SOCIAL MEDIA PLATFORMS AND ATTITUDE TOWARDS COVID-19 AMONG STAFF: A STUDY OF COVENANT UNIVERSITY

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CERTIFICATION

I certify that this work was carried out by Gberevbie, Rejoice Eghele at the Department of Mass Communication, Mountain Top University, Ogun State, Nigeria under my supervision.

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DEDICATION

I dedicate my project to God Almighty for His divine guidance, strength and speed to complete my project successfully. Also I dedicate my project to my loving parents and my sibling, for their support and encouragement, and all other lecturers of the department of Mass communication in Mountain Top University who have impacted me with knowledge.

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ABSTRACT

Social media platforms are now used to pass information from one person to another, over-time it has emerged as the most important channel of information gathering and distribution for people all over the world. On the other hand, COVID-19 is one global pandemic that put the world at a pause because of its nature and how fast it spreads from one individual to another. Covenant University was picked as a case study because of the researcher's convenience. This study sought out to find out to what extent Covenant University staff have a knowledge about COVID-19, their attitude and practices through the spread of vital information form social media platforms and also with the help of health bodies such as WHO and NCDC. The study also adopted theories which were Framing theory and Agenda-setting theory. The study made use of Multistage sampling technique which consist of Convenience and Purposive sampling technique. The study also employed the use of survey and personal interview with 200 out of 266 respondents who gave feedback. The collected data was analyzed and the results presented through tables, frequencies, figures and percentages. The findings from the study revealed that most of the staff of Covenant University get their information about COVID-19 through various social media platforms and other findings were also addressed. The study recommended various ways this research can be helpful to other researchers carrying out research on other institutions based on this study, it would also help government come up with policies that will help control the spread of COVID-19 pandemic in Nigeria.

KEYWORDS: *Social media platforms, Knowledge, Attitude, Practices, COVID-19, Covenant University*

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

Presently, we are a facing a deadly disease which has altered the course of history as we know called Corona Virus Disease of 2019 (COVID-19). Corona Virus is a respiratory ailment caused by a new coronavirus strain known as Coronavirus type 2 which causes severe acute respiratory syndrome (SARS-CoV-2) that causes illness in humans and can also be found in animals, according to the World Health Organization (2019). Corona Virus is contagious and can be spread from one person to the next. The China Health Authority initially noticed COVID-19 on December 31st, 2019, in Wuhan, China, and alerted the World Health Organization (WHO) to a sudden unexplained illness in Wuhan, Hubei Province, Central China. Patients who had contracted this illness had worked or lived near the local Huanan Seafood Wholesale Market since December 8th, 2019 (Harapan, et al., 2020) . Furthermore, COVID-19 was first referred to as 2019-nCoV, a mystery disease, before being renamed COVID-19.

On January 13th, 2020, the first confirmed case of COVID-19 outside of China was detected in Thailand. The World Health Organization classified the disease a Public Health Emergency of International Concern on January 30, 2020, and as of February 14, 2020, there had been 49,053 laboratory-confirmed cases and 1,381 deaths worldwide. Many countries have implemented a range of control measures in response to the perceived risk of contracting sickness. According to the Italian Civil Protection bulletin, the virus arrived in Italy on March 28, 2020, with over 90,000 confirmed cases, killing over 10,000 people, 26,000 in-patients, 3,800 patients in intensive care units (ICUs), and 40,000 positives in home isolation, making Italy the country with the highest COVID-19 mortality rate in the world, compared to China, where COVID-19 originated. COVID-19 had been confirmed in roughly 570,000 people worldwide as of March 28, 2020, with 26,000 deaths. In addition, the World Health Organization (WHO) reported that the number of COVID-19 infections in Spain grew by 64,000 infected cases and 5,000 deaths on March 28, 2020. In just a few days, 85,000 confirmed cases and 1,200 deaths were reported in the United States, Germany had over 48,000 confirmed cases, France had over 32,000 confirmed

cases and 600 deaths, and the number of confirmed cases in South Korea continued to rise (Giuseppe & Rossella, 2020).

COVID-19 instances began to appear in African countries on March 19th, 2020, with a total of 54 countries afflicted, including Nigeria. According to the Nigeria Centre for Disease Control (NCDC) COVID-19 outbreak in Nigeria Situation Report (2020), a 44-year-old Italian citizen was diagnosed with COVID-19 in Lagos State on February 27th, 2020. He travelled to his company site in Ogun State on February 25th, 2020, and was taken to the Infectious Disease Hospital (IDH) Yaba, where he was tested negative twice consecutively and was discharged on the 13th of March 2020. Meanwhile, 40 people who had contact with the Italian were placed in self-isolation and tested for SARS-CoV-2, as advised by the World Health Organization (WHO), with one of the contacts from Ogun State testing positive. A 30-year-old Nigerian national was diagnosed with COVID-19 in Lagos State on March 16, 2020, after returning from the United Kingdom on March 13, 2020, and was placed on self-isolation when she showed signs of the virus. Four cases were confirmed on March 19, 2020.

Even while worldwide media outlets have been continually alerting us of what is going on throughout the world, local media outlets must help spread the news and raise awareness about COVID-19 in various nations. Social media is described as a medium that brings together a variety of actors who are all involved in the communication process. It entails emerging media strands involving collaborative interaction (Saheed & Otulugbu, 2020) . Twitter #tag information generated by social media sites is one of the quickest modes/mediums of public health awareness (Chukwuyere, Nwanneka, Chukwudebelu, & Emenari, 2020) . In the COVID-19 era, it has the greatest benefit of rapid educational content distribution. These statistics are disseminated through Twitter, Facebook, Instagram, WhatsApp, YouTube and Telegram, all of which are common social media platforms used among Covenant University staff. Faster distribution of knowledge about safety precautions have a lot of potential, and the 100 best viewed videos on YouTube with the word "coronavirus" had more than 165 million views as of March 5, 2020, with 85 percent of them attributed to news networks. it was discovered that less than one-third of the videos mentioned the recommended preventive measures, and less than half mentioned the most common symptoms, but nearly 90 percent commented on

deaths, anxiety, and the quarantine status. This study prompts us to consider the possibilities for disseminating high-quality information on COVID-19 prevention and common symptoms on channels like YouTube, Facebook, Twitter, Instagram, WhatsApp and Telegram, which are increasingly used as a source of information (Basch, Basch, Hillyer, & Jaime, 2020) . Professional bodies such as the World Health Organization (WHO) and the Nigeria Centre for Disease Control (NCDC) have used social media channels to convey COVID-19 information to Nigerians and Covenant University staff through their online presence, providing reliable information about the latest developments in the COVID-19 pandemic.

1.2 STATEMENT OF THE PROBLEM

This study aims to evaluate the linkage between social media platforms, COVID-19 and attitude, knowledge and practices among Covenant University staff. They are exposed daily to COVID-19 campaigns reason because they live in a high internet area. Despite all this many people are left in the dark about the causes of COVID-19 and its preventive measures.

This study wants to ascertain that if COVID-19 media campaigns are carried out more effectively on social media platforms commonly used by Covenant University staff, and the proper and accurate information is given on all platforms, then Covenant University staff will heed to the warnings of the media and government and take drastic preventive measures against this virus.

1.3 OBJECTIVES OF THE STUDY

The Objective of this study include:

I. To determine the level of COVID-19 awareness through Social media platforms among Covenant University staff.

II. To determine the Knowledge level of Covenant University staff on COVID-19.

III. To ascertain the level of compliance to COVID-19 protocols.

IV. To determine possible ways fake news can be eliminated from Social media platforms concerning COVID-19.

1.4 RESEARCH QUESTIONS

This study wishes to provide answers to the following research questions:

I. To what extent do social media platforms create awareness of COVID-19 among Covenant University staff?

II. What is the knowledge level of Covenant University staff on COVID-19?

III. How often do Covenant University staff practice COVID-19 preventive protocols?

IV. To what extent is fake news distributed to Covenant University staff about COVID-19 on social media platforms?

1.5 SIGINIFICANCE OF THE STUDY

This study aims to evaluate the significance of the researcher's topic to the public health sector i.e. the result of this study will help them while making health policies that will help in the prevention of COVID-19.

This research is especially important for medical professionals like doctors and nurses and professional bodies i.e. how social media has played a vital role in information dissemination about COVID-19, thereby making professional health bodies such as World Health Organization (WHO) and Nigeria Centre for Disease Control (NCDC) have a valid social media presence where citizens can get accurate information on happenings about COVID-19. It will also help medical professionals create awareness by disseminating the right and accurate information needed for citizens to take precaution against COVID-19.

This study is also significant to academics i.e. it can be used for research purposes to participate in the poll of research materials that can later be used as reference in the future concerning COVID-19 and other disease related research. It will also assist special libraries that are made public in Nigeria in providing and sharing information quickly, in the best possible manner, and in the shortest possible period using social networking sites such as Facebook, Twitter, Instagram, and LinkedIn as a strategy in the response to the COVID-19 pandemic (Saheed & Otulugbu, 2020).

This study is also important to the government because it will assist the government develop strategies to restrict the development of the COVID-19 pandemic

in Nigeria. It would also aid the government of Ogun State in determining strategies to prevent COVID-19.

1.6 SCOPE OF THE STUDY

This study would be conducted in Covenant University, a private Christian university in Ota, Ogun State, Nigeria. It is a member of the Common Wealth Universities Association, the Association of African Universities, and the National Universities Commission. It also has ties to the LFC Worldwide aka Winners (Times Higher Education, 2018). This study would be conducted between February to August of this year to ascertain the information required to complete this project and give somewhat accurate information of the subject matter stated in previous units. It would also get the opinion of the Covenant University staff and the health professional. The age range used in this study would be from ages 18-60years of which their responses would be able to give a valid confirmation of the research being carried out. The study design to be used for this research would be the use of survey and personal interview.

1.7 OPERATIONAL DEFINITION OF TERMS

For a better understanding of this study, the following terms are defined in the context of this research.

COVID-19: Corona Virus Disease of 2019. Coronavirus 2 is a new type of coronavirus that causes severe acute respiratory problems (SARS-CoV-2) that causes illness in humans and can also be found in animals.

WHO: Also known as World Health Organization. This is an agency Of the United Nations tasked with coordinating international health operations and assisting states in improving health-care services.

Pandemic (MEDICAL TERM): This is a (disease) prevalent over a whole country or the world.

NCDC: Nigeria Centre for Disease Control. This is the body in charge of safeguarding Nigerians' health through evidence-based prevention, integrated disease surveillance, and response activities based on a one-health strategy driven by research and directed by a professional workforce.

Outbreak: This is a sudden forceful and uncontrollable occurrence.

Social Media Platforms. This is referred to as new or generally appealing sites and apps that allow users to create and share content publicly, as well as participate in social networking which is very common among youths and the elderly.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, this study would review the past works of scholars. This is to enable the researcher develop a strong perspective of variables and concepts for this study. Having stated the problem, objectives and research questions for the study, the conceptual, theoretical and empirical framework would be reviewed in this chapter to effectively create a better comprehension of the study. The key concepts for this study are Social Media Platforms (Facebook, WhatsApp, Twitter, Instagram and Telegram) and COVID-19 (a deadly disease affecting the world). The theories that would be used for this study are Framing and Agenda Setting theories, each of which would be discussed in the succeeding sections.

