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THE ROLE OF PRIMARY HEALTH CARE SERVICES IN CURTAINING THE SPREAD OF COVID-19 IN OGUN STATE, NIGERIA

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Abstract

This study examined the role of primary health care services in curtaining the spread of Covid-19 in Ogun State, Nigeria. Descriptive research design of survey type was used. Using simple random sampling technique, a total of 60 primary health workers were selected from Ado-Odo Ota, Ikenne and Imeko Afon local government areas of Ogun State.. The researchers developed Questionnaire tagged: Primary Health Care Services and Covid-19 Questionnaire (PHCSCQQ) with reliability coefficient 0.85 was used for data collection. Descriptive statistics of mean was used for analyzing research questions. Hypotheses were tested using t-test at .05 significance level. Findings of the study revealed that primary health care services could help reduces rate of Covid-19 spreading through sensitization model of operation, creating community awareness and detection and responses to suspected cases. The study further revealed that primary health care system are the closest health care providers to the community and as such, play a critical role in curtailing community transmission of Covid-19. It was recommended that primary health care facilities should at all times, be prepared with the right number and mix of health workers, the right commodities and supply as well as the right clinic setting to provide services as required by patients while adhering to measures that will guarantee health worker safety and protection, active detection of suspected cases of Covid-19, timely response to suspected cases and prevention of spread amongst patients.

Keywords: Covid-19, Primary Health Care Services, Sensitization, Community Awareness, Detection.

Introduction

From records, corona virus originated from a Wuhan seafood market where wild animals, including marmots, birds, rabbits, bats and snakes, are traded illegally. The virus created by a new strain called SARS-CoV-2 that causes the disease known as Covid-19 and has been spreading rapidly in all continents. The Wuhan market was shut down for inspection and cleaning on January 1, 2020 but by then it appears that Covid-19 was already starting to spread beyond the market itself. On January 21, 2020 the World Health Organization (WHO) said the disease was also being transmitted between humans – evidence of which is apparent after medical staff became infected with the virus. Since then, evidence of widespread human-to-human transmission outside of China has been well established, making chances of containing the virus much harder. Nigeria recorded it is first case of Covid-19 on 27 February 2020 when an Italian citizen in Lagos State tested positive for the virus. On March 9 2020, a second case of the virus was reported in Ewekoro, Ogun State a Nigerian citizen who had contacted with the Italian citizen (NCDC, 2020). Since then, the number of infected person with the virus in Nigeria has been on an increase rate. As at 16th July, 2020, a total of 34854 cases have been confirmed, 14292 cases have been discharged and 769 deaths have been recorded in 36 states and the Federal Capital Territory in Nigeria (NCDC, 2020).

Lagos State still remained the epicentre of the pandemic in Nigeria as at 16th July 2020 with a total of 13097 cases out of which 10973 remained active, 1948 recovered and 176 deaths. This was followed by Federal Capital Territory (FCT) with a total of 2761 cases, 1882 active, 840 cases recovered and 39 deaths. Ogun State has recorded a total of 1146 cases as at 16th July, 2020, out of which 347 cases were active, 777 cases recovered and 22 deaths. The severities of the Covid-19 have led Federal Government of Nigeria (FGN) to adopt highly intensive interventions, such as lockdown strategies, with the aim of containing new infections and reducing social overburdening by the disease and its mortality. Such measures have, however, brought an abrupt change in peoples' lives and in society in general. Beyond health issues, the impact of the epidemic on the economic, social, political, and cultural dynamics of the global population has put governance of countries and international agencies to the test, highlighting the limits of globalization (World Health Organization WHO, 2020). Despite the nature of the interventions put into practice bringing ethical, political and philosophical issues into the public debate, the scientific community has stood firm in recommending social distancing as a paramount mechanism for containing the speed at which covid-19 is transmitted. As such, the first governmental responses were targeted above all at disseminating social distancing measures and the race to make intensive therapy unit beds available for severe cases (WHO, 2020).

