



A Qualitative Study on Perception, Attitude and Apathy towards Non-Pharmaceutical Precautionary Measures against COVID-19 among Residents of Ibadan, Nigeria

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Summary

BACKGROUND

COVID-19 emerged in Wuhan, China in December 2019 and within a short period of time it had become a pandemic that will go down in history as a one, perhaps non-intentional, biological warfare against humanity. It not only caused a global health crises but also a crisis in the political, economic, educational, entertainment (including sports, recreation, tourism) and other facets of human endeavours. COVID-19 has challenged the wittiness of biological, basic and applied scientists, educational, communication and other social scientists to bring their expertise on board to curtail its spread. It has also altered day to day national, international governance structures with serious global diplomatic and economic challenges and shrinks the gap between the rich, not so rich and poor nations as it exposes the vulnerabilities of all in response to its threats to lives and livelihoods. Serious efforts are going on to develop pharmaceutical interventions, nevertheless the most cost effective way out is non-pharmaceutical interventions of physical/social distancing, regular washing of hands, use of alcohol based hand sanitizers, consistent and proper use of face masks to halt or limit the spread of the virus. The researchers' main objective was to unravel the perception, attitude and apathy of residents of Ibadan, Nigeria towards non-pharmaceutical precautionary measures against the spread of COVID-19.

MATERIALS AND METHODS

This was a qualitative study. It involved residents of Ibadan living around or in contact with the researchers, having been found by the researchers not to be observing non-pharmaceutical precautionary measures against COVID-19. Thematic analysis was done through identification, coding and categorizing patterns or themes in the data collected.

RESULTS

The study focused on perception, attitude and apathy towards precautionary measures among residents of Ibadan. Thirty people were interviewed, including 8



(26.6%) aged 20-30 years, 10 (30.3%) 31-40, 4(13.3%) 41-50 and 8 (26.7%) aged 51 years above. 19 (63.3%) were Christians while 11 (36.7%) were Muslims. On educational status, 6 (20.0%) had no formal education, 11 (36.7%) had secondary education while 13(43.3) had tertiary education .Most of the respondents, except a few, believed that COVID-19 was not real claiming to have only seen those that had been infected by the virus in the country on different media platforms such as on television and social media platforms. Many of the respondents had a positive attitude while some were indifferent claiming that they could never be infected no matter how they lived their lives. Majority claimed that it was almost impossible to maintain social distance as they had to go out in public cars, visit markets and also visit relatives who would not understand them if they decided to keep social distance.

CONCLUSION

The study revealed good perception of the disease, poor attitude and apathy towards many aspects of the use of non-pharmaceutical precautionary measures.

Keywords: COVID-19, Non-Pharmaceutical Precautionary Measures

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Introduction

Coronaviruses are a family of contagious viruses that can cause a range of mild to severe respiratory illnesses. These viruses can mutate rapidly and form new types of coronaviruses such as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) identified in 2019 in China, responsible for the COVID-19 disease pandemic [1]. In late 2019, a novel coronavirus, now designated SARS-CoV-2, was identified as the cause of an outbreak of an acute respiratory illness in Wuhan, a city in the Hubei province of China. In February 2020, the World Health Organization (WHO) designated the disease COVID-19, which stands for coronavirus disease 2019.

The clinical presentation of COVID-19 infection ranges from asymptomatic to very severe pneumonia with acute respiratory distress syndrome, septic shock and multi-organ failure which may result in death [2]. In January 30, 2020, the WHO declared the COVID-19 outbreak a public health emergency of

international concern and, in March 2020, began to characterize it as a pandemic in order to emphasize the gravity of the situation and urge all countries to take action in detecting infection and preventing spread. Unfortunately at that time, there was no medication approved by the FDA and taken through controlled studies and demonstrating an effect on the virus. Although there were cures for illnesses and developments made by leaps and bounds in our day, the strongest and most effective weapon that society had against this virus affecting not just health but also economics, politics, and social order, was the prevention of its spread. The main points in preventing the spread in society was hand hygiene, social distancing and quarantine. With increased testing capacity, detecting more COVID-19 positive patients in the community would also enable the reduction of secondary cases with stricter quarantine rules [3]

Worldwide, through the week ending 2 August, 2020, 17.6 million confirmed COVID-19 cases, including more than 680,000 deaths



were reported to the WHO. Over the preceding seven days, the pandemic continued to accelerate with almost 1.8 million new cases and 40 thousand new were deaths reported – a daily average of 256,294 cases and 5,675 deaths per day. It took only 4 days for the number of cases to increase from 16 million to 17 million [4].

