


RESEARCH ARTICLE

Citizens lack access to healthcare facilities: How COVID-19 lockdown and social distancing policies boost roadside chemist businesses in South-Eastern Nigeria

Victor Chidubem Iwuoha¹  | Ernest Tooche Aniche² |
Charles Arinze Obiora³ | Uchenna T. Umeifekwem⁴

¹Department of Political Science, University of Nigeria, Nsukka, Nigeria

²Department of Political Science, Federal University Otuoke, Otuoke, Nigeria

³Department of Political Science, Chukwuemeka Odumegwu Ojukwu University, Igbariam, Anambra State, Nigeria

⁴Department of Public Administration, Chukwuemeka Odumegwu Ojukwu University, Igbariam, Anambra State, Nigeria

Correspondence

Victor C. Iwuoha, Department of Political Science, University of Nigeria, Onitsha Rd, Nsukka 410001, Nigeria.

Email: victor.iwuoha@unn.edu.ng

Abstract

This study examines how COVID-19 lockdown and social distancing policies impacted on citizens' access to healthcare facilities and the level of patronage of chemist/pharmacies for self-treatment. A cross-sectional questionnaire survey method was used to collect data by asking individuals quantitative and qualitative questions in person which included 6 structured open-ended questions. Participants include operators of purposively selected three classes of small businesses/self-employed services in South-Eastern Nigeria. This involves 120 fashion/event related businesses, 80 food related businesses and 100 general merchandise—a total of 300 small businesses. Quantitative data were analysed by frequencies and descriptive statistics while qualitative data were analysed using thematic/content analysis. It concludes that although COVID-19 lockdown policies are generally perceived to have negative effects on small businesses, these policies have particularly had positive effects on the chemist/pharmacies businesses compared with other small businesses. About 85% increase in patronage of chemist businesses compared with 63.7% decline in patronage of other small businesses is essentially linked to increasing rate of self-medication as a result of government's poor implementation of COVID-19 public health policies amidst lockdown measures—which limited people's access to hos-

pitals and healthcare centres. The study proposes reformed pandemic-lockdown policies to increase people's access to healthcare services and reduce overreliance on self-medication and excessive patronage of roadside chemist/pharmacies.

KEYWORDS

Africa, chemist business, COVID-19, healthcare services, lockdown, Nigeria, public health, small businesses, social distancing

1 | INTRODUCTION

The COVID-19 pandemic is an infectious viral disease that started in Wuhan, China in November 2019. The index case in Nigeria was announced on 17 February 2020 when an Italian national who travelled to Lagos tested positive. Nigeria has recorded 164,756 confirmed cases and 2062 deaths (only second to South Africa in sub-Saharan African region with confirmed cases of 1,576,320 and 54,186 deaths) as of 27 April 2021.¹

Nigeria's fiscal capacity to fund growing COVID-19 health expenditures and needs has been very weak, as implicated in underestimated confirmed COVID-19 cases in the country, especially in the fragile northeastern states,² the limited testing capacity and shortage in medical equipments and logistics such as test kits, ventilators, personal protective equipment, oxygen, isolation centres, intensive care units, electricity supply; with geometric increase in the number of newly infected cases.³

Recent studies appeal for home-grown approaches and multilateral collaborations in putting a stop to the negative impact of COVID-19 protocols such as lockdown and social distancing measures in order to improve people's access to essential healthcare facilities during the pandemic lockdown.^{3,4} Particularly, there has been inconsistent and irregular timing of lockdowns across the states in Nigeria, which ranged from total to partial and ease of lockdowns, thus allowing for indiscriminate and irregular enforcement of lockdown protocols.⁵ These were further complicated with imposition of curfews, restriction of movements and ban on social gatherings including markets and street businesses at irregular intervals. In most cases, the government allowed operation of some businesses half-day. This was sometimes combined with partial opening of food markets, and intermittent opening/closure of other street businesses in the study areas.⁵ These brought serious conflicts, confusion and contradictions, making it too difficult for small business operators to understand the specific periods that require lockdown compliance and enforcement.

The federal government through the Central Bank of Nigeria (CBN) announced and implemented some policy interventions to cushion the social/economic impact of the COVID-19 containment policies on small businesses such as 100 billion Naira credit intervention scheme; 50 billion Naira Targeted Credit Facility (TCF); and 2.3 trillion Naira stimulus package and survival fund.⁴ Some scholars argue that the inability to meet the fund conditions such as guarantor, collateral, business registration, provision biometric verification number (BVN), etc, generally impeded small business operators' access to these credit facilities and stimulus packages.⁶

