



PERSPECTIVE OF COVID-19 EXISTENCE, KNOWLEDGE AND PREVENTIVE MEASURES AMONG NIGERIAN PEOPLE

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Abstract

The Corona Virus (COVID-19) has resulted in a massive global spread with growing health crisis even in the sub-Sahara Africa. A poor understanding of COVID-19 among Nigerians may result in delayed treatment and result in the rapid spread of the infection. This study assesses perception of Nigerians relating to existence, knowledge and preventive measures about COVID-19. Web-based and paper-based studies were conducted for a total of 870 participants across the country during the lockdown period through questionnaire. Frequency distribution and percentages were used to compute the responses obtained. Binomial and chi-square tests were used to investigate the level of association in the response of the variables, both with significance set to $p < 0.05$. Majority of the respondents believed the existence of the virus (90.4%). It is seen that COVID-19 is a threat to public health as 60% of the population agreed to this, less than 20% were not aware of symptoms with 80% accepted there were public awareness about the symptoms. 50% across all groups were unwilling to go for COVID-19 test. Furthermore, majority (90%) of the respondents are informed about the virus. More than 40% of the respondents believe the virus was a plot to destabilize the world. Factors such as age and level of education were associated with a poor perception of COVID-19. People's perception is also informed mostly by their religious belief. Chi-square and Binomial test ($p < 0.05$) showed positive perceptions of COVID-19. This study recommends that there be adequate sensitization on the importance of getting tested for COVID-19.

Keywords: COVID-19, Nigerian, Perception



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INTRODUCTION

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China, and has since spread globally, resulting in an ongoing pandemic (Zhou, 2020). The earliest case was traced to a seafood and animal market in Wuhan from where the SARS-CoV-2 may have started to spread to humans (Kandola, 2020).

As of 28th of May 2020, more than 5.7 million cases have been reported across the globe, resulting in more than 356,000 deaths (Allahoum, 2020). Common symptoms

include fever, cough, fatigue, shortness of breath, and loss of smell and taste. While the majority of cases result in mild symptoms, some progress to Acute Respiratory Distress Syndrome (ARDS) likely precipitated by a multi-organ failure, septic shock, and blood clots. The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days.

The World Health Organization (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and

a pandemic on 11 March 2020. Local transmission of the disease has occurred in most countries across all six WHO regions (Organisation, 2020b). SARS-COV-2 is primarily spread between people during close contact, most often via small droplets produced by coughing, sneezing, and talking. SARS-COV-2 droplets usually fall to the ground or onto surfaces rather than travelling through air over long distances (Organisation, 2020a). Less commonly, people may become infected by touching a contaminated surface and then touching their face. It is most contagious during the first three days after the onset of symptoms, although spread is possible before symptoms appear, and from people who do not show symptoms. The standard method of diagnosis is by real-time reverse transcription polymerase chain reaction (rRT-PCR) from a nasopharyngeal swab. Chest Computed tomography (CT) imaging may also be helpful for diagnosis in individuals where there is a high suspicion of infection based on symptoms and risk factors; however, guidelines do not recommend using CT imaging for routine screening (Control, 2020).

Recommended measures to prevent infection include frequent hand



washing, maintaining physical distance from others (especially from those with symptoms), quarantine (especially for those with symptoms), covering coughs, and keeping unwashed hands away from the face (Prevention, 2020). In addition, the use of a face covering is recommended for those who suspect they have the virus and their caregivers. Recommendations for face covering use by the general public vary, with some authorities recommending them, some recommending against them (to conserve masks for healthcare workers). There is limited evidence for or against the use of masks (medical or other) in healthy individuals in the wider community (Organisation, 2020a).

The sudden rise in the number of active COVID-19 cases in Nigeria as opposed to other western countries in Africa has raised a number of suspicions (Union, 2020). It can be recalled that the first case of COVID-19 was recorded on 27th February, 2020. The index case was an Italian citizen who had arrived in Lagos from Italy and travelled to Ogun state from Lagos (Ebenso, 2020). Since then, the number of cases has significantly increased and spread across the country. Conflicting reports have tried to suggest the spike in cases in Nigeria is as a result of varied opinions. With the

controversy, a viable assessment is yet to be made on the reason behind the wide spread. Discussions surrounding region and social lifestyle can be touted to be more prominent in the spread of the virus amongst other attributes as religion, age, employment status, and level of education. Could it also be lack of adherence to the recommended measures to prevent the infection or chance? Could it be the low literacy level or outright disbelief in the existence of the virus?

