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CRITICAL THINKING DISPOSITIONS IN ARTS/HUMANITIES: A SOCIO-CULTURAL PERSPECTIVE ON COVID-19 PANDEMIC.

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Introduction

There is not too much gulf of meanings in terms of what constitute the arts in relation to the humanities as an area of knowledge but what is most critical in our conversation is that both are concerned with the interpretation of human experience in verbal and non-verbal modes, and as we move up the ladder of learning as in the 21st knowledge we begin to appreciate the point that boundaries between disciplines melt into trans-disciplinary intersections as such rather than erect walls of specialization, we attempt to see how specializations can help us scan into the distant horizons. It is the scanning processes that weld various Departments of Arts/Humanities into the search for prescriptions and social pills for Covid-19 pandemic through critical thinking processes.

One may then ask, what is critical thinking as a cultivated tool in Arts/Humanities which assist scholars to solve complex problems? The Arts/Humanities as branches of knowledge are concerned about human beings and their culture, and have devised analytical and critical methods of inquiry derived from the appreciation of human values, and the unique ability of the human spirit to express itself through various academic disciplines of the visual arts, history, modern languages, performing arts, philosophy, religion, literature, music, communication studies, anthropology, archaeology, human geography among others.

The Arts/Humanities probe into human cultures, and equip its scholars to understand what binds humans together and what differentiates them from each other. They equip scholars with high level insights, practical applications of professional skills, full realization of powers and capacities of the modern humans, the Homo sapiens sapiens. Through the application of critical thinking in the works of Arts/Humanities scholars the values of different cultures are revealed and preserved as great accomplishments of the past which shape the understanding of the world we live in and provides the tools to imagine the future.

This paper applies critical thinking as a way of knowing which reveals information on the socio-cultural perspectives of Covid-19 pandemic. It makes use of available literature from World Health Organization (WHO), short term observations of people in different sites and locations including lecture halls, markets, schools, offices and a few interviews as time permitted. The information derived can assist on reasonable conclusions about how people understand and respond to Covid-19 pandemic. The paper is not ethnography of Covid-19 pandemic in the city of Calabar, it is a critical thinking discourse based on the above research

instruments applied in understanding people's perceptions, notions, assumptions which inform their attitudes and beliefs which shapes their behavior towards Covid-19 pandemic. It also examines media presentations, social appreciation of the pandemic and assists in pushing for an objective understanding of the pandemic against an emotional one. Thus, the paper encourages people to get vaccinated and abide by Covid-19 preventive measures.

Critical Thinking in Arts/Humanities

What really is Critical Thinking?

At the elementary level we all as humans think, it is part of human nature to think but much of our thinking is rudimentary and comes unrefined, sometimes raw and may be biased, distorted, or uninformed because of cultural blinders, past experiences, cognitive biases, individual differences in terms of age, socio-economic status and personal beliefs on outcomes. However, the quality of our lives and society depends on the quality of our thinking whether in the health sector, education, economy and politics. This makes critical thinking imperative to human existence. According to Paul (2012), critical thinking sharpens reasoning and reliance on scientific evidence and information that will help us have better beliefs.

The faculties of Arts/Humanities by their training programmes and curriculum designs inculcate the three Bloom's taxonomy of educational objectives of knowledge, the cognitive, affective and psychomotor skills (Bloom, *et al*, 1956) expressed through intensive and extended culture of reading, writing, speaking, listening and visualizing concepts. These are very useful skills for expressing critical thinking. Critical thinking as defined by Scriven and Paul (1987) is the "intellectual disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing and/or evaluating information gathered from or generated by observation, experience, reflection, reasoning, or communication as a guide to belief and action". They maintained that it is based on universal intellectual values that transcend subject matter divisions and has clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breath and fairness. Critical thinking therefore, is a mode of thinking aimed at improving results by bringing to bare intellectual standards on the thinking process, and demands rigorous standards of excellence in its engagement. Without the skills or ability to think critically we revert to ego-centric and socio-centric thinking.

