



AUDIENCE EXPOSURE, AWARENESS AND COMPLIANCE WITH COVID-19 PANDEMIC MESSAGES IN NIGERIA: A STUDY OF RESIDENTS OF ANAMBRA STATE

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Abstract

The study investigated the audience exposure, awareness and compliance with COVID-19 pandemic messages among Anambra state residents. It was guided by four research questions, and anchored on the Health Belief Model. It adopted a survey method and had 400 respondents as the selected sample size. The researchers found out that the residents of Anambra state were significantly exposed to messages on COVID-19 pandemic; it also discovered that the social media was the most predominant media platform that Anambra residents used in accessing media messages on COVID-19 pandemic; this was closely followed by the television and the radio. The study also observed that Anambra people were appreciably aware of media messages on COVID-19. Surprisingly, the study showed that irrespective of the fact that Anambra residents were exposed to COVID-19 campaign messages, they did not really comply with them. Finally, the study found that a number of factors like: religion, disbelief in federal government, fear of dying from COVID-19 vaccines and the residents' perception of COVID-19 as hoax played key roles in the non-compliance position taken the respondents.

Keywords: COVID-19, Exposure, Compliance, Awareness, Health messages.

Introduction

The outbreak of Coronavirus, also known as (COVID-19) no doubt brought about a number of challenges in different countries around the globe; Nigeria was no exception. Sadly, this situation opened a number of problems that affected the political, economic, health and other sectors in different parts of the world (Akarika, Umoren & Iwok, 2020, p.10). However, in the face of the persistent spread and far-reaching effects of COVID-19, a plethora of campaign messages pervaded different societies of the world via a number of media platforms-their messages were clear, "stay away from anything that could make you contract COVID-19." Surprisingly, irrespective of the ubiquitous and consistent nature of these messages, a number of people still did not care to put into practice what these media messages advocated. It against the this backdrop that it became increasingly important to interrogate the extent that these supposed pervasive media messages on COVID-19 got to the



residents of Anambra state, the extent they understood the messages and consequently complied with them. Or were there factors that affected their compliance with these media messages? These enquiries formed the crux of the study.

Statement of Problem

The challenges that COVID-19 pandemic raised in different economies around the world is a huge one - political, economic, educational; psychological and health challenges. It might be instructive to note that in the face of the health problems engendered by COVID-19, a number of health campaigns messages were mounted on radio, television, newspapers, magazines, advertising channels and the social media channels on the importance of being aware and complying with the precautionary measures to contain this deadly disease; however, irrespective of the incessant media messages on the pandemic, there seemed to be failure of citizens to abide with the instructions from WHO, NCDC, Ministry of Health and some other health-related services (Akarika, Umoren & Iwok, 2020, p.123) – this is no doubt a huge problem and as such, raises concerns for empirical investigation; did people really access and understand these messages? If they did, did they comply or failed to comply with the messages, if they failed to comply with the messages, what could be responsible for their non-compliance? Could there be variables that impinged on their ability to understand, internalize and apply the precepts of the campaign messages? The above formed the core problem that this study examined

Objectives of the Study

The general objective of study is to investigate audience exposure, awareness and compliance with COVID-19 pandemic messages in Nigeria. In more precise terms however, the study aimed at the following:

- To examine the extent that people in Anambra State are exposed to campaign messages on COVID-19 pandemic.
- To discover the dominant media channels that they get exposed to campaign messages on COVID-19 pandemic.
- To discover the extent that Anambra residents are aware of messages on COVID-19 pandemic.
- To find out the extent that Anambra residents comply with media campaign messages on COVID-19 pandemic.
- To discover the factors that may affect Anambra residents' compliance with COVID-19 pandemic messages.

Research Questions

The study is guided by the following research questions:

- To what extent are Anambra residents exposed to campaign messages on COVID-19 pandemic?
- What are the dominant media channels that they get exposed to campaign messages on COVID-19 pandemic?
- To what extent are Anambra residents aware of these messages on COVID-19 pandemic?
- To what extent do they comply with media campaign messages on COVID-19 pandemic?
- What factors may affect Anambra residents' compliance with COVID-19 pandemic messages?



Review of Related Literature

COVID-19 pandemic: Quick Historical overview

The media all over the world became awash with the story of someone in Huanan sea food market in Wuham China, who was infected with a virus from an animal. Experts swung into action with research towards discovering the reason for the virus – they suggested that the animal pangolin was the main carrier of the virus before it spread to humans (Udeh-Akpe, Onyima & Ginikachukwu, 2020). However, there was high level of uncertainty that surround the origin of COVID-19 virus and the species of animals that passed it on to man.

In addition, the Head of Department of Microbiology at Melbourne University Professor Stephen Turner also notes that the virus that spread this pandemic was likely to have originated from bats (Udeh-Akpe, Onyima & Ginikachukwu, 2020). Professor Holmes of the University of Sydney in a study in 2018 examined the likely origins of the virus, using its genome. He notes that the species that served as the intermediate host for the virus has not been identified (Udeh-Akpe, Onyima & Ginikachukwu, 2020). The medical journal, *The Lancet* on the analysis of 41 cases of COVID-19, found out that 27 out of the 41 cases were exposed to Wuham market – an indication of correlation between exposure to the market in Wuham and spread of the virus (Udeh-Akpe, Onyima & Ginikachukwu, 2020). Although this submission gained acceptance at the initial stage, some other findings later argued that the index case of COVID-19 was not actually exposed to the Wuham market; this new finding therefore cast doubt in the existing story circulated by CNN, Aljazeera and some other stations.

