

COVID-19, NEW NORMAL AND ADULT LEARNING: CHALLENGES AND OPPORTUNITIES IN AN AGRARIAN COMMUNITY

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ABSTRACT: Before 2019, neither SARS-CoV-2 nor its genetic sequences had ever been identified. Retrospective investigations identified human cases with onset of symptoms in December 2019. While some of the earliest known cases had a link to a wholesale food market in Wuhan, China, some did not. But eventually, it spread to all nations of the world, and shutdown economies, social lives, education, and other sectors. This research studied the effects of COVID-19 on adult education in Ibarapa Central Local Government Area of Oyo State, Nigeria. It made recommendations for sustainable adult education in the circumstances of COVID-19 and similar pandemics in the community. It is descriptive and drew data and information from primary and secondary sources. Through a self-structured questionnaire titled *Coronavirus, New Normal and Impacts on Adult Learning in Ibarapa Central Local Government Area of Oyo State, Nigeria*, the community provided insight into its impact generally and on education particularly. They also made suggestions as panacea for sustainable adult learning in the circumstances of COVID-19 and similar pandemics. Records of some international and local agencies and organizations were perused. There were no records of COVID-19 cases in the study area. But the halo-effect was a great threat that devastated adult educators and learners. The community believed in and adhered to science and complemented it with traditional formulations. The community requires massive infrastructures to strengthen course delivery and administration of adult learning at all levels and in the circumstances of COVID-19 and similar pandemics.

Keywords: Coronavirus, new normal, adult learning, challenges, opportunities

Salto (2020) writes that higher education institutions worldwide had to unavoidably switch from face-to-face to online instruction due to social distancing and lockdown measures adopted across the world. Even beyond higher education, educational institutions, among other “non-essential” services, had to close their physical doors to curtail the virus. Even though some countries decided to reopen some services, by July 2020, as many as 110 countries mandated system-wide school closures affecting more than 1 billion learners worldwide (Salto, 2020; UNESCO, 2020). The physical closure of educational institutions, including higher education, led to the adoption of online tools. The move occurred in the context of the COVID-19 global emergency. Everyone with more or less resistance and every institution with more or less capacity and experience had to move to emergency remote education (ERE).

Incidentally, there were some isolated communities where the cases of COVID-19 were not recorded. Ibarapa Central Local Government Area of Oyo State, Nigeria is one of the few places that did not have a single case of COVID-19. The community only heard about it on radio and television, front pages of newspapers, and on social media. Children and relations of others who reside in the urbanized centers (and abroad) communicated with their relations and friends and told them about COVID-19. But despite this mere news, it has some devastating effect on socioeconomic activities and pedagogy and andragogy, formal and informal, in particular, in the Local Government Area. Therefore,

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though no cases of COVID-19 were recorded, the work focuses on the effects of the pandemic on adult education in the community.

Objectives and Research Questions

The work examined the effects of COVID-19 on adult education in Ibarapa Central Local Government Area (ICLGA) of Oyo State in Nigeria. It made recommendations for sustainable adult education in the circumstances of COVID-19 and similar pandemics in the community or elsewhere. In order to pursue the objectives, the following questions were answered:

- What is the origin and pandemic nature of COVID-19 around the world and in ICLGA of Oyo State, Nigeria?
- What are the major upshots of the pandemic on education generally and adult education in particular in Ibarapa Central Local Government Area of Oyo State, Nigeria?
- What are the opportunities in the circumstances of COVID-19 on adult education in the community?

Literature

Adult Learning

The principal objective of adult education is to provide another chance for those who are poor in the society and/or those who have lost access to education for other reasons in order to achieve social justice and equal access to education (Margolis, 1970; Nesbit, 2011; Vista College, 2020; Withnall, 2006). Thus, it is sometimes a social policy of governments and corporate organizations. Continuing education can help adults maintain certifications, fulfill job requirements and stay up to date on new developments in their fields and community. Sometimes, the objectives can be vocational, social, recreational or for self-development; or to help adult learners satisfy their personal needs and achieve their professional goals; or to achieve human fulfillment. The goal might also be to achieve an institution's needs - including improving its operational effectiveness and productivity. A larger scale goal may be the growth of society by enabling the citizens to keep up with societal change and maintain good social order (Fell-Chambers, 2014; Merriam & Brockett, 2007; Nojima, 2010). According to these authorities, distinct from child education, it is a practice in which adults engage in systematic and sustained self-educating activities in order to gain new forms of knowledge, skills, attitudes, or values. It can mean any form of learning adults engage in beyond traditional schooling, encompassing basic literacy to personal fulfillment as a lifelong learner. Particularly, it reflects a specific philosophy about learning and teaching based on the assumption that the adults can and want to learn, and that they are able and willing to take responsibility for the learning, that the learning itself should respond to their needs (Fell-Chambers, 2014; Historica Canada, 2000; Selman et al., 1998).

