Socio-demographic predictors of adherence to 2019 coronavirus prescribed recommendations and lockdown psychological impacts: Perspectives of Nigerian social media users

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Abstract

Background: The coronavirus disease (COVID-19) pandemic is a highly infectious viral disease that has spread to over one hundred and eight countries, including Nigeria. Governments across the globe have been implementing preventive measures towards curbing the spread and impact of the virus. These measures have continued to interfere with the general lifestyle of the people. Hence, this study was aimed at examining the socio-demographic predictors of adherence to prescribed recommendations and the psychological impacts of COVID-19 pandemic lockdown among Nigerian social media users.

Methods: This research implemented a cross-sectional survey using an online Google-based questionnaire to elicit required information from potential respondents via social media channels such as WhatsApp, Twitter, Instagram, Telegram and Facebook. An external link to the questionnaire was shared among Nigerian social media users between 1st and 31st April 2020, and a total of 1,131 respondents participated in the survey. The explanatory and outcome variables were displayed by frequency and percentage distribution while chi-square analysis was used to show the relationship between the explanatory and outcome variables at 5% level of significant.

Results: The study showed that 99% of the respondents reported to have been following some of the prescribed recommendations, however, only 40.4% of the respondents followed all the recommendations. More than three fifths (63.4%) of the respondents also reported having experienced stress during the lockdown. Only respondents’ professional background (p<0.05) was a predictor of psychological impact of lockdown, other selected socio-demographic characteristics were not predictors of the outcome variables as p>0.05

Conclusion: We concluded that majority of Nigerian social media users were complying to the prescribed recommendations and that younger age group, female respondents and respondents who are more educated had higher proportion of psychological impacts of lockdown, while the medical/scientific background is the only socio-demographic predictor of psychological impacts of COVID-19 lockdown.

Introduction

The disease known as coronavirus (COVID-19) caused by SARS-CoV-2, has been designated as a pandemic. This viral infectious disease is an acute respiratory illness, which has now spread across all the countries of the world. Governments and medical officials are also trying their best to curb the spread as much as possible. The virus is transmitted by aerosols that could remain suspended in the air for many minutes after coughing or sneezing or via close personal contact, such as by touching or shaking hands with an infected person. These viruses may also spread when people touch contaminated objects or surfaces and then their mouth, nose, or eyes. Moreover, it can remain viable for a few days on multiple surfaces. All population has been identified to be at the risk of COVID-19 irrespective of their demographic composition, however, people with comorbidities and males older than 60 years have been reported to be more at risk of the virus.

The virus was declared by the World Health Organization (WHO) as a public health emergency of international concern on 11th March 2020, and on 11th March of the same year, WHO declared the outbreak a pandemic. As at 2nd May 2020, over 3.3 million cases and 330,000 deaths have been reported in all the continents, and these cases are still growing. Gilbert and colleagues’ modelling study of the risk of COVID-19 importation from China indicates that the ability of African countries to manage the local transmission of the virus after importation hinges on implementing stringent measures of detection, prevention, and control. The country with the second-highest import risk ranking was Nigeria, with moderate capacity but high vulnerability and potentially significantly larger populations that are exposed to
ineffective healthcare system.3

The first reported case of the novel virus was imported into Nigeria in February 2020 by an Italian citizen.10 The current number at the time of this report stood at 2,170 reported cases and 68 deaths.9 Since the vaccine is currently not available, it seems that the virus can only be slowed by extreme behavioral change and societal coordination, else the virus will spread within the country very fast.2 Preventative measures implemented by national, state, and local governments worldwide now affect the daily routines of millions of people worldwide, and the rule includes social distancing and non-movement between and within countries.11-13 These changes are essential to beat coronavirus and protect health systems.14 Existing studies have demonstrated that the current most effective and efficient public health interventions are only feasible when the public duly accept them.15 However, preliminary reports show vast differences in peoples’ willingness to practice measures that can reduce pathogen transmission.2,16 A study in Italy concluded that majority of the respondents adhered to national prescribed health measures.15 Also, a sentiment study conducted on compliance to lockdown in India showed a positive curve despite, the negativity, fear, disgust, and sadness about the lockdown.4 Due to the high cost of complete isolation and healthcare, compliance with prescribed recommendations and national lockdown to strategically reduce contact are expected be higher.15

