

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PERCEIVED ANXIETY TOWARDS COVID-19 PANDEMIC IN OYO WEST LOCAL GOVERNMENT, OYO STATE, NIGERIA

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Abstract

Health Communication educates people about specific health issues as health is important in the development of any nation as it takes a healthy person to attend to duties in every society. This study looked at knowledge, attitude and perceived anxiety towards Covid-19 in Oyo West Local Government, Oyo State, Nigeria. The general objective of this study was to assess the knowledge, attitude and perceived anxiety towards Covid-19 in Nigeria using Oyo West Local Government area of Oyo State. The study was anchored on Attitude Change Theory, Behaviour Theory and Psychodynamic Model. The descriptive survey design, through the use of questionnaire, was adopted while 359 respondents from Oyo West Local Government, Oyo State, Nigeria were randomly sampled. The sampling technique used for this study is the multi-stage sampling. Data were analysed with simple descriptive statistics of frequency count and percentage for the five research questions. The study found out that the respondents were aware of Covid-19 and its implications while most of them got to know about Covid-19 through the social media. The study established that respondents have adequate knowledge and right attitude towards Covid-19 and at the same they have anxiety as they got scared whenever they saw the Covid-19 updates from the Nigeria Centre for Disease Control (NCDC). They led to more anxieties towards Covid-19. The study concluded that the health sector had tried to curtail the spread of Covid-19, while Nigerians have judiciously observed the guidelines by the Nigeria Centre for Disease Control (NCDC) to curb the spread of Covid-19 in Nigeria. This study recommends that while NCDC was being factual about Covid-19 updates, reporters should be monitored on being mild yet positive about their choice of reportage in order to mitigate the level of anxiety such reports might generate among the populace.

Keywords: health communication, knowledge, attitude, perceived anxiety, Covid-19.

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Introduction

Communication is a part of human nature that plays an important role in information transmission because it represents human symbolic abilities and also serves a ritualistic function that reflects so much about humans as members of a society, among other things (Rimal and Lapinski, 2009). The symbolic exchange of shared meanings between humans might be defined as communication in this context (Rimal and Lapinski, 2009). Communication is critical in ensuring that people live healthy lives; yet, this can only happen when individuals begin to follow the advice of health professionals (Corcoran, 2012). Health is prioritized in the growth of any nation, according to Akpobo (2015), since it needs a healthy person to work or attend to duties, assignments, tasks, and jobs in any community. As most nation's governments and organizations today recognize the vital role of health in enhancing national development, it is by healthy citizens attending to varied tasks that a nation's wealth and progress are achieved (Akpobo, 2015).

By focusing on the behavioral aspects of risk factors such as diet, smoking, alcohol use, sedentary lifestyle, and sexual behaviour, Braveman and Gotlieb (2014) discover that health communication in its various applications offers a potentially important approach to a better informed and presumably healthier population. Furthermore, Healthy People Guidelines (2010) emphasizes the importance of health communication in an ever-changing society, particularly in the prevention of disease and the promotion of a healthy lifestyle. The study and implementation of communication tactics to inform and impact individual and community knowledge, attitudes, and practices with reference to health and healthcare is referred to as health communication. The field is at the crossroads of communication and health, and it is becoming more widely recognized as a critical component of enhancing both personal and national health. All elements of illness prevention and promotion can benefit from health communication. From various perspectives, health communication can be defined in a variety of ways. Ziba (2016) defines health communication as the art and method of informing, influencing, and motivating individuals, institutions, and the general public about essential health issues. He goes on to say that illness prevention, health promotion, health care policy, and the business of health care are all included in the scope of health communication, as well as improving the quality of life and health of individuals in the community.

Health communication is an important avenue for informing the public about health issues and keeping them on the public agenda. In health communication, numerous aspects must be considered, including the demographic, religious beliefs, age, parent, child, and background of the people to whom the health message is being delivered (Definition of Wellness). The use of mass media, multimedia, and other technological innovations to disseminate useful health information to the public, raise public awareness of specific aspects of individual and collective health, and emphasize the importance of health in development, particularly during the ongoing Covid-19 pandemic were encouraged. Covid-19 is the newest member of the Coronavirus family; before, the Severe Acute Respiratory Syndrome Coronavirus (SARSCoV) and Middle East Respiratory Syndrome Coronavirus (MERSCoV) were two

other members of the same family (Zhou, Yang, Wang, Hu, Zhang, Zhang, 2020). According to Oyeniran, Oyeniran, Oyeniyi, Ogundele, and Ojo (2020a), the Centers for Disease Control and Prevention (CDC) began noting the eruption of a novel coronavirus, Severe Acute Respiratory Syndrome Coronavirus – 2, in 2019. This virus causes covid-19, a respiratory illness. As a result, authorities initially recognized the virus in Wuhan, China, but it has since spread to other countries throughout the world (Oyeniran et al., 2020a).

