

Monkey Pox and Destabilization of Community Life in Nigeria: Implication for Social Work Practice

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Abstract: Monkey pox epidemic in Nigeria was greeted with fear as Social workers and other health experts were faced with differing health and socio-economic challenges emanating from the epidemic. The government was not poised to confront the outbreak on the onset, which resulted to panic, mystification and destabilization of community life/activities. The dominant reliance of this paper is to have an overview of Monkey pox outbreak in Nigeria and the place of social work practice intervention. The study used descriptive research design and thus, secondary data was employed. Participant observational method was also deployed in data collection. The result of the study showed that the outbreak of Monkey pox in Nigeria was characterized by panic and destabilization of socio-religious, economic and educational activities. The study also depicts that panic and perplexity that characterized the epidemic was worsened by the belief of some people that Monkey pox was a conspiracy and biological weapon deployed by the Federal Government of Nigeria to decimate and subjugate the population of the South-East and South-South because of their interest in the independent state of Biafra, a claim which the government debunked. The study recommended that social workers should collaborate with other public health workers while creating awareness on prevention of monkey pox disease, lobby other social-care agencies to care for the at-risk persons, advocate for establishment of special laboratory centers for monkey pox diagnosis, advocate for free drugs and food for the victims of the disease, and help the infected and affected families to overcome psychological and emotional trauma associated with the disease.

Key words: Monkeypox, Destabilization, Community life, Social Work, Nigeria

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I. INTRODUCTION

According to World Health Organization [WHO] (2016), Monkeypox is a rare viral zoonosis (a virus transmitted to humans from animals) with symptoms in humans similar to those seen in the past in smallpox patients, although less severe. Smallpox was eradicated in 1980. However, Monkeypox still occurs sporadically in some parts of Africa. Similarly, according to Silas (2017), Monkeypox is a rare and infectious disease caused by Monkey virus, transmitted from animals to human, with symptoms similar to those of smallpox, although less severe. Center for Food Security and Public Health [CFSPH] (2013), Monkeypox is a viral disease that resembles smallpox, but unlike smallpox, is acquired from animals. Monkeypox virus is endemic in western and central Africa, where it circulates in unknown animal hosts and emerges periodically to affect humans. According to Pal, Mengstie and Kandi (2017), Monkeypox is also a rodent virus which occurs mostly in West and Central Africa. The identification of Monkeypox virus is based on biological characteristics and end nuclease patterns of viral DNA.

There are number of indicators that a person is infected of Monkeypox. According to Center for Disease Control and Prevention [CDC] (2015) Monkeypox illness in human begins with fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. Within 1 to 3 days (sometimes longer) after the appearance of fever, the patient develops a rash, often beginning on the face then spreading to other parts of the body. Lesions progress through the following stages before falling off: Macules, papules, vesicles, pustules and scabs. The illness typically lasts for 2–4 weeks. In Africa, Monkeypox has been shown to cause death in as many as 1 in 10 persons who contract the disease. In the same vein CFSPH (2013) opined that Signs of illness start about 12 days after exposure. Symptoms include fever, headache, muscle aches, backache, chills, sore throat, swollen glands (lymph nodes), and fatigue. Usually within 1 to 3 days, a rash with raised bumps develops, on the arms and legs and possibly the face and torso. Later, these sores develop into “pocks”, blister-like lesions containing pus. In the final stages, these sores crust over, form scabs, and eventually fall off.

Davis (2017) in 2017, an outbreak of Monkeypox began in Nigeria. The Minister of Health said the virus has spread to 11 states and 74 suspected individuals are affected. This large outbreak is thought to be triggered by river flooding that has caused infected wild animals (especially rodents and monkeys) to more closely associate

with humans, thus spreading this zoonotic (transmitted to humans from animals) disease. Similarly, Silas (2017), was of the view that the first case was reported on September 22, 2017 in Bayelsa, and according to the Nigeria Centre for Disease Control (NCDC), 31 suspected cases have been reported across seven states including Rivers, Akwa Ibom, Ekiti, Lagos, Ogun and Cross River. Gaffey (2017) opined that health authorities in the West African country said at least 11 cases of the disease have been identified after an 11-year-old boy in the southern state of Bayelsa presented symptoms in September. A further 32 close contacts are being monitored in case they have caught the virus.

