COMPLIANCE OF COVID-19 PROTOCOLS BETWEEN PUBLIC AND PRIVATE SECONDARY SCHOOLS IN BAYELSA STATE AFTER THE COVID-19 LOCKDOWN

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Abstract

This study analyzed the compliance level of COVID-19 protective protocols among public and private secondary schools in Yenagoa metropolis. COVID-19 disease spreads primarily through contact (when an infected person either coughs or sneezes openly), when a person touches a surface or object and then touches the eyes, nose, or mouth hence the development of preventive protocols by World Health Organisation (WHO). The study methodology involved adapting the WHO COVID-19 protocols checklist which was used to check compliance of schools when they re-opened in January, 2021 after the Nation-wide lockdown. The study population was all the private and public secondary students in Yenagoa metropolis of Bayelsa State. This consists of students in nineteen (19) private secondary schools and fourteen (14) public secondary schools. All the private and public schools were visited by the researchers (population equal sample size n = 33). It was found out that there was partial adherence to the WHO COVID-19 preventive protocols in all the schools visited but a better compliance in private schools compared to public schools. More students were wearing face mask in the private schools (90%) visited as compared to the public schools (40%). Provision of alcohol-base hand sanitizers, avoiding touching of surfaces, and temperature check were the least protocol complied with by both public and private secondary schools. Strict adherence or compliance with the COVID-19 directives is a serious challenge amidst other existing and endemic myriads of challenges in Nigerian schools. Based on this finding, it is therefore recommended that provisions be made for the compliance to the protocols no matter what. Provisions of hand washing facilities; thermometers for temperature checking; and emphasis on seating arrangement in the classroom to reflect physical/social distancing; are a must. During school assembly, the school populace should be educated on the dangers of hugging, handshakes, and the need to be vaccinated.

Keywords: COVID-19 protocols, public secondary school, private secondary school, compliance.

Introduction

Human existence has been threatened by coronaviruses (among which COVID-19 is one). COVID-19 originated from Wuhan in Hubei province of China in

December, 2019 and subsequently spread across the world; in three months, it was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020 (Adegboye, Adekunle and Gayawan, 2020). According to the World Health Organization (WHO), coronaviruses are a family of viruses that cause illnesses ranging from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS). COVID-19 spreads primarily through contact when an infected person who either coughs or sneezes openly, when a person touches a surface or object and then touches the eyes, nose, or mouth (Agusi, Ifynneke, Nnochin, NjokuAchu, Nwosuh & Meseko, 2020).

According to World Health Organization (2020), fever, cough, respiratory problems, shortness of breath, and breathing difficulty are all symptoms of COVID-19. Lower-respiratory tract infections like influenza and bronchitis, as well as acute respiratory distress syndrome and severe acute respiratory syndrome (SARS) in severe diseases, can all be fatal. Patients with chronic clinical problems, such as cardiopulmonary illness, immune compromised adults, babies, and the elderly, are more susceptible to these risks and COVID-19 is projected to have a global death rate of 3.41 percent (WHO, 2020). During the initial outbreak in early 2020 there were no vaccine developed yet therefore, implementation of precautionary measures to contain the spread of this virus is being practised throughout the globe; which includes social distancing, isolation and quarantine, community containment, national lockdowns, and travel restrictions.

Furthermore, WHO (2020) pointed out that preventive measures against this virus includes frequent hand-washing for at least 20 seconds; with soap and running water or using alcohol based hand sanitizer; covering the nose and mouth with disposable tissue or flexed elbow when coughing or sneezing; avoid touching the eyes, nose and mouth if hands are not clean and, avoiding close physical contact (1 meter or 3 feet) also known as social distancing.

The Federal Government of Nigeria through the Presidential Task Force on COVID-19 in collaboration with Federal Ministry of Health and Nigerian Centre for Disease Control reviewed World Health Organisation COVID-19 guideline to reduce the spread of the virus. In compliance with the WHO COVID-19 guidelines, Federal Government of Nigeria came up with measures such as social distancing, compulsory wearing of face masks in public places, banned on religious and social gatherings, ban on inter-state movement, temporarily closure of business and schools, regular hand washing and other hygienic practices among others.