In January, 2020, China had provided huge public health interventions to contain the Corona Virus outbreak. By 18th of March, 2020, mainland China, outside Hubei province confirmed 13,415 cases of COVID-19 infections with 120 deaths. Subsequently, the Virus began to spread around the world like wild fire. Similarly, Pollett and Rivers (2020) also note that “that Corona virus, which struck the world in 2019, actually started in a Wuham’s laboratory, in China in 2019”. The disease however, spread fast to different countries of the world and soon assumed the status of a pandemic (Pollett & Rivers, 2020). Medical News Today (2021) reported that by the end of 2020, the pandemic had infected over 96 million people while over two million people died globally from its complications.

By February, 2020, the virus spread to 15 Asian countries with the case of a 21 year old Cameroonian student, KemSenou Pavel Daryl, who lives in Jinzhou, China (Udeh-Akpe, Onyima and Ginikachukwu, 2020) By February 27, 2020 the first case of COVID-19 was confirmed in Nigeria by the Ministry of Health. The press release had it that an Italian who works with Agip Saipem in Banana Island, Lagos was responsible for this first case (Udeh-Akpe, Onyima & Ginikachukwu, 2020, p.51).

With the spread of the Virus, it became increasingly important that precautionary measures be taken to contain it. The media - Nigerian media in particular swung into action with a number of campaign messages geared towards educating and informing her citizens on the importance of taking precautionary measures to avoid the disease. Surprisingly, from the



body of literature collected on the acceptance of COVID-19 campaign messages, it was clear that most people were skeptical about the disease (Obi-Ani, Anikwenze & Isiani, 2020; Anjorin, Odetokun, Abioye, Elnadi, 2021). Some saw it as another white man's hoarse, some felt it was only a way to steal another huge money from the coffers of the country, while large number of people (Christians in particular) felt it was nothing but end-time events that will eventually declare the next coming of Christ, the problem with the last set of people was that instead of paying attention to the precautionary measures to curb deadly pandemic, they resort to long vigils and prayers (WHO, 2021; Chukwuma, 2021).

Oftentimes, individuals, groups, government and organisations are faced with the immense task of creating awareness on health issues. This awareness, to a large extent is dependent on the key messages in the communication process (Akarika, Iwok and Ikon (2019) citing Olawu (2003). Therefore, in periods of emergency like the corona virus global pandemic, information remains a very vital tool towards the survival of nations. This is so, because the state of information do not only prepare the society proactively towards managing health issues, but more importantly, entails provision of data, facts, imagination, ideas, opinions, cultural values in a variety of media which to help address the emergency (Akarika, Umoren & Iwok, 2020). In other to do the above, Akarika, Ekanem and Ukpe (2017) note that "all persons are engaged in sending and receiving messages simultaneously". Baran (2004) agrees with the above when he argues that "communication is transmission of message from the sender to the receiver" This message or messages, Okoro, Nwachukwu and Ajaero, (2015) note "can be on health issues that bring about behaviour change" Furthermore, commenting on the importance of effective communication on issues of health, Akirika (2020) argues that "communication on health issues helps to influence behaviours in large audience, within a specified period of time; producing behaviour-changing cues that help the individual cope"

COVID-19 Pandemic and Exposure, Awareness and Compliance to Mass Media Health Messages

Health communication includes verbal and written strategies to influence and empower individuals, population and communities to make healthier choices (Chiemena, 2021). Making use of variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health communication strategies aim above all, to change people's attitudes knowledge, and/or behaviours, for example; it increases risk perception, re-enforces positive behaviours, influences social norms, increases availability of support and needed services, empowers individuals to change or improve their health conditions (Nwosu, Okeke & Chiaghana, 2020).

Against the foregoing, it therefore becomes imperative that health communication messages are prepared, packaged and disseminated to the audience with the intention of reaching people with behaviour-changing messages. This explains the reason Okunna and Omenugha (2012) strongly argue that "a mass media message which an individual has not been exposed to, either directly or indirectly can hardly be expected to have any meaningful effect on the person" What the above argument presupposes is that exposure as an integral part of communication remains very critical in every effective and significant information dissemination process.

Nwosu et al. (2020) pertinently put it this way:

Exposure remains a very critical variable in every communication experience. It is important because no individual is changed by a message that he or she has not been exposed to. Until people are exposed to health messages, they might not be aware that such



message exists. And people only begin to seek for more information when they have become exposed to messages.

The term exposure means the process of seeing, hearing and/or reading media or interpersonal messages. These messages, Nwosu et al. (2020), note “may include political, educational, financial and/or health messages. Studies have demonstrated that exposure to certain media messages does not only increase awareness of the audience, but leads to the increase of depth of knowledge and understanding about the issue under focus (Nwosu, et.al 2020).