The dynamic effects and impacts of COVID-19 lockdown and social distancing measures on specific categories of small businesses and how these implicate their distinct performances during the COVID-19 lockdown have been generally neglected by scholarship. Many important studies focus mainly on the negative impacts of COVID-19 pandemic on the informal sector.⁷⁻¹⁰ Importantly, COVID-19 lockdown and social distancing policies are generally perceived to have negative effects on small businesses.⁸ A number of scholars demonstrate that COVID-19 lockdown measures particularly affected newly established small and medium-sized enterprises (SMEs), thus resulting to loss of jobs and livelihoods.^{9,11-13} Lakuma & Sunday indicate a decline in small and micro businesses in all sectors of the economy due to poor implementation of COVID-19 containment policies and its concomitant palliatives (i.e., economic stimulus

packages to cushion the effects of COVID-19 containment policies).¹⁴ Hence, the need for government policy interventions to tackle the negative effects of COVID-19 lockdown in the informal sector by improving the disbursement of palliatives and loan facilities to SMEs.^{12,15-17}

The key objectives of this study are as follows: First, to ascertain the effects of COVID-19 lockdown and social distancing policies on some categories of small businesses such as the chemist/pharmacies/medical stores compared with other small businesses in terms of patronages. Secondly, to explain how the implementation of COVID-19 lockdown and social distancing policies impact on people's access to healthcare centres and hospitals, especially to establish a link between limited people's access to healthcare facilities and the patronage level/performances of chemist/pharmacies/medical stores during pandemic lockdown. This is important as any lockdown policies that limit people's access to healthcare services could heighten the level/risks of self-medication/death if no government policy interventions are promptly dispensed. Thirdly and importantly too, the study aims to help the government in developing and formulating more appropriate and effective COVID-19 lockdown and public health policies that will increase the level of people's access to hospitals and healthcare facilities during lockdowns and reduce self-medication and its health risks among citizens.

The study conducts a cross-sectional survey on small business categories such as fashion/event, food, chemist/pharmacies/medical stores, and general merchandise (i.e., supermarkets, ICT/computer centre, electrical accessories/repairs, stationeries), to depict a cross-sectional disparity in the patronage levels of specific categories of small business units such as the chemist/pharmacies/medical stores. It argues that these policies have had varying degrees of effects and impacts (i.e., both positive and negative) on small businesses.

1.1 | Conceptualising people's access to medicine and healthcare services and lockdowns policies

More than 400 million people who live in Africa lack access to healthcare.¹⁸ Half of this population lives in rural areas, but only one-quarter of doctors in Africa are deployed to rural areas.¹⁸ This problem has now worsened and more complicated as a result of COVID-19 lockdown measures. Oyediran et al. maintain that in times of global pandemic African people should develop alternative access to important health services that can be delivered remotely in order to lower the risks of COVID-19 infection for both the client and health workers.¹⁹ In essence, doctors can be accessed remotely through telemedicine or through mobile clinic to minimise in-patient encounters and transmission of infections at health facilities during the COVID-19 pandemic. Hence, accessing healthcare services remotely can provide credible and reliable opportunities to maintain non-urgent healthcare services in the interim, and overcome the gaps in healthcare systems prompted by the outbreak response. Unfortunately, low awareness of remote healthcare services among citizens in Africa expose many patients to health dangers in public health facilities during the COVID-19 pandemic. Although in most cases there is generally lack of access to remote healthcare services such as telemedicine and mobile clinic in Africa.

Parajuli and Doney demonstrate that providing remote access to patients during COVID-19 lockdown can reduce gender-based limitations of access to healthcare and bridge the gap in physical appearance in the health facilities especially for non-invasive, non-surgical, and non-life threatening ailments.^{13,20} This can eliminate the risks of nosocomial transmission of COVID-19 infections to otherwise uninfected patients as well as increased protection for the health workers.²¹ In Africa where fewer doctors are available for large populations and where most public health facilities have been cordoned off for specific treatment of COVID-19 patients, alternative healthcare services and/or traditional medicine prove to be more easily accessible across diverse geographic swathes thereby increasing healthcare access for the people despite the lockdowns.⁵ For example, with doctor to people ratio in Nigeria at one medical doctor for 6000 thousand people, Nigeria needs 303,333 medical doctors to meet the World Health Organisation's (WHO's) recommendation on the doctor-to-patient ratio of 1:600.²² In this regard, Iwuoha and Aniche argue for lockdown pol-

icies that will increase people's access to alternative public healthcare services and the need to develop traditional/herbal medicine for treating COVID-19 infections in Africa.⁵

More importantly, lockdowns and physical distancing policies constrained the mobility of patients which impinged on regular access to healthcare services. These limitations impelled increased reliance to self-medication, use of chemist/pharmacies/medical stores (i.e., over the counter drugs), and alternative medicine for clients' healthcare needs.¹⁰ Self-medication, poor management of health conditions, or resort to quack healthcare providers during the COVID-19 pandemic led to many health crisis and deaths.

There are also important concerns on the inherent discriminatory nature of COVID-19 lockdown and social distancing policies.⁵ Particularly, the people's healthcare needs during lockdowns are generally sidelined in the decision making process such as the designing, formulation and implementation of COVID-19 lockdown and social distancing policies.²³ Thus, the masses are often excluded from policy process because their opinions and interests are rarely factored into policy process.^{24,25} The case of Nigeria is not different as public health policies are primarily though not exclusively in the interests of the elites.²⁶ Therefore, COVID-19 public healthcare policies in Nigeria are usually reflections of the interests of the governing class and the rich who have easy access to remote medical services (or private healthcare service providers), while the poor masses cannot easily access healthcare services in public hospitals during the lockdown because the public hospitals have been converted to COVID-19 isolation and treatment centres.

