



Assessment of Social Media Impact in Curbing the Spread of Covid-19 Pandemic

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ABSTRACT

The COVID-19 Pandemic had made citizens turn to social media for information rather than the official websites of the organization responsible for health and disease control such as the World Health Organization (WHO) and National Centers for Disease Control (NCDC). Social media could be used as a tool, to disseminate any kind of information: correct or false about the disease and sometimes misleading during any outbreak. Premised on the usefulness of social media, this study assesses the impact of social media to avoid the spread of Covid-19. This study emphasized students' perspectives of the disease, their information-seeking behavior, and awareness that necessitates a decrease in physical movement, and increased use of social media as a means of communication. Three hundred and eighty-two students of University of Ilorin participated in the study. The students' level of study ranges, from 100-level to 500-level SPSS version 26 was used to analyze the data. The study found social media to play an important role on the spread of Covid-19 by reducing movement through aiding online communication in order to stop transmission of the virus and serve as a means for awareness and information gathering during the lockdown.

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INTRODUCTION

The coronavirus family is seen as a wide group of viruses that cause cold to an extreme case of Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (NIAID, 2022). The global health issue of Coronavirus Disease popularly refers to as COVID-19 pandemic, plays an important role in our livelihood. The virus' patterns of transmission and rate of spread not only jeopardized our sense of security, but the safety measures implemented to stop its spread also demanded "social distance," or refraining from acting in a way that is inherently human, like, seeking solace in the company of others. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; also

known as 2019-nCoV), which is the source of COVID-19, was originally identified during an epidemic of respiratory illnesses in Wuhan, Hubei Province in China (WHO, 2020a). On March 11, 2020, COVID-19 was declared a pandemic by the WHO, following the designation of H1N1 influenza as a pandemic in 2009 (Cucinotta and Vanelli, 2020). An Italian national living in Nigeria returned from travel on 27th February, 2020, when he was confirmed to have contracted the disease. The Nigeria Centre for Disease Control claims this was the first case to be documented in Nigeria following the epidemic (NCDC, 2020). Later on, further awareness was made on how individuals could contact and be infected. Droplets from infected individuals' coughs, sneezes, or exhales

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are some of the causes of COVID-19 spread, heavy to float, and these droplets fall on objects. Though, infected saliva, respiratory secretions, and respiratory droplets could as well spread directly or indirectly when in close contact with infected individuals (WHO, 2020a). In order to stop the spread of COVID-19, lockdown procedures were consequently adopted everywhere. Due to both expected and unforeseen socioeconomic shocks caused by an evolving virus, the lockdown decision became a necessity (Ajide, Ibrahim and Alimi., 2020). For instance, when the Indian government declared a complete lockdown for 21 days, parents and kids experienced fear, concern, anxiety, and tension. As a result, when faced with uncertainty, people frequently sought out facts to allay their fears, which might have left them open to receiving erroneous information.

Data gathered from Internet usage, particularly from social networks and media sites such as Twitter, Facebook, and Google, has therefore been extensively used over the years to investigate health patterns and better understand infectious diseases and outbreaks, which refers to as infodemiology (Ahmad & Murad, 2020). When faced with uncertainty, people seek expertise to help them feel better, which can expose them to false information. The likelihood of problem-solving abilities and socio-cognitive polarization linked to believing false information during the early phases of the COVID-19 outbreak could also be investigated in order to better understand the consequences of incorrect information and misinformation (Iannello, 2021). Fear of the disease was looked into in different countries to obtain knowledge about the virus and possible prevention, and the will to commute actual news stories of both COVID and non-COVID related. Though, it was discovered that fear has a positive correlation with sensitivity to exaggeration, which implied that, the epidemic may have driven people into superficial existential beliefs (Iannello, 2021). However, most individuals turn to social media for information rather than the official websites of the organization responsible for health and disease control such as the World Health Organization

(WHO) and National Centers for Disease Control (NCDC 2020).