During the lockdown people were asked to stay at home and socially and physically isolate themselves to prevent being infected.18 These measures are necessary to fight the novel coronavirus disease. Although effective in preventing the uncontrolled spreading of COVID-19, these measures can negatively affect mental health,19 and relaxation will almost certainly trigger a further epidemic wave of deaths.20 Social separation or quarantine of non-infected persons for an extended period may have adverse effects, such as loneliness, a rise in fear and anxiety and also, mental health consequences.12-16,21 The previous outbreaks of other family of coronavirus such as middle east respiratory syndrome coronavirus (MERS-CoV) and severe acute respiratory syndrome coronavirus (SARS-CoV2) had been linked to anxiety, depression, and psychological challenges.22 Fear of the unknown raises anxiety levels in healthy individuals as well as those with pre-existing mental health conditions.23

There has been a global rise recently in the spread of misinformation that has plagued the scientific community and the public. The public health crisis emerging due to COVID-19 is also now beginning to feel the effects of misinformation.24 In our current digital world, online platforms are perhaps the most accessible source of health-related information for the public.25 As more social interactions move online, the conversation around COVID-19 has continued to expand, with growing numbers turning to social media for both information sourcing and social interaction globally and in Nigeria.11 Twitter and other social media platforms are essential sources of breaking news around the globe. It can also be a crucial vehicle in disseminating new public health information.26,27

Limited studies have been able to link socio-demographic predictors of compliance to prescribed recommendations and lockdown psychological impacts and if this can either inflate or deflate the propagation of COVID-19. Thus, this study examined the socio-demographic predictors of compliance to COVID-19 prescribed recommendations and psychological impacts of COVID-19 among Nigerian social media users.

Methods

Participant settings

The current estimated population of Nigerian social network users stood at 28.15 million which accounts for about 14% of the total population and it is projected to reach 44.62 million by the year 2025.28 Social media users were selected as the study population as a result of the current restrictions on movement and physical interpersonal interaction in the country. This cross-sectional survey used a Google-based, anonymous online questionnaire to gather data from respondents via social media platforms such as Telegram, Instagram, Facebook, WhatsApp, and Twitter. On these platforms, the google based questionnaire link was shared among the participants. A snowball sampling technique was adopted to involve more Nigerians social media users currently residing in Nigeria during the COVID-19 pandemic lockdown by telling those who were first sent the external google based questionnaire link to share with their contacts with the same characteristics. This unidentified online survey was conducted for one month (between 1st April to 31st May 2020), and a total of 1,131 participants were involved.

Procedures

Due to the social distancing rules imposed by the Nigerian Government and the enforcement of curfew/lockdown, physical interaction was not feasible, so the study survey was promoted online via social media platforms, and existing study participants were encouraged to share the online google based questionnaire with potential respondents. Participation was completely consensual, voluntary and anonymous. All respondents were asked an informed consent question at the beginning of the questionnaire by asking if they were interested in participating in the online google based questionnaire for this study, those who chose that they are not interested in participating were signed-out from completing the next phase of the online google based questionnaire while those who agreed to participate were allowed to move to the next phase involving the completion of the online google based questionnaire. The online google based questionnaire elicited socio-demographic variables such as gender, age, educational attainment, professional history of the respondents, while outcomes variables such as compliance to prescribed recommendations and psychological impacts of lockdown during the lockdown among Nigerian social media users.

