Impact of media messages on containment of Coronavirus pandemic in Nigeria

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Abstract

Background: Different countries adopted various measures to stop the spread of COVID-19. In Nigeria, the federal government, through the Presidential Task Force on the pandemic and some non-governmental organizations, mounted vigorous public enlightenment and education campaign through the media to contain the spread of the disease.

Objective: This article examined the impact of that effort by assessing the level of public awareness, perception, and satisfaction the campaign generated.

Method: A cross-sectional design and purpose sampling technique were used for the study. Questionnaires were distributed online through personal and group platforms on Whatsapp and Telegram applications. This technique ensured that only the users of these applications responded to the questionnaire. The national survey returned 359 responses.

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Media messages.

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©Copyright: the Author(s),2022 Journal of Public Health in Africa 2023; 14:12048 doi:10.4081/jphia.2023.2048 **Results**: The results indicated a high level of public awareness from the media messages as 89.08% of respondents heard about COVID-19 from the media messages, 87.74% believed that media messages about the pandemic increased their awareness of it and 90.81% of respondents got influenced by the media messages to adjust to safety protocols against the disease. Majority of the respondents (75.49%) were satisfied with the overall performance of the media in their sensitization campaign. While 49.03% benefitted to a very large extent from the media messages, 44.01% benefitted to a large extent.

Conclusion: The results showed that the impact of the media awareness messages on COVID-19 was high and that Nigerian media contributed immensely to reducing the spread of the disease in the country.

Introduction

Coronavirus is a novel disease that took the world by surprise in 2020. It is of the family of SARS Coronavirus (SARS-CoV) and MERS Coronavirus (MERS-CoV).¹ This particular species of Coronavirus started in Wuhan, Hubei province of China in December 2019 and was initially known as 2019-novel Coronavirus (2019-nCoV). It was later renamed COVID-19 by the World Health Organization (WHO). The rapid spread of the disease to other countries compelled WHO to declare it a pandemic on March 11, 2020. It has infected about 226,359,677 people with over 203,026,687 recoveries and 4,656,964 deaths as at September 14, 2021. COVID-19 is the worst health crisis the world has witnessed in recent history. The Secretary-General of the United Nations, Antonio Guterres, warned in April 2020 that the world was facing the greatest crisis since the 2nd World War.²

The first case of COVID-19 in Nigeria was reported on February 27, 2020. This index case was an Italian worker in Nigeria who returned to the country on February 25. The case jolted many Nigerians to the reality of Coronavirus. It also spurred the government into action as the President established The Presidential Task Force (PTF) on COVID-19 on March 9, 2020. The Task Force had the mandate to coordinate and oversee Nigeria's multi-sectoral inter-governmental efforts to contain the spread and mitigate the impact of the pandemic in Nigeria.

The Task Force had an initial mandate of six months, but that has been extended severally. The overall goal of the PTF was to stop further transmission of the disease within Nigeria, ensure the provision of basic treatment to those infected, and reduce the overall social and economic impact of the pandemic on the country. The National COVID-19 Response Centre, which is headed by the National Covrint of PTF, coordinates the activities of the Taskforce to ensure synergy and efficiency in their operations. Other government institutions involved in the management of the pandemic in Nigeria include The Nigerian Centre for Disease Control, Federal Ministry of Health, Federal Ministry of Humanitarian Affairs, and other ministries and agencies. Private and international organizations have also played crucial roles in providing support and logistics. PTF was later 2021 renamed Presidential Steering Committee on COVID-19.

From the single index case in February, Nigeria has recorded 199,538 cases with 188,427 and 2,619 recoveries and deaths respectively as of September 14, 2021. The government's initial reaction to the rising cases of Coronavirus in the country was a slew of measures, which included placing some states that appeared to be the epicentres of the virus on total lockdown and closure of international borders. Component states took peculiar measures to mitigate the rising number of cases in their territories. Advisories on personal hygiene and social distancing complemented these government measures.