II. STATEMENT OF PROBLEM

Monkeypox distorts peoples' looks especially the face and makes infected person look more like monkey. It makes infected person to be very distressed and uncomfortable and if not taken adequate care of leads to death. The outbreak of the virus placed a lot of individuals, families, groups and organization under panic and perplexity. The basic trust of this paper is to find out how this Monkeypox destabilized community life in Nigeria and its outbreak in the country with special emphasis with South East and South-South Nigeria; the treatment available to victims; the level of care for the victims and the place for social work intervention.

III. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Destabilization of Community Life by Monkeypox:

Panic and fidgeting were a major reaction during the outbreak of Monkeypox in Nigeria most especially in South South and South Eastern Nigerian. The normal community life activities were destabilized such as religious activities, education; going to school, business; market place activities, research activities and social gathering. Monkeypox was believed to be highly contagious hence people avoided one another for fear of contacting the virus. Individuals stopped going to church because of the possibility of coming in contact with a victim of Monkeypox, with the chances of infecting them too. Parents withdraw their children from school in fear that their children might contact Monkeypox.

The educational aspect was worst hit; there was perplexity when the military suddenly entered public and private schools in a mission to immunize school children against Monkeypox without prior notice to school authority and parents. This heightened the tension in the environment and further boosted the assumption and suspicion of the people that Monkeypox was a biological weapon orchestrated by the government, partly through the military who came in disguise of giving school children vaccination against Monkeypox. A lot of parents ran helter-skelter to withdraw their children from school leading to break down of educational activities most especially in South East and South South Nigeria.

Furthermore, the Monkeypox dealt a great blow to the social life of community people; individuals refused to enter public transport in fear that they might contact monkeypox from the next person seating close to them, similar to what happened during the outbreak of Ebola virus in West and East Africa in 2015. People refused to shake hands with one another; they refused to hug one another in fear of contacting the virus. Some families were starved; they could not go to the market to buy food stuff because they were afraid that they might contact monkeypox.

The economic implication of monkeypox was expressed in the pressure families had in a bite to provide medical, emotional and physical care for a family member who was a victim. At the outbreak of monkeypox there was no known cure, so families spent money trying many different types of treatment options. Most of the South South and South Easterners stayed indoors because of fear of Monkeypox infection.

Research activities were equally compromised and disrupted. Unknown faces seen in the rural communities were suspected to be agents of the Federal Government of Nigeria deployed to infect community members with Monkeypox virus. This belief was because they saw the Monkeypox as a biological weapon employed by the Federal Government of Nigeria to subjugate and suppress the South East and South South part of Nigeria who were the ones canvassing for the sovereign state of Biafra. A life event took place that depicted the above claim. I and few other young men were research assistants to an Associate Professor who is also a research fellow conducting a research on maternal health care service in rural villages. We happened to be collecting data in Nkanu Local Government of Enugu State Nigeria at the time of Monkeypox outbreak, there were panic everywhere and the people were suspecting the government. It is believed that the government was sending agents in the guise of vaccination for Monkeypox and uses it as a decoy to infect people in Biafra agitation zones with Monkeypox. It happened that when the people of the local government saw us, they mobilized against us ready to mop and lynch us in suspicion that we were agents of the government deployed to infect them with Monkeypox. We were able to escape by proving beyond reasonable doubt that we were on a research, have not come for vaccination and was not sent by the government to infect them with Monkeypox. That was how we were liberated. However, that affected our data collection because nursing mothers were afraid and uncomfortable to grant us interview on maternal health care services in their community for fear of Monkeypox, the ones that did grant us interview were too conscious and apprehensive. It is believed that other

researchers in the field at that moment in time of Monkeypox outbreak experienced similar fate of distrust by the research respondents.