1.2 | Research methodology

The research data for this study was collected during one-month fieldwork visits to study areas in Nigeria, June–July 2020. The purposive sampling method was used to select four urban areas across South-Eastern Nigeria whose streets are dotted with small businesses, petty traders, low-income earners and households who live on daily income. These include: Onitsha (Anambra state), Aba (Abia state), Owerri (Imo state) and Nsukka (Enugu state). Convenience/pre-designed availability research design helped to capture respondents who were conveniently or accidentally available to participate in the study. Method of data collection was based on cross-sectional questionnaire survey across three classes of small businesses/self-employed services such as fashion/event related businesses, food related businesses and general merchandise. Small businesses under the fashion/event category include clothing/foot wears, catering and decoration, tailoring, camera/video coverage services, shoemaking and hairdressing/barbing saloon. The food sub-sector includes restaurant/beer parlour, foodstuff, bakery/confectionary, and fruit/vegetables. The general merchandise category includes supermarkets, ICT/computer centre, electrical accessories/repairs, stationeries, and chemist/pharmacies/medical stores.

A cross-sectional survey method was used to collect data by asking individuals quantitative and qualitative questions in person which included 6 structured open-ended questions, with responses recorded on paper by the researchers and analysed based on sub-sectoral evaluation. This helped to underpin the specific levels of patronage of chemist/pharmacies/medical stores compared with other small businesses being investigated. Tables 1 and 2 provide important details on the study methodology.

In view of COVID-19 pandemic, the researchers provided face masks to interviewees (if they have none) before conducting face-to-face interview using high-powered recording-enabled android phone. This research was conducted during the period of 'partial or ease of lockdown' making it possible for researchers to move freely from one study area to the other. Up to 5 respondents (small business owners) were interviewed for each of the 15 subsectors across the study areas which make up a total of 300 respondents (i.e., Onitsha – 75, Aba – 75, Owerri – 75, Nsukka – 75). Although up to 328 shops owners/vendors were approached to take part in the survey but only 300 actually took part in the survey/interviews. Respondents' responses (1 point for each) were tabulated and scored based on three options (i.e., improved, unimproved and worse/for each subsector) in order to evaluate the level of patronage and income across each small business unit. Quantitative data was analysed by frequencies and descriptive statistics while data collected in qualitative/open ended questions was analysed using thematic/content analysis.

TABLE 1 Breakdown of implementation of COVID-19 lockdown measures in selected South-Eastern Nigerian towns

City or Town	Onitsha, Anambra state	Aba, Abia state	Owerri, Imo state	Nsukka, Enugu state
Location of business (street/urban road)	Iweka, Modebe, Bida, new market, Oguta	Osisioma, Aba-Owerri, Port Harcourt, Ogbor Hill, Old court	MCC-Uratta, Orji, World bank, Onitsha, Orlu	University market, Ofulonlu, Orba, Obukpa, Onuiyi
Average number of residents/households on each street/road	2000	2000	1200	500
Stages of implementation of lockdown measures	<p>*Total lockdown (April–May 2020)</p> <p>*Curfew 6PM–6AM; all markets & street businesses closed except food markets (April–June)</p> <p>*Partial lockdown (businesses open 8–3PM) (June–July 2020)</p>	<p>*total lockdown (April–May 2020)</p> <p>*Curfew 6PM–6AM (April–June)</p> <p>*Partial lockdown (businesses open 8–3PM) (June–July 2020)</p>	<p>*Total lockdown (April–May 2020)</p> <p>*Curfew 8PM–6AM. Only essential services were allowed movement (April–June)</p> <p>*Partial lockdown (businesses open 8–3PM) (June–July 2020)</p>	<p>*Partial lockdown with markets/street businesses closed (April–May 2020)</p> <p>*Curfew 8PM–6AM (April–June)</p> <p>*Partial lockdown (markets/businesses open 8–4PM) (June–July 2020)</p>
Distribution of small businesses found on each street	<p>*Clothing/foot wears</p> <p>*Catering/decoration</p> <p>*Tailoring</p> <p>*Camera/video coverage</p> <p>*Hairdressing/barbing saloon</p> <p>*Shoe making</p> <p>*Restaurant/beer parlour</p> <p>*Foodstuff</p> <p>*Bakery/confectionary</p> <p>*Supermarkets</p> <p>*Fruits/vegetable items</p> <p>* ICT/computer centre</p> <p>* Electrical accessories/Repairs</p> <p>* Stationeries</p> <p>*Chemist/drug stores</p>			
Use of security forces for implementation of lockdowns	Police, civil defence officials, thugs (agborbo boys)			

(Continues)

TABLE 1 (Continued)

Level of success of COVID-19 lockdown implementation	Full	Partial	Full	Partial
--	------	---------	------	---------

Note: Authors' field study (2020).