Partial relaxations of the lockdown occurred in phases after four weeks because of the hardship it brought to the citizens who depended on daily earnings for livelihood. The governments at both federal and state levels could not afford the required palliatives to keep people, who had become restive, at home. With that, both the federal and state governments resorted to moral suasion as a strategy to curb the spread of the virus. The public was advised to observe the wearing of facemasks, social distancing and personal hygiene among others. Both government and nongovernmental organizations stepped up their awareness campaigns against the pandemic on various mass media platforms. The campaigns aimed at sensitizing the public about the reality of the disease and how to prevent it.

The recent development and approval of vaccines against the virus have not de-emphasized the awareness messages. The effort for the development and production of the COVID-19 vaccine was spearheaded by an international collaboration led by the WHO, the Coalition for Epidemic Preparedness Innovations and the Gates Foundation.³ The results began to emerge in November 2020 when Pfizer, BioNTech, Moderna, the University of Oxford and Gamaleya Institute announced positive results from the Phase III trial of their vaccine. The first administration of the vaccine on humans occurred in the United Kingdom on December 08 after the country granted regulatory approval for the vaccine on December 02, 2020.4 Some other vaccines such as the two versions of AstraZeneca/Oxford by AstraZeneca-SKBio of South Korea and Serum Institute of India have been approved for use by WHO.⁵ Other COVID-19 vaccines in use are Moderna, Sputnik V and Johnson & Johnson/Janssen. Only 1,687,315 persons (about 0.8% of the population) have been fully vaccinated in the country, while 4,024,704 persons (2%) have received the first dose as of September 12, 2021.

The development and use of vaccines notwithstanding, media campaign about the pandemic is still a necessity as a cursory observation of public attitude impugns the government's efforts and advisories against the disease. Observances of compulsory wearing of facemasks and social distancing in public and business places, and use of hand sanitizers or regular washing of hands have been low. The main essence of vigorous media awareness campaigns is to sensitize the public about these safety protocols and encourage compliance to stem the spread of the virus. The focus of this study is to assess the impact of the awareness campaign with regard to the knowledge, perception and satisfaction they have created among the population.

Research objectives

The objectives of this study are: i) to examine the level of public awareness of the pandemic in Nigeria from media messages; ii) to assess the impact of media messages about the pandemic in Nigeria on its perception by the public; iii) to evaluate public satisfaction with media messages about the COVID-19 pandemic in Nigeria.

Materials and Methods

Study design

This is a descriptive cross-sectional study that employed a quantitative method to determine the impact of media awareness messages on COVID-19 on Nigerians.

The study population

This study covered the entire country. Nigeria is the most populous country in Africa with an estimated population of over 200 million.⁶ It is situated in the Western region of the continent. The country has a landmass of 923,768 km² with 36 states and the Federal Capital Territory.

As of May 2020, there were 141 million Internet users in Nigeria.⁷ This figure represents over 70 per cent of the population and cuts across all nooks and crannies of the country. According to Nigerian Communications Commission, Nigeria had total active GSM network subscribers of 198,961,361 as of July 2020.⁸ With a subscriber growth rate of about 10 per month, it is expected that the figure was much higher as at the time of the survey. The high level of Internet penetration in the country predisposes a good percentage of the population to an online survey. Nigeria has a literacy rate of 71.3 within the age of fifteen and above as of 2018,⁹ indicating that a good percentage of the study population is literate enough to respond to the questionnaire as the survey focused on adults from the age of eighteen and above.

Sampling technique

A purposive sampling technique was adopted for this study because it was conducted during the period of lockdown in Nigeria when personal contact was not encouraged. Invitations were sent to prospective participants through Whatsapp and Telegram online links. The questionnaire in Google docs was distributed through individual and group Whatsapp and Telegram platforms. This technique ensured that only the users of these applications responded to the questionnaire. Participation criteria also included being above 18 years and having the ability to read and write.

Sample size

The sample size of the study was calculated using the raosoft sample size calculator. With a population size of 200,000,000, a 5% margin of error and a 95% confidence level, the recommended sample size was 385. The response distribution was 50%.

