



Exploring Covid-19 Lockdowns in Nigeria, South Africa and Botswana: Issues, Contexts and Controversies

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Abstract

The coronavirus-19 (Covid-19) pandemic has impacted the world in unprecedented ways. To contain the virus, countries across the world had to implement lockdowns and other Covid-19-related protocols, which included physical distancing, frequent handwashing, wearing masks and restricting the movement of people. Although literature on the impact of Covid-19 is emerging, it is still relatively unknown how countries in sub-Saharan Africa (SSA) dealt with lockdowns. Applying nudge theory to three case studies—Nigeria, South Africa and Botswana—this paper explores the viability of Covid-19 lockdowns in SSA. The three cases shed light on the dynamics of Covid-19 lockdowns across different contexts in SSA. The paper argues that lockdowns were not ideal for regions like SSA, which has one of the world's poorest populations. Nudging people's behaviour in an effort to protect them from harm should, we submit, consider their socioeconomic context. More importantly, there is a need to decolonise, adapt and domesticate Western-style interventions like Covid-19 lockdowns to suit different situations. To this end, the paper provides some critical insights into the experience of lockdowns with some policy implications for future pandemics on the African continent and other parts of the global South.

Keywords: Covid-19; Botswana; lockdowns; Nigeria; nudge theory; South Africa

Résumé

La pandémie de coronavirus-19 (Covid-19) a eu des conséquences sans précédent sur le monde. Pour contenir le virus, les pays du monde entier ont dû mettre en œuvre des mesures de confinement et d'autres protocoles liés au Covid-19, dont la distanciation physique, le lavage fréquent des mains, le port de masques et la restriction des déplacements des personnes. Même si la littérature sur l'impact du Covid-19 émerge, la manière dont les

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pays d'Afrique subsaharienne (ASS) ont géré le confinement reste encore relativement méconnue. En appliquant la théorie du nudge à trois études de cas – le Nigeria, l'Afrique du Sud et le Botswana – cet article explore la viabilité des confinements liés au Covid-19 en ASS. Les trois cas mettent en lumière la dynamique des confinements liés au Covid-19 dans différents contextes en ASS. Le document soutient que les confinements n'étaient pas adaptés pour des régions comme l'ASS, qui compte l'une des populations les plus pauvres du monde. Encourager les gens à des comportement dans le but de les protéger contre tout préjudice devrait, selon nous, se faire en tenant compte de leur contexte socio-économique. Plus important encore, il est nécessaire de décoloniser, d'adapter et de domestiquer les interventions de type occidental, comme les confinements liés au Covid-19, pour les adapter à différentes situations. À cette fin, le document fournit des informations essentielles sur l'expérience du confinement, avec certaines implications politiques pour les futures pandémies sur le continent africain et dans d'autres régions du Sud.

Mots-clés : Covid-19 ; Botswana ; confinements ; Nigeria ; théorie du nudge ; Afrique du Sud.

Introduction

The Covid-19 pandemic has now been present for quite some time. Since the virus was first reported in Wuhan, China at the end of 2019 (Bulut and Kato 2020), it has spread to almost all regions of the world and impacted populations in significant ways. After three years of fighting the virus, through health protocols and vaccines, the world is now more knowledgeable about the nature of Covid-19 and its ramifications. Covid-19 protocols and associated interventions were rolled out in many countries. These included the World Health Organization (WHO) recommendations of handwashing, physical distancing, mask-wearing, lockdowns and vaccine roll-out to contain the spread of the virus. These preventive measures championed by the WHO were adopted by many countries as they are considered to be the best option to slow down the rate of infection.