Eight hundred and thirty instances had been diagnosed as of January 24, 2020, in nine countries: China, Thailand, Japan, South Korea, Singapore, Vietnam, Taiwan, Nepal, and the United States (Oyeniran, Oyeniran, Oyeniyi, Ojo and Ogundele, 2020b). The new Coronavirus was identified in December 2019 and declared a pandemic on March 11, 2020, due to the virus high communicability and lethality (WHO, 2020a). Despite major efforts to limit transmission, over 80 thousand laboratory-confirmed cases had been documented as of March 8, 2020, three months after the outbreak began, with over 3,000 deaths (WHO, 2020b). Despite a recent decline in verified cases, concerns over the global spread of covid-19 continues to grow. As of February 14, 2021, Nigeria was experiencing a second wave of the pandemic, with 146,354 confirmed cases and 1,753 deaths, according to the Nigerian situation report from the NCDC. Precautionary steps were adopted early in the Covid-19 pandemic to prevent against potential hazards and slow the spread of the disease. As a result, the Nigerian government (like with other governments across the world) implemented different containment methods that have disrupted people's daily lives and resulted in serious economic losses and social disturbances. People were encouraged to stay at home, while businesses and offices were shut down, with the exception of healthcare facilities and personnel, as well as "necessary" commercial companies. The lockdown threatened the livelihood of Nigerians who made a living in the informal economy, as many of their activities and companies require face-to-face contact (Olatunji, 2020). To control any epidemic or pandemic, it is necessary to have a thorough understanding of infection pathways and the necessary safeguards to take. While scientists continue to look for viable vaccinations or treatments to treat viral infections, it is predicted that having enough information would encourage people to make decisions that will help avoid and control epidemics (Leppin and Aro, 2009). Knowledge of hand washing, hand sanitizers, face masks, respiratory etiquette, social distancing, and self-isolation while unwell is crucial to people in preventing widespread infection (Leppin and Aro, 2009). Hussain, Hussain, and Hussain (2012) also discover that a person's level of awareness about an infectious disease can influence how they act in order to avoid infection. As a result, persons may need to be informed about the dangers of infection in order to take the appropriate precautions (Brug, Aro and Richardus, 2009).

According to Makinde, Nwogu, Ajaja, and Alagbe (2020), in Nigeria, there is no social safety net, no access to food stamps, and most people earn their living on a daily basis. Regardless, Nigerians are exercising careful hand washing, social distancing and self-isolation, and avoiding going to work, school, or crowded areas. These have resulted in a high level of compliance with official regulations. Even the majority of religious leaders called a halt to large meetings, prohibited handshakes, and advised churchgoers to pray at home and use hand sanitizers (Makinde, et al., 2020). Given the importance of knowing how to prevent the

spread of infectious diseases like covid-19, it is crucial to conduct research on people's health knowledge during this period of the pandemic. According to Richards (2017), knowledge among ordinary people about how to reduce the risk of contracting Ebola virus resulted in a rapid drop in the number of cases of infection in mid-2015.

Some Nigerians, on the other hand, prefer to pray (even breaking the social distancing rule by attending churches or mosques during the lockdown) and use anointing oils, talismans, herbs, or rituals to avoid contracting and spreading the virus due to superstitions and ignorance of the science behind the infection (Abati, 2020). Some also use social media platforms (such as Whatsapp, Twitter, Facebook, and Instagram) to spread fear, project fake news about the virus's source, promote prejudice against China, incite panic buying, proffer fake cures, and undermine medical advice, either intentionally or unintentionally (Hassan, 2020). Some Nigerians also believe that lockdown, self-isolation, and social distancing are un-African responses to the pandemic (Hassan, 2020). (Abati, 2020).

Oyo West Local Government is one of the 33 Local Governments in Oyo State with its headquarters in Ojongbodu, Oyo Town. It was created in December 1996 alongside Atiba, Atisbo, Ibarapa Central, Itesiwaju, Iwajowa, Olorunsogo, Oyo East, Saki East and Saki West Local Governments. It has 10 wards in total with a landmass of 5193.77km². The study will assess the level of the knowledge of respondents in Oyo West Local Government on Covid-19 pandemic, their attitudes as well as their perceived anxiety towards Covid-19 pandemic in Nigeria.

Statement of the Problem

The novel coronavirus disease Covid-19 has quickly spread across borders, infecting patients all around the world. The coronavirus pandemic sparked widespread public outrage, and the media has been broadcasting nonstop across borders to keep everyone up to date on the pandemic crisis (Roy, Tripathy, Kar, Sharma, Verma and Kaushal, 2020). All these reports are causing lots of concerns among individuals and his leading to an increase in anxiety. Anxiety is a common reaction to stressful situations like pandemics (Roy et al., 2020). According to Reuben, Danladi, Saleh, and Ejembi (2020), the covid-19 pandemic has become a serious public health concern around the world, with governments taking unprecedented Infection Prevention and Control (IPC) efforts to halt the virus spread. Understanding the epidemiological dynamics of the disease, as well as the effectiveness, compliance, and success of interventions adopted in a country, require an understanding of people's knowledge, attitudes, and practices about Covid-19.