Based on the above numbers, the sample size N and margin of error E are given by

х	=	Z(c/100)2r(100-r)
n	=	N x/((N-1)E2 + x)
Е	=	Sqrt[(N - n)x/n(N-1)]

Where N is the population size, r is the fraction of responses that I am interested in, and Z(c/100) is the critical value for the confidence level c. Three hundred and fifty-nine (359) responses, representing 93.25% of the target sample size, were received after seven weeks of survey and were used for this study. The responses spread across the states of the federation and numerous professions.

Instrument for data collection

An online close-ended Google document questionnaire was used as the study instrument for data collection. The questions

were formulated and delineated to meet the needs of the research objectives. Section A of the research instrument was on the demographics of the respondents. Questions in section B addressed the major variable in the first research objective, which is public awareness of the pandemic. Section C focused on public perception of the pandemic, while questions addressing public satisfaction with media messages about the pandemic were featured in section D. The questionnaires were distributed online through Whatsapp and Telegram applications. Friends, religious, social and professional group platforms were used to circulate the questionnaires online in all the states of the federation. This data collection technique ensured adequate representativeness since membership of these group platforms cuts across the country. The online survey started on August 13 and ended on October 5, 2020. It was stretched to this duration because responses were low. At the close of the survey, 359 responses were received. This is 93.25 of the target sample size.

Data analysis

Stata (version 15) and Microsoft Excel (2016) were used to analyze the responses from the questionnaire. Sample characteristics were presented in descriptive statistics including frequency, percentage and cumulative percentage. The results are presented in tables.

Ethical consideration

A written ethics approval referenced PAU/2021/001 was obtained from the Research Committee of Pan Atlantic University for this study. Participants in the online survey gave their consent through participant consent form which contained the purpose and objectives of the study. Participants were not asked to provide their names; rather, both data collection and analyses was coded to maintain their confidentiality. Data generated from participants are secured in a personal computer.

Results

Demographics of respondents

Eighty-four (84) respondents, representing 23.40% were between the ages of 18 and 25 years as shown in Table 1. One hun-

Table 1. Demographic of respondents.

dred and seventy-two (172) respondents representing 47.91% were between the ages of 26-35 years. Respondents between the ages of 36 and 45 years were forty-nine (49) representing 13.65%. Those between the ages of 46-55 years were thirty-eight (38) constituting 10.58%, while sixteen (16) respondents representing 4.46% were from 56 years and above. One hundred and ninety-nine (199) representing 55.43% were female respondents while one hundred and sixty (160), which is 44.57% were males. Two hundred and ten (210) of the respondents representing 58.82% were married; one hundred and forty-four (144) representing 40.34% were single. Three (3) respondents constituting 0.84% were neither married nor single. First-degree holders among the respondents were two hundred and thirty-three (233) representing 65.63%. Masters' degree holders were eighty-four (84) being 23.66%, while doctorate holders and secondary school graduates were nine (9) respondents each representing 5.35%.

Knowledge of Coronavirus

Three hundred and forty-five (345) respondents have heard of the virus, while thirteen (13) have not and one (1) was not sure of having heard about it. The above figures represent 96.10%, 3.62% and 0.28% respectively (Table 2).

The table also shows the different media platforms from which the respondents heard about Coronavirus. One hundred and sixtyone (161) representing 45.10% of respondents heard about it from television and one hundred and thirty-seven (137), which is 38.38%, heard about it from social media. Other media platforms of initial information about the pandemic were from other people, nineteen (19) respondents, representing 5.32%; newspapers, seventeen (17) respondents, constituting 4.76%; public campaigns, twelve (12) representing 3.36%, radio and other unspecified sources were three (3) forming 0.84% and eight (8) representing 2.24% respectively. Two hundred and sixty-four (264) respondents, translating to 73.54%, were aware that a person could be positive of Coronavirus without manifesting any symptoms. Fortyeight (48) and forty-seven (47) respondents representing 13.37% and 13.09% respectively, were not sure and do not know. Respondents who knew the symptoms of Coronavirus were 264 (73.54%). Forty-seven (47) respondents (13.09%) did not know, while forty-eight (48) (13.37%) were not sure they knew.