Critical thinking incorporates different modes of thinking such as scientific thinking, historical thinking, anthropological thinking and creative thinking, economic thinking, oral thinking, philosophical thinking, and according to Glaser (1941) it calls for a persistent effort to examine any belief or supposed form of knowledge in the light of evidence that supports it and the conclusions to which it tends. Glaser further observes that critical thinking requires the ability to recognize problems, to find workable means to meeting those problems, to gather and marshal pertinent information, to recognize unstated assumptions and values.

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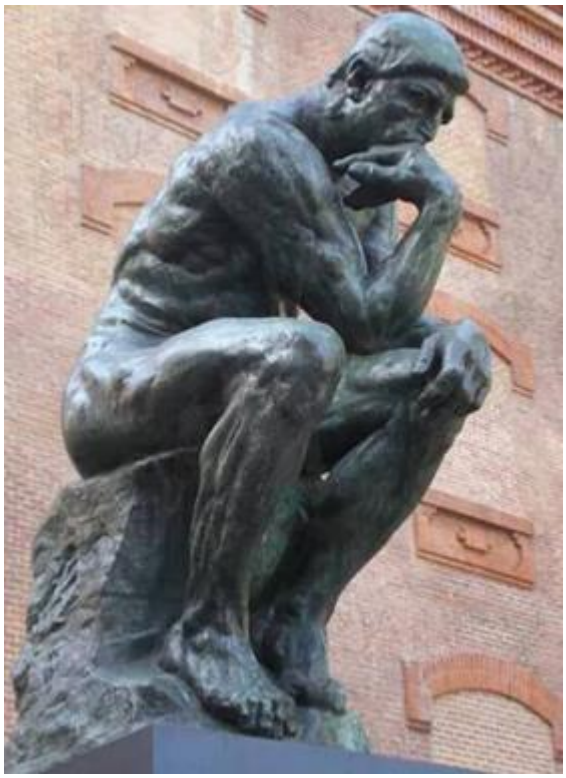
This paper will be incomplete without the statue of The Thinker, a bronze work produced in 1902 by the famous French Sculptor, Auguste Rodin (1840-1917). The piece is regarded as one of the top ten classic sculptures in the Western world. The sculpture had evolved into a historical and cultural symbol of thinking and has been analyzed and interpreted from the perspectives of arts and humanities. It was initially titled by Rodin himself as "The Poet" and was later renamed The Thinker. The figure though seated, is not at rest, it is sunk into absolute meditation and immersed in distress. The work was meant to represent the inner sorrows of the great Renaissance poet Dante Alighieri and his humanistic thought.



Auguste Rodin, The Thinker, 1902 Bronze.

> *The statue is used as an image to represent philosophy of a pose in deep thought and contemplation.*

Albert Einstein's critical thinking idea was stated in words, which reads "Education is not the learning of facts, but the training of the mind to think", whereas Auguste Rodin's idea of critical thinking is a visual concept expressed in permanent medium of bronze. The different media used by them are products of critical thinking of the creative minds expressed in the tools of Arts/Humanities, of writing and visual concepts. The two media can also be discussed in language format of speech. Therefore, Arts/Humanities can complement efforts of medical sciences and laboratory technology by providing critical thinking tools for examination of the social structures and cultural elements affecting Covid-19 pandemic through the observations

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of its socio-cultural problems and solutions, analysis of information collected from the field, inference of conclusions based on relevant information and personal knowledge, observation and communication through sharing of information verbally, non-verbally and written.

What we need to know about the Covid-19 pandemic

Covid-19 pandemic is also referred to as coronavirus disease, a 2019 global pandemic caused by severe acute respiratory syndrome corona virus 2 (SARS-COV-2). The outbreak was first identified in Wuhan, China from three isolated persons with pneumonia. It is apart of a large family of viruses arising from common cold to more severe diseases. The novel corona virus (nCoV) strain is new and had never been identified in humans as well as its source of viral transmission in humans.

On the 11th of March 2020 the World Health Organization declared the Novel Corona Virus Disease (Covid-19) outbreak as a pandemic and called for countries to take immediate actions and scale up response to treat, detect and reduce transmission to save lives. It was code named Covid-19 and SARS-CoV-2 on 11th February 2020 by World Health Organization (WHO).