A lot of people believe COVID-19 was developed (BBC, 2020) to enrich a selected few. A chief medical director in Texas USA thought COVID-19 was hoax until a patient died (Srikanth, 2020). Similarly, a fitness expert Ruben Mata thought the global pandemic was fake despite the ravage virus had in the USA, until he fell ill (McLoughlin, 2020). A serving governor in Nigeria, an accountant by profession, stated in a video posted online on March 25, 2020 stated and I quote “90% of the noise about COVID-19 is for political, economic, financial or material gain. The other 10% relates to ordinary flu, like the common colds Nigerians generally suffer” (Offiong, 2020). In the midst of a global pandemic like COVID-19, conspiracy theorists are spreading dangerous information about the

virus. They believe that the virus is not as severe as it is made to look and they sometimes deny the very existence of the pandemic (Dyck, 2020). A certain workman believed because a lot of infected people have not died makes COVID-19 hoax (Holdeman, 2020). Then there are those that believe that 5G is responsible for the high death rate.

A study by Olapegba et al. (2020), discussed knowledge and perception of COVID-19 using anonymous online (WhatsApp and Facebook) survey of about 1357 respondents from 180 cities in the six geo-political zones within Nigeria. The argued that there is need for campaign sensitization based on evidence to the general public to remove various misconceptions of the disease, understand and comply with all precautionary measures to stop the spread of the disease.

According to Hassan (2020) many Nigerians refuse to believe the COVID-19 exists, it is believed that Nigerians are gullible to spread of fake news because of lack of good communication between government and the people, weak health system and quest for miracle healing. Social media has been used to spread fake news and encourage the denial of existence of COVID-19. As

negative emotional health warning increases, people may also depend and believe negative news about COVID-19 more than other information in making decisions for example the media reporting number of people who die and are effected against those who recover or have mild symptoms, this leads to negative emotions and makes people abandon the risks for others (Bavel, 2020). To contain spread of misinformation and reduce the challenges of COVID-19 in Nigeria, the government must transparently provide information and respond to people's concerns quickly (Hassan, 2020). Curbing spread of fake news globally, interventions must be developed and tested by social media companies (Bavel, 2020).

Crowe in 2020 (Crowe, 2020), believed the world is suffering from delusion of virus emanated from wild bats in Wuhan China and suggested that if the virus test has a problem with false positives it will mean that carrying out test on uninfected persons will lead to positive result which will make the pandemic continue to increase and grow. The author concluded that the coronavirus is an irrational panic, which is based on unproven Ribonucleic Acid (RNA) test, which cannot be connected to a virus until

the virus is purified and if the test can truly detect a virus the number of false positive result is yet to be proven.

Religious leaders in Nigeria have a large influence on their followers they have a way of influencing their congregation, it is believed by some of them that the pandemic is an act of an international conspiracy (Jude, 2020).

Many Nigerians believe the virus targets the elite, politicians in the country disregarding the warnings that the virus could also affect the poor (Nwaubani, 2020). Nigeria Centre for Disease Control (NCDC) (Prevention, 2020), has recorded 12,801 cases at 9th June 2020 (Medicine, 2020). Presently states are in partial lockdown to control the spread of the virus. The virus is an issue which has been underestimated in most countries of the world for many reasons, discussions on COVID-19 has brought up three main school of thoughts: the Divine School, which suggests the manifestation of the Word of God; the Science School, which believes COVID-19 originated from wildlife and rejects all the conspiracy theories; and the Political School, which sees COVID-19 as man-made and as an expression of weaponization, particularly as a biochemical weapon of mass destruction

(Akinterinwa, 2020). Hence, this study assesses the opinions and perspectives of Nigerians regarding COVID-19 realities.

The following hypotheses are to be tested:

H₀: There are no positive perceptions of Nigerians concerning COVID-19

H_A: There are positive perceptions of Nigerians concerning COVID-19

METHODS

Study Area

The study was conducted during the lock down period. The web-based survey cuts across the whole country, while the paper questionnaire was administered randomly to respondents in Kaduna state, northern Nigeria

Study Design

The research is a cross sectional design focused on collecting primary data using web and paper-based questionnaire for a total of 870 participants. This design is appropriate for data from a given population with an intention to determine the opinion, attitudes and perception of people for the variables under study.

