

# THE FATE OF HEALTH EDUCATION CURRICULUM CONTENT IN THE NEW NORMAL POST COVID-19 PANDEMIC IN NIGERIA

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## ABSTRACT

*The paper examined the fate of Health Education curriculum in the new normal in Nigeria. To justify the aims of the paper, the origin and declaration of COVID-19 was examined as well as the mode of transmission, testing, index and level of preparedness in tackling the upsurge. An x-ray of the risks, challenges, impacts and likely measures adopted to put the spread of the disease under control were addressed. It was noted under the current status of Nigeria with regards to COVID-19 that its outbreak is nothing more than medico-centric and reactionary and the new normal section of the paper maintains that it is a time for opportunity to rethink on the goals of education to make curriculum more relevant, appropriate and responsive. The teaching approaches that sound more pertinent in post COVID-19 were suggested to include online and blended learning. The health behaviour expected in the new normal that could address racial, ethical and socioeconomic health discriminations were proposed as necessary parameters for structuring health education curriculum content. It was concluded that new normal curriculum requires the adoption of an integration of content which allows the reduction of hours spent on all subjects yet able to address all curriculum expectations.*

## INTRODUCTION

It was on 30<sup>th</sup> January 2020, that the World Health Organization (WHO) declared COVID-19 outbreak a global health emergency and on March 11, 2020, a global pandemic. The acronym COVID-19 by WHO was derived from "coronavirus disease 2019" for illness caused by SARS-CoV-2. This name was a deliberate attempt to avoid stigmatizing the virus's origins in terms of populations, geographical location or animal associations. An official designation for the novel

virus as “severe acute respiratory syndrome coronavirus” (SARS-CoV-2) was announced on February 11, 2020 by the Coronavirus Study Group of the International Committee on Taxonomy of Viruses.

Coronavirus disease 2019 (COVID-19) was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province in China, which was initially reported to the WHO on December 31, 2019. The pandemic has caused a lot of global disruption by limiting global relations sociologically. This is because the idea of “social distancing” negates regular social interaction, which is the bedrock of human society (Amzat & Razum, 2014). This contagious disease of global health importance also disrupts the usual norms of close physical contacts since the disease is transmitted through contact with individuals who already contracted the disease. It also deglobalizes world human migration with airports shut, and social events (supports, festivals and the like) postponed indefinitely. The "stay-at-home" campaign and proscription of (large) social gatherings mean that social interaction has been limited.

## **ORIGIN AND DECLARATION OF COVID-19**

The first reported on COVID-19 was in Wuhan city of China in December of 2019 and quickly spread to other places in China. Though, it was largely regarded as a Chinese problem that was also going to end in China, it however eventually spread to other parts of the world. In Nigeria, COVID-19 was first confirmed on 27<sup>th</sup> February 2020 after it has been reported in many other parts of the world like United States, Italy, Russia, among others. There have been many global confirmed cases of COVID-19 with several fatalities; substantiating this, WHO confirmed 5, 267 419 cases as at 25 May 2020 and a total of 341155 died of the virus.

## **TRANSMISSION, CONFIRMATION (TESTING), INDEX AND PREPAREDNESS**

All confirmed cases of COVID-19 in Nigeria as disclosed by NCDC in the first 30 days (February 27 and March 17, 2020) showed that they were imported by returning travelers. 81 clinically confirmed cases were given on March 27, 2020 barely a month after the first case in

ten states in Nigeria with three patients fully recovered and one death reported. Walkthrough testing center was opened by the Oyo and Ogun state Governments (Nigerian Tribune, 2020; Editor, 2020). More possible testing centers were reason for high number in the stage of infection with the country reaching the phase of community transmission (News Agency of Nigeria, 2020). Signs of community transmission became more evident with 203 positive cases whose sources of infection remain indeterminate, according to the NCDC (Oyeleke, 2020).