Lin, Hu, Alias, and Wong (2020) found that disease-related literacy and attitudes of people in society play a significant impact in shaping their practices and preventing the spread of disease during an outbreak. Health education, according to Srensen, Van den Broucke, Fullam, Doyle, Pelikan, and Slonska (2012), can increase understanding and change unfavorable attitudes and behaviors, thereby preventing infectious diseases and epidemics. Lin, Hu, Alias, and Wong (2020) found that the general public's understanding and beliefs about Covid-19 are limited around the world. As a result, assessing the general public's

knowledge and health beliefs about Covid-19 during the disease outbreak is critical, as this will provide better insights into the disease's knowledge and belief gaps, assisting in the control and management of the current outbreak.

Emerging infectious disease outbreaks can cause a lot of anxiety and fear in the general public and in specific communities, especially if the infection rate and death rate are high (Lin, Hu, Alias and Wong, 2020). During infectious disease outbreaks, tensions rise throughout the community, having a significant social and economic impact (Smith, Machalaba, Seifman, Feferholtz and Karesh, 2019). As a result, according to Xiang, Yang, Li, Zhang, Zhang, Cheung (2020), the mental health of people directly affected by the Covid-19 epidemic has not been adequately addressed. During the current Covid-19 pandemic, however, addressing laypeople's psychological and mental health issues is critical. As a result, according to Person, Sy, Holton, Govert, and Liang (2004), establishing normal anxiety responses and reducing fear and discrimination directed toward people infected with or affected by infectious disease can help control transmission. According to research, little was written about the psychological effects of the Covid-19 pandemic, despite the fact that other studies on the pandemic were well-reported. Hence, investigation of the knowledge, attitude and perceived anxiety could provide information to the health authorities and help to provide required health interventions to those who are in need. Thus, this study seeks to assess the knowledge, attitudes and perceived anxiety of respondents in Oyo West Local Government, Oyo State, Nigeria during the Covid-19 pandemic.

Objective of the study

1. To find out how respondents got to know about Covid-19 pandemic in Oyo West Local Government.
2. To ascertain whether respondents were knowledgeable about Covid-19 pandemic in Oyo West Local Government, Oyo State, Nigeria.
3. To examine the attitude of respondents towards Covid-19 pandemic in Oyo West Local Government, Oyo State, Nigeria.
4. To find out the factors that predisposed respondents in Oyo West Local Government to have anxiety on Covid-19 pandemic.

Research Questions

1. How did respondents in Oyo West Local Government get to know about Covid-19 pandemic?
2. Do the respondents have knowledge about Covid-19 pandemic in Oyo West Local Government, Oyo State, Nigeria?
3. What are the attitudes of respondents towards Covid-19 pandemic in Oyo West Local Government, Oyo State, Nigeria?
4. What are the factors that predisposed respondents in Oyo West Local Government to have anxiety on Covid-19 pandemic?

Theoretical Framework

This study is anchored around the Attitude Change Theory and the Behavior Theory. Katz, Sarnoff, and McClintock (1960) proposed the attitude change theory. According to the notion, humans can be both rational and irrational depending on the context, the motivations at the moment, and other factors. They believe that people's proclivity to think in diverse ways has significant consequences for understanding attitude transformation. They also argue that attitude formation and change must be viewed in terms of the personality functions that attitude serves. While Millar and Millar in Petty and Krosnick (2014) suggest that different forms of arguments may be effective depending on which component of the attitude were strongest, the conditions and strategies of attitude vary as these functions differ. They also believe that when the effective components are strongest, a rational argument will be most compelling, and when the cognitive component is strongest, an emotional argument will be most persuasive.

In 1957, Ivan Pavlov and B.F. Skinner proposed the Behavior Theory. Changes in behaviour are the outcome of an individual's response to events that occur in the environment, according to Anaeto, Onabanjo, and Osifeso (2012). Furthermore, people model their actions after those of the *dramatis personae*. The World Health Organization (WHO) stresses the significance of fostering adaptive and protective behavior modification in response to public health emergencies, and provides risk communication guidelines to encourage people, families, and communities to act to protect themselves. The role of behavioural science in combating the covid-19 pandemic is informed by behavioural change theories and constructs, which are utilized to inform the creation of policy and practice for boosting uptake of self-protective behaviour (West, Michie, Rubin, and Amlot, 2020).

This is repeated in the case of covid-19, where human behaviour, according to Michie, Rubin, and Amlot (2020), will decide how quickly the virus spreads and its fatality rate. A group of eminent behavioural scientists has created principles and recommendations for using behavioural theory in the context of Covid-19, which is helpful. Michie, Rubin, and Amlot (2020) propose four concepts for reducing transmission through behaviour change. Individual, organizational, community, and population levels can all be targeted, and any intervention performed at one level can have an impact on others. The most effective interventions are those that work on multiple levels at the same time and in a consistent manner (Michie, West, Amlot and Rubin, 2020).

Literature Review

Health Communication: A Conceptual Clarification

Any sort of communication whose content is related to health might be considered health communication (Rogers, 1996). The study of communication tactics used to inform and influence individual decisions that can improve a person's health status is known as health communication (Ziba, 2016). Sharma and Gupta (2017) consider health communication to be a valuable instrument for facilitating health messaging (such as prevention and awareness) for educational reasons with the goal of preventing illness.