Variables definition

Respondent age, gender or sex, educational level, and professional background variables were used as explanatory variables. The outcome variables were recommendation compliance and feeling regarding COVID-19 pandemic, and respondents’ adaptation. Recommendation compliance refers to whether respondents comply with the country’s ministry of health recommendations while feeling regarding the COVID-19 pandemic refers to the respondent’s feelings concerning their feelings during lockdown. Respondents were asked about their opinions regarding the COVID-19 epidemic; those that reported nervous/anxious, fear, angry, lonely, and bored were coded stressed while those that said just fine, happy, and relaxed/optimistic were coded not stressed. Respondent adaptation refers to coping strategies used by the respondent. Respondents were coded adapting well, if engaged in positive activities like watching television, reading books/magazines, volunteering, working from home, etc. Respondent was coded not adapting well if they engaged in harmful activities like
fighting with everyone, talking to themselves, having problem sleeping, etc.

Data analysis

The data collected were analysed using Stata 14 statistical tool. Findings were described in table and figure formats, using frequencies and percentages to explain specific variables of the sample population. A bivariate analysis (\(\chi^2\)-test) was conducted to predict the influence of socio-demographic factors on the outcome variables. Results with a p-value less than 0.05 were significant predictors in the bi-variate analysis.

Ethical consideration

The study was approved by the Ethics Committee of Obafemi Awolowo University, Nigeria. Participants’ permission was sought before filling out the online google based questionnaire. All those who agreed to participate in the survey were granted access to the online form.

Results

Table 1 shows the socio-demographic distribution of the respondents. The table revealed that more than 77.6 percent of respondents were between the ages of 18 to 39, while the remainder were between the ages of 40 and above. Sex reveals 42.1% were male, and 57.9% were female. The table shows that respondents were well educated with 5.7% without college education. More than half of respondents were from scientific/medical professional background (61.3%). The respondents’ compliance with prescribed recommendations shows that 9 out of every respondent reported that they follow the country ministry of health recommendations (Table 2). When asked about the extent they follow the recommendations, 4 out of every ten reported that they follow all the recommendations. Respondents were asked how frequently they touch their face, only 3.8% reported that they never touch their face, 34.3% rarely touch their face, 34.7% touches their face sometimes, 21.2% touches their face often, and only 6% touch their face always.

Table 3 presents the respondents’ psychological impacts and coping strategies & source of information. Six out of every ten respondents reported that they were stressed, and about four reported that they were not stressed. Concerning coping and adaptation during the lockdown, 83.7% reported that they are adapting well by watching TV/movies, spending time with family, reading books/magazines, and working from home. Source of information about the COVID-19 pandemic revealed that 8 out of every ten respondents heard the information from social media (Facebook, Instagram, Whatsapp profile, etc.) while the remaining heard from TV (14.1%), friends/family (2.4%), newspaper (2.0%) and other sources (1.4%).

The association between recommendations compliance and respondent socio-demographics is illustrated in Table 4. As age increases, the number of respondents’ compliance to recommendations decrease but almost all the respondents in both categories adhere to recommendations. There is no statistically significant relationship between the age of respondents, gender, level of education, and respondents’ professional background and compliance with the recommendations.

Table 5 describes the association between respondents’ socio-demographic variables and feelings of the respondents during the COVID-19 pandemic. More than half of respondents in both age categories reported been stressed during the COVID-19 pandemic. The same trend was observed for level of education. More than
half of respondents with no college education and college education feel stressed during the COVID-19 pandemic, but this is not statistically significant in this study. Gender and professional background of the respondent are also not statistically significant. Table 6 presents the respondent’s socio-demographics and adaptation during the pandemic. Across all socio demographics, it was observed that majority of respondents were adapting well. About 8 out of every 10 respondents in both age group categories were adapting well. Age group of respondents, gender and level of education were not statistically significant. About 8 out of every ten respondents in the level of education categories reported that they were adapting well. The professional background of the respondent shows a statistically significant relationship in that more of the respondents with a scientific/medical background were adapting well.