2 | RESULTS

2.1 | Quantitative findings

2.1.1 | Impact of lockdown and social distancing measures on chemist/pharmacies/medical stores compared with other small businesses

Although important studies show blanket conclusions that COVID-19 lockdown measures have had negative impact on small businesses, this present study reveals that the lockdown policies in Nigeria particularly had positive effects on chemist/pharmacies/medical stores. The responses elicited from the cross-sectional questionnaire survey showed that there was a cross-sectional disparity in the patronage level of small businesses found on the streets of the study areas. The chemist/pharmacies/medical stores recorded improved sales than other small business during the lockdown. Table 2 highlights responses from small business operators on the level of customer patronage they received during the implementation of COVID-19 lockdown and social distancing policies.

Table 2 shows a general trend of low patronage and income performances during the COVID-19 lockdowns among the small business units investigated. Only 5 out of a total of 15 small businesses recorded improved patronages and increased incomes. Although the level of improved patronages and incomes recorded in the period had been marginal. Only about 15%, 10%, 10%, and 5% of the respondents in spheres such as foodstuffs, bakery/confectionaries, supermarkets and fruits/vegetable items, respectively, admitted that they had slightly improved sales/incomes during the period. However, the case of chemist/pharmacies/medical stores was exceptionally remarkable and outstanding with as much as 85% of responses, showing significant improvements in sales and incomes during the period. The remaining 10 small businesses did not record any improved sales and incomes. On the whole, only 25 small business operators, representing 8.3% of the respondents had improved sales and increased incomes during the period.

A good number of respondents across the small businesses, except camera/video coverage, stated that they experienced 'business as usual' without any improved patronage and income levels. Only up to 60% and 60% of respondents specialising in foodstuff and hairdressing/barbing saloon businesses respectively stated that they were able to maintain their normal/usual patronage and income levels (i.e., unimproved) during the lockdowns. Again, responses showing normal/usual patronage and income levels during the lockdown were not more than 50% in each of the other specific spheres. On the whole, 84 respondents representing 28% expressed that they simply had 'business as usual' with normal (unimproved) patronage and income levels despite the lockdowns.

Overall responses taken across all fields of small businesses investigated showed alarming low levels of patronage and high income losses. All small business fields showed worse performances supported by over 45% responses in each sphere, except foodstuff where only 5 respondents (i.e., 25%) stated that they had very poor sales and income. The worst case scenario was the camera/video coverage services. All the 20 respondents across the study areas (i.e., 100% responses) confirmed that they had very low patronage and income levels occasioned by the lockdowns. Other severely affected fields include Camera/video coverage services, clothing/foot wears, catering/decoration, tailoring, shoe making, ICT/computer centre, and restaurant/beer parlour, which had 100%, 95%, 85%, 85%, 75%, 95%, and 70% of confirmatory responses, respectively. Although specific fields such as foodstuffs, hairdressing/barbing saloon, bakery/confectionaries and fruits/vegetable items were relatively not worse off. Only 5%, 35%, 45%, and 45% of respondents in these areas, respectively, stated that their businesses were worse as a result of the COVID-19 imposed

TABLE 2 Responses from small business operators (respondents) on the level of impact of COVID-19 lockdown and social distancing measures on small businesses studied [i.e., improved, unimproved (the same) and worse]

S/N	Category of small businesses	Onitsha			Aba			Owerri			Nsukka					
		Responses			Responses			Responses			Responses					
		Improved	Unimproved	Worse	Improved	Unimproved	Worse	Improved	Unimproved	Worse	Improved	Unimproved	Worse			
1	Clothing/foot wears	0	1	4	0	0	5	0	0	5	0	0	5	0	1	19 (95%)
2	Catering/decoration	0	0	5	0	1	4	0	2	3	0	0	5	0	3	17 (85%)
3	Tailoring	0	1	4	0	0	5	0	1	4	0	1	4	0	3	17 (85%)
4	Camera/video coverage services	0	0	5	0	0	5	0	0	5	0	0	5	0	0	20 (100%)
5	Hairdressing/barbing saloon	0	2	3	0	5	0	0	1	4	0	4	4	1	12	8 (35%)
6	Shoemaking	0	1	4	0	1	4	0	2	3	0	1	4	0	5	15 (75%)
7	Restaurant/beer parlour	0	2	3	0	2	3	0	1	4	0	1	4	0	6	14 (70%)
8	Foodstuffs	1	1	3	0	3	2	2	3	0	0	5	0	3	12	5 (25%)
9	Bakery/confectionary	1	2	2	1	2	2	0	3	2	0	2	3	2	9	9 (45%)
10	Fruits/vegetable items	0	2	3	0	2	3	1	3	1	0	3	2	1	10	9 (45%)
11	Supermarkets	1	1	3	1	1	3	0	3	2	0	2	3	2	7	11 (55%)
12	ICT/computer centre	0	0	5	0	1	4	0	1	4	0	0	5	0	1	19 (95%)