Motivated by individual needs to learn, the available opportunities, and the style in which one learns, adult learning is affected by demographics, globalization and technology (Baumgartner et al., 2007; Nojima, 2010). The learning happens in many ways and in

many contexts (formal, non-formal and informally) just as the lives of all adults differ (Fenwick et al., 2006; Selman et al., 1998). But the World Bank (2019) in its World Development Report on *The Changing Nature of Work* contends that adult learning is an important channel to help readjust skills of workers to fit in the future of work, and it recommends ways to progress its efficacy.

Educating adults differs from educating children in several ways by reasons of the fact that adults have accumulated knowledge and work experiences which can add to the learning experience (Bohonos, 2002; Vista College, 2020). Often, adult education is voluntary, hence, the participants are generally self-motivated, unless required to participate, by an employer (Knowles, 1984; Spencer, 2006). The practice is referred to as andragogy to distinguish it from the traditional school-based education for children, pedagogy. Unlike children, adults are seen as more self-directed rather than relying on others for help. Their motivation to learn is internal (Fell-Chamber, 2014; Knowles, 1984). They frequently apply their knowledge in a practical fashion to learn effectively; and they must have a reasonable expectation that the knowledge they gain will help them further their goals.

A common problem in adult education, even in advanced communities, is the lack of professional development opportunities for adult educators. Most adult educators come from other professions and are not well trained to deal with adult learning issues (Fell-Chamber, 2014; McAllister, 2010). Often, the positions available in this field are only part-time without any benefits or stability since they are usually funded by government grants that might last for only a couple of years. But in some countries professional development is available through post-secondary institutions and provide professional development through self-development, their ministry of education or school boards and through nongovernmental organizations (UNESCO, 2010, 2016, 2019). In addition, there are programmes about adult education for existing and aspiring practitioners offered at various academic levels by universities, colleges, and professional organizations (Nesbit, 2011; Vista College, 2020).

In the Event of COVID-19

Floyd (2020) observed that in the wake of COVID-19, both K-12 and post-secondary institutions had to transition from traditional learning in the classroom to teaching and learning through various online and or e-learning platforms. With such an abrupt transition:

it is important for educators to explore the effectiveness of e-learning among their student populations. Moreover, a programme director who oversees an adult education English as a second language programme located in Atlanta, maintained the opinion that various modes of online learning are not the best learning method for all student populations and specifically adult English language learners. (Li & Lalani, 2020)

According to Li and Lalani (2020), distance education has exploded in recent years with more students taking online courses than ever before. However, despite the explosion in online course takers, “the number of students who are not completing their online degree programmes is also growing. Online students reported feeling isolation, and more

disconnect with their classmates and educational institutions.” Social media has also experienced explosive growth, including the largest in modern society, Facebook.

Materials and Methodology

The Study Area

The Ibarapa Central Local Government Area (ICLGA) of Oyo State, the study area, is one of the three Local Government Areas created from the former Ibarapa Local Government Area (of Oyo State) as a result of the local government creation in Oyo State to ensure proximity of the government to the grassroots (Awotokun, 2005; Federal Republic of Nigeria, 2018). It is purely absolutely an agrarian community (Aderogba, 2017, 2018). Igbo-Ora and Idere are the only major towns. Igbo-Ora is the administrative headquarters of the local government. Other settlements are farmsteads and makeshifts only. Agriculture is the main stake of the economy.