The danger of Covid-19 is when countries or states begin to experience community spreading, at this instance primary health care need significant role to play. Responsibility may fall on primary health care in addressing problems arising from prolonged social distancing and the undermining of social and economic life, such as mental disorders, domestic violence, alcoholism and worsening or development of chronic conditions, the consequences of which are hard to foresee and require continuous comprehensive care (Dunlop, Howe, Li & Allen, 2020). Primary health care is the bedrock of the Nigerian health system and the first level of contact between Nigerians and their health system. The National Primary Healthcare Development Agency, in line with its mandate to provide technical and programmatic

support to states on the development of Primary Healthcare in Nigeria, has deemed it necessary to augment the national COVID-19 disease control efforts by the setup and implementation of an effective response system at the Primary Health Care and Community levels (NPHCDA, 2020).

Control of community transmission will be achieved if Primary Health Centers and the communities they serve are strengthened and supported to take appropriate measures to limit the spread of this disease (NPHCDA, 2020). Currently, community transmission is imminent, and may have already begun in Nigeria. This underscores the need to augment the national Covid-19 disease control efforts by the set up and implementation of an effective response plan at the Primary Health Care and Community levels. Nigeria has witnessed an exponential rise in the number of cases of Covid-19 since the detection of the first case in February in Lagos state. While there is unclear evidence that community transmission has begun, it is crucial to ensure that this is limited. Control of community transmission will best be achieved if Primary Health Centers and the communities they serve are strengthened and supported to take appropriate measures (NPHCDA, 2020).

Statement of the Problem

Despite the important of Primary Health Care (PHC) in Nigeria, the sector still remains the minimum package of healthcare that should be provided to every individual and community across Nigeria Health System. The aim is to improve relatively the health status of the nation ensuring provision of healthcare services to people in the rural area which is indicated by reduced mortality and morbidity and improved survival rates in such communities. However, the situation of health status in Nigeria has not yet attained the desired level. Even with the emergency of Covid-19 and the rate at which the pandemic transmitted from human-to-human becoming alarming. It becomes necessary to further look for antidote that can curb the spreading rate. It is at this junction, this study investigated the role of primary health care services in curtaining the spread of Covid-19 in Ogun State, Nigeria.

Purpose of the Study

The main purpose of the study was to examine the role of primary health care services in curtaining the spread of Covid-19 in Ogun State, Nigeria. The following are the specific purposes of the study:

1. To examine the role of primary health care services in community sensitization on Covid-19 in Ogun State.
2. To examine the role of primary health care services in community awareness and detection on Covid-19 in Ogun State.
3. To examine the role of primary health care services in community responses to suspected cases of Covid-19 in Ogun State.

Research Questions

1. What are the roles of primary health care services in community sensitization on Covid-19 in Ogun State?
2. To what extent primary health care services perform in community awareness and detection on Covid-19 in Ogun State?

3. What are the roles of primary health care services in community responses to suspected cases of Covid-19 in Ogun State?

Hypotheses

H0$_1$: There is no significant difference in the mean responses of the respondents on the role of primary health care services in community sensitization on Covid-19 in Ogun State.

H0$_2$: There is no significant difference in the mean responses of the respondents on the role of primary health care services in community awareness and detection on Covid-19 in Ogun State.

H0$_3$: There is no significant difference in the mean responses of the respondents on the role of primary health care services in community responses to suspected cases of Covid-19 in Ogun State.

Scope of the Study

This study was conducted in three (3) local government areas in Ogun State, Nigeria. The three local government areas are Ado-Odo Ota, Ikenne and Imeko Afon local government areas of Ogun State. They were selected ahead of the other local governments because they are the epicenter of the pandemic in the state. In terms of contents coverage, the roles of primary health care services were limited to community sensitization, awareness, detection and responses to suspected cases of Covid-19 in Ogun State.