Different types of Coronaviruses

According to Cui and Lif (2019), coronaviruses (CoVs) are a family of viruses that cause respiratory and intestinal illnesses in humans and animals. The viruses cause mild colds in people, the acute respiratory syndrome (SARS) epidemic occurred in China in 2002-2003, in the Middle East Respiratory Syndrome (MERS) occurred on the Arabian Peninsula in 2012.

Since December 2019 there has been a global battle on corona virus with severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2) the virus responsible for the current outbreak of coronavirus disease (Covid-19) was first identified in Wuhan, China (Wu, & Yu, 2020; Zhou, & Wang, 2020).

According to Cui *et al* (2019) and Corman *et al* (2018) seven human corona viruses have been identified, four of them are common, less risky and cause mild respiratory illnesses in healthy adults. It contributes to a third common cold infections in higher risk people with weak immune systems and can cause long-term life-threatening illnesses. The three (MERS, SARS and Covid-19) are known to cause more severe illness such as shortness of breath and death. Covid-19 illness tends to be milder than SARS and MERS but more severe than disease caused by the four common coronaviruses. The coronaviruses are thought to have been transmitted to humans from animals such as bats, pangolins and civets as intermediate host.

Corona Virus	**Illness**
SARS-CoV-2	Covid-19
SARS-CoV	Severe acute respiratory syndrome (SARS)
MERS-CoV	Middle East respiratory syndrome (MERS)
HCoV-NL 63	Usually, mild respiratory illness

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HCoV-22 9E	
HCoV-OC 43	Usually, mild respiratory illness
HKU1	

Omicron (B.1.1.529): SARS CoV-2 variant, it has several mutations that have an impact on how it behaves, how easily it spreads or its severity of illness. Initial reported infections were among university students, young individuals with more mild diseases. All variants of Covid-19 including Delta variant which is dominant worldwide, can cause severe disease or death especially for most vulnerable people as such prevention is the key.

Delta variant is more contagious than other strains, and people who are mixing socially and those unvaccinated are more susceptible to contracting the Delta variant.

The coronaviruses are named according to their genetic structure to facilitate the development of diagnostic test, vaccines and medicines. The organs mostly affected are the lungs. The virus survive on different surfaces at different lengths of time, it can remain viable on plastic and stainless steel for up to 72 hours, on copper for 4 hours, cardboard for 24 hours. The virus can be killed at temperatures similar to that of other viruses found in food. The coronavirus die very quickly when exposed to the ultraviolet light in sunlight. SARS-CoV-2 survives at room temperature or lower and when the relative humidity is low.

After being expelled from the body, coronaviruses can survive on surfaces for hours to days. If one touches the dirty surface without washing the hands with water and soap, the person may likely deposit the virus at the eye, nose or mouth from where it can infect the body. The coronaviruses spread more easily in what is referred to as the "Three Cs".

a) Crowded places
b) Close contact settings
c) Confined and enclosed spaces with poor ventilation

Coronavirus Symptoms

- Fever or cough that improves, but returns or worsens.
- Loss of speech or mobility
- Difficulty in breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Dizziness or confusion
- Severe muscle pain
- Not urinating
- Lost of taste or smell

Less common symptoms

- Sore throat

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- Head ache
- Rash on skin or discoloration of fingers or toes
- Red or irritated eyes
- Aches and pains
- Diarrhea

Symptoms if not identified by testing and patient isolated and treated may develop complications of pneumonia, acute respiratory distress syndrome (ARDS), multi-organ failure, septic shock and death. Infected people can transmit the virus both when they have symptoms and when they do not. The virus can cause acute myocardial injury and chronic damage to the cardiovascular system. Those at higher risk of developing serious illness from Covid-19 are older people, those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer.

Modes of transmission

- Through breathing air contaminated by droplets and small airborne particles
- When people are in close proximity
- It can be inhaled over longer distances particularly indoors

Precautions on personal protective measures

- Maintain physical distancing of one meter from the person nearest to you.
- Clean hands frequently with alcohol-based hand rub or soap and water.
- Wear a properly fitted mask when physical distancing is not possible or when in a poorly ventilated setting.
- Cover your mouth and nose with a bent elbow or tissue when you cough or sneeze
- Avoid touching your eyes, nose and mouth with dirty hands
- Avoid crowded pubic gatherings or activities
- Open window
- Clean and disinfect frequently touched objects and surfaces
- Once home wash your hands thoroughly.

