



Social Impact of Myths and Misconceptions About Coronavirus Pandemic in Nigeria

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Abstract *This study is about the social impact of myths and misconceptions about coronavirus pandemic in Nigeria. The study has the following objectives: to highlight the myths and misconceptions about the coronavirus; examine major propagators of these myths and misconceptions, highlight the consequent social impact, examine the relationship between the myths and misconceptions and the fight against the coronavirus pandemic. The study employed the descriptive and explanatory design method. Questionnaires in addition to library research were applied for data collection. Primary data sources were used and data analysed using the chi square and correlation statistical tool at 5% level of significance which was presented in frequency tables and percentages. The respondents under the study were 100 online respondents from all the geopolitical zones of the country. Results of the study revealed huge social impact of the myths and misconceptions about the coronavirus pandemic which has also affected its effective fight. It concludes that efforts should be made by the Nigeria Centre for Disease Control (NCDC) and related stakeholders in promoting awareness of this virus for reducing/eradicating the myths and misconceptions around it and effectively fighting the COVID-19 pandemic.*

Keywords: *Myths and Misconceptions, Nigeria, Social Impact, COVID-19 pandemic*

INTRODUCTION

The coronavirus disease (Covid-19) was first reported by the World Health Organisation (WHO) in Wuhan, China, in December 2019. By the end of February 2020, there were more than 85,000 confirmed cases and over 2,900 reported deaths from this deadly disease (Janz 2020). While large number of these reported cases and deaths has taken place in China's Hubei Province, the number of new cases outside of China has risen sporadically in late February, first surpassing the number of fresh cases in China on February 26, 2020 (Janz 2020). This development has

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raised concerns of the possibility of a pandemic. As a result, the World Health Organisation (WHO) later declared the coronavirus disease (Covid-19) a “public health emergency of international concern” on January 30, 2020. Given China’s connectedness to the UK and USA in particular and the world in general, both the United States (US) and the United Kingdom (UK) were faced with sustained community transmission of corona virus disease (Covid-19) within weeks. In fact, on February 25, 2020, the Center for Disease Control and Prevention identified for the first time a person in the US who had no travel history to China or exposure to a known Covid-19 case (Fauci 2020).

According to the WHO, most people infected with the Novel Coronavirus disease will experience mild to moderate respiratory illness and recover without requiring special treatment. It is also important to note that older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, hypertension and cancer are more likely to develop serious illness and may prove to be fatal (WHO). The reward of the successful effort in containing the coronavirus infection in Asia came about in WHO pronouncing Europe as the focal point of the illness on the 13th of March, 2020. Although the mortality rate of the novel Coronavirus is put at about 3.3% by the WHO as of the 3rd of March, 2020, the rate at which the virus spreads is alarming. Currently, COVID-19 is said to have affected all the continents of the world with Europe being one of the hardest-hit continents. Africa has also not been left out of this pandemic as the continent has recorded its fair share of this deadly virus too. According to Our World in Data (OWD) report on the 4th of April, 2020, Italy sits at the top of the chart of the death rate with more than 32,000 deaths recorded and many others infected while the United States of America (USA) is currently the highest hit with more than 100,000 deaths recorded as at the 26th of May, 2020 (Fauci 2020). Many nations of the world are currently experiencing partial lockdown from previous total lockdowns as a result of this pandemic.

A particular concern as regards this pandemic is the spread of misinformation about coronavirus disease on social media platforms, which has led the WHO to host a page with “myth busters” on their website and engage in discussions with social media companies (Kim 2020), the Nigeria Centre for Disease Control (NCDC) has also embarked on a sustained sensitisation to educate the populace against these misconceptions. Understanding what the general public knows about this virus and which misconceptions they hold about the condition is important for Nigerian public health authorities as well as the media to

design effective information campaigns. This study, therefore, aims to determine the social impact of myths and misconceptions about the coronavirus pandemic in Nigeria.