It is bounded in the south by Ogun State (of Nigeria). Ibarapa East Local Government Area and Ibarapa North Local Government Area (both of Oyo State, Nigeria, and of the former Ibarapa Local Government Area) form respectively the eastern and northern boundaries. The population was 103,243 in 2006, projected to be 145,100 people in 2016, and about 322,189 people in 2018 (National Population Commission, 2018). It has an area of about 440 km². The local population is made up of Ibarapa indigenes who are of Yoruba ethnicity.

Over 65% of the people are engaged in agricultural practices, planting cassava, melon, plantain, banana, yam, maize, millet, vegetables and others as food crops, and some cocoa and cashew as economic crops. Until recently, palm trees, shea butter tree, locust tree, mango, and a few other economic plants used to grow wild, and people inherited them from their parents who might have earlier farmed around them. Simple implements such as hoes, cutlasses and machetes are still the predominant implements used. Recently, many of the farmers are assuming part-time status as they engaged in different miniature trade and commerce, and transport and communication services within the community and between the community and the neighbouring urbanized settlements, notably Ibadan, Abeokuta and Lagos Metropolis.

It is of interest to note that the community is the world headquarters of twin births. There is rarely any compound that does not have sets of twins. Twin births are so plentiful so much so that a day is set aside each year as Twins Day, *Ibeji Day* – celebrated with fanfare. Of interest again is that the last Twins Day was celebrated in the wake of the COVID-19 pandemic in Nigeria.

Oyo State College of Agriculture and Technology (established in 2006) is the highest institutions of higher learning. The college, the secondary and primary schools, the Comprehensive Hospital (a campus of the University College Hospital, Ibadan), and the Local Government Council together engaged more than 85% of the white-collar workforce. There is no industry nor any other employer of labourers except the self-employed in miniature trade and commerce.

More than 65% of the adult group aspires to have education either to fulfill job requirements and stay up to date on new developments in their fields (and community), for self-development to help them satisfy their personal needs and achieve their professional goals, or to achieve human fulfillment. A commendable goal is for the growth of their community by ensuring they keep up with community change and maintain good social order.

Apart from the Comprehensive Hospital, and four less-than-ten-hospital-bed private hospitals, there is no hospital that could have catered to the patients of the COVID-19 pandemic or similar contagion. The situation of medical services is horrendous.

Methodology

The work is descriptive and drew data and information from primary and secondary sources. Through a self-structured questionnaire titled *Coronavirus, New Normal and Impacts on Adult Learning in Ibarapa Central Local Government Area of Oyo State, Nigeria*, using a purposive sampling technique, the community provided insight into the impacts of COVID-19 generally and on adult education in particular. In addition, five adult educators and ten adult learners were interviewed on the upshot of the pandemic on their programmes. They made suggestions as panacea for sustainable adult education in the circumstances of COVID-19 and similar pandemics. Reports of some international and local agencies and organizations namely, World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), Center for Disease Control and Prevention (CDCP), European Center for Disease Prevention and Control (ECDC), and Nigeria Center for Disease Control and Prevention (NCDC) were perused. Hospital records of the Comprehensive Hospital, and the four private hospitals/clinics in the community were examined.

In-depth analysis, tables, and a six-level Likert Scale were used for analysis and presentation of the data and information collected. Medical technical jargons were avoided for ease of understanding by my audience.

Findings and Discussion

The Origin and Pandemic Nature of COVID-19

In December 2019, Coronavirus came into history. It is called Coronavirus 2019 (COVID-19), named after the year it was first discovered. Since its first appearance in Wuhan, China, it has caused large-scale epidemics, and spread to almost all nations of the world. But there was no evidence or analysis that the virus was made in a laboratory or otherwise engineered as propounded by some conspiracy theories (WHO, 2020a). The agent of COVID-19, SARS-CoV-2, was named after the genetically related SARS-CoV (more recently distinguished by some as SARS-CoV-1), which caused a deadly near-pandemic in 2002–2003. Before 2019, neither SARS-CoV-2 nor its genetic sequences had ever been identified in viruses of humans or animals. As earlier noted, retrospective investigations by Chinese authorities identified human cases with onset of symptoms in early December 2019. While some of the earliest known cases had a link to the wholesale food market in Wuhan, China, some did not (WHO, 2020a&b).

