

Evaluation of Knowledge and Practice Towards COVID-19 Control Among Residents of The Federal Capital Territory, Abuja

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Abstract

COVID-19 pandemic was a novel virus and impacted the globe greatly affecting the economic and social aspects of nations of the world. The high infection rate in sub-Saharan Africa and Nigeria in particular, has presented a much difficult situation because of different comorbidities combined with poverty, poor healthcare services and limited access to health facilities. In Nigeria, the pandemic led to economic hardship resulting from governments' efforts towards curtailing the spread of the virus in the case of Nigeria's demographic system. The knowledge and practice towards COVID-19 control remained relevant in curbing the spread of the virus. This study aimed at evaluating the knowledge, attitude and behavior towards COVID-19 prevention and control among residents of the Federal Capital Territory (FCT), Abuja. Four null hypotheses drawn from four variables of the study (level of awareness of COVID-19, attitude towards COVID-19 vaccines, effect of cultural beliefs and impact of state-controlled strategies) guided the investigation. The theories of Reasoned Action, the Health Belief Model were reviewed while the Protection Motivation theory was adopted as the theoretical framework. The study adopted survey method; and through cluster, systematic and purposive sampling techniques, a representative sample of 368 respondents was drawn from the six area councils in the FCT for the study. Twelve of these respondents were community leaders while six were frontline health workers in six General Hospitals in the FCT. The instruments of questionnaire, Focus Group Discussion and Key Informant interview were used respectively to collect data for this study. The study found that majority of the respondents were familiar with the concept of COVID-19; the FCT residents knew about COVID-19 through the radio/TV. They were aware of how COVID-19 spreads and how dangerous it is and that cultural/religious beliefs are a major factor influencing the compliance or non-compliance of the COVID-19 prevention measures. Majority of the respondents have not taken the vaccine because the level of acceptability of the vaccine is low. It is recommended that to prevent the spread of COVID-19 and other similar diseases, health education, information broadcasting and awareness on the knowledge, attitude and practice should be strengthened; government should sensitize the people on the efficacy of the COVID-19 vaccines and improve on state-controlled strategies in curbing the pandemic.

Key words: COVID-19, Knowledge, practice, control, attitude, virus, FCT etc.

Introduction

Due to COVID-19's ongoing global spread, the World Health Organization (WHO) designated it a global pandemic on March 11, 2020 (Abdelhafiz et al., 2020). According to Zhang et al. (2020), COVID-19 is a zoonotic infectious illness that can pass from animal to human or from human to animal. When transmitted by people, it has the potential to cause significant respiratory disorders. In severe cases, COVID-19 infection can result in kidney failure, severe pneumonia, acute respiratory syndrome, and even death (Abdelhafiz et al., 2020). The main clinical signs and symptoms include weariness, a fever of 39 degrees or higher, dry cough, dyspnea, fatigue, and myalgia.

Many Nigerians believed that COVID-19 was a remote sickness of the white man that would never affect their home before the WHO declared it a global public health challenge and pandemic. Without consulting experts or following their recommendations, Nigerians and the government downplayed the COVID-19 outbreak in the country, delaying the implementation of early preventive measures that could have reduced costs and shielded the populace from unwarranted exposure to the virus. Following the February 20, 2020 confirmation of the index COVID-19 case in Lagos, Nigeria, other regions of the nation, including the north-central region, carried on with their regular schedules and social activities without adhering to the hazy precautions initially recommended by the Nigeria Center for Disease Control (NCDC) (NCDC, 2020). The general populace in central Nigeria believed that COVID-19 was a "big man disease" (i.e., a disease of powerful people). Given the poor level of knowledge in this part of Nigeria, their quick judgment and inaccurate information about those who were at risk for the disease were to be expected (Ige, 2014). Unknown uncertainties, palpable fear, and false information about COVID-19 characterized the state of the local population as the number of COVID-19 cases among Nigerians, mostly in urban areas like Abuja, the Federal Capital Territory (FCT) located in central Nigeria soared. This is because of their vulnerability due to absence of critical health infrastructure (PAUL, Agba & Chukwurah, 2014; PAUL, 2019; PAUL & Ogwu, 2013).