By focusing on the behavioural aspects of risk factors such as diet, smoking, alcohol use, sedentary lifestyle, and sexual behavior, McGinnis and Foege in Adler and Newman (2002) added that health communication in its various applications offers a potentially important approach to a better informed and presumably healthier population. Furthermore, Healthy People Guidelines (2010) emphasizes the importance of health communication in an ever-changing society, particularly in the prevention of disease and the promotion of a healthy lifestyle. Health communication is the study and application of communication strategies to inform and impact individual and community health and healthcare knowledge, attitudes, and practices. The field is at the crossroads of communication and health, and it is becoming more widely recognized as a critical component of enhancing both personal and national health. All elements of illness prevention and promotion can benefit from health communication. From various perspectives, health communication can be defined in a variety of ways. Health communication, according to Ziba (2016), is the art and method of informing, influencing, and motivating individuals, institutions, and the general public about important health issues. It goes on to say that illness prevention, health promotion, health care policy, and the business of health care are all included in the scope of health communication, as well as improving the quality of life and health of individuals in the community. Health communication is an important method for informing the public about health issues and keeping them on the public agenda. According to the Definition of Wellness, it recommends using mass media, multimedia, and other technological innovations to disseminate useful health information to the public, raise awareness of specific aspects of individual and collective health, and emphasize the importance of health in development. To be effective and durable, communication must include not only the use of mass media to transmit information, but also interpersonal communication and sensitivity to cultural, religious, and traditional values. Despite the fact that the mass media allows for a greater number of people to be contacted with messages at once, attention should be paid to reaching people through a process that ensures they are deeply rooted and, if feasible, develop messages. These messages can then be distributed and reinforced through the media, which acts as enforcers and reminders. Much of modern culture is disseminated through the mass and multi-media in order to communicate health issues, which have both positive and negative health repercussions.

Edutainment, health journalism, interpersonal communication, media advocacy, organizational communication, risk communication, social communication, and social marketing are all examples of health communication. It can also be said to come in a variety of forms, ranging from mass and multimedia communications to traditional and culture-specific communication such as storytelling, theater, songs, and dance. It could take the form of discrete health messages or be incorporated into existing communication media such as soap operas, television shows, documentaries, and other forms of media, as well as advances in communication media, particularly multimedia, as new information technology continue to improve access to health information.

In health communication, numerous aspects must be considered, including the demographic, religious beliefs, age, parent, child, and background of the people to whom the health communication is directed. This is because each of the aforementioned conditions has a

unique baseline and necessitates a unique method to expressing health difficulties. Visual health communication is another important area that developmental organizations can consider when discussing health issues. Individuals and communities that are illiterate exist in many countries, particularly in developing Africa. As a result, there is a need to supply culturally relevant graphics (pictograms) that will convey the correct message to these persons. It is critical to ensure that public health communication is directed and addressed at various levels. According to the United States Department of Health and Human Services (2005), public health communications should take an ecological approach and promote multilevel strategies such as tailored messages at the individual level, targeted messages at the group level, social marketing at the community level, policy advocacy, and mass media campaigns at the population level. Increased knowledge and awareness of a health issue; influenced perceptions, beliefs, and attitudes that influence social norms; prompted action; demonstrated or illustrated healthy skills; increased support for services; debunked misconceptions; and strengthened organizational relations are all benefits of public health communications.

Knowledge, Attitude and Perceived Anxieties of Nigerians towards Covid-19 Pandemic

Nigeria's population is estimated to be 182 million people (Muhammad, Abdulkareem and Chowdhury, 2017). According to Oyibocha et al., Nigeria has a three-tier governance structure, with a Federal Government, 36 semi-autonomous State Governments grouped into six geopolitical zones, the Federal Capital Territory, and 774 Local Governments, all of which have wide regional, socio-cultural, economic, and geographical diversity. Because their internal incomes are typically modest, states and local governments rely heavily on federal government appropriations to contribute to healthcare expenditures. According to the PharmAccess Foundation (2015), the Nigerian healthcare system is divided into three levels: primary, secondary, and tertiary. Local Government Areas (LGAs) are in charge of primary healthcare; state governments are in charge of secondary care; and the federal government is in charge of policy creation, regulation, general management, and tertiary care. Because the LGA level of government is the least well-funded and organized, it has been unable to properly fund and organize primary healthcare, resulting in a very weak foundation for the healthcare system.

Following the Ebola outbreak (cause: Ebola virus) in 2014, the avian influenza epidemic (cause: H5N1 virus) in 2015, and the ongoing Lassa fever outbreak (cause: Lassa virus), a coronavirus disease (COVID-19) pandemic caused by SARS-CoV-2 is ravaging Nigeria, as well as many other parts of the world, according to research (Olapegba et al., 2020). The disease was linked to wildlife and a seafood market where infected individuals had worked or visited (Tomar et al., 2020). Over 12 768 307 confirmed cases with 566 654 deaths had been reported globally as of July 13, 2020. (WHO, 2020). Anxiety and concerns in society influence everyone to varying degrees around the world. According to new studies, people who are placed in isolation or quarantine endure severe distress, including anxiety, anger, bewilderment, and post-traumatic stress symptoms (Brooks et al., 2020). The public's knowledge and attitudes are likely to have a significant impact on the degree of adherence to

personal preventive measures and, as a result, the clinical outcome. Other important health concerns include mental health disorders, which are projected to become more prevalent as the epidemic progresses which result in widespread concern and panic among the general population or in specific communities, particularly when infection rates and mortality are high. During infectious illness outbreaks, tensions rise throughout the community resulting in huge social and economic impact (Parry, 2020). Travel, tourism, jobs, and retail companies were all reported to be severely damaged during the severe acute respiratory syndrome (SARS) and avian influenza outbreaks in China (Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al., 2020). The mental health of those immediately affected by the COVID-19 outbreak has received insufficient attention (WHO, 2020).