The menace of the coronavirus pandemic in Nigeria has continuously been on the increase with over 7839 cases and more than 2263 recoveries with 226 deaths according to the Nigeria Centre for Disease Control (NCDC) as at 25May, 2020. This sporadic increase has come at a huge cost to Nigeria in virtually all sectors ranging from the economy, to the human relations. The misconceptions and myths of this COVID-19 have also created more panic and made controlling and flattening the pandemic curve difficult for the federal ministry of health. As a result, there has been sustained social media and mainstream media awareness by the health ministry and the NCDC on the COVID-19 pandemic and its mode of transmission and how to end or manage the pandemic and mode of transmission. Nigerians have continuously patronised these myths and misconceptions to the detriment of the very vulnerable members of the society which has partly contributed to the surge in the number of active cases out of the few tested. These figures are actually alarming when you compare the number of tested patients with confirmed cases in Nigeria. The social impact these myths and misconceptions about the Novel Corona virus has been tremendous on the people of Nigeria and the fight against the virus.

The major aims of this paper are to highlight the social impact of myths and misconceptions about the coronavirus pandemic in Nigeria. It is intended to examine the major factors that contribute to these myths about the coronavirus pandemic in Nigeria and highlight the relationship between the myths and misconceptions and the fight against the coronavirus pandemic in Nigeria. By this, this study would contribute immensely towards the fight against COVID-19 by addressing the myths and misconceptions about the novel virus through exposing the social impact therefrom. The study also aims to enrich the literature beneficial to researchers, scholars and students who intend developing further studies on the subject matter.

The novel Coronavirus disease 2019 (COVID-19), first identified in Wuhan China in December 2019, has rapidly spread to almost every region of the world. The disease is caused by a new and severe type of Coronavirus known as severe acute respiratory syndrome coronavirus 2 (SARSCoV-2). The infection has no immediate treatment and vaccine, and it has according to World Health Organisation (WHO, 2020) become a worldwide pandemic causing significant morbidity and mortality. There

are 1,603,428 confirmed cases, 356,440 recoveries from the illness and 95,714 deaths worldwide as of April 9, 2020 (Worldometers, 2020).

On February 27, 2020, an Italian citizen became the index case for COVID-19 in Nigeria and as at April 9, 2020, there were 288 laboratory-confirmed cases of COVID-19 in Nigeria with 51 discharges and 7 deaths (Nigeria Centre for Disease Control, NCDC, 2020). To prevent further spread of the virus, civil societies and government agencies embarked on enlightenment campaigns for good hygiene and social distancing. Temperature screening was conducted at airports and those returning from countries with numerous confirmed cases of COVID-19 were implored to self-isolate. The NCDC in association with state governments also began tracing of possible victims and their contacts. On March 18, 2020, the Lagos State government suspended all gatherings above fifty people for four weeks and ordered all lower and middle level public officers to stay-at-home (Ewodage, 2020). Similarly, the Federal government, on March 30, 2020 introduced various containment strategies such as closing of the national borders and airspace, schools, worship centers and other public places, canceling of mass gathering events and placing the Federal Capital Territory, Lagos and Ogun states on lockdown for an initial period of fourteen days (Radio Nigeria, 2020). Covid-19 testing laboratories were set up in Lagos, Abuja and Irrua in Edo State while State governments opened isolation centres and imposed dawn to dusk curfews in their territories. COVID-19, from the family of Coronavirus (others include SARS, H5N1, H1N1 and MERS), is a contagious respiratory illness transmitted through the eyes, nose, and mouth, via droplets from coughs and sneezes, close contact with infected person and contaminated surfaces. It has an incubation period of approximately one to fourteen days. The symptoms include cough, fever and shortness of breath, and it is diagnosed through a laboratory test. The contagion could lead to severe respiratory problems or death, particularly among the elderly and persons with underlying chronic illnesses.

Some infected persons however, are carriers for the virus with no symptoms while others may experience only a mild illness and recover easily (Sauer, 2020). As there is currently no cure or vaccine for the COVID-19; medical treatments are limited to supportive measures aimed at relieving symptoms, use of research drugs and therapeutics. Knowledge of infection pathways and relevant precautions to take is needed to control the pandemic. While the scientific community continues to research possible vaccines or drugs for the viral infection, it is expected that adequate knowledge will motivate individuals to make decisions which may prevent and curb the epidemics. Knowledge such as

regular hand washing, using hand sanitizers, wearing face masks, respiratory etiquettes, social distancing and self-isolation when sick are vital to reducing widespread infection (Leppin&Aro, 2009). Studies (e.g. Brug, Aro, Oenema, de Zwart, Richardus& Bishop, 2004; Choi & Yang, 2010; Hussain, Hussain&Hussain 2012) revealed that individuals' level of knowledge about an infectious disease can make them behave in ways that may prevent infection.

