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Corona Virus (COVID-19) Pandemic Knowledge, Perceptions and Practices among Nigerian Academic Communities

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Abstract
Purpose: This study assesses Nigerian academic communities' (NAC) knowledge, perception, and practices regarding the COVID-19 pandemic.
Research Methodology: Online snowball sampling technique with 5-point Likert scale online questionnaire was used to assess NAC knowledge, perception, and practices amidst coronavirus pandemic. About 368 participants comprised of academic and non-academic staff from north central geopolitical zone of Nigeria participated in the study. Responses were analysed using the SPSS.
Result: NAC gathered, shared, and updated their knowledge about COVID-19 mostly through social media. Participants professed social media as the most effective platform for education and updates on COVID-19 compared to the conventional media and government sources. Despite that, participants were discovered to have slight issues in differentiating real news from fake ones. The participants reasonably practised precautionary measures as directed by the government and centre for disease control.
Limitations: This study is limited to academic environment while COVID-19 affects all sundries and sectors of the economy respectively.
Contribution: This study contributes to the knowledge and insight of COVID-19 among NAC and suggests means of managing the virus to avoid further spread.
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1. Introduction

The world is battling with the menace of Coronavirus (COVID-19), which spread across most countries of the world within the first few days of its debut. COVID-19 outbreak wreaked havoc, leading to severe health complications and serious economic consequences across the world. Individuals, organisations, and institutions found it challenging to function after its proclamation. The outbreak affected global growth, trades, and employees' compensation (wages and salaries), and halted several events and activities. The World Health Organisation (WHO) after the continuous spread and careful observation of COVID-19, on 13th March 2020 declared the virus a global (Chau et al., 2020) pandemic (Chau et al., 2020). The pandemic grew unremittingly from zero (0) cases to one hundred thousand (100,000) cases in the first one hundred and ten (110) days across the globe. The situation witnessed an increasing growth from one hundred thousand (100,000) to two hundred thousand (200,000) cases in another twelve (12) days. Besides, it suddenly escalated from two

hundred thousand (200,000) to three hundred thousand (300,000) cases in another three (3) days, and gradually soared to about ten million (10,000,000) cases by the end of June 2020 with hundreds of thousands of death and recovery cases.

Recovery cases were likewise recorded from the contagious virus. Similarly, many frontline health workers worldwide contracted the virus (Korytkowski et al., 2020). The situation further strained world's medical systems and personnel as healthcare professionals faced additional risks including burnout, moral injury, post-traumatic stress disorder, etc. (Gulati & Kelly, 2020). World Health Organisation (WHO) and Centre for Disease control all over the worldensured and strengthened information dissemination, awareness, and precautionary measures about the virus. This was done using various languages by activating and enabling several communication channels including interactive social media channels like WhatsApp, Telegram, Twitter, Facebook, and other public services to create and spread more awareness.

The pandemic poses a grave threat to lives. Several numbers of cases and recoveries have been recorded. Countries have taken several different levels of measures and initiatives perceived to be helpful to contain the spread of the virus. Most countries witnessed a total shutdown of their space and economy. The lockdowns in some countries were partial and in phases based on recorded cases and improvement. Countries restricted movements, closed borders, schools, markets, and religious places, while business activities except for the transaction of essential items and likewise were partially or restricted as well as air travel to/from their countries.

Countries like Illinois invited and required retired health workers to come back to assist existing medical personnel to contain the spread of the virus. They also joined forces to take adequate care, contain the spread, and address existing cases of COVID-19. Likewise, Italy deployed its final-year medical students to join the fight in tackling COVID-19. Health related piece of trainings were conducted for health workers to cope with the rising cases and situation. Career and training programs in Molecular Science were likewise flagged as measures to combat the virus among motivated residents within Nigeria.

Nigeria was among the first countries in Sub-Saharan Africa that identified and recorded COVID-19 cases. Nigeria recorded its first COVID-19 case in Lagos on 27th February 2020 since the outbreak of the pandemic in January 2020 in Wuhan, China. The Nigerian index case was associated with an Italian man who worked in Nigeria and returned after a holiday from Milan to Lagos on 25th, February 2020. Cases began to spread when the Italian man who had contacted was not isolated as prescribed. The cases further increased as some government delegations, functionaries, and members of assembly similarly traveled to some supposedly high-risk countries. The delegates arrived without observing the recommended self-isolation or social/physical distancing, but attended other functions, freely mixed and exchanged usual pleasantries with other citizens. The situation led to the mortality of some top government functionaries including the chief of staff to the Nigerian president.