2.2 CONCEPTUAL REVIEW

2.2.1. Concept of Social Media Platforms

Platforms for Social Media are a collection of widely used social media platforms that enable people to share and transfer information from one person to another and from one place to another. Facebook, WhatsApp, Twitter, Instagram, and Telegram are some of the most popular social media sites that will be examined in this study to see how well these platforms have disseminated information on COVID-19 and creating a sense of knowledge, attitude and practice among Ota residents.

Social media is described as a medium that brings together a variety of actors who are all involved in the communication process. It entails emerging media strands involving collaborative interaction (Saheed & Otulugbu, 2020) . Traditional word-of-mouth networks are being extended and expanded by social media. The most powerful and reliable method of disseminating knowledge has always been word of mouth. Anyone who has access to the internet and an opinion can participate in social media. For businesses, this cultural change is a powerful force to be contended with (Sajithra & Rajindra, 2013).

The term "social media" also refers to a set of new types of online communication which involves certain characteristics such as:

Participation: social media invites anyone who is involved to contribute and provide input. The distinction between media and viewer is blurred.

Openness: The majority of social media platforms welcome input and involvement. They promote voting, feedback, and knowledge sharing. There are few obstacles to accessing and using content, and password-protected content is discouraged.

Conversation: Unlike traditional media, which focuses on “broadcast” (the transmission or distribution of news to a large audience), social media is more of a two-way conversation.

Community: Groups can readily form and engage through social networking. Communities are brought together by common interests, like photography, politics, or a beloved television show.

Connectedness: The majority of social media rely on their interconnectedness, using connections to other sites, services, and individuals (Mayfield, 2008).

In the possibility of wide definitions of social media, most academics and practitioners who use the term refer to a particular collection of internet services that have evolved over the last three decades, blogs, social networking sites, micro-blogging, and the like. The advent of these technologies, as well as the specific applications that go with them, is frequently described as establishing Web2.0, which refers to the presence of a class of web-based applications that allowed all users to write and contribute by posting content, and that could be accessed originating from a variety of devices (Treem, Stephanie, Casey, & Diana, 2016).

The word "social media" is also frequently used to refer to emerging types of media that are interactive of which participation is essential. The media's evolution is often divided into two eras: broadcast and print. During the broadcast era, the media was just about completely centralized where a single organization, such as a radio or television station, a newspaper company, or a film production studio, sent messages to a substantial number of people. Indirect, postponed, and impersonal feedback was frequently provided to media outlets. Individuals communicated through media on a much smaller scale, primarily through personal letters, phone calls, or on a somewhat larger scale through means such as the internet (Manning, 2014).

We characterize web-based social networking sites designed to allow users to make a public or semi-public profile inside a structured framework, make a list of other users with whom they interact, and display and explore their own and others' lists of connections. The essence and terminology of these relations can differ from one site to the next (Ellison & Boyd , 2007).

2.2.1.2 History of Social Media

Although researching current and potential social media trends provides the most value, it is also important to consider how social media has changed over time. To provide a better grasp of the basis for use on social media and to catch the attention and essence of historical trends in a conceptual context, some past social media innovations are reviewed below (Lascu, Lindsay, Lalita, & Ajay, 20113). Different social networking sites have different purposes, but the common goal of all of them is to bring people together (Adebiyi & Ogunlade, 2011).

According to Nicole B. Ellison's definition of social media, SixDegrees.com was the first discernible social network platform, which started in 1997 and permitted users to create profiles, add their Friends, and explore the Friends lists beginning in 1998. Both of these elements, of course, existed previously to SixDegrees in other shape or another. Several major dating sites, as well as numerous community forums, featured profiles available. Friends lists were sponsored by AIM and ICQ pal lists, but those Pals were not accessible to anyone. Users might join their senior year of high school or college, and search the network for someone that shared their interests, but they couldn't build profiles or add friends until years later. SixDegrees was the first to bring these elements together.

SixDegrees advertised as an instrument for itself for connecting with others and sending messages. SixDegrees drew millions of subscribers, but it was unable to support itself, and the service was shut down in 2000. According to SixDegrees' founder, the company was actually ahead of its time. Regardless of the fact individuals were migrating to the Internet, the vast majority did not have wide network of online contacts. Early users expressed dissatisfaction with the lack of nothing to do following the acceptance of Friend requests, and that The majority of users were uninterested in meeting strangers (Adebiyi & Ogunlade, 2011).

A variety of community tools started promoting different combinations of profiles and friends who have publicly expressed their feelings between 1997 and 2001. Users could build personal, technical, and dating profiles on sites like AsianAvenue, BlackPlanet, and MiGente. Users could add friends to without access to their personal profiles having to ask for permission. Similarly, ‘LiveJournal' listed one-directional links on user pages immediately after its debut in 1999. The founder of 'LiveJournal' believes he modelled these mates following buddy's instant chatting lists. Friendships are created on LiveJournal so that people can follow each other's journals and maintain their privacy settings (Asare & Frimpong 2016). In addition to these other sites, the Virtual worlds in Korea platform 'Cyworld' debuted in 1999 and included SNS capabilities in 2001. When the Swedish web group 'LunarStorm' In 2000, it relaunched as an SNS, with buddy lists, guestbooks, and diary sites (Ellison & Boyd , 2007).

Ryze.com, which was introduced in 2001 to help people make use of their business networks, was the start of the next generation of SNSs. Ryze's founder claims that he initially introduced the web to his friends, largely from the San Francisco business and technology scene, including the entrepreneurs and investors behind numerous potential social media platforms (Ganiyu, 2019).

Having discussed the previously created social websites before these social media websites were created, the researcher will be giving detailed background of the social media platforms used in this study:

Facebook

One among the most popular and significant social phenomena of the last decade has been the launch and growth of the website for social networking (SNS) Facebook. Facebook records serving one at the conclusion of 2012, there were billions of monthly active users regardless of the fact that it only opened to the public in 2006. Furthermore, 80 percent of these users came from outside the country, and Facebook services are available in 70 languages, making it a truly global forum. Although there are questions about the consistency and dependability of these figures (the number of accounts that are commonly used may vary from the actual number of people using the platform) and neutral information is not available, one can accept that the scale of this SNS is at least significant, and the growth rate remarkable. This rate of increase

has captured the imagination of scientists from a broad range of disciplines. In February 2013, a search on ISI's Knowledge Web for the term "Facebook" yielded 3068 results (Caers, et al., 2013).

Mark Zuckerberg, with the aid of Andrew McCollum and Eduardo Saverin, launched a website in February 2004 that forever transformed online social interaction. Facebook began on the Harvard University campus, where the three friends were professors, with Zuckerberg majoring in psychology. The Facebook had 1200 Harvard University students as members within 24 hours of going online. The Facebook buzz grew on the Harvard campus, and undergraduates from Stanford and Yale exhibited enthusiasm within weeks. The Facebook network was being expanded to cover all Ivy League servers by April 2004 (Charlene, 2007).

Facebook gradually expanded its support to include students from other colleges, and then high school students. Since 2006, anyone claiming to be at least 13 years old has been able to register as a Facebook user, but this requirement varies based on local laws. The name is derived from the Facebook directories that are often distributed to American university students. In February 2012, Facebook went public for the first time, valuing the firm at $104 billion, the highest valuation in the case of a freshly listed public corporation to date. After a few months, it started selling stock to the general public. The majority of Facebook's revenue comes from on-screen advertising (Phillips, 2007).

Instagram

Instagram is a smartphone application for sharing images and videos that is focused on location. Users can add digital filters to their photographs and videos and post them on other social networks and websites using this service. Kevin Systrom and Mike Krieger created the service in San Francisco, California, and it first went live on the iPhone on October 6, 2010. Burbn was the original name of the app, which sought to incorporate many features of common social media services such as Foursquare. When Krieger joined the project, the two programmers agreed to make photo sharing their sole focus (Amaral, 2016). Within the initial couple hours of its release on the Apple App Store, Instagram had gathered 10,000 registered users. Instagram was introduced to Android phones in April 2012, and it has been downloaded over a million times in less than a minute day. Every second, 487

Instagram images are uploaded, with approximately 43 million photos uploaded every day (Tran, 2016).

Users can "like" and comment on photographs, as well as link their Instagram account to other social networking sites and share pictures. Instagram has a location-based embedded feature that enables users to add geo-located data to their posts. Since it makes the content more searchable, adding geographic identity metadata to Instagram gives it economic and social value. The company remained independent until 2012, when it was purchased by Facebook for $1.0 billion (Juliano, 2014).

Twitter

According to The Street Newspaper, Jack Dorsey, Noah Glass, Biz Stone, and Evan Williams founded Twitter in March 2006, and it was launched in the month of July of that year. In 2012, the service processed an average of 1.6 billion daily search queries, with over 100 million users posting 340 million tweets per day. Twitter is a popular free social networking website that enables people to exchange information in a real-time news feed by making short comments about their experiences and ideas. Twitter public messages, known as "tweets," are limited to 140 characters and can include links to blogs, web pages, photos, videos, and any other online content. Despite the brevity of this media tool, it is widely utilized in a range of situations, and ‘thousands of academics and researchers at all levels of expertise and across all disciplines currently use Twitter every day,' (Maclean, Jones, Carin-Levy, & Hunter, 2013).

It's easier to sneak and gather data now that Twitter has an Application Programming Interface (API). Users on Twitter create profiles for themselves. There's also an open profile, which includes the user's full name, location, a web page, a brief bio, and the number of tweets he or she has sent. The people who follow the user, as well as the individuals who follow the user, are listed (The Street, 2020). Twitter has a 20,000 request per hour rate cap. On Twitter, phrases, words, and hashtags that are frequently spoken and fall under the heading of "trending topics" are tracked. Hashtags are made up of words or sentences that begin with the sign #. Essentially, it is a list of the top 10, 20, and 30 words that appear in all of Twitter's tweets. Twitter does not group trending topics. For example, practically every one of the top ten

trending topics during Michael Jackson's death was about him. A substantial percentage of Twitter users (8; 262; 545) participate in trending topics, and roughly 15% of those users participate in more than 10 topics during the course of four months (Omofonmwan, 2012).

WhatsApp

Jan Koum and Brian Acton, who'd already worked extensively at Yahoo for a whopping 20 years, started WhatsApp. WhatsApp joined with Facebook around 2014, but it is still an apartheid with the goal of building a global messaging service that works swiftly and consistently (WhatsApp, 2021).

Instant messaging (IM) is a type of communication that sort of internet-based communication tool that enables users to construct private or group chat rooms. WhatsApp is among the most popular exciting instant messaging apps available today (Kamboj & Manoj, 2014). WhatsApp is a smartphone instant messaging service that works across platforms. It allows users to send and receive data real-time location information, pictures, videos, audio, and text messages to individuals as well as groups of friends for free. WhatsApp now processes over 10 billion messages each day and is one of the most popular premium mobile apps available. WhatsApp Messenger is now available the iPhone, Blackberry, Android, and Windows Phone, and these gadgets may all communicate with one another (Mahajan, Dahiya, & Sanghvi, 2013). It utilizes the same internet information as email and browsing, and messages are free. In addition to simple talking, it lets users to share and receive geolocation data, photographs, video, audio, and sending real-time text messaging to individuals and groups of people (Kamboj & Manoj, 2014).