Review of Related Literature

Primary Health Care Services in Nigeria

Primary health care as an intervention was declared in the 78 Alma Ata conference that took place in the USSR drawing together 134 countries, 67 international organisation and many other non-governmental organisations (Aregbeshola & Khan, 2017). The powerful resolution they came out was based on the fact that health, which is the state of complete physical, mental and social well-being, is a fundamental human right of every citizen of the world requiring action from the social and economic sectors. The existing inequality in the health status between the developed and the developing nations was seen to be politically, economically and socially unacceptable and needs to be urgently addressed (Aigbirenolen, Alenoghena, Eboreima & Abejagab, 2014). Primary health care was defined at the conference as a form of healthcare that is based on practical, scientifically sound and socially acceptable methods and technology made universally accessible through people's full participation and at a cost that the community and country can afford (Aigbirenolen, Alenoghena, Eboreima & Abejagab, 2014). Researchers have continuously evaluated this definition with the innovations and changing paradigm of disease across the developing and developed world. PHC forms an integral part of the country's health system and a central point for social and economic development of every community. It is the first level of health service contact for individuals, families and communities and the national health system at large (Metiboba, 2009).

Primary health care (PHC) brings healthcare service as close as possible to people regardless of where they live and work though it is the first level of a continuing healthcare process. The development and implementation of PHC throughout the world has continuously been pushed through various means especially the International Conference on Primary Health Care. The inception of primary healthcare in Nigeria began with the advent of Basic Health

Services which was introduced as an integral part of the country's third development plan in 1975. This comprised of the establishment of 20 health clinics and 4 primary health care centres which were spread across the local government regions. Also, mobile clinics were added to provide support for another 150,000 people. This could be regarded as the early development phase of PHC in Nigeria but it suffered a major set-back due to non-participation by local communities. There was another effort to revitalise primary healthcare in Nigeria between 1986 and 1992. It was more expanded and geographically distributed than the first attempt of 1975. It was primarily characterised by the creation of model primary health care centres across 52 local government areas in the country with full mandate and funding to implement all components of PHC as stated in the Alma Ata declaration. Also, efforts were made to overcome the set-back of the first attempt by setting up the village health system which was followed by training of volunteer health workers. This brought the community to be a part of the health care provision system. In this second effort, essential drug scheme and drug revolving funds were also set up in line with Bamako initiative which further strengthened community participation. Furthermore, baseline surveys, situation analysis and progress formulation reports were produced which were part of the components that strengthened monitoring and evaluation (Olabubi & Bello, 2020).

Full implementation of Primary Healthcare scheme in Nigeria started taking shape in 1992 and this era in the history of primary health care extended to 2001. The renowned Prof. Olukoye Ransome-Kuti played a significant role in ensuring the success of the scheme. It was in this PHC developmental era in Nigeria that 80% immunization coverage was recorded for the first time among under-five children (Metiboba, 2009). Also, community participation and focus on issues that bordered on health system strengthening were keys to the success experienced in this era. In fostering better community involvement in healthcare service, the ward health system with a representative councillor emerged as the basic operational unit for primary healthcare. This period also marked the creation of the National Primary Healthcare Development Agency (NPHCDA) which was established to coordinate and oversee primary healthcare services in the country (Metiboba, 2009). During this period, there was the devolution of power of primary health care to local governments without the necessary technical and manpower capability. This made local governments responsible for the primary healthcare centres and services within their areas. It was discovered that almost all the local governments lacked the capability to adequately run and cater for the primary health care services in their area. This led to the crumbling of the primary healthcare scheme in Nigeria which was further accentuated by the withdrawal of major donor agencies for sponsorship of the sheme (Metiboba, 2009).

The agency (NPHCDA) has been overseeing primary health care in the country and has the responsibility of developing PHC. The democratic government allowed for a robust policy formulation and establishment of various schemes by the agency. These policies and schemes include reactivation of routine immunization, polio eradication initiative, midwives service scheme, primary healthcare reviews, integrated primary healthcare governance and strengthening of the National Health Management Information System (NHMIS). It is important to note that various strategies were adopted by the NPHCDA to overcome socio-cultural and other barriers faced by PHC. This has led to the success in the control of wild polio virus in the country achieved in 2014 (Olabubi & Bello, 2020).