The Federal Government of Nigeria embarked on some seemingly radical but gradual measures to mitigate the cases and contain the spread of COVID-19. The government first restricted on flights from about fifteen (15) countries tagged as high risk due to the high number of COVID-19 cases and deaths recorded. Religious places and educational institutions at all levels were shut down, borders were closed, airports were closed from international flights except for transportation of medical and essential items, and work from home orders and other measures were applied to mitigate the spread. The effect of COVID-19 was felt by Nigerians as the pandemic weakened the economy as it did to most other countries of the world.

Misinformation and conspiracy theories about COVID-19 proliferated, especially on social media platforms (Pennycook, McPhetres, Zhang, Lu, & Rand, 2020). To flatten the pandemic curve, individuals and communities need to have a positive attitude, knowledge, and access to reliable sources and information. This is to enable an apt understanding of the risk faced and appropriate precautionary measures to tackle the virus. There is therefore a need for active involvement of

individuals and communities to help build and increase social support against COVID-19 cases and spread. This study, therefore, aims to understand NAC sources of information, knowledge, perception, and practice of Nigerian academic communities regarding the novel coronavirus.

2. Literature review and hypothesis development

COVID-19 pandemic presents a substantial challenge to global human well-being. Epidemics of known and novel pathogens that have been faced by mankind and human immune systems need to adapt with them to survive. Coronavirus is not a new virus and exists in different types, and it usually presents respiratory and gastrointestinal symptoms. Early types were the Severe Acute Syndrome Coronavirus (SARS) and the Middle East Respiratory Syndrome Coronavirus (MERS) in 2003 and 2012, respectively and the recent coronavirus disease (COVID-19) debuted in December 2019. Coronavirus Disease (COVID-19) was first discovered among groups of pneumonia patients who had contact with seafood and live animal markets (Roy et al., 2020).

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is zoonotic pathogen. The clinical syndrome caused by SARS-CoV-2 is called COVID-19, an infectious disease, which varies from mild to severe, life-threatening respiratory infection (Chau et al., 2020). There is no pre-existing humanity susceptible to infection and developing COVID-19 disease. Coronavirus Disease was discovered to be transmitted from animals to humans through droplets and spills over when coughing or sneezing (Korytkowski et al., 2020). Adults have been discovered to be infected with the virus in various degrees ranging from being asymptomatic, mild, and moderate to severity and death. Children are also not spared, although most pediatric cases with laboratories establish that SARS-CoV-2 infections are mild, and severe COVID-19 cases in children are rare (Carsetti et al., 2020). Some of the recommendations by health professionals include minimizing patient interactions and exposures to COVID-19 patients as a way of avoiding its contraction (Korytkowski et al., 2020). Younger people generally appear to be at lower risk of contracting COVID-19, even though everyone needs to strictly adhere to government guidelines and take necessary precautions to protect others, especially people at higher risk due to age underlying medical issues, and serious comorbidities (Jordan, Adab, & Cheng, 2020).

Just like the Spanish influenza pandemic of 1918-1920 (Ohadike, 1991) the novel Coronavirus Disease (COVID-19) spread across the globe (Morens & Taubenberger, 2018) after COVID-19 was first discovered in Wuhan, China in December 2019 (Bavel et al., 2020; Zhong et al., 2020), with transmission mode that is yet to be ascertained. Health professionals, institutions, and laboratories are tirelessly researching on the causes, preventions, and vaccinations. In the absence of respiratory symptoms, the transmission mechanism by which asymptomatic individuals transmit COVID-19 to their contacts remains unclear (Chau et al., 2020). Although, Khader et al. (2020) suggested that the route of human-to-human transmission was through airborne droplets, touching, or coming into contact with an infected person or a contaminated surface. Ohadike (1991) earlier confirmed that the influenza pandemic of 1918-1920 was confirmed in Nigeria by passengers and crews who arrived via ship from overseas. The first case of COVID-19 was similarly attributed to an Italian man who traveled back to Nigeria to continue working after taking a holiday in Milan.

COVID-19 no doubt attracted global attention (Caratiquit & Pablo, 2021) and presented new challenges to every sector and profession, especially the health personnel in providing healthcare for patients with confirmed cases and cures for the virus. Healthcare personnel is no doubt at higher risk of contracting COVID-19 in the workplace (Vilendrer et al., 2020) and the virus is said to present a massive global health crisis (Bavel et al., 2020). This pandemic poses more risk for suicidal urges among the population owing to social isolation, economic stressors, reduced access to community support, uncertainty, and reduced help-seeking for mental and physical ill-health (Gulati & Kelly, 2020). In most countries, patients with moderate or severe cases are admitted to hospitals or isolation centres for management, leaving those without symptoms or with mild cases uncharacterized, especially concerning their laboratory and virological findings (Chau et al., 2020). Several clinical trials and tests are yet to unveil the vaccination for COVID-19. Health professionals are trying their

best to discover solutions to the virus. Korytkowski et al. (2020) proposed continuous glucose monitoring systems as an option to limit prolonged contact with patients.