The importance of exposure vis-à-vis health communication in a proper conceptual perspective is one that is fundamental. Health communication primarily deals with dissemination of vital information through different communication channels and as such, it is important that the population to whom health messages are targeted at, gets exposed to such health messages. Research has shown that health messages have over the years been disseminated from different media platforms. Nwosu and Adum (2021) argues that “in the recent time, such media platforms like: radio, television, newspaper, flyers, brochures, internet, social media tools (twitter, Facebook, YouTube etc) have remained vital in the dissemination of health messages” However, the exposure of individuals to health messages do not in itself determine the success of the message or ability of the receivers of those messages to understand, internalize and comply with the messages. Research has shown that most times, there are variables that might intervene with target audience’s ability comply with the messages (Okoro, Nwachukwu & Ajero, 2015).

Such intervening variables like poor planning of health messages, wrong usage of communication channels for easy transmission of health messages, poor framing of messages, poor access to network and other extraneous factors have been implicated to intervene with effective exposure to health media messages. When this happens, the ability of the target audience to have adequate exposure to health messages is not only affected, but impeded, this somewhat, at long run, affects behaviour change which is the crucial objective of every health risk communication (Okunna & Omenugha, 2012; Uche, 2014, Nwosu & Adum, 2021). In other words, exposure becomes an important variable that health communicators should always explore while creating health messages.

Similarly, awareness is another important variable that health communicators focus on during health communication and campaign programmes (Nwosu, et al. 2020). Awareness is particularly conceptualized as a state or ability to perceive, feel, or be conscious of events, objects, or sensory patterns. In this level of consciousness, sense data can be confirmed by an observer without necessarily implying understanding. In other words, one can be aware of a particular event, situation, and problem, yet not knowledgeable of that same thing. The possessor of any knowledge must contain awareness but mere awareness does not contain any type of knowledge. More broadly, awareness is the state or quality of being aware of something. The possessor of any knowledge must contain awareness, but mere awareness does not contain any type of knowledge (Gafar, 2012). Awareness may also refer to public or common knowledge, or understanding about a social, scientific, or political issue. To say a person “has greater awareness”, would mean they have greater knowledge of such subjects. Here awareness "may refer to public or common knowledge or understanding about an issue. From the foregoing therefore, it becomes understandable that awareness remains a very critical variable in understanding health communication messages. Put differently, and in line with the study under focus, the level of understanding that one would have about COVID-19 pandemic would largely depend on the level that one has become aware of the pandemic. Awareness also enhances health promotion; it creates a situation where receivers of health



information get better understanding of the health issue under focus. It is at the point of awareness that the receiver of health message becomes conscious of a number of factors – at this point, he/she can directly perceive and/or become cognizant of events and issues surrounding health conditions. More importantly, such factors like the causal effect of health issue, predisposing factors for health predicaments and precautionary measures to address health issues are better understood.

Receivers of health messages also make meaning out of the messages they are exposed to at the awareness stage. Don (2010) argues that “It is at the point of awareness that subjects become conscious of a number of information that help them in decision making” Basically, for health awareness to occur, the audience must be exposed to health information and also remember it (Don, 2010). Awareness can be amplified through media channels.

Therefore, when viewed from the prism of the present study, it becomes logical to argue that awareness of such important factors like; understanding the seriousness of COVID-19 pandemic and the reason people must comply with the precautionary measures stipulated to avoid the infection becomes increasingly important. From the foregoing, it is clear that awareness remains a very critical factor in the management of health messages – COVID-19 pandemic messages are no exceptions – given that people might be exposed to and aware of health messages, which they fail to comply with.

In addition, compliance is another critical variable that deserves to be subjected to a conceptual scrutiny in this study. The reason for this scrutiny arises from the fact that it is at the point of complying with those health messages which one has been exposed to, become aware and knowledgeable of that actual results are received. Nwosu, et.al (2020) puts it this way:

Health messages which are properly targeted at an audience may effectively get to such audience and the same audience become aware of the contents of such message; internalize it, but fail to comply with it. In other words, it becomes clear that exposure and awareness to health messages might not automatically translate to compliance. Put differently, one may be exposed to, knowledgeable about, aware of health message content, yet fail to comply with such health messages.

Communication health scholars have noted that there are number of reasons why health messages might not necessarily translate to behaviour change, compliance and or practice (Nwosu, et al. 2020; Ajaero et al. 2015; Okpoko, 2015, Uche, 2019). These factors usually referred to as intervening variables, have severally been implicated as overriding factors in the success of health communication messages. They include but might not be limited to: socio-economic factors, income, message framing, environmental factors etc. This therefore shows how important compliance remains in every health communication exercise and why health communication campaigns must factor in this variable while planning health campaigns programmes. Interestingly, studies that have investigated compliance of public health and social measures to prevent the spread of disease have so far demonstrated a spectrum of compliance to such measures, while some fairly comply with what the messages advocate other fail (Bates, Moncayo, Costales, Harrera, Grijalva, 2020).

