



## Sine qua non larva<sup>1</sup>, turmoil and disdain: Responsiveness to 'Covid-19 face-mask' at Ogunpa, Ibadan, Nigeria

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ARTICLE INFO	ABSTRACT
<p><b>Keywords:</b> Coronavirus Disease Responsiveness Face-mask Ogunpa Ibadan</p>	<p>This research is a criticism addressing the formal and ergonomic analysis of Covid-19 face-masks at Giwa Adini, Ogunpa market, Ibadan, Nigeria. However, the research doubles as an 'interrogative' tool to elicit narratives on the responsiveness of illiterate and semi-literate traders at Giwa Adini on the advent of the coronavirus. Employing the survey technique, 100 randomly selected respondents were interviewed. The result obtained identifies five fabric mask types in the study area, the cup-shaped fabric mask being the most popular because of its adaptability to extant <i>aso ebi</i> culture. Other extemporized masks, reminiscent of traditional <i>egungun</i> masks, were also observed. With regards to the response to Covid-19, 21 respondents consider the coronavirus as falsehood, 23 claim it is God's affliction, 43 agree to its reality, but query its low epidemiology and only 13 appear informed. The research showcases a variety of perceptions of Nigerians towards Covid-19, confirming the gross ignorance about the disease and their nonchalant attitude towards it.</p>

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<sup>1</sup> SINE QUA NON LARVA is a Latin phrase that can be interpreted to mean 'Mandatory Mask.'

## Introduction

The world is today witnessing the coronavirus (Covid-19) pandemic, a worldwide infectious disease (Li *et al.*, 2020) that has thrown the entire world into pandemonium. It is, however, strange to observe that as much as this disease has been confirmed to be highly contagious and deadly (Singh, 2020), a section of the population, mostly illiterates, of Nigeria,<sup>1</sup> still very much doubt its reality. The disease was said to have started in China (Liu, 2020 and Chen *et al.*, 2020), however, other speculations conjecture that it was developed as a biological weapon (Dearlove, 2020). In due course, the World Health Organization (WHO) announced recommendations, in line with scientific findings (Fu Cheng Wang & Chao Zhang, 2020 and Ka Hung Chan & Kwok Yung Yuen, 2020), for the prevention and treatment of the disease. One of the important recommendations for its prevention, is the wearing of nose and mouth cover (face masks) (WHO, 2020b).

The wave of the coronavirus disease was first felt in Nigeria between late February (Gesinde, 2020) and early March 2020 (Ugbodaga, 2020). The fear of the disease was more informed by foreign news than the immediate reality of the disease in Nigeria. A chronology of events immediately followed after the first case of Covid-19 was detected in Ibadan, the capital city of Oyo State, Nigeria. In the later days of March, the state governor, Seyi Makinde, on the 21st of March, directed that all schools and government offices be shut down (Musliudeen Adebayo, 2020), and a few days after 24th March 2020, he imposed prohibitions on the public gathering of more than 30 people in one spot (Adeniran, 2020a). On the 28th of March, the government of Oyo State imposed curfew as another case

of coronavirus was discovered (Adeniran, 2020b). One of the resounding instructions of the government was the wearing of face-masks in public places to avoid the spread of the disease.

At the government's mandatory instruction that people must wear masks in public places, the people of Ibadan were seen moving from place to place with different types of face-masks. Over time, the ensemble of masks parading the streets of Ibadan became colorful and creative, so much so that it appears that the wearing of face-masks because of Covid-19 pandemic has obviously ushered in a new trend in the fashion culture of Ibadan. The assortment of the materials and forms of the face-masks observed are sumptuous, gorgeous and attention-compelling. In their varieties, they form a large enough corpus for academic interrogation.