The virus has an incubation period of about five days, spread from human-to-human, especially via respiratory droplets , body contacts ,having contacts with contaminated objects, parts of the body especially hands and faces-eye-nose-mouth. It can also be acquired through contacts with asymptomatic persons, thereby, making COVID-19 highly contagious. It spread almost in all countries of the world within a short period of time, having serious health consequences for all especially the elderly with pre-existing comorbidities. With no cure in sight, management of associated symptoms and diseases was the best option as well as attempts at developing a vaccine against the disease.

Those with COVID-19 presented, among others, characteristic symptoms of fatigue, sore throat, difficulty in breathing, diarrhea, vomiting and fever. Many challenges and consequences for communities in terms of health, social, and economic aspects emerged as a result of outbreaks of disease [1].To slow down the outbreak, non-pharmaceutical safety precautionary measures against the diseases were advocated.

Early screening, diagnosis, isolation, and treatment became necessary to prevent further spread. Preventive strategies focused on the isolation of patients and careful infection control, including appropriate measures adopted during the diagnosis and the provision of clinical care to infected patients. The most important strategy for the population was to frequently wash their hands and use portable hand sanitizers as well as avoiding contact with their

face and mouth after interacting with a possibly contaminated environment. To reduce the risk of transmission in the community, individuals were advised to wash hands diligently, practice respiratory hygiene (i.e., cover their cough), and avoid crowds and close contact with ill individuals, if possible [3].

Coronavirus disease (COVID-19) having been declared as a global pandemic and no vaccines or specific drugs for COVID-19 available a better understanding and implementation of universal safety precautions was essential for the prevention of COVID-19 virus infection globally. People's adherence to the universal precautionary measures against COVID-19 was essential, largely affected by their knowledge and beliefs [5].

In Nigeria there were strong interventions by the federal and state governments through up-scaling of health facilities, risk communication, advocacy, health campaign and sensitization, closures of places of worship and schools ,mass media enlightenment programmes on the need for the use of the non-pharmaceutical precautionary measures to safeguard the public health against COVID-19. Nevertheless, there was apparent apathy among residents of Ibadan towards the non-pharmaceutical precautionary measures. If no care was taken, this could lead to untold consequences due to the potential spread of the virus. Hence, the need for this qualitative study on perception, attitude and apathy towards non-pharmaceutical precautionary measures against COVID-19 among the residents of Ibadan, Nigeria.



Materials and Methods

Study Design

The researchers adopted the descriptive and exploratory design. Focus group discussions and in-depth interviews were used to collect relevant data from the respondents.

Study Population

The participants were residents of Ibadan who were not using non-pharmaceutical precautionary measures against COVID-19 transmission during the four-week study period.

Sampling Technique

Convenience sampling technique was adopted. In this qualitative study, those sampled were residents of Ibadan living around or having contacts with the researchers. These had been observed by the researchers to be ignoring the non-pharmaceutical precautionary measures against COVID-19.

Data Collection

Data collection was through interviews held in three locations in Ibadan, comprising ten residents each in an area. There was a limit of ten respondents from each location due to thematic saturation achieved after the eighth person. A total of 30 people eventually interviewed.

Recruitment of Participants

Participants were friends and acquaintance in the neighbourhoods who had previously been engaged in discussions with the researchers, having been observed to be ignoring the non-pharmaceutical precautionary measures against COVID-19 or complying inconsistently. They were informed about the study and obliged to participate. An interview guide with prepared items of discussion was used.

Reliability and Validity of Data Instrument

The instrument was validated by three health sciences experts. Pilot testing of the interview guide was carried out to ensure relevant data were obtained. Necessary revisions and adjustments were made before the actual study.

Data Management and Analysis

Notes were taken during each interview and prompt summary were documented at the end of each interview. Thematic analysis was done through identification, coding and themes categorization. Data was presented in text format or verbatim. Thematic analysis was done through identification, coding and categorizing patterns or themes in the data collected.

Ethical Issues

Researchers informed respondents that participation was voluntary from the beginning to the end, they were assured of confidentiality and non-disclosure of information given individually and that the exercise was purely for academic purposes.