Consequently, individuals may need to be informed about the potential risks of infections in order to adopt the right precautionary measures (Brug, Aro&Richardus, 2009). At early stages of a pandemic, precautionary measures are needed to protect against possible danger and curtail the disease spread. In line with this therefore, the Nigerian government (just like other governments around the world) introduced various containment strategies which have interfered with individuals' daily lives and have led to severe economic loss and social disruption. People were coerced to stay at home, businesses and offices were closed, exempting healthcare facilities/workers and —essential commercial establishments. For Nigerians making a living in the informal economy, their livelihood is now threatened by the lockdown since much of their activities and businesses involve face-to-face contact. In Nigeria there is no social safety net, no access to food stamps or unemployment benefits, most people earn their living on a daily basis. Regardless of this however, there has so far been a high degree of compliance with the government directives. Nigerians are engaging in vigilant hand washing, practicing social distancing and self-isolation, and avoiding going to work, school or crowded areas. Even most religious leaders agreed to stop large gatherings, forbid the shaking of hands and directed worshippers to pray at home and use hand sanitizers (Makinde, Nwogu, Ajaja&Alagbe, 2020; Olatunji, 2020).

On the other hand, some Nigerians due to superstitions and ignorance of the science behind the infection prefer only to pray (even violating the social distancing rule by attending churches or mosques during the lockdown) and using anointing oils, talisman, herbs or rituals (Abati, 2020) to prevent contracting and spreading the virus. Some also use social media platforms (e.g. Whatsapp, Twitter, Facebook and Instagram) to spread fear, project fake news concerning the source of the virus, promote prejudice against China, incite panic buying, proffer fake cures and undermine medical advice, deliberately or ignorantly (Hassan, 2020). They opined that lockdown, self-isolation and social distancing are un-African solutions to the pandemic (Abati, 2020).

The United States Centers for Disease Control and Prevention has not found any evidence to suggest that animals or animal products imported from China pose a risk for spreading coronavirus in the United States. While it may be possible that a person can get coronavirus by touching a surface or object that has the viral particles on it and then touching their own mouth, nose, or eyes, there has been no evidence to support this as the main way the virus spreads. In fact, one study reported that while the virus may live on surfaces for up to 9 days, "Data on the transmissibility of coronaviruses from contaminated surfaces to hands were not found. However, it could be shown with influenza virus that a contact of 5 [seconds] can transfer 31.6% of the viral load to the hands."

Although a few high-ranking government officials have alluded to the possibility that high temperatures will kill the virus, there is not presently enough evidence to state this with scientific certainty. While the rate of most viral infections decreases during the summer months as a result of higher temperatures and humidity, there are two important caveats: people are less likely to be in close quarters with each other for lengthy periods, and although countries in the northern hemisphere are entering warmer months, the opposite is true for countries in the southern hemisphere. Further, previous experience with and research on the other Coronavirus epidemics (SARS and MERS) demonstrated that this family of viruses may have little problem surviving in warmer climates like Nigeria and other tropical countries.

According to the World Organisation for Animal Health (formerly known as International des Epizooties (OIE)) (OIE, 2020), there is no evidence that dogs or cats are playing a vital role in the spread of COVID-19. However, the infected humans or pet owners should be aware that they can potentially transmit this disease to their pets, hence, it is quite instructive to keep animals separated from any person who has COVID-19 symptoms. On the 5th of April, 2020, the United States Department of Agriculture (USDA) has confirmed SARS-CoV-2 (the virus that causes COVID-19 in humans) in one Tiger at a zoo in New York (USDA, 2020). As stated in the USDA report, this is the first instance of a Tiger being infected with COVID-19 as several lions and tigers at the zoo showed symptoms of respiratory illness. It is believed that the Tiger became sick after possible exposure to a zoo employee who was actively shedding the virus (Martinez-Alvarez 2020). It is important to note that there is no strong evidence to suggest that many animals, including pets or livestock, can spread COVID-19 infection to people, however, individuals sick with COVID-19 or showing symptoms of COVID-19 should restrict contact with pets and other animals, just like you would with other humans.