As the virus spread across the world in early 2020, lockdowns proved to be helpful for many governments. This was also at a time when the world had little knowledge about the virus and the risk of infection (Cato and Inoue 2021). In a global village where Covid-19 posed an existential threat, lockdowns became a blueprint for countries to deal with the imminent threat of the virus. There is evidence to suggest that lockdowns were widely supported, especially in the early days (Foad *et al.* 2021). Some studies also concluded that lockdowns were necessary to relieve health systems from being overwhelmed (Alobo 2021; Elebesunu *et al.* 2021; Gebremeskel *et al.*

2021). Pro-lockdown advocates argued that restricting people's movements and confining them to their homes allowed countries to 'flatten the curve' (Lee *et al.* 2020). It is important to emphasise that lockdown strategies were first used in China and then adopted by countries as they registered Covid-19 cases. The Chinese model has always been strict, directional and targeted. For example, as specific areas in China were identified as Covid hotspots, they were put under strict lockdown and everyone was subjected to the same confinement until the virus was brought under control. In the early days, the world perhaps saw lockdowns as a viable strategy to curtail the spread of Covid-19.

Almost all countries in the sub-Saharan African (SSA) region fully embraced lockdowns, especially in the first quarter of 2020 when they started to register Covid-19 cases. Many countries adopted a stringent type of lockdown, in which citizens were subjected to various laws and regulations that limited their movement outside their homes for a specific period of time (Mboera *et al.* 2020). These restrictions excluded emergency and essential service workers. Haider *et al.* (2020) distinguish between geographic containment, home confinement, prohibition of gatherings and the closure of establishments and premises. They argue that geographic containment targeted Covid 'hotspots' and restricted the movement of people within a given geographic area. Home confinement corrals people 'to stay at home for prescribed amounts of time' (Haider *et al.* 2020: 2). Prohibition of gatherings restricted and limited crowding in places that usually attract many people. The most common form of lockdown adopted by many countries in SSA was a combination of home confinement and the prohibition of public gatherings. Law enforcement agencies were deployed in the streets to enforce these lockdowns. In some cases, individuals had to obtain permits to access grocery stores and other critical services like hospitals during this period.

The adoption of lockdowns in SSA and other parts of the global South were not without controversy. A number of questions were raised about their viability in a region with one of the world's poorest populations (Chirisa *et al.* 2022; Lytras and Tsiodras 2021). A concern was also raised about the tendency of lockdowns to nudge people's behaviour, in the process trampling their individual rights and liberties (Block 2020). Some critics of lockdowns argue against their coercive nature, especially their effect in undermining the different lived experiences of people.

The logic of Covid-19 lockdowns assumed a universalistic stance in that they were perceived to work for every nation. Maholtra and Kunal (2020) believe that lockdowns are a 'double-edged sword' that puts countries into

a catch-22 situation. They argue that although lockdowns provide some benefits they are likely to bring significant harm to populations especially if they are prolonged. Citing India as an example, they posit that 'long duration lockdowns carry a risk of aggravating and losing control of the treatment of chronic illnesses' (Maholtra and Kunal 2020:286). They challenge the essentialism and Western-style approaches that have dominated responses to Covid-19.

For this reason, some call for the need to decolonise these lockdown measures and adapt them to suit the contexts of people in SSA (Fofana 2021). More importantly, imposing lockdowns in SSA might exacerbate the already dire socioeconomic situations among populations. Haider *et al.* (2020) note that harm caused by lockdowns might be influenced by how a country implements them—that is, the 'breadth, depth and length of the different lockdown measures' (2020:7) determines the extent of harm within given populations. Concern has been raised about whether lockdowns might not compound the situations of people who are already suffering and be more harmful than the virus itself (Mboera *et al.* 2020). This explains why apprehensions about the sustainability of lockdowns among poor populations continue to inform debates in SSA.

There is a need to investigate the impact of lockdowns in regions like SSA that are complex with diverse territories. While lockdowns have been viewed as necessary to control Covid-19 across the world, it is important to disentangle them and explore their impact. This analysis is necessary to counter global and Westernised interventions (such as lockdowns) that have proved to be insensitive to the social and cultural contexts of people in non-Western environments. Therefore, this paper explores SSA's experience of Covid-19 and adopts a comparative analysis by looking at Nigeria, South Africa and Botswana. Using nudge theory, it outlines the experience of Covid-19 lockdowns in these three case studies. The idea is to demonstrate that lockdowns could be applied to SSA differently. In the quest to deal with health pandemics, countries in the global South might need to decolonise global measures and adapt them to effectively serve their populations. For SSA, the paper provides critical insights that have implications for how African countries could manage pandemics and other public health crises in future.