Results

The study focused on perception, attitude and apathy towards safety precautionary measures among residents of Ibadan. Thirty people were interviewed including 8 (26.6%) between the ages of 20 -30years, 10 (30.3%) 31-40, 4(13.3%) 41-50 and 8 (26.7%) 51 years and above. Also 19 (63.3%) were Christians while 11 (36.7%) were Muslim. On educational status, 6 (20.0%) had no formal education, 11 (36.7%) had secondary education while 13(43.3) had tertiary education.



The three themes emanating from the study were:

- i. Perception of COVID-19.
- ii. Attitude towards COVID-19
- iii. Apathy towards COVID-19.

Perception of COVID-19

Most of the respondents except a few believed that it was not real because they claimed to have seen those that have been infected by the virus only on different media such as television and social media platforms. One response each for and against the reality of COVID-19 are as presented below:

“Whoever perceives the disease as not real is a fool because we all know sebi, that our immediate past Governor was said to have died of the disease, and they also say that the current Governor and some other Governors in Nigeria had it but got healed after they were isolated, attended to by health workers and after two weeks, they got well again”.

“There is nothing called corona virus. They are just fooling us. Awon ijobakan fi make owo ni. Opin aye lo de, gbogbowa la siku’.”

Attitude towards COVID-19

Most of the respondents had positive attitude while some were indifferent claiming that they could never be infected no matter how they lived their lives.

Some of the respondents said the following:

“COVID-19 is a disease of the rich who go out in air conditioned cars, stay in AC offices and live in AC houses. Politicians and those who have money to travel outside and come back to Nigeria should worry about the disease and their friends as well as relatives.”

“Death is certain; they should not make us afraid all the time .Thank God they are not saying it is from Africa the disease comes from, like what they said about HIV/AIDS.”

On attitude towards physical or social distancing, majority claimed that it was almost impossible to do that as they had to go out in public cars, visit market and also visit relatives who would not understand if they decided to keep social distance.

Concerning washing of hands with soap or alcohol base hand sanitizer, majority of the respondents claimed to have done this at first but no longer did it regularly. Only two respondents claimed to be doing it regularly.

“I cannot do without washing my hand with soap. I go out with alcohol- based hand sanitizer anytime I’m going out and I apply it very often. I don’t want to get Covid o, this life is precious.”

Apathy towards COVID-19 Use of Non-Pharmaceutical Preventive Measures

On whether they maintain physical or social distancing, majority claimed that it was almost impossible to do that as they had to go out in public cars, visit markets and also visit relatives who would not understand if they decided to keep social distance. One said:

“What, it is part of our culture to come close. Eh! Eh! Do we have enough public transportation service or we are not going to the market. I bet you, they are deceiving themselves.”



“Mami onigba, won a wo mi mora ni (my mother will not accept this from me), social distance ko, social distance ni’ (nonsensense)”

Concerning washing of hand with soap or alcohol-based hand sanitizer, majority of the respondents claimed to have done this at first but no longer did it regularly. Only two claimed to be doing it regularly. Below are mixed reactions from respondents:

“I cannot do without washing my hand with soap. I go out with alcohol- based hand sanitizer anytime I’m going out and I apply it very often. I don’t want to get Covid o, this life is precious.”

“I better trust God. Will I be carrying water all over, and do I have sufficient money to take care of myself before I think about sanitizer.”

“My brother, where is that water they ask us to be using to wash hands regularly, you know our leaders are never sincere and always pretend to act as if all is well.”

On use of face mask, few claimed to use it regularly compared to most that did not use it. Some reactions are documented below:

“It inconveniences me and there are arguments for and against using nose mask regularly, so I don’t even know which side is correct. I choose to do what is convenient for me on that one.”

“As I am more than 55years, in line with their warning, I use face mask consistently when I go outside and need to meet people as we now have to behave like ‘Lagbaja’ (Lagbaja- a popular musician who always covers his head region like a masquerade).”

On-going out only when necessary, all the respondents maintained that when COVID-19 first started, they were not going out at all, but later went out to do essential things. Some of the responses given were:

“At first, I was strict with my family members not to go out during the lockdown, but as times went by, due to economic hardship, people need to go out as the palliatives provided understandably cannot go round.”

“Hunger kills faster than COVID-19 and that death from hunger is more painful than that of COVID-19. Me, I must go out o so that my family will not suffer hunger.”

Discussion

This was a qualitative study on perception, attitude and apathy towards non-pharmaceutical precautionary measures against COVID-19 among residents of Ibadan, Nigeria. The outcome of this study can be explained in the following lines. The study found that most respondents perceived COVID -19 to be real and not a fallacy. The study outcome is in line with the view that on January 30, 2020, the WHO declared the COVID-19 outbreak, a public health emergency of international concern and, in March 2020, began to characterize it as a pandemic in order to emphasize the gravity of the situation and urge all countries to take action in detecting infection and preventing spread.