Social media could be a tool, used to disseminate falsehoods about the disease and sometimes misleading information during the outbreak. For instance, popular assertions that spread within Nigeria and the global community, according to Ahmed et al. (2020) are “the Spread of Covid-19 is connected to 5G Mobile network”, “you should put a halved onion within the room to trap the germs that cause Covid-19”. There were several common trends, like “Sunny weather protects you from Covid-19” and “There is no Covid-19; it’s just a new government scheme to steal money.” All of these could serve as contributing factors to why people did not take lockdown procedures seriously.

The study assesses social media’s impact on the spread of the pandemic through students’ perspectives, awareness that causes a decrease in physical movement, and students’ information-seeking behaviour which causes an overwhelming increase in the use of social media for communication.

LITERATURE REVIEW

Declaring Covid-19 as Pandemic

In March, 2020, United Nations made the announcement of contributing \$15 million to the global COVID-19 response. The disease instances topped 100,000 for the first time on March 7, a few days later, on March 11 precisely, WHO 2020 announced the disease as a pandemic. In a matter of days, COVID-19 went from being a significant concern that appeared to be limited to China, becoming an emergency health issue worldwide. Even though, Wuhan cases had already reduced due to lockdown and virus containment procedures. China continuously reports thousands of new cases every day during the COVID-19 outbreak later, the number had drastically reduced to only three digits.

In clinical studies against COVID-19, only a few broad-spectrum antiviral medications have been investigated and approved, and only a small number of these have led to clinical recovery. Since 2021, a variety of virus strains have emerged or grown common, with the Delta,



Alpha, and Beta types being the most hazardous. One of the deadliest pandemics in recorded history, COVID-19 has been confirmed to have resulted in more illnesses and global deaths as of August 7, 2021.

Covid-19 in Nigeria

Nigeria announced its first case on February 27, 2020, in Lagos State. After an Italian national working in Nigeria returned from his travels, and became ill a day after, and was then conveyed to the state's isolation and testing facilities. The test was confirmed positive, hence, the first announcement (NCDC, 2020). The second incidence involves a Nigerian who had a chat with the Italian in Ewekoro, Ogun State, but was later confirmed to have tested negative and no traces of coronavirus in his system. The NCDC established a multi-sectoral National Emergency Operations Center (EOC) as soon as the index case was discovered, to coordinate the country's reaction to the disease (NCDC, 2020). On March 9, 2020, the Presidential Task Force (PTF) to monitor and control the spread of coronavirus was established. Travelers from thirteen high-risk nations had reportedly been denied entry to Nigeria. Others were concerned that the embargo on high-risk nations would go into action right away. By the time the prohibition was put into effect, the number of cases had increased. Unfortunately, many citizens who arrived in Nigeria did not heed to NCDC's recommendation to isolate themselves for 14 days (Amzat, Aminu, Kolo, Akinyele, Ogundairo and Danjibo, 2020).

The NCDC reported that between February 27 and March 17, 2020, returning visitors brought in all known cases of the disease in the nation. Accordingly, 81 clinically validated cases had been reported in some States as of March 27, one month after the initial incidence was noted. A patient lost his life, while the other three made a full recovery. During that period, Lagos State was having the most incidences of 52 persons which was at 64.2 percent, and by April 5, there were 232 positive cases, five more people lost their lives, 33 people recovering, and 14 States in Nigeria reported positive cases (Amzat et al., 2020).

Between February to June, 2020, Nigeria recorded 76,802 individuals who underwent testing. In a nation with a population of about 200 million, the number was viewed as pathetic (Akor, Jimoh, John-Mensah, Ramoni and Oke, 2020). Testing for COVID-19 is done in batches, and each batch takes roughly six to seven hours to finish. Results turnaround varies from 20 to 48 hours depending on the individual. The goal is to shorten the period to 12 hours (Akor et al., 2020). The Federal Government had opted to exclusively evaluate persons who are in extreme need due to a paucity of testing and treatment resources. The following were tested as a consequence (Akor et al., 2020):

1. returnees from abroad vacations who develop symptoms within 14 days of returning home (advice on self-isolation for 14 days where given),
2. ii those people who were exposed to confirmed cases and had symptoms within 14 days of returning,
3. people who are experiencing COVID-19-related symptoms but are not recognized to be as COVID-19-related and
4. People who reside in areas where COVID-19 is prevalent at a moderate or high level.