Telegram

According to Forbes, Pavel Durov is the inventor and proprietor of Telegram, a messaging app with over 500 million users globally, according to Forbes. Telegram has been made free to use by Durov, and it competes with chat programs such as WhatsApp, which is owned by Facebook. Since he also founded Vkontakte, Russia's largest social network, Durov is known as Russia's Zuckerberg. He established Vkontakte at the age of 22 and sold a 12 percent for a share in the social network $300 million in 2015. Pavel and his brother Nikolai Durov secured $1.7 billion from

investors in 2018 to launch TON, a blockchain-based Telegram system (Forbes, 2021).

Telegram prioritizes speed and security since it is simple to use, quick to upload and download files, and simple to connect with other members. Furthermore, its cloud-based solution provides constant access to content shared across multiple channels and organizations. It also has the ability to synchronize encrypted data across a substantial number different data centres. The Telegram application is compatible with a number of operating systems and devices. Signing up is simple, as it only requires the user's cell number and a verification code, which is delivered to them through text message. The program can be adjusted in terms of appearance and security settings after logging into the system. The application can import contacts from the user's phone book (Faramarzi, Hossein, & Azizeh, 2019).

2.2.1.3 Benefit of Social media platforms to the Health Sector.

The significance social networking websites cannot be overstated, as it has been put to many uses by various persons and groups for various goals (Gambo & Akupe, 2017). Social media platforms have now become essential in order to improve health literacy and overall health outcomes (Fayoyin, 2016). They've now created a forum where people can talk about their medical problems without having to go to the doctor's office. Patients and their family use prominent social media sites to share their experiences and results, as well as to educate others who are suffering from similar ailments. For those living with a condition, social media platforms give a space for sharing personal experiences, asking questions, and receiving direct feedback. One among the most popular and important applications of social media applications in the field of health is: Health care practitioners and patients have access to educational resources (Singh, Ankita, Rai, & Gaurav, 2016).

Patients' searches for healthcare information on social media platforms and the internet vary. Ailments that affect the individual in question or a relative are the most frequently searched phrases (Alma, Iuliana, & Gheorghe, 2015). Furthermore, the overwhelming majority of people looking for healthcare data from the internet are trying to fill a gap in their knowledge or emotional support. Healthcare organizations are rapidly adopting social media platforms to engage patients and the general public (Facebook, Twitter, WhatsApp, Telegram, and Instagram). As a result, online

behaviour has shifted from one-way information broadcasting to two-way, relationship-oriented communication. Furthermore, healthcare practitioners are the best candidates to initiate online dialogues on healthcare issues because of customers' trust in physicians and the enormous reach of social media. Social media platforms, for example, allow doctors to respond to questions from a substantial number people at once (Alma, Iuliana, & Gheorghe, 2015).

Data gathering and disease surveillance, health information management and point of care, treatment compliance, and emergency response are all examples of E-Health interventions. Health information transmission, health care monitoring, health care worker training, disease outbreak tracking, and diagnostic support are some of the other applications (Fayoyin, 2016) . However, few researches have looked into attitudes and experiences of doctors with social media in healthcare. Despite evidence of increased usage numerous medical professionals use social media practitioners and organizations, it is still in its infancy and underutilized in the field of healthcare, and there is widespread scepticism and suspicion of social media's utility in healthcare. Although few researches looked at healthcare professionals' the use of social media majority of them focused on uncovering patterns of use and physicians' familiarity with social media technologies. Only a few researches have looked into the potential benefits and drawbacks of physicians using social media. There is still a dearth of awareness about how to effectively use and utilize social media, the benefits and obstacles, and what is required to improve the capacity of social media projects in healthcare communications (Panahi, Watson, & Partridge, 2014).

Researchers are also concerned about the use of cell phones for health delivery, particularly because of the lack of infrastructure support. As a result, they argue that cell phones should not be used viewed as a solution for developing countries' health problems. Another study identifies the following barriers to using mobile phones for health communication: expense, limited mobile phone access, content limitation, and limited personalization of health information (Fayoyin, 2016) . Based in relation to the previously discussed healthcare context, healthcare organizations use social media to collect information on patients' attitudes, actions, and behaviors; to distribute information to a broad audience in addition to websites, news portals, and other communication channels; and to engage patients and organizations on healthcare-related topics, resulting in a public discussion that anybody can see (Alma,

Iuliana, & Gheorghe, 2015) . The qualities of these networks have aided in the transformation of how organizations connect with patients in terms of user-generated material, the ability to build communities, the rate at which information is transmitted is disseminated, as well as the ability engage in an open, two-way discussion (Alma, Iuliana, & Gheorghe, 2015).

Numerous medical establishments (healthcare facilities, hospitals, physician laboratories, chemists, drug manufacturers, etc) have Facebook pages, Twitter accounts, and YouTube channels whereby they share healthy lifestyle tips, treaty bodies research, and perhaps even educational games. Patients with various ailments build online groups to share information about their therapies, day-to-day challenges, and other relevant information. According to the PwC Health Research Institute 2012, one-third of consumers use social media for health-related concerns. However, one-third of customers polled said they wouldn't mind having their social media interactions monitored if it meant they could learn more about how to improve their health or better coordinate their care (Ventola, 2014).

Allowing a variety of content formats (text, photos, multimedia), Enable high-speed and large-scale reach for information sharing and distribution, provide different levels of communications: one-to-one, one-to-many, and many-to-many, allow synchronous real-time and asynchronous communication, easy to access with computers, tablets, and mobile devices and does not require particular IT skills. It is almost free of charge, and so on are all features of social media that provide social media with the potential to facilitate communication and information exchange among healthcare professionals themselves and their consumers. As a result, through clinical trial recruitment and research collaboration, **s**ocial media can be beneficial to speed up innovation. In addition to monitoring patients and populations and managing care and wellness, it can have a substantial impact on health outcomes. Healthcare organizations, physicians, and other care providers are employing this strong set of tools at various levels and from many viewpoints, regardless of the fact that they were late to the game. There is sufficient data to support the notion that the use of social media in health care is on the rise. For example, over the previous four years, the quantity of papers indexed on PubMed has roughly doubled each year (Singh, Ankita, Rai, & Gaurav, 2016).

2.2.2 Concept of COVID-19

The coronavirus disease 19 (COVID-19), formerly known as the 2019-novel coronavirus (2019-nCoV), is a highly transmissible and pathogenic viral illness caused by a new coronavirus strain known as Coronavirus type 2 which, first appeared in Wuhan, China, and has since spread worldwide (Sheeren, Khan, Kazmi, Bashir, & Siddique, 2020). SARS-CoV-2 belongs to the Coronaviridae family and the Nidovirales order. Coronavirinae and Torovirinae are the two subfamilies of the family, and members of the Coronavirinae subfamily are divided into four genera: HCoV-229E and HCoV-NL63 are examples of Alphacoronavirus; HCoV-OC43, SARS-HCoV, HCoV-HKU1, and MERS-CoV are examples of Betacoronavirus. Viruses that infect whales and birds are known as gammacoronaviruses. A collection of viruses seen in pigs and birds are known as deltacoronavirus. SARS-CoV-2 is a part of the Betacoronavirus family, which also includes the exceedingly hazardous viruses SARS-CoV and MERS-CoV. SARS-CoV-2 is a virus with a single strand of RNA which is enveloped and positive-sense (+ssRNA) (Harapan, et al., 2020).

The World Health Organization will hold its annual meeting in December 2019 (WHO) received reports of clusters of pneumonia patients with unclear origins in Wuhan, Hubei Province, China. The causal agent was later identified as a unique strain of Coronavirus (SARS-COV 2) by Chinese officials. Many of the first patients were either market stall owners, market personnel, or regular market visitors. Environmental samples collected in December 2019, shows that samples from this market tested positive for SARS-CoV-2, implying that the market in Wuhan City was the source of the outbreak or played a part in it. On January 1st, 2020, the market was closed. Following the advice of the International Health Regulation Emergency Committee, the WHO Director-General designated the COVID-19, On January 30, 2020, a Public Health Emergency of International Concern (PHEIC) would be declared and classified as a pandemic on 11 March 2020 (Ajisegiri, Odunsanya, & Joshi, 2020).

According to Oyeranti & Sokeye (2020), the virus was given the name Covid-19 by the WHO on February 11th, 2020. Coronavirus Disease of 2019 is an acronym that stands for Coronavirus Disease of 2019. The disease's symptoms were similar to the symptoms of a regular cold. Fever, coughing, lack of breath and loss of smell are among them. However, the repercussions are more serious than the symptoms, since

It may result in pneumonia, viral sepsis, ARDS, kidney failure, and other consequences. According to the individual's health situation, the complications are stated to worsen over time.

Patients who had contracted this ailment had worked or lived in the nearby Huanan Seafood Wholesale Market from December 8th, 2019." (Harapan et al 2020; p3). Even when compared to the People's Republic of China, where the number of COVID-19 deaths totalled over 3,000 cases, including potential re-infections, Italy had the highest COVID-19 fatality rate in the world. COVID-19 has caused 570,000 illnesses and 26,000 fatalities worldwide. According to the World Health Organization (WHO), the number of COVID-19 positive cases in Spain is on the rise, with 64,000 cases infected and 5,000 deaths as of March 28, 2020. COVID-19 has caused 85,000 cases and 1,200 deaths in the United States in just a few days; Germany has 48,000 confirmed cases, while France has 32,000 cases with 600 deaths. After a brief reprieve with 9,000 COVID-19 cases and only 140 deaths, the infection has resurfaced in South Korea, with the number of reported cases steadily increasing (Giuseppe & Rossella, 2020) . Africa had around 16,829 confirmed cases and 748 deaths, according to the World Health Organization (2020).

As of June 7, 2020, there are over seven million cases worldwide, with the United States (over two million cases), Brazil (over 700,000 cases), Russia (over 500,000 cases), and Africa are the countries with the most cases (over 54,000 cases) bearing the brunt. The Coronavirus Preparedness Group was formed in Nigeria on January 31 as a result of the WHO statement (a country with 36 states and a Federal Capital Territory [FCT]). Nigeria is one of 13 African countries with a high risk of the spread of COVID-19, according to the WHO. Nigeria is also one among the most popular vulnerable African countries due to the state of its healthcare system (Amzat, Victor, Ayodele, Ogundairo, & Danjibo, 2020).

Nigeria is one of the 210 nations in the world that have been affected. On February 27, 2020, the first case was confirmed in Lagos. The index case was a 44-year-old Italian man who arrived to a medical facility on February 26, 2020, after travelling from Milan on February 24, 2020. After much investigation it was confirmed that, 216 people were proposed as significant contacts who needed to be informed. One of the surviving 176 contacts COVID-19 was found to be present, on

March 9, 2020, despite 45 of them traveling outside of Nigeria (Ajisegiri, Odunsanya, & Joshi, 2020).