	Freq.	Percent	Cum.
Age range?			
18-25 years	84	23.40	23.40
26-35 years	172	47.91	71.31
36-45 years	49	13.65	84.96
46-55 years	38	10.58	95.54
56 years and above	16	4.46	100.00
Sex			
Male	199	55.43	55.43
Female	160	44.57	100.00
Marital status?			
Single	210	58.82	58.82
Married	144	40.34	99.16
Others	3	0.84	100.00
Highest level of education?			
Secondary	19	5.35	5.35
First degree	233	65.63	70.99
Master's degree	84	23.66	94.65
Doctorate	19	5.35	100.00

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The impact of the media messages

Table 3 shows that three hundred and fifteen (315) respondents, representing 87.74% believed that media messages about the pandemic were increasing awareness about the pandemic. Twenty-five (25) and nineteen (19) respondents, constituting 6.96% and 5.29% respectively said they were not sure and that it did not. Three hundred and twenty-six (326) respondents, translating to 90.81% said that media messages about the pandemic have encouraged them to practice safety protocols, twenty-one (21) respondents, representing 5.85% said they were not sure of such encouragement from the messages. Twelve (12) respondents, forming 3.34% said the messages did not encourage them to do so. One hundred and seventy-six (176) being 49.03% of the respondents benefited to a very large extent from media messages about the pandemic. One hundred and fifty-eight (158) respondents, representing 44.01% benefitted to a large extent, while nineteen (19) respondents, constituting 5.29% rarely benefitted. Six (6) respondents, which is 1.67%, said they benefitted nothing. Table 3 also indicates that sixty-one (61) respondents, representing 17.18% said they were very satisfied with the media messages about Coronavirus in Nigeria. Two hundred and seven (207) respondents, being 58.31% said they were satisfied. Eighty-seven (87) respondents, constituting 24.51% said they were not satisfied.

Satisfaction with messages from different media platforms

Table 4 is a breakdown of the level of satisfaction of respondents with COVID-19 messages from different media platforms.

Newspapers

Two hundred and seven (207) respondents, representing 68.32% were satisfied. Only twenty-four (24) respondents, being 7.92% were very satisfied while seventy-two (72) respondents, translating to 23.76% were not satisfied with newspaper messages about the pandemic.

Magazines

One hundred and thirty-three (133) respondents, constituting 49.26% were satisfied, thirteen (13) respondents, being 4.81% were very satisfied and one hundred and twenty-four (124) respondents, representing 45.93% were not satisfied.

Table 2. Information about Coronavirus.

Television

One hundred and fifty-eight (158) respondents, representing 46.33% were satisfied with television messages about the virus, while one hundred and forty-seven (147) respondents, being 43.11% and thirty-six (36) respondents, representing 10.56% were very satisfied and not satisfied respectively.

Radio

One hundred and sixty-six (166) respondents, translating to 55.52% were satisfied with the performance of radio concerning their messages about Coronavirus in Nigeria. One hundred and three (103) respondents, representing 34.45% were very satisfied, while thirty (30) respondents, constituting 10.03% were not satisfied.

Public campaign

The number of respondents who were satisfied with public campaigns about the pandemic was one hundred and thirty-three (133) respondents, representing 44.93%. Forty-three (43) respondents, being 14.53% were very satisfied, while one hundred and twenty (120) respondents, translating to 40.54% were not satisfied.

Social media

Respondents who were satisfied with social media attention to Coronavirus were one hundred and forty-six (146), representing 43.32%. One hundred and fifty-four (154) respondents, representing 45.70% were very satisfied and thirty-seven (37) respondents, constituting 10.98% were not satisfied.