More than a third of the 36 states lacked testing laboratories months after the index case was validated. If any case was discovered in a state lacking testing facilities, samples were transported to Abuja, Lagos, and other available laboratories (Michael, 2020). The Nigerian government had tasked the Coalition of Epidemic Preparedness Innovation (CEPI) with overseeing a number of institutions in an effort to annihilate the virus, including the Nigerian Institute for Medical Research (NIMR) and the Nigerian Institute for Public Health (NIPH) (Ifijeh, 2020). Coronavirus education and risk communication campaigns have picked up steam after the identification of the disease index case. Traditional and social media channels such as WhatsApp, Twitter, and Facebook have made it easier for updates to go viral (Akinmayowa & Amzat, 2020). The assistance of Network providers, through NCDC, offers daily updates on the outbreak. The

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NOA, NGOs, faith-based, individuals, and other developmental organization partners run sensitization campaigns on many of the nation's streets, mobile phones, and TV channels. The NCDC frequently updates its coronavirus preventive guidelines, which include social seclusion, adequate hand washing, and personal and respiratory hygiene, as well as a database of helplines for each state (NCDC, 2020). The disease infection warnings were also translated into different Nigerian languages in order to communicate to a larger Nigerian audience.

For the Nigerian audience, the NCDC runs a social media campaign using the hashtag #TakeResponsibility (NCDC, 2020). In order to avoid the disease and maintain social health throughout the pandemic, it is crucial that each individual participates in the campaign programme. Social events were planned, faith-based groups hold congregational gatherings and people break laws on private parties and public gatherings, therefore, as part of enforcement, the government sent out police, military, and paramilitary troops, which led to a number of issues because of the aggression of some security personnel (Kalu, 2020). The administration could have been more ready for the pandemic outbreak, due to the previous pandemic such as Ebola in 2014 and Lassa fever outbreaks. Contact tracing was the first stage after the index case. Among the challenges to implementing the contact-tracing technique are returnees who allegedly gave fraudulent contact addresses as well as wrong phone numbers during entry documentation at the airport (News Agency of Nigeria, 2020). As a result, among the first obstacles in the early days were less capacity to trace returnees and the late shutting down of borders to restrict entrance into the country.

A lockdown was also necessary to prevent the sickness from spreading throughout the area. Lagos State, Ogun State, and the Federal Capital Territory (FCT) were declared to be in a four-week lockdown starting on March 30, 2020, and interstate travel was outlawed nationwide (Muanya, Olaiya and Afolabi, 2020). Then, on May 4, 2020, a more tolerant lockdown went into effect, replacing the entire lockdown with

an 8 p.m.–6 a.m. curfew, but the ban on interstate travel remained in place. For those providing vital services, such as security, medicine, and personnel transporting needs like food and drugs, the lockdown and curfew were relaxed (Amzat et al., 2020).

The Covid-19 Epidemic and Social Media

Social media has demonstrated that it can be used to disseminate fear, anxiety, and skepticism among the general public, despite the NCDC's warnings against doing so (NCDC, 2020). The freedom of choice offered by the media, according to Savrum and Leon (2015), allows people to select and broadcasts information that most closely aligns with their interests. They continue by asserting that by emphasizing people's negative perceptions of them, the media causes society's problems to worsen (Savrum & Leon, 2015).