As indicated in the CDC report (CDC, 2020), there have not been reports of pets becoming sick with COVID-19 in the United States, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus. When possible, have another member of your household care for your animals while you are sick. It was further stressed that there is no evidence to suggest that imported animals or animal products pose a risk for spreading COVID-19 in the USA. This is a rapidly evolving situation and information will be updated as it becomes available (CDC, 2020). We do feel Africa, Nigeria in particular, can take a cue from this recommendation. The news that a Tiger tested positive to COVID-19 in a zoo somewhere in the USA portends great danger to the people and economy of Nigeria. This is because a great number of a section of Nigerians in the Northern part of the country are nomadic livestock farmers, who travel around the nation always.

If any of their animals' contract COVID-19, the negative impact of such is only best imagined as it is capable of wreaking further havoc on the already battered economy of the nation and the wellbeing of the citizens. In a moment like this, individual diagnosed with COVID-19 disease should avoid unnecessary contact with animals, in particular, pets. Ultimately, regular hand washing before and after interacting with animals is essential.

As the medical experts and scientists in the world work tirelessly towards finding COVID-19 vaccines, it is worthy of note that the Pandemic virus is still surrounded by a lot of misconceptions in Africa. The WHO says the disease has sparked an "infodemic". This implies that there is a staggering amount of information on social media, some simply false. In particular, some people in Nigeria believe that the COVID-19 is not real; others indeed believe that it is real but cannot affect the poor or those who do not travel beyond the country. Another school of thought believed that some sorts of alcoholic substances and concoction could cure the virus or prevent them from getting infected. A good number of people believe that it is a "richman's virus" and so it can not affect the poor masses. Others believe that COVID-19 cannot survive in a region around the equator as the temperature would kill it.

However, with more than 1,273 people infected and over 200 deaths recorded already in Nigeria as indicated on Nigeria Centre for Disease Control (NCDC) website (NCDC, 2020) and 31,933 people infected and 1,423 deaths recorded across Africa as indicated on Africa Centre for Disease Control (ACDC) website (ACDC, 2020), it is crystal clear that the virus is not selective as it keeps infecting the rich and the poor alike and

could potentially spread to most African soil if not combated since the figures are becoming more frightening daily. The false claims that the virus could be cured or prevented by drinking the alcoholic substance, eating of garlic, lemon, and good food to strengthen body's immune system and the likes, have been debunked by the WHO and many medical experts around the world. The only way out of it at the moment is premised on personal hygiene - which includes regular hand washing, social distancing, avoidance of large gathering, and regular decontamination of the environment, etc. A lot of media files (most often video, audios) have been circulating on social media with the claim that some drugs combination can potentially reduce symptoms. Unfortunately, there are no data or known research conducted by the authors of this information to back up their recommendations. An illiterate or literate that cannot source for a fact will hook-line-and sink such an idea and drug abuse becomes the order of the day.

A strict measure was recently introduced by a popular social media platform "Whatsapp" with more than 2 billion people in over 180 countries across the world to limit viral message forwards to one chat at a time in order to stem the rapid spread of COVID-19 misinformation (CNBC News, 2020). Although a user could theoretically still forward the same message to individuals or group one by one but it is believed this limitation will be effective in preventing a spread of untrue information about the Pandemic. While some countries such as the USA, among others are experimenting with the use of Chloroquine for some patients, clinical trials are still ongoing in some other countries for possible vaccines that will be globally acceptable. A recent study conducted in Italy suggests that it is hard to find a product right now that has a superior safety profile than Chloroquine (Colson, P. Et. Al 2020). Besides, its expense is minimal and could be affordable by all. Thus, its possible use both in Prophylaxis in people exposed to the Novel Coronavirus and as a curative treatment will probably be promptly evaluated by our Chinese colleagues. If clinical data confirm the biological results, the COVID-19-associated disease will have become one of the simplest and cheapest to treat and prevent the infectious respiratory diseases (Colson, P. Et. Al 2020). African scientists, in particular, Nigeria should intensify effort in conducting clinical research that could help battle the Pandemic.