## Method

The research carries out the identification of the opus, media (materials), analysis of forms, colors and the ergonomic functionality of available face-masks found among illiterate, semi-literate and a few literate traders at the Giwa Adini area of the Ogunpa market in Ibadan, Nigeria. Ogunpa is one of the big markets located in the central districts of Ibadan (see map, figure 1), it is a market that is highly patronized by all and sundry for grocery, household utensils, equipment, cloth, agricultural implements and chemicals, and many other stuff. Fiyinfolu (2012) also carried out a study on the HIV pandemic on the marketers in this area. In the process of the identification, formal and ergonomic analysis of extant face-masks at Giwa Adini area, we consider it plausible to connect the use and attitude of the respondents (composed mostly of

<sup>1</sup> Such populations exist generally in Nigeria, but the present example is the people with a disdainful attitude towards the coronavirus in Giwa Adini Area of Ibadan, Nigeria.

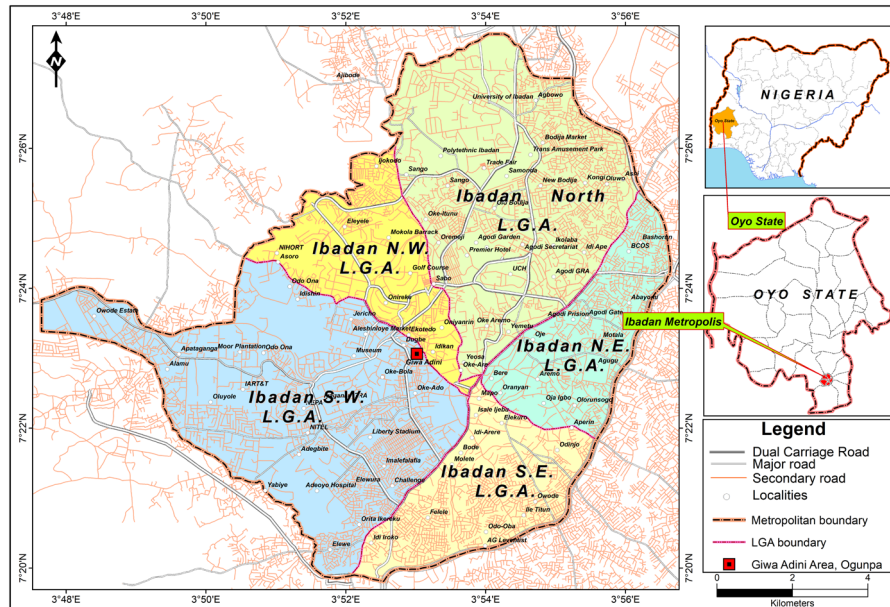


Figure 1: Map of Ibadan, showing the location of Ogunpa Market

(Source: Generated by Mr. Muyiwa Joseph Olumeyegun, Department of Geography, University of Ibadan, Nigeria)

illiterate and semi-literate persons) to face masks and their responsiveness towards the coronavirus disease. This is in tandem with Abraham & Sheeran’s (2015) study on how people can be more susceptible to diseases when they exhibit disbelief or careless attitude about them. Amzat *et al* (2020) have also observed the nonchalant attitudes of rural dwellers in Nigeria towards the coronavirus disease. Yet, Ogoina (2020) has pointed out that perhaps the cheapest and most effective prevention gadget against Covid-19 is the face-mask. This investigation further becomes germane in the light of the research findings of Brug *et al* (2009) that the adoption of precautionary measures in the prevention of diseases can reduce the risk of the infection and its spread drastically.

The selection of the participants was carried out with the assistance of Mrs. Basira Abdul-Ajamu (aka Mama Ele) and Mrs. Owodunni (aka Mama Doyin), as well as key informants and notable stall-owners at the Giwa Adini market. The duo happens to have spent close to thirty years as marketers at the Giwa Adini area. In line with their suggestion, we selected other participants

randomly based on their having been in the market for not less than ten years and being owners of stalls. Stall ownership, according to Mama Ele, is an indication that the participants have been part of the market community for a reasonable number of years, and a guarantee that they are very likely to have deep knowledge about the people and their attitude within the Giwa Adini area. We were introduced to many of the respondents by our key informants and, in some cases, we random-selected our respondents. For instance, the commercial vehicle operators were haphazardly selected and only those who were willing to respond to our questions were interviewed. Other characteristic details of the respondents are seen in Table 1.