According to a number of studies, the primary way COVID-19 is spread is through respiratory droplets produced when an infected individual coughs or sneezes (Olum, Chekwech, Wekha, Nassozi, & Bongomin, 2020; Francis & PAUL, 2022; Agba et al, 2022). Even though COVID-19 was spreading at its fastest rate in the majority of European and American nations, it was also quickening in the majority of African nations (Akalu, Ayelign, & Molla, 2020).

Nigeria and other African nations are struggling with COVID-19 due to a lack of resources, technological know-how, a dense population, and inadequate awareness. Many Nigerians did not pay attention to medical advice on preventive measures when the first case of COVID-19 was confirmed on February 27, 2020, as they believed the illness to be a far-off disease that could never affect their homes. In just two years, there were 3, 155 fatalities and 266.665 confirmed cases of the virus in Nigeria because of this unfavorable attitude (NCDC, 2022). Due to many comorbidities, poverty, inadequate healthcare services, and restricted access to health facilities, sub-Saharan Africa and Nigeria in particular, have a high infection rate (Olum et al., 2020; Ossen, 2020).

The Nigerian government and health organizations have made significant efforts to raise awareness about the risks posed by COVID-19, but their efforts have not resulted in a change in the Nigerian population's perception of the virus or their willingness to adhere to preventive

measures like routine hand washing, the use of hand sanitizers, the proper and consistent use of face masks, and observing social and physical distancing in order to control the pandemic. The fact that so many Nigerians still doubt the virus's existence and turn to self-medication when they experience symptoms puts their lives and the lives of those around them in danger. The attitude toward the COVID-19 vaccine is likewise very negative, with certain local authorities and religious organizations advising their followers against receiving the vaccine. There's no denying that this has increased the number of diseases among Nigerians that lead to avoidable deaths. Therefore, it goes without saying that to control and prevent infection and spread of COVID-19, people must have the right information about the illness, the right attitude toward the virus, and the right behaviors to combat it. This justifies the current study because it will help raise the level of knowledge about the COVID-19 virus that is currently known and will promote the right attitude toward the virus and a corresponding willingness to observe preventive measures. This study would also promote a favorable attitude toward the COVID-19 vaccination, which is essential for the prevention and control of the disease.

Objectives of the Study

The broad objective of the study is to evaluate the knowledge and practice towards COVID-19 control among residents of the FCT. The specific objectives include:

1. To assess the level of awareness of what COVID-19 is amongst residents of the FCT.
2. To examine the impact of knowledge towards COVID-19 and its prevention in the FCT
3. To find out the attitude of FCT people towards COVID-19 vaccine and the receipt of its vaccination program.
4. To examine the relationship between cultural beliefs and control strategies of COVID-19 pandemic in the FCT.
5. To assess the relationship between state-controlled strategies and its impact on COVID-19 control in the FCT.

Hypothesis

There is no significant difference between the level of awareness of COVID-19 and its prevention.

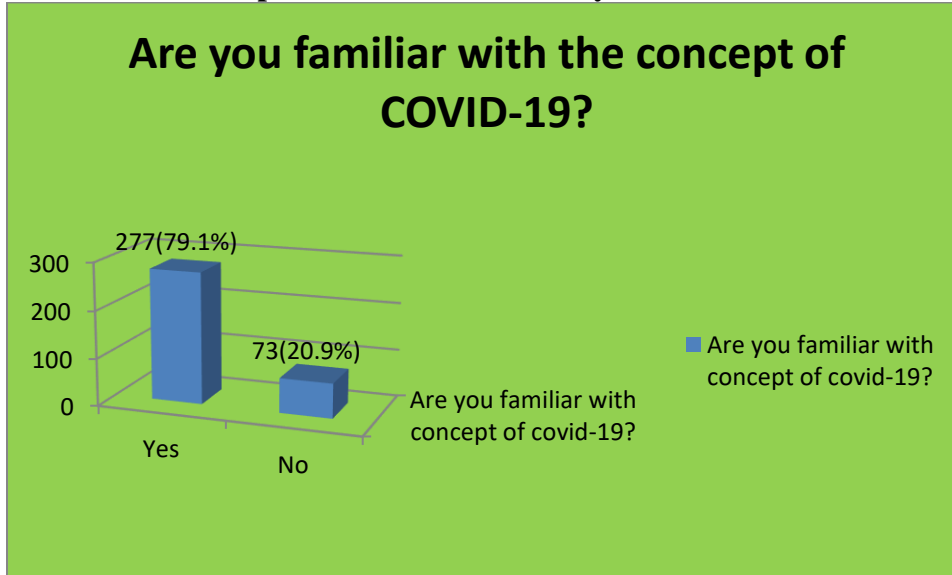
Methodology

The research adopted the survey design. It is based on a sample of the population, and data are collected by personal interviews or by having each individual complete a questionnaire from different geographical location. The researcher obtained cross sectional data from the respondents by means of questionnaire.