During the present Covid-19 outbreak, addressing laypeople's psychological and mental health issues is critical. Establishing natural anxiety reactions, as well as reducing fear and discrimination directed at those who are infected with or impacted by infectious disease, can help prevent transmission (Wang D, Hu B, Hu C, Zhu F, Liu X, Zhang J, et al., 2020). A health crisis of this magnitude, which has greatly disturbed people's daily lives in Nigeria, is bound to cause anxiety and panic among various groups of people. Fake news and conspiracy theories have also been flourishing, particularly on social media. Given that Nigeria has over 25 million smartphone users with access to numerous social media platforms, a sizable portion of the population is at danger of being exposed to unverified material that might cause panic (Statista, 2020). Furthermore, constant exposure to pandemic news and updates, even when accurate, can instill fear and panic in some people, particularly children and people with pre-existing mental health conditions. People who have been infected with the virus, as well as their families, may be on edge due to the uncertainty about the disease's outcome (Omigbodun & Abdulmalik, 2020). Every individual is affected to some degree by societal anxieties and concerns. In scientific literature, there are numerous researches on the psychological effects of quarantine. A recent assessment of the current literature discovered 24 researches, the most of which focused on SARS, swine flu, and Ebola, with 23 of them finding a link between quarantine and negative psychological effects. When compared to the general population, most showed a rise in common mental disorders (such as anxiety, depression, and bewilderment) (Bush, 2020).

Because of the devastating effects of the covid-19 epidemic on the world's social, economic, and political structures, it has been compared to natural disasters and war outbreaks (Morganstein & Ursano, 2020; Fiorillo & Gorwood, 2020). Its advent and spread generated widespread consternation, concern, and panic among the populace (Roy et al., 2020). Furthermore, recommended methods of restricting the virus's transmission, such as self-isolation, quarantine, social isolation, and the stigma associated with sick people, put many people at risk of substantial psychological anguish (Fiorillo & Gorwood, 2020). People with underlying medical conditions, as well as the elderly, are at a higher risk of contracting covid-19 and suffering serious sickness. Anyone with a fever, cough, difficulty breathing, or chest pain should get medical help right once (World Health Organization, 2020).

According to the World Health Organization, insufficient programs designed to address Nigeria's numerous health problems have resulted in little improvement in our health status. Overall, 54 years is the average life expectancy at birth; infant mortality is 86 per 1000 live births, while maternal mortality is 840 per 100,000 live births (Muhammad, Abdulkareem and Chowdhury, 2017). It went on to say that ignoring the necessity of tackling public health issues would exacerbate the situation for poor Nigerians, who are disproportionately affected. According to the Public Health Foundation of Nigeria, the Nigerian health sector is currently experiencing considerable problems, including an unfinished agenda on infectious disease containment and the rapid and continued growth of non-communicable disorders. Research indicates that Nigerian men have a life expectancy of 46.8 years and women have a life expectancy of 48.4 years. There is a severe lack of health workers due to economic and societal brain drain. Due to the lack of a well-developed healthcare system in Nigeria, an estimated 20,000 Nigerians migrate to India each year for medical treatment (Oyeniran, Oyeniran, Oyeniyi, Ojo, and Ogundele, 2020). According to UNICEF, avoidable or treatable infectious illnesses such as malaria, pneumonia, diarrhea, measles, and HIV/AIDS account for more than 70% of Nigeria's estimated one million under-five deaths. According to Muhammad, Abdulkareem, and Chowdhury (2017), the multifaceted challenges confronting Nigeria's healthcare system are exacerbated by emerging economic policies and socio-political factors in the country's history, as well as a limited institutional capacity to provide effective population-level responses.