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from its illness. It is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus, namely between people who are in close contact with one another (within about 1.8 meter) through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

According to the CDC (2020a), “information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.” Nonetheless, in general, the closer a person interacts with others and the longer that interaction, the higher the risk of the spread (CDC, 2020a). It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads. According to the WHO (2020b) and CDC (2020 a, b), main ways of preventing the illness is to avoid being exposed to the virus, and the following steps could be taken to slow the spread by maintaining social distance, washing hands often with soap and water in the absence of which a hand sanitizer that contains at least 60% alcohol could be used, routinely cleaning and disinfecting frequently touched surfaces, and covering of mouth and nose with a mask when around others.

It affects different people in different ways, and infected people have a wide range of symptoms reported, that is, from mild to severe illness (CDC, 2020a; WHO, 2020b; WHO 2020c). However, as the ripple of COVID-19 careened around the world, it was forcing humanity to innovate and change the way they learn, work and live. The upside of where people found themselves was that individuals and corporations would become more resilient in a post-COVID-19 world (Marr, 2019). Marr predicts what the world may look like, that is, once the world put the pandemic behind, to include more of less contact interfaces and interactions, strengthened digital infrastructures, better monitoring using IoT (Internet of Things) and Big Data, AI-Enabled drug development, telemedicine, more online shopping, increased reliance on robots, more digital events, and a rise in exports and imports.

The COVID-19 pandemic in Nigeria is part of the worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Incidentally, the first confirmed case in Nigeria was announced on 27 February 2020, when an Italian citizen in Lagos tested positive for the virus (Ifijeh, 2020; Maclean and Dahir, 2020; NCDC, 2020; Ugbodaga, 2020a). On 9 March 2020, a second case of the virus was reported in Ewekoro, Ogun State, Southwestern Nigeria. It was a Nigerian citizen who had contact with the Italian citizen (PM News, 2020; Ugbodaga, 2020a). By 17 December 2020, out of the world’s record of 74,887,390 cases, 1,660,281 deaths, and 42,290,685 recovered (CDC, 2020b), Nigeria had 76,207, 1,201, and 67,110 respectively (NCDC, 2020; Odunsi, 2020; Ugbodaga, 2020b). Incidentally, the deadliest unseen enemy of humanity did not infect any resident of ICLGA of Oyo State. But the halo-effect was immense.

What Adult Learning

Andragogy is the practice in which adults are engaged in systematic and sustained self-educating activities focused at gaining new forms of knowledge, skills, attitudes, or values - some forms of learning really beyond traditional schooling that encompass basic literacy to personal fulfillment as lifelong learners. The learning reflects specific philosophy about learning and teaching based on the evidence that adults can and want to learn, and that they are able and willing to take responsibility for their learning. The learning responds to their needs. Their targets are focused on one or more of the following (Bohonos, 2014; Cox, 2015):

- To maintain certifications to fulfill job requirements and stay up to date on novel advances in their fields and or in their community;
- To inspire growth in the community by enabling them keep up with societal change and maintain good social order;
- To help the learners satisfy their personal needs and achieve their professional goals;
- To achieve human contentment;
- To achieve an institution's needs - including improving its operational effectiveness and productivity; and
- For vocational, social, recreational or for self-development.

Interestingly, they reflect specific philosophies about learning and teaching based on the postulations that they can and want to learn, are able and willing to take accountability for learning; and the learnings respond to their needs. As confirmed by an adult instructor, Dr. Sanjo Ariyo Okunlola (from Idere), a learner, Wasiu Aderogba (from Igbo-Ora) adduced the learners benefit generally as follows:

prosperous career and financial security, increased opportunities and improved overall quality of life, better job opportunities, comfortable lifestyle, and ease of getting ahead in life, among others. In general, to those that take their specific programmes of study serious, the education provides practical benefits of the 21st century that include: economic, health, civic involvement, personal development, better communication, realization of passions, greater sense of discipline, and reasonable sense of accomplishment. These are not just career-oriented. Being able to develop oneself is invaluable, and during the learning experiences, new skills are learnt. ... listen to instructors (and read books that are written by experts) in your particular field. These encourage us to think better, analyze better, explore new ideas, ask questions, and become more creative. Overall, these allow us to grow and develop even further and provide us with competitive edges in the job market. (W. Aderogba, personal communication, 10 February 2021)

Despite the laudable benefits, the COVID-19 pandemic affects the learning programmes, directly and/or indirectly in different ways. The following highlight some examples.

