors in ministry. The instrument used to collect data for the study was sent to respondents through WhatsApp and Facebook Messenger, and the respondents sent in their responses through WhatsApp, Facebook Messenger and email. As occasions demanded, there were further correspondences with some of the respondents through WhatsApp, Facebook Messenger and phone calls. The researcher adapted and employed this means for his data collection because of the current situation in the world that discouraged people from moving from one place to the other and the advocacy for social/physical distancing and staying safe. The time frame of this research is the months of March to July 2020.

**DATA PRESENTATION AND DISCUSSIONS OF RESULTS NUMBER OF RESPONDENTS**

Out of one hundred and fifty (150) Religious leaders that were contacted through WhatsApp Messenger, one hundred and seventeen (117) responded. This represented seventy-eight per cent (78%) of the total number of people contacted. With this percentage, the researcher is of the opinion that this method of data collection is considerable better for more effective and more result-oriented in the field of research.

**YEARS OF EXPERIENCE IN RELIGIOUS WORSHIP**

**Figure 1: Years of Experience**

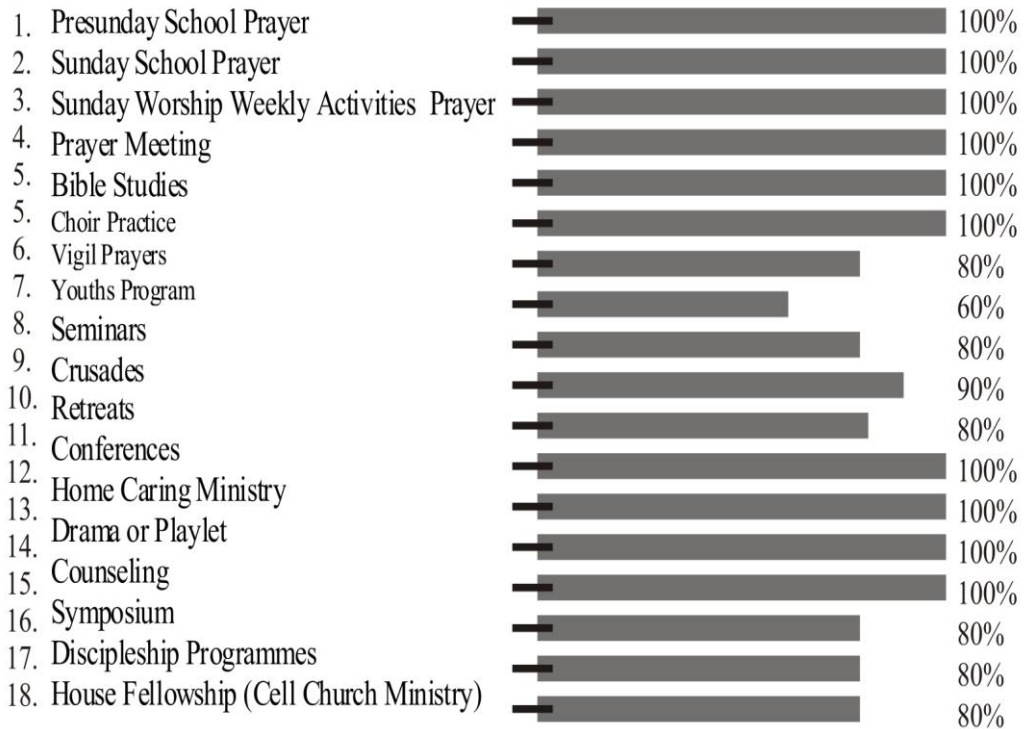
9 years	18%
10-19 years	34%
20 years and above	48%

From the number of pastors that responded as shown in Figure 1, twenty-one (21) respondents that represent eighteen per cent (18%) have had pastoral ministry experiences for less than 9 years, forty (40) respondents that represent thirty-four per cent (34%) have had pastoral ministry experiences between 10 and 19 years, while fifty-six (56) respondents that represent forty-eight per cent (48%) have had pastoral ministry experiences for at least 20 years. This result shows that most of the respondents are experienced pastors in their pastoral ministry. It is has to be noted here that few of these respondents are missionaries while some are teachers in pastors’ training schools. This exception is reflected in the responses of these particular pastors.

**MAJOR TRADITIONAL WAYS OF RELIGIOUS WORSHIP BEFORE COVID-19 PANDEMIC PERIOD IN NIGERIA**

**Figure 2: Major Traditional Ways of Religious Worship before COVID-19 Pandemic Period**

**ACTIVITIES**



It is evident that as their main responsibility, Religious Leaders have been performing their pastoral ministry in various ways before the outbreak of COVID-19 pandemic. The respondents identified some of these ways as represented by Figure 2. These responses do not mean a respondent chose only one response. The respondents had the opportunity of identifying as many ways as possible. The responses indicate that each of them has been using many ways to perform his pastoral ministry before the outbreak of COVID-19 pandemic.