It is therefore against the challenges identified above that Irimu, Greene, Gathara, Kihara, Maina, Mbori-Ngacha and English (2011, p.200) advise campaign managers: “well designed programs must be thoughtfully adapted to local context to address the challenges that might arise in the form of non-compliance to such messages” What the above presupposes is that health campaign managers must as much as possible and at all times, make sure that health



campaign messages are put in such a way that it gets adapted to the local context as this will always help simplify such messages for easy understanding and compliance.

Media Dissemination and Management of COVID-19 Messages in Nigeria

Health communication, like the name implies has got to do with the dissemination of health messages to a target audience. The main purpose for this dissemination is to empower people with health knowledge to help them proactively manage their health (Nwosu, 2020). In other words, health messages properly disseminated, and which gets to the audience that it is made for can has the capacity to produce positive effects on every aspect of disease prevention and control and the promotion of good health (Okoro et al 2015). The statement above captures in a very succinct, but elaborate manner the power of health communication to empower the public with health messages that help them manage their health. This is what Nigerian government tried to do during the COVID-19 pandemic in order to manage the challenge. One question therefore comes to mind at this point, and which will help analyze the level that the pandemic was managed. That question is, “to what extent did the government manage COVID-19 pandemic through proper health dissemination of health information?” An appraisal of this situation will help properly evaluate how much the people were empowered with useful COVID-19 health messages.

Managing the pandemic, Ude-Akpe et al (2020, p.55) aver was a very huge challenge” Jelili (2020) supports the above notion when he argues that “because of its cosmopolitan nature, the management of COVID-19 outbreak became such a huge challenge”

However, irrespective of these challenges, Jelili, Adekokun & Nasir (2020) reports:

NCDC developed a surveillance and outbreak response management system (SORMAS) for case-based reporting for epidemic-prone diseases areas in eleven states of the federation. There was also the establishment of SirAware and Tatafo for event-based surveillance and incident management among NCDC staff members. In addition, there was also the Mobile Strengthening Epidemic Response System (MSERS) for aggregate reporting and the establishment of National Incident Coordination Centers to gather intelligence reports daily and identify impending public health threats and ensure that the outbreak responses are well coordinated and controlled.

The government also passed updates on COVID-19 messages and the country’s state of health in respect of the pandemic through National Center for Disease Control (NCDC) to citizens of the country. These messages were passed through different media platforms. Accordingly, NCDC platforms on Twitter and Facebook were updated from time to time (Obiani, Isiani & Anikwenze, 2020). In addition, service providers such as MTN provided free Internet assets to websites of Health Organisations such as: NCDC, Federal Ministry of Health, World Health Organisation and the Presidential Task Force. The NCDC also sent daily updates to the people through SMS so that citizens would be properly equipped with information they might need to combat, and as it were, avoid the pandemic.

Unfortunately, fraudsters hijacked the social media to take advantage of people and commit varying degrees of crimes (Obiani, Isiani & Anikwenze, 2020). This prompted the government to make SIM card registration by different networks all over the country compulsory. This was to enable trace fraudsters, but even with these measures, these fraudsters continued to spread falsehood, half-truths and panic predominated the social media (Obiani, Isiani & Anikwenze, 2020). This somewhat brings to light the weaknesses of the



social media as a platform that has always been used to perpetrate fraudulent activities and this somewhat posed a problem to the war against the outbreak. Udeh-Akpe et al. (2020) put it this way: “The world of social media was fraught with all forms of misinformation, disinformation, fraudulent claims and fake news, as well as the politicization of the pandemic” Noticeably, Nigeria government tried to curb the rapid spread of the pandemic through immediate lockdown of the major epicenters of Lagos, Ogun, and Abuja and some other busy cities. Commercial and administrative hubs of the country, where there were spikes of Corona Virus cases. Some state governors also took proactive actions by closing their State borders in a bid to curtail the spread of the virus. Other measures that were employed to manage the virus were: prohibition of mass gathering of people at churches, sports arenas and burials, while schools were closed nationwide (Obiani, Isiani & Anikwenze, 2020). A large number of precautionary measures needed to curb the spread of the virus were disseminated through divergent media channels – the social media, traditional media; advertising media channels and interpersonal communication channels. In fact, irrespective of the challenges the pandemic posed, it received a fair level of management. The feats that were achieved in managing the pandemic can be attributed not just to proper healthcare facilities, but also the impact of the media in the country.

Theoretical Framework

This work is anchored on the Health Belief Model (HBM). This is a psychological model that attempts to explain and predict health behaviours (Adum, 2012). Health Belief Model is considered as one of the first theories that emerged in the area of health behaviour (Glanz & Bishop, 2010). The model was developed in the 1950s by a team of social psychologists Irwin M Rosenstock, Godfrey M Hochbaum, Stephen Kegels and Howerd Levental working at the United States Public Health Service. Their main aim towards the development of the model was to have better understanding of the widespread failure of screening programs for tuberculosis (Carpenter, 2010). From the time this model was developed, it has been applied in different areas of health and social sciences studies to predict wide variety of health-related behaviours such as: being screened for early detection of asymptomatic diseases (Glanz & Bishop, 2010). In the recent time however, the model has been applied to understand patients’ responses to symptoms of diseases compliance with medical regimens and lifestyle behaviours (Glanz & Bishop, 2010).