Nudge Theory in Health: Understanding Covid-19 Lockdowns

Nudge theory originates from behavioural economics and focuses on individuals' decision-making processes. The theory is usually associated with Thaler and Sunstein (2009) and their concept of libertarian

paternalism. Thaler and Sunstein (2009) argued that a policy is usually favoured by a state to guide individual choices (Binns and Low 2017); the state essentially becomes a ‘nanny state’ that puts in place measures to guide individual choices for people’s own benefit. Libertarianism, on the other hand, refers to the need to respect individuals’ choices to act and decide for themselves. Libertarians usually ‘assign fundamental importance to individual freedom’ (Cato and Inoue 2021:446). Nudges are therefore strategies that are used to apply a libertarian paternalistic policy. The idea is to nudge people’s behaviour in certain ways to protect them and make their lives better. Nudges have been used as public health policy to influence people’s behaviour across many contexts—for example, to redirect people’s alcohol use (Petticrew *et al.* 2020), food choices (Ensaif 2021), smoking (Houk, DiSilvestro and Jensen 2016) and gambling (Newall 2019). The justification for nudges is to protect individuals who cannot make good and healthy choices for themselves.

Although this approach has been a popular public policy choice, it has been criticised for being paternalistic and undermining individual agency. In the context of Covid-19, Block (2020) called for an agnostic strategy to deal with the virus because Covid-19 ‘facts’ were always evolving and unknown. He charges that inconsistencies in the predictions and threats caused by Covid-19 indicated that a measured approach was preferable, especially in terms of the state’s involvement. People should not be ‘nannied’ over an evolving condition whose realities are uncertain (Block 2020).

The onset of Covid-19 recentred debates on nudge theory. In a global pandemic, lockdowns could be seen as an effort to nudge individual behaviour to contain the spread of the virus. Indeed, for some countries, this justification was true. During lockdowns, individuals were expected to surrender to the state their right to protect themselves. Yet some people opposed lockdowns and protested against measures that restricted their movements. Protests against Covid-19 lockdowns occurred not only in SSA but also in Western countries such as the United States. Protests became more frequent as lockdowns were prolonged, because people struggled with being confined to their homes over an extended period of time. Some protesters thought lockdowns undermined their agency, trampled their individual freedom and interfered with their life (Cato and Inoue 2021). In SSA and other parts of the global South, prolonged lockdowns attracted the wrath of especially those citizens whose livelihood was affected by these restrictions. Many poor people in marginalised communities violated Covid-19 regulations as some continued to trade ‘illegally’ during lockdowns (Dzawanda, Matsa and Nicolau 2021). Nudges in the form of

Covid-19 lockdowns therefore subjected individuals and communities to experiences that were not aligned to their socioeconomic context. Efforts to nudge behaviour while undermining the social and cultural contexts of people are unlikely to achieve the desired results.

Covid-19 Lockdowns in Sub-Saharan Africa

The SSA region was significantly impacted by Covid-19. By April 2022, the continent of Africa had registered an estimated 8 million cases with about 170,000 deaths (WHO 2022). These numbers were spread widely, although South Africa, Egypt, Morocco and Algeria reported a higher cumulative caseload of Covid-19 cases compared to other countries. Countries with high Covid-19 cases had a higher activity of international tourism and socioeconomic globalisation (Farzanegan, Feizi and Gholipour 2021).

Despite early predictions that anticipated a dreadful public health crisis in Africa due to Covid-19, the situation across the African continent was much better than expected. For example, the United Nations (UN) predicted about 44 million cases of Covid-19 in the African continent by the end of 2020 with about 190,000 deaths (UN 2020). These predictions did not materialise and SSA was not as severely affected by Covid-19 as other regions of the world. Even so, the impact of the pandemic was felt across all economies in SSA. As countries implemented lockdowns, global trade ground to a halt and most SSA countries experienced an economic downturn, reflected in the contraction of their gross domestic product (GDP) (Lone and Ahmad 2020). The WHO report (2021) estimated that 40 million people in SSA experienced poverty and hardship due to the effects of Covid-19. This included mostly women, young people and low-skilled workers in the informal sector.