Environmental public health measures

(i) Cleaning (ii) Disinfection (iii) Ventilation

Surveillance and response measures

(i) Testing (ii) Genetic sequencing (iii) Contact tracing (iv) Isolation

(v) Quarantine

Physical distancing measures

(i) Regulating the number and flow of people attending gatherings

(ii) Maintaining distance in public or work place (iii) Domestic movement restrictions (iv) International travel related measures

Medical counter measures are

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(i) Drug administration and Vaccination

Covid-19 law laboratory

A set of laws implemented by countries in response to the pandemic:

1. State of emergency declarations
2. Quarantine measures
3. Disease surveillance
4. Legal measures relating to:
    - Mask wearing
    - Social distancing
    - Access to medication and vaccines

Covid-19 vaccines

- Johnson and Johnson Vaccine
- Moderna vaccine
- Oxford, Astra Zeneca vaccine
- Sputnik V vaccine
- Bio Ntech, Pfizer vaccine

Vaccines protect most people from getting sick, but none is 100 percent effective. A small number of vaccinated people may get infected with Covid-19, this is known as breakthrough infection. Those living in high area with high-levels of Covid-19 transmission, it is recommended they take additional precaution even if they are vaccinated. Vaccine reduces severe disease and mortality. Vaccine may lead to protection against infection and a reduction in transmission which in addition to public health safety measures will help control the spread of the virus.

Socio-cultural perspectives on Covid-19 pandemic

Critical thinking in Arts/Humanities is an important research tool for appraising facts, data and evidence related to socio-cultural perspectives on Covid-19 pandemic. It is a public health safety standard which includes essentially (a) personal protective measures and (b) environmental measures. The socio-cultural perspective is concerned with the awareness of circumstances surrounding individuals and how their behaviours are affected by the surrounding social and cultural factors. Such socio-cultural factors can increase or decrease their vulnerability to the pandemic through adaptive or maladaptive behaviours.

Critical thinking on Covid-19 pandemic requires identifying and understanding the socio-cultural factors that play out in its disease conditions, contact, spread, protection against its infection, medical response, mortality rate and so on. This is because socio-cultural factors are aiding and abating the spread of coronavirus not only in Calabar, Nigeria but globally. Certainly, humanity cannot confront the coronavirus purely from a scientific and technological prism of medical intervention on diseases and treatment, scientific modules of prescriptions and technological advances in laboratory investigations, the production of vaccines, and other

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associated scientific endeavours without an attempt at understanding the diverse global societies and its people; the local, the universal and their social and cultural peculiarities. This is where the Arts/Humanities have a critical intervention to make.

The medicals, scientists and technologists as health care providers of goods and services cannot go on successfully without a basic knowledge about people and societies, and the understanding of the place of geography and socio-cultural dynamics of traditions, habits, patterns and beliefs present among a group of people. These are the most remarkable drivers on how people make decisions in any society because what is considered as normal and regular behavior in a particular society can be unusual and unacceptable in some other societies. This essentializes the consideration of socio-cultural factors in the tackling of Covid-19 pandemic.

Socio-cultural factors of necessity raise questions such as:

a) What is the literacy level of the society, do the people understand the scientific explanation about Covid-19 pandemic and its scourge?
b) What are the people's perceptions and attitudes towards Covid-19 pandemic, do they understand and appreciate why there should be a change of attitude to help stem down its transmission?
c) How do the people react to the Covid-19 public health measures, are the measures in agreement with their cultural practices.

Culture expressed through languages, customs, values, social norms, religious beliefs, festivals and celebrations, influence of family life, education and the institutions inform how people live their lives and the choices they make. Responses to medical treatment in any society are also shaped by these socio-cultural elements. The socio-cultural theory recognizes the contributions society makes to the development of individuals, and the interactions between people and their culture. The theory suggests that human learning is largely a social process and a person's cognitive development is largely influenced by their culture, cultural beliefs and attributes which inform people's behavour towards Covid-19 pandemic.