In response to the increasing cases of COVID-19 pandemic, the Federal Government of Nigeria implemented school closures across the country as a measure to minimize social contacts among students and teachers to reduce COVID-19 transmission. Similar to this, Angelova (2020) reported that anti-epidemic measures taken by many governments around the world in an attempt to prevent a greater spread of the infection in fact have affected not only the economic

life in all levels and sectors but also have influenced the big changes in education systems in all stages such as primary, secondary and tertiary education (the big change especially in Nigeria is the introduction of on-line teaching). On 18th March, 2020, the United Nations Education, Scientific and Cultural Organization (UNESCO) estimated that 107 countries had implemented national school closure related to COVID-19 affecting children and adults (Viner, Rusell, Croker, Packer, Ward, Stansfield, Mytton, Bonell and Booy, 2020). Some primary and secondary schools had to commence their second term examinations before the official closure of schools. The national school closure by Federal and State Governments interrupted academic activities and year. The online learning activities were initiated by some secondary schools to encourage learning and completion of the syllabus for the academic session. The online learning involves the use of mobile phones, computers and laptops with internet connectivity to deliver instruction to students at home. Shivangi (2020) noted that the online pedagogy is relatively cheaper mode of education in terms of the lower or no cost of transportation, accommodation and the overall cost of institution-based learning. However, students in remote areas have no or inadequate access to internet facilities to promote online learning.

Korkmaz and Toraman (2020) noted that the problems experienced by the educators during online learning practices in COVID-19 pandemic are about students internet connection problems, lack of educator-student interaction, not being able to make a reliable assessment of learning, lack of knowledge about how to evaluate the learners' knowledge and skills, not being able to provide skills teaching, not being able to reach all the learning outcomes determined for learning, difficulty in providing feedback to students, difficulty in teaching according to the individual interests and abilities of the students, teachers not knowledgeable in on-line teaching in terms of developing teaching materials to upload on-line among others. Unger and Meiran (2020) stressed that there is some evidence of student anxiety toward online learning when compared to more traditional, or in person, in class learning environment. In July 2020, The Ministry of Education announced reopening of school for secondary school exit classes on August 4th to enable them prepare for the West African Senior School Certificate Examination (WASSCE) to commence August 17th. According to Federal Ministry of Education, the guidelines for the safe reopening of schools and learning facilities after the COVID-19 pandemic outline actions, measures, and requirements needed for all formal and non-formal learning spaces for all ages, including, but not limited to, Early Childhood Care Development and Education (ECCE), basic and senior secondary schools, and tertiary institutions:

1. Ensuring adequate preparedness of schools and learning facilities for re-opening and resumption of academic and other ancillary activities without placing the health, safety, and security of learners, teachers, administrators, and other education personnel at risk;

2. A systematic, phased, safe reopening that factors resource availability to meet basic requirements and differentials in COVID-19 effect (e.g., fumigation and disinfection of schools; provision of learning material; impact and vulnerabilities across schools, learning facilities, communities, localities, Local Governments, and States); and
3. Continued safe and quality teaching and learning activities by learners, teachers, and administrators that meet prescribed standards through remote and e-learning platforms with adequate safeguarding of their health, safety, and security during school shutdown period;
4. Ensuring and institutionalizing good practices in health, safety, and security in the nation's education sector in the long term to strengthen systems and make them resilient against future similar occurrences (Adegboye et al., 2020).

The recent outbreak of the Coronavirus pandemic increased the gaps in the education sector globally. Though, the Coronavirus pandemic is novel, but it already has noxious effects on humanity. COVID-19 outbreak has created educational disruptions, and global health concerns that proved very difficult to manage by global health systems. As at now, no nation or race across the world is immune from the coronavirus pandemic, and the entire world seems overwhelmed by the speed of the spread and the devastating effects of COVID-19. The coronavirus pandemic has no boundaries, and the effect is large and fast. Just within few months of the outbreak of the disease, it has drastically changed the lifestyles of the entire world with billions of people being forced to 'stay at home', 'observe self isolations', and work and learn from home. It has limited the freedom of people to move, trade or associate. Not only has COVID-19 caused a total lockdowns in many countries across the world, but it also caused the death of thousands of people including, women, and the elderly. It was more worrisome to know that reports from various continents, including, America, Africa, Asia, and Europe indicated a daily increase in the number of new cases, and mortality due to COVID-19. To reduce the transmission of COVID-19, many countries (including Nigeria) instituted large-scale or national closure of schools by March, 2020. These actions appear largely based on assumptions that the benefits apparent in influenza outbreaks in 1918 are also likely to be true for COVID-19. There are several theoretical reasons why school closures might be less effective in COVID-19 than in influenza outbreaks. Children contribute more to influenza transmission than do adults, with low levels of immunity and high levels of transmission due to symptomatic disease (Abdulrahman, Abdulrahman, Almadi, Alharbi, Mahmoud, & Almasri, 2019). However, in the COVID-19 pandemic thus far, children appear to form a much lower proportion of cases than expected from their population, although evidence for this is mixed; and some data suggest that children might be as likely to be infected as adults but largely remain asymptomatic or have a mild form of the disease (Shen, Yang and Wang, 2020).