The negative effects on economies within SSA resulted from a dependence on commodities from outside the continent. When lockdowns were implemented and the importation of these commodities stopped, most economies within SSA experienced significant losses. For instance, Ozili (2020) points out that most African countries depend on commodities that are imported from China. This meant that when the Chinese economy temporarily stopped their exports, this in turn affected the economies of African countries. Specifically, the trade restrictions and a reduction in imports in SSA led to an increase in 'food and security challenges, heightened debt-over-hang and revenue shrinkage due to decline in commodity price volatility' (Ujunwa, Ujunwa and Okoyeuzu 2021:2).

The Covid-19 lockdowns and associated restrictions had ripple effects on poor and marginalised families across SSA, who do not have sustainable jobs, work in the informal sector and can ill afford to work from home. Adebisi *et al.* (2021) identify several ways in which families were affected—financially, economically and socially. They argued that in South Africa, for instance, because many people do informal work, the lockdowns left many people without a job. The lockdowns also were found to increase some parenting stressors (Brown *et al.* 2020), affecting children with disabilities (Mbazzi *et al.* 2022), educational outcomes (Spaull and Van der Berg 2020) and the levels of domestic violence (Stiegler and Bouchard 2020).

One of the sectors that was severely affected by Covid-19 in SSA was tourism. For those SSA countries that largely depend on this sector, lockdowns and travel bans negatively affected their economies. The African Union (AU) estimates that the tourism sector accounts for 10% of the GDP of fifteen countries across Africa (AU 2020). Furthermore, an estimated 1 million people are actively employed in this sector across SSA. As tourist numbers dwindled, many workers in the tourism and hospitality industry across SSA were furloughed or became unemployed (Rogerson and Rogerson 2020). Lockdowns affected downstream actors that indirectly benefit from tourism in SSA, such as part-time workers, small and micro enterprises and the tourism-related informal sector. Airlines incurred significant losses because of the fewer passengers and the grounding of flights. For example, by March 2020, major African airlines had lost an estimated USD 4.4 billion in revenue, with Ethiopian Airlines reporting a net loss of about USD 190 million (AU 2020).

At a macroeconomic level, lockdowns devastated African countries in general and negatively affected poor and vulnerable populations who were already grappling with political turmoil, malnutrition and relatively weak health systems. In the next section, I discuss lockdown experiences in Nigeria, South Africa and Botswana and demonstrate the perils of this measure. These are good examples through which to illuminate lockdown experiences.

Nigeria is Africa's most populous country, with a diverse population and vibrant economic zones that attract large volumes of international travellers. Yet its rate of inequality is ranked as one of the highest in the world (Umokoro 2014). An analysis of lockdown measures in Nigeria, with its diversity and vast resources, provides valuable lessons for other countries in SSA. South Africa is an economic hub in southern Africa and has for a long-time been Africa's biggest and most valuable economy. It attracts international tourism, and has a high rate of urbanisation and of inequality (Ziervogel 2019). Moreover, South Africa's apartheid history provides a

unique perspective on whether this history had an effect on the experience of lockdowns within the country. Lastly, Botswana contrasts sharply with the other two cases. It has a small population, is landlocked and is generally considered to be a democratic and peaceful country.

Nigeria

Nigeria is Africa's most populous country with an estimated 216 million people in 2021 (UNFPA 2021). It is the tenth-largest producer of oil in the world and is West Africa's economic powerhouse. Its expansive economic activities and cultural diversity attract large volumes of tourists, regionally and internationally. Nigeria announced a national lockdown on 30 March 2020 to contain the spread of Covid-19. At that time, the country had relatively few cases of Covid-19. It registered its first case on 27 February, an Italian expatriate in Lagos (Onuoha, Ezirim and Onuh 2021). The logic behind the lockdown was to control the spread of Covid-19 across Nigeria's vast territories. Places that usually attract crowds, such as schools, churches and sports venues, were closed. Curfews were introduced. Other measures included banning travel from countries that had reported high cases, and isolating returning citizens for two weeks (Oginni *et al.* 2020). To mitigate the effects of the Covid-19 lockdown, the Nigeria government gave out food parcels and cash to the most vulnerable populations to cushion them against the effects of the virus (Eranga 2020). It was estimated that there were around 3.6 million vulnerable people in Nigeria, representing about 5 per cent of Nigeria's poor population (Odii *et al.* 2020).