As part of the initiative to contain the spread of COVID-19 pandemic, about 107 countries including Nigeria have embarked on national school closure as a part of the government guidelines to flatten the curve (Viner et al., 2020). The school closure is based on evidence and assumptions that during an influenza outbreak, it reduces social contact between students, which consequently interrupts the transmission (Viner et al., 2020). Research showed that keeping children at home might be sufficient to stop the spread of the pandemic. An earlier study (Cauchemez et al., 2009) on the effect of school closure on the spread of pandemic affirmed that school closure reduced the peak of the related outbreaks by a mean of 29.7% and delayed the peak by a median of 11 days.

There have been several cases and positions for school closures due to pandemics across the globe. Academic activities were almost put to a grinding halt as face-to-face instruction was impossible. Similarly, seminars, workshops, and conferences were canceled, rescheduled, or moved online. This is to ensure safety due to the National Centre for Disease Control and government guidelines on avoiding gatherings of more than the specific number of persons. Institutions have devised and augmented instructional delivery and skills training using technologies such as virtual meetings, distance learning, simulation-based training, virtual reality, and augmented reality to facilitate training.

Due to the pandemic, places of worship were put on locks (Mwesigwa, 2021), students and workers were restricted to their various homes for the closure of educational institution and places of work. This led to various kinds of mental illness and mental weakness by the periodic increased lockdown time (Uddin, Abdullah, Banerjee, Albert, &Jaselskis, 2021). Clement et al. (2007) posited that the US Department of Health and Human Services advocated for schools to remain open during the pandemic and rather recommended a checklist regarding school closures. It proposed that schools should rather develop school-based surveillance systems to track issues such as absenteeism of students and sick-leave policies for staff and students. It also recommended developing alternate procedures to ensure the continuity of instruction in the event of district-wide school closures. It further put forward the development of alternative procedures to ensure the continuity of instruction in the event of district-wide school closures. These were found useful during previous outbreaks such as Ebola, H1N1, SARS-CoV, and MERS-CoV, and also, telemedicine adoption appeared to be a potentially useful tool (Vilendrer et al., 2020) for delivering health care training in most medical schools. Plancher, Shanmugam, & Petterson (2020) suggested that schools should be on lock and further suggested that schools during this closure should set strategies and focus on how to continue serving their students during this pandemic.

COVID-19 pandemic was not the only one that spread rapidly, but the information about it did as well. Some information and misinformation were disseminated using ‘infomedia’ ecosystems of the 21st century marked by social media (Yusuf, Yerima, & Hussain, 2019). This caused panic about the correct origin, details, and data concerning the novel coronavirus. Some of the disseminated information could be categorised as misleading rumours and conspiracy theories with fear-mongering and racism as the undertone message (Depoux et al., 2020). The social media panic evolved more rapidly than the COVID-19 spread. Social media played a significant influence on public sentiment and decision making on whether to discontinue certain services including airline services, which were disproportionate to the true public health need. The spatiotemporal variability in the discussions on social media is often not in line with the spatiotemporal occurrence and intensity of the outbreak (Depoux et al., 2020).

Falsehood is disseminated even as truth has increasingly become a matter of life-and-death (Depoux et al., 2020). Pennycook et al. (2020) investigated reasons people believed and spread false (and true) news content about COVID-19. Gao et al. (2020) assessed the occurrence of mental health issues and examined their association with social media exposure during COVID-19 outbreak. Several information transfers on social media were discovered to be (recycled) related information. Social

media may lead to (mis)information overload, which in turn may cause confusion or issues related to the health (Asadullah, Yerima, & Aliyu, 2014); Yusuf et al., 2019). Earlier study demonstrated that social media acquaintance might positively relate to forming risk perceptions during the MERS outbreak in South Korea (Choi, Yoo, Noh, & Park, 2017). World Health Organisation (WHO) thereby reiterated that people should identify underlying drivers of fear, anxiety, and stigma that fuelled misinformation and rumour, particularly through social media (Gao et al., 2020).