The theory has also been applied in behaviour-related to chronic illnesses, which may require long-term behaviour maintenance in addition to initial behaviour change (Glanz & Bishop, 2010). In 1988, amendments were made to the model to incorporate emerging evidence within the field of psychology about the role of self-efficacy in decision making and behaviour (Glanz & Bishop, 2010; Glanz et al., 2008). Health Belief Model has gained substantial empirical support since its development in the 1950s (Carpenter, 2010).

In summary, the Health Belief Model stipulated that an individual’s health behaviour is guided by certain variables. These variables include the following:

- Perceived susceptibility – one’s opinion of chances of getting a condition.
- Perceived severity – one’s opinion of how serious a condition and its sequence are.
- Perceived benefits - one’s opinion of the efficacy of the advised action to reduce risk or seriousness of impact.
- Perceived barriers – one’s opinion of the twist and psychological cost of the advised action.
- Demographic, socio-psychological and structural variables that affect individual’s perception and thus indirectly influence health related behaviour.



- Cues to action – events, either bodily (e.g. health symptom) or environment e.g. (media messages) that motivate people to take action.
- Self-efficacy – confidence in one’s ability to take action (Mboho & Batta 2008).

The theory maintains that people’s health behaviours are products of what they perceive and think about the threat to themselves, the benefits to be obtained if a suggested action is adopted, the cost of action, the impact of external forces such as age, status, education, family etc, other motivating factors and self-confidence. The import of this model for health communication is that it is very important to study the audience’s knowledge, attitude and perception of health issues before designing messages.

Therefore, when viewed in relation to the present study, it becomes reasonable to hypothesize or conjecture that when receivers of health messages on COVID-19 perceive it as severe, there usually might be increased possibility of accepting such health messages and for that reason, complying with the preventive measures advocated by the message. Furthermore, they will also apply preventive measures advocated by the message when they perceive that there are benefits derived from applying such preventive measures. However, there could be barriers (demographic factors) that might affect the receiver’s ability to take precautionary measures towards avoiding COVID-19 infection. When such barriers are imminent, there is the possibility that even with exposure and awareness to COVID-19 messages, there is the possibility of not complying with such the precautionary/preventive measures advocated by the message.

Methodology

The researchers adopted survey research design. The population of the study comprises individuals who are residents of Anambra State. This population according to the National Bureau of Statistics (2019) is estimated at 2,746,763 people. Given that Anambra State was one of those States affected by the pandemic and which has continued to send different media messages to its citizens on the ways to contain the pandemic, it became suitable for this study.

The sample size of this study is 400. This sample was statistically worked out by using the Stacks and Hocking (1999). Therefore, 400 copies of questionnaire were distributed to randomly selected respondents (residents of Anambra State). However, 390 copies of the questionnaire were successfully retrieved and analysed. The multi-stage sampling technique was used to select the respondents across the different towns in the State for the purpose of instrument administration. The researchers achieved the multi-stage sampling procedure this way: at the first stage; the sampling procedure involved the selection at the senatorial district level of the State, making use of a table of random numbers, two senatorial districts were selected. They included: Anambra Central and Anambra North Senatorial Districts. At the second stage of the selection, the researchers made use of the table of random numbers in selecting four local governments from the selected senatorial districts. For Anambra Central; Dunukofia and Awka North Local Government Areas were chosen, while Onitsha North and Ogbaru Local Government Areas were chosen for Anambra North. At the ward stage, which is the third stage of the sampling, for Dunukofia LGA, Awka Ward I and Ifite Ward II were selected. For Awka North LGA, Achalla Ward I and Ebenebe Ward II were chosen. For Onitsha North, Inland Town Ward I and Woliwo Layout were chosen, while for Ogbaru, Atani Ward II and Ogwuikpele Ward were selected. The fourth stage involved the selection of residential units. Fifty houses were randomly selected from each of the eight Wards. In doing this, the researcher employed the records of housing enumeration produced by the



National Population Commission for the 2006 National Population Commission. A total of 400 houses were selected. The Fifth Stage involved Sample Unit stage. At this stage, the researchers chose one sample unit (one respondent) from each of the 400 houses to arrive at the required 400 sample units. The selection at this point was done using the purposive sampling method whereby only people who were between the ages of 18 and above years were chosen. The rationale behind this choice is that the age bracket fall within the category of people which the study investigated.

Demographic Variables

The data in this section analysed the demographic variables of the study. The data on gender showed that 55.6% of the respondents were males while 44.6% of them were females. In other words, from the data above it is clear that the male respondents are a bit higher than their female counterparts. Figure 2 shows that the respondents that fall within the age range of 18-21 years were 14.1%, those of them that were within the age bracket of 22-25 years were 25.4%, the ones who were within the age range of 26-29 were 37.2% and those who were within the age bracket of 30 and above were 23.3%. From the foregoing, it is clear that respondents who were within the age bracket of 26-29 were the highest in distribution. Figure 3 showed that about 41.8% of the respondents had of Bsc as their educational qualification. 29.5% of them had PGD, about 16.9% had Masters, and only 11.8% of them had PhD. The data on the occupation of the respondents showed that about 13.1% of them are artisans, 24.9% are civil servants, 39.2% are traders and about 22.8% are students. From the foregoing, about 39.2% of the respondents, who were traders, had the highest distribution in terms of occupation. Data on religion shows that about 80.8% of the respondents are Christians, 9.5% of them are of the Islamic religion. Only 5.9% of them were African Traditional Religion (ATR) and about 3.8% of the respondents answered "others". It is clear from the foregoing that Christians had the highest distribution of religion here.