METHODS

This research survey used an anonymous online questionnaire to collect data from respondents. Potential respondents were sent the link via Social media platforms like Whatsapp and Facebook and asked to

participate in an online survey. The online questionnaire was sent to 100 respondents from the six geopolitical zones of the country in an attempt to maintain spread and avoid bias replies from 180 cities and towns in the country.

Due to the Nigerian Government social distance rules and curfew or lockdown enforcement, physical interaction was almost impossible, so online promotion of the research survey was done and existing study participants were urged to send the web link of the survey to potential respondents. They completed the questionnaires hosted on Google online survey platform. Ethical approval was obtained from the Faculty of Social Sciences Ethical Board, University of Abuja. Participation was completely consensual, anonymous and voluntary, and informed consent was obtained from all respondents used for the research. Socio-demographic data were gotten from the respondents on variables such as gender, age, marital status, ethnicity, educational qualification, religion and current location. And questions as to their myths, beliefs and conceptions and the social impact it has had on them were retrieved voluntarily from the respondents.

Descriptive statistics was used for respondents' socio-demographic characteristics and knowledge about COVID-19. Percentages of response from respondents were analysed according to the number of respondents per response. Descriptive statistical analysis was performed using IBM SPSS Statistic version 16.0 and the findings tabulated to depict the response to each question.

RESULTS AND DISCUSSION

Table 1 The Coronavirus Cases In Nigeria are Exaggerated

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	50	50.0	50.0	50.0
	Agree	25	25.0	25.0	75.0
	Undecided	5	5.0	5.0	80.0
	Disagree	10	10.0	10.0	90.0
	Strongly disagree	10	10.0	10.0	100.0
	Total	100	100.0	100.0	

Source: field survey, May, 2020.

Table 1 shows the responses of respondents that the coronavirus cases in Nigeria are exaggerated. 50 respondents representing 50.0 percent strongly agree that the coronavirus cases in Nigeria are exaggerated. 25 respondents representing 25.0 percent agree that the coronavirus cases in Nigeria are exaggerated. 5 respondents representing 5.0 percent were undecided. 10 respondents representing 10.0 percent disagree that the coronavirus cases in Nigeria are exaggerated while the remaining 10 of the respondents representing 10.0 percent strongly disagree that the coronavirus cases in Nigeria are exaggerated.

Table 2 The Coronavirus Cannot Survive In Tropical Countries Like Nigeria

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	40	40.0	40.0	40.0
	Agree	50	50.0	50.0	90.0
	Undecided	2	2.0	2.0	92.0
	Disagree	3	3.0	3.0	95.0
	strongly disagree	5	5.0	5.0	100.0
	Total	100	100.0	100.0	

Source: field survey, May, 2020.

Table 2 shows the responses of respondents that the coronavirus cannot survive in tropical countries like Nigeria. 40 respondents representing 40.0 percent strongly agree that the coronavirus cannot survive in tropical countries like Nigeria. 50 respondents representing 50.0 percent agree that the coronavirus cannot survive in tropical countries like Nigeria. 2 percent were undecided. 3 respondents representing 3.0 percent disagrees that coronavirus can survive in tropical countries like Nigeria. 5 of the respondents representing 5 percent strongly disagrees that the coronavirus cannot survive in tropical countries like Nigeria. 10 respondents representing 10.0 percent disagree that the coronavirus cannot survive in tropical countries like Nigeria while the remaining 10 of the respondents representing 10.0 percent strongly disagrees that the corona virus cannot survive in tropical countries like Nigeria.

Table 3 The Coronavirus Pandemic is a Ploy By Government to Loot Public Funds

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly agree	40	40.0	40.0	40.0
Agree	50	50.0	50.0	90.0
Undecided	2	2.0	2.0	92.0
Disagree	5	5.0	5.0	97.0
strongly disagree	3	3.0	3.0	100.0
Total	100	100.0	100.0	

Source: field survey, May, 2020.