Communication is essential in this situation since they have the ability to send enormous amounts of data. However, until people decide to occupy the streets, nothing will actually change. Before the Covid-19 Epidemic, the Ebola virus in 2014 significantly affected a large number of individuals in West Africa. At that time, Nigerians adopted social media to spread unreliable and fraudulent information. In an effort to prevent communicable infections, several broadcasts were made using instant messaging platforms such as WhatsApp, Facebook, and Twitter to disseminate unreliable medical advice, the likes of using 'salt water to bath', 'use of bitter cola', and antibiotics (Adebimpe, Adeyemi, Faremi, Ojo, and Efuntoye, 2015). To defend themselves against the Ebola virus, some people, unfortunately, resorted to drinking salt water, sadly, many of them suffered serious consequences and several lost their lives. Similar to the Ebola outbreak, the Coronavirus pandemic has recently seen a trend of people asking social media users to broadcast frequent warnings, rebroadcasting of news serves as a cure, motivating and engrossing the audience in terms of the social and economic ramifications of such messages (DiMaggio, Hargittai, Neuman, and Robinson, 2001).

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Individuals are likely to distribute messages in order to raise awareness and inspire more response or level of involvement from the general public than earlier modes of communication, albeit to the detriment of the latter. The uninformed people believe what they hear because they have easy access to this information, and they may even advise their families to follow suit as a preventative step against the epidemic (DiMaggio et al., 2001, Obi-Ani, Anikwenze and Isiani, 2020). Another similar Facebook broadcast advertisement claims that "Coronavirus remains in the throat for four days before reaching the lungs, during which time the individual starts to cough and feel throat issues, and he should be able to get rid of the illness if he drinks plenty of water and gargles with warm water and salt or vinegar" (Obi-Ani et al., 2020). Although no national health agencies have endorsed or confirmed this information, the author advises the general public to utilize it. The author then advises other Facebook friends to share the messages with their family and friends. Those who gorge themselves on these goodies like starving animals seldom ever make it out alive (Obi-Ani et al., 2020). As a result, information gained through social media should be handled carefully. Although some of the content published on social media is encouraging, the vast majority is degrading, inaccurate, or both.

However, few Nigerians insist on the falsification of the virus due to Nigeria's location in the tropical region which could be difficult for the survival of the virus, and hold the opinion that the virus does not exist in the country. Many people doubt the motives of the government and perceive the Federal and State governments attempting at stopping the spread of the disease as schemes to mismanage public funds. Though, the BCG vaccine is a means of prevention against the disease (Obi-Ani et al., 2020).

Social Distancing

To lessen the risk of spreading the Coronavirus sickness, those who practice social isolation make an effort to spend a lot of time by themselves and away from other people (Hwang, Rabheru, Peisah, Reichman and Ikeda, 2020).

Social distance promotes and creates an avenue for increased use of online video conferencing and longer mobile phone conversations instead of face-to-face interactions. The significance of maintaining a distance minimum of 6 feet away between each other and maintaining the use of nose masks is emphasized when neighborhoods reopen and people venture out more, and the term "social distancing" is being used to signify "physical distancing". The social distance used to be a term to describe physical alienation, which is addressed more below. On the other hand, social distance differs from a physical distance (Maragakis, 2020).

In order to stop the spread of disease, the social and physical distance approaches aim to break the chain of transmission, put an end to it, and stop the emergence of new ones (Jefferson, Del Mar, Dooley, Ferroni, Al-Ansary, Bawazeer, van Driel, Nair, Jones, Thorning and Conly 2011). These precautionary measures create virtual social bonds among families and communities while maintaining a safe distance between individuals and keeping them away from polluted surfaces. For the general public, strategies include teleworking and distance learning, crowd control, the closing of facilities and services that are not essential, care for vulnerable groups, restrictions on movement policy of and 'stay-at-home' as well as reorganization of health care facilities, services to proactively address health care and social service needs. Along with the measures (WHO, 2020b), specific COVID-19 preventative strategies of washing hands and coughing etiquette are implemented.