Respondents' Exposure to Campaign Messages on COVID-19 Pandemic

Table 1: Have you been exposed to any media message on Covid-19 pandemic?

Response	Frequency	Percentage
Yes	375	92.2%
No	15	3.8%
Total	390	100

Table 1 above shows that significant number of the respondents (92.2%), indicated that they were exposed to media messages on COVID-19 pandemic, while only about 3.8% of them said that they have not been exposed to such messages.

Table 2: How frequent do you get exposed to these messages?

Response	Frequency	Percentage
Very frequent	239	75.1%
Once in a while	81	20.8%
Sometimes	-	-
Don't Know	16	4.1%
Total	390	100

Data in Table 2 shows that 75.1% of the respondents said that they get messages on Covid-19 very frequent, about 20.8% noted that they get the messages once in a while, and only about



4.1% of them added that they don't know whether they get the messages on Covid-19 pandemic.

Table 3: How do respondents get to know about messages on COVID-19?

	I consciously seek for media messages on COVID-19	I only stumbled over campaign messages on COVID-19
Yes	82 21.0%	309 (308) 84.1%
NO	308 79.0%	82 15.9%
Total	390	390

Data in Table 3 shows that about 79.0% of the respondents indicated that they consciously seek for media messages on COVID-19, 21.0% said that they don't. On the other hand, only 21.0% of the respondents said that they only stumbled over campaign messages on COVID-19, while larger number (79.0%) indicated otherwise.

Based on the foregoing, the first research question is answered by stating that Anambra people are significantly exposed to messages on COVID-19 pandemic.

Table 4: Respondents' Dominant Media Channel Use and Preference for Exposure to COVID-19 Messages

	Frequency	Percentage
Newspaper	0	0
Magazine	0	0
Radio	104	26.7%
Television	118	30.7%
Social Media	152	39.0%
Others	16	4.1%
Total	390	100

The data in Table in 4 shows that about 26.7% of the respondents got the message on COVID 19-pandemic from the radio, 30.2% of them got from the television, 39.0% of them said that they got the messages from television, while only 4.1% of them indicated that they got it from other channels. However, it might be instructive to note that none of the respondents indicated that they got any of the messages on COVID-19 through newspaper of magazine.

From the foregoing therefore, it may be stated that the social media is the most predominant media platform that Anambra residents accessed media messages on COVID-19 pandemic. This is closely followed by television and radio.

Table 5: Respondents' Awareness of Media Messages on COVID-19 Pandemic

Have you listened to, watched, about,	Are you aware of COVID-19 virus	Are you aware of COVID-19 virus is curtailed by	Are you aware of COVID-19 virus can be avoid by	Are you aware of COVID-19 infection,	Are you aware of COVID-19 infection
Have you listened to, watched, about,	Are you aware of COVID-19 virus	Are you aware of COVID-19 virus is curtailed by	Are you aware of COVID-19 virus can be avoid by	Are you aware of COVID-19 infection,	Are you aware of COVID-19 infection



	COVID-19 campaign message on the media?	highly infectious and can lead to death?	observing some precautionary measures?	one needs to wash hand regularly?	one needs to wash ones hand always?
Yes	341 87.4%	357 91.5%	319 80.8%	320 84.1%	277 71.0%
No	49 12.6%	33 8.5%	71 18.5%	62 15.9%	113 29.0%
Total	390	390	390	N=390	N=390

Data in Table 5 showed that about 87.4% of the respondents said that they have listened to, watched, read and seen COVID-19 messages on media, while 12.6% of them said that they have not. Furthermore, about 91.5% of the respondents said that they are aware that COVID-19 virus is highly infectious, while only 8.5% of them were not aware of this. In addition, 81.8% of the respondents said that they are aware that the COVID-19 virus can be curtailed by observing some precautionary measures, while only 18.2% of them said that they are not aware. Again, about 84.1% of the respondents said that they are aware that in other to avoid COVID-19 infection one needs to wash ones hand always, while 15.9% of them were not aware. About 71.0% of the respondents said that they are aware that in other to avoid COVID-19 infection one needs to wash ones hand always. This data consequently suggest that Anambra residents were appreciably aware of media messages on COVID -9 pandemic.