According to the Nigeria Centre for Disease Control (NCDC) situation report, four new COVID-19 confirmed cases were reported in Nigeria on March 19, 2020. Nigeria had a total of twelve (12) confirmed cases of COVID-19, with all four additional cases occurring in Lagos. One had previously travelled to the United Kingdom; another to France; the third case is a contact to one of the previously verified cases; and the fourth patient had no prior travel history. The National EOC is collaborating with the Lagos State EOCs to find new case contacts. Apart from the index scenario, there are a total of 91 patients (22 new) were examined for COVID-19 in 13 states (Edo, Ekiti, Enugu, FCT, Kano, Lagos, Ogun, Rivers, Yobe, Katsina, Akwa Ibom, Nasarawa, and Ondo), with 63 testing negative and ruled out, 17 results awaiting, and eleven confirmed positive. Once, the index case was found to be negative. He will be released if he has a second negative test in a row. A total of 607 passengers of interest (POI) have been identified and are being tracked. At level 3, National response actions are still being coordinated by a multi-sectoral national emergency operations center (EOC).

Due to the virus's widespread spread, Nigeria's federal government took steps to contain it. The virus's accessible information and the well-being of her citizens served as guiding beacons in enforcing periodic limits to maximize containment. Before containment measures were expanded to non-essential services, educational and religious institutions were the first to be limited (Onyeji, 2020) . President Buhari formed a 12-member task committee to lead the fight against COVID-19 in Nigeria. Mr. Boss Mustapha, the Secretary to the Federal Government, chairs the Task Force, while Dr. Sani Aliyu is the group's National Coordinator (Ameh, 2020) . The task force's goal is to come up with a practical National Response Plan that can be updated on a daily basis as needs evolve. The approach must adhere to worldwide best practices while also considering the country's unique conditions. The Task Force has six months to complete its mission (Ailemen, 2020).

Although the initial actions of the government's many institutions and agencies demonstrated a lack of preparedness to tackle the virus, the subsequent actions have been amazing. This is visible in the present pandemic outbreak in Nigeria, which

began in February 2020. Despite the fact that the spread potential has yet to be accurately determined, the containment technique has shown to be fairly effective. Increased travel was a major contributor to the virus's global spread; modern transportation networks made it easy for travelers to spread the virus, so the inter-state travel ban was an appropriate containment measure (Abdulazeez, 2020).

Only persons who have been tested can be easily identified as infected due to the nature of the symptoms. COVID-19 has been confirmed in an increasing number of persons, according to test results. Though many people recover from the infection, those who have yet to be tested are the ones who are most concerned. Because of the ease of transmission and the high amount of interaction among the general public, confirmed cases represent a small percentage of the total number of cases. The daily pace of newly confirmed cases demonstrates this. According to NCDC's daily statistics, Lagos State, which has the highest population density in Nigeria, had the highest number of confirmed cases (Oyeranti & Sokeye, 2020).

2.2.2.1 Fake Dissemination of Information on Social Media Platforms on COVID-19 Pandemic.

Fake news about the COVID-19 epidemic is on the rise on social media. It mostly disrupts public health communication and causes widespread worry. Meanwhile, a few studies dealing with social media fake news have already arisen in the scholarly realm as a quick response (Al-Zaman, 2021) . For many people, social media has become a key source of information as a result of the development of social media technologies and the widespread use of smart terminals. False information, on the other hand, can spread quickly since information is generally accessible and promptly available, but it is not always reliable. In an unregulated maze, information structures based on erroneous hypotheses can readily make their way to a native audience, resulting in the construction of many myths before facts can be conveyed, (Gupta & Ashish, 2020) this might have terrible social consequences as well as substantial economic losses. As a result, mitigating the negative impact of incorrect information has become a pressing concern (Hui, Heng, Jin, Gang, & Hui, 2018). When it comes to fake news, people have differing viewpoints. Although fake news may not be a major issue for many people, a number of academics have suggested that it can have an impact, and a number of studies have looked into whether people can tell the

difference between fake and real online news, with the majority of findings indicating that participants have difficulty doing so (Yunong, 2019).

Social media has not only been a platform for news and information distribution, but has been also a way of spreading panic, anxiety and uncertainty by the people to the people despite having been cautioned not to partake in social media abuse through spreading disinformation. This is largely due to the fact that anyone may utilize social media, therefore unverified and false information can be spread without fear or favour (Obi-Ani, Chinenye, & Mathias, 2020). Social media and information dissemination are "bubble filters," (González-Padilla & Tortolero-Blanco, 2020), that describes a "personalized ecosystem" geared toward the user, in which algorithms predict the user's preferences and produce results that are similar to their likes based on data collected from the same user. These bubbles create a loop of similar content, preventing the consumer from comparing information from various sources. This concept applies to any circumstance or illness that is researched on the internet or on social media sites like Facebook and Twitter (González-Padilla & Tortolero-Blanco, 2020).

The widespread distribution of misleading news on social media regarding the virus's origin, how it spreads, safety recommendations, and remedies is unique to online material on the novel coronavirus pandemic. Due to the extreme extensive transmission of fake news concerning COVID-19, it's an interesting case to look into from the standpoint of the knowledge gap hypothesis because it allows for the evaluation of not just a wide range of knowledge, but also sensitivity to disinformation (Gerosa, Gui, Hargittai, & Nguyen, 2021). As the COVID-19 epidemic progressed, social media platforms grew in importance as a means of socializing as well as finding and sharing disease-related information. As a result, an explosion of unregulated information and the propagation of disinformation occurred. During the crisis, social media usage soared by 20–87 percent all around the world. On a daily basis in March 2020, an average of 46 000 news posts on Twitter in Italy were misleading and linked to mis (dis)information about the situation. Some stories claim that 5G technology is to blame for the pandemic, or that the virus can be transmitted by mosquito bites. As potential treatments, chloroquine, cow urine, and hot water were all mentioned. Hundreds of Iranians have perished from poisoning as a

result of a social media claim that neat alcohol can treat cancer. COVID-19 (Naeem, Rubina, & Aqsa, 2020).

Laato et al and Pennycook et al discovered that "a person's trust in online information and perceived information overload are key predictors of unverified information sharing" in their two studies with over 1,600 respondents." Their findings demonstrate that many people simply do not assess the news for its truth value before sharing it (Al-Zaman, 2021) . In comparison to the traditional model of news dissemination, in which a responsible editor or reporter is held accountable for investigating the source of the information, using common sense to judge its credibility, and further investigating if the story appeared to be false, social media networks such as Facebook have made accessing and sharing information even easier. Readers could also look for peer-reviewed information sources or mainstream media from a range of sources. It's unclear how many users are prepared to put in the time and effort to double-check information they see online (Pourghomi, Safieddine, Masri, & Dordevic, 2017).

2.3 THEORETICAL FRAMEWORK

2.3.1 Framing Theory

Framing can be defined as a process in which specific aspects of reality are selected and given greater focus or importance, in order to describe the problem, diagnose its sources, imply moral judgments, and recommend acceptable remedies and actions (Entman, 1993). The speaker, such as a legislator or a media source, uses words, images, ideas, and presentation techniques known as frames in communication or media frames to convey relevant information or event to an audience. The speaker's preferred frame reflects what he or she thinks is important to the subject at the moment (Chong & Druckman, 2007).

Gregory Bateson initially proposed the concept of framing in 1972. He characterized psychological frames as a type of metacommunication that acts as a "spatial and temporary boundary of collection of interacting messages." The practice of thinking about news items and story content within familiar context is referred to as framing (Bateson, 1972) . Frames give emphasis to certain parts of reality at the expense of others, so we must consider what is portrayed and what is left out while defining them. Thus, framing is present not only in the journalist's head when he

writes the news report, but also in the news report that he constructs, reaching the reader through a decoding process that is required to comprehend the news report and the reality to which it refers (Ardèvol-Abreu, 2015).

According to framing theory, how something is presented to an audience (referred to as "the frame") has an impact on the decisions people make about how to interpret that information. Frames are abstractions that help organize or arrange the meaning of a message. The most prevalent application of frames is in the news or media's framing of the information they transmit (op cit). According to framing theory, the media creates this frame by providing news items with predetermined and limited context. Frames can be used to aid comprehension or as cognitive shortcuts to connect stories to the wider picture (Arowolo, 2017).

Framing theory relating to this study, is a higher version of agenda-setting theory in the sense that this theory has the ability to register a particular issue in the mind of the audience by creating an image or frame when it is repeated. For instance COVID-19 is known as a world health problem, the World Health Organization (WHO) and Nigeria Centre for Disease Control (NCDC) put up daily reports that give its audience daily updates on the issue on all media platforms through the help of the media houses inclusive social media platforms such as Facebook, Instagram, WhatsApp, Telegram and Twitter, they made use of pictorial updates with numbers and colors to identify the death rate, recovery rate and infected rate which was posted on a daily basis from their official social media page and websites so people could keep track of what was going on. Seeing all the pictorial illustrations posted from Nigeria Centre for Disease Control (NCDC) and World Health Organization (WHO) on a daily basis and being broadcast through the help of media houses would register automatically in the mind of the audience, thereby creating an image or frame for conveying information about COVID-19.

The type of frame or image the pictorial illustrations have created is for the sole purpose of creating awareness among members of the society. It has created fear, which can be either good or bad I.e the good fear would make people to be extra conscious thereby changing their attitude and practices towards how they go about their daily activities in order to prevent themselves and families from contacting the

virus, while the bad fear, could make other members of the society not believe the figures, as they think they are being changed or inflated by the government.

2.3.2 Agenda Setting Theory

The agenda setting theory is a theory that examines how the media influences the public's perception of a certain problem. The major emphasis or primary topic that the members of society or the general public are concerned about is referred to as the public agenda (McCombs & Valenzuela, 2007) . This theory elucidates the link in terms of correlations between the media's emphasis on an issue and media audiences' or the general public's reaction or attributes to that issue (Zain, 2017).

The news media's agenda-setting function includes not just directing public attention to a specific set of issues, but also shaping our understanding and opinions on those issues (McCombs & Valenzuela, 2007) . The agenda setting theory is a critical theory in not just mass communication but also allied social science fields like political communication. The agenda setting hypothesis begins with an explanation of how the media influences political behaviour patterns (Zain, 2017).

The agenda-setting theory relating to this study, focuses on the media and its influence on the masses and how the media doesn't tell the audience how to react or respond, rather they convey information. As the masses are given information on daily basis through the use of various media platforms such as Radio, Television, Newspapers, E-news and social media platforms about COVID-19, they make COVID-19 an issue of public agenda. For instance, as Nigeria Centre for Disease Control (NCDC) and World Health Organization (WHO) keep on laying emphasis on COVID-19, how the virus spreads and the preventive measures with the help of the media houses and social media platforms, people keep seeing this information but the media at the same time does not repeat the information as much as framing theory would, rather they are only focusing on the important issue at hand that is COVID-19 and relaying the message to the masses and this may or may not influence their attitude and practices but it one way or another registers at the back of their heads, thereby making it a public agenda or issue.

2.4 EMPIRICAL REVIEW

According to a study conducted by Mbachu, et al. (2020) on "COVID-19 infection: Knowledge, attitude, practices, and impact among healthcare workers in a

South-Eastern Nigerian state" it was revealed that most people had excellent knowledge about COVID-19 including health care practitioners who took part in the study , others believe it was a plot to from the Government and it was a divine punishment from God, some others learned about COVID-19 from lectures, friends and family and print media. Health workers had a high level of COVID-19 infection prevention practice. Knowledge had no bearing on attitude, and attitude had no bearing on practice.