Discussion
This study was carried out to examine the socio-demographic predictors of adherence to prescribed recommendations and psychological impacts of lockdown among Nigerian social media users. As the world faces the coronavirus threat, many commentators and national leaders around the world are beginning to recognize this as a genuine threat to national security. The danger of recognizing this as a genuine threat to national security is a real threat to national security.29 The danger of not recognizing this as a genuine threat to national security is also a real threat to national security.29 The danger of not recognizing this as a genuine threat to national security is also a real threat to national security.29 The danger of not recognizing this as a genuine threat to national security is also a real threat to national security.29 The danger of not recognizing this as a genuine threat to national security is also a real threat to national security.29

Table 5. Association between socio-demographic and Feeling regarding COVID-19 pandemic.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Feeling regarding COVID-19 pandemic</th>
<th>( \chi^2, p)-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stressed</td>
<td>Not stressed</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 40</td>
<td>565 (64.4)</td>
<td>313 (35.4)</td>
</tr>
<tr>
<td>40+</td>
<td>152 (60.1)</td>
<td>101 (39.9)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>307 (64.8)</td>
<td>167 (35.2)</td>
</tr>
<tr>
<td>Male</td>
<td>405 (62.7)</td>
<td>247 (37.3)</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No college education</td>
<td>30 (56.3)</td>
<td>22 (43.7)</td>
</tr>
<tr>
<td>College education</td>
<td>386 (63.8)</td>
<td>226 (36.2)</td>
</tr>
<tr>
<td>Professional background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-scientific/non-medical</td>
<td>230 (66.2)</td>
<td>122 (33.8)</td>
</tr>
<tr>
<td>Scientific/medical</td>
<td>227 (61.6)</td>
<td>136 (38.4)</td>
</tr>
</tbody>
</table>

Table 6. Association between socio-demographic and respondents’ adaptation.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Respondents’ adaptation</th>
<th>( \chi^2, p)-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adapting well</td>
<td>Not adapting well</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 40</td>
<td>739 (84.2)</td>
<td>139 (15.8)</td>
</tr>
<tr>
<td>40+</td>
<td>208 (82.2)</td>
<td>45 (17.8)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>405 (85.4)</td>
<td>69 (14.6)</td>
</tr>
<tr>
<td>Female</td>
<td>542 (82.5)</td>
<td>115 (17.5)</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No college education</td>
<td>54 (84.4)</td>
<td>10 (15.6)</td>
</tr>
<tr>
<td>College education</td>
<td>174 (83.7)</td>
<td>34 (16.3)</td>
</tr>
<tr>
<td>Professional background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-scientific/non-medical</td>
<td>346 (79.0)</td>
<td>92 (21.0)</td>
</tr>
<tr>
<td>Scientific/medical</td>
<td>601 (86.7)</td>
<td>92 (13.3)</td>
</tr>
</tbody>
</table>

Strengths and limitations
The main strength of this study ability to capture accurate data during pandemic without any physical contact with any of the respondents and this is also linked to the fact that answering of the questions were done at the convenient of the respondents without any interference. However, this study is also susceptible to certain limitations. The study data collection was done via social media platforms, younger population were more than the older population, and this is because larger number of younger population is more acquainted to the use of technology than the older population as such the study findings does not depict the true picture of Nigeria populations as a whole.

Conclusion
The study concluded that majority of Nigerian social media users were adhering to the prescribed recommendations outlined by the government or health minister. As much as some selected socio-demographic characteristics of Nigerian social media users were not predictors of adherence to prescribed compliance, feelings and adapting well during COVID-19 lockdown, some sub-cat-
categories of the socio-demographic characteristics such as younger age group, female respondents, educated respondents and respondents with scientific professional backgrounds showed that higher proportion of the respondents reported feeling stressed during COVID-19 lockdown in Nigeria. Psychological programmes that will put into consideration the mental health and encourage these sub-categories of respondents should be promoted in Nigeria.

The study further concluded that among the selected socio-demographic characteristics only professional background of the respondents was the major predictor of psychological impact of COVID-19 lockdown among Nigerian social media users, as such an intervention that will address mental health and wellbeing of Nigerians during COVID-19 pandemic or future pandemic should be targeted at Nigerian social media users with scientific background.

**References**