NCDC observed that 70.0% and 30.0% of individuals whose ages ranged between 30 and 60 years and tested positive for COVID-19 within the first 30 days were male and female respectively. While individuals aged 31-50 years were mostly affected (39.0%), 44.0% (101) of the cases were imported through site of international airports, so were some 41.0% (96) whose sources of their infections were unknown had incomplete epidemiological information. NCDC (2020) affirmed that 15.0% (35) patients' contacts of positive cases were suggested to be community transmission or cross-infection with Lagos State, Abuja and Osun State accounted for over 50%, 20.3% and 8.6% of the cases respectively. The cases recorded thereafter kept increasing and spreading gradually through inter-state travels. The disease distribution elitist showed that the majority of those who tested positive were returnees from abroad (NCDC, 2020). The high rate of poverty in Nigeria was due to predominantly elitist air travel with political elites being confronted with COVID-19.

The number tested between February 27 and June 7 (76,802 persons) in Nigeria was described as paltry in a country with an estimated 200 million population (Akor *et al.*, 2020). Since COVID-19 testing is being done in runs; and each run taken an average of six to seven hours, it means that for each person, the result would take between 20 and 48h to be ready. Efforts are being made to reduce the timing to 12h (Akor *et al.*, 2020). Due to limited testing and treatment resources, only those in pressing need of testing were targeted by the Federal Government to include:

1. Returnees from overseas trips who are symptomatic within 14 days of their arrival (the returnees were advised to self-isolate themselves for 14 days upon arrival in to Nigeria).
2. Persons who had contact with confirmed cases and developed symptoms within c-15 14 days of contact.

3. Those having COVID-19-related symptoms of unknown cause, and persons residing in areas with a moderate or high prevalence of COVID-19.

The initial perception that COVID-19 was a disease of the elite has not dissipated and has undermined control efforts and within a short while, there was evidence of community transmission as COVID-19 broke the class boundary. This made it necessary for every Nigerian to take preventive measures. In spite of strengthened surveillance by government at the airport since January 2020, Nigeria recorded its COVID-19 index case that was imported from Italy, on February 27. This was recorded when an Italian visited some states of the federation before been tested positive for COVID-19, thus, raised concerns about the effectiveness of airport surveillance and, by extension, the country's general preparedness.

The pre-COVID-19 preparedness was grossly inadequate. Nevertheless, the onset of COVID-19 sent waves of panic across Nigeria, like in every other country. Experiences and lessons from the worst-hit countries (e.g., USA, UK, Italy, France, and Spain) prove that no country can adequately prepare to contain the COVID-19 pandemic. Globally, only a few countries have achieved generalized testing. With reference to the report obtained from NCDC by December 2019, some efforts embarked upon include the training of the rapid January teams across the 36 states in Nigeria; setting up a Coronavirus Group to activate its incident system as a means of responding to any emergency; collaboration of NCDC with 22 states in Nigeria to also activate their emergency operations centers to manage and link up with the national incidence coordination centers as a means of curtailing the spread of the scourge.

## **RISKS, CHALLENGES, IMPACTS AND MEASURES**

Globalization with respect to trade and travels has been responsible for the health risk (coronavirus) of communicable diseases that could be pandemic. Despite the effort from several quarters to ban high-risk countries with immediate effect, the time lag for the ban to take effect, more imported cases had been recorded in the nation. To worsen the situation, most returnees did not comply with the 14 days self-isolation as recommended by the NCDC.

From one imported index case, Nigeria like many other countries face tremendous health challenges with multiple cases and deaths. The most significant challenges being faced due to

COVID-19 pandemic include inadequate healthcare personnel to manage the patients, insufficient medical resources (especially personal protective equipment [PPE] and ventilators), and inadequate facilities and treatment centers, among others. It was projected by many health experts that Africa would face a hard time and struggles to keep the coronavirus outbreak under control once it is confirmed on the continent.