Table 6: Respondents' Compliance with Media Campaign Messages on COVID-19 Pandemic

	I put on facemask any time I go out to avoid getting infected with COVID-19	I wash my hands regularly to avoid contracting COVID-19	I always avoid being in crowded places to avoid contracting COVID-19	I avoid body contact with other people's body fluid to avoid contacting COVID-19	I have taken the first and second doses of vaccine to avoid contracting COVID-19
Yes	118 30.3%	174 44.6%	128 32.8%	280 71.8%	186 47.7%
No	272 69.7%	216 55.6%	262 62.2%	110 28.2%	204 52.3%
TOTAL	390 100%	390 100%	390 100%	390 100%	390 100%

Data in Table 6 demonstrates about 30.3% of the respondents said that they put on facemask anytime they go out to avoid getting infected with COVID-19, while about 69.7% said that they do not. Furthermore, about 44.6% of them said that they wash their hands to avoid contracting COVID-19 infection, while 55.4% of them said that they do not. Similarly, 71.8% of the respondents identified that they avoid body contact with other people's body fluid to avoid contracting COVID-19 infection, while only 28.2 of them said that they don't. In the same vein, about 47.7% of the respondents said that they have taken the first and second doses of their COVID-19 vaccine to avoid contracting COVID-19 infection, while about 52. 3% of them said that they don't. In answering research question four, it may be



stated that Anambra residents did not really comply with the media campaign messages on COVID-19 pandemic.

Table 7: Factors that affected Respondents’ Compliance with COVID-19 Pandemic Messages among Anambra Residents

	I don't believe in COVID-19. It is a part of plan of anti-Christ to destroy the world.	I think that COVID-19 is a way of siphoning from the purse of the government by the leaders of Anambra State.	Most people are afraid that those who took COVID-19 vaccine died after they were administered with the drug.	COVID-19 is hoax from the West to decimate African population
Yes	208 55.3%	262 67.2%	215 55.1%	267 71.4%
No	182 46.7%	128 32.8%	175 44.9%	107 28.6%
Total	390 100%	390 100%	390 100%	309 100%

Data in Table 7 shows that about 55.3% of the respondents indicated that they don't believe that COVID-19 is a part of the plan of anti-Christ to destroy the world, while 46.7% of them thought otherwise. Again, 67.2% of the respondents think that COVID-19 is a way of siphoning from the purse of the government by the leaders of Anambra State, while 38.8% of them did not see it that way. In addition, about 55.1% of the respondents feel that those who took COVID-19-vaccine died after they were administered with the drug, while 44.9% of them felt otherwise. Similarly, about 71.4% of the respondents said that they see COVID-19 as a hoax from the West to decimate African population, while only about 28.6% of them said that they don't see it that way.

From the foregoing, it is instructive to state that four factors actually affected the campaign messages on COVID-19 in Anambra State. First is religious factor, the next is disbelief in government followed by the fear of dying from COVID-19 vaccines and lastly the fact that COVID-19 is a hoax.

Discussion of Findings

The findings of this study emerged from the gathered, analyzed and interpreted data. They findings are discussed as follows:

The first research finding shows that the residents of Anambra State are significantly exposed to messages on COVID-19. It might be instructive to note that in the recent time, especially as it concerns research on COVID-19 campaign media messages, several efforts have looked at the levels that people are exposed to the pandemic. This is important because exposure remains a critical variable in health studies. Interestingly, Rubar, Jaber, Mafrachi, Abdalla, & Mustapha (2021) agrees with the present study as the researchers found high level of exposure among the respondents they investigated (89.7%). In a similar study, Owhondaa, Omosivie, Maduka, Nwadiuto, West, Azib and Olofinukabe (2021) also found that there was significant level of exposure to messages and other contents that emphasized on COVID-19 among the subjects studied. Similarly, Ufuophu and Bebenimibo (2021) also agree with “exposure to media messages on Covid-19 is also in congruence with the present study as



they note that irrespective of the high level of exposure among the public, there was little compliance with the health messages.

The second research question shows that social media was the most predominant media platform that Anambra residents made use of in accessing media messages on COVID-19 pandemic. This is closely followed by television and radio. In the field of health communication, understanding the media channel that the health experts use to disseminate messages is as important as understanding the message itself. The reason being that different individuals use different media channels in their search for information – health information is not excluded. In other words, the media audience is perceived as an active audience who most times is selective in their use of media (Okunna & Omenugha, 2012; Nwosu, Okeke & Chiaghana, 2021). The present study is not totally in congruity with Ruba, Jaber, Mafrachi, Al-Ani, Shkara, (2021) who found that more than half of the population had the medical staff as their main source of getting messages on COVID-19. This was followed by social media, television and radio. However, Ferreira and Borges (2020) found just like the present study that social media was the predominant channel that people use in accessing messages on COVID-19. However, the researchers identified the social media as peddling large number of false information on COVID-19. A number of studies are also in agreement with the present study that the social media remains dominant source for getting COVID-19 messages (Merchant and Lurie 2020; Adum & Nwosu, 2021). This present finding might no doubt be predicated on the premise that the social media appears to gradually turning to the preferred media platform for assessing different media messages in the recent time – health messages are not left out in this regard (Uzuegbunan, 2015, cited in Nwosu et al. 2021).