The area of study was the Federal Capital Territory; the population of the FCT is estimated to be 3,652,000 persons (Nigeria Bureau of Statistics [NBS], 2022). Through multi-stage sampling, 400 sample respondents were developed.

Results

Distribution of respondents on whether they are familiar with the concept of COVID-19



Source: Field Work (2022)

Figure 1 shows how many respondents are familiar with the concept of COVID-19. 277(79.1%) are familiar with the concept of COVID-19, while 73(20.9%) are not familiar with the concept of COVID-19. Thus, majority of the respondents are familiar with the concept of COVID-19.

Table 1: Distribution of respondents on their source of information on COVID-19

Response	Frequency	Percent (%)
Radio/TV	180	51.4
Friends and colleagues	98	28.0
Medical professionals	72	20.6
Total	350	100.0

Source: Field Work (2022)

Table 3 shows the response of respondents on their source of information on COVID-19. From this table, 180(51.4%) of the respondents indicated that they knew about COVID-19 through the radio/TV, 98(28.0%) of the respondents indicated that they knew about COVID-19 through friends and colleagues, and 72(20.6%) of the respondents indicated that they knew about COVID-19 through medical professionals. However, majority of the respondents indicated that they knew about COVID-19 through the radio/TV.

Table 2: Distribution of respondents on whether they are aware of how COVID-19 spread and how dangerous it is

Response	Frequency	Percent (%)
Yes	265	75.7
No	60	17.1

I have no idea	25	7.1
Total	350	100.0

Source: Field Work (2022)

Table 2 shows the response of respondents on whether they are aware of how COVID-19 spread and how dangerous it is. From this table, 265(75.7%) of the respondents indicated that they are aware, 60(17.1%) of the respondents indicated that they are not aware, and 25(7.1%) of the respondents stated that they have no idea. However, majority of the respondents stated that they are aware of how COVID-19 spreads and how dangerous it is.

Table 3: Distribution of responses on the level of knowledge of respondents of COVID-19

S/N	How would you agree or disagree to your level of knowledge of COVID-19	SA (4)	A (3)	DA (2)	SDA (1)	Total
1.	I know so much about Covid-19	78 (22.3%)	235 (67.1%)	20 (5.7%)	17 (4.9%)	350
2.	Knowledge of COVID-19 helps in the control	285 (81.4%)	61 (17.4%)	3 (0.9%)	1 (0.3%)	350

Source: Field Work, 2022

On assessing the level of knowledge of respondents the study utilized the liker scale method to allow for adequate measurement. From the table, it can deduce that most (67.1%) of the respondents suggested that they know so much about COVID-19 and its associated issues. Also, majority of respondents (81.4%) suggested that knowledge of COVID-19 helps in the control of the spread of the disease.

The result of the table proves that respondents have a high level of knowledge of COVID-19 pandemic, as it relates to its spread and control and eventually treatment and vaccination.

Table 4: Distribution of respondents on whether they have in any way been enlightened on the measures of prevention of COVID-19

Response	Frequency	Percent (%)
Yes	202	57.7
No	148	42.3
Total	350	100.0

Source: Field Work (2022)

Table 4 shows the response on whether they have been enlightened on the measures of prevention of COVID-19. 202(57.7%) of the respondents stated that they have been enlightened on the measures of prevention of COVID-19, while 148(42.3%) of the respondents stated that they have not been enlightened on the measures of prevention of COVID-19. However, majority of the respondents have been enlightened on the measures of prevention of COVID-19.