Covid-19 pandemic and Behavioural Changes

The Covid-19 pandemic has made the world come together, speak together and display global solidarity in tightening up restrictions and imposing travel bans to stem transmission. The UN Secretary General, Guterres in his call for solidarity states, "we are facing a global health crisis unlike any in the 75 years history of the United Nations – one that is spreading human suffering, infecting the global economy and upending people's lives" (Guterres, 2020). The lives of the citizens were paralyzed as they were forced to stay at home in order to stop the spread of the coronavirus disease. A lot of jobs were lost and businesses collapsed. Recovery after the lockdown measures was not easy and people had to deal with all sorts of information about the coronavirus pandemic.

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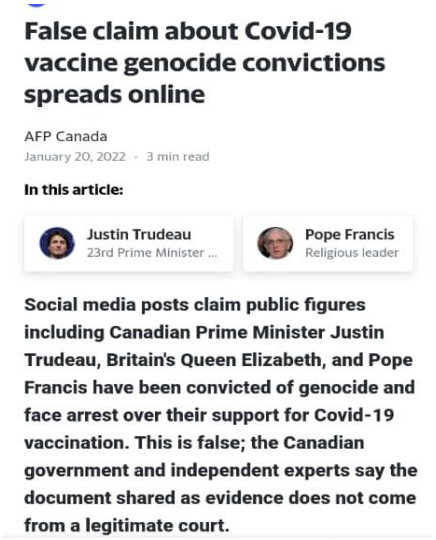
The Covid-19 pandemic has also revealed the vulnerability of the global systems in protecting the environment, health and economy, and has heightened the gulf between the rich and the poor countries and has trumped up issues of race and its diverse social forces. The pandemic has also raised new and unthinkable challenges on global science education which calls for critical thinking in promoting collaborative, responsible actions and responses on Covid-19 pandemic.

Social factors affecting Attitudes and Beliefs on Covid-19 pandemic

The acceptance of protective measures on Covid-19 pandemic is defined largely by attitudes and beliefs of people which inform their behaviour. Attitudes and beliefs are shaped by experiences and upbringing and have a powerful influence over one's behaviour. While attitudes are enduring, they can also change. Attitude is at the core of how people evaluate and respond to public coronavirus measures which may be positive or negative. It may be uncertain or of a mixed feeling. Attitudes may be explicit, that which can be observed by others or implicit, that which is unconscious and not clearly defined but affect beliefs and behaviour.

The social factors comprise of what the people consider more important to them, "their needs and wants" especially the need for employment, yearning for the reduction of high cost of living and the desire for a better life. Though health is important it is not a primary concern of the greater majority of people who are young, healthy and mobile in search of jobs. People often say "Corona is not our problem, it is poverty." The experiences of people, what they have gone through over time particularly what they have seen of governance, the corruption, insincerity and mistrust affect their trust on believing the government advocacy on the Coronavirus, a sort of confidence crisis which is a social problem. What people have seen, read or heard happening around the world, the parallel spread of false and misleading information, the 'infodemic' also affect their attitudes and beliefs on the coronavirus.



A disclaimer on social media 'infodemic'

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A people's culture and cultural norms, how certain illnesses are treated within their society especially those related to pneumonia or common cold affect their perception on health and treatment. The complexity associated with coronavirus considered as deriving from complications from cold can never be fully understood in a society lacking in basic scientific literacy of germs theory. Belief is a critical element on how people think and feel about their health and health problems which also relate to their culture. This enables them to determine when, where and from whom they may seek healthcare. It also affects people's responses and recommendations of life style change, the types of health interventions they get and adherence to treatment. These social factors affect people's acceptance of the existence of coronavirus, compliance with its precautionary measures and acceptance of vaccination.

At the height of Covid-19 lockdown there was deep apprehension for spread so compliance was reasonable. The price of pharmaceutical masks rose from N50 per on to N1,000, people had to improvise with ordinary cloth and that created jobs for its hawkers. People believed the cloth type was better in terms of cost and could be washed and reused. The discomfort of wearing masks all day in our hot environment was also present, one could see all the taxi drivers using their masks to cover their mouth rather than nose. The manufacture of different types of masks came up and people purchased according to their socio-economic status, eventually, due to demands and enforcements for masks, prices also came down as varieties flooded the markets.