Population and Sampling

The simple random sampling technique was used in selecting the respondents and also

the questionnaire was made available through an online link using Google forms. In a simple random sample, every member of the population has an equal chance of being selected and the sampling frame includes the whole population.

Data Collection

Authors looked at relationship between peoples distorted beliefs about the coronavirus and their reaction to the pandemic. The authors tested whether the conspiracy that the COVID-19 is a hoax has effect on low containment related attitude (e.g., physical distancing, cleanliness) and compared it to the perception that the virus is human made which should have a stronger support self-centered behavior (e.g., alternative remedies). The expectation was for both perceptions to be positively correlated. Data used was collected between march 20 and march 23 2020 using questionnaire made available through an online link with Google forms.

A structured questionnaire designed by the researchers was used to gather information from the subjects. The instrument consists of two sections, A and B. Section A sought data on the Socio -demographic characteristics of the respondents, while Section B was presented the perception of

the respondents on the existence of COVID-19 with respect to their age, sex, marital status, academic qualification and employment status.

The questionnaire was administered to the respondents by using Google form as the online platform for data collection and the researchers also administered paper copies of the questionnaires to 200 respondents. A total of 870 copies of the questionnaire were administered and received from the randomly selected respondents. The respondents were required to tick each item in the appropriate column that mostly represents their opinion based on if they agree with the statement or not. The Likert scale with Strongly agree (5), Agree (4), Neutral (3), Disagree (2) and Strongly disagree (1) were used to obtain the frequencies of responses for ease of analysis.

Data Analysis

The study questions were analyzed with statistical package for the social science (SPSS) using frequencies and percentages in form of contingency tables. Furthermore, non-parametric statistics (Chi-square and Binomial tests) were used to test for the hypothesis at 0.05 level of significance.

RESULTS

This section displays the results of the data obtained. It was discovered that different conspiracies are associated with different types of behavior and concluded that conspiracy beliefs were linked to human behaviour which has effect on mitigating the virus (Researchers Study, 2020).

Socio-Demographic Distribution of the Respondents

Table 1 shows the results of socio-demographic findings. The result of this survey shows that 67.6% of the respondents were male while 32.4% were females. This revealed that the ratio of male to female is 2:1, indicating that there is no wide gab in response for the gender.

Table 1: Socio-Demographic Distribution of the Respondents

	Variables	Frequency	Percentage
Age group	(< 18 years)	7	0.8
	18 – 27 years	306	35.2
	28 -37 years	366	42.0
	38 – 47 years	151	17.3
	47 – 58 years	28	3.3
	> 58 years	12	1.4
Gender	Male	588	67.6
	Female	282	32.4
Religion	Christian	588	67.7
	Muslim	274	31.5
	Others	8	0.8
Highest Educational Qualification	None	7	0.8
	Primary School leaving certificate	5	0.6
	Secondary School leaving certificate	80	9.2
	Tertiary institution	604	69.7
	Masters	158	18.2
	PhD	16	1.5
Employment Status	Student/Corper	99	11.4
	Unemployed	88	10.1
	Business Owner	102	11.7
	Fully Employed	569	65.4
	Artisan	12	1.4

Mean = 31.64, Standard deviation = 8.90



Majority of the respondents (69.7%) had a degree from a Tertiary Institution while 0.8% did not have any form of academic qualification. The results further show 65.9% of the respondents were fully employed while 10.1% respondents were unemployed. The age groups of the respondents were also shown by their

Existence of COVID-19

Table 2 presents the analysis of the result as regards the knowledge of the existence of COVID-19. It is seen that 90.4% of the respondents confirmed the existence of COVID-19 while the remaining 9.6% were skeptical about the virus. This accounts for 66.8% female and 33.2% male agreed and

percentages for each group in this survey. 28-37 age group accounts for the largest number of respondents (42.2%), while the lowest age group (0.8%) was from 18 years and below. The mean and standard deviation of the respondents are 31.6 and 8.90 respectively.

confirmed that the COVID-19 was real. Majority of respondents who agreed that COVID 19 exists are within the age group of 28 – 37 years (43.3%) when compared with those when denied its existence and the difference is statistically significant ($p < 0.001$).