After the first case was reported in Nigeria, the state of Lagos saw a higher number of Covid-19 cases than other states. This could be attributed to its high population density, commercial activity and its popularity with international travellers (Oginni *et al.* 2020). The evidence suggests that poor and vulnerable Nigerians felt the effects of the lockdown the most. Nudging people without contextualising the impact of the change on their lived experiences usually results in protests or revolts, which is what happened. The ensuing protests led to the lifting of restrictions on 4 May 2020 (Ajide, Ibrahim and Alimi 2020).

Some scholars have criticised Nigeria's government for adopting an 'elitist' and 'Westernised' lockdown strategy that undermined the lives of ordinary Nigerians (Iwuoha and Aniche 2020) and did not take into account the experiences of especially the poor, marginalised and socially isolated. Oginni *et al.* (2020) further argue that the poor infrastructure

across many regions in Nigeria created several challenges to giving aid to poor people during lockdown. This included inaccessible roads that made it difficult to provide some communities with food parcels.

Poor settlements in urban areas were severely affected. Iwouha and Aniche (2020) emphasise that the living conditions of people in slums is antithetical to the lockdown strategies adopted by the Nigerian government. They charge that because slums are densely populated, lack critical infrastructure such as power and water and generally have poor sanitary conditions, handwashing and social distancing was difficult among poor populations. This resulted in the lack of proper enforcement of Covid-19 regulations and constant violations of the protocols, which were met with force by law enforcement agencies in some regions. For instance, between 30 March and 15 April 2020, eighteen people were reportedly killed and thirty-three tortured by law enforcement officers (Odigbo, Eze and Odigbo 2020). Furthermore, Onuoha *et al.* (2021) state that about 34 per cent of human rights violations by law enforcement were reported during lockdowns in Nigeria. Furthermore, they reported rampant corruption and bribery, what they call 'extortionate policing', which made lockdown enforcement difficult. Most of these encounters happened in poor urban settlements, where people do not have a sustainable income or cannot work from home, and so protocol violations and resistance to lockdowns were frequent. As a result, the virus case load was disproportionately high among poor populations. As Iwouha and Aniche (2020) have rightly argued, the Western-style lockdowns were not suitable for the lives of poor Nigerians in poor urban settlements. Nudging poor people's behaviour without a consideration for their socioeconomic context usually leads to violations.

South Africa's Covid-19 Lockdown and Alert Levels

South Africa's lockdown strategy was unique, yet similar to Nigeria's in some respects. South Africa implemented a hard lockdown on 23 March 2020 to curb the spread of the virus. Like Nigeria, the first case of Covid-19 in South Africa was a male who had travelled to Italy with his family and a group of other people (Drain and Garrett 2020). When the lockdown was announced, the country was experiencing a surge in Covid-19 cases and was considered an epicentre of the pandemic in southern Africa. By that time, South Africa had already registered 128 cases and was averaging almost fifty-seven cases a day (Moonasar *et al.* 2021).

The Government of South Africa was intentional about controlling the virus from the early stages. First, it declared a National State of Disaster and then developed five alert levels that would be implemented to manage

the spread of the virus. The fifth level was the most stringent and the first level was the least strict (Greyling, Rossouw and Adhikari 2021). In the first lockdown, level 5, citizens were not allowed to leave their home except for essential services. Places that attracted crowds were closed and workers were encouraged to work from home. The President of South Africa, Cyril Ramaphosa, led the war against Covid-19, keeping the public up to date in constant television addresses about how the virus was progressing in the country. Over time, the South African strategy oscillated between the different lockdown levels depending on the severity of virus. For example, on 1 June 2020 the country was on level 3, when certain businesses were allowed to operate (Greyling *et al.* 2021).