The third research question identifies that Anambra residents were appreciably aware of media messages on COVID-19 pandemic messages. Awareness, Nwosu, et.al (2021) argue, “remains a critical variable in health communication” – it is the nucleus of every health information/message, as one needs to be aware of an issue before one receives more knowledge on such issue”. Nwoke (2020) study is in line with the present study as the researchers note that “there is considerable level of awareness among the population (88.8%) as against 11.2% respondents who were not aware of the campaign messages on COVID-19. Furthermore, Nwosu and Adum (2021) study is in congruence with this study as the researcher also found that there is high level of awareness on campaign on COVID-19 pandemic messages. To this extent therefore, it might be stated that although few studies have indicated low awareness in Covid-19 pandemic, quite a large number of other studies seem to be in agreement with the present study.

Furthermore, the fourth research question surprisingly, showed that residents of Anambra State did not really comply with the media campaign messages on COVID-19 pandemic messages. In this regard, it becomes surprising to note that regardless of high level of exposure and awareness on COVID-19 campaign messages, majority of the respondents failed to comply with the messages. The present study agrees with Rooij, Bruijn, Folmer and Kuiper (2020) who discovered that people actually complied less with the campaign messages that were massively disseminated through the media on COVID-19. They however argued that this non-compliance was particularly encouraged by a number of factors which included people’s inability to obey the rules, self-control and intrinsic motivations, including substantial moral support and social norms. Similarly, Ufuophu-Biri and Bebenimibo (2021) found that irrespective of high exposure and awareness of the COVID-19 campaign messages, there was low compliance with the preventive measures which the media keenly advocated. Nnama-Okechukwu, Chukwu and Nkechukwu, (2020) also had similar discovery



with the present study. They found that there was very low compliance with COVID-19 preventive measures advocated by the media. The authors therefore argue that this was so because the people interpreted these pandemic as more of a hoax than reality. However, Nivette, Ribeaud, Murray, Steinhoff, Bechtiger, Hepp, Shanahan and Eisner (2020) seem to have slight departure from the present study as they found in Switzerland, that young adults were reported to have complied significantly with public health measures towards curbing COVID-19 pandemic, even though this compliance was better for social distancing than hygiene-related practice.

Finally, research question five showed that factors such as religion, disbelief in government, the fear of dying from COVID-19 vaccines and the fact that COVID-19 is a hoax played key roles in the non-compliance position taken by the respondents. It is instructive to note, just as Okoro, Nwachukwu and Ajero (2015) argue, “most times the fact that the audience were handed over health messages on how to prevent or take precautionary measures on managing certain health conditions does not really translate to acceptance and/or compliance with such health information.” There are, sometimes, some variables that may constitute impediments to the acceptance and compliance with health messages. These variables, Okoro et.al (2015) call “intervening variables.” The researchers add, “They may include, religion, financial status, already held belief, etc”. Predictably, this appears to be the position of the Health Belief Model with such factors like perceived barriers. In other words, the variables identified in this study, which include: religion, disbelief in government, the next is fear of dying from COVID-19 vaccines and the fact that COVID-19 is a hoax appear to be barriers that affected the compliance with COVID-19 campaign messages in Anambra State. This study is in agreement with Nnama-Okechukwu, Chukwu and Nkechukwu, (2020) who discovered that one of the reasons the respondents failed to comply with COVID-19 messages was that they believed it was more of a hoax than reality. Similarly, the findings of Ukonu and Mbamalu (2021) are also incongruence with this study, as they discovered that such factors like: “religion, family, credibility factors correlated with non-compliance with COVID-19 health campaign messages. Furthermore, Nwakasi, Esiaka, Uchendu and Arije (2022) findings also agree with this study. They note: “perceived risk of stigmatization, perceived threat of COVID-19 and confidence in government's ability to curb the spread and impact of the pandemic were found to be significantly associated with non-compliance with COVID-19 public-health directives, and support for governments action against COVID-19.” These studies seem to lend credence therefore, to perceived barrier, a predictor of acceptance or rejection of health messages.

Conclusion and Recommendations

From the findings of the study, it has become obvious that irrespective of the fact that a number of people might receive health messages on certain issues, there is the possibility that such reception, awareness, exposure or even acceptance of such health messages would eventually lead to practice or compliance. What this suggests is that while planning health messages, health experts should particularly focus on understanding the way to proactively address the barriers that might negatively affect health messages. It is in the view of these findings that the following recommendations should be considered in order to address the challenges identified in this study:

- Clear, consistent and credible messages are really very essential for promoting compliance with COVID-19 public health measures among Anambra residents.



- Health media practitioners whose responsibility it is to understand, create, select and disseminate COVID-19 health messages should embark on careful research with the view of understanding the media channels that would really be helpful in reaching and/or interpreting COVID-19 messages to their audience. This recommendation becomes increasingly important based on the fact that the traditional medium of disseminating health messages has been downplayed over the years, even when this type of channel has proven effective (Nwosu & Adum, 2021)
- More so, it is very important that public health experts and government must work collaboratively to develop infection-control directives and actions to combat the transmission Covid-19 infection.
- In addition, the media should engage more in reportage and discussion on COVID-19 research, findings and debates to present the public with up-to-date and authentic COVID-19 information. This effort would no doubt help clear the doubts that people have about COVID-19 messages, especially that it is a hoax and maybe, other doubts engendered by a number of conspiracy theories on the pandemic, especially through the Internet.

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