Table 2: Distribution for the existence of COVID-19

		Yes (n=783)		No (n=87)		Pearson Chi-Square (χ)	p-value
		N	%	N	%		
Gender	Male	523	66.8	65	74.7	2.139	0.144
	Female	260	33.2	22	25.3		
Age	less than 18	6	0.8	1	1.2	34.32	<0.001
	18-27	255	32.6	51	58.6		
	28-37	339	43.3	27	31.0		
	38-47	149	19.0	2	2.3		
	47-58	23	2.9	5	5.7		
	above 58	11	1.4	1	1.2		
Educational Qualification	None	6	0.8	1	1.2	25.956	<0.001
	Primary	4	0.5	1	1.2		
	Secondary	61	7.8	19	21.8		
	Tertiary	544	69.5	60	69.0		
	Masters	154	19.7	4	4.6		
	PhD	14	1.8	2	2.3		
Religion	Christianity	531	67.8	57	65.5	13.884	<0.002
	Islam	247	31.5	27	31.0		
	Others	5	0.6	3	3.5		

COVID-19 as a threat to public health

The table 3 presents the analysis from the sampled population for the responses on whether or not COVID-19 is a serious threat

to public health. It is seen that the subject of COVID -19 being a threat to public health by the respondents were mostly strongly agreed and agreed.

Table 3: COVID-19 as a threat to public health

Gender		Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Gender	Male	326	55.6	174	29.7	41	7.0	21	3.6	24	4.1	586	100.0
	Female	195	69.1	64	22.7	8	2.8	7	2.5	8	2.8	282	100.0
Age	less than 18	3	42.9	3	42.9	0	0.0	0	0.0	1	14.3	7	100.0
	18-27	169	55.2	85	27.8	23	7.5	12	3.9	17	5.6	306	100.0
	28-37	227	62.4	98	26.9	19	5.2	8	2.2	12	3.3	364	100.0
	38-47	96	63.6	44	29.1	5	3.3	6	4.0	0	0.0	151	100.0
	47-58	17	60.7	6	21.4	2	7.1	2	7.1	1	3.6	28	100.0
Education	None	5	71.4	0	0.0	0	0.0	1	14.3	1	14.3	7	100.0
	Primary	4	80.0	0	0.0	0	0.0	0	0.0	1	20.0	5	100.0
	Secondary	39	48.8	25	31.2	4	5.0	5	6.2	7	8.8	80	100.0
	Tertiary	371	61.6	153	25.4	39	6.5	19	3.2	20	3.3	602	100.0
Religion	Christianity	360	61.4	153	26.1	30	5.1	21	3.6	22	3.8	586	100.0
	Islam	157	57.3	82	29.9	18	6.6	7	2.6	10	3.6	274	100.0
	Others	4	57.1	2	28.6	1	14.3	0	0.0	0	0.0	7	100.0

Awareness of COVID-19 symptoms

Table 4 presents responses based on religion. Results showed that 96.8% and 91.6% of respondents were well aware of the symptoms of COVID-19 infection. Responses based on level of academic qualification showed that educated people

believed they were aware about the symptoms of the virus. All age groups accepted that they were aware about the symptoms of the virus. Also presented were responses based on gender. Public awareness about the symptoms of the virus were mostly affirmative across gender.

Table 4 Public awareness of COVID-19 symptoms

		Yes		No		Total	
		N	%	N	%	N	%
Religion	Christianity	566	96.8	19	3.2	585	100.0
	Islam	251	91.6	23	8.4	274	100.0
	Others	6	100.0	0	0.0	6	100.0
Education	None	6	85.7	1	14.3	7	100.0
	Primary	3	60.0	2	40.0	5	100.0
	Secondary	66	83.5	13	16.5	79	100.0
	Tertiary	577	95.8	25	4.2	602	100.0
	Masters	157	100.0	0	0.0	157	100.0
Age	less than 18	7	100.0	0	0.0	7	100.0
	18-27	286	93.8	19	6.2	305	100.0
	28-37	346	95.3	17	4.7	363	100.0
	38-47	149	98.7	2	1.3	151	100.0
	47-58	26	92.9	2	7.1	28	100.0
	above 58	10	83.3	2	16.7	12	100.0
Gender	Male	556	95.0	29	5.0	585	100.0
	Female	268	95.4	13	4.6	281	100.0

Willingness to get tested

Tables 5 presents the analysis of the result obtained based on the respondent’s willingness to get tested for the COVID- 19.