Table 5: Distribution of respondents who said ‘yes’ in table 5 on who provided the enlightenment

Response	Frequency	Percent (%)
Government	67	45.3
Healthcare workers	32	21.6
Non-governmental organizations	49	33.1
Total	148	100.0

Source: Field Work (2022)

Table 5 shows the distribution of the respondents on who provided the enlightenment on the measures of preventing COVID-19. 67(45.3%) of the respondents indicated that government provided the enlightenment, 32(21.6%) of the respondents indicated that healthcare workers provided the enlightenment, and 49(33.1%) of the respondents indicated that non-governmental organizations provided the enlightenment. However, most of the respondents stated that government provided the enlightenment through media campaigns and jingles.

Table 6: Distribution of respondents on whether the residents of FCT have had a positive attitude towards the COVID-19 pandemic

Response	Frequency	Percent (%)
Yes	120	34.3
No	230	65.7
Total	350	100.0

Source: Field Work (2022)

In table 6, the response on whether the residents of the FCT have had a positive attitude towards the COVID-19 pandemic is shown. 120(34.3%) of the respondents stated ‘yes’ indicating that residents have had a positive attitude towards the COVID-19 pandemic, while the majority 230(65.7%) of the respondents stated ‘no’ indicating that residents have not had a positive attitude towards the COVID-19 pandemic.

Table 7: Distribution of respondents on the major factors influencing compliance or non-compliance of the COVID-19 prevention measures among residents of FCT

Response	Frequency	Percent (%)
Lack of knowledge	152	43.4
Cultural/religious beliefs	198	56.6
Total	350	100.0

Source: Field Work (2022)

Table 7 shows the response of respondents on the major factors influencing compliance or non-compliance of the COVID-19 prevention measures. 152(43.4%) of the respondents stated that lack of knowledge is a major factor influencing the compliance or non-compliance of the COVID-19 prevention measures, while 198(56.6%) of the respondents stated that cultural/religious beliefs is a major factor influencing the compliance or non-compliance of the COVID-19 prevention

measures. However, majority of the respondents stated that cultural/religious beliefs is a major factor influencing the compliance or non-compliance of the COVID-19 prevention measures.

Table 8: Distribution of respondents on the prevention measures they consistently comply with

Response	Frequency	Percent (%)
Wearing nose mask in public places	86	24.6
Keeping social distancing	52	14.9
Washing hands	94	26.9
None	118	33.7
Total	350	100.0

Source: Field Work (2022)

In table 8 above, the response of respondents on the prevention they consistently comply with is shown. 86(24.6%) of the respondents stated that they comply with wearing nose mask in public places, 52(14.9%) of the respondents stated that they comply by keeping social distancing, 94(26.9%) of the respondents stated that they comply by washing hands, and 118(33.7%) of the respondents stated that they comply with none of those measures. Thus, majority of the respondents do not comply with the preventive measures of COVID-19.

Table 9: Distribution of respondents on whether they have heard of the COVID-19 vaccine

Response	Frequency	Percent (%)
Yes	255	72.9
No	95	27.1
Total	350	100.0

Source: Field Work (2022)

Table 9 shows the response of respondents on whether they have heard of the COVID-19 vaccine. 255(72.9%) of the respondents indicated that they have heard of the COVID-19 vaccine, while 95(27.1%) of the respondents indicated that they have not heard of the COVID-19 vaccine. However, majority of the respondents have heard of the COVID-19 vaccine.

Table 10: Distribution of respondents on where and how they heard of the vaccine

Response	Frequency	Percent (%)
Through the media	176	50.3
Workplace/school or religious gathering	96	27.4
Others	78	22.3
Total	350	100.0

Source: Field Work (2022)

Table 10 shows the response of respondents on where and how they heard of the vaccine. 176(50.3%) of the respondents indicated that they heard of the vaccine through the media, 96(27.4%) of the respondents stated that they heard about the vaccine through the workplace/school or religious gathering, and 78(22.3%) of the respondents stated that they heard

of the vaccine through family members, friends, and through social media. However, majority heard of the vaccine through the media.

Table 11: Distribution of respondents on whether they have taken the vaccine

Response	Frequency	Percent (%)
Yes	98	28.0
No	252	72.0
Total	350	100.0

Source: Field Work (2022)

Table 11 shows the response of respondents on whether they have taken the COVID-19 vaccine. 98(28.0%) of the respondents indicated that they have taken the vaccine, while 252(72.0%) of the respondents indicated that they have not taken the vaccine. However, majority of the respondents have not taken the vaccine.