Social media misinformation generated lots of confusion and spreads fear, thereby thwarting the response to the outbreak. World Health Organization (WHO) thereby instituted measures to fight against 'trolls and conspiracy theories related to COVID-19 (Gao et al., 2020). Measures have been devised and modified as efforts to contain the rapid spread of COVID-19 pandemic across the globe. Clinical and pharmaceutical interventions for COVID-19 are still underway. Rather than waiting for intervention, massive public health campaigns are embarked upon to aid and contain the spread of the virus. Campaigns are flagged the need for increasing hand washing, reducing face touching, wearing facemasks in public, and applying physical distancing (Bavel et al., 2020). To finally achieve this, people's adherence to precautionary measures and government guidelines is essential to winning the battle. There is a need for effective management of COVID-19 situation like how China explored and understood public awareness of COVID-19 as one of the strategies to combat the virus. This is achieved largely through investigation of citizens' knowledge, attitudes, and practices (KAP) towards COVID-19 with KAP theory (Zhong et al., 2020).

3. Research methodology

This study adopted the quantitative approach, the population consisted of individuals working in the academic environment in North Central, Nigeria. Participants consisted of both the academic and non-academic staff in the universities. This study adopted the online snowball sampling technique to share the study questionnaire among the participants. The instrument was designed using Google Forms and included sections for instruction and consent for participants. The link to the questionnaire was shared majorly using emails and WhatsApp among individuals and social media groups of academic communities in the higher institutions in the North Central geopolitical zone. Participants were thereafter encouraged to share the questionnaire among other members and social groups within the study context. Members who agreed to fill the questionnaire would click the link and be automatically redirected to the questions after the sections on instruction and consent. The questionnaire was designed to collect information anonymously. This was to ensure the privacy and confidentiality of all information collected in the study.

The questionnaire language was English, the official and academic language of the country. Participants who received the questionnaires and were interested in the study responded appropriately. The questionnaire was designed and divided into sections to cater to participants' socio-demographic characteristics, knowledge, perceptions, and practices about and towards COVID-19 pandemic. Descriptive statistics were used in this study and analyse the findings. Mean and standard deviation and the proportion were used to estimate the study results.

Data Analysis

Participants Characteristics

This study included a total of three hundred and sixty-eight (N=368) participants comprising two hundred and forty-four (n=244, 66.3%) males and one hundred and twenty-four (n=124, 33.7%) females. Three hundred (n=300, 81.5%) academics and sixty-eight (n=68, 18.5%) non-academic counterparts were involved in the study. Eighty-six (n=86, 23.4%) of the participants had PhD as highest qualification, two hundred and three (n=203, 55.2%) had master's degree, and sixty-nine (n=69, 18.8%) and ten (n=10, 2.7%) participants had bachelor's degree and Higher National Diploma (HND), respectively. More than half of the participants (n=209, 56.8%) practiced Islam as their religion while the remaining (n=159, 43.2%) were Christians. Table 1 describes the demographics of the participants.

Table 1: Demographic Characteristics of Participants

Characteristics		Number of Participants (%)
Gender	Male	244 (66.3)
	Female	124 (33.7)
Age group (years)	18-25	34 (9.2)
	26-35	131 (35.6)
	36-45	133 (36.1)
	46-55	60(16.3)
	56-65	10(2.7)
Designation	Academic	300 (81.5)
	Non-Academic	68 (18.5)
Highest Level of Education	HND	10 (2.7)
	Bachelor's Degree	69 (18.8)
	Master's Degree	203 (55.2)
	PhD	86 (23.4)
Religion	Islam	209 (56.8)
	Christian	159 (43.2)

Source: Authors

Nigerian Academic Communities COVID-19Knowledge

This section of the study assesses participants' knowledge about coronavirus. Participants' knowledge about COVID-19 is assessed and evaluated based on information, facts, and myths of the virus. Participants' awareness about the symptoms, causes, transmission and prevention of coronavirus are weighed. Participants' responses are thereafter being rated using the 5-point Likert scale. The item (knowledge) with the highest mean score is that "COVID-19 can be transmitted through respiratory droplets" with mean score of 4.43. The item with the least mean score is "I can differentiate real news from fake news about COVID-19" with a mean score of 3.65. The item with the least mean scores dwells on authentication of COVID-19 information sharing and dissemination. The analysis demonstrates that the majority of the participants have reasonable knowledge about the virus. The cumulative mean score for participants' knowledge about COVID-19 is computed at 4.16 which is a positive and above average. Table 2 below describes the details of participants' knowledge about COVID-19.