As a result, NCDC started formulating plans with the assistance of its partners before the first case in Nigeria was officially verified. The NCDC started collaborating with states and medical facilities to design and build COVID-19 isolation and treatment facilities. In addition, case management, infection prevention and control (IPC), surveillance, risk communication, and other components of epidemic preparedness and response were taught to health professionals nationwide. Additionally, the NCDC started stockpiling medical supplies such as personal protective equipment in preparation for distributing

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them to all states. Importantly, the NCDC created initiatives and criteria for health preparation that was holistic in nature (NCDC, 2020). This included the ability to test for COVID-19, surveillance efforts, the creation of public health guidelines, and technical assistance to governments. The outbreak also allowed Nigeria's public health infrastructure to grow in a matter of days, such as the creation minimum of 70 public health laboratories around the nation, and at least one facility for coronavirus disease testing in each State (Akpan, 2021). The national lockdown in Nigeria had already resulted in the suspension of daily social activities, but individuals still had to go about their daily lives and conduct business, which led to the incorporation of social media into daily life and routine (Akpan, 2021).

Method

Considerable objectives give direction to this study and by applying the appropriate research design makes it easy and interesting to achieve this set of objectives. These objectives include determining how social media affects the spread of Covid-19, how students perceive the spread of Covid-19 through social media, and explore medium used by students for information-

gathering. The study uses a quantitative research approach using a survey design by applying a questionnaire. A closed-ended questionnaire created with Google Forms was used as the research instrument for this study. Experts in Social media studies, and the development of questionnaires were contacted for a review of the questionnaire. Experts' comments and suggestions were considered and a questionnaire for this study was developed. Raosoft was used to determine the sample size, which gives 382 participants, and these 382 students from the University of Ilorin were used for the study during the 2019/2020 academic session. Simple frequency counts and percentages were used to examine the data gathered for this study. The collected data was analyzed using SPSS version 26 and organized into tables.

RESULT AND DISCUSSION

Demography of Respondents

The demographic features of the respondents, as well as the study variables, were analyzed and presented in this part using statistical frequency counts and percentages.

Table 1: Summarizes the demographic characteristics of the survey respondents.

Demography	Options	F	P (%)
Gender of Respondent	Male	210	55
	Female	172	45
	TOTAL	382	100
Age Range	18-24	130	34.1
	25-30	178	46.7
	31-36	65	17.1
	37 and Above	9	2.1
	TOTAL	382	100
Level	100	91	23.8
	200	89	23.2
	300	88	23
	400	78	20.4
	500	36	9.4
	TOTAL	382	100
	Religion affiliation	Christian	246
Muslim		136	35.3
TOTAL		382	100

Note: F is Frequency and P is Percentage

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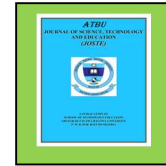


Table 1 shows the respondents' demographic characteristics by gender, age range, educational level, and religious affiliation. The majority of the responders were male, with 186 (55%) being male and 172 (45%) female, according to the results. In addition, the bulk of the respondents, 178 (46.7 percent), are between 25 and 30 years of age, 130 (34.1 percent) were between the ages of 18 and 24, 65 (17.1 percent) were between the ages of 31 and 36, and 9 (2.1 percent) were 37 years and older. The majority of

the respondents, 91 (23.8 percent), were in the 100 level, followed by 89 (23.2 percent) in the 200 level, 88 (23 percent) in the 300 level, 78 (20.4 percent) in the 400 level, and 36 in the 500 level (9.4 percent). 246 (64.7%) of those surveyed were Christians, while 136 (35.3%) were Muslims.

Answers to Research Questions (RQ)

RQ1: How does Social Media (SM) affect the spread of COVID-19?

Table 2: Frequency Distribution of how COVID-19 has spread in relation to Social Media (SM)?

Items	SA	A	U	SD	D
SM helped to combat COVID-19	26	50.4	17.3	2.6	3.7
SM minimized the spread	32.8	35.4	14.4	5.5	11.8
SM served as source of information during the lockdown	46.8	42.1	9	1.3	0.8
Finding information about COVID-19 was very difficult	28.9	29.7	8.4	12.8	20.2
The transmission of pandemic news was slowed down by social media	28.2	33.9	11	11.5	15.3

According to Table 2, 88.9% of respondents said social media was a reliable source of information during the lockdown. Also, 78.2 percent of respondents said that social media contributes to limiting the COVID-19 outbreak. More than 76 percent of respondents ascertain social media as a means to reduce the spread of the disease, and more than 62 percent agreed that social media help with the spread of disease transmission news. However, less than 59 percent felt getting news on the disease is stressful.