Method

The study population was all the private and public secondary school students in Yenagoa metropolis of Bayelsa State. This consists of students in nineteen (19) private secondary schools and fourteen (14) public secondary schools. All the private and public schools were visited by the researchers. The thirty-three (33) schools were placed into three groups of eleven (11) schools each and the six (6) researchers grouped into three (3) groups of two (2) researchers each. The adapted WHO Protocols for COVID-19 Observation Checklist - WPCOC (see Appendix A) was used to observe if the schools visited are complying or practicing the items on the guideline/schedule/checklist. The method of data collection in this study is direct personal observation. The two research questions that guided the study were: (1) what is the compliance rate of schools to the COVID-19 protocols? (2) To what extent does private and public schools differ in their compliance to the COVID-19 protocols?

Consent of the schools were not sought prior but only at the time of visil so as not to preempt the visit but schools were taken unawares to have first-hand experience of the true situation concerning compliance to the COVID-19 protocols as it was compulsory for the resumption of schools as ordered by the Bayelsa State Ministry of Education. The study design was an ethnographic design using observational checklist and probing further with one- on-one interview with school managers where necessary. The instrument for the study which is WHO Protocols for COVID-19 Observation Checklist (WPCOC) was pilot tested with a school in Ogbia LGA not in the Yenagoa metropolis and the data obtained was analysed using Cronbach's Alpha and a reliability of 0.81 was realized which is within the acceptable bench mark of reliable coefficient (Tavakol &Dennick, 2011). The validity of the instrument was ascertained by three experts in Health Education of the Science Education Departmental Research Board of Niger Delta University, Bayelsa State. The research was carried out few weeks after resumption of schools from the nation-wide lockdown in 2020.

Result and Discussion of Findings

The results from the field work are collated and presented in Table 1.

Table 1: COVID-19 Protocol Observation Checklist

COVID-19 PROTOCOLS	TYPE OF SCHOOL			
	PRIVATE SECONDARY SCHOOLS		PUBLIC SECONDARY SCHOOL	
	NO	%	NO	%
Hand washing facilities at the entrance	17 (n-19)	89%	8 (n-14)	57%
Temperature checking at the entrance	15 (n-19)	79%	6 (n-14)	43%
Percentage of teachers wearing face mask at the time of visit	-	80%	-	50%
Percentage of students wearing face mask at the time of visit	-	90%	-	40%
Percentage of school personnel wearing face mask at the time of visit	-	50%	-	20%
Percentage of visitors wearing face mask at the time of visit	-	100%	-	70%
Maintenance of social distancing	10 (n-19)	53%	2 (n-14)	14%
Seats arrangement in the classrooms reflecting social distancing	12 (n-19)	63%	3 (n-14)	21%
Provisions of alcohol-based hand sanitizers in the classrooms	2 (n-19)	11%	1 (n-14)	7%
No handshaking / hugging	19 (n-19)	100%	14 (n-14)	100%
Avoid surface touching	10 (n-19)	53%	5 (n-14)	36%
Avoid touching eyes, nose, mouth if hands are not clean	19 (n-19)	100%	14 (n-14)	100%

Source: Field work data 2020

The data on Table 1 above is a collation of the COVID-19 protocol observation checklist from both private and public secondary schools visited for the study. A total of nineteen (19) private and fourteen (14) public secondary schools were visited and the various (twelve – 12) variables as contained in the Table were observed to see the level of compliance by the schools. There after a one-on-one interview was conducted with the school principal to further clarifications on grey areas. Seventeen (17, n-19) private schools out of the nineteen visited has hand washing facilities at the entrance of the school where students, staff and visits are expected to wash their hands before entering the school, Also fifteen (15, n-19) of the private schools had their security men standing at the entrance with infrared thermometers ready to check temperature of entrants, a similar picture was observed in the public schools but in comparison with private schools; the public schools were fewer in number as shown in Table 1.