Despite the capacity response, more death cases were recorded as the CFR increased from 1.2% (on March 27) to 3% on April 27, but dropped to 2.8% as of June 7. The case fatality rate from COVID-19 described Nigeria as the highest in West Africa (Wale, 2020). Okpetu et al., (2018) discovered that most of the CD fatalities recorded among persons with underlying health conditions (NCDC, 2020) were predominantly chronic/non-communicable diseases that constitute a public health burden in Nigeria and Africa in general. Furthermore 812 healthcare personnel (representing 6.5% of the positive cases) were affected.

The concerns were based on pervasive poverty, weak healthcare systems, and the diseases ravaging most parts of Africa. Little wonder IiVorldometer (2020) observed that as at June 7 (2020), no country in Africa was coronavirus-free with confirmed cases at 192,721, about 5,200 deaths and 85,107 total recoveries. Medically, generalized testing is a significant measure for detecting cases; unfortunately, universal testing may not be possible in all parts of Africa due to inadequate resources. Nevertheless, every imperfect-but-best-possible-effort to stop the infection constitutes marginal gains and a step in the right direction until a cure is discovered.

Other challenges involved some cases from patients with a subclinical coronavirus infection who presented in hospitals with other conditions while hiding vital information from health workers (Ayeleso, 2020); shortage of personal protective equipment at some isolation centers being another reason some health workers were infected (Adejoro, 2020); the unethical practices by some medical practitioners who run private F6 hospitals in locations such as Lagos constituted additional contributory factor. Also, private hospitals were said to be secretly treating C-patients, who tested positive for COVID-19, without government approval (Delakun, 2020). The infection of healthcare personnel in Nigeria equally has created apprehension and CD could further strain COVID-19 control efforts in the country. This being due to non-availability of testing laboratory in more than one-third of the 36 states over three

months after the index case was confirmed. Michael (2020) confirmed that samples were only been sent to Abuja or any of the available molecular laboratories if there was any.

COVID-19 has impacted significantly on almost every part of the world. It has proven that the global health system is still vulnerable and that the world is not as advanced in science as the 21st century has made us to believe. It has rather shown that the interconnectedness of global economy has made the world vulnerable such that what happens in a particular country can have a significant impact on the entire world. It has derailed economic, social and political activities, responsible for schools to be shut down, places of worship deserted, international flights disrupted and completely put to a halt.

COVID-19 necessitated a total lockdown as people were encouraged to stay indoors and Governments of countries affected placed restrictions on movement both locally and internationally. At the instance of COVID-19 peoples' sources of livelihood was threatened. The fall in household consumption arose from such factors as: partial or full restrictions on movement, that caused consumers to spend primarily on essential goods and services; low expectations of future income, particularly by workers in gig economy that were engaged on a short-term/contract basis, as well as the working poor in the informal economy; and the erosion of wealth and expected wealth due to the decline in assets like stocks and home equity. Movement restrictions have in addition to reducing the consumption of nonessential commodities affected the income-generating capacity of people thus reducing their consumption expenditure.

It is also on record that investments by firms was impeded largely due to the uncertainties that came with the pandemic-limited knowledge about the duration of the outbreak, the effectiveness of policy measures, and the reaction of economic agents to these measures as well as negative investor sentiments, which caused turbulence in capital markets around the world. Undeniably, the crisis has led to a massive decline in stock prices. Considering the uncertainty that is associated with the pandemic and the negative profit outlook on possible investment projects, firms are likely to hold off on long-term investment decisions.

Furthermore, government purchases have to be on the increase which invariably may lead to running budget deficits and utilize fiscal stimulus measures to counteract the fall in consumer spending. Similarly, the fall in global demand for commodities stemming from the pandemic

has significantly increased the fiscal deficits of governments that are commodity dependent and a cut on nonessential areas.

Likewise the restrictions on people's movement and border closure to nonessential traffic foreshadow a decline in exports. Yet, despite the exports of countries (e.g., Nigeria) that devalued their currency due to the fall in the price of commodities becoming more affordable, the limited markets for nonessential goods and services nullifies the envisaged positive effect on net exports.