Table 12: Distribution of respondents who stated 'No' in table 12 on why they have not taken the vaccine

Response	Frequency	Percent (%)
I don't believe in it	102	40.5
I was told not to take it	70	27.8
It has not been available	80	31.7
Total	252	100.0

Source: Field Work (2022)

Table 12 shows the response on why they have not been vaccinated. 102(40.5%) of the respondents indicated that they don't believe in it, 70(27.8%) of the respondents stated that they were told not to take it, and 80(31.7%) of the respondents stated that it has not been available in their place of residence.

Table 13: Distribution of respondents whether their religious/community leaders has encouraged them to take the vaccine

Response	Frequency	Percent (%)
Yes	94	26.9
No	256	73.1
Total	350	100.0

Source: Field Work (2022)

Table 13 shows the response on whether their religious/community leaders have encouraged them to take the vaccine. 94(26.9%) of the respondents indicated that their religious/community leaders have encouraged them to take the vaccine, 256(73.1%) of the respondents stated that their religious/community leaders have not encouraged them to take the vaccine. By implication, majority of the respondents did not take the vaccine because their religious/community leaders have not encouraged them to take the vaccine.

Table 14: Distribution of respondents on the extent to which religious/community leaders can impact on people’s behavior towards COVID-19 prevention and control

Response	Frequency	Percent (%)
High extent	195	55.7
Low extent	122	34.9
Not in any way	33	9.4
Total	350	100.0

Source: Field Work (2022)

Table 14 shows the response on the extent to which religious/community leaders can impact on people’s behavior towards COVID-19 prevention and control. 195(55.7%) of the respondents indicated that religious/community leaders can impact on people’s behavior towards COVID-19 prevention and control to a high extent, 122(34.9%) of the respondents stated that religious/community leaders can impact on people’s behavior towards COVID-19 prevention and control to a low extent, 33(9.4%) of the respondents stated that religious/community leaders can not in any way impact on people’s behavior towards COVID-19 prevention and control. However, majority of the respondents stated that religious/community leaders can impact on people’s behavior towards COVID-19 prevention and control to a high extent.

Table 15: Distribution of respondents on the efforts of the Area Council authorities towards COVID-19 prevention

Response	Frequency	Percent (%)
They have done well enough	58	16.6
They have not done well at all	210	60.0
I have no idea	82	23.4
Total	350	100.0

Source: Field Work (2022)

Table 15 shows the response on the efforts of the various area council authorities towards COVID-19 prevention. 58(16.6%) of the respondents indicated that the Area Council authorities have done well enough towards COVID-19 prevention, 210(60.0%) of the respondents stated that they have not done well at all towards COVID-19 prevention, 82(23.4%) of the respondents stated that they have no idea on the efforts of the local government authorities towards COVID-19 prevention. The implication of the responses is that local government authorities have not done well at all towards COVID-19 prevention.

Table 16: Distribution of respondents on whether the efforts made by the Local Government authorities of the FCT are similar to that of the Federal government

Response	Frequency	Percent (%)
Yes	92	26.3
No	118	33.7
I don’t know about any efforts	140	40.0
Total	350	100.0

Source: Field Work (2022)

Table 16 shows the response on whether the efforts made by the FCT local government authorities are similar to that of the federal government. 92(26.3%) of the respondents indicated that the efforts of the local government authorities are similar to that of the federal government, 118(33.7%) of the respondents stated that the efforts of the local government authorities are not similar to that of federal government, 140(40.0%) of the respondents stated that they don't know about any efforts of the local government authority that are similar to that of federal government. However, majority of the respondents stated that they don't know about any efforts of the local government authority that are similar to that of federal government.

Hypotheses Testing through the Use of Chi Square (X^2)

In the course of this research work, certain hypotheses were formulated for the purpose of arriving at a much more accurate and precise conclusion. This stage of the research enables the researcher test the formulated hypotheses using the Chi square (X^2). Below is the hypothesis to be tested

Hypothesis: There is no significant difference between the level of awareness of COVID-19 and its prevention.