The evidence in South Africa suggests that the poor and marginalised were significantly affected by the lockdown measures, specifically poor Blacks who live in 'townships' adjacent to urban areas across South Africa. Townships are equivalent to slums in West and East Africa. The history and development of townships in South Africa was not a natural occurrence but a result of discriminatory and exclusionary policies during the apartheid era. Mbambo and Agbola (2020) cite various race-based legal instruments used by the apartheid regime, such as the Stallard Commission, Urban Areas Act of 1923 and Group Areas Act of 1950, that led to the development of townships. Like slums, townships house the poorest members of society, lack basic necessities, are overcrowded and unsanitary. South African townships also have higher crime rates compared to other neighbourhoods (Breetzke 2012). An estimated 14 per cent of the South African population live in townships (SERI 2018).

Evidence from the South African experience points to tensions during the lockdowns, especially in townships. These related, first, to disbelief about the existence of the virus and, second, to violations of state-sanctioned health measures. Sitto and Lubinga (2020) argue that framing Covid-19 as a virus that was imported by white people who had travelled to Italy might have fortified 'perceptions that it was indeed a disease of the white and privileged' (2020:6.2). These perceptions, laced with historical meanings and Black experiences, might have influenced how people reacted to the lockdown restrictions. This demonstrates the centrality of context when implementing global interventions like the Covid-19 preventive measures.

Lockdown violations were reported in many townships especially among younger age groups. Police reports estimate that about 400,000 arrests for lockdown violations were made between March 2020 and February 2021 (Business Tech 2021). Most of these arrests were in townships and poor

rural areas and related mainly to breaching social gathering prohibitions and evening curfews. Dukhi *et al.* (2021) found that young people in townships and informal settlements were likely to socialise outside their homes. They argue that ‘with overcrowded environments in informal settlements, people are more likely to step out the house for personal space’ (Dukhi *et al.* 2021:53). The structure of housing in townships essentially made physical distancing impossible.

Several cases of beating, torture and death at the hands of law enforcement were reported across townships in South Africa (Bowman 2020). This led to outrage from human rights activists. One case that drew public attention was that of Sibusiso Amos, who was allegedly shot dead by the police in the Vosloorus township near Johannesburg after they accused him of violating lockdown regulations (Stockenstroom 2021). Unconfirmed reports stated that he was in his yard and standing behind the gate (Stockenstroom 2021). This case was one of many deadly encounters between law enforcement and township residents in South Africa.

South Africa’s experience of lockdown was a microcosm of the wider SSA experience, in that it was harshest among poor and marginalised communities. Although there are similarities with other countries, apartheid and its discriminatory policies have inordinately affected and shaped the Black experience in South Africa and might have influenced people’s perceptions of the Covid-19 lockdowns and associated measures. The use of excessive force and ‘violent policing’ mirrors an apartheid-era practice (Langa and Leopeng 2020). In essence, the South African experience points to the challenges of nudging poor people in townships. It shows that global interventions that seek to direct and control health behaviour might be impossible to apply to poor people in unique situations.

Botswana’s Lockdown and the State of Emergency

Botswana is a different case from South Africa and Nigeria. First, unlike the two cases discussed, Botswana is a relatively small country, with a population of about 2.3 million, and is landlocked in the heart of the southern African region. Second, it is generally perceived to be a beacon of democracy and a model for other African countries (Robinson and Acemoglu 2003). Third, the country enacted a State of Public Emergency on 2 April 2020 following a strict lockdown on 28 March 2020. Initially, this was to run for six months but was extended for eighteen months. The State of Public Emergency empowered the president to apply emergency regulations to curb the spread of the virus. This declaration meant that the Constitution was suspended and all the powers were vested in the president.