Table 2: Nigerian Academic Communities COVID-19 Knowledge

	Items	1	2	3	4	5	Mean	Std. Deviation	Cumulative Mean
K1	*COVID-19 can be transmitted through respiratory droplets.*	23 6.25%	10 2.72%	27 7.34%	34 9.24%	274 74.46%	4.43	1.144	
K2	*I am aware about the causes and preventions of the COVID-19*	33 8.97%	10 2.72%	24 6.52%	74 20.10%	227 61.68%	4.23	1.245	
K3	*COVID-19 symptoms appear after infection within 14 days*	22 5.99%	16 4.35%	62 16.85%	82 22.28%	186 50.54%	4.07	1.177	Knowledge 4.16
K4	*COVID-19 has no vaccine at the moment*	33 5.97%	22 5.99%	27 7.34%	31 8.42%	258 70.11%	4.26	1.297	
K5	*I am aware about COVID-19 updates across the world*	18 4.89%	8 2.17%	27 7.34%	98 26.63%	217 58.99	4.33	1.043	

K6	*I can differentiate real news from fake news about COVID-19.*	52 14.13%	23 6.25%	73 19.83%	73 19.84%	147 39.94%	3.65	1.416

Source: Authors

COVID-19 Perception among Nigerian Academic Communities

This section of the study carefully analyses the Nigerian Academic Communities (NAC) perception of the novel coronavirus (COVID-19). Participants' perception is assessed and evaluated by considering their opinions, attitude, reaction, and sensitivity to the novel virus. Participant responses are similarly rated based on 5-point Likert scale.

Participants unanimously acknowledged and rated following directives from the health profession (m=4.52) higher when compared to those from religious leaders (m=3.64) as a more productive way to contain the virus. Nigeria Academic Communities (NAC) explicitly agreed to have duties and responsibilities in the mitigation of the virus (m=4.10). Closure of schools (m=4.33) and restrictions on the religious gathering (m=4.31) are likewise described as productive means to contain COVID 19. NAC responses show that their institutions have provided for information and updates about COVID-19 (m=3.33), and are taking actions (m=3.74) with clear policy (mean=3.33) to contain COVID-19 and dealing with heath-related issues. Nigerian Academic Communities (NAC) acknowledged effective communication (m= 4.07) and response (mean = 3.45) on the part of the governments about COVID-19.

The cumulative mean for responses about NAC perception of COVID-19 is computed at 3.88. This points out that Nigerian Academic Communities (NAC) have above average and positive perceptions regarding the novel virus. Table 3 below describes the details of participants in COVID-19.

Table 3: COVID-19 Perception among Nigerian Academic Communities

	Items	1	2	3	4	5	Mean	Std. Deviation	Cumulative Mean
P1	*I have duties to help mitigate COVID-19 spread*	38 10.33 %	11 2.99%	35 9.51%	76 20.65 %	208 56.52 %	4.10	1.305	Perception 3.88
P2	*My institution has a clear policy in dealing with health-related issues*	56 15.22 %	43 11.68 %	92 25%	79 21.47 %	98 26.63 %	3.33	1.380	
P3	*My institution is taking action to minimize COVID-19 spread*	39 10.6%	28 7.61%	54 14.67 %	117 31.79 %	130 35.33 %	3.74	1.301	
P4	*There are sufficient information and updates about COVID-19*	55 14.95 %	40 10.87 %	91 24.73 %	92 25%	90 24.46 %	3.33	1.353	

	in my institutions							
P5	*The government is constantly communicating to the public about COVID-19*	21 5.71%	17 4.62%	53 14.40 %	101 27.45 %	176 47.83 %	4.07	1.149
P6	*Closures of schools and institutions are productive measures to reduce COVID-19 spread.*	19 5.16%	24 6.52%	19 5.16%	61 16.58 %	245 66.58 %	4.33	1.157
P7	*Restrictions on religious and other social gatherings can control COVID-19 spread.*	11 2.99%	22 5.98%	30 8.15%	85 23.1%	220 59.78 %	4.31	1.047
P8	*Directives of our religious leaders on COVID-19 should be given more preference*	39 10.6%	27 7.34%	97 26.36 %	71 19.3%	134 36.42 %	3.64	1.322
P9	*Health personnel directives on COVID-19 should be given more priority and followed strictly*	15 4.07%	8 2.17%	13 3.53%	68 18.48 %	264 71.74 %	4.52	0.971
P10	*The government response on COVID-19 is reasonable*	34 9.24%	57 15.49 %	97 26.36 %	71 19.29 %	109 29.62 %	3.45	1.307

Source: Authors

COVID -19 Practices among Nigerian Academic Communities

This section analyses and evaluates Nigerian Academic Communities (NAC) practices in a bid to contain COVID-19 pandemic. Participants practices were assessed, analysed, and evaluated based on NAC activities and practices amidst the COVID-19 pandemic. The activities and practices of NAC were assessed and evaluated to understand participants' activities and practices to contain the spread of the virus. The 5-point Likert scale was adopted to weigh participants' responses with regard to their practices.