Covid-19 Situation in Nigeria

Coronaviruses are a family of viruses that can cause illnesses such as the common cold, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). In 2019, a new coronavirus was identified as the cause of a disease outbreak that originated in China. The virus is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called coronavirus disease 2019 (COVID-19). Public health groups, including the U.S. Centers for Disease Control and Prevention (CDC) and WHO, are monitoring the pandemic and posting updates on their websites. These groups have also issued recommendations for preventing and treating the illness (Yun & Wei, 2020). According to Yun and Wei (2020), signs and symptoms of coronavirus disease 2019 (COVID-19) may appear two to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. Common signs and symptoms can include fever, cough and tiredness. Other symptoms can include shortness of breath or difficulty breathing, muscle aches, chills, sore throat, loss of taste or smell, headache and chest pain. This list is not all inclusive. Other less common symptoms have been reported, such as rash, nausea, vomiting and diarrhea. Children have similar symptoms to adults and generally have mild illness.

The severity of COVID-19 symptoms can range from very mild to severe. Some people may have only a few symptoms, and some people may have no symptoms at all. People who are older or who have existing chronic medical conditions, such as heart disease, lung disease, diabetes, severe obesity, chronic kidney or liver disease, or who have compromised immune systems may be at higher risk of serious illness. This is similar to what is seen with other respiratory illnesses, such as influenza (David & Emmanuel, 2020). According to them, infection with the new coronavirus (severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2) causes coronavirus disease 2019 (COVID-19). The virus appears to spread easily among people, and more continues to be discovered over time about how it spreads. Data has shown that it spreads from person to person among those in close contact (within about 6 feet, or 2 meters). The virus spreads by respiratory droplets released when someone with the virus coughs, sneezes or talks. These droplets can be inhaled or land in the mouth or nose of a person nearby. It can also spread if a person touches a surface with the virus on it and then touches his or her mouth, nose or eyes; although this isn't considered to be a main way it spreads (David & Emmanuel, 2020). David and Emmanuel (2020) asserted that the risk factors for COVID-19 appear to include recent travel from or residence in an area with ongoing community spread of COVID-19 as determined by CDC or WHO, close contact (within 6 feet, or 2 meters) with someone who has COVID-19 for more than 5 minutes or being coughed or sneezed on by an infected person. Although the most people with Covid-19 have mild to moderate symptoms, the disease can cause severe medical complications and lead to death in some people. Older adults or people with existing chronic medical conditions are at greater risk of becoming seriously ill with COVID-19. Complications can include pneumonia and trouble breathing, organ failure in several organs, heart problems, a severe lung condition that causes a low amount of oxygen to go through your bloodstream to your organs (acute respiratory distress syndrome), blood clots, acute kidney injury and additional viral and bacterial infections

Although there is no vaccine available to prevent COVID-19, you can take steps to reduce your risk of infection. WHO and CDC recommend following these precautions for avoiding COVID-19 avoid large events and mass gatherings, avoid close contact (within about 6 feet, or 2 meters) with anyone who is sick or has symptoms, stay home as much as possible and keep distance between yourself and others (within about 6 feet, or 2 meters), especially if you have a higher risk of serious illness. Keep in mind some people may have COVID-19 and spread it to others, even if they don't have symptoms or don't know they have COVID-19, wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol, cover your face with a cloth face mask in public spaces, such as the grocery store, where it's difficult to avoid close contact with others, especially if you're in an area with ongoing community spread. Only use nonmedical cloth masks - surgical masks and N95 respirators should be reserved for health care providers, cover your mouth and nose with your elbow or a tissue when you cough or sneeze. Throw away the used tissue. Wash your hands right away. Avoid touching your eyes, nose and mouth, avoid sharing dishes, glasses, towels, bedding and other household items if you're sick, clean and disinfect high-touch surfaces, such as doorknobs, light switches, electronics and counters, daily. Stay home from work, school and public areas if you're sick, unless you're going to get medical care. Avoid public transportation, taxis and ride-sharing if you're sick.