In response to the new social normal which adversely impacts livelihood and survival chances, amidst grossly inadequate palliatives, series of measures are ongoing at controlling the virus. Among such measures is the increase in the number of molecular laboratories with the capacity to handle the test for COVID-19. Currently, private molecular laboratories are not being used for COVID-19 testing in Nigeria. The Federal Government also directed the Coalition of Epidemic Preparedness Innovation [CEPI] to oversee the Nigerian Institute for Medical Research [NIMR], the Nigerian Institute of Pharmaceutical Research and Development [NIPRD], and the National Agency for Food, Drugs Administration and Control [NAFDAC]) to research and find a cure to the virus. In view of this, NAFDAC has accepted and validated some local herbal remedies for testing.

Furthermore, the African Centre for Disease Control (Africa CDC) has trained experts from Nigeria and 15 other African countries on the diagnosis of COVID-19 using Polymerase chain reaction (PCR), while studies to validate the integrity of the Rapid Diagnostic Test (RDT) kits are ongoing. There were also plans to add Gene-Xpert machines once they are available (COG, 2020) while on the heels of the persistent increase and spread of the COVID-19 virus in Nigerian, the Federal government eventually announced a nationwide lockdown on March 30, 2020, in Lagos, Ogun, and Abuja. At individual's level, people are being encouraged to take responsibility of staying indoors, hand washing, social distancing and use of face mask since COVID-19's mode of transmission is still under scientific investigation. So was the President's approval of pilgrimage transit camps to be converted to isolation centers (Olan, 2020) and the ban on public gatherings.

## CURRENT STATUS OF NIGERIA

The response to the coronavirus outbreak in Nigeria is nothing more than medico-centric and reactionary. The federal and state governments only set up isolation centers after positive cases were confirmed in the country with the establishment of a minimum of 300-bed treatment facilities, in anticipation of a further upsurge. In addition, the government introduced import duty waivers for pharmaceutical companies and increased efforts toward ensuring that they receive forex.

Given the size and scope of the economic impact of the pandemic, need to implement other recovery strategies to stimulate demand have been recommended to include the following fiscal and monetary policy measures:

1. the government to improve efforts towards enhancing the efficiency and effectiveness of the distributive mechanisms to reach households that are worst-hit by the pandemic.
2. the Federal and State Revenue Service (FIRS & SIRS) would have to waive payments on personal and corporate income tax for the second quarter of 2020. • the need to delay tax collection by FIRS and SIRS for the worse-hit sectors such as tourism, airline industry, and hoteliers in order to enable them recover from the steep decline in demand.
3. the provision of additional liquidity in the forex market to provide dollar and yen liquidity to financial institutions, investors, and exporters.
4. the maintenance of exchange rate stability by CBN through deploying external reserves in order to avoid investors selling off naira-denominated assets.

The COVID-19 pandemic is a wake-up call to policymakers as the unusual and unprecedented nature of the crisis has made it impossible for citizens to rely on foreign health care services and more difficult to solicit for international support given the competing demand for medical supplies and equipment. A more integrated response spanning several sectors including the health, finance, and trade sectors are required to address the structural issues that make the country less resilient to shocks and limit its range of policy responses. In the long term, tougher decisions is required to be made, including but not limited to diversifying the country's revenue base away from oil exports and improving investments in the health care sector in ensuring that the economy is able to recover quickly from difficult conditions in the future.

## THE NEW NORMAL

The 'new normal' is the post-COVID-19 pandemic era. It is an era full of challenges and instability in which agility, curiosity, risk mitigation, learning by exploring, learning by doing, and focus, are highly expected Buheji and Buheji (2020). The new normal requires the transformation of all concepts. The type and strength of change in the new normal would therefore depend on the type and the number of programs tested during the community emergency as stability status. In this era, more innovative solutions are expected to deal with the frequently turbulent market.

During the new normal, many types of challenges are expected in every type of sector. This should raise the possibility of inspiration that come as a result of opportunities that come with the challenges, and resilience, as it is a needed spirit for survival during times of transformation. The new normal needs efficient solutions that leverage and develop on multiple fronts. At this transformational time post, devastating pandemic actions needed to be invested upon, recognized and amplified. Therefore, it is a time for inspiration and resilience that enhance trust in people and give them the opportunity to create the change (Buheji & Sisk, 2020).