Majority of the males (57.9%) were not willing to submit themselves for COVID-19 test. Similarly, majority of respondents less

than 18 years (85.7%) were not willing. Based on highest level of educational qualification, those that have Master’s degree and above (53.2%) were the most willing to get tested. A higher proportion of Christians (58.3%) and Muslims (51.5%) were not willing to submit themselves for COVID-19 test.

Table 5: Willingness to be tested for COVID-19

		Yes		No		Total	
		N	%	N	%	N	%
Gender	Male	244	42.1	336	57.9	580	100.0
	Female	134	48.0	145	52.0	279	100.0
Age	less than 18	1	14.3	6	85.7	7	100.0
	18-27	133	43.9	170	56.1	303	100.0
	28-37	155	43.1	205	56.9	360	100.0
	38-47	70	46.4	81	53.6	151	100.0
	47-58	12	44.4	15	55.6	27	100.0
	above 58	7	63.6	4	36.4	11	100.0
Education	None	2	28.6	5	71.4	7	100.0
	Primary	1	25.0	3	75.0	4	100.0
	Secondary	33	42.3	45	57.7	78	100.0
	Tertiary	254	42.5	344	57.5	598	100.0
	Masters	84	53.2	74	46.8	158	100.0
Religion	Christianity	243	41.7	340	58.3	583	100.0
	Islam	130	48.5	138	51.5	268	100.0
	Others	5	71.4	2	28.6	7	100.0

Education/Sensitization on the virus

Table 6 presents the analysis of the result obtained as regards to whether or not the respondents have been educated about COVID-19.

It is seen that majority of the respondents have been sensitized on the virus. Majority across groups (>90%) were sensitized on the virus. This shows a strong unity in the responses among the respondents as regard this survey. It can be concluded that majority (> 90%) of the population had useful information that is required regarding COVID-19 pandemic.

Personal hygiene and social distancing as a valid preventive measure

Based on level of educational qualification, 80.8% of the respondents agreed that personal hygiene and social distancing could curb community spread of the virus. Responses based on religious affiliation of the respondents showed that the followers of the two major religions of 80.7% in Nigeria agreed that personal hygiene and social distancing is a valid preventive measure to curb community spread of the virus. Also shown in were responses based on age were



79.7%. It can be observed that all the age groups in the survey confirmed to the fact that personal hygiene and social distancing were a valid preventive measure for

COVID-19. Responses based on gender shows that both genders (90.6%) affirmed that the preventive measures were helpful in curbing the spread of the virus.

Table 6: Education/sensitization on the COVID – 19

		Yes		No		Total	
		N	%	N	%	N	%
Gender	Male	540	93.1	40	6.9	580	100.0
	Female	268	96.1	11	3.9	279	100.0
Age	less than 18	6	85.7	1	14.3	7	100.0
	18-27	272	90.7	28	9.3	300	100.0
	28-37	346	95.3	17	4.7	363	100.0
	38-47	147	97.4	4	2.6	151	100.0
	47-58	28	100.0	0	0.0	28	100.0
	above 58	9	90.0	1	10.0	10	100.0
Education	None	7	100.0	0	0.0	7	100.0
	Primary	3	75.0	1	25.0	4	100.0
	Secondary	65	85.5	11	14.5	76	100.0
	Tertiary	565	94.2	35	5.8	600	100.0
	Masters	153	97.5	4	2.5	157	100.0
	PhD	12	100.0	0	0.0	12	100.0
Religion	Christianity	553	94.7	31	5.3	584	100.0
	Islam	248	92.9	19	7.1	267	100.0
	Others	6	85.7	1	14.3	7	100.0

Immunity to COVID-19

Table 7 presents the result obtained on the respondents’ thoughts on their immunity to COVID-19. Majority of the population, about 35.0% did not know if they were immune or not while 31.0% of the remaining respondents believed they were immune to the virus. The other 34.0% did not see how they can be immune to a virus

that is causing thousands across the globe to perish. Though a little spike in positive responses to being immune to the virus was seen in the responses obtained from the Christian respondents.

Based on gender, the highest percentage (35.0%) in the survey that is, the respondents were not sure whether or not they are immune to the virus. This is followed by those that said they are not



immune (34.0%) where as 31.0% said they are immune to the virus. Breakdown of the result of responses by age group showed that respondents were not sure if they are immune to the virus. A response based on level of academic qualification to the immunity to COVID-19 is also shown. Results obtained followed the same pattern

as the other ones in terms of not knowing whether they are immune to the virus. Reaction based on religious belief to the question was also shown. Results also showed that higher percentage of the respondents did not know if they were immune to the disease.