(Continues)

TABLE 2 (Continued)

S/N	Category of small businesses	Onitsha		Aba		Owerri		Nsukka		% of total responses								
		Responses		Responses		Responses		Responses		Improved (total)	Unimproved (total)	Worse (total)						
		Improved	Unimproved	Improved	Unimproved	Improved	Unimproved	Improved	Unimproved									
12	Electrical accessories/Repairs	0	2	3	0	1	4	0	4	1	0	0	5	0	7	13	(55%)	
14	Stationeries	0	0	5	0	2	3	0	3	2	0	0	0	5	0	5	15	(75%)
15	Chemist/pharmaceutical	4	1	0	4	1	1	0	5	0	4	1	0	0	17	3	0	(15%)
	Total responses across all categories	7	16	52	6	22	27	8	47	40	4	20	51	25	84	191	(63.7)	

Note: (i) Improved (level of patronage/income compared to pre-Covid-19 lockdowns); (ii) unimproved (level of patronage/income compared to pre-Covid-19 lockdowns); (iii) worse (level of patronage/income compared to pre-Covid-19 lockdowns).

Source: Authors' field study 2020.

lockdowns. The overall proportion of the 300 responses elicited from small business operators showed that only 25 (8.3%) had improved sales; 84 (28%) had unimproved sales while as many as 191 (63.7%) confirmed that their businesses had been worse off during the state-imposed lockdowns.

2.2 | Qualitative findings

2.2.1 | Sub-sectoral impact of lockdown and social distancing policies on chemist/pharmacies/medical stores compared with other small businesses

Importantly, the small businesses shown in Table 2 are categorised under three clusters. These include fashion/event, food, and general merchandise. Some indications across these clusters are imperative, compelling and remarkable. A sub-sectoral assessment of the small businesses shown in Table 2, for instance, shows that business under the fashion/event category such as clothing/foot wears, catering and decoration, tailoring, camera/video coverage services, shoe-making and hairdressing/barbing saloon, had extremely poor performances during COVID-19 lockdowns. This has two implications. First, it implies that potential customers were constrained by lockdown measures and movements restrictions which affected their ease of access to services and level of patronage. Secondly, the livelihoods of the potential customers of these small businesses had also been seriously affected by the lockdowns. Hence, the lockdown measures had inhibitive cyclic effects on small businesses as well as their potential customers.

The implementation of lockdown and social distancing policies resulted to the ban or strict observance of low-key ceremonial activities such as weddings, traditional events, burials, conferences and seminars, religious activities, parties, and limited social gatherings. This drastically affected and stifled the livelihoods found within the fashion/event categories. Specifically, the mostly affected livelihoods within this particular cluster were the camera/video coverage, clothing/foot wears and tailoring services. A clothing/foot wear businesswoman stated that, 'my business is going down everyday people are not buying new clothes and shoes because they had no money to buy' (Anonymous Interview, Aba-Owerri road, 8 June 2020), while a camera/video man complained that, 'I now find it difficult to feed my family because of this government restriction of social gatherings, and that is where we eat from' (Interview, Bida road, Onitsha on 6 July 2020). This aligns with Lakuma and Sunday's findings that there is a decline in small and micro businesses in all sectors of the economy due to poor implementation of COVID-19 containment policies and its concomitant economic stimulus packages.¹⁴

The food sub-sector, including restaurant/beer parlour, foodstuff, bakery/confectionary, fruit/vegetables, generally had normal sales or average performances during the lockdowns. This is mainly because people had to eat for their daily survival, and also take pills for their health problems despite their lean purses during the lockdowns. However, customers were generally frugal and miserly in their food related spending. According to a restaurant owner, 'Most of my customers still come to patronise me, but they don't come here as often as before. They now spend little money on food. But as you know, whether lockdown or no lockdown, people must eat food to survive' (Interview, MCC road, Owerri on 15 June 2020). Similarly, a foodstuff vendor remarked that, 'Customers still come to my shop as usual, but since this lockdown, they only buy small quantities of food items' (Interview, Onuiyi, on 17 June 2020).

On the other hand, the general merchandise category experienced low/moderate patronage and income levels. In this category were subsectors such as supermarkets, ICT/computer centre, electrical accessories/repairs, stationeries, except chemist/pharmacies/medical stores, which recorded very high patronage and improved income levels during the COVID-19 lockdowns as underpinned by 85% positive responses. Interestingly, this impressive performance is essentially attributable to the limited access to healthcare centres and hospitals occasioned by COVID-19 lockdowns. Two reinforcing narratives are adducible for this surprising trend. First, the rise in COVID-19 infections resulted to panic and fear among the citizens, hence, many sick people were afraid to visit healthcare centres and hospitals to avoid being suspected and quarantined due to their symptoms. Again, some healthcare workers got infected with COVID-19 which led to the shutdown of a number of hospitals and healthcare centres. This impelled majority of the

people to increasingly rely on chemist/pharmacies/medical stores (i.e., over the counter drugs) for their healthcare needs. A popular chemist store owner revealed:

I know you will be surprised to hear that we even had more customers now than before (prior to lockdown). The secret is that many people now rely on us since this COVID-19 lockdown for their health problems, and they get the drugs they need from us easily. Some people usually call their doctors on phone to tell them the particular drugs to buy. Do you know that some of these people that come here are afraid to go to hospitals because they don't want to be declared infected with COVID-19 and quarantined? (Interview with a 36-year old chemist man along Orlu road, Owerri on 23 June 2020).