A quick glance at the Figure 2 shows that attending (and in most cases presiding over) regular church activities (43 respondents representing 36%) is most noticeable means of pastoral ministry among the respondents. These activities include the conventional gatherings mostly on Sundays and some other days during the week. Preaching from the pulpit is the second most recognizable way many of the respondents (42 respondents representing 35%) indicated as the traditional way of engaging in pastoral ministry before the COVID-19 pandemic period. Two other more recognizable ways are uses of some technological tools (27 respondents representing 23%) and uses of social media and other Internet platforms (25 respondents representing 21%). This indicates that some of the respondents are technologically inclined in their pastoral

ministry. Other ways that have respondents between 10 and 20 (representing 8% and 17%) are prayer from the pulpit, Bible study and teaching sessions, house fellowship/cell group sessions, and printing of religious literatures.

### **WAYS OF RELIGIOUS WORSHIP DURING COVID-19 IN NIGERIA**

**Figure 1:**

<b>S/NO.</b>	<b>PROGRAMS</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
1.	Facebook Messenger	63	42%
2.	Zoom	42	28%
3.	Email	24	16%
4.	Text Messages	28	19%
5.	Recorded Messages	18	12%
6.	Whatsapp Groups	81	54%
7.	Media Platform	47	31%
8.	Telegram	16	11%
9.	Conference Call	13	9%

A question was posed to the respondents on how they are doing pastoral ministry during the COVID-19 pandemic period. This is a subjective question that allowed the respondents to give as many answers as possible. As shown in Table 1, there are still some traditional ways of pastoral ministry like Facebook messenger church (63 respondents representing 42%), zoom (42 respondents representing 28%), Email (24 respondents representing 16%), Text messages (28 respondents representing 19%), Record Messages (18 respondents representing 12%), Whatsapp (81 respondents representing 54%), Media Platform (47 respondents representing 21%), Telegram (16 respondents representing 11%), C conference (13 respondents representing 9%). However, most of the ways indicated as shown in Table 1 as the ways of pastoral ministry during the pandemic are Internet-inclined (369 responses representing 315%). This clearly indicates that apart from the earlier identified traditional means of pastoral ministry, various aspects of the Internet ministry take a very major role in the pastoral ministry of respondents to their church members during the pandemic.

### **DISCUSSION OF FINDINGS**

Some of the respondents used the opportunity of the research to bear their minds on the effects of the pandemic lockdown on Religious activities and especially performing pastoral ministry in a time like this. Some of these opinions are given here. A respondent was of the opinion that "...the development and the exposure brought about by the experience of COVID-19 has obviously created a shift from what Religious Leaders have been doing before the outbreak of the pandemic and what [they] have to do after we overcome the pandemic." This respondent went further to say that Religious leaders that are not ready to adapt with this shift may be overtaken by time and become irrelevant in their ministry in the post-COVID-19-pandemic world.

### **CONCLUSION AND RECOMMENDATIONS**

Pastors should be more concerned about the needs and situations of their church members apart from the traditional weekly messages during Sunday worships. Church members are going through a lot of challenges occasioned by the pandemic. This is the time that pastors should be more passionate to show that they really care for the church members. This care can be in form of visitation (if possible), phone calls, sending of

encouraging text messages, leading the church to give monetary or material tokens to needy church members, and other ways that will make the church members to feel the positive impacts of the pastors and the churches in their lives and situations. Pastors are enjoined to be more dynamic in the way they are conducting their church activities and other aspects of pastoral ministry. They are to make necessary adjustment in their service plans and messages (through sermons and Bible teachings). The age of parochialism is over. New innovations are needed in pastoral ministry to combat the challenges that the COVID-19 pandemic has posed to the world.

### **RECOMMENDATIONS**

The following recommendation are made available

1. Religious leaders should embrace the use of the social media and other technological tools in their religious practices.
2. Churches and mosque should invest more in their multimedia ministry by training Pastors and Imam how to use several tools to enhance the multimedia ministry, and by training some followers to assist the leaders in the use of technological tools for ministry.
3. Religious leaders should consciously teach their members to be able to stand without depending on their leaders during this trying time.
4. Religious leaders should train some committed followers some pattern of doing ministry so that such trained people will be able to assist their leaders in future ministry.
5. Multi-religious ministry that will involve a group of persons who are committed to serve God by serving other members of religious groups to achieved its mission and responsibilities should be encouraged even in the remote or smallest religious groups.
6. Prompt efforts should be given to visitation and carrying of members through phone calls and sending text messages.
7. Little emphasis should be placed on large congregational gathering while more emphasis should placed on detracted that will build members up in their spiritual life.

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