Care for Victims of Monkeypox Infection in Nigeria:

There were a lot of concern and speculations on lack of care for persons infected of monkeypox. It was largely believed that the government were not doing enough to curtail the wide spread of monkeypox and the treatment of victims. According to Ewepu (2017) ABUJA-WOMEN under the auspices of Virtuous Women and Youth Empowerment Initiative, VWYEI, has expressed worry over lack of vaccine and laboratory to contain the spread of Monkeypox virus disease across the country. It was also recorded that a Monkeypox victim committed suicide in the Niger Delta University Hospital (UNDTH) Okoloniri, as a result of lack of adequate care and excruciating pain associated with Monkeypox infection. An infected person took his own life because he cannot afford to see himself pass through the agony of the virus infection. Similarly, Nwakanma (2017) opined that one of the victims of the viral disease, Monkeypox, has committed suicide. The victim allegedly took his own life on Monday at the quarantine center in Yenagoa, Bayelsa State, located in the Niger Delta University Teaching Hospital, Okolobiri, in Yenagoa Local Government Area of the state.

However, other sources indicated that the Federal Government of Nigeria was able to mitigate the spread of Monkeypox infection and provision of effective treatment for infected persons. According to Onyeji (2017) all the suspected cases of Monkeypox are currently receiving appropriate medical care and the patients are all improving clinically in their various states. Adewole (2017) the health minister of the federal government of Nigeria indicated that patients with Monkeypox infection were doing well clinically. Concerted efforts were made and all hands were on the deck to care for infected person. With respect to the Monkeypox virus infected person identifies in Benin City, Edo state, Nwafor (2017), the Head of Public relations of University of Benin Teaching Hospital (UBTH), in a statement indicated that “the good news is that the patient is recovering very fast and we presently do not have any reason to worry”.

IV. THEORETICAL ORIENTATION

Conspiracy theory formed the theoretical orientation for this study. Conspiracy theory is a belief that some covert or influential organization is responsible for an unexplained event. According to Ayto (1999) a conspiracy theory is an explanation of an event or situation that invokes an unwarranted conspiracy, generally one involving an illegal or harmful act carried out by government or other powerful actors. Conspiracy theories often produce hypotheses that contradict the prevailing understanding of history or simple facts. In the conspiracy theory of Monkeypox outbreak in South Eastern and South South Nigeria, Monkeypox was believed to be a biological weapon utilized by the federal government to subjugate and suppress the agitation for the sovereign state of Biafra. Biafra is an ideology and a movement for the sovereignty of the Igbo nation comprising of South East and South South of Nigeria. Biafra agitation was making waves in Nigeria in 2017 after the release of the leader of Indigenous People of Biafra (IPOB), Nnamdi Kalu.

IPOB is a separatist organization led by Nnamdi Kalu. The group wants a number of states in south-east Nigeria, made up mainly of people from the Igbo ethnic group, to break away from Nigeria and form the independent nation of Biafra (Doxin, 2016, Amodu, 2017 & Hegarty, 2017). The federal Government was not delighted concerning the agitation for the sovereign state of Biafra, hence used every means possible to suppress the movement. That led to the launching of Operation Python Dance (Operation Egu Eke). Operation Python Dance is a military mission code just like the United States operation Geronimo (short to kill) that led to the death of Osama Bin Laden, the terrorist who was responsible for the 9/11 terror in the United States. Except that Biafra agitators were claimed to be unarmed and innocent protesters for their own sovereignty as a nation. Operation Python Dance led to the killing of scores of Indigenous people of Biafra, most especially the IPOB group members. After the Operation Python Dance, the way about of the IPOB leader Mr. Nnamdi Kalu is yet unknown. Speculations are that he might have being killed by the military in the Operation Python Dance or he might have gone into hiding to avoid being captured or killed by the military.

As a result of the desperation of the federal government of Nigeria to suppress the agitation for a sovereign Biafra nation, it is believed by a lot of indigenous people of Biafra or South South and South Eastern Nigerians that Monkeypox was a decoy, a strategy and biological weapon deployed by the government to eliminate the capacity of the quest for sovereign state of the people of Biafra. It was believed that Monkeypox virus was used to weaken and distract the people of South East and South South part of Nigeria from the agitation for the sovereign state of Biafra. However, the Nigerian government debunked the claim and asserted that it was absurd, frivolous and lacks evidence. According to Onyeji (2017), the federal government had on Sunday described the report as fake and sinister which stated that the outbreak of monkeypox in some parts of the country resulted from the alleged free medical care by the government in the affected areas.