Table 7: Respondents’ immunity to COVID-19

		Yes		No		I don’t know		Total	
		N	%	N	%	N	%	N	%
Gender	Male	193	33.4	192	33.3	192	33.3	577	100.0
	Female	72	25.8	99	35.5	108	38.7	279	100.0
Age	less than 18	4	57.1	1	14.3	2	28.6	7	100.0
	18-27	83	27.7	113	37.7	104	34.7	300	100.0
	28-37	113	31.3	119	33.0	129	35.7	361	100.0
	38-47	53	35.3	44	29.3	53	35.3	150	100.0
	47-58	10	37.0	11	40.7	6	22.2	27	100.0
	above 58	2	18.2	3	27.3	6	54.5	11	100.0
Education	None	3	50.0	1	16.7	2	33.3	6	100.0
	Primary	0	0.0	2	50.0	2	50.0	4	100.0
	Secondary	28	37.8	27	36.5	19	25.7	74	100.0
	Tertiary	173	28.8	195	32.5	232	38.7	600	100.0
	Masters	55	35.0	60	38.2	42	26.8	157	100.0
	PhD	4	33.3	6	50.0	2	16.7	12	100.0
Religion	Christianity	209	36.0	186	32.0	186	32.0	581	100.0
	Islam	53	19.8	102	38.1	113	42.2	268	100.0
	Others	3	50.0	3	50.0	0	0.0	6	100.0

The purpose of creating the COVID-19

Table 8 presents the analysis of the result obtained as regards if the COVID -19 was created to destabilize the world or created as a deception for financial gains. It is observed

from this analysis that majority of the respondents voted in the affirmative that the virus was created to destabilize the world. 40.1% of the respondents believed it is a ploy to destabilize the world, 28% of the respondents disagreed while the remaining



31.9% remained neutral. From the summation, the analysis also showed that majority was not sure whether or not the virus was created as a deception for financial gains. An average of 38.4% voted unsure, 32.9% voted yes and the remaining 28.7% voted no to the creation of COVID-19 as a deception for financial gains. It can be concluded that majority of the respondents believed that the virus was created to destabilize the world, while there is an uncertainty on the side of the respondents, as to whether or not the virus was also created as a deception for financial gains.

Specifically, responses based on gender showed that 40.1% believed that the COVID-19 was created to destabilize the world, 23.8% do not believe and 36.6% remained neutral. Also, reactions based on gender showed that 32.1% of the respondents affirmed while 31.3% did not believe. 36.6% remained uncertain to whether COVID -19 was created for financial gains. Responses based on level of

educational qualification showed that higher percentage of respondents believed COVID -19 was created to destabilize the world (40.1%). Similarly, higher percentage were uncertain to whether COVID-19 was created for financial gains, the responses for whether or not COVID-19 was created for financial gains remained the same. Responses based on religion revealed that the followers of the two major religions in Nigeria believed that COVID-19 was created to destabilize the world. Reactions based on religion shows that majority of the respondents do not know whether or not COVID -19 was created for financial gains, but within the followers of the two religions Christians believed COVID-19 was not created for financial gains (33.2%) as against those who believed it was created for financial gain (31.8%), whereas Muslims believed COVID-19 was created for financial gains (32.3%) as against those who believed it was not created for financial gain (27.5%).

Table 8a: COVID -19 was created to destabilize the world

		Yes		No		I don't know		Total	
Destabilize the world		N	%	N	%	N	%	N	%
Gender	Male	244	41.9%	121	20.8%	218	37.4%	583	100.0%
	Female	101	36.5%	84	30.3%	92	33.2%	277	100.0%
Total		345	40.1%	205	23.8%	310	36.0%	860	100.0%
Age	less than 18	2	28.6%	2	28.6%	3	42.9%	7	100.0%
	18-27	124	41.2%	73	24.3%	104	34.6%	301	100.0%
	28-37	148	40.9%	84	23.2%	130	35.9%	362	100.0%
	38-47	56	37.1%	39	25.8%	56	37.1%	151	100.0%
	47-58	11	39.3%	5	17.9%	12	42.9%	28	100.0%
	above 58	4	36.4%	2	18.2%	5	45.5%	11	100.0%
Total		345	40.1%	205	23.8%	310	36.0%	860	100.0%
Education	None	2	28.6	2	28.6	3	42.9	7	100.0
	Primary	0	0.0	2	50.0	2	50.0	4	100.0
	Secondary	50	64.1	9	11.5	19	24.4	78	100.0
	Tertiary	225	37.7	150	25.1	222	37.2	597	100.0
	Masters	61	38.6	37	23.4	60	38.0	158	100.0
	PhD	5	41.7	5	41.7	2	16.7	12	100.0
Total		343	40.1	205	23.9	308	36.0	856	100.0
Religion	Christianity	146	25.0%	248	42.5%	190	32.5%	584	100.0%
	Islam	56	20.9%	95	35.4%	117	43.7%	268	100.0%
	Others	2	28.6%	2	28.6%	3	42.9%	7	100.0%
Total		204	23.7%	345	40.2%	310	36.1%	859	100.0%