Discussion

The level of public awareness from media messages about the pandemic

The level of awareness of Coronavirus in Nigeria is high as 96.10% of the respondents said they have heard about the virus (Table 2). Most people (92.44%), who were aware of the pandemic, heard about it from different media platforms. About 87% (87.74%) of respondents attributed the increased awareness of Coronavirus among Nigerians to the media. The awareness of peo-

	Freq.	Percent	Cum.
Have you heard of Coronavirus before?			
No	13	3.62	3.62
Not sure	1	0.28	3.90
Yes	345	96.10	100.00
From which platform did you hear about Coronavirus?			
Newspaper	17	4.76	4.76
People	19	5.32	10.08
Public campaign	12	3.36	13.45
Radio	3	0.84	14.29
Social media (Whatsapp, Facebook, Website, Telegram	137	38.38	52.66
Television	161	45.10	97.76
Others	8	2.24	100.00
Can someone have coronavirus without symptoms?			
No	47	13.09	13.09
Maybe	48	13.37	26.46
Yes	264	73.54	100.00
Do you know the symptoms of COVID-19?			
No	47	13.09	13.09
Maybe	48	13.37	26.46
Yes	264	73.54	100.00

ple about the virus includes their knowledge of the symptoms, prevention protocols and the fact that an infected person can be asymptomatic for some days.

Further analysis of the responses to the questionnaire in Table 1 indicates that women have heard of the virus more than men. While 84.62% of those who said they had not heard of the Coronavirus before were men, only 15.38% were women, even though men used most of the media platforms more than women. The information sources where females dominated were radio (66.67%), people (63.16%) and other sources (100%) (Table 2). These sources, however, recorded the lowest patronage by the respondents. In other parameters for assessing awareness of the pandemic among the public, males displayed better awareness than females. Men were better informed about the symptoms of Coronavirus and the preventive measures.

The results from the survey show that the media have lived up to their role of agenda-setting in creating awareness by telling people what to think about through frequent repetition of messages. In a study on the role of media in social awareness, the researchers¹⁰ opined "the media has got a vital role in molding a good society to develop our lifestyle and move it on the right path." The media has remained the best channel for creating awareness, especially in times of emergency. Without the media, COVID-19 would have been more calamitous than it is presently, especially in countries like Nigeria where health facilities are meager and in poor state. The various media platforms availed the public alternative sources of information about the pandemic. Frequency alone may not have created this high level of awareness. The timing belt for the messages was also critical to their assimilation by the public and the desired impact. In most cases, the frequency of the enlightenment messages on Coronavirus by the media was high during the family belt period.

The impact of media messages about the pandemic in Nigeria on its perception by the public

A study on the role of open media and education in mounting AIDS awareness among married couples in Bangladesh¹¹ observed that the media, especially television, play a leading role in the creation of awareness about AIDS in the country. Nigerians can say the same of the media in their country concerning their pivotal role in the perception of Coronavirus. The disease came with a lot of

conspiracy theories around it, but media messages about the virus acquainted the public with its transmission and consequences rather than the theories around it. The impact of media messages on public perception of the pandemic is evident in the adjustment to the preventive protocols by the public. Over eighty-eight percent (88.58%) of respondents in Table 3 agreed that media messages on Coronavirus helped them to adjust to the preventive protocols against the disease. Some of the preventive measures include washing hands frequently with soap or cleaning hands with hand sanitizer, coughing or sneezing into a bent elbow, avoiding touching eyes, nose and mouth with unwashed hands, maintaining social distance, avoiding crowded places, wearing of face mask in public, avoiding sharing personal items and frequent cleaning of common surfaces with alcohol-based substances.

The study went further to ascertain if the adjustment meant practicing the preventive protocols because media messages were aimed at the practical application of the measures to stem the spread. Over ninety percent (90.81%) of respondents averred that they did (Table 3). This is remarkable considering the skepticism that trailed the pandemic in the country. The rumor mill was agog that COVID-19 was a ploy for government to get financial aid from donor countries, more so, when media messages at the beginning were severely limited. The media constructed their messages about the pandemic around the number of infections and death. Lack of direct experience by way of personal knowledge of any victim was an obstacle to accepting media messages about the disease.