The survey research design was adopted with the use of a random sampling technique for the selection of 100 respondents (See Table 1). A brief structured oral interview was administered to the respondents between Monday 13 and Friday 24 July 2020. The interview questions require the respondents to specify their preferred forms, colors, materials for face-masks and

Age/Years	Number	Percentage	Remarks
30-39	18	18%	Respondents were largely women between 40 and 49 years old. 2 men are over 70 years
40-49	47	45%	
50-59	20	20%	
60-69	13	13%	
< 70	02	2%	
<b>Sex</b>	<b>Male</b>	<b>Female</b>	This is reflective of the women-dominated demographic reality of the Giwa Adini Area.
	38	62	
<b>Occupation</b>	<b>Number</b>	<b>Percentage</b>	Illiterates and semi-literates were the target population.
Traders	62	62%	
Taxi Drivers	21	21%	
Artisans	10	10%	
Motorcycle Riders	05	5%	
Retirees/Traders	02	2%	
Total	100	100%	

Table 1: Characteristics of Respondents

then to share their experience in terms of their likes and dislikes for wearing them. The respondents were afterwards allowed to express themselves freely on the issue of coronavirus in Nigeria. Because of the recency of the occurrence of the disease, secondary data were collected from daily newspapers, Nigerian government officials, WHO websites and online publications. The form and ergonomics of the masks in artistic formalism and functionality, as well as interviews on the respondents' responsiveness, were content-analyzed through descriptive statistics.

## Results and Discussion

The study is premised on two theories; the first is the formalism theory. This theory encapsulates a cognitive aesthetic consciousness for the definition of the graphic and 'ergonomic' features of art (Parsons & Carison, 2004). The theory is employed in the formal analysis of the

popular coronavirus face-masks used by the marketers at Giwa Adini area. Formalism theory is one that distinguishes an art form with its features from what it is not, it is especially useful in determining the relationship between the forms and ergonomic value of art. The second principle is Carol Ryff's (1989) theory of psychological well-being (PMB). This is employed in the understanding of the responsiveness of the marketers at Giwa Adini area towards the coronavirus disease and perhaps an explanation for their psychological well-being amidst the pandemic. The theory postulates that individual well-being can be affected by subjective, social and psychological perceptions. Ryff's theory is based on six salient features that have been proven to largely predict the possibility of the physical well-being of a person. Although the present study did not employ the proposed Ryff's scale of measurement, it pivots the operational understanding of the attitude of the marketers within the core



framework of the theory. 'Autonomy,' a key feature of the PMB theory as expatiated by Seifat (2005), poses self-examination of self. It hinges psychological well-being on the self-assertion that "I have confidence in my opinion, even if they are contrary to the general consensus." This assertive and so-called 'autonomous' question, further elucidated by Ryff & Keyes (1995), is indeed a summation of the responsiveness found among the illiterate marketers at Giwa Adini area.

The WHO laid down procedures for the improvisation of face-masks in communities where factory-made medical masks may not be available or affordable. It suggests that in such shortage contexts, face-shields and fabric masks may be considered as alternatives. The organization also suggests that such a fabric mask must meet up with the Personal Protective Equipment (PPE) standards (WHO, 2020c). The majority of the masks discussed in this research fail in the category of correct fabric masks as stipulated by the WHO.

### ***Formal and ergonomic analysis of identified face masks at Ogunpa Market***

It is against the background of the WHO specifications that the researchers based our identification of face-masks at the Giwa Adini area of Ogunpa, Ibadan. Plate 1 is an example of the medical mask. Before the advent of the coronavirus pandemic, apart from its use in hospitals and public settings, it was used by motorcycle riders for the prevention of dust from entering their mouths and nostrils. As at that time, the cost was about N30, but at the advent of the pandemic, the price shot up to N25.