After the lockdown, avoiding crowded settings such as markets, schools, churches were almost impossible despite government advocacy on restrictions. In some of those places, people had to move on with their lives in what was regarded as new normal, especially as they did not see corpses arising from Covid-19 pandemic litter the streets. In informal settings people did not bother much about physical distancing, in formal settings it was observed to some extent. In schools, parties, weddings and so on, people for the first time were restrained from the usual warm embrace and handshakes, as new forms of greetings that did not expose the body emerged. The production and sales of hand sanitizers and its uses in public and private settings became a norm. Hand washing installations of plastic buckets dotted some places in the absence of efficient public water systems.

The Arts/Humanities disciplines can be used as critical thinking instruments in countering misinformation about coronavirus and influencing people's attitudes, beliefs and behaviours positively in complying with coronavirus safety measures and vaccination as a way of preventing the spread of the virus. The measures will entail using the Arts/Humanities disciplines to dispel the conspiracy theories of wild ideas and unsubstantiated claims about Covid-19 pandemic circulating in the mainstream and social media. This according to Romer and Tamieson (2020) will require continuous relay of information on media and politically conservative outlets which support Covid-related conspiracy theories. The conspiracy theory

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applies everywhere and can have negative consequences on preventive actions and vaccinations.

The Arts/Humanities instruments include the use of various media communication outlets such as radio, television, advertising billboards, electronic media boards and the traditional town crier mode. The use of the visual arts media, art exhibitions, installations, newspaper cartoons, poster designs, illustrations and performance. The use of ethics, moral or religious persuasion to appeal to Christians, Muslims and traditional worshippers to see reasons and comply with Covid-19 safety measures and vaccination based on how the pandemic is ravaging many countries. The use of musical performance, mime, drama, songs, poetry, street theatre, short stories, and as may be entwined with various local indigenous languages for effective communication of the safety measures and vaccination especially at the local level. Foreign languages with presence in Nigeria such as French and Arabic could also be deployed as a medium for reaching out to the people. All these Arts/Humanities, instruments are classical conditioning tools useful in dispelling hypothesized conspiracies on safety of vaccines, perceptions of threats, distrust of government, doubts on scientific progress and confidence crisis capable of lowering people's preventive actions and vaccination.

Critical thinking expressed in visuals concepts showing reactions to vaccination. Art is a change agent and can be used to influence people's behaviour favourably.

Cultural and Environmental factors that affect Behaviour towards Covid-19 pandemic

Environment and culture are inseparable as the theory of environmental determinism explains that people adapt their way of life and behaviours to survive in their unique environment. This explains how cultures develop as adaptations to the environment, followed by traditions and norms that assist people's survival. Cultural and environmental factors that affect people's attitudes, beliefs and behaviour towards the Covid-19 pandemic include influences of religion, family life, education and social systems which include language, customs, norms and values as social conditioning learned and shared by society and transmitted from generation to generation. Other environmental factors that are not purely exclusive include physical features

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of landforms, climate, vegetation, temperature, population density and parasites. These environmental and cultural factors conditions and influences the personality of an individual, potentially affecting their attitude, disposition, behaviours, decision and activities.

In our society where literacy level is still very low, it is difficult for people to understand the scientific explanations about the Coronavirus disease and its scourge. People tend to look at health issues from the point of view of religious beliefs, vain speculations and on the basis of superstition of magical or mystical circumstances. Science education is still very low, germs theory of diseases are never known, so matters of health are based on long standing cultural practices of trial and error and beliefs. Environmental and hereditary factors that influence severity of diseases are also not scientifically understood.

In a society such as ours, it would be difficult to expect people to have full acceptance, understanding and compliance on Covid-19 pandemic and its public health safety measures in the absence of a scientifically valid knowledge about viruses as discovered under germs theory. As a result, most people do not believe that coronavirus exists. The health workers in hospitals who have handled few cases still speculate and find it difficult to accept vaccination. Some of them have argued that it is a temperate region disease that our tropical hot climate is not favourable for the virus to survive, and they believe that is why we are not experiencing large numbers of deaths as seen and reported on Western media like CNN International, BBC world news, VOA and other media outlets. They are unconsciously adopting the theory of environmental determinism which uncovers the relationship of organisms to the environment.

