



Effect of Covid-19 on Personal Hygiene in Some African Countries: Then and Now

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Abstract

Personal hygiene most importantly, hand washing with soap and water is an important preventive measure against COVID-19. However, COVID-19 response strategies like total or partial lockdown, curfew, and prohibition of transportation of any form, restriction on economic and social activities adopted by many African countries to curb the spread may have deleterious effect on personal hygiene of substantial percentage of Africans. Suggested solution that can be put in place to reduce the reduction in personal hygiene of people in Africa was recommended.

Keywords: Personal Hygiene; Covid-19; Africa

Etiology

The pandemic of Covid-19 have been confirmed to have reached all part of Africa. Covid-19 first case in Africa was reported from Egypt, and the first Sub-Sahara case was reported from Nigeria [1]. Most of the identified imported cases arrived from Europe and the United States rather than from China. Five countries - South Africa, Nigeria, Morocco, Egypt and Algeria are responsible for most of reported cases in the continent, but it is believed that there is widespread under-reporting in other African countries with less developed healthcare systems [1].

The Global Health Experts have more concern about Covid-19 transmission in Africa due to the ineffective healthcare system in Africa, this ineffective system denote different problems like insufficient equipments and machines, inadequate training for health-care workers and improper data transmission [2]. The fear of Covid-19 pandemic has been difficult to tackle in Africa and this could lead to high economic problems if the transmissions keep increasing. The supply of ventilators is low in most of Africa: 41 countries have only 2,000 ventilators between them, and ten countries have no ventilators at all. Besides, basic supplies like soap and water are subject to shortages in parts of the continent.

World Health Organization is in serious concern about hand washing and physical distancing could be challenging in some places in Africa and lockdowns may not be feasible. Also, the challenges may be exacerbated by the prevalence of diseases such as malaria, HIV, tuberculosis, and cholera in Africa.

The Health Experts reported that the strategy based used in testing would give African countries to reduce lockdowns that incorporate great problems on people who earn their money day by day to be able to sustain themselves and their families. United Nations reported that 74 million test kits and 30,000 ventilators will be needed by the continent's 1.3 billion people in 2020.

Personal hygiene in selected African countries before the pandemic

Personal hygiene has remained a global health issue in many African countries prior the outbreak of the novel coronavirus pandemic (SARS-CoV 2) as the hygiene and sanitation are not routine public health practices among the populace at large thereby posing a serious threat to the health of individuals. Personal hygiene practices such as menstrual hygiene, oral hygiene, bathing, safe disposal of human and animal wastes into an incinerator or an open space far away from residential areas and handwashing with soap and water help reduce the rate of infections.

The hygienic management of water in households, keeping toilet and other surfaces clean also help in reducing the spread and proliferation of diseases as well as controlling flies. Among utilities serving the largest cities, only half report operating a sewage network at all and in most countries even if there is a sewage system only around 10% of the population in the catchment area have access [3].

Handwashing has remained one of the most effective and efficient measure for preventing high mortality rate most especially among under five children in developing countries. The development of many diseases is due to lack of cleanliness. Parasites, respiratory infections, tooth decay, diarrhoea and dysentery, trachoma and scabies are caused due to poor personal hygiene.

Africa countries with least access to water in the world are Papua New Guinea, Uganda, Ethiopia, DR Congo, Somalia, Angola, Niger, Chad, Mozambique and Nigeria [2]. Due to poor water supply in the aforementioned countries, human health is affected and there is a limit in the maintenance of personal hygiene.

The drinking water situation is nearly just a bleak in rural Mozambique, where only 37% of people use improved drinking water sources such as public taps, protected wells and collected rainwater, compared to 52% for all of Sub-Saharan Africa. This has increased from 23% since 1990, and only 1% of which have water piped on premises. Wealth is a large factor in this matter, as over 60% of the wealthiest rural Mozambicans have access to improved water sources. 48% of all rural Mozambicans use other unimproved sources, and 15% use surface water from lakes, dams, rivers, and other sources as their drinking water, which has decreased by half since 1990 [4].

Access to water supply in Nigeria was 67% and access to sanitation facilities was 41% in 2013. An estimated 100 million Nigerians still lack basic sanitation facilities and 63 million do not have access to improved source of drinking-water. Open defecation is still practiced by about a third of the rural population. Some 12% of the urban population also practices open defecation [5].

Inflation in the population size and rapid urbanization really cause more pressure to limited water supply which in turn results in poor access to an improved water source. As a result of this, the personal hygiene practices that are solely dependent on the availability of safe and clean water are at stake. Niger host about 300,000 refugees from conflict in neighbouring countries of Libya, Nigeria and Mali with 46% of people having access to clean water close to home, 41% of the poorest people having clean water and 72% of richest people have clean water. In Uganda, only 38% of people have access to clean water close to home 35% of the poorest people have clean water and 72% of the richest people have clean water [6].

To enhance good personal hygiene practices, interventional programmes where put in place such as CLTS (Community led total sanitation), PHAST (participatory hygiene and sanitation transformation), WASH (water, sanitation and hygiene) and CHAST (Children's hygiene and sanitation training) to ensure the health of the public is protected.

Personal hygiene during the pandemic

Personal hygiene most importantly, handwashing with soap and water is an important preventive measure against COVID-19. However, COVID-19 response strategies like total or partial lockdown, curfew, prohibition of transportation of any form, restriction on economic and social activities adopted by many African countries to curb the spread may have deleterious effect on personal hygiene of substantial percentage of Africans. The ban of movement may deny more than a quarter of Africans who have to walk miles daily to get enough water needed for drinking and personal hygiene the access to water supply. A large proportion of Africans are informal workers and with the ban on economic activities in some countries, more people are falling below the poverty line.