Precautions are essential in the early stages of a pandemic to protect against potential harm and slow the spread of the disease. As a result, the Nigerian government (like other governments across the world) implemented different containment methods that have disrupted people's daily lives and resulted in serious economic losses and social disturbance. People were forced to stay at home, while companies and offices were forced to close, with the exception of healthcare professionals and "necessary" commercial entities. The lockdown threatened the livelihood of Nigerians who made a living in the informal economy, as many of their activities and companies require face-to-face contact (Makinde, Nwogu, Ajaja and Alagbe, 2020; Olatunji, 2020). Despite the fact that in the early phases of the virus's spread across the country, majority of the people had no idea what the virus was or how it was spread. Nigerians exercised vigilant hand washing, social distancing and self-isolation, and avoided going to work, school, or busy areas, and there has been a high level of compliance with official recommendations thus far. Even the majority of religious leaders decided to call a halt to large meetings, prohibit handshakes, and advise churchgoers to pray at home and use hand sanitizers (Makinde, Nwogu, Ajaja and Alagbe, 2020; Olatunji, 2020). On the other hand, some Nigerians prefer to avoid contracting and spreading the virus by praying (even breaking the social distancing rule by attending churches or mosques during the lockdown) and using anointing oils, talismans, herbs, or rituals (Abati, 2020) due to superstitions and ignorance of the science behind the infection. Some additionally utilize social media platforms (such as Whatsapp, Twitter, Facebook, and Instagram) to intentionally or unintentionally disseminate fear, project bogus news about the virus's source, promote prejudice towards China, urge panic buying, provide fake remedies, and undercut medical

advice (Hassan, 2020). Lockdown, self-isolation, and social alienation, according to Abati (2020), are un-African responses to the pandemic.

Empirical Review of Related Literatures

During the Covid-19 epidemic, Roy, Tripathy, Kar, Sharma, Verma, and Kaushal (2020) aimed to examine knowledge, attitude, anxiety experience, and perceived mental healthcare need among adult Indians. A non-probability snowball sampling technique was used to conduct an online survey utilizing a semi-structured questionnaire. There were 662 answers in total. The respondents had a decent understanding of the Covid-19 infection and a good understanding of how to prevent it. People's reactions to Covid-19 revealed their willingness to accept government quarantine and social distancing instructions. The study found that the participants had high levels of anxiousness. More than 80% of participants were preoccupied with Covid-19-related concerns, and 72% said they needed to use gloves and sanitizers. Sleep problems, fear about catching Covid-19, and distress related social media were mentioned by 12.5 percent, 37.8%, and 36.4 percent of individuals in the study respectively. More than 80% of interviewees indicated that they needed mental health care. As a result, it was considered that there was a need to raise public awareness and address people's mental health concerns during the Covid-19 pandemic.

Residents of North-Central Nigeria were asked by Reuben, Danladi, Saleh, and Ejembi (2020) to assess their knowledge, attitudes, and practices about Covid-19. During the national lockdown, a cross-sectional internet survey with a semi-structured questionnaire was conducted utilizing the Snowball sampling approach. Descriptive statistics, Analysis of Variance (ANOVA), and Pearson's Correlation and Regression Tests were used to analyse the data. 80.6, 59.6, 90.4, and 56.2 percent of the 589 replies received were from men between the ages of 18 and 39 who had a bachelor's degree or higher and lived in metropolitan regions, respectively. Covid-19 was well-understood by 99.5 percent of respondents, who learned about it primarily from the internet/social media (55.7 percent) and television (27.5 percent). The majority of respondents (79.5 percent) were positive about government IPC efforts, with 92.7, 96.4, and 82.3 percent employing social distancing/self-isolation, enhanced personal cleanliness, and face masks, respectively. However, 52.1 percent of respondents believe the government was not doing enough in Nigeria to combat Covid-19. Pearson's correlation revealed a substantial link between Covid-19 knowledge and preventative measures attitudes ($r=0.177$, $p=0.004$, $r=0.137$, $p=0.001$). Although 61.8 percent of respondents have little faith in Chinese doctors' current intervention, 29.0 percent would embrace Covid-19 vaccines if they become accessible. Although the participants in the study had strong knowledge and attitudes, community-based health campaigns were needed to maintain positive attitudes and implement effective intervention strategies that are free of misunderstandings.

The knowledge, attitude, practices, and anxiety levels of nurses who are directly involved in the management of COVID-19 patients were assessed by Alwani, Majeed, Hirwani, Rauf, Saad, Shah, and Hamirani (2020). It was a cross-sectional survey based on an online questionnaire that solely targeted nurses participating in the management of Covid-19 patients from several hospitals in Karachi, Pakistan. The researchers used descriptive

analysis, Chi Square, and T-tests. P values of less than 0.05 were considered significant. A total of 78 nurses' data were examined. It was discovered that nurses had a strong understanding of Covid-19. Its sources, symptoms, and transmission routes, among other things. The average knowledge score was calculated to be 14.67 ± 3.36 . The main sources of information on Covid-19 are the health department/hospital and social media. It was discovered that 92.3 percent of nurses experienced mild to severe anxiety, with females having considerably greater anxiety levels ($P < 0.05$). We came to the conclusion that nurses working with Covid-19 positive patients have good knowledge and attitude. However, their anxiety levels were really high. Psychological therapies should be combined with training.