Importantly, there are also impediments resulting from the complexity of many African cultures and social systems which produce complicated interpretations and diverse socio-cultural and spiritual understandings of the causes of disease which more often affect individual's health-seeking behaviours, public health system, policy, planning, and implementations.¹⁰ Hence, COVID-19 was viewed by most patients as sickness invented by white people to deplete African population (Interview with a group of three middle aged women at Aba-Owerri road, on 8 June 2020). This made most people to avoid accessing hospital services for fear of being infected in the process and increased their reliance on self-medication. Again, most patients often look at their ailments as a misfortune associated with the social, natural, and spiritual environments. This generally makes people to downplay the importance of physician's-patients contact for healing or treatment in African setting. Most patients prefer getting face-to-face consultation with unqualified chemist/pharmacies/medical stores operators whereas some prefer interacting with their spiritual leaders before thinking of orthodox intervention.²⁷ This confirms Iwuoha et al.'s claim that lockdowns and physical distancing policies constrained the mobility of patients which impinged on regular access to healthcare services.¹⁰ The limitations therefore impelled increased reliance to self-medication, use of chemist/pharmacies/medical stores (i.e., over the counter drugs), and alternative medicine for clients' healthcare needs.¹⁰ In addition, the poor health systems on the African continent including the infrastructural gaps in emergency situations discourage most people from going to hospitals as they prefer to easily access the roadside chemist/pharmacies/medical stores and get quicker attention.

3 | DISCUSSION

3.1 | Impact of inconsistent, conflicting and irregular lockdown and social distancing policies on small businesses

The conflicting nature as well as inconsistent (irregular timing) lockdowns across the states in Nigeria has been established.⁵ This ranged from total to partial and ease of lockdowns, which allowed for indiscriminate and irregular enforcement of lockdown protocols. Most of the shop owners across the study areas visited had no clear idea on the actual status of lockdown policies in their areas. Those in Onitsha and Owerri noted that they do their business in hiding and that police men only patrol in the area once in a while. However, the situation was different in Nsukka and Aba where security officials randomly extort about 5000 naira to allow traders to open their shops and do their business (Interviews, Ofulonu Street, Nsukka on 18 June 2020, Ogbor Hill, Aba on 8 July 2020).

In Aba-Owerri road, economic activities were shallow even though some shops were seen making sales unimpeded.

These troubling scenarios terribly affected small business operators most of whom were self-employed despite skeletal economic activities which continued during the lockdowns. This explains why up to 191 people or 63.7% of small business operators complained of a deep cut in their daily sales/patronage and income levels. A bookshop owner stated that, 'We are on lockdown so business is slow. You know schools are not opened yet. But the worse is that they [security officials enforcing lockdowns] can't even allow us to do our business for a full day. They keep chasing us about. We lose our customers daily (Interview with road/Iboku street, Onitsha on 6 July 2020).' A chemist shop owner

shares similar experience, 'Security people always drive everybody away once it is 3 PM. Sometimes they don't even allow us to open at all. In fact, nobody knows when it is right or wrong to open their shops. We are confused about the whole thing' (Interview, Nsukka on 19 June 2020).

3.2 | Policy implication and recommendations

This study shows that the chemist/pharmacies/medical stores recorded exceptional customer patronages during the COVID-19 pandemic lockdown compared with other small business which had very low performances in the same period. Particularly, people's limited access to hospitals and healthcare facilities is implicated in the increased customer patronage levels experienced by chemist/pharmacies/medical stores operators. Two narratives accounts for this development. First, the spread of Covid-19 infections resulted in panic and fear among the citizens, and this combined with the lockdown restriction of movement, reduced peoples' visits to healthcare centres and hospitals. Some people are afraid that visiting the hospital to access healthcare services could expose them to contract the coronavirus, while others believe that they could be suspected and quarantined upon their visit to hospitals due to their symptoms. Secondly, some healthcare workers got infected with Covid-19 resulting to the shutdown of a number of hospitals and healthcare centres. This situation essentially promoted reliance of majority of the people on chemist/pharmacies/medical stores for their healthcare needs.

Hence, there is need to prioritise state policy intervention that will enhance citizen's access to healthcare and medical facilities (including mobile healthcare services) during pandemic lockdowns.