V. METHODOLOGY

The study adopted descriptive research design. The researcher made use of secondary data such as newspaper articles, journal publications and periodical. Participant observation method was also used to get information from the public.

VI. SOCIAL WORKERS INTERVENTION WITH MONKEYPOX OUTBREAK IN NIGERIA

Social workers have numerous roles to play to abate the effect of Monkeypox on infected persons. They also have roles to play towards ensuring its outright eradication and prevention in Nigeria. According to International Federation of Social Work [IFSW] (2018), Social work is a practice-based profession and an academic discipline that promotes social change, development, social cohesion, the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Canadian Association of Social Workers [CASW] (2018), sees social work as a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being.

The goal of social work is to enhance individual, family, group and community wellbeing. There are a lot of circumstances and epidemic outbreak that can hamper individual, family, group, community or even countries wellbeing. Monkeypox outbreak in Nigeria has indeed hindered and hampered the citizens' wellbeing and destabilized community life activities such as education, business, private and government-based work, religious and social activities. Social workers can play the following role in Nigeria to combat further spread of Monkeypox virus and facilitate rapid recovery for those infected.

Social workers can advocate for installation of sophisticated laboratory centers poised with capacity to remedy rare and vicious contagious epidemic outbreak in Nigeria and hospitals that are readily available to identify and combat epidemics like Monkeypox. It was observed that at the outbreak of Monkeypox in Nigeria. There was no readily available sophisticated laboratory center or health facility that could test for Monkeypox status in Nigeria. It took the federal government of Nigeria to confirm from World Health Organization [WHO] Regional Laboratory in Dakar, Senegal, the status of victims in her country. According to Adekunle (2017), for 24 days, the disease carries the tag of "suspect" until the federal government obtained laboratory evidence from WHO, Regional Laboratory in Dakar, Senegal, to confirm three of the cases in Bayelsa State.

Social workers can create the awareness of the preventive measures against Monkeypox. It can be observed that most often than not, contagious diseases infect numerous people because of lack of awareness of preventive measures. According to Center for Disease Control and Prevention [CDC] (2017), the following number of measures can be taken to prevent infection of Monkeypox virus: avoid contact with animals that could harbor the virus (including animals that are sick or that have been found dead in area where Monkeypox occurs); avoid contact with any materials, such as bedding, that has been in contact with sick animal; isolate infected patients from others who could be at risk of infection; practice good hand hygiene after contact with infected animals or humans. For example, washing hands with soap and water or using alcohol-based hand sanitation; use Personal Protective Equipment (PPF) when caring for patients. Despite the outlining of specific preventive measures of Monkeypox by CDC, a lot of citizens of Nigeria are not equipped with the knowledge or awareness of it. Hence, it is the responsibilities of the social worker to create public awareness campaign on Monkeypox preventive measures. The preventive measures can be broadcasted through television and radio stations, social media outlets, stickers and banners. The effect of lack of awareness of contagious epidemic preventive measures by Nigerians was seen during the outbreak of Ebola virus in Nigeria in 2015. A lot of Nigerians were seen drinking salt water and doing all manner of awkward things as preventive measure, while doing the very things that could facilitate infection. So, lack of awareness of preventive measures is a problem of great magnitude and social workers have important role to play.

Social workers can help victims of Monkeypox and family members to overcome psychological and emotional trauma. It is on record that at the initial stage of Monkeypox outbreak in Nigeria, a victim committed suicide. According to Akinkuotu and Utebor (2017) one of the patients of the viral disease, Monkeypox, at the quarantined center in Bayelsa State has committed suicide, the state government said on Monday. The unnamed patient allegedly took his own life on Monday at an isolation center at the Niger Delta University Teaching Hospital, Okolobin, in Yenagoa Local Government Area of the State. This suicide could have been prevented if there were social workers paying close attention to the victim, encouraging, counseling, admonishing and giving them hope of survival. Families of victims of Monkeypox are equally affected psychologically and socially and social workers have the role to administer psychosocial therapy to them to enable them cope with the stress associated with caring for a family member who is a victim of Monkeypox infection.