This was because the virus which is the pathogen, spread mainly from person to person especially through respiratory droplets produced when an infected person coughs or sneezes which may land in the mouths or noses of other nearby individuals or be inhaled into the lungs[1,2,3].

The attitude of the respondents towards the disease, may fuel its spread as many were of the opinion that it is the disease of the political class or elites as those who died due to the disease as orchestrated by the media were members of the political class. Also some of the respondents exhibited fatalistic attitude by claiming that either way something will surely end up killing them, hence there is no need to fret about the disease.

Many respondents showed apathy to the non-pharmaceutical precautionary measures against COVID-19 as many did not engage in social/physical distancing. This is against the general belief, as documented, that the behaviour of the public is important for outbreak management, particularly during the early phase when no treatment or vaccination is available and non-pharmaceutical interventions are the only options.

The efficacy of non-pharmaceutical interventions depends on a persons' degree of engagement and compliance in precautionary behaviours, such as face-mask wearing, hand hygiene, and self-isolation. Willingness to engage in precautionary behaviours voluntarily depends on risk perception toward the current health threat [6].

Many respondents also did not engage in hand washing regularly due to lack of water and minimal use of sanitizers due to cost. However, the most important strategy for the population to undertake is to frequently wash their hands and use portable hand sanitizer and avoid contact with their face and mouth after

interacting with a possibly contaminated environment. To reduce the risk of transmission in the community, individuals should be advised to wash hands diligently especially before and after preparing and eating food, using the toilet, or touching any surfaces., practice respiratory hygiene (i.e. cover their cough), and avoid crowds and close contact with ill individuals, if possible[3,7].

The use of face masks is was not popular as expected due to what respondents described as constituting inconveniences. The need to provide financially was also forcing people out of their homes despite the threat of being susceptible to COVID-19 infection. But this finding is contrary to the opinion of experts upholding the use of face masks in the community to primarily serve as a means of source control. This measure can be particularly relevant in epidemic situations when the number of asymptomatic but infectious persons in the community can be assumed to be high.

Wearing a face mask could be considered, especially when visiting busy, closed spaces, such as grocery stores, shopping centres for example; when using public transport; and for certain workplaces and professions that involve physical proximity to many other people (such as members of the police force, cashiers – if not behind a glass partition, and so on) and when teleworking is not possible [3].

It has been noted that the WHO emphasized that all countries must strike a balance between protecting health, preventing economic and social disruption, and respecting human rights. When implemented early and combined with other coordinated control measures, universal masking in East Asia provided a feasible solution to keep infection rates low and the economy open. These approaches are in contrast to restrictive social



distancing policies that have forced the economy into recession in many parts of the world. It is time to consider universal masking as we reopen our economy and continue the battle against COVID-19 [8].

In a quantitative study, it was reported that properly washing hands with soap and water (95.5%), not touching eye-nose-mouth with unwashed hands (92.7%), and avoiding crowded places (90.3%) were commonly known methods of preventing COVID-19 transmission. However, 15 (6.1%) mentioned that children and young adults must take measures to prevent infection by the COVID-19 virus [9]

Conclusion and Recommendations

The COVID -19 pandemic has seriously affected the public health, economic, sports, tourism and other aspects of the world globally. Despite the race for the development of pharmaceutical interventions for COVID-19, the need to stem the tide of the virus will continue to depend largely on a better understanding, positive attitude and effective use of non-pharmaceutical preventive measures. These are such as increasing hand washing, reducing face touching, wearing masks and maintaining physical distancing especially in public spaces.

The study revealed a good perception of the disease, poor attitude and poor apathy to use many aspects of non-pharmaceutical precautionary measures. Based on the outcome of this study, there is need for more risk communication strategies by government and non-governmental agencies that drive sense of efficacy, dispel the belief that bad things eventually befall a person, that may lead people to underestimate the chances of contracting the disease.

People should be educated not to underestimate health-promoting behaviours that safeguard them from risk of COVID-19, but reinforce such positively with evidence-based accurate information and ensure that those so empowered also serve as social networks to encourage these positive health promoting behaviours among friends, co-workers and family members to forestall the spread of the virus from person to person.

Competing Interests: The authors have declared that no competing interests exist.

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