According to a study conducted by Olapegba, Samson, Olusola, & Rotimi (2020) on "COVID-19 Knowledge and Perceptions in Nigeria" it was revealed that the respondents' knowledge of the source of COVID-19, transmission of COVID-19, symptoms of COVID-19, preventive behaviour toward COVID-19, fatality rate of COVID-19, and what the major sources of information about COVID-19 are among Nigerians were significantly high. Nigerians believe the COVID-19 is a biological weapon developed by the Chinese government, a small fraction felt that the hot weather in Africa, as well as the usage of gins, herbs, and African cuisines, as well as chloroquine and antibiotics, would be effective in preventing the pandemic from spreading. They asked clerics at all levels to educate members of their faiths about the COVID-19 since Nigerians had a pretty high understanding of the COVID-19, despite the fact that it was rife with misconceptions. They also had a reasonably high understanding of precautionary conduct. For example, a large majority thought that a variety of WHO-approved worldwide practices like as hand washing and social distance, sanitizing contaminated surfaces, halting schools and public events, and fumigating public areas were critical in stopping the virus's spread.

According to a study conducted by Bates, Ana, Jaime, Carolina, & Mario (2020) on the "Knowledge, Attitudes, and Practices Towards COVID- 19 Among Ecuadorians During the Outbreak: An Online Cross- Sectional Survey" it was revealed that Ecuadorian individuals had a significantly lower rate of COVID-19 knowledge, demonstrating that there is still a lot of room to educate the public about SARS-CoV-2/COVID-19. Medical masks were promoted for their role in reducing the spread of the virus that causes COVID-19 and the differences between symptoms of the common cold and COVID-19 were frequently confounded.

According to a study conducted by Isah, et al. (2020) on “Corona Virus Disease 2019 (COVID-19): Knowledge, attitudes, practices (KAP) and misconceptions in the general population of Katsina State, Nigeria” it revealed that most people had a good level of understanding of the clinical symptoms, method of transmission, and disease control methods. The outcome was unsurprising given that the study was done during the implementation of active COVID-19 control measures, such as the lockdown, which impacted every individual in the state and people with internet access had a high level of COVID-19 knowledge and their educational level may also indicate their source of disease information and how they interpreted it. The various channels additional COVID-19 information was incorporated into via which these folks obtain information include FM radio stations and local television stations.

They also discovered that individuals with a negative attitude toward the government had worse COVID-19 behaviours in terms of wearing a face mask and hand washing. As a result, it's vital to address the causes that contribute to negative sentiments against the government, as they could jeopardize the fight against COVID-19.

According to a study conducted by Hager, et al. (2020) on “Knowledge, attitude, and perceptions towards the 2019 Coronavirus Pandemic: A bi-national survey in Africa” it revealed that most people had a sufficient understanding of the disease and how to prevent it. This was due to the fact that both countries (Nigeria and Egypt) have a well-educated population (bachelor/degree master's holders), with the majority of respondents being between the ages of 18 and 39, and an average knowledge indicated that the majority of respondents were knowledgeable on COVID-19. The participants' primary sources of information were the internet (social media platforms accounted for (84 percent) and television (44 percent).

Hand washing and other preventive actions are important in minimizing the risk of infection, according to all of the respondents. In a separate study done in China, the majority of people followed health recommendations, with only a few going to busy venues or going outside without wearing a face mask. In their study, most people thought self-isolation was important and beneficial, therefore they avoided venues where COVID-19 cases were confirmed. The discovery could explain why Egypt and Nigeria had a lower number of cases than expected.

CHAPTER THREE

METHOD OF STUDY

3.1 STUDY DESIGN

This chapter intends to give an overview of what research method the researcher intends to use in this study. The researcher adopted descriptive survey as the research design, this simply comprises of questionnaire and personal interview. The descriptive survey is the primary source of information. The questionnaires were administered to Covenant University staff in finding out their knowledge level, attitude and practices towards COVID-19. The interview was conducted with the medical health director of Covenant University Health Centre.

3.2 POPULATION OF STUDY

The population of the study comprises of Covenant University staff. According to Data collected from Covenant University Registry 2021, The total population of Covenant University staff is 800.

3.3 SAMPLE SIZE

The researcher generated a sample of 266 respondents using Taro Yarmanie Sample Size calculator. Also, a senior medical director of Covenant University Health Center was chosen for a personal interview. Thus, the total respondents for personal interview were one (1) and the total number of questionnaires that were administered were 266.

3.4 SAMPLING TECHNIQUE

This researcher adopted *Multistage sampling* technique in general, this is because Multistage sampling is a sampling approach for doing research that splits the population into groups or clusters. Significant clusters of the selected people are broken into sub-groups at various points during this sampling process to make primary data collecting easier (Sedgwick, 2015) . This is because the researcher is making use of more than one sampling technique in order to distribute the questionnaires effectively and get a meaningful result.

Convenience sampling is a method used mostly by researchers to generate market research data from a widely accessible range of respondents (Question Pro, 2021) .

The researcher made use of this sampling technique to ensure the fast and accessible recovery of the questionnaires, by going to their colleges and various places of administration and distributing it to the available staff at that point in time.

Purposive sampling, also known as judgment, selective, or subjective sampling, is a sampling method in which the researcher chooses members of the population to participate in the study based on his or her own discretion. Purposive sampling is a type of non-probability sampling in which "components chosen for the sample are picked by the researcher's judgment (Tongo, 2007). The selection of respondent for the personal interview was *purposively* chosen based on the researcher's judgement. The chosen candidate was the medical health director of Covenant University health centre.

3.5 INSTRUMENTS OF DATA COLLECTION

The research instruments used for data collection in conducting this research were survey and the use of personal interview.

Questionnaire: A questionnaire is under survey which, is a set of questions that are asked of people in order to gather statistically relevant information on a specific subject. When properly formulated and administered, questionnaires become an important tool for making claims about particular groups, individuals, or whole populations (Roopa & Rani, 2012).

The questionnaire method for this study was divided into three sections: the first section was based on general knowledge and attitude towards COVID-19, the second section was based on the influence of social media platforms on COVID-19 among Covenant University staff and the third was based on fake news dissemination on COVID-19 on social media platforms among Covenant University staff.

Personal interview: Selected professional from the health sector would be used in this aspect of the research. The medical health director of Covenant University health centre would be engaged in a series of questions and answers which would be useful information in response to some of the research questions and objectives.

The researcher carried out a pilot test (pre-testing) of the Questionnaires that would be used for this study, to see if the questionnaires answered the research questions properly.

3.6 VALIDITY AND RELIABILITY OF INSTRUMENT

Validity refers to how well the information gathered corresponds to the subject of the inquiry. Validity is described as "measuring what is supposed to be measured." (Hamed, 2016).

In order to conduct a valid and reliable study, the questionnaires and the personal interview conducted by the researcher has to be properly reviewed and investigated by the supervisor to ensure that the questions being administered follow the objectives and research questions stated in chapter one.

3.7 METHOD OF DATA PRESENTATION AND ANALYSIS

The data for this study was analyzed in order to answer the research questions. Using the Statistical Product and Services Solution (SPSS), the descriptive data collected during the fieldwork were compiled and presented in the form of tables, charts, and figures.

CHAPTER FOUR
DATA PRESENTATION AND ANALYSIS

This chapter presents and analyses data gotten from the 266 copies of the questionnaire that were administered to respondents who were Covenant University staff. Out of 266 copies that were administered, 200 copies were filled and returned. This simply means 75.19% returns with 66 missing data.

Below are the summaries and analyses of the data:

4.1 STATISTICAL DATA

These are findings drawn from the questionnaire:

4.1.1 Demographic Questions

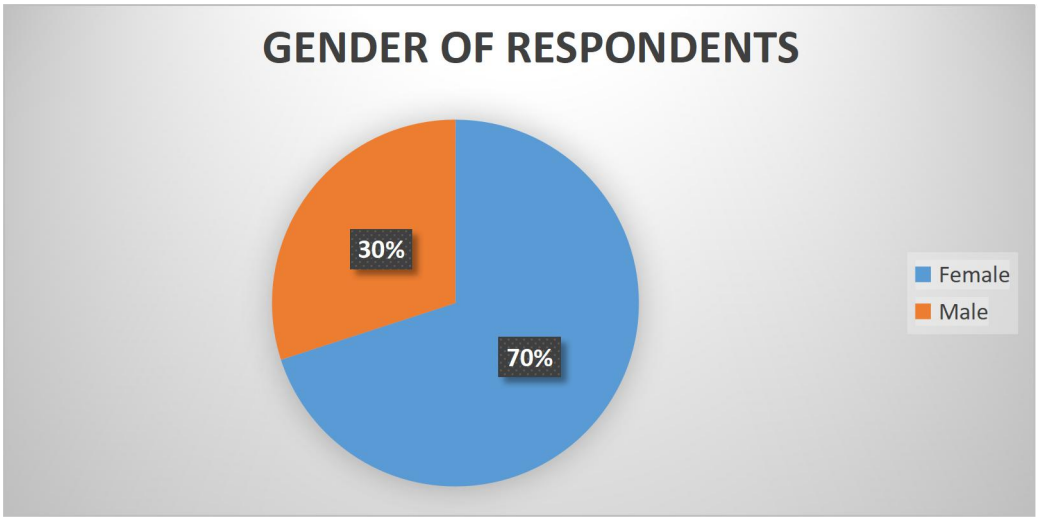

Figure 4.1: Gender Distribution of respondents

The demographic distribution for gender, with 70% of the respondents being female, and 30% of them being male.

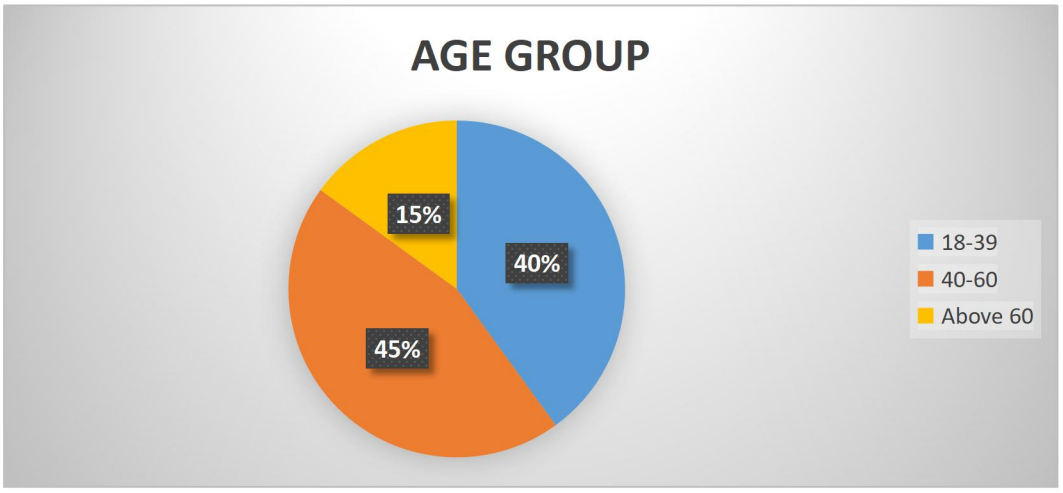

Figure 4.2: Age groups of residents

The demographic data for age, with 40% of the respondents falling between eighteen and thirty-nine, 45% falling between forty and sixty, 15% falling above 60 years of age.