Foremost and Generic Upshots on Education

According to the United Nations International Children's Fund (UNICEF), the COVID-19 pandemic affected more than 91% of students worldwide, with approximately 1.6 billion children and youngsters unable to attend physical schools due to the closures and lockdowns (Burke, 2020; Murray, 2020; UNICEF, 2020a). Formal schools closed in Nigeria following the final order of the federal government of 29 March 2020 to close all educational institutions and areas which include tertiary, secondary and primary schools nationwide. Over 1.2 million children remained at home and exposed to all forms of abuses and vices, among others. It was an enigma. The Federal Ministry of Education subsequently started close monitoring of developments on the containment of the pandemic.

The school closures impacted not only students, teachers, and families, but have far-reaching economic and societal consequences. The closures in response to the pandemic shed light on various social and economic issues, including learner liability, digital learning, food insecurity, and homelessness; access to childcare, health care, housing, internet, and disability services. The impacts were more severe for disadvantaged children and their families, causing interrupted learning, compromised nutrition, childcare problems, and consequent economic cost to families who could not work because of the prevailing lockdown. In response to the severity of the upshot, UNESCO (2020b) recommended the use of distance learning programmes and open educational applications and platforms that schools and teachers can use to reach learners remotely and limit the disruption of education.

School performances hinge critically on maintaining close relationships with teachers, particularly students from disadvantaged backgrounds, who had no parental support needed to learn on their own (Business Insider, 2020). According to the News Website and UNESCO (2020 a, b, c & d), working parents missed work when schools closed in order to take care of their children, incurred wage loss in many instances and negatively impacted productivity, and localized school closures placed burdens on schools as parents, and officials redirected children to schools that were opened.

Remarkable Upshots on Adult Learning

As earlier noted, the pandemic did not infect any soul in Ibarapa Central Local Government Area of Oyo State, Nigeria nor in the neighbouring communities (Ibarapa East and Ibarapa North Local Government Areas) to the east and to the north respectively, but they experienced resultant ripples of the halo-effects. This work is not oblivious of the incidences in the immediate southern communities (Ogun State). Only 1.67% did not see the effect on adult education. Only 2.50% felt the impact was mild and 78.33% perceived the impact to be terribly devastating. Cumulatively, 98.33% rated the effects as either “Terribly devastating,” “Very devastating,” or “Devastating.” Inversely, “No effect,” and “Mild,” put together, were just 4.17% only.

Table 1*Outstanding Upshot of COVID-19 pandemic in Ibarapa Central Local Government Area of Oyo State*

Scale of Effects	Frequency	% Proportion	Cumulative %	Inverse Com. %
Terribly devastating	94	78.33	78.33	100.00
Ever devastating	15	12.50	90.83	21.67
Devastating	6	5.00	95.83	9.17
Mild	3	2.50	98.33	4.17
No effect	2	1.67	100.00	1.67
Don't know	0	0.00	100.00	0.00
Total	120	100.00		

In all of the challenges, a learner at Idere placed his hope in divinity; and he lamented the uneasy calms perpetrated by the pandemic this way:

There were uneasy facades of calmness. It was a *sit don look*. So sudden, everybody in his tent. All those that were receiving lessons from outside of this community could not go because there was no transportation. Those that were resident outside came back. External Examinations could not hold ... daily routines and even work styles were impacted. But not everyone is accustomed to working from home, and getting into work mode from a space that's not your regular one can be a huge adjustment. The bright side of working from home is that you save time, spend more time with family, and maybe get a few more things done around the house. But the challenges, including loneliness, staying disconnected and or connected, and a heightened penchant for distraction, can have a significant effect on psyche and productivity. Whether you're relegated to working from a spare bedroom, living room or the lobby of your house, you still have issues of setting up, distractions, maintain confidentiality, Inability to cope with the Online learning. Workshops were closed. We feel isolated. Social media is explosive now; Facebook. Anyway, Math became easier with the introduction of Instructor-learner's meetings could not hold. Graduation could not be held as scheduled (those that held were on low key). Feeding while on the programme/workshop stopped. We can only pray the plague is over, and never to come again. All is not well. We take a lot of herbal teas without sugar nor milk; and as often as possible. can be rest assured, African [native] medicines, no precise measurement. The *Old Normal* cannot be again. (J. Adepate, Jomiloju, personal communication, 10 February 2021)

Both learners and instructors have their stories of the impacts to relate; and so also, indirectly, the entire community. Some opportunities emerged; and the *Old Normal* seems to have gone forever.