By using a web-based cross-sectional survey, Zegarra-Valdivia, Chino-Vilca, and Ames-Guerrero (2020) aimed to assess Peruvians' knowledge, attitudes, and vulnerability perceptions during the coronavirus outbreak. They collected data from 225 self-selected participants, evaluating demographic information. The bulk of the respondents (69.3%) were between the ages of 18 and 29, were female ($n = 134$), belonged to educated groups, and were graduates professionals (56.8%). **RESULTS:** Logistic regression revealed that education ($p=0.031$), occupation ($p=0.002$), and age ($p=0.016$) are all highly connected with knowledge. Although respondents indicated acceptable knowledge by recognizing predicted symptoms and virus transmission mechanisms in COVID-19 disease, the study found that they did not have enough information. There was a high risk of catching the mentioning virus, as evidenced by stigmatized conduct (59.1%) and dread of contracting the virus from others (70.2 percent). Furthermore, there is a lack of trust in health national authorities about sanitary responses (62.7 percent), disease readiness (76.9%), and the lack of suitable steps to cope with it (51.1 percent). As a result, it was recommended that public policies take into account recommendations on knowledge translation and risk communication strategies for both containing psychological responses in a timely way and guaranteeing population compliance with public control measures.

Methodology

The survey research method was used. The questionnaire was used as an instrument of data collection. The area of study was Oyo West Local Government with a population of 156,236 as retrieved from National Population Commission Office of Oyo West Local Government Secretariat (Ojongbodu, Oyo). where 399 respondents' opinions were surveyed. The sampling technique used was the multistage sampling technique. The researcher purposively chose the population of study because it was considered the one that would give the more reliable information concerning the subject matter. The Likert five scale method of data analysis was used to analyse the data.

Presentation of Result and Data

RQ 1: How did respondents in Oyo West Local Government get to know about Covid-19 pandemic?

Table 1: Awareness of the respondents about Covid– 19 pandemic

Items	Frequency (F)	Percentage (%)
Have you heard that there is Covid-19?		
Yes	357	99.4%
No	0	0%
I don't know	2	0.6%
Total	359	100%
How did you get to know about Covid-19 pandemic?		
Radio	91	25.3%
Television	54	15.0%
Social media	156	43.5%
Newspaper	28	7.8%
Church/ Mosque	12	3.3%
Hospital	7	1.9%
Others	11	3.1%
Total	359	100%
Do you believe Covid-19 pandemic is real?		
Yes	353	98.3%
No	2	0.6%
I don't know	4	1.1%
Total	359	100%
Are you fully aware of the implications of contacting Covid-19?		
Yes	349	97.2%
No	8	2.2%
I don't know	2	0.6%
Total	359	100%

The data shows that majority of the respondents are aware that there is covid-19 and it is real.

RQ 2: Do the respondents have knowledge about Covid-19 Pandemic in Oyo West Local Government, Oyo State, Nigeria?

Table 2: Knowledgeability of the Respondents about Covid-19 Pandemic

KNOWLEDGEABILITY ABOUT COVID-19 PANDEMIC	Strongly Agreed		Agreed		Undecided		Disagreed		Strongly Disagreed		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
The main symptoms of Covid-19 are fever, fatigue, dry cough and body aches.	194	54%	142	39.6%	16	4.5%	7	1.9%	0	0%	1.5432	.67493
There is currently no effective cure for Covid-19, but early symptomatic and supportive treatment can help most patients recover from the infection.	152	42.3%	179	49.9%	17	4.7%	9	2.5%	2	0.6%	1.6908	.72597
Eating or touching wild animals would result in the infection by the Covid-19 virus.	50	13.9%	89	24.8%	31	8.6%	115	32%	74	20.6%	3.2061	1.38300
People with Covid-19 who do not show symptoms cannot infect others with the virus.	62	17.3%	87	24.2%	25	7%	67	18.7%	118	32.9%	3.2563	1.54126
Uninfected people can wear face masks to prevent Covid-19 infection	204	56.8%	138	38.4%	11	3.1%	6	1.7%	0	0%	1.4958	.64241
Isolation and treatment of people who are infected with Covid-19 are effective ways to reduce the spread of the virus.	211	58.8%	137	38.2%	7	1.9%	4	1.1%	0	0%	1.4540	.59559
People who have contact with someone infected with Covid-19 should be immediately isolated in a proper place for 14 days.	252	70.2%	98	27.3%	7	1.9%	0	0%	2	0.6%	1.3343	.57384

The data shows that majority of the respondents have adequate knowledge of covid-19.

RQ 3: What are the attitudes of respondents towards Covid-19 pandemic in Oyo West Local Government, Oyo State, Nigeria?

Table 3: Attitude of the Respondents towards Covid-19 pandemic

ATTITUDE TOWARDS COVID – 19 PANDEMIC	Strongly Agreed		Agreed		Undecided		Disagreed		Strongly Disagreed		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
I regularly rub my hands with alcohol-based sanitizer	138	38.4 %	174	48.5 %	24	6.7%	15	4.2%	6	1.7%	1.8050	.86901
I always maintain social distancing	163	45.4 %	176	49%	7	1.9%	13	3.6%	0	0%	1.6379	.69901
I now maintain personal hygiene	214	59.6 %	126	35.1 %	12	3.3%	7	1.9%	0	0%	1.4763	.65916
I do wear my face masks whenever I am going out	158	44%	153	42.6 %	13	3.6%	31	8.6%	4	1.1%	1.8022	.94093
I always avoid crowded places	123	34.3 %	199	55.4 %	17	4.7%	20	5.6%	0	0%	1.8162	.76199
I always look out for media updates on Covid-19 pandemic	90	25.1 %	217	60.4 %	12	3.3%	24	6.7%	16	4.5%	2.0501	.97611
I strictly adhere to NCDC guidelines on Covid-19 prevention	132	36.8 %	156	43.5 %	42	11.7%	22	6.1%	7	1.9%	1.9304	.95024
I know Covid-19 would be successfully controlled in Nigeria	131	36.5 %	106	29.5 %	66	18.4%	42	11.7 %	14	3.9%	2.1699	1.15869

The data shows that majority of the respondents have the right attitude towards covid-19.