The article also identified the gaps in the policy interventions directed at cushioning the severe effects of Covid-19 lockdown and social distancing protocols on small businesses. Unfortunately, the federal government's economic stimulus packages to cushion the general effects of COVID-19 on small businesses have been marginal. As argued, the inability to meet the fund conditions such as guarantor, collateral, business registration, provision biometric verification number (BVN), etc, generally impeded small business operators' access to these credit facilities and stimulus packages.^{3,6} Most small business owners do not benefit from the government's intervention policies they are ill-informed and poorly educated. In most cases bigger incorporated business owners hijacked the process at the expense of smaller business owners because they are more qualified and possess the required collateral to access the available funds. Therefore, on the one hand, the state COVID-19 policy responses have not had the mitigating effect on the small businesses, while on the other and, the state the COVID-19 policy responses have contributed in impeding people's access to healthcare services and at the same time promoting a general reliance on chemist/pharmacies/medical stores for self-medication. Self-medication, poor management of health conditions, or resort to quack healthcare providers during the COVID-19 pandemic led to many health crisis and deaths. The article recommends pro-poor rejigging of the policy interventions so as to bridge the gaps and devise pro-illiterate means of disseminating of the information in order to close the communication gaps. It also recommends the introduction of effective mobile clinics during pandemic lockdowns and establishing effective tele-medicine systems in various hospitals in order to promote greater and easier access to healthcare services among citizens during pandemic lockdowns.

4 | CONCLUSION

We conducted a cross-sectional questionnaire survey on the effects of COVID-19 lockdown and social distancing policies on small business units in South-eastern Nigeria, especially extricating how COVID-19 lockdown and social distancing policies which is implicated in the observed increase in the level of patronage of chemist/pharmacies during the lockdown period. This is particularly attributed to the government's poor implementation of COVID-19 public health policies amidst lockdown measures which limited people's access to hospitals and healthcare centres. This in-

formed the high rate of self-medication and patronage of chemist/pharmacies by majority of the citizens during COVID-19 lockdown period which exposed majority of the citizens to greater health risks and deaths.

Three significant contributions are imperative in this study. First, it shows that despite the perceived harsh effects and severity of COVID-19 lockdown and social distancing policies on small businesses, these policies impacted positively on some categories of small businesses such as the chemist/pharmacies/medical stores which recorded improved sales and increased patronages. Secondly, the study submits that the implementation of COVID-19 lockdown and social distancing policies limit people's access to healthcare centres and hospitals thus leading to increased sales and improved patronage level/performances of chemist/pharmacies/medical stores. The lockdown policies rather heighten the level/risks of self-medication/death and thus require specific government policy interventions to promptly correct its bad effects. Thirdly and importantly too, the study helps the government in developing and formulating more appropriate and effective COVID-19 lockdown and public health policies that will increase the level of people's access to hospitals and healthcare centres during lockdowns and reduce self-medication and its health risks among citizens.

The findings of this study suggest that the need to develop state policies that will increase people's access to healthcare and medical facilities (including mobile healthcare services) during pandemics and lockdowns. The government should sensitise the people on the availability of healthcare services (including mobile and/or remote healthcare provisions) and where they can easily access them during lockdowns. This information can be disseminated using pro-illiterate means like direct (door-to-door) and indigenous means of communication using local languages.

ACKNOWLEDGMENTS

None.

ETHICAL STATEMENT

This material is the authors' own original work, which has not been previously published elsewhere. The paper is not currently being considered for publication elsewhere. The paper reflects the authors' own research and analysis in a truthful and complete manner. The paper properly credits the meaningful contributions of co-authors and co-researchers. The results are appropriately placed in the context of prior and existing research. All sources used are properly disclosed (correct citation) and accorded proper reference. All authors have been personally and actively involved in substantial work leading to the paper, and will take responsibility for its content.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Victor Chidubem Iwuoha  <https://orcid.org/0000-0001-9056-988X>

REFERENCES

1. Nigeria Centre for Disease Control. *COVID-19 in Nigeria*. NCDC; 2021. <https://covid19.ncdc.gov.ng/>
2. United Nations Development Programme. *COVID-19: EU, UNDP, Humanitarian Affairs Ministry and Lagos State Government Target 22,600 Vulnerable Families, 5,000 SMEs in New Unconditional Cash Transfer Project*. UNDP; 2020. Accessed November 28, 2020. <https://www.ng.undp.org/content/nigeria/en/home/presscenter/pressreleases/2020/covid-19--eu--undp--humanitarian-affairs-ministry-and-lagos-stat.html>
3. Dixit S, Ogundeji YK, Onwujekwe O. *How Well Has Nigeria Responded to COVID-19*; 2020. Accessed May 28, 2020. <https://www.brookings.edu/blog/future-development/2020/07/02/how-well-has-nigeria-responded-to-covid-19/>
4. Onyekwena C, Ekeruche A. *Understanding the Impact of the COVID-19 Outbreak on the Nigerian Economy*. *Africa in Focus*. Brookings; 2020. Accessed May 28, 2020. <https://www.brookings.edu/blog/africa-in-focus/2020/04/08/understanding-the-impact-of-the-covid-19-outbreak-on-the-nigerian-economy/>
5. Iwuoha VC, Aniche ET. COVID-19 lockdown and physical distancing policies are elitist: towards and indigenous (afro-centred) approach in sub-urban slums in Nigeria. *Local Environ*. 2020;25(8):631-640.