In the wearing of face mask by teachers, students, school personnel and even visitors to the school; an estimated percentage of persons in the four categories were roughly done at the time of visit as researchers would not ascertain the exact number of persons wearing face mask through thorough counting. Rows three to six (3-6) on Table 1 shows the rough percentage estimate of the four categories of (teachers, students, school personnel and visitors) wearing face mask at the time of visit. More persons were wearing face mask in the private schools visited as compared to the public schools. Principals of some of the visited schools were engaged in a discussion of the low levels of compliance especially viewed from the background that the State Government through the Ministry of Education made provisions for public schools to be able to comply to the COVID-19 protocol like purchasing buckets with taps for easy hand washing at schools entrance and classrooms; and also supplied public schools with infrared thermometers. Most of the Principals of public schools then showed researchers stacks of cartons of infrared thermometer that are not functional which they received from the Ministry of Education.

The variable of social distancing as one of the observed COVID-19 protocol also had a similar picture of huge disparity between private and public secondary schools (see Table 1, row 7 and 8). Ten (10, n-19) and twelve (12, n-19) private secondary schools respectively out of the nineteen schools observed maintained social distancing both in the seat arrangement in the classroom and on the school premises as they go about their duties. Whilst in public secondary schools, only two (2, n-14) and three (3, n-14) respectively out of the fourteen public schools observed maintained social distancing both in the seat arrangement in the classroom and on the school premises as they go about their duties.

On the provision of alcohol based sanitizers in the classroom, both private and public schools did not show commitment as there was a very low compliance on both divide. Handshaking / hugging and avoiding touching of eyes, nose, and mouth with unclean hand, both types of school did well (scoring 100%) in this

regard, as it was not observed at the time of visit. But for schools are that storey buildings, (private school was ten out of the nineteen) and (public schools was five out of the fourteen) students were seen holding on the stair rails when ascending and descending the building. In answering the research questions posited for the study; schools both private and public secondary school showed some levels of compliance to the COVID-19 protocol as directed by the Government; but in comparison of private and public schools, private showed a better level of compliance than public schools.

The Science Underpinning COVID 19 Protective Protocols

With the COVID-19 disease not having definite cure, several protective protocols were development based on the epidemiology of the causative agent to help curtain its spread among the population. Schools were expected at resumption to comply with these protocols else they should not be resuming at all. Some of these protocols are reviewed below:

i *Use of Sanitizers as COVID-19 Protective Protocols***:** With many viruses, including coronavirus, the virus is a self-assembled nano-particle in which the most vulnerable structure is the outer lipid bilayer. Detergents dissolve the lipid membrane of microorganisms; virus inclusive. The virus's outer layer breaks apart thus inactivating it. Detergents are also alkaline substances that dissolve particles like dirt, bacteria, and viruses. These dissolved particles are washed off from the surface of the skin when the detergent is rinsed off while washing hands., The alkalinity of the detergent (pH approximately 9-10), compared with the normal alkalinity of outer skin with a pH of 5.5 or lower, also can affect the skin barrier as well as the resident skin micro flora. In a study, it was found that an acid skin pH (4-4.5) keeps the resident bacterial flora attached to the skin, whereas an alkaline pH (8-9) promotes the dispersal from the skin in assessments of the volar forearm. (Lambers, Piessens, Bloem, Pronk, & Finkel, 2006).

ii *Hand Washing as COVID-19 Protective Protocols***:** Hand washing can arguably be said to be among the best way to prevent or curb a pandemic, medical experts warn that the abusive use of alcohol-based hand sanitizers can inversely increase the risk of infection through skin disorders. Washing of hands too often can also have a negative effect by abrading the skin. The skin normally acts as a barrier to keep moisture in and micro and macro organism out. Over washing of hands or excessive use of hand sanitizers in a bid to avoid contacting the pneumonia-causing virus would remove benign bacteria on the skin surfaces. These bacteria normally help protect the body from pathogens as the coronavirus (Tomoyuki, 2020).