From the analysis of the responses, the participants specified how they avoided contact with the sick (m=4.23), avoided touching their eyes, nose, and mouth (m=3.74), and covered their mouth with an

elbow when coughing (m=3.65), and used facemask in crowded places (m=3.49). Participants likewise ensured that they washed hands (m=4.45), minimized movements (m=4.09), and avoided activities like studying in class, traveling, and shopping (3.98).

Nigerian Academic Communities (NAC) also admitted to enlightening family members (m=4.40), educating students, friends, and colleagues (m=4.13) about COVID-19, providing face masks and hand sanitizer to family members (m=3.71), suggesting productive ways to contain the spread of the virus (m=4.25) and keep extra mask with them (m=2.87). Nigerian Academic Communities correspondingly claimed to stay off places of worship (m=2.13), workplaces (m=2.10) and as much as possible avoid handshakes with people (m=2.05). Table 4 below shows details of responses on NAC activities and practices regarding containing COVID-19 pandemic.

Table 4: COVID -19 Practices among Nigerian Academic Communities

	Questionnaire Items	1	2	3	4	5	Mean	Std. Deviation	Cumulative Mean
PR1	*I avoid contacts with sick people*	28 7.6%	17 4.6%	25 6.8%	72 19.6%	226 61.4%	4.23	1.227	
PR2	*I avoid touching my eyes, nose, and mouth before I wash my hands*	28 7.6%	34 9.2%	87 23.6%	74 20.1%	145 39.4%	3.74	1.274	
PR3	*I cover my mouth with my elbow while coughing or sneezing*	38 10.3%	34 9.2%	79 21.5%	84 22.8%	133 36.1%	3.65	1.326	
PR4	*I use face mask to cover my nose and mouth in crowded places*	58 15.8%	35 9.5%	88 23.9%	42 11.4%	145 39.4%	3.49	1.476	
PR5	*I minimize my movements and outdoor activities due to COVID-19*	18 4.9%	38 10.3%	50 13.6%	49 13.3%	213 57.9%	4.09	1.251	
PR6	*I shake hands with others during the period*	173 47%	84 22.8%	56 15.2%	30 8.2%	25 6.8%	2.05	1.250	
PR7	*I wash my hands*	1 .3%	34 9.2%	24 6.5%	48 13%	261 70.9%	4.45	0.984	3.55
PR8	*I go to my place of work during the COVID-19 outbreak*	200 54.3%	35 9.5%	66 17.9%	29 7.9%	38 10.3%	2.10	1.401	
PR9	*I go to my place of worship during the COVID-19 outbreak*	177 48.1%	68 18.5%	50 13.6%	42 11.4%	31 8.4%	2.13	1.348	
PR10	*I avoid activities such as going to class, travelling, shopping, etc. if I feel sick.*	29 7.9%	32 8.7%	56 15.2%	53 14.4%	198 53.8%	3.98	1.323	
PR11	*I provide my family members with sanitizer and face masks*	25 6.8%	40 10.9%	86 23.4%	83 22.6%	134 36.4%	3.71	1.250	
PR12	*I keep extra mask with me*	93 25.6%	41 11.1%	73 1938%	48 13%	113 30.7%	2.87	1.572	

PR13	*I enlighten my family about COVID-19*	5 1.4%	19 5.2%	51 13.9%	44 12%	249 67.7 %	4.40	0.996
PR14	*I educate my friends/students/colleagues about COVID-19*	11 3%	23 6.3%	70 19%	67 18.2 %	197 53.5 %	4.13	1.109
PR15	*I suggest and disseminate productive ways to reduce COVID-19 with my peers*	3 .8%	25 6.8%	58 15.8%	72 19.6 %	210 57.1 %	4.25	1.006

Source: Authors

Information Sources for COVID 19among NAC

People including the academic communities have no doubt taken refuge in several sources especially the internet as sources of information. This pandemic further revealed how people indiscriminately received and likewise had the urge to share information and misinformation about the pandemic, especially through social media. This study assesses how Nigerian Academic Communities (NAC) gather and manage information about the pandemic. This section describes how NAC gather, validates, and updates its information about COVID-19.