The material used for this face-mask is soft cotton and is closely knitted; it is sewn with three or four pleats that allow the mask to expand in the center around the nose and mouth area to give room for breathing

and talking. Its overall shape is rectangular, and at the two ends of the rectangle, elastic strings that extend to the ears are attached to hold it in place. The masks are usually light blue, turquoise and plain white.

It is observed that many respondents like the medical mask; however, because of its comparably high price and unavailability, many go for other types. A respondent, Miss Arowomole, explains that she prefers the medical mask to all others because it is made to allow for easy breathing. She pointed out that there is a thin, flexible metal embedded at the top horizontal side of the mask that usually rests on the nose bridge and raises the mask a little to allow fresh air into the mask. A taxi driver, Mr. Lawal noted that although the medical mask is more functional, he does not like it because of its light colors and that it gets dirty quickly. He also said:

*"Emi o like iru mask yen, nitori pe o tete ma ndoti. Se e mo pe nibi ise wa, a ma nlagun pupo"*  
(I don't like that type of mask, because it gets dirty quickly. You know that in our line of job, we sweat a lot).



*Plate 1. Medical face-mask (factory-produced)*

Plate 2 is a face-shield. The particular one shown here is locally made. It is produced with a large thin, transparent flexible plastic which serves as the shield for the entire face, and at the top horizontal part of the plastic, there is an attached black elastic band at the upper end. The flexibility of the transparent plastic allows a malleable curve around the face. At the point where the plastic touches the head, a strip of foam is attached; it's meant to cushion the forehead, prevent direct contact of the plastic with the face and allow space for breathing. The face-shield costs between N300 and N400. Mrs. Basira, a trader of kitchen utensils and personal effects, explained that she prefers the face-shield to a face-mask. In her explanation, she made it known that she finds it easier breathing using a face-shield than a face-mask. She said:

*“Mi o le lo face mask fun iseju mewa, ma si danu ni, o ma nni mi lara. Mo si prefer face shield, nitori ti oru ba nmu mi, ma si soke fun igba die”* (I find it difficult to put on a face-mask for ten minutes. I usually remove it. I prefer the face-shield because it is more comfortable, and whenever I feel hot inside the shield, I easily lift it up to take fresh air).



Plate 2. Face-shield

The picture in Plate 3 is the simple rectangular-shaped fabric mask. It is an imitation of the medical face-mask. This is usually sewn locally with plain materials. It has the overall rectangular shape as found in the medical mask. It has three to four large pleats to allow for expansion and conformity with facial features. At the two opposite horizontal sides, elastic bands are attached and are meant to hold it firmly to the back of the ears.

Another mask type that is made in a rectangular form is shown in Plate 4. It is rectangular in form and its fabric materials and colors vary. The example in Plate 4 is made with the half-side of a handkerchief. The tailor simply cuts a handkerchief into two large halves, and then finished up the edges with slip hemming.

Other fabric mask types (cup-shaped) are shown in Plates 5, 6, 7 and 8. What these masks have in common is their form. They all have a cup-like shape at the nose and mouth region which allows for facial protrusions; the nose and mouth to fit in. The side-flaps of the mask slop in curvature to the ears on both sides and terminate just before the ears where elastic bands that serve as hangers to



Plate 3. Fabric imitation of the medical mask





Plate 4. Simple fabric mask made with a handkerchief



Plate 5. Cup-shaped fabric mask type 1

the ears are attached. The hangers of some are made with cheap white elastic bands (Plate 5), while some are made with elastic round elastic strings that blend with the color of the masks (Plate 8).

The fabric qualities of these masks vary. For example, Plate 7 is produced with a single sheet of thick, elastic fabric. As shown in the plate, the tailor extends the curved side-flap to cover the ears; the points of the ears are then perforated to hook onto the ears. This is possible because of the elastic nature of the material used. It should, however, be noted that the fabric used in this type of masks is not in line with the WHO stipulation for the production of fabric masks.