The spread of novel Corona Virus Disease (COVID-19) in Nigeria continues to record significant increase as the latest statistics provided by the Nigeria Centre for Disease Control revealed Nigeria. **On the 18th of July 2020,** 653 new confirmed cases and 6 deaths were recorded in Nigeria, having carried out a total daily test of 4,325 samples across the country. To date, 36,107 cases have been confirmed, 14,938 cases have been discharged and 778 deaths have been recorded in 36 states and the Federal Capital Territory. A total of 20 tests have been carried out as of July 18th, 2020 compared to 206,422 tests a day earlier. Meanwhile, the latest numbers bring Lagos state total confirmed cases to 13,341, followed by Abuja (2,957), Oyo (2,106), Edo (1,885), Rivers (1,516), Delta (1,423), Kano (1,395), Ogun (1,168), Kaduna (1,118), Ondo (912), Katsina (697), Enugu (675), Ebonyi (655), Plateau (620), Borno (598), Gombe (544), Kwara (535), Bauchi (529), Abia (479), Imo (452). Osun State has recorded 332 cases, Jigawa (322), Bayelsa (322), Nasarawa (272), Benue (194), Akwa Ibom (162), Sokoto (153), Niger (151), Anambra (118), Adamawa (115), Kebbi (88), Ekiti (84), Zamfara (77), Yobe (64), Taraba (30), Cross River (13) while Kogi state has recorded 5 cases only (NCDC, 2020).

Empirical Review

In Nigeria, Olabubi and Bello (2020) examined how to improve relatively the health status of the nation ensuring provision of healthcare services to people in the rural area which is indicated by reduced mortality and morbidity and improved survival rates in such communities. They found out that as at 2015, the country recorded 814 maternal deaths / 100,000 live births which put her in the same category with the poorest countries in the world such as Chad, Niger and Somalia among others. Furthermore, Nigeria's health profile reveals that 2,300 under-five children and 145 women of childbearing age die every single day. Moreover, malaria, pneumonia, diarrhea and other preventable infectious diseases still remain the major causes of under-five deaths in Nigeria.

Whenayon, Odusanya and Joshi (2020) examined covid-19 outbreak situation in Nigeria and the need for effective engagement of community health workers for epidemic responses. Their findings revealed possible evidence of ongoing and increasing community transmission of covid-19 infections, inadequate testing capacity and overwhelming of health resources. They also revealed infection of several health workers in the face of existing critical skilled health workforce shortage.

Fesoranti and Adeyeye (2015) examined health education as a tool for effective primary health care services and they concluded that the practice of primary health care services cannot be effective without proper implementation of health education and government at all levels should ensure that health education and well trained health educators should form part of medical team for effective PHC services in Nigeria.

Mohammed, Mohammed, Mohammed, Danimoh and Laima (2020) examined the risk perception and willingness of medical students in north east Nigeria to participate in mitigating Covid-19 pandemic. The study was a cross sectional study which studied 475 medical students from four medical colleges across the North Eastern region. Selected schools and classes were used to obtain information on the knowledge, perception and willingness to assist in providing health care services during this pandemic. Majority of the respondents had good knowledge and perception on Covid-19 (80.4% and 96% respectively). In addition, 78.3% of the respondents felt that they were at risk of becoming infected, however 93% of them stated that they were willing to assist in providing health care services during this pandemic. Parental disapproval and fear of becoming infected were the reasons given for those who were unwilling to be involved in provision of health care during this period. More male respondents (67.3%) were willing to participate in providing health care service during the pandemic compared to 32.7% of females and this was statistically significant. This study has shown that majority of medical students in the North East have a good knowledge and perception on COVID 19 and is willing to assist in providing health services if needed during the Covid-19 pandemic.

Methodology

The study used descriptive research design of survey type. The populations of the study comprised primary health workers in Ado-Odo Ota, Ikenne and Imeko Afon local government areas of Ogun State. Using simple random sampling technique, a total of 60 primary health workers were selected from these local government areas. The researcher developed Questionnaire tagged: Primary Health Care Services and Covid-19 Questionnaire (PHCSCQQ) with reliability coefficient 0.85 was used for data collection. Descriptive statistics of mean was used for analyzing research questions. Hypotheses were tested using t-test at .05 significance level.

Results and Discussion

Descriptive Analysis of the Research Questions

Research Question 1: What are the roles of primary health care services in community sensitization on Covid-19 in Ogun State?