From the total participants (N=368), the majority of the NAC was first aware of COVID-19 majorly through WhatsApp (n=111, 30.2%). Others got awareness through other means such as television (n=81, 22.0%), Facebook (n=75, 20.4%), other online media (n=56, 56.2), Twitter (n=18, 4.9%), government updates (n=15, 4.1%), radio (n=7, 1.9%), and institutional news/updates (n=5, 1.4%). NAC were likewise settled for updates about the pandemic more through WhatsApp (n=120, 32.6%), television (n=66, 17.9 %), other online media (n= 55, 14.9%), Facebook (n= 42, 11.4%), government updates (n=43, 11.4%), Twitter (n=30, 8.2%) and radio (n=12, 3.3%). The study likewise considers the information means participants perceived as effective for updates and education on COVID-19. Majority of the participants perceived WhatsApp (n=120, 32.6%), television (n=62, 16.8%), government updates (n=59, 16%), Facebook and radio (n=48, 13%) each, and Twitter (n=31, 8.4%) as effective means of education and updates.

Considering the information sharing practice, this study further assesses media adopted by NAC to share updates about COVID-19 among their peers. WhatsApp (n=288, 78.3%) is discovered to be prominent and a widely held media to share COVID-19 updates among peers. Face-to-face (n=33, 9.0%), Facebook (n=23, 6.3%), and phone calls (n=22, 6.0%) trailing WhatsApp and Twitter (n=2, 0.5) are found to be the least media for information sharing. Table 5 below clearly displays NAC's knowledge, perception, and practice across the adopted media.

Table 5: Nigeria Academic Communities Sources of Information about COVID-19

Construct	**Questionnaire Items**	**Platform**	**Frequency (%)**
Knowledge	*I was first aware of about COVID-19 through*	WhatsApp	111 (30.2)
		Facebook	75 (20.4)
		Television	81 (22.0)
		Other online media	56 (15.2)
		Twitter	18 (4.9)
		Government Updates	15 (4.1)
		Radio	7 (1.9)
		Institution News/Updates	5 (1.4)
	I get more awareness and updated information about COVID-19 mainly from	Facebook	42 (11.4)
		WhatsApp	120 (32.6)
		Television	66 (17.9)

		Other online media	55 (14.9)
		Twitter	30 (8.2)
		Government Updates	43 (11.4)
		Radio	12 (3.3)
		Institution News/Updates	(0)
Perception	*The most effective media for COVID-19 education and updates for me is*	Facebook	48 (13.0)
		WhatsApp	120 (32.6)
		Television	62 (16.8)
		Twitter	31 (8.4)
		Government Updates	59 (16.0)
		Radio	48 (13.0)
		Institution News/Updates	(0)
		WhatsApp	288 (78.3)
Practice	*I share updates about COVID-19 among my peers through*	Face-to-Face	33 (9.0)
		Phone Calls	22 (6.0)
		Twitter	2 (0.5)
		Facebook	23 (6.3)

Source: Authors

4. Results and discussions

Summary of Findings

Discussion of Findings

The world has been faced with a number of disasters which have affected peoples' livelihoods and altered the usual way of life. The most recent is the COVID-19 pandemic. Epidemics and pandemics are periodic phenomena that no doubt affect people, societies, and their livelihood as they face some forms of hardships during this period. Some hardships inflicted by pandemic are usually due to s lack of awareness that often leads to the unconcerned attitude in its management which may likewise affect the education, mental wellbeing, and economy of the affected society.

This study therefore assesses and analyses Nigerian Academic Communities (NAC) knowledge gathering, management, perception, and practices during the novel COVID-19 pandemic. The study comprised more males (66.3%) compared to the female (33.7%) counterparts and more academics (81.5%) than non-academic (18.5%) participants. More than half (55.2%) of the total participants had master's degrees, while some others (23.4%) had PhD and some others (18.8%) who were close to the total percentage of the non-academic staff (18.5%) had bachelor's degrees. The highest age groups in the study are 36-45 and 26-35 with 36.1% and 35.6% of the total participants, respectively. These groups fall within Generation X (Gen X) and the millennial generation considering age categorization (Gibson & Sodeman, 2014).

The Nigerian Academic Communities (NAC) awareness, information, and knowledge about the novel coronavirus can be considered reasonable and positive based on the cumulative mean computed at 4.16. This denotes that NAC has information and understands some facts, myths, symptoms, causes, transmission, and prevention of the novel virus. However, the majority of the NAC was first aware of COVID-19 from social media platforms such as WhatsApp, Facebook, and Twitter rather than the conventional media or government information. Social media have been established as means to enhance trust in society, as people have a wider range of sources from which to discover and verify information about issues relating to job opportunities, personal services, common interests, and products (Greenhow & Askari, 2017) as well as health information (Chau et al., 2020).