The cup-shaped fabric mask forms about 60% of the mask types found in Giwa Adini area of Ogunpa. A range of responses was gathered about the cup-shaped fabric masks. One Mrs. Adekoya, a wholesaler of soda, said:

*“Awon face mask ti o ni cup shape yen ni mo like. Nigba ti a ba ran aso-ebi, a tun ma ran face mask ninu e, ko le ba match aso ta a ba mu fun inawo. E mi o le ma lo fun inawo ni weekends,*

*‘koro’ kankan ko le da party duro”* (I have a preference for the cup-shaped fabric masks. After sewing aso-ebi, we will also use the same cloth to sew face masks, to make the two have a uniform appearance for party ceremonies. There are always parties to attend on weekends, COVID or no COVID).



Plate 6. Cup-shaped fabric mask type 2



Plate 7. Cup-shaped fabric mask type 3



Plate 8. Cup-shaped fabric mask type 5

### ***Humorous and creative extemporizations face-masks in Ibadan***

Medical scientists have looked into the effectiveness of materials and alternative materials for protective masks for the prevention of aerosol airborne particles such as the coronavirus could assume. A few of such researches include that of

Rengasamy *et al* (2009); they compare the filtering efficiency of CE-marked FFP1, FFP2 and FFP3 with NIOSH approved N95 and P100. The researchers observe that the respirators, because of the materials with which they are produced, filtered aerosol particles adequately. Yet another research on face protective materials is that of Wilson *et al* (2020); they suggest the use of alternative materials for the production of SARS-Cov-2 prevention mask. In their findings, the researchers recommend non-traditional materials such as the vacuum cleaner bag, which they consider an effective alternative. However, in the course of the present research, we encountered an extemporized mask made with multiple materials that have not been scientifically proven to be effective (see Plates 9, 10, and 11). The masks are made with plastic, metal and rubber stuck together with epoxy gum. The ones found are made creatively with cut parts of plastic containers such as kegs and bowls. According to McQueen (1990), such multimedia objects can be consider as installation art rather than what they imitate.

No doubt the appearances of the extemporized masks reminiscent traditional Yoruba masking culture of *egungun*, where the spirits of the ancestors are said to revisit the communities where they lived before their death (Akande, 2019). Looking at it from this line of thought, the artists may have indeed inadvertently reenacted forms of traditional African masks, especially as they obtain in the *egungun* culture. The *egungun* culture has had a strong presence among the Yoruba people (a people who dominate the entire Ibadan town, where Giwa Adini area is located). Among the Yoruba, masks serve as a means of hiding people's identities or a form of disguise (Famule, 2017).

Alagba Diipo Ogungbenro (2020, May 30), a Yoruba elder said that the use of masks has the potential to ward off a pandemic. He explained that in traditional Yoruba





Plate 9. Creative extemporizations: mask 1



Plate 11. Creative extemporizations: mask 3



Plate 10. Creative extemporizations: mask 2

communities, after Ifa consultations and the performances of prescribed rituals (Akin Adetunji, 2015), the *egungun* masquerade cleansing is usually the final step for getting rid of pandemic. Alagba Gbenro said that it appears that the world communities are unknowingly fighting Covid-19 like traditional Yoruba people. But this time with the washing of hands, social distancing and quarantine etc as rituals, and the final step is the wearing of masks. He said that without knowing it, the world has borrowed

from ancient Yoruba wisdom. Ogunbenro conjectures that the coronavirus pandemic is so great that its unseen forces demand that every individual must wear a mask, thus becoming *egungun* of a sort.

### *Dialogues and discussion on respondents' responsiveness to Coronavirus*

In the responses of the respondents on their responsiveness to the reality of the coronavirus, many share divergent views. Each person's view has its uniqueness; however, because of space and other limitations, we cannot present them all in this paper. Without a doubt, the responses have elements of notional repetitiveness and ideological overlaps. Therefore, the responses presented here are selected based on their 'representativeness' of the opinions of a body of respondents whose notional responsiveness about the coronavirus is similar. The responses are discussed under five compact topical sub-heads describing the collective response of identified segments of the respondents; namely, Covid-19:

Outright Falsehood; Covid-19: God's Punishment (Religious Reasons); Covid-19: Human Conspiracy; Covid-19 is Real: But with Repudiations; and Covid-19 is Real: Analytical Respondents.