Table 8b: COVID -19 was created for financial gains

		Yes		No		I don't know		Total	
Financial gains		N	%	N	%	N	%	N	%
Gender	Male	199	34.4%	173	29.9%	207	35.8%	579	100.0%
	Female	77	27.5%	96	34.3%	107	38.2%	280	100.0%
Total		276	32.1%	269	31.3%	314	36.6%	859	100.0%
Age	less than 18	2	28.6%	2	28.6%	3	42.9%	7	100.0%
	18-27	131	43.4%	69	22.8%	102	33.8%	302	100.0%
	28-37	99	27.4%	119	33.0%	143	39.6%	361	100.0%
	38-47	38	25.3%	60	40.0%	52	34.7%	150	100.0%
	47-58	5	17.9%	14	50.0%	9	32.1%	28	100.0%
	above 58	1	9.1%	5	45.5%	5	45.5%	11	100.0%
Total		276	32.1%	269	31.3%	314	36.6%	859	100.0%
Education	None	4	57.1%	2	28.6	1	14.3%	7	100.0%
	Primary	0	0.0%	2	50.0	2	50.0%	4	100.0%
	Secondary	42	54.5%	15	19.5%	20	26.0%	77	100.0%
	Tertiary	182	30.4%	187	31.2%	230	38.4%	599	100.0%
	Masters	43	27.6%	55	35.3%	58	37.2%	156	100.0%
	PhD	2	16.7%	8	66.7%	2	16.7%	12	100.0%
Total		273	31.9%	269	31.5%	313	36.6%	855	100.0%
Religion	Christianity	193	33.2%	185	31.8%	204	35.1%	582	100.0%
	Islam	74	27.5%	87	32.3%	108	40.1%	269	100.0%
	Others	2	28.6%	3	42.9%	2	28.6%	7	100.0%
Total		269	31.4%	275	32.1%	314	36.6%	858	100.0%

Discussion

This study looked at the perceptions of Nigerians on COVID-19 in a diversified lifestyle and health conditions. The survey revealed that there is a complete awareness

of COVID-19 at across gender, age, educational qualification, religious affiliation and employment status. It was also revealed that three in four people agreed they have enough information about



the virus. Women are more likely than men to say they feel they have enough information about the virus.

The study also showed that there is a strong agreement among the general population that COVID-19 is a threat to public health. This cut across all the variables.

It was observed that there is a public awareness on the perceived symptoms of COVID-19. This is affirmative across the variables.

The study revealed that there is a mild distinct view on whether or not a person is willing to give him/herself for COVID-19 test. The respondents are not willing for voluntary test, but most least educated individuals are willing for voluntary COVID-19 test. The study showed that there is adequate sensitization about the negative effect of COVID-19 and as a pandemic according to the survey.

For preventive measure, the study showed there is a general agreement that personal hygiene and social distancing are better and could curb community spread of the virus.

It was understood that no one is sure if really, he/she has strong immunity for the virus across all the variables.

According to the study, the respondents mostly believed that the virus was created to destabilize the world and also created as a deception for financial gain.

The study revealed strong link between the socio-demographic variables and the indicator variables in establishing a perception of Nigerians about the virus.

The study also revealed people's perception is informed mostly by their level of education and subtly by their religious belief.

Limitation

The novel and sensitive nature of COVID - 19 necessitated a timely intervention from all and sundry. Our sampling scheme might limit generalizability to the entire population due to under sampling of respondents. Not all the population have access to online facilities. Under sampling is not ruled out during the administration of the print questionnaire, as respondents from a particular region (northern Nigeria) are favored more than the other region. There is also fear of under sampling from less educated respondents.

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