The unprecedented chaos that COVID-19 pandemic created, brought with it hybrid opportunities that can be seen now in healthcare, social development, and untapped economic ideas. There are also hidden opportunities that are coming with the rising of both challenging times and risks. For example, there are opportunities rising more and more from the lengths of the lockdown when people started to suffer anxiety or stress due to their worries about the future aspects, as a result of the turbulence and instability that affected their careers, their educational plans and their life journey in general. Therefore, health authorities and other national policy makers needed to bring in more engagement and involvement programs that ensure that each person has a mentor that helps him/her to manage the profound effects of the post-COVID19 spillover.

The new normal opens an opportunity for rethinking the goals of education especially to make the curriculum relevant, appropriate, and responsive by the development of preparedness in times of disasters, diseases, and emergencies. No doubt, gaps in the curriculum have been revealed by COVID-19 pandemic which has caught education systems and learners off guard.

One of the steps to address this gap is to develop a set of preparedness competencies forming a goal of the curriculum.

## **TEACHING APPROACHES IN POST COVID-19 ERA**

The role of technology is being contemplated by educational institutions as responsive approaches to curriculum implementation in the new normal. Due to the era of social distancing, complete online modality or blended learning modality in instruction becomes a reliable option. So, while schools could close for quarantine, education had to continue but this time in an altered modality. It was implemented online through a variety of online courses and electronic textbooks (Patrinos & Shmis, 2020). Moreover, blended learning is coincidentally known as the "new normal" (Norberg et al., 2011) in the realm of educational technology. Though there are obscurities in its definition, blended learning can be commonly described as an instructional approach that integrates traditional classroom methods and online digital methods (Graham 2013). It necessitates the physical presence of both teacher and learner, with features of learner control over time, setting, or pace (Huang et al., 2009). Given these features of blended learning, it provides auspicious prospects for use in education come new normal times.

While complete online and blended learning sounds like the "holy grail" in this new era in education, it requires massive changes. For some developed countries, blended learning is an established educational modality. It has enabled these countries to cope with the impacts of the current COVID-19 plague. Online learning and teaching are supported by developed structures and trained teachers (Olivier, 2020). However, for other countries, schools must carefully plan virtual learning solutions. It requires an assessment of their capabilities based on the reliability of local power supplies; internet connectivity, and readiness of the teachers (Obana, 2020).

## **HEALTH EDUCATION IN POST COVID-19 ERA**

Health education is very important for the broad-spectrum of the public to internalize appropriate health information that could serve as guides to their health behaviour. Since

people are more likely to exhibit health behaviour based on available information to them, Conner (2002) affirmed that information is one of the fundamental cognitive determinants that influence health behavior just like Limaye et al (2020) acknowledged the important role of information in health education.

Health behaviour can be any action which an individual exhibits that has an implication on his or her health. Studies have shown that health behaviour can be viewed from two perspectives. As Conner (2002) proposed, the first is health behaviour that is beneficial to a person's health. This is the health behaviour that is regarded as positive health behaviour. Within the context of COVID-19, positive health behaviour may include measures like: regular hand washing, social distancing, avoiding touching one's face with unwashed hands and staying at home. The second are health behaviours that could be dangerous to a person's health. Such are the behaviours that make an individual vulnerable to diseases and ailments and may include: going to crowded places (like students in classes), shaking hands indiscriminately, poor hygiene and the like.

COVID-19 mortality would no doubt have long-term negative effects on families and social networks. The death of family members would as well affect family structures and the quality of relationships for surviving network members and increases social, economic, and physical and mental health risks that add to health disadvantages. As part of the conditions of COVID-19, families and friends are prohibited from coming together to mourn lost loved ones and comfort one another to further escalate the grieving process.