#### *Covid-19: Outright falsehood*

In a research by Lepin & Aro (2009) on people's attitude and perception of SARS and Avian Influenza, they observe that the knowledge of the reality and prevention of the disease can go a long way in the reduction of its spread. The total disagreement on the existence of the coronavirus disease by respondents in this group can eventually be catastrophic.

A respondent, Mrs. Habib, a petty trader responded that she very much doubts if the disease called coronavirus is true at all. She explains:

*"Lati ojo yi ti won ti ni aisan yi wa, a o ti ri enikankan to ni ni ninu oja yi, ojojumo aye yi de ni a nwa si oja. Haba, pelu bi a se ngba orisirisi awon onibara ati ontaja, se ko ye ki a gbo pe eni kan ti ni? Nitemi o, iro l'onje mo dake"* (Since the coming of the pandemic, we have not seen anyone here in this market that has the disease, yet we come to the market every day. With the heavy number of buyers and passersby here, I think if it is real, we should have heard about one or two persons with the disease).

Another respondent, Mrs. Adija. She categorically stated that she has no trust in the governments of the world and Nigeria and does not believe in the reality of the virus. She further said: 'I only take the nose-mask around in my bag, I rarely wear it. It is highly uncomfortable for me. I don't even believe in the reality of the disease.'

Some in this group said they initially took the virus seriously, but they later got tired of being on their guards all the time. There are about 21 respondents in this group.

The observed problem of respondents in this category is that they have for so long not observed coronavirus safety precautions that they do not see any casualty of the disease, their doubt, therefore, is unabated. They argue that if the epidemiology of the disease is as infectious as it has been described, they should have at least seen or heard one or two known persons in Giwa Adini area who have been infected; unfortunately, there has been none, not even one. Their unbelief in the reality of the disease is further observed in the improper way in which a few of them who have masks wear them. But we will not delve into that as Chan & Yuen (2020) and Ogoina (2020) have dealt deservedly with the improper use of face-masks in Nigeria

#### *Covid-19: God's punishment (religious reasons)*

Ironson *et al* (2011) are authors who have looked at the perception of people and how they attribute diseases and illnesses to God as his instrument of benevolence and punishment. The following views of our respondents, as much as they may sound implausible, can have a meaningful impact on the spread of the coronavirus disease.

It is almost a fact that Nigerians are religious people and they believe that whatever happens, bad or good, is from God. 23 respondents out of 100 claim that the coronavirus is a punishment from God. We shall examine three of such responses. The first to be examined is that of a Christian woman, simply called Mrs. Toyin, a woman of about 50 years of age. She sells carpentry tools. She said:

*"Ti corona ba ri mi o ma sa ni, nitori omo Olorun ni mi. E je kin so fun yin, ni Church wa, awa kii bo imu tabi enu, corona kankan ko de mu wa. Eje Jesu ju corona lo"* (If the coronavirus sees me, it will run, because I am a child of God. Let me tell you, in our Church, we don't cover our noses or mouths. The blood of Jesus is stronger than the virus).

This woman believes that the blood of Jesus is strong enough to protect her from all forms of communicable diseases because she believes that the virus is a spiritual sickness and has nothing to do with being hygienic. The second respondent in this group is an Islamic cleric who sells machetes and locks. He is about 60 years old and said:

*“Ibawi ni korona je lati odo Olorun ni, nitoripe ati olowo ati talaka ni aisan yin mu, ni gbogbo agbaye si ni. Ti o ba je wipe Nigeria nikan ni aisan yi wa, awon olowo ki ba ti sa lo si ilu oyinbo”* (The coronavirus disease is a punishment from God because it is one that afflicts the rich and the poor. if it is happening only in Nigeria, most of our rich people would have run abroad, leaving the poor to die).