Responses	Yes	No	Total
Agreed	35	27	62
Strongly agreed	62	36	98
Disagreed	74	20	94
Strongly agreed	49	16	65
Undecided	4	27	31
TOTAL	224	126	350

$$X^2 \text{ is calculated as } = \frac{(f_o - f_e)^2}{f_e}$$

Where;

F_o= Observed frequency

F_e=expected frequency

And F_e is derived below as follows;

$$F_e = \frac{CT \times RT}{GT}$$

Where;

CT= Column Total

RT=Row Total

GT=Grand Total

$$X^2 \text{ is calculated as } = \frac{(fo-fe)^2}{fe}$$

Fo	Fe	fo-fe	(fo-fe) ²	(fo-fe) ² /fe
35	39.68	-4.68	21.90	0.552
62	62.72	-0.72	0.52	0.008
74	60.16	13.84	191.55	3.184
49	41.6	7.4	54.76	1.316
4	19.84	-15.84	250.91	12.647
27	22.32	4.68	21.90	0.981
36	35.28	0.72	0.5184	0.015
20	33.84	-13.84	191.54	5.660
16	23.4	-7.4	54.76	2.340
27	11.16	15.84	250.91	22.483
x ² =				49.186

From the calculation below, $X^2=49.186$ (Calculated Value)

To either affirm the hypothesis or reject it, we need to check the calculated value of Chi square against the Table value. Hence, we need to get the Table value which is done by checking the level of Degree of freedom and the level of confidence.

Degree of Freedom= (C-1) (R-1)

$$= (5-1) (2-1)$$

$$= 4 \times 1$$

$$= 4$$

Level of confidence =0.10

Under level of confidence 0.10 and level of significance 4, the Chi square (X^2) table value =7.7779 (Critical Value)

Since the Calculated value of Chi square is more than the table value, we reject the Null Hypothesis. Meaning that, there is a significant difference between the knowledge of COVID-19 and its prevention.

Discussion

The COVID-19 virus is a as a global public health challenge and pandemic that gave rise to the new-normal. However, people are expected to behave in accordance with the safety

guidelines in order to prevent contacting the virus. This study evaluates the knowledge, attitude and behavior towards COVID-19 prevention among residents of the FCT.

The findings of this study show that majority of the respondents (79.1%) are familiar with the concept of COVID-19. From the findings of this study, COVID-19 was referred to as a deadly virus that affects the respiration organs and can be transmitted from one person to another through physical contact, eyes, and nose. The findings also show that majority of the FCT residents knew about COVID-19 through the radio/TV.

Also, the findings from this study show that the respondents are aware of how COVID-19 spreads and how dangerous it is. This is as most of the respondents have been enlightened on the measures of prevention of COVID-19. Government, healthcare workers, and non-governmental organizations were stated as those who provided the enlightenment.

The findings of this study also revealed that the residents in the FCT have not had a positive attitude towards the COVID-19 pandemic. It was stated that they do not have positive attitude with regards to the prevention of the virus because majority of them feel it is government propaganda and a farce. Others feel they are immune to disease, and some say they must witness to believe. This is consistent with the findings of Ranjan and Ranjan (2020) who stated in their study that adequate knowledge is very essential among each and every member of the community, but it is not enough to have positive attitude unless it is been put into practice.

The findings of the study also showed that that cultural/religious beliefs are a major factor influencing the compliance or non-compliance of the COVID-19 prevention measures. This was a position held by majority of respondents, however, the lack of knowledge about the disease also proved a factor in the prevention of COVID-19. The findings of the study showed that wearing nose mask in public places, keeping social distancing, and washing hands are the preventive measures of COVID-19 the people complied with. This is consistent with the findings of the WHO (2020) that to minimize the spread of infection one must stay at home (home quarantine), observe social distancing rules like avoiding crowded public places and maintaining at least two meters of distance between each person, especially if they are coughing or sneezing; avoiding shaking hands when greeting others; frequently washing hands for at least 20 seconds with soap and water or hand sanitizer with at least 60% alcohol, wearing a face shield or mask, and disinfecting surfaces using household sprays or wipes. However, from this study, (33.7%) of the respondents stated that they comply with none of those measures.

The findings of this study showed that respondents have heard of the COVID-19 vaccine through the media, others heard about the vaccine at their workplace/school or religious gathering, and few others heard of the vaccine through family, friends and social media.