Some researchers¹² had argued that "the power of media message tended to be heightened in those cases in which there was no direct experience or other knowledge of an issue, and conversely, to decrease when people had direct experience." This relates to the framing of media messages about a population with a particular health issue. It suggests that those who have experienced a particular health problem either through close family members or friends are likely to witness a decreased power of media messages about those issues. The reverse was the case in media coverage of COVID-19 in Nigeria. The power of media messages about the pandemic tended to have heightened after the public started relating to them through personal knowledge of casualties of the pandemic. Complete information is, therefore, important in framing messages on health issues.

	Freq.	Percent	Cum.
Do you think media coverage of COVID-19 is increasing awareness of the disease?			
No	19	5.29	5.29
Maybe	25	6.96	12.26
Yes	315	87.74	100.00
Do you think media coverage of COVID-19 has aided individuals adjust to safety protocols?			
No	17	4.74	4.74
Maybe	24	6.69	11.42
Yes	318	88.58	100.00
Do you think media coverage of COVID-19 is encouraging individuals practice safety protocols?			
No	12	3.34	3.34
Maybe	21	5.85	9.19
Yes	326	90.81	100.00
To what extent did you benefit from media messages about COVID-19?			
Never	6	1.67	1.67
Rarely	19	5.29	6.96
To a large extent	158	44.01	50.97
To a very large extent	176	49.03	100.00
Are you satisfied with media messages?			
Not satisfied	87	24.51	24.51
Satisfied	207	58.31	82.82
Very satisfied	61	17.18	100.00

Table 3. Impact of messages on Coronavirus.

The reconstruction of COVID-19 awareness messages by the media in Nigeria may account for the impact the messages had on the public. While 49.03% of respondents said the media messages about the pandemic benefitted them to a very large extent, 44.01% said the messages impacted them to a large extent (Table 3). The impact was reflected in their adjustment and practice of COVID-19 safety protocols. The media may have, perhaps, thought that framing COVID-19 awareness messages around fear-inducing infections and deaths would heighten the acceptance of the messages. It rather created doubts and skepticism in the minds of their audiences.

Public satisfaction with media messages about coronavirus pandemic in Nigeria

Despite the contending and conflicting reports that trailed COVID-19 pandemic reporting in Nigeria and elsewhere, the majority of the respondents were satisfied with the overall performance of Nigerian media in handling information relating to the virus. While 17.18% were very satisfied, 58.31% were just satisfied (Table 3). The satisfaction, however, was not across all media platforms. Most respondents were more satisfied with the social media and television reportage of the pandemic than with other media platforms (Table 4). These media platforms have special appeals that command a large audience. Social media is a convergence media, incorporating interactivity and all other features of other media platforms. It is the fastest, most portable and affordable media platform and accommodates citizen reporting which gives a voice to media users. Television is a family medium and has visual appeal, besides offering entertainment content that draws a whole family. Radio, another portable and affordable mass communication medium, also got a high approval rating from the respondents. As the new media, radio is easily accessible in vehicles, mobile devices and homes, but is limited by a lack of visuals. The features of these electronic media might have accounted for their high rating for disseminating messages about Coronavirus by

the respondents. The print media received the lowest satisfaction rating. While 45.93% of respondents said they were not satisfied with the coverage of the pandemic by magazines, 23.76% disapproved of newspaper performance (Table 4). The print media are bereft of certain features for mass appeal. Though very portable, they require a high level of attention and concentration to read. The cost factor for this media and the interactivity of social media that empowers users to become media content creators also may have influenced the respondents. The mainstream media has adjudged more credible than the new media by users,¹³ but the credibility is counteracted by the gap the new media fill. Most of the conflicting and confusing information about COVID-19 emanated from the social media space. The content creation is a dilemma confronting both media users and operators.

The public campaign recorded poor approval ratings generally. The highest non-approval rating of 40.54% for general performance on an awareness campaign for the pandemic was given to the public campaign. On specific aspects of the campaign such as symptoms of COVID-19, mode of transmission and prevention protocols, the public campaign got non-satisfactory ratings of 35.79%, 31.76% and 28.41% respectively (Table 4). In a developing country like Nigeria with a little above average literacy level, it would be expected that public campaign would be a veritable tool for enlightenment and education on critical health issues like COVID-19. The public campaign, as a traditional medium for mass communication, has some advantages over modern communication methods because it can be modeled after specific audiences; it can also be specific culture constructed, irrespective of the size of the audience. Internet penetration in the country notwithstanding, a public campaign in local and popular languages with fliers, especially in public spaces like markets and streets, provides ready access to people.