Table 1: Mean responses on the roles of primary health care services in community sensitization on Covid-19 in Ogun State (n = 60)

s/n	Items raised	Mean
They ensure sensitization on……		
1.	Use of non-contact greetings	2.980
2.	Practice hand hygiene, cough etiquette	2.742
3.	Avoid non-essential outings, visitors and large gatherings.	2.567
4.	Always maintain a distance of at least 2 metres of distance between yourself others while in public.	3.512
5.	The use of face mask use and hand hygiene	2.671

Source: Field Survey, 2020

Based on the cut-off point of 2.50 (strongly agree (SA) 4, agree (A) 3, disagree (D) 2 and strongly disagree (SD 1). 4 + 3 + 2 + 1/4 = 2.5. Any mean scores equal to 2.50 or greater than 2.50 was regarded as agreed and less than 2.50 was disagreed. Table 1 indicated that respondents agreed on all the five items. This implies that primary health care services could help reduces rate of Covid-19 spreading in Ogun State through sensitization model of operation.

Research Question 2: To what extent primary health care services perform in community awareness and detection on Covid-19 in Ogun State?

Table 2: Mean responses on the extent primary health care services perform in community awareness and detection on Covid-19 in Ogun State (n = 60)

s/n	Items raised	Mean
They create awareness and detection to/on…….		
1.	Reduce the risk of transmission of Covid-19 while administering health care.	3.593
2.	Means of contacting the virus.	2.599
3.	Measures people need to take not to contact the virus.	2.663

Source: Field Survey, 2020

Based on the cut-off point of 2.50 (strongly agree (SA) 4, agree (A) 3, disagree (D) 2 and strongly disagree (SD 1). 4 + 3 + 2 + 1/4 = 2.5. Any mean scores equal to 2.50 or greater than 2.50 was regarded as agreed and less than 2.50 was disagreed. Table 2 indicated that respondents agreed on all the three items. This suggested that to certain extent, primary health care services perform in community awareness and detection on Covid-19 in Ogun State.

Research Question 3: What are the roles of primary health care services in community responses to suspected cases of Covid-19 in Ogun State?

Table 2: Mean responses on the roles of primary health care services in community responses to suspected cases of Covid-19 in Ogun State (n = 60)

s/n	Items raised	Mean
They create community responses to suspected cases of Covid-19 on…….		
1.	Samples collection from people who meet the case definition.	2.550
2.	Supporting state on effective coordination of the response to infectious disease outbreaks	2.562
3.	Supporting state on infection prevention and control protocols of Covid-19 patients.	2.785
4.	Supporting state on sample collection and effective management of COVID-19 patients	2.902
5.	Supporting community groups such as religious and traditional leaders on risk communication in communities.	2.684

Source: Field Survey, 2020

Based on the cut-off point of 2.50 (strongly agree (SA) 4, agree (A) 3, disagree (D) 2 and strongly disagree (SD 1). 4 + 3 + 2 + 1/4 = 2.5. Any mean scores equal to 2.50 or greater than 2.50 was regarded as agreed and less than 2.50 was disagreed. Table 3 indicated that respondents agreed on all the five items. This suggested that primary health care services have been helping Ogun State government in community responses to suspected cases of Covid-19.

Testing of Hypotheses

H0$_1$: There is no significant difference in the mean responses of the respondents on the role of primary health care services in community sensitization on Covid-19 in Ogun State.

Table 4: Testing for significant difference in the mean responses of the respondents on the role of primary health care services in community sensitization on Covid-19 in Ogun State

Groups	N	df	Mean	SD	t	P	Decision
Male Respondents	27	60	12.0482	2.14080	3.096	0.02	Reject the null hypothesis
Female Respondents	33		13.0598	2.36822			

Source: Field Survey, 2020

The result from table 4 shows that the t-value is 3.096, the degree of freedom (df) is 60 and P=0.02 since P= 0.02<0.05. Therefore, the null hypothesis is hereby rejected, and the researcher concluded that there is significant difference in the mean responses of the respondents on the role of primary health care services in community sensitization on Covid-19 in Ogun State.

H0$_2$: There is no significant difference in the mean responses of the respondents on the role of primary health care services in community awareness and detection on Covid-19 in Ogun State.