Opportunities in the Circumstances

Notwithstanding the challenges, some opportunities, *New Normal* and as panacea for curtailment of COVID-19 and impetus to sustainable adult education emerged; Elaborate graduations that were unnecessarily draining the poor agrarian families were found to be absolutely unnecessary. Online teaching and learning are becoming popular despite the pronounced digital divide (Bozkurt et al., 2017; Council for Adult and Experiential Learning (CAEL), 2020).

Above all, guiding principles, and strategies for community mitigation to reduce or prevent COVID-19 transmission among adult learners, instructors and their families were realized. See Table 2: Ancillary opportunities in the circumstances of 2020 COVID-19 pandemic in ICLGA.

Table 2

*Ancillary opportunities in the circumstances of COVID-19 pandemic in ICLGA of Oyo State, Nigeria**

Principle/Strategies	Details
Staying at home order	To stay at home as much as possible, wearing a mask outside homes, socially distancing, and avoiding gatherings of people
Washing hands often	To wash hands often with soap and water for at least 20 seconds especially after visiting public places, or after blowing nose, coughing, or sneezing. Specifically important to wash: before eating or preparing food; before touching face; after using the restroom; after leaving a public place; after blowing nose, coughing, or sneezing; after handling used mask; after changing a diaper; after caring for someone sick; and after touching animals or pets. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol should be used. All surfaces of the hands must be covered, and rub together until they feel dry
Unnecessary touching	To avoid touching eyes, nose, and mouth with unwashed hands
Inside homes	To avoid close contact with people who are sick. If possible, maintaining 1.83m (6 feet) between the person who is sick and other household members
Outside homes	To put 1.83m distance between self and people who don't live in the household - some people without symptoms may be able to spread virus. Staying at least 1.83m (about 2 arms' length) from other people is desirable. Keeping distance from others is especially important for people who are at higher risk of getting sick
Use of masks	To cover mouth and nose with a mask when around others - Masks help prevent getting or spreading the virus. Everyone to wear a mask in public settings and when around people who do not live in your household, especially when other social distancing measures are difficult to maintain. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Masks meant for healthcare worker should not be used - surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders. 1.83m between oneself and others should be continuously used. The mask is not a substitute for social distancing
Covering coughs and sneezes	To cover mouth and nose with a tissue when coughing or sneezing or using the inside of elbow, not spit. Used tissues should be trashed. Hands must be washed immediately with soap and water for at least 20 seconds. Where soap and water are not available, hand sanitizer that contains at least 60% alcohol should be used
Cleaning and disinfecting	To clean and disinfect frequently touched surfaces daily: This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, they should be cleaned. Use detergent or soap and water prior to disinfection; then, use a household disinfectant
Monitoring health daily	To be at alert for symptoms. Watching for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important when running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 1.83m. Not to take temperature within 30 minutes of exercising or after taking medications that

	could lower temperature, like acetaminophen and Panadol. CDC or NCDC guidance should be followed if symptoms develop
Avoiding gatherings and travels	To be mindful of movement patterns within and between workshops, classrooms, compounds, families and larger communities impact efforts to reduce community transmission. “Coordination” across compounds, families and larger communities is critical – especially between compounds of different levels of community transmission. Travelling in public vehicles involves many individuals at a time. Social distance cannot be maintained. As much as possible, it should be avoided
Others	Getting use to internet, zoom meetings and online classes, etc.

Note: * NCDC offers setting-specific strategies for a variety of sectors that include businesses, schools, institutes of higher education, parks and recreational facilities, and others.