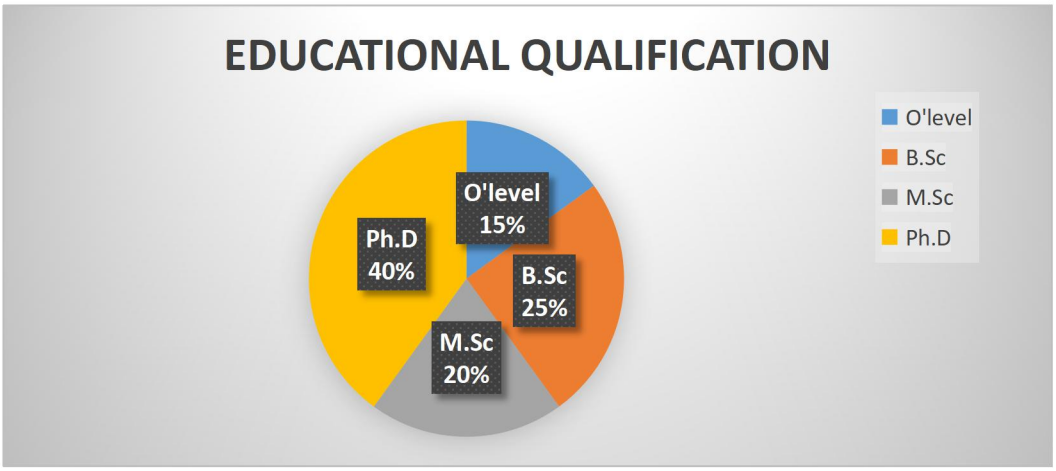

Figure 4.3: Educational qualification of respondents

The demographic data for highest educational qualification, with 15% of the respondents possessing O'Level certificate, 25% of them possessing B.Sc. Degrees, 20% of them possessing M. Sc. Degrees, and 40% of them possessing Ph.D. Degrees. This indicate the highest number of the respondents was literate either of the graduate or post-graduate cadre.

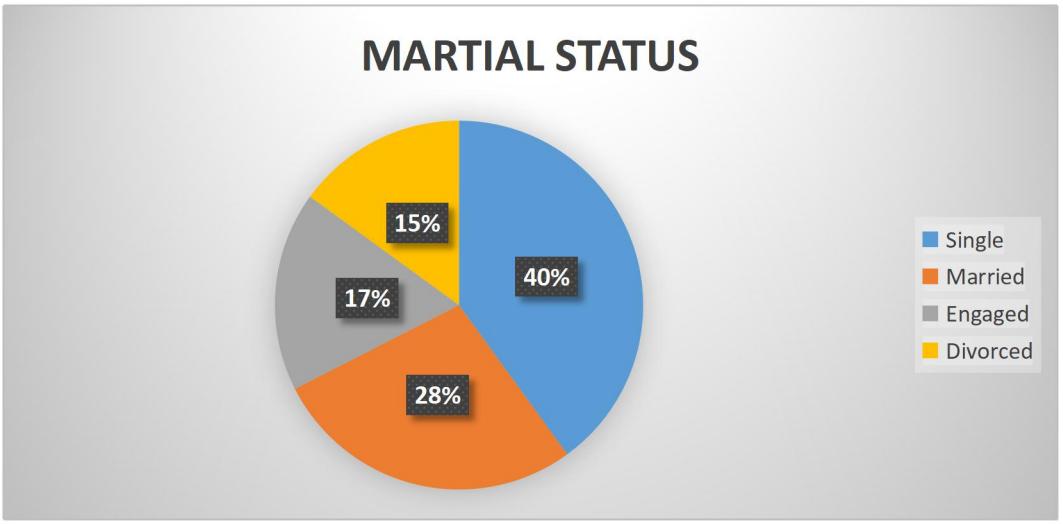

Figure 4.4: Marital statuses of respondents

The demographic data for marital status, 40% of the respondents being single, 28% of them being married, 17% of them being engaged and 15% of them being divorced.

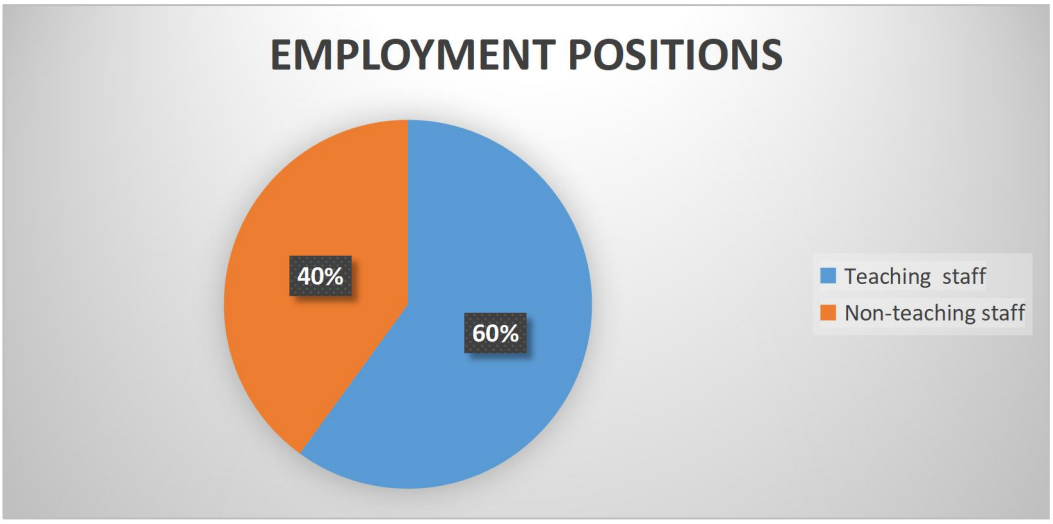

Figure 4.5: Employment positions of respondents

The percentage of Teaching and Non-teaching staff that responded to the questionnaire, 60% of the respondents are Teaching staff, 40% of the respondents are Non-teaching staff.

4.1.2 Analysis of section A, B and C

Research Question 1

To what extent do social media platforms create awareness of covid-19 among covenant university staff?

To answer this question, items 6, 7, 8 and 3 of section B of the questionnaire were examined.

Item 6: Do you know about COVID-19?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	64	32%
Agree	62	31%
Undecided	30	15%
Disagree	25	12.5%
Strongly Disagree	19	9.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.1: Percentage of people that know about COVID-19

In table 4.1, 63% respondents strongly agree and agree that they knew about COVID-19, 15% of the respondents were undecided, 22% of the respondents strongly disagree and disagree. The results above show that majority of the respondents knew about COVID-19, which represented 63%.

Item 7: How did you know about COVID-19?

RESPONSES	FREQUENCY	PERCENTAGE
Social media platforms	85	42.5%
Word of mouth	65	32.5%
Accidentally	30	15%
Never heard of it	20	10%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.2: Discovery of awareness about COVID-19

In table 4.2, 42.5% of the respondents knew about COVID-19 through social media platforms, 32.5% of the respondents knew through word of mouth, 15% of the

respondents knew accidentally and 10% have never heard about COVID-19. The results above show majority of the respondents got to know about COVID-19 through social media platforms, which represented 42.5%.

Item 8: What social media platform did you get your information from?

RESPONSES	**FREQUENCY**	**PERCENTAGE**
Facebook	67	33.5%
Twitter	56	28%
Instagram	30	15%
Telegram	20	10%
WhatsApp	20	10%
Others	7	3.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.3: Social media platform information source

In table 4.3, 33.5% of the respondents get their information about COVID-19 through Facebook, 28% of the respondents get their information through Twitter, 15% of the respondents get their information from Instagram, 10% of the respondent get their information from Telegram, 10% of the respondents get their information from WhatsApp and 3.5% of the respondents get from information other platforms. The results above show majority of the respondents get their information from Facebook, which represented 33.5%.

Item 3 of section B: Does social media platform create enough awareness about COVID-19?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	50	25%
Agree	69	34.5%
Undecided	45	22.5%
Disagree	35	17.5%
Strongly Disagree	1	0.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.4: Social media creating enough awareness about COVID-19.

In table 4.4, 59.5% of the respondents strongly agree and agree that social media created enough awareness about COVID-19, 22.5% of the respondents were undecided about social media creating enough awareness about COVID-19, 18% of the respondents strongly disagree and disagree that social media created enough awareness about COVID-19. The results above show majority of the respondents strongly agree and agree that social media created enough awareness about COVID-19, which represented 59.5%.

Research Question 2

What is the knowledge level of Covenant University staff on COVID-19?

To answer this question, item 9 of section A and item 1, 2 of section B of the questionnaire were examined.

Item 9 of section A: With your knowledge about COVID-19, can you identify two (2) common symptoms of COVID-19 from the options below by double ticking?

RESPONSES	FREQUENCY	PERCENTAGE
Measles	12	6%
Fever	80	40%
Chickenpox	8	4%
Sore Throat	100	50%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.5: Respondents who can identify COVID-19 symptoms

In table 4.5, 6% of respondents picked measles only, 40% of respondents picked fever only, 4% of respondents picked chickenpox only and 50% of respondents picked sore throat only. A total of both Fever and sore throat seeing they were the highest picked gave a total of 90% out of 200 responses.

Item 1 of section B: Social media platforms are used to share information about COVID-19 than Television?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	56	28%
Agree	49	24.5%
Undecided	40	20%
Disagree	35	17.5%
Strongly Disagree	20	10%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.6: Social media platforms are used to share information about COVID-19

In table 4.6, 52.5% of the respondents picked strongly agree and agree, 20% of the respondents picked Undecided, 27.5% of the respondents picked strongly disagree and disagree. The results above show majority of the respondents strongly agree and agree that social media platforms are used to share information about COVID-19 than television, which represented 52.5%.

Item 2 of section B: Do you as a user of social media platforms share or distribute information about COVID-19 more than other media platforms such as Television do?

RESPONSES	**FREQUENCY**	**PERCENTAGE**
Strongly Agree	60	30%
Agree	90	45%
Undecided	20	10%
Disagree	19	9.5%
Strongly Disagree	11	5.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.7: Users of social media platforms sharing information on COVID-19

In table 4.7, 75% of the respondents picked strongly agree and agree, 10% of the respondents picked undecided, 15% of the respondents picked strongly disagree and disagree. The results above show majority of the respondents strongly agree and agree that users of social media platforms share information about COVID-19, which represented 75%.

Research Question 3

How often do Covenant University staff practice COVID-19 preventive protocols?

To answer this question, item 10 and 11 of section A and item 4 of section B of the questionnaire were examined.

Item 10 of section A: How often do you wash\sanitize your hands daily?