Despite the level of awareness on the existence of COVID-19 vaccine, the findings of this study also show that majority of the respondents have not taken the vaccine because the level of acceptability of the vaccine is low. This is consistent with the findings of Mohammed, et al., (2021) who stated that available information on the COVID-19 is misleading, resulting in confusion and overload however it is a huge limitation to the vaccination uptake.

The findings from the study also show that the reason why they have not taken the vaccine is because they don't believe in it, they were told not to take it, and that it has not been available in some of the communities in the FCT. This is consistent with the findings of Olumofe et al.

(2021) that some group of people would be willing receive the vaccine once available, while some are unwilling or indecisive. He also stated that there are mixed feelings about the facts established on the evolution of the pandemic as well as with the vaccine's efficacy and safety.

The findings of this study also show that religious/community leaders can impact on people's behavior towards COVID-19 prevention and control to a high extent. However, majority of the respondents stated that their religious/community leaders have not encouraged them to take the vaccine. This is consistent with the findings of Malik et al. (2020) who reported a significant association between vaccine acceptance and ethnicity. Also, the finding from this study stated that community leaders provided their people with nose mask and sanitizer, buckets of water and soap at different junctions of the community so they can wash their hands at frequent intervals and organized a sensitization program for their people regarding the COVID-19 virus and the essence of vaccination.

The findings of this study also show that the various Area Council authorities did not do well at all towards COVID-19 prevention. The findings also showed that the lack of credibility of government, and religious/traditional beliefs are challenges affecting the efforts towards improving people's attitude and behavior towards COVID-19 prevention and control. The findings of this study also show ways to improve knowledge, attitude and behavior of people towards COVID-19 prevention and control in the FCT which includes; the authorities themselves should also adhere to the safety guidelines, the government should work towards ensuring they minimize crowded areas and that everyone should always wear a mask when going in public spaces, the government should organize public health education from time to time, and the government should place measures that will ensure that people adhere to COVID-19 preventive and control measures like placing a restriction on the number of people supposed to be in a public gathering.

Conclusion

This study provided a comprehensive assessment of the Knowledge, Attitude and Practice towards COVID-19 prevention among residents of the Federal Capital territory (FCT) Nigeria. The findings suggest that Nigerians who participated in this study have good level of knowledge on COVID-19 with a positive attitude and compliance with the necessary prevention measures outlined by the government, which are necessary for mitigating the spread of COVID-19, except for the non-compliance to take the vaccine due to cultural factors and belief systems. Mainstream media (TV and Radio) and the social media contributed significantly to the acquisition of the needed knowledge. There was no remarkable satisfaction in the government efforts in curtailing COVID-19 especially the involvement of Area Council authorities. Efforts toward improving the prevention of the spread of COVID-19 and other related diseases should be done through consistent dissemination of information and health education via indigenous languages among various groups should be intensified. Efforts targeting every group of the Nigerian population would constitute holistic and viable approach in curtailing COVID-19.

5.3 Recommendations

The following recommendations are made based on the findings of the study:

1. Despite the high level of awareness of COVID-19 in the FCT, it is recommended that the Federal Government of Nigeria, NGOs and civil society organizations should strengthen health education, information broadcasting, and awareness on the knowledge, attitude, and practice of COVID-19 to prevent the spread of COVID-19 and similar disease systems and to slow down the pandemic. With adequate health education, the challenges of belief and doubts towards COVID-19 can be eroded.
2. Government at all levels should also make available enough personal protective equipment to health care workers, raise their awareness of infection prevention and control in health facilities in SSA and interventions that improve the community's knowledge, attitude, and practice towards COVID-19 prevention are needed.
3. The acceptability of the vaccine in the FCT is low due to cultural/religious factors. Therefore, the government, religious and customary leaders in the communities of the FCT should sensitize the people on the efficacy and safety of the COVID-19 vaccines and the need to take these vaccines for protection against the virus.
4. Since cultural/religious beliefs are a major factor influencing the compliance or non-compliance of the COVID-19 prevention measures, community and religious leaders should be effectively conscripted into sensitization and prevention committees set up by the Government. This is because, to a large extent community and religious leaders influence the behaviour of their subjects and followers and as such compliance can be attained through their influences.
5. Finally, the government should take preemptive steps to advance pandemic preparedness, create more awareness through sensitization programs and strengthen state-controlled strategies for the prevention of COVID-19 in the FCT.

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