The goals, guiding principles, and strategies for community mitigation to reduce or prevent local COVID-19 transmission among adult learners, instructors and their families (and of course, entire community) were indirectly realized. The mitigation activities are in conformity with the suggestions/recommendations of CDC (2020 c) and WHO (2020 b, c): Individuals needed to follow healthy hygiene practices, stay at home when sick, practice physical distancing to prevent contagion and or lower the risk of the disease spread; and use a cloth face covering (with some exceptions) in community settings when physical distancing cannot be maintained (CDC, 2020c; WHO, 2020c). These universal precautions are appropriate regardless of the extent of mitigation needed.

There were many local traditional herbs that were resuscitated, reinvigorated and came into the limelight. Central to them all is the use of the herbs that were in congruence with the Traditional Chinese herbal medicine (TCM) and Indian formulae (Mandal, 2020). The Ibarapa Traditional Medicine (ITC) and TCM are similar and they have in common:

- Four herbs including *Ephedra sinensis*, *Semen armeniacae amarum*, *Glycyrrhiza*, *Gypsum fibrosum* have been - used for the treatment of lung heat, cough and asthma.
- Two herbs including *Radix glycyrrhizae* and *Rhizoma zingiberis* - used for epigastric pain, acid vomiting, intestinal pain, abdominal drainage, chest and back pain, dizziness, asthma, menstrual abdominal pain, etc.

In addition to these, and sometimes, as alternative, at any suspicion of cold, flu, etc., the combination of lemon peels, pineapple peels, ginger, red onion and others are boiled. The sick person is covered with blanket (or any large and thick clothe); and he will inhale the steam for six to eight minutes. This will be done two to three times a day, and for three days, and the ailment goes. The top-used TCM in COVID-19 treatment contains Glycyrrhiza, Poria cocos, Tangerine peel, Ophiopogon japonicas, Astragalus membranaceus, Scutellaria baicalensis, Saposhniovia divaricata root, Atractylodes macrocephala, Honeysuckle, Atractylodes lancea, Agastache rugosa, Platycodon grandifloras, Fructus Forsythiae, Rhizoma belamcandae, Szechuan fritillary bulb, Semen armeniacae amarum, Yam, Radix glycyrrhizae, Poria cocos, and Menthae Haplocalycis herba (Mandal, 2020). The Ibarapa Traditional Medicine for similar ailment (asthma, stuffy/runny nose, flu, phlegm, common cold, sore throat, pneumonia, and others) are not significantly different. But from literature (Mandal, 2020) and sources (grapevines) emanating from ICLGA, patients were often admitted to hospitals (except TCM and

herbal medications are applied) are primarily treated with western medicines as frontline treatment.

Conclusion

The COVID-19 pandemic did not infect any resident in Ibarapa Central Local Government Area (ICLGA) of Oyo State, and none of the neighbouring communities had any record of it. But the halo-effect devastated the community and adult education in its entirety. There were uneasy facades of calmness. Teaching and learning were indefinitely suspended. External Examinations could not be held. Online learning was introduced but many were incapacitated. Workshops were closed. Both learners and instructors felt isolated and abandoned. Social media including Facebook became more popular. Instructor-learners' meetings could not hold. Graduation could not be held as scheduled. Feeding while on the programme/at workshops, etc., stopped.

Notwithstanding the challenges, the educators and the learners gained insight into the opportunities for mitigation in the circumstances of COVID-19 and similar pandemics. They complied with the scientific dictates of COVID-19. They strongly agreed to the *New Normal*, and believe that the *Old Normal* is no longer fashionable. In addition, though this work cannot confirm the veracity of the medications, the pandemic facilitated and reinvigorated the use of traditional herbs for treatment of flu-like pandemics. The ITC complemented the scientific dictate.

Safe keeping and healthy environment at the venue of an adult education programme is imperative. As complementary to literature in adult education, the adult educators and learners now know how to manage the environment; and keep fit and safe in the circumstances of COVID-19 and the likes.

Recommendations

The agrarian community needs infrastructures for online learning in the circumstances of COVID-19 and similar pandemics. It is the responsibility of the local and state governments, and their agencies to enforce regulations of programmes and ensure infrastructures, namely, healthcare delivery system, electricity and power, and cheap and reliable Internet connectivity.

Further research and development into the Ibarapa Central Medications (ICM) for COVID-19 and the flu-like ailments need to be carried out. The veracity of the concoctions also needs to be verified by the Center for Research in Traditional, Complementary and Alternative Medicine that is for wider applications.

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