RESPONSES	FREQUENCY	PERCENTAGE
Whenever I remember	100	50%
Anytime I touch a surface	96	48%
I don't wash or sanitize my hands	4	2%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.8: How often do you wash\sanitize your hands daily

In table 4.8, 50% of the respondents picked whenever I remember, 48%of the respondents picked anytime I touch a surface and 2% of the respondents picked I don't wash or sanitize my hands. The results above show majority of the respondents wash or sanitize their hands whenever they remember, which represented 50%.

Item 11 of section A: Have you taken COVID-19 test before?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	70	35%
Agree	25	12.5%
Undecided	15	7.5%
Disagree	80	40%
Strongly Disagree	10	5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.9: Percentage of respondents who have taken COVID-19 test.

In table 4.9, 35% of the respondents picked strongly agree, 12.5% of the respondents picked agree, 7.5% of the respondents picked undecided, 40% of the respondents picked disagree and 5% of the respondents picked strongly disagree. The results above show majority of the respondents disagree to not have taken COVID-19 test, which represented 40%.

Item 4 of section B: Do you strictly adhere to COVID-19 preventive protocol disseminated on social media platforms by Health bodies?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	70	35%
Agree	105	52.5%
Undecided	15	7.5%
Disagree	6	3%
Strongly Disagree	0	0
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.10: Preventive protocol disseminated on social media platforms by health bodies.

In table 4.10, 87.5% of the respondents picked strongly agree and agree, 7.5% of the respondents picked undecided, 3% of the respondents picked disagree and no one picked strongly disagree. The results above show majority of the respondents strongly agree and disagree that they adhere to COVID-19 protocols, which represented 87.5%.

Research Question 4

To what extent is fake news distributed to Covenant University staff about COVID-19 on social media platforms?

To answer this question, item 5 of section B and item 1, 2, 3, 4, 5, 6 of section C of the questionnaire were examined.

Item 5 of section B: Do you have regular internet access?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	60	30%
Agree	115	57.5%
Undecided	15	7.5%
Disagree	6	3%
Strongly Disagree	3	1.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.11: Percentage of respondents that have access to regular internet

In table 4.11, 87.5% of the respondents strongly agree and agree to having regular internet access, 7.5% of the respondents were undecided if they had regular internet access, 4.5% of the respondents strongly disagree and disagree to having regular internet access. The results above show majority of the respondents strongly agree and agree to having regular internet access, which represented 87.5%.

Item 1 of section C: Have you encountered fake news concerning COVID-19 in the past or presently?

RESPONSES	FREQUENCY	PERCENTAGE
Strongly Agree	56	28%
Agree	90	45%
Undecided	20	10%
Disagree	23	11.5%
Strongly Disagree	11	5.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.12: Percentage of respondents who have encountered fake news about COVID-19

In table 4.12, 73% of the respondents strongly agree and agree to have encountered fake news about COVID-19, 10% of the respondents were undecided about encountering fake news about COVID-19, 17% of the respondents strongly disagree and disagree to have encountered fake news about COVID-19. The results above show majority of the respondents strongly agree and agree to have encountered fake news about COVID-19 in the past and presently, which represented 73%.

Item 2 of section C: Do you know how to differentiate between real and fake news about COVID-19 shared on social media platforms?

RESPONSES	**FREQUENCY**	**PERCENTAGE**
Strongly Agree	50	25%
Agree	100	50%
Undecided	17	8.5%
Disagree	13	6.5%
Strongly Disagree	20	10%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.13: Percentage of respondents who can differentiate between real and fake news about COVID-19

In table 4.13, 75% of the respondents strongly agree and agree that they could differentiate between real and fake news, 8.5% of the respondents were undecided on how to differentiate between real and fake news, 16.5% of the respondents strongly disagree and disagree that they could differentiate between real and fake news. The results above show majority of the respondents strongly agree and agree that they could differentiate between real and fake news, which represented 75%.

Item 3 of section C: How often do you come across fake news concerning COVID-19 on social media platforms?

RESPONSES	FREQUENCY	PERCENTAGE
Often	60	30%
Very often	100	50%
Not really	19	9.5%
Sometimes	21	10.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4. 14: Coming across fake news concerning COVID-19 on social media platforms

In table 4.14, 30% of the respondents often came across fake news concerning COVID-19 on social media platforms, 50% of the respondents came across fake news concerning COVID-19 on social media platforms very often, 9.5% of the respondents did not really come across fake news concerning COVID-19 on social media platforms, 10.5% of the respondents sometimes came across fake news concerning COVID-19 on social media platforms. The results above show majority of the respondents came across fake news concerning COVID-19 on social media platforms, which represented 50%.

Item 4 of section C: What are some of the fake news disseminated on social media platforms about COVID-19?

RESPONSES	FREQUENCY	PERCENTAGE
SUPERSTITIOUS BELIEF	115	57.5%
COVID-19 IS NOT REAL	40	20%
SEXUALLY TRANSMITTED	19	9.5%
MISINFORMATION	26	13%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.15: Fake news categorization encountered about COVID-19

The above are some of the fake news categorization encountered about COVID-19 on social media platforms by the respondents in this research. 57.5% of the respondents have superstitious belief about COVID-19, 20% of the respondents do not believe COVID-19 is real, 9.5% of the respondents believe COVID-19 can be sexually transmitted and 13% of the respondents believe that information are a result of misinformation. The results above show majority of the respondents have superstitious belief about COVID-19, which represented 57.5%.

Item 5 of section C: Which social media platform do you encounter fake news from the most?

RESPONSES	**FREQUENCY**	**PERCENTAGE**
Facebook	102	51%
Instagram	40	20%
Twitter	35	17.5%
WhatsApp	16	8%
Telegram	7	3.5%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.16: Social media platforms fake news is encountered the most.

In table 4.15, 51% of the respondents encountered fake news on Facebook, 20% of the respondents encountered fake news on Instagram, 17.5% of the respondents encountered fake news on Twitter, 8% of the respondents encountered fake news on WhatsApp and 3.5% of the respondents encountered fake news on Telegram. The results above show majority of the respondents encountered fake news on Facebook, which represented 51%.

Item 6 of section C: Do you think fake news can be eradicated from social media platforms concerning COVID-19?

RESPONSES	FREQUENCY	PERCENTAGE
Yes	100	50%
No	96	48%
Undecided	4	2%
TOTAL	**200**	**100%**

Source: Fieldwork, 2021

Table 4.17: Thoughts on if fake news can be eradicated from social media platforms.

In table 4.16, 50% of the respondents think fake news can be eradicated from social media platforms, 48% of the respondents do not think it is possible for fake news to be eradicated and 2% of the respondents haven't reached a decision if they think fake news can be eradicated or not. The results above show majority of the respondents think fake news can be eradicated from social media platforms, which represented 50%.

4.2 DISCUSSION OF FINDINGS

The following are findings that were discovered during the course of answering the research questions:

Research Question 1

To what extent do social media platforms create awareness of COVID-19 among Covenant University staff?

The first research question was to find to what extent does social media platforms create awareness about COVID-19 among Covenant University staff. The respondents know about the existence of COVID-19, according to table 4.1, 63% of respondents strongly agree and agree to knowing COVID-19. Table 4.2, shows 42.5% of the respondents chose social media platforms as how they got to know about COVID-19. Also, table 4.3, 33.5% of the respondents chose Facebook as their source of

information and Table 4.4, 59.5% of the respondents strongly agree and agree social media creates enough awareness.

This finding is in accordance **to a research carried out by** Olapegba, Samson, Olusola, & Rotimi (2020) on "COVID-19 Knowledge and Perceptions in Nigeria" it was revealed that the respondents' knowledge of the source of COVID-19, transmission of COVID-19, symptoms of COVID-19, preventive behaviour toward COVID-19, fatality rate of COVID-19, and what the major sources of information about COVID-19 are among Nigerians were significantly high. Nigerians believe the COVID-19 is a biological weapon developed by the Chinese government, a small fraction felt that the hot weather in Africa, as well as the usage of gins, herbs, and African cuisines, as well as chloroquine and antibiotics, would be effective in preventing the pandemic from spreading. They asked clerics at all levels to educate members of their faiths about the COVID-19 since Nigerians had a pretty high understanding of the COVID-19, despite the fact that it was rife with misconceptions. They also had a reasonably high understanding of precautionary conduct. For example, a large majority thought that a variety of WHO-approved worldwide practices like as hand washing and social distance, sanitizing contaminated surfaces, halting schools and public events, and fumigating public areas were critical in stopping the virus's spread.

Research Question 2

What is the knowledge level of Covenant University staff on COVID-19?

The second question was to find out if Covenant University staff have a knowledge on COVID-19. Majority of the respondents had a good knowledge on COVID-19 as 90% were able to identify two symptoms of a COVID-19 patient as seen in table 4.5. Also 52.5% of the respondents chose strongly agree and agree to social media platforms being used to share information than television about COVID-19 as seen in table 4.6 and in table 4.7, 75% of the respondents chose strongly agree and agree to users sharing information on social media platforms about COVID-19.

This finding is in accordance **to a research carried out by** Isah et al (2020) on "Corona **Virus Disease 2019 (COVID-19): Knowledge, attitudes, practices (KAP) and misconceptions in the general population of Katsina State,** Nigeria" it revealed that most people had a good level of understanding of the clinical symptoms,

method of transmission, and disease control methods. The outcome was unsurprising given that the study was done during the implementation of active COVID-19 control measures, such as the lockdown. The various channels additional COVID-19 information was incorporated into via which these folks obtain information include FM radio stations and local television stations.

Research Question 3

How often do Covenant University staff practice COVID-19 preventive protocols?

The question was to find out how often Covenant University staff practice COVD-19 preventive protocols. In table 4.8, 50% of the respondents chose whenever I remember to how often they wash or sanitize their hands. 40% of the respondents chose disagree to have taken COVID-19 test as seen in table 4.9 and in table 4.10, 87.5% of the respondents chose strongly agree and agree to following the COVID-19 preventive protocols passed out by health bodies.

This finding is in accordance **to a research carried out by** Hager et al (2020) on "Knowledge, **attitude, and perceptions towards the 2019 Coronavirus Pandemic: A bi-national survey in** Africa" it revealed that hand washing and other preventive actions are important in minimizing the risk of infection, according to all of the respondents. In a separate study done in China, the majority of people followed health recommendations, with only a few going to busy venues or going outside without wearing a face mask. In their study, most people thought self-isolation was important and beneficial, therefore they avoided venues where COVID-19 cases were confirmed. The discovery could explain why Egypt and Nigeria had a lower number of cases than expected.

Research Question 4

To what extent is fake news distributed to Covenant University staff about COVID-19 on social media platforms?

The fourth research question was to find out the extent to which fake news is distributed to Covenant University staff about COVID-19 on social media platforms. Table 4.11, 87.5% of the respondents chose strongly agree and agree to having regular internet access. 73% of the respondents chose strongly agree and agree to encountering fake news about COVID-19 in the past and present as seen in table 4.12. 75% of the respondents chose strongly agree and agree to the ability to differentiate between fake and real news disseminated about COVID-19 as seen in table 4.13. In table 4.14, 50% of the respondents chose often to coming across fake news about COVID-19. In table 4.15, 57.5% of the respondents have superstitious belief about COVID-19. In table 4.16, 51% of the respondents chose Facebook as the social media platform they experienced fake news the most about COVID-19. 50% of the respondents chose yes to fake news being eradicated from social media platforms as seen in table 4.17.