People believe that in our situation what is experienced is mere reeling of statistics on numbers of deaths and reported cases in each state, without live coverage of such cases on television. People have not experienced accounts of deaths in their neighbourhoods and as such cannot testify to the reality of coronavirus cases as having practical existence. The result is that people make jokes about Covid-19 precautionary measures, and are non-compliant and do not want to be vaccinated. Most people would prefer to go for testing if the facilities were readily available, rather than accept vaccinations that they are not sure of its potency and side effects.

Against this background there has been a lot of fake news covering all aspects of the pandemic which has spread rapidly through the social media creating confusion and misinformation which the World Health Organization has described as "massive infodemic". Some people have argued scientifically, some sociologically others politically on the Covid-19 pandemic. They have also queried the speed with which vaccines were produced contrary to its epidemiological tradition. Thinking in a binary way people have tended to lump the government and the Western world as oppressors on the Covid-19 pandemic causing more frustrations and mistrust, particularly the attempt to impose vaccination on people without their right to take decision on what affects them.

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Some years back I was on board ADC airline and we were about to take off when a lady I suspect was an African American had no seat for her little baby paid for. The air craft was fully booked. She complained and one of the airways personnel was trying to pacify her not to worry. She screamed and said no, that incase of oxygen failure, so she would watch her child suffocate to death. There was a spontaneous loud chorus from majority of the passengers "No oh! We don't pray for that". She asserted her position that she would rather go down than accept the condition. She was immediately transferred to first class. The point is, coming from a scientifically advanced country she knew what she was saying, she understood mechanical failures which also imply that one should not leave things to chance but take safety measures. The mostly Nigerian passengers on board did not quite appreciate her point of view, they felt it was a matter of belief and prayers. They would rather wish nothing goes wrong than take safety measures. That is the limitation lack of scientific knowledge and differences in environment impose on people, and it applies on health and safety measures as in the case of coronavirus.

Diseases perception are important determinants of behaviour and outcomes such as adhering to treatments, functional recovery and dysfunctional illness perceptions. According to Bansaksen *et al* (2015) it includes positive and negative illness beliefs that can influence the ability to cope with a disease and to perceive it as manageable or threatening. Disease perception deals with a people's health beliefs, what they believe about their health, what they consider as the cause of their illness and ways to overcome the illness. These beliefs according to Weinnman and Petrie (1997) are culturally determined and together form a larger health belief system. The diseases perception also affect individual experiences and how they mentally frame living with a disease.

The coronavirus which presents like pneumonia or common cold symptoms have compelled people to seek cultural negotiations as solutions to primary prevention of the virus. In the absence of surveillance and response measures in Cross River State where people could go and be tested, home remedies have provided an alternative treatment as severe cases of cold and cough have been feared or suspected to be coronavirus. People tend to resort to some culturally prescribed ways of taking alligator pepper, bitter kola, ginger and hot leaves. Some persons mixed gin with roots and herbs and put it into a bottle to ferment, and take a glass shot daily. Some others combine lime, ginger, garlic and lemon to boil and inhale the steam. Some also take lemon grass as tea. These culturally perceived ways and responses to the Covid-19 pandemic affect people's behaviour and acceptance of the prescribed safety measures and vaccination.

The cultural and environmental consequences that affect people's perception about Covid-19 pandemic include living in slum conditions and poverty without access to quality information and good sanitary conditions, lack of good medical care and opportunities for checkups, inadequate educational opportunities and occupational pressures that have not allowed them

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time to attend to their health needs. These are determinants on how health and illnesses are shaped, experienced and understood in terms of the global, historical and political forces.