Table 3 shows the responses of respondents that the coronavirus pandemic is a ploy by government to loot public funds. 40 respondents representing 40.0 percent strongly agree that the corona virus pandemic is a ploy by government to loot public funds. 50 respondents representing 50.0 percent agree that the corona virus pandemic is a ploy by government to loot public funds. 2 respondents representing 2 percent were undecided. 5 respondents representing 5.0 percent disagrees that the coronavirus pandemic is a ploy by government to loot public funds while the remaining 3 of the respondents representing 3 percent strongly disagree that the coronavirus pandemic is a ploy by government to loot public funds.

Table 4 There is a Significant Social Impact Of Myths and Misconceptions About Coronavirus Pandemic in Nigeria

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly agree	50	50.0	50.0	50.0
Agree	30	30.0	30.0	80.0
Undecided	5	5.0	5.0	85.0
Disagree	10	10.0	10.0	95.0

strongly agree	5	5.0	5.0	100.0
Total	100	100.0	100.0	

Source: field survey, May, 2020.

Table 4 shows the responses of respondents that there is a significant social impact of myths and misconceptions about coronavirus pandemic in Nigeria. 50 respondents representing 50.0 percent strongly agree that there is a significant social impact of myths and misconceptions about coronavirus pandemic in Nigeria. 30 respondents representing 30.0 percent agree that there is a significant social impact of myths and misconceptions about coronavirus pandemic in Nigeria. 5 respondents representing 5 percent were undecided. 10 respondents representing 10.0 percent disagrees that there is a significant social impact of myths and misconceptions about coronavirus pandemic in Nigeria while the remaining 5 of the respondents representing 5 percent strongly disagrees that there is a significant social impact of myths and misconceptions about coronavirus pandemic in Nigeria.

Table 5 There is a Significant Relationship Between Coronavirus Pandemic Myths and Misconceptions and the Fight Against The Pandemic in Nigeria

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	40	40.0	40.0	40.0
	Agree	30	30.0	30.0	70.0
	Undecided	15	15.0	15.0	85.0
	Disagree	10	10.0	10.0	95.0
	strongly disagree	5	5.0	5.0	100.0
	Total	100	100.0	100.0	

Source: field survey, May, 2020

Table 5 shows the responses of respondents that there is a significant relationship between coronavirus pandemic myths and conceptions and the fight against the pandemic in Nigeria. 40 respondents representing 40.0 percent strongly agree that there is a significant relationship between coronavirus pandemic myths and misconceptions and the fight against the pandemic in Nigeria. 30 respondents representing 30.0 percent agree that there is a significant relationship between coronavirus pandemic myths and misconceptions and the fight against the pandemic in Nigeria. 15 respondents representing 15.0 percent were undecided. 10 respondents representing 10.0 percent disagrees that there is a significant relationship between coronavirus pandemic myths and misconceptions and the fight against the pandemic in Nigeria while the remaining 5 of the respondents representing 5.0 percent strongly disagrees that there is a significant relationship between coronavirus pandemic myths and misconceptions and the fight against the pandemic in Nigeria.

Table 6 Test Statistics

	There is no social impact of myths and misconceptions about the coronavirus pandemic in Nigeria
Chi-Square	105.520 ^a
Df	3
Asymp. Sig.	.000

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Correlations

	There is a significant relationship between myths and misconceptions and the fight against coronavirus pandemic in Nigeria	There is a significant relationship between myths and misconceptions and the fight against coronavirus pandemic in Nigeria

There is a significant relationship between myths and conceptions and the fight against coronavirus pandemic in Nigeria	Pearson Correlation	1	-.853**
	Sig. (2-tailed)		.000
	N	100	100
There is a significant relationship between myths and conceptions and the fight against coronavirus pandemic in Nigeria	Pearson Correlation	-.853**	1
	Sig. (2-tailed)	.000	
	N	100	100

**. Correlation is significant at the 0.05 level (2-tailed).

Since its discovery in 2019, the COVID-19 seems to have become one of the largest pandemics in the world involving more than 200 countries (Worldometers, 2020). This study set out to assess the social impact of myths and misconceptions about coronavirus pandemic among general public in Nigeria. For the fight against this pandemic to be successful, myths and misconceptions about the coronavirus must be corrected by relevant stakeholders. In order for individuals to survive in the era of pandemic, adequate knowledge of the disease that caused the pandemic is required. Such knowledge can help to contain the pandemic by adopting right precautionary measures, which will invariably boost both the physical and mental health of the populace. Findings from this study indicated that a large proportion of the respondents are aware and knowledgeable about the COVID-19 and its presence in Nigeria but are skeptical about the current number published by the NCDC. They are of the opinion that the number of cases is being exaggerated for political reasons.