Table 5: Testing for significant difference in the mean responses of the respondents on the role of primary health care services in community awareness and detection on Covid-19 in Ogun State

Groups	N	df	Mean	SD	t	P	Decision
Male Respondents	27	60	12.5766	2.35314	0..430	0.668	Accept the null Hypothesis
Female Respondents	33		12.7191	2.30113			

Source: Field Survey, 2020

The result from table 5 shows that the t-value is 0.430, the degree of freedom (df) is 60 and P=0.668 since P= 0.668>0.05. Therefore, the null hypothesis is hereby accepted, and the researcher concluded that there is no significant difference in the mean responses of the respondents on the role of primary health care services in community awareness and detection on Covid-19 in Ogun State.

H0$_3$: There is no significant difference in the mean responses of the respondents on the role of primary health care services in community responses to suspected cases of Covid-19 in Ogun State.

Table 6: Testing for significant difference in the mean responses of the respondents on the role of primary health care services in community responses to suspected cases of Covid-19 in Ogun State

Groups	N	df	Mean	SD	t	P	Decision
Male Respondents	27	60	14.6383	3.75572	1.104	0.271	Accept the null Hypothesis
Female Respondents	33		15.3981	3.97625			

Source: Field Survey, 2020

The result from table 6 shows that the t-value is 1.104, the degree of freedom (df) is 60 and P=0.271 since P= 0.271>0.05. This implies that null hypothesis was accepted. Therefore, the researcher concluded that there is no significant difference in the mean responses of the respondents on the role of primary health care services in community responses to suspected cases of Covid-19 in Ogun State.

Discussion of Findings

The findings revealed that primary health care services could help reduces rate of Covid-19 spreading in Ogun State through sensitization model of operation, creating community awareness and detection and responses to suspected cases. It was also indicated that there is significant difference in the mean responses of the respondents on the role of primary health care services in community sensitization on Covid-19, there is no significant difference in the

mean responses of the respondents on the role of primary health care services in community awareness and detection on Covid-19 and there is no significant difference also in the mean responses of the respondents on the role of primary health care services in community responses to suspected cases of Covid-19 in Ogun State. These findings corrobotate with Olabubi and Bello (2020) who examined how to improve relatively the health status of the nation ensuring provision of healthcare services to people in the rural area which is indicated by reduced mortality and morbidity and improved survival rates in such communities. Whenayon, Odusanya and Joshi (2020) who examined covid-19 outbreak situation in Nigeria and the need for effective engagement of community health workers for epidemic responses. Their findings revealed possible evidence of ongoing and increasing community transmission of covid-19 infections, inadequate testing capacity and overwhelming of health resources. Mohammed, Mohammed, Mohammed, Danimoh and Laima (2020) who examined the risk perception and willingness of medical students in north east Nigeria to participate in mitigating Covid-19 pandemic.

Conclusion and Recommendations

Conclusion

Corona virus which also called Covid-19 has disrupted economic activities of the world, particularly developing nations including Nigeria. It has affected the way of life of people, education system and health sector performance. The antidote towards curing Covid-19 has not been found yet, more reasons social solutions are provided for now. This present study successfully examined the role of primary health care services in curtaining the spread of Covid-19 in Ogun State, Nigeria and the following conclusions were drawn based on the findings of the study that primary health care services could help reduces rate of Covid-19 spreading through sensitization model of operation, creating community awareness and detection and responses to suspected cases. The study further concluded that primary health care system are the closest health care providers to the community and as such, play a critical role in curtailing community transmission of Covid-19.

Recommendations

The following recommendations are provided for this study:

1. Primary health care facilities should at all times, be prepared with the right number and mix of health workers, the right commodities and supply as well as the right clinic setting to provide services as required by patients while adhering to measures that will guarantee health worker safety and protection, active detection of suspected cases of Covid-19, timely response to suspected cases and prevention of spread amongst patients.
2. Government need to quickly and adequately train the primary health care workers on the principle of safety against Covid-19.
3. Government should also be provided with enabling environment within the workplace to reduce the chances of occupational exposure. This includes provision of care and infection prevention protocols or guidelines, personal protective equipment, conducive environment to ensure physical distancing during encounter with patients, hand hygiene facilities (availability of running water and soap), and disinfection facilities. With consideration of task-sharing and task-shifting.

4. They could also be trained on collection and transportation of sample if possible. It is also important that they are supported mentally and physically, and with adequate remuneration, considering the fact that these tasks are stressful with the likelihood of being infected.

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