In his statement, he said God ordained the coronavirus to destroy the social and political class stratifications in human societies. Mr. Jegede, the third respondent, is a traditional Yoruba religion worshipper, he said:

*“A o be koro (coronavirus) ni o, eleyi kii se oju lasan. E je kii a bi Ifa ohun ti o ba ye ka se ati etutu ti koro (coronavirus) ba fe gba, ki a se, ki a si se etutu to ba ye. Ka bo Sopono ati Obaluaye”* (We have to propitiate the coronavirus; this is spiritual. Let us ask Ifa (the divination god) what we should do and the sacrifices that we need to carry out. Let us all propitiate Sonpono and Obaluaye, the deities of pandemics).

#### *Covid-19: Human conspiracy*

Olapegba *et al* (2020) observe in a research finding that the majority of their respondents, 46.94% of a population of 1,357 are of the opinion that the virus is a ‘... biological weapon designed by the government of China.’ It is, therefore, not surprising to find similar opinion among the population of the Giwa Adini area.

A few of the marketers in the Giwa Adini area continue to hold on to the initially, generally, rumored theories that the coronavirus is the resultant effect of the radiation produced by the installation of 5G network masts. Although the respondents in this group are about five, they believe that the disease is not natural, but a brainchild of some super-powers who want to hold the entire world to ransom.

Some members of these respondents opined that the disease was initiated in China to reduce the unrealistic population of China, but it, unfortunately, got transferred to other parts of the world. Two members of this group categorically stated that the projection that the world population will overshoot the available resources is the number one reason for the invention and spread of coronavirus by Americans.

#### *Covid-19 is real, but with repudiations*

The largest (43) proportion of the responses we gathered falls into this category. Many respondents believe in the reality of the coronavirus disease, but are skeptical about the understanding of the epidemiology of the disease. A consensus among the respondents is succinctly put by Mr. Araba, a taxi driver:

*“Looto ni koro wa, iroyin ti a gbo bi opolopo eniyan ti se nku ni America. Se e mo iye ero ti mo ngbe lojumo? owo gbogbo won na ni mo ti ngba owo, beeni a si nfi ara kinra ninu oko”* (It is true that coronavirus is real, but it appears as if it does not manifest here like it does abroad. The news we hear of the so many deaths of people in America and other nations show that it must be real. However, it is not so rampant here. Do you know how many passengers I carry every day? Yet I collect money from all of them and we cannot even afford to keep any distance in small vehicles like ours’).



Another set of respondents within the 43 in this group believe that the Nigerian government is using the pandemic to embezzle money. A trader who doubles as a civil servant, Mr. Fasusi, stated that a bulk of the foreign funds they received for the prevention and treatment of Covid-19 has been pocketed by politicians.' Mr. Fasusi expressed his suspicion that the Nigerian government is inflating the number of people who have been infected by the disease to justify the amount of money expended on its prevention and treatment. A retired civil servant who engages in watch-repairing to pass time after his retirement, Baba Alago, narrated what he passed through during the coronavirus lockdown. He said he was unable to buy his drugs and that he suffered greatly. He explained:

"The lockdown is more killing than the disease itself. Most people like me are living on a daily basis. I retired 15 years ago and my monthly pension is just fifteen thousand naira only. I have to repair watches every day to live. The situation also applies to taxi drivers and *okada* (motorcycle) riders. When we were locked down, it was difficult for me to feed, even to buy my prescriptions".

According to Fehitola & Fehintola (2020), who researched into the psychological well-being (PWB) of Nigerians during the coronavirus pandemic, observe that people are undergoing stressful conditions. The authors narrate that the pandemic added to the existing galloping poverty level in the country.

#### *Covid-19 is real: Analytical respondents*

The research encountered several respondents that we consider informed because of their analytical perspectives on the coronavirus situation, not only in the Giwa Adini area but in Nigeria as a whole.