iii *Face masks use as COVID-19 protective protocols*: The report from a multidisciplinary group convened by the Royal Society called Delve (Data

Evaluation and Learning for Viral Epidemics) has considered the evidence and concluded in favor of public use of face masks, including homemade cloth coverings to tackle COVID-19. Analysis suggests that this could reduce onward transmission by persons who have the disease but are not showing any symptoms or pre-symptomatic persons. If widely used in situations where physical distancing is not possible or predictable, it is worth noting that the use of face masks, including homemade cloth masks, can to a great extent contribute to reduction of the viral transmission (Davis, 2020).

iv *Social Distancing as COVID-19 Protective Protocols***:** Social distancing otherwise known as physical distancing works if the objective is to prevent the spread of the virus causing the coronavirus disease. It entails keeping space of at least 6 feet between oneself and other people outside of in public places. The principles of social distancing or physical distancing are; keep at least 6 feet (about 2 arms' length) from other people; stay away from crowded events or places and avoid mass gatherings. These could be achieved by the practice of some of the following or all: working from home; closing traditional schools and switching to online classes; canceling or postponing of conferences and large meetings or conducting them remotely through zoom. Among all COVID-19 preventive measures, maintaining social distancing among ourselves is among the best tools we have to avoid being exposed to this virus and curbing the spread of the virus in our community.

Coronavirus is a very contagious pathogen which spread through contact and surface touching therefore these protocols described above to avoid contact is very necessary, hence the need for this study.

Conclusion

Based on the finding, it is concluded that the schools complied with Federal Ministry of Education guidelines on schools and learning facilities reopening after COVID-19 closures in Nigeria (using Bayelsa State as case in question) to some extent especially the private schools. The guideline incorporates preventive measures such as: hand washing, social distancing, wearing of face masks to contain and minimize the spread of the virus. The compliance to Federal Ministry of Education guidelines on schools and learning facilities reopening after COVID-19 closures is the right direction toward reducing the transmission of the disease.

Recommendations

Based on the findings of this study the following are therefore recommended:

1. The Ministry of Education should organise a regular awareness campaign to sensitise school staff and students to improve compliance of the COVID-19 guidelines in school as the disease is still with us.
2. The State Ministry of Education should encourage and support teachers to participate in training programmes in order to acquaint them with knowledge of preventing the spread of COVID-19 in the school system.
3. Ministry of Education should ensure that supplies to schools are in good working conditions and also regular visit to schools to ensure and enforce social distancing.
4. Secondary schools should run two (2) sessions in a day like morning and afternoon sessions especially in public schools that are so crowded to maintain social distancing.
5. Students should endeavour to wear facemask as required.
6. Ministry of Health should collaborate with Ministry of Education in the provision of items required for the protocol such as thermometers, sanitizers, cleaning liquids and disinfectants etc.

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APPENDIX A

THE ADAPTED WHO PROTOCOLS FOR COVID-19 OBSERVATION CHECKLIST (WPCOC)

Name of School ----------

Type of School ----------

Date of Visit to the School ----------

Time of Visit to the School ----------

Please put a tick () in any of the followings that were observed at the time of the visit to the school:

1. There was hand washing facilities at the entrance ☐
2. There was temperature checking at the entrance ☐
3. Were all teachers were wearing face mask ☐
4. What percent of teachers were wearing face mask at the time of visit ☐-----
5. What percent of teachers were not wearing face mask ☐----
6. Were all students were wearing face mask
7. What percent of students were wearing face mask at the time of visit ☐-----
8. What percent of students were not wearing face mask---------- ☐
9. Were all other school personnel were wearing face mask ☐
10. What percent of personnel were wearing face mask at the time of visit ☐---

11. What percent of personnel were not wearing face mask---------
12. Were all school visitors were wearing face mask
13. What percent of visitors were wearing face mask at the time of visit ----
14. What percent of visitors were not wearing face mask------
15. Was social distancing maintained round the school?
16. Are the seating arrangement in the classes a reflection of social distancing?
17. Were there alcohol-based sanitizers in the classroom?
18. Were people shaking hands and hugging in the school?

19. Are the school users avoiding touching surfaces (such as handrails if school is storey building or any other surfaces if school is bungalow)?

20. Are school users avoiding touching eyes, nose and mouth with unclean hands?