CHAPTER FIVE
SUMMARY, CONCLUSION, RECOMMENDATION AND LIMITATIONS

5.1 SUMMARY

The aim of this study, Social media platforms and attitude towards COVID-19 among the staff of Covenant University was to evaluate the knowledge, attitude and practices of Covenant University staff on COVID-19 Pandemic. The dependent variable was "Social media platforms and attitude among staff", the independent variable was "COVID-19" and the case study was "Covenant University"

This study began with a clear introduction to the aim of the study, the researcher's motivation for carrying out this study and a background to the study on COVID-19. The problems were clearly stated, the objectives and research questions for the study were also given. The scope, significance, limitations to the study, and operational definition of terms were all given to form the first chapter of this study.

The study reviewed past works of scholars which were analyzed to make up the second chapter of the study. The concept of Social media was looked into alongside the five social media platforms the study was focused on, as well as benefits of social media platforms to the health sector. The study also looked at the concept of COVID-19 and fake news dissemination on social media about COVID-19. The theories used in the study were Framing theory and Agenda-setting theory.

In Chapter three, the design and the methods utilized in this study were discussed. The study adopted quantitative research design (survey and personal interview). The sample size was 266, and the population of the study was made up of the staff of Covenant University. The method of data presentation and analysis were addressed in the study as well.

Chapter four, focused on interpretation, analysis and discussion of data gathered In the course of this study. This was done by presenting data gathered in tables and figures.

5.2 CONCLUSION

This study concludes that majority of the respondents in this study make use of social media platforms and only a small percentage are fully aware that COVID-19

exist, they are also knowledgeable about COVID-19 symptoms and they can differentiate between fake news and real news when they come across them.

5.3 RECOMMENDATIONS

From the findings and conclusions above, this study draws various recommendations that:

1. Users of various social media platforms should share more authentic news rather than distributing fake news.

2. Other researchers can carry out other research on other institutions based on this study.

3. It will also help government come up with policies that will help control the spread of COVID-19 pandemic in Nigeria. It will also help the government of each State assist in knowing ways of preventing COVID-19.

4. Based on the findings, the study also recommend that whatever people post should be checked on official health bodies pages such as: WHO and NCDC for the appropriate information.

5.5 LIMITATIONS OF THE STUDY

Inability to leave the school due to COVID-19 protocols set by the government of the states.

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APPENDIX I

QUESTIONNAIRE

I am a final year Undergraduate student of the Department of Mass Communication, Mountain Top University, Ogun State. I am conducting a research on **Social Media platforms and attitude towards COVID-19**. As one of my respondents, I would like to know your attitude towards COVID-19 through the use of Social Media platforms I.e. (Facebook, Instagram, WhatsApp, Twitter and Telegram) by honestly answering the questions below. All responses will be treated with utmost confidentiality and used only for academic purposes. Thank you.

GENERAL INFORMATION ON COVID-19.

SECTION A: Please tick (✓) the appropriate responses.

1. What is your age group?

   ☐ Between 18 and 39; ☐ Between 40 and 60; ☐ Above 60 years

2. What is your gender?

   ☐ Male ☐ Female

3. What is your highest educational qualification?

   ☐ O'Level ☐ B.Sc. ☐ M.Sc. ☐ Ph.D. ☐

4. Marital Status?

   ☐ Single ☐ Engaged ☐ Married ☐ Divorced

5. Are you a teaching or non-teaching staff?

   _____

6. Do you know about COVID-19?

   ☐ Yes ☐ No ☐ I don't know

7. How did you know about COVID-19?

   ☐ social media platforms ☐ Word of mouth ☐ Accidentally ☐ Never heard of it

8. What social media platform did you get your information from?

☐ Facebook ☐ Instagram ☐ WhatsApp ☐Twitter ☐Telegram, If no platform state your source _____

9. With your knowledge about COVID-19, can you identify two (2) common symptoms of COVID-19 from the options below by double ticking?

☐ Measles ☐ Fever ☐ Chickenpox ☐ Sore throat

10. How often do you wash\sanitize your hands daily?

☐ Whenever I remember ☐ Anytime I touch a surface ☐ I don't wash or sanitize

11. Have you taken COVID-19 test before?

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

INFLUENCE OF SOCIAL MEDIA PLATFORMS ON COVID-19 AMONG COVENANT UNIVERSITY STAFF.

SECTION B: For questions 1- 6, please tick (✓) the appropriate cell in the table below.

Key: SA= Strongly Agree; A= Agree; U= Undecided; D= Disagree; SD= Strongly Disagree.

S/N		(SA)	(A)	(U)	(D)	(SD)
1.	Social media platforms are used to share information about COVID-19 than Television					
2.	Do you as a user of social media platforms share or distribute information about COVID-19 more than other media platforms such as Television do?					
3.	Do social media platform create enough awareness about COVID-19?					
4.	Do you strictly adhere to COVID-19 preventive protocol disseminated on social media platforms by Health bodies?					

5.	Do you have regular internet access?					

FAKE NEWS DISSEMINATION ON COVID-19 ON SOCIAL MEDIA PLATFORMS AMONG COVENANT UNIVERSITY STAFF.

SECTION C: Please tick (✓) the appropriate responses and fill the appropriate spaces.

S/N		(SA)	(A)	(U)	(D)	(SD)
1.	Have you encountered fake news concerning COVID-19 in the past or presently?					
2.	Do you know how to differentiate between real and fake news about COVID-19 shared on social media platforms?					
3.	How often do you come across fake news concerning COVID-19 on social media platforms?					

4. What are some of the fake news disseminated on social media platforms about COVID-19? Answer:

_____

5. Which social media platform do you encounter fake news from the most?

☐ Facebook ☐ WhatsApp ☐ Twitter ☐ Telegram ☐ Instagram

6. Do you think fake news can be eradicated from social media platforms concerning COVID-19? Answer:

_____

APPENDIX II
PERSONAL INTERVIEW

Good Afternoon Sir, my name is Gberevbie Rejoice. I am a final year student of the Department of Mass Communication, Mountain Top University, Ogun State. Thank you for your time and your willingness to share your opinion with me. I have some questions I would like to hear your opinion on concerning COVID-19 and the health sector in Covenant University.

May you please, introduce yourself sir?

Thank you for coming, my name is Adebanjo Ademola Oyeyemi and I am the director of the health services, Covenant University and I am happy to have you here, whatever your question is by God's grace I will be able to answer it.

Q1. How has social media platforms helped medical practitioners convey information about COVID-19?

To start with, COVID-19 became a pandemic and a world-wide issue basically because of the information spread by the social media. I remember in December 2019, people heard information about COVID-19 in china and the whole world knew about it as a result of people making use of social media such as Facebook, Twitter and the others, and this made some people aware of the virus even before it became a pandemic and the further spread and further show of people that were infected, dead and information on the different tests and results have been shared around the world through those platforms. There was this worlddomita.info were the global pandemic statistics are shared about new cases per country and countries that were free, so the social media actually and of course when I mean the social media I also include the internet played a large role in spreading information about it. It also helped in sharing information about the symptoms and signs of the disease, it shared information about the complication that might arise from it, it further share information about home remedies that persons have tried to do while they were infected and of course, we also got a lot of information about the vaccines and the preventive means of doing things, a lot about it actually went through the social media. However, a lot of positive and negatives were sent in, a lot of misinformation, a lot of fake news and mysterious people who tried to coin their own negative views and pass it through the social media, so it was more like a thing of both good and bad in terms of the impact of social

media on the pandemic and of course, the social media made it possible for deviance to also come together and begin to attack the very source of the COVID-19. So, I would say the social media played a major role, but then the owners of those social media platforms also tried to restrict information about COVID-19 on their platform for example, the sales of drugs, of materials like personal protective gears and non-pharmaceutical protections were not allowed to be advertised on social media and every other platform possible. This helped medical practitioners to curb the misinformation being spread.

Q2. How do medical practitioners deal with fake news dissemination on social media platforms about COVID-19?

It would be foolish of you to start tackling everyone when you get there cause you will see it everywhere and then just like the bible says "you will know the truth and the truth you know will set you free" so it's when you see misinformation you put a counter information out there, when there is enough positive and right information on the social media then misinformation will not be adequate to dis-way people from doing the right thing, you discover that whenever there is light there will be darkness, it is because there is darkness that there is light so you expect that there must be misinformation for the right information to be out there, so as much as possible health workers try in various ways to put up the right information on social media platforms such as WHO information on daily updates on Twitter, the NCDC also release statistics about the cases on Twitter and Telegram, also from time to time several health civil societies, doctors find their ways to radio stations, television stations to give the right information out there. For individuals that are able to people the truth when they put out something fake, they try to tell them this is not right, comments like that were also passed on the same platform which help to curb the misinformation that was going out on the social media.

Q3. What are the preventive measures Covenant University staff can take to prevent themselves from contacting the virus?

Well, thank God. Nigeria is winning the war against COVID-19. However, in terms of what they should do, we have the pharmaceutical and non-pharmaceutical means of curbing the spread of the virus, of course we have talked about traveling history that is not traveling to places were the virus is prevalent is one of the things to do and the use

of non-pharmaceutical aids like the face mask and face shield are the things people have done, also strict hand washing with soap and water for about 20 seconds has been advocated. Furthermore, we have also talked about disinfecting the environment with household bleach, also not touching materials that have been contaminated with likely symptoms of COVID-19 such as sneezing, coughing etc and then of course, the social distancing/physical distancing is something to look at, that is 2 meters arm span especially when you are close to someone who is sneezing or coughing. When you go to the market, ensure you stay more on your own rather than staying in a large crowd and if you have to stay in a large crowd make sure you are fully kitted, also don't touch your nose or mouth as frequently as you used to without your hand being washed. Also, just stay safe generally and eat healthy and take a lot of multi-vitamins.

Q4. How has COVID-19 affected the medical/ health sector as a whole?

COVID-19 has not only affected the health sector, it has affected every sector. A lot of persons not relating to the health sector have lost their jobs. I would say it has affected the health sector both positively and negatively, in terms of the little positive; more ventilators came to some hospitals which they can be able to use even after COVID-19 is over and a few other equipment that might have also been bought during that period, maybe a few places were built which could still be used for some other medical things later. On the negative flip of things, a lot of health workers also died as a result of the COVID-19 since they are the first to see these patients; then the individuals that were even promised certain incentives some of them were not paid; some doctors just left the country as a result of other places needing health services, so they had to move; some materials were not provided so they could take care of their patients and even now, there are still some app-arty to seeing patients, doctors still move their chairs backwards they aren't seeing them directly, they see them from afar, including examinations and surgeries, it has affected a lot of procedures and processes in taking care of patients to some extent and a lot of individuals don't even have money to treat themselves.

Q5. How has COVID-19 contributed to the health sector?

Answered in the Q4. Equipment were bought, ventilators were bought, some hospitals were built, drugs were gotten and because of COVID-19, some pharmaceutical distributors and manufacturers involved in face mask and the other

preventive kits made money from it because a lot more individuals needed more face mask.