Social workers can advocate for government provision of free drugs (vaccines) and foods to victims of Monkeypox infection. According to Support Empower Advocacy Promote [SEAP] (2018), advocacy in all its form seeks to ensure that people particularly those who are most vulnerable in society are able to: have their

voice heard on issues that are important to them; defend and safeguard their right; have their views and wishes genuinely considered when decisions are being made about their lives. Based on the foregoing, social workers can advocate for the general wellbeing of victims of Monkeypox virus in Nigeria by lobbying with the government for adequate provision of drugs and food for them. Drugs or vaccines for rare epidemic outbreak can be exorbitant in most cases.

VII. FINDINGS

Reviews from relevant publications and the participant observations from the Monkeypox outbreak in Nigeria showed the following:

Outbreak of Monkeypox in Nigeria was characterized by destabilization of community life normal activities such as education, business, social, religious, government and nongovernmental work activities. South Eastern and South South Nigeria suffered tremendously from the epidemic as most business activities were short down as a result of fear of Monkeypox infection.

The result of the study also showed that one of the worst dimensions of Monkeypox outbreak in Nigeria was that people from the South East and South South Nigeria believed that monkeypox outbreak in Nigeria in 2017 was a biological weapon orchestrated by the government to subjugate and suppress the South East and South South part of the country for agitating for independent nation of Biafra; a claim which the government debunked.

There were a lot of doubts about the preparedness of the federal government of Nigeria to tackle the outbreak of Monkeypox. The doubt became more pronounced when it was evidence that after 24 days of the outbreak, there was no Nigerian based laboratory poised to ascertain the monkeypox status of the victims. The victims were tagged “suspects” of monkeypox infection until there was laboratory evidence from WHO Regional Laboratory in Dakar, Senegal which resulted to the confirmation of three cases in Bayelsa.

The study also showed that a victim of Monkeypox infection committed suicide as a result of frustration and lack of care. Such situations could have been averted by the government if social workers were deployed to counsel, care and assure victim of guaranteed and safe recovery. The study also revealed that later on the governments were able to take charge and curb the spread of Monkeypox. The development came after so much criticism of government unpreparedness to tackle the outbreak.

The study showed that social workers have major roles to play in a situation of an outbreak of epidemic such as Monkeypox in Nigeria. Four major roles were specified (a) Social workers can advocate for installation of sophisticated laboratory centers poised with capacity to remedy rare and vicious contagious epidemic outbreak in Nigeria, (b) Social Workers can create the awareness of the preventive measures against Monkeypox. Findings showed that the public do not know the exact precautions needed to prevent Monkeypox infection, (c) social workers can help victims of Monkeypox and family members to overcome psychological and emotional trauma, (d) social workers can advocate for government provision of free drugs and foods to victims of Monkeypox infection. Social Workers can also lobby nongovernmental agencies and philanthropist to help in the work of caring for victims of Monkeypox in Nigeria.

VIII. CONCLUSION

Critical to this discuss is that the outbreak of Monkeypox in Nigeria was devastating to community life activities. The destabilization of community life activities such as education, work, transportation, religious and social activities was endemic and catastrophic at the outbreak onset. The situation worsened by a notion of the people on conspiracy by the government of the day because of the agitation for the sovereign state of Biafra and the government effort towards suppression, subjugation and truncation of the secessionist movement. From the foregoing there was a suspicion of biological weaponry and this intensified panic and unrest throughout the outbreak. However, after so much criticism and one suicide casualty, the government rose to the occasion and abated the outbreak of Monkeypox and also debunked the accusation of conspiracy and Monkeypox biological weaponry. Social workers have center roles to play in time of epidemic outbreak such as Monkeypox. The instrumentality of NGOs, international community and organization such as CDC, WHO and UN is invaluable to the sustainability of intervention in the Monkeypox virus affected region. Their lending of helping hands in terms of provision of laboratory equipment is unequivocal.

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