They indeed engaged narratives of the pandemic from deep understanding. One of the respondents, Mrs Abimbola, responds this way:

"For Nigerians generally, nothing has dragged on for so long. It feels like a war against invisible forces. They let off their guards at some point when it seemed endless. So they put up an attitude of 'whatever happens, happen.' Again, because of the so many examples of persons and governors who are said to have had coronavirus, but show no symptoms and eventually recovered, they further relaxed and seem to be less afraid of the disease. They believe if they get the disease, just like malaria, they will get well. However, a careless saying among the people is that those who will die will die, and others will remain".

A respondent in this group said:

"Nigerians are difficult people to convince; it takes the reality of what they can see to convince them; unfortunately, it may take their seeing an increased number of deaths from the virus for them to take the pandemic seriously. You see, because the death rate that we have is very low compared with the number of coronavirus infections, they do not think it is a disease to dread. The gap is so wide; we don't have up to a thousand deaths, yet we have close to forty thousand cases. What can be done is to publicize recorded cases, put it on the television, newspapers and social media for people to see".

Still in this group, Mrs. Ajibade opined that the low epidemiology of the disease in Nigeria may be because Nigerians eat less processed food than they do abroad. She said that even though our diet is poor, our diet is better than the American diet by far. No McDonalds, Chipotle, Starbucks, etc. A lot of the time we eat rice, beans, vegetables, and grown foods, we get better nutrients much

more than our foreign counterparts who eat more processed food than we do and that this many have made our immune system stronger. Yet another person said:

“When people fall sick these days, they don’t go to the hospital because they are afraid they may be diagnosed with coronavirus. The disease has become a stigma. Even if someone has ordinary malaria, the hospital people will run from him or her because of coronavirus infection. Let me ask you a question; se people do not have a cold, temperature, chest pain and other infections before coronavirus? Then, why is it that if someone is sick and hospitalized, people will conclude that it is ‘corona’.

## Conclusion

The research observed that the cup-shaped fabric mask is more accepted and used in the Giwa Adini area of Ogunpa market. The reason for its acceptance can be largely linked with the possibility of using fabric types that will be the same with the marketers’ attire to produce the mask. Hypothetically, it can be deduced that the cup-shaped fabric face-mask is favored by the marketers at Giwa Adini because it complements existing dressing manner. Plausibly, it is safe to say that ‘new or imported cultures’ get easily accepted when they complement extant ones as insinuated by Pogason & Akande (2012).

After critical examination and reflection on extant creative extemporized masks, it appears that the production of a non-agronomical mask can be a ridicule of the reality of the coronavirus disease. Again, the masks may also be a subconscious reminiscent of traditional Yoruba *egungun* masks. The result of the research shows 21 respondents (21%) claim the disease is a scam and that there is nothing like it. Twenty-three

(23) respondents (23%) believe that the coronavirus disease is a punishment from God. The remaining numbers of respondents who believe the disease is real do so with repudiation and a lot of doubts. Only about 13 respondents (13%) gave informed responses. Conclusively, the marketers in the Giwa Adini area of Ogunpa, Ibadan, are grossly ill-informed about the coronavirus disease and this is reflected in their responses above (their attitude towards the use of face-masks).

However, the psychological well-being, as expressed in the PWB theory, of the people may have accounted for their attitude, but the question that remains unanswered is, can their strong ‘autonomous’ belief in their feelings rather than the news of the pandemic helped in building up of their immunity and consequently resistance to the flu? This question becomes necessary because coronavirus has not taken much hold on the country as a whole. As of September 17, 2020, the death rate from coronavirus has been very insignificant with a total number of fifty-six thousand, six hundred and four (56,604) cases, forty-seven thousand, eight hundred and seventy-two (47, 872) recoveries, there has only been one thousand and ninety-one (1,091) death (*Worldometers*, 2020). Indeed, the epidemiology of the disease in Nigeria may have encouraged the audacious responsiveness of marketers in Giwa Adini area towards the coronavirus disease.

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## Declaration of Ownership

This article is our original work.

## Conflict of Interest

There is no conflict of interest to declare in this article.

## Ethical Clearance

This study was approved by the institution.

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