Limitations

This study was conducted during the lockdown in Nigeria and

	Freq.	Percent	Cum.
Newspaper Not satisfied Satisfied Very satisfied	72 207 24	23.76 68.32 7.92	23.76 92.08 100.00
Magazine Not satisfied Satisfied Very satisfied	124 133 13	45.93 49.26 4.81	45.93 95.19 100.00
Television Not satisfied Satisfied Very satisfied	36 158 147	10.56 46.33 43.11	10.56 56.89 100.00
Radio Not satisfied Satisfied Very satisfied Public campaign	30 166 103	10.03 55.52 34.45	10.03 65.55 100.00
Not satisfied Satisfied Very satisfied Social media	120 133 43	40.54 44.93 14.53	40.54 85.47 100.00
Not satisfied Satisfied Very satisfied	37 146 154	10.98 43.32 45.70	10.98 54.30 100.00

Table 4. Satisfaction with messages from different media platforms.

at the middle stage of the media sensitization campaign about COVID-19 when conspiracy theories about the pandemic were rife. It is possible that such skepticism affected the responses, as the targeted sample size could not be achieved. Online surveys restricted participation to the literate, smartphone users with Internet access and those on the social media platforms used for the survey, thereby excluding the views of a significant proportion of the population.

Conclusions

Despite the initial rumors and misinformation that followed the emergence of Coronavirus in Nigeria, the public approval rating for media messages about the pandemic is high. The world did not ignore the magnitude of the threat posed by the pandemic, but the preparedness of developing countries in Africa to handle the looming danger called for concern. In the absence of appropriate facilities and personnel to combat the rampaging virus, extensive information and education of the public to adhere to preventive measures against the virus offered a glimmer of hope. The dictum "prevention is better than cure" is most apt for developing countries in their fight against COVID-19.

The effectiveness of the awareness of the populace about COVID-19 was visible in the adjustment of people to prevention protocols like wearing a facemask in public places and social distancing and basic hygiene principles. New ways of doing old things became a norm. With the presentation of facts about the disease by the media, the people better appreciated the reality of it. The death of some prominent personalities helped to drive home the need for lifestyle adjustment as the most possible way to avoid it. The result of this study shows that the media lived up to their responsibility of agenda setting. The mainstream media are usually associated with distrust for being pro-establishment, but in this case, they were not viewed as reinforcing perceived bias. The public accepted them as purveyors of authentic and credible information. The role of the media in creating awareness through frequent and prominent dissemination of salient public messages is a major thrust of media professionalism. Public awareness about COVID-19 is attributable to this media obligation, which brought the pandemic to the consciousness of the people.

Nigeria was considered a major risk country for the disease because of its huge population and dilapidated health delivery system. It was feared that the effect of the pandemic on the country would be disastrous considering the impact of the virus in more advanced countries with better health facilities. Though low testing rate, climate and endemic malaria leading to rampant use of malaria drugs have been adduced as reasons for the low impact of COVID-19 in Nigeria and Africa generally, the sensitization carried out by the media must receive due to acknowledgment.

The pandemic has buttressed the relevance and increasing popularity of new media as a readily available means of information and education of the masses irrespective of the unprofessionalism and other flaws it conveys. Before now, it has proven to be a reliable media tool for mass mobilization for political and social issues. It played a no less important role in sensitizing Nigerians about Coronavirus as it also did in misinforming the public and causing panic. It behooves the operators and users of different new media platforms to tinker them towards a more responsible role in society without infringing on individual liberties. That more respondents approved of social media role in reporting Coronavirus, despite their obvious lapses, indicates their indispensability in the information distribution network. In all, the media discharged its social responsibility and agenda setting role by carrying out an awareness campaign that helped to stem the spread of Coronavirus in Nigeria.

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