A short-term measure enacted by local and state officials in Michigan, including moratoria on evictions and mandates to resume water service, saved lives and offered critical protections to vulnerable households. If such protections would have to be extended and expanded as part of a longer term public health strategy to address racial, ethnic, and socioeconomic health discriminations, then, health education curriculum content would need to be structured in such a manner that assures:

1. the provision of protections like personal protective equipment and social distancing guidelines, for health care and other essential service workers.
2. provision of unemployment benefits, health insurance, and paid sick time for those unable to return to work.

3. a financial respite and job protections for workers with care giving responsibilities (for example, for children, elderly, those with disabilities).
4. that when hotspots are identified (for example, meat packing industries), ensure that workers are able to remain out of harm's way until protections are guaranteed.
5. provision of rental assistance or emergency financial assistance to stabilize housing.
6. extending current moratoriums on evictions and foreclosures.
7. housing for workers who become ill and must isolate themselves from family members.
8. provision of safe alternative housing for those living in crowded conditions.
9. that once moratoriums are removed, allow a minimum of 60-day period for rent to be paid with no additional interest.
10. prompt access to clean water for all, including those unable to pay and those reliant on well water.
11. that the requirements of health impacts of industrial emissions be systematically assessed and considered in the permitting process.
12. the monitoring of emissions and enforce regulations for air pollutants with scientifically established adverse health effects, particularly in communities that experience disproportionate exposure.
13. provision of incentives for more rapid conversion to clean energy, such as solar energy.
14. the management of Obesity, Opioids and Pain
15. Pharmaceuticals Policy Pollution Poverty enlightenment.
16. Practice Precision Health Pregnancy Education.
17. Health Social Epidemiology and Social Media Statistics.
18. Student Organizations Teaching Tobacco Toxicology, Urban Health, Urban Planning Vaccines Value-Based Care Violence ,Water Quality, essence of Public Health and Women's Health in general.

## CONCLUSION

Between Integration and Reduction of Content With the restrictions brought by COVID-19, a new normal curriculum may also adopt the integration of content. This approach makes it possible to reduce the number of hours spent on all the subjects but still addressing all the

curriculum expectations. This strategy will enable the assimilation of curriculum content expectations from various subjects in designing an instruction (Romano et al., 2012).

Fogarty and Stoehr (1991) suggested a range of integration models. They introduced ten integration models such as fragmented, connected, nested, sequenced, shared, webbed, threaded, integrated, immersed, and networked. These models require the assimilation of skills and concepts from various subjects or disciplines within a curriculum.

It could be a good strategy for health education educators to reduce curriculum pressures to cover all content amid the continuing restrictions. Aside from integrating the content, some educational systems are also contemplating to reduce the curriculum content. They want to teach content that is "essential" and remove content that is not. Post-COVID-19 era can be a teachable moment for content that is significant, relevant, and useful. For instance, Gonser (2020) specifically suggested simple content such as "why hygiene matters" and "how germs spread" to more complex ones like "ethical decisions, the science behind how viral infections work, or the mathematics underpinning pandemics." The Covid-19 Conditions Itself Indeed Reorganizing the content to the curriculum. Between integration and reduction of content, educators should carefully weigh each option without sacrificing much of the knowledge that is worth teaching to the learners.

## RECOMMENDATIONS

1. It is suggested here that improvement is needed in media provision of warning health messages as well as policy-related contents.
2. Considering the significant impact COVID-19 could have on the society, it is recommended that further researchers should examine how political news has changed in times of the health pandemic.
3. Finally, other researchers are recommended to examine the influence of media coverage of COVID-19 on health behaviour of vulnerable groups like victims of conflict.
4. A curriculum goal that must be emphasized in the new normal is to develop preparedness competencies among the learners since there are the tendencies that there are challenges on whether to integrate or reduce when it comes to curriculum content.

5. Instructional approaches mostly shifting to online modality should be considered in the light of different factors.
6. As regards instructional evaluation, some concerns related to the assessment of learning present cogent reminders for educator.

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