Like other countries in SSA, Botswana implemented a stringent lockdown between 28 March and 2 June 2020 (sixty-seven days). This was before the country registered any case of Covid-19. The move was seen as cautionary, to prevent the virus spreading. During the lockdown, no movement was allowed in the country except for essential service employees. All persons were required to apply for a Covid-19 travel permit to shop for critical supplies such as food or to go to health facilities. Foreign nationals were not allowed to enter Botswana except those with a valid working permit. The military and police force were deployed to enforce the Covid-19 regulations.

Samboma (2020) reports that, as in other SSA countries, Covid-19 lockdowns in Botswana resulted in high numbers of child abuse. She argues that although lockdowns were meant to protect children in general, child abuse increased in poor and crowded areas in Botswana. The lockdown effects were also severe among individuals with chronic diseases. Mandiyanike and Moeti (2021) state that individuals with chronic illnesses suffered because they could not get a permit to access medication and other health necessities as a result of the strict and uncompromising law enforcement. In essence, 'achieving lockdown as an end in itself may amount to a pyrrhic victory—the authorities may successfully achieve total lockdown but with heavy costs on gains made in combating other ailments' (Mandiyanike and Moeti 2021:241).

Several newspapers documented cases of assault, beatings and excessive force by the military and police in Botswana. For instance, on 6 April 2020, the *Gazette* newspaper published a story about citizens who were assaulted by law enforcement officers while on their way to a regular check-up at a local hospital. Another case was that of James Selelo* (pseudonym) who was accosted by the police on his way to a grocery store and was forced to do fifty bare-knuckled push-ups on a gravel surface. The report states that even after humiliating Mr Selelo the police and military physically abused him (*Gazette* 2020). The abuse and mistreatment of poor people was a general trend in Nigeria, South Africa and other countries in SSA.

Although Botswana had a somewhat different strategy to Nigeria and South Africa, and does not have slums or townships at least to the same extent as those two countries, lockdown violations by the poor were evident from the start. Poor people in Botswana live in Self Help Agency Housing (SHHA) areas, which were established in 1973 to assist lower income households to access housing in urban areas. SHHA areas are considered poor in Botswana, but they are much better than slums as they have clean water, electricity and some have paved roads. The poverty in SHHA is mostly relative as residents have access to basic amenities such as education

and health services. Covid-19 violations were mainly reported in poor urban areas and in the rural areas. This supports the argument that poor people, regardless of where they are, might not be served adequately by global measures and interventions.

Conclusion

This paper has argued that the lockdowns that were implemented across SSA countries in the first quarter of 2020 disadvantaged poor populations. It proposes that nudging the behaviour of poor people through draconian and coercive means cannot work. The three country cases that have been studied in this article show that global measures such as the Covid-19 lockdowns are not necessarily viable in the lived experiences of people in resource-poor settings. That is, Western-style interventions with their unipolar orientations and homogenising persuasion might not be appropriate for people in poor regions like SSA and other parts of the global South. While Nigeria, South Africa and Botswana might be different in terms of Covid-related strategies, populations and magnitude of issues, they are similar in demonstrating the peculiarity of the poor. The pattern of violating regulations indicates a struggle with interventions like lockdowns that are insensitive to poor people and highlights the need to consider the socioeconomic contexts of people in poor regions when formulating global interventions.

The paper challenges widely held perspectives about the functionality of global interventions like the Covid-19 lockdowns and preventive measures. It critiques and contests the notion that Western-endorsed interventions are pristine, uncontroversial and serve the world in similar ways. It also emphasises the centrality of context in nudges and nudge theory. In certain regions like SSA, context-specific interventions might be better suited to serve poor populations (Afriyie *et al.* 2020). The onus is on SSA countries and other parts of the global South to decolonise, adapt and domesticate these global interventions to suit the context of their specific localities. Adopting global interventions wholesale might lead to resistance and violations, as was the case with Covid-19 lockdowns.

The paper provides useful insights on the need to consider the lived experiences of the 'other' and their unique contexts when implementing global interventions like Covid-19 protocols. This is critical especially in the era of globalisation, which trumpets cognate interventions and pay little attention to the complex and nuanced ways that 'other' people might appropriate these global measures.

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