Results obtained from the research questions regarding knowledge of COVID-19 in terms of respondents' knowledge of the source of COVID-19, transmission of COVID-19, symptoms of coronavirus, preventive behaviour toward COVID-19, fatality rate of the COVID-19 and their general conceptions of the pandemic were significantly high. Specifically, this study found that a large percentage of Nigerians hold the view that the COVID-19 cannot really survive in tropical countries like ours and that the federal and state governments are actually not being transparent with the number of cases recorded so far. This is evident of the diverse sources of information concerning the COVID-19 and the back and forth attitude between the NCDC and state governments as regards the actual number of cases (Hassan, 2020). What this means is that there may be

currently some challenges in telling Nigerians to adhere to safety precautions which would further mitigate the fight against the pandemic. We caution that this perception has implications on the national health as Nigerians may not really take the mechanisms put in place by government in order to stop the spread of the virus seriously.

It is important the government of Nigeria and other stakeholders embark on campaigns to raise awareness of the true sources of the COVID-19 and also be transparent with the total number of cases recorded so far in order to curb this pandemic. Concerning the source of the COVID-19 also, our findings highlight implications for religious leaders. A reasonable percentage of Nigerians also opined that the COVID-19 is a scam as they feel that government has been making money from this pandemic thus the reason for their laxity to adhering to the safety precautions. While this may be consistent with the antecedents of our political class, we believe that it may foster carefree attitudes in Nigerians, making them relax and absolutely disregard the prescribed hygiene practices (Abati, 2020). We therefore urge government at all levels to also educate members of the public about the COVID-19 pandemic and the need to stay safe.

As expected, because Nigerians had relatively high knowledge of the COVID-19, even though laden with several misconceptions and myths, their knowledge of precautionary behaviour was also high. These findings are in consonance with previous studies such as Brug et al. (2004), Choi and Yang (2010) and Hussain et al. (2012). These authors reported that one's level of knowledge or perception about an infectious disease can make one to behave in ways that can prevent such infection. Also, the study supported Richards (2017) who opined that knowledge among ordinary people about how to eliminate risks of contracting Ebola virus led to a rapid drop in mid-2015 in the number of cases of infection. Consequently, individuals need to be informed about the potential risk of infection (COVID-19) in order to adopt the right precautionary measures. One suggestion for this result is the knowledge factor. That is, Nigerians have knowledge of COVID-19 and therefore are better able to adopt precautionary measures even though they have doubt as regards the number of published cases. The findings also identified the mass media as the major sources of information about COVID-19 which is similar to a study conducted during the SARS epidemic in Hong Kong (Lau, Yang, Tsui, & Kim, 2003). Likewise Vartti, Oenema, Schreck, Uutela, de Zwart, Brug, and Aro (2009) and Voeten, de Zwart, Veldhuijzen, Yuen, Jiang, Elam and Brug (2009) confirmed that the traditional media provide vital information during pandemics.

CONCLUSION

Due to the concern of everyone about COVID-19 pandemic in Nigeria, the present study, most probably, is the first survey to assess the myths and misconceptions about the coronavirus pandemic in Nigeria among Nigerians. This study was significant because it studied the myths and misconceptions about the COVID-19 pandemic in Nigeria across different and many cities in the country. The findings tentatively affirm that Nigerians are skeptical about the coronavirus pandemic in Nigeria especially the numbers being published by the NCDC. The social media has also contributed to this erroneous belief by the constant propagation of fake news churned out through this platform. It is therefore recommended that all stakeholders should intensify their efforts in sensitising the general public to understand and comply with all precautionary measures to curb COVID-19 pandemic in Nigeria as this would greatly correct the conceptions of people about the coronavirus pandemic which will positively improve the fight against the pandemic. The government also needs to gain the confidence of the masses by being more transparent as regards the fight against the pandemic.

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