Nigerian Academic Communities perceived and adjudged social media as the most effective platform for COVID-19 education and updates. Correspondingly, most of the NAC in the study fall within Generation X (Gen X) and the millennial generation. This can be related to the study on social media adoption (Manca & Ranieri, 2016) which posited that age played an important role in the embrace of social media and theorised that younger faculties used more Social Media compared to their older

faculty counterparts. NAC thereby shares and receive COVID-19 information more on social media platforms than the conventional media and government sources. However, NAC seems to have a bit issue to differentiate between real and fake news about COVID-19. Studies have likewise established that social media are full of information and misinformation (Chen, Lerman, & Ferrara, 2020); Yusuf et al., 2019). Therefore, there is a need for verification and authentication of information before dissemination and consumption.

Nigerian Academic Communities uphold activities to mitigate COVID-19 as a part of their responsibilities and ensure to abide by health-related information to contain the virus. NAC confirmed that the government communicated regularly to the citizens. NAC supports the work from home order and closure of schools as a rational intervention to contain the virus spread. A study on school management and practices during coronavirus (Viner et al., 2020) postulated that social distancing practices including school closure for a pandemic reported to have a wide variation in the reduction of COVID-19 transmission with a range of 1-50%. The study further expounded with substantial evidence that transmission surged in some regions after schools reopened. The work from home order by the government has been established as a part of the precautionary measures to contain the virus (Roy et al., 2020). The NAC as much as possible practice hand washing, use hand sanitizer and facemask, and enlighten family, friends and colleagues about the deadly coronavirus. These practices and others are established as effective ways to contain the continuous spread of COVID-19 as suggested and stated in the government guidelines (Chen et al., 2020; Chu et al., 2020).

5. Conclusion

The coronavirus (COVID-19) pandemic has in no little way overwhelmed and thwarted world activities and the economy. The virus spread like wide fire, thereby leading to unprecedented mortality and economic devastation.COVID-19 pandemic altered lots of activities and forced several institutions across the globe to implement and embrace “the new normal” such as stay at home order which increases the use of technology. Institutions have embraced various technologies for instructions to enhance instruction during the period. Nigerian Institutions and communities likewise need to set strategies ahead to integrate technology into their instructions. This will prepare and fortify the institutions for subsequent challenges that can cause interruption of activities like the one brought by the pandemic.

The pandemic has influenced individual behaviours mostly by social norms. The Nigerian Academic Communities (NAC) as a part of the elites of the society are contributing their quota to contain the spread of the virus. Despite the practices of NAC to contain the spread of the virus, the cases are still to be eliminated. Therefore, there is a need for some level of enforcement by government and agencies. Government agencies and institutional media need some forms of continuous sensitisation within and beyond NAC.

Some forms of flexibility will certainly be required on the part of the academic community to encourage and adapt virtual instructions and activities to the current situation. This situation will reshape the way instructions are passed and office work are done for the next few years if not beyond. Both staff and students will need to learn new skills and competencies to cope with their work as a share of challenges brought by COVID-19 pandemic to education.

Recommendations

COVID-19 pandemic is still hunting the world with various variants such as omicron. There is, therefore, need for continuous orientation and education on vaccination against the virus and its prevention. In order to minimize future social and economic disruptions, the country needs blueprints on disaster planning and management. Provision and availability of high-quality medical data to show individual test report for past infection should be emphasized. The government as a matter of urgency needs to fortify the media sector and equip the National Orientation Agency to enable them adequately furnish citizens with correct and adequate information. In so doing citizens will fact check any information they get especially on social media with conventional media before spreading such

news or information. Further studies could be conducted on how pandemic changes the landscape of work and instructions in Nigerian institutions now and the future implications. There is also a need to explore how individual institutions, especially the private ones, handled virtual instructions and delivery methods during this period. The impacts, contributions, and innovations from Nigerian Academic Communities to support the fight against COVID-19 pandemic could be explored. The impact of COVID-19 on mental health of the academic communities could be explored as well. Pharmaceutical interventions (herbal and orthodox ones) by NAC could be investigated, examined, and tested to ascertain their veracity in the combat of the pandemic. The effects of the pandemic on the mental health and activities of Nigerian academic institutions and health professionals need to be explored. These will inspire a roadmap in a form of a blueprint for both the education and health sectors beyond this pandemic.

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