6. Iwuoha VC, Aniche ET, Ezirim GE, Alumona IM, Obiorji JN. Impact of COVID-19 lockdown and social distancing policies on small businesses in south-eastern Nigeria: whether the stimulus packages? *J Poverty Soc Justice*. 2021;29(2):231-239.
7. Fairlie R. *The Impact of COVID-19 on Small Business Owners: Evidence of Early-Stage Losses from the April 2020*. Cambridge, MA: National Bureau of Economic Research Current Population Survey No. 27309; 2020. doi:10.3386/w27309
8. Donthu N, Gustafsson A. Effects of COVID-19 on business and research. *J Bus Res*. 2020;117(1):284-289.
9. Humphries J, Neilson C, Ulysea G. *The Evolving Impacts of COVID-19 on Small Businesses since the CARES Act*. New Haven, CT: Cowles Foundation Discussion; 2020. doi:10.2139/ssrn.3584745
10. Iwuoha VC, Ezeibe EN, Ezeibe CC. Glocalization of COVID-19 responses and management of the pandemic in Africa. *Local Environ*. 2020;25(8):641-647.
11. Bartik AW, Marianne B, Cullen Z, Glaeser EL, Michael Luca EL, Stanton C. The impact of COVID-19 on small business outcomes and expectations. *Proc Natl Acad Sci*. 2020;117(30):17656-17666.
12. Minnotte LK, Varud T. Job insecurity and coworker support among U.S. workers. *Sociol Spectr*. 2020. doi:10.1080/02732173.2020.1797601
13. Pedersen D. Workplace climate and STEM faculty women's job burnout. *J Femin Fam Ther*. 2016;29(1):1-21.
14. Lakuma CP, Sunday N. *Impact of COVID-19 on Micro, Small, and Medium Businesses in Uganda*. Washington, DC: Brookings Institution Focus on Africa; 2020.
15. Mogaji E. Impact of COVID-19 on transportation in Lagos, Nigeria. *Transp Res Interdiscip Perspect*. 2020;6(1):100154.
16. Chen S, Igan DO, Pierri N, Presbitero AF. *Tracking the Economic Impact of COVID-19 and Mitigation Policies in Europe and the United States*. IMF Special Series on COVID-19. 2020.
17. Juergensen J, Guimón J, Narula R. European SMEs amidst the COVID-19 crisis: Assessing impacts and policy responses. *J Ind Bus Econ*. 2020. doi:10.1007/s40812-020-00169-4
18. WHO. Opportunities and developments in Member States: Report on the Second Global Survey on eHealth. Vol 2. Global Observatory for eHealth series – 2009. https://www.who.int/goe/publications/goe_telemedicine_2010.pdf
19. Oyediran KA, Makinde OA, Olugbemiga A. The role of telemedicine in addressing access to sexual and reproductive health services in sub-Saharan Africa during the COVID-19 pandemic. *Afr J Reprod Health*. 2020;24(2):49-55.
20. Parajuli R, Doneya P. Exploring the role of telemedicine in improving access to healthcare services by women and girls in rural Nepal. *Telemat Inform*. 2017;34(7):1166-1176.
21. Hollander JE, Carr BG. Virtually perfect? Telemedicine for COVID-19. *N Engl J Med*. 2020;382(18):1679-1681.
22. Dickson A. *Tackling Doctor-Patient Ration*. Leadership; 2019. Accessed June 8, 2021. <https://leadership.ng/tackling-doctor-patient-ratio/>
23. Nzeadibe TC, Ejike-Alieji AU. Solid waste management during COVID-19 pandemic: policy gaps and prospects for inclusive waste governance in Nigeria. *Local Environ*. 2020;25(7):527-535.
24. Pareto V. *The Rise and Fall of Elites*. Trento, N.J.: Transaction Publishers; 1991.
25. Dye TR. *Top Down Policymaking*. Chatham House Publishers; 2000.
26. Iwuoha VC. Street-hawking in a foreign land: social dynamics of migrant petty traders' livelihoods in Nigeria. *J Asian Afr Stud*. 2020;55(8):1209-1229.
27. Okoroafor IJ, Chukwuneka FN, Ifebunandu N, Onyeka TC, Ekwueme CO, Agwuna KK. Telemedicine and biomedical care in Africa: prospects and challenges. *Niger J Clin Pract*. 2017;20(1):1-5.

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

How to cite this article: Iwuoha VC, Aniche ET, Obiora CA, Umeifekwem UT. Citizens lack access to healthcare facilities: how COVID-19 lockdown and social distancing policies boost roadside chemist businesses in South-Eastern Nigeria. *Int J Health Plann Mgmt*. 2021;36(6):2411-2423. <https://doi.org/10.1002/hpm.3316>