There are micro and macro political forces on how people in different regions and cultures perceive Covid-19 as a disease, its safety measures and vaccination. Generally, people at the local level believe that the vaccines are meant to put on hold Africa's rapidly growing population and to stem down the tides of migration from Africa to Europe in search of greener pastures with attendant social consequences. Some of the conspiracy theories have accused WHO as an instrument controlled by the Western powers to depopulate Africa. This has been negatively promoted in the social media, and has caused suspicion in people's minds causing them to query the efficacy or authenticity of the vaccines.

Governments at various levels have tried to enforce compliance on Covid-19 safety measures and have threatened sanctions. Lately, the federal government gave directive that all public servants must produce evidence of being vaccinated before access into their offices. There seem to be a relapse and partial compliance on all these measures. People believe strongly that coronavirus disease was imported due to forces of globalizations, especially people traveling in and out of Nigeria who have the means to travel. A few weeks ago, in the month of January, National Television Network (NTA), on its 9.00pm network news announced that the number of inbound travelers who tested positive to Covid-19 have risen from 16,000 to 18,000 persons. Coronavirus is perceived as an urban disease and as a 'big man sickness' especially with media reports on high profile cases who have gone into isolation, treated or died. Citizens who are not travelling and do not have the opportunity to travel do not feel threatened and are not eager to be vaccinated. Only those seeking to travel out of the country are in need of being vaccinated as a matter of necessity since it is an international standard requirement for all international travelers. (Parsons, 1937).

The social action theory of 'cause and effect' explains the mistrust between the people and the government. A lot of people have argued and doubted the whole idea of Covid-19 as a scam. They believe the government is using it as a ploy to attract funds from donor countries, WHO and other international donors. This group of people do not believe that coronavirus is real. They also speculated that the budgetary allocation for 2020 projects was diverted on the grounds of combating the spread of coronavirus. It is noteworthy, that the foodstuffs and monies provided by the federal government as palliatives to cushion the sufferings of people during the lock-down and its aftermaths did not get to the people in Calabar, and some other states as evidently revealed by the ENDSARS riots which broke into warehouses where the foodstuffs were housed.

In such a circumstance it will be very difficult to sway people's opinions, thoughts, feelings and behaviours favourably towards the government. The actions of the government have necessitated and deepened the mistrust people have for those in government. The people have

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also imagined that humongous amounts of money could possibly have been spent by the Nigerian Centre for Disease Control (NCDC) on media campaigns and text messages sent to people all over the country to abide by the precautionary measures against transmission of coronavirus and be vaccinated.

Human behavour is also affected by context, the happening at a given time, the nature of the environment and the response of people in terms of their culture, politics, standard of living and global standing. In the production, and distribution of vaccines, the world have experienced some form of racial stratification, inequalities and insufficient distribution of vaccines especially to the global minorities of the third world countries, particularly Africa. This has elicited cognitive bias among those living in Africa and other third world regions. It is good news that WHO have listed six African countries to receive technology to produce Covid-19 vaccines, namely Nigeria, South Africa, Egypt, Senegal, Tunisia and Kenya. (Voice of America, 2022).

Conclusion

When Socrates set the foundation for "critical thinking" and John Dewey introduced the term despite time that separates them, their main idea was to distil the relevant from the irrelevant by way of analyzing facts, evidence, observations and arguments upon which valid judgments could be based. This paper relies on observations and interviews drawn from critical thinking tools in the Arts/Humanities to assess the socio-cultural perspectives on Covid-19 pandemic within Calabar metropolis. It therefore concludes that people should play down on the hypothesized conspiracies, misinformation and irrational thoughts about coronavirus and accept the empirical scientific evidence provided by World Health Organization to stem down transmission through vaccination and abiding by its public health safety measures.

While we are faced with the stack realities of the dichotomies between the sciences and Arts/Humanities, the socio-cultural complexities surrounding Covid-19 pandemic reveals that a cross disciplinary conversation is necessary in achieving effective medical solution and human healing of the coronavirus. Biomedicine alone cannot solve the problem. The Arts/Humanities disciplines can provide critical thinking instruments that can contribute effectively to a more robust understanding of the Covid-19 pandemic, offer medical solutions on larger social and cultural issues which bother on attitudes, beliefs, behaviour and the environment. The paper recommends a collaborative operation involving the medical scientists, Arts/Humanities experts and policy makers for more effective results on Covid-19 scourge.

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