Therefore, households with access to water at homes may intentionally limit water usage considering the financial implication like cost of water bill. In order to mitigate such, Ghana waived water and electricity bill for three months to ease the financial burden on citizens. In some communities with public boreholes, which are known for long and congested queues by community residents, may face challenges that limit access to water supply due to enforcement of social distancing and ban on gatherings. Restriction of movements also affect refugees who relocate seasonally in search for water for drinking and personal hygiene.

Many local dwellers who live by offering unskilled labour and menial jobs in African cities like Lagos, Mombasa, Nairobi and Kampala were trolling out in a bid to return home after government ordered closure of business activities and prohibition of people and goods (except few essential ones in different countries) resulting in overcrowding of rural areas. Overcrowding in local households will increase pressure on limited water available, public toilets and environmental sanitation. In order to survive, these households will prefer to use the limited water available for drinking and cooking rather than for personal hygiene.

Personal hygiene of women and children will be significantly affected by the ban on business and transportation by limiting access to sanitary and menstrual pads despite efforts by organisations to increase their usage in African countries. Scarcity of these pads will further increase the prevalence of traditional alternatives which are harmful to health. Environmental sanitation workers are excluded from the list of essential workers that are permitted to continue services in most African countries where lockdown has

been ordered. Therefore, disposal of household wastes by waste management workers is affected and may necessitate poor waste disposal methods by residents especially into nearby water body in the community making the water unsafe for drinking and personal hygiene.

Ethiopia, Angola, Nigeria and Guinea are notable African countries that have made significant progress in reducing open defecation through infrastructures like public toilets [6]. Access and management of these facilities has been affected by COVID-19 response strategies in these countries as they are either closed or unmanaged. Government workers who are in charge of management are not considered to be essential workers and are therefore relieved of their duties because of the pandemic.

Also, curfew and lockdown will prevent users from accessing these facilities always unlike before the pandemic. Furthermore, without adequate precautions and personal hygiene, community transmission may ensue through the use of public toilets as there may be presence of coronavirus in stool [7].

COVID-19 pandemic has also greatly altered the progress made by some African countries in improving water, sanitation and hygiene. Government and NGOs are more interested in funding and supporting programs that aim at fighting the pandemic in the countries at the expense of other projects. Countries' efforts to meet the target for Sustainable Development Goals 04 may suffer some setbacks due to this and therefore affect improvement in personal hygiene in Africa [8].

Impacts of initiatives such as Girls for Girls initiatives (Nigeria), Build Africa (Uganda) and Water Aid Ethiopia that have contributed to improving access to water, sanitation and hygiene in African schools and communities may decline due to closure of schools and restriction of movements in their targeted communities. Besides, closure of schools and work places to reduce the spread of the virus may unconsciously affect routine personal hygiene of individuals especially school-aged children who may find it less needful to bath or brush daily couple with limited access to water in African communities [9].

Poor personal hygiene will increase the prevalence of infectious diseases like diarrhoea, typhoid, dysentery, cholera, food poisoning and even COVID-19 in African countries and may significantly increase under-5 children mortality. It will also reduce quality of life of people in general.

Suggested solution

Activities relating to water and environmental sanitation are essential therefore water and environmental sanitation workers should be allowed to return to service, public toilets should be opened and properly managed to prevent infection, movement for purpose of searching for water should be allowed and gathering at borehole spots should also be allowed while enforcing social distancing and use of nose masks.

Governmental organisations and NGOs distributing palliatives in communities should include sanitary and menstrual pads for households with children and women. There is need for improve commitment of African leaders in highest levels together with donors, multilateral organisations, NGOs and civil societies to implement policies that seek to address access to water and sanitation. There is also need for equity and inclusion of most vulnerable and marginalised population in WASH programs by addressing the challenges in the low, middle and high income areas separately. Improved budget allocation for water and sanitation in African countries for construction of more infrastructures (like boreholes, modern toilets, functioning hand washing stations, urinals, modern sewage disposal and others) and to support initiatives concerned about eradicating open defecation, improve access to sanitary and menstrual pads and other WASH programs especially in local communities.

Conclusion

Government and other stakeholders should intensify the campaign against open defecation and support programs that aim at improving personal hygiene in Africa. Furthermore, there should be adequate community involvement in developing strategies that can help in improving the health of the populace to create an effective solution which is specific to the population through which this will reduce the transmission and spreading of the virus.

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Authors Contribution

The author equally contributed to the work which is reported in the present manuscript. Before publication of this manuscript all the authors sincerely agreed with the terms and conditions.

Competing Interests

The author declares no competing interests exist in the publication

Bibliography

1. Melisa Martinez-Alvarez A., *et al.* "Covid-19 pandemic in west Africa". *The Lancet Global Health* 8.5 (2020): e631-e632.
2. Nigeria Central Disease Control. National Disease Surveillance. NCDC 1 (2020): 2-6.
3. Morella E., *et al.* "Africa Infrastructure Country Diagnostic. Summary of Background". World Bank, Washington DC (2008): 8-13.
4. Carolynne W. The Water Gap - The State of the World's Water 2018. Water Aid (2018).
5. Progress on Sanitation and Drinking Water. UNICEF and World Health Organization (2015).

6. Progress on Drinking-Water and Sanitation - 2014 Update, WHO/UNICEF (2014).
7. WHO/UNICEF Joint Monitoring Programme. Progress on drinking water, sanitation and hygiene. 2017 Update and SDG Baselines.
8. World Health Organization. "Progress on Sanitation and Drinking Water - 2015 Update and MDG Assessment" (2015).
9. World Health Organization. "Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations" (2020).

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