RQ 4: What are the factors that predisposed respondents in Oyo West Local Government to have anxiety on Covid-19 pandemic?

Table 4: Perceived Anxiety of Respondents towards Covid-19 pandemic

PERCEIVED ANXIETY TOWARDS COVID – 19 PANDEMIC	Strongly Agreed		Agreed		Undecided		Disagreed		Strongly Disagreed		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
Anytime I hear that somebody died of Covid-19 I get disturbed	210	58.5%	101	28.1%	20	5.6%	16	4.5%	12	3.3%	1.6602	1.00354
I feel nervous, restless and tensed about Covid-19 anytime I hear of cases	130	36.2%	169	47.1%	10	2.8%	39	10.9%	11	3.1%	1.9749	1.05011
I had an increased heart rate towards Covid-19	103	28.7%	165	46%	34	9.5%	46	12.8%	11	3.1%	2.1560	1.07181
I had trouble concentrating or thinking about anything other than the present Covid-19	95	26.5%	136	37.9%	52	14.5%	42	11.7%	34	9.5%	2.3983	1.25520
I had a sense of impending danger, fear and panic towards Covid-19 especially when am in a crowd	135	37.6%	146	40.7%	21	5.8%	33	9.2%	24	6.7%	2.0669	1.18463
I feel scared with the thought of contacting Covid-19	147	40.9%	123	34.3%	27	7.5%	38	10.6%	24	6.7%	2.0780	1.22795
I always get affected by the posts on social media about the Covid-19	62	17.3%	189	52.6%	33	9.2%	49	13.6%	26	7.2%	2.4095	1.3945
I am scared whenever I see the Covid-19 updates by NCDC	108	30.1%	145	40.4%	34	9.5%	41	11.4%	31	8.6%	2.2813	24688

The data shows that the respondents of this study have anxiety towards Covid–19 pandemic.

Discussion of Findings

The findings of this study reveal the awareness of respondents about Covid-19. The result shows that most of the respondents are aware of Covid-19 and its implications. Moreover, the findings reveal that larger percentage of the respondents got to know about Covid-19 pandemic through social media. This does not imply that other traditional media did not report the situation but social media was more predominant. This may be attributed to easier accessibility and adoption of social media above other traditional media. Moreover, the findings reveal that other media through which respondent got to know about Covid-19 include hospitals and religious gathering.

In addition, the findings of this study indicated that most of the respondents have adequate knowledge of Covid-19 and this could help in curtailing the spread of the pandemic. This could be the reason Richards (2017) reports that knowledge among ordinary people about how to eliminate risks of contracting deadly viruses usually lead to a rapid drop in the number of infected cases. In terms of knowledge and attitude, Li, Hu, Alias and Wong (2020) report that disease-related literacy and attitudes of people in society play major roles in shaping their practices and controlling the spread of diseases during an outbreak. In this regard, respondents claimed to regularly rub their hands with alcohol-based sanitizer, maintain social distancing, maintain personal hygiene, always avoid crowded places, always look out for media updates on Covid-19 pandemic, and adhere to NCDC guidelines on Covid-19 prevention. These indicate that the respondents have the right attitude towards Covid-19. This can be attributed to their awareness and knowledgeability about the pandemic. This could be the reason Leppin and Aro (2009) conclude that knowledge of infection pathways and relevant precautions to take is needed to control any epidemic/pandemic while the scientific community continues to research possible vaccines or drugs for the viral infection while Hussain, Hussain and Hussain (2012) also agree that individuals' level of knowledge about an infectious disease can make them behave in ways that may prevent infection.

The findings of this study also highlight the perceived anxiety of respondents towards Covid-19 as they get scared whenever they see the Covid-19 updates by the NCDC and also hear about Covid-19 cases. Wang *et al.*, (2020) agrees with the result of this finding by revealing that establishing normal anxiety responses, and mitigating fear and discrimination directed towards persons infected with, and affected by, infectious disease can be important in controlling transmission of infectious diseases. Thus, the findings of this study implies that the respondents of this study have anxiety towards Covid-19.

Conclusion and Recommendation

Based on the findings of this study, it can, therefore, be concluded that the residents of Oyo West Local Government are aware of Covid-19 and its implications, and they got to know about it mainly through the social media and the traditional media. It noted that Nigerians have judiciously observed the guidelines by NCDC to curb the spread of Covid-19 in Nigeria while the government is trying to stop the global pandemic in Nigeria. It was also noted that the Covid-19 updates on television makes the people to be anxious. The study concluded that while NCDC is being factual about its updates, reporters should be monitored to be mild yet positive about their choice of words as this may neutralize instant anxieties towards covid-19.

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