The aforementioned outcome suggests that social media both contributed significantly to and helped in the fight against Covid-19. Social media can be used to slow the spread. This is in line with the work of Chouhan, Vasita, and Goswami (2020) who ascertain social media to help in public health literacy and behavioral improvements in public health.

RQ2: What is the effect of SM on individual perception of COVID-19?

Table 3: Effect of Social Media on Individual Perception

Items	SA	A	U	SD	D
I have access to the social media?	36.7	45.1	11.8	2.6	3.7
I used social media to gather information about COVID-19	29	52.9	12.3	2.3	3.4
Social media helped to gather information during lockdown?	39.7	45.5	11.3	1.6	1.8
Social media helped me stay connected with relatives during lockdown	49.6	38.6	9.1	1.3	1.3

Table 3 reveal that during the lockdown, respondents used social media to communicate with their family. For example, in Item 1, 81.8 percent of respondents consented to have access

to social media, while only 6.3 percent did not have access and 11.8 percent were undecided. This proves that the vast majority of respondents have access to social media. Item 2's response to



the statement that 81.9 percent of respondents using social media to obtain information about COVID-19 helped them have accurate knowledge of the epidemic. 81.9 percent of the respondents say they use social media, with 5.7 percent saying they don't and 12.3 percent undecided. It appears that the majority of respondents were able to gather information using social media.

Furthermore, the majority of 88.2 percent said they were able to communicate with their family via social media, indicating that social media played a crucial role during the lockdown, whereas 2.6 percent disagreed and said they were unable to communicate, and 9.1 percent were undecided. This shows that during the epidemic,

social media was used by the majority of responders to contact family members. It also aids people in adhering to the no-movement rules. People have little trouble connecting with business contacts, and it also allows many firms to implement a work-at-home policy. According to Kocabiyik (2021) find university student to use social media to socialize, communicate, shopping and use to meet their daily needs. This signifies their willingness to communicate with their families and friend and also perform their daily activities via social media.

RQ3: What Medium did students used to get Information on Covid-19?

Table 4: Information seeking behavior of individuals

Items	SA	A	U	SD	D
Social media assisted on spreading awareness of COVID-19	33.3%(127)	49.6%(189)	11.2%(43)	1.6%(6)	4.2%(16)
Social media awareness helped people know more about COVID-19 symptoms	41%(155)	45.8%(173)	9.8%(37)	1.3%(5)	2.1%(8)
Social media awareness helped citizen to observe the COVID-19 precautions	41%(155)	45.8%(173)	9.8%(37)	1.3%(5)	2.1%(8)
Social media awareness helped reduce the spread of COVID-19	38.8%(146)	47.1%(177)	9.8%(37)	2.9%(11)	1.3%(5)
I feel discriminated by other countries due to the outbreak of COVID-19	32.1%(122)	30%(114)	15%(57)	15%(57)	3.5%(13)
I would like to receive additional information about COVID-19	27.2%(103)	48.8%(185)	12.4%(47)	8.9%(34)	2.6%(10)
I would like to receive additional information about COVID-19 and receive advice on prevention	33.2% (126)	43.8%(166)	19.3%(73)	1.6%(6)	2.1%(8)

Table 4 shows that 316 respondents, or a majority of respondents, rated the use of social media to raise Covid-19 awareness as substantial (82.9 percent), demonstrating that social media has been crucial in raising awareness of the epidemic. Social media, according to 328 participants (86.8%), helped spread knowledge about COVID-19 and its symptoms. The majority of those surveyed say that social media was really helpful. The majority of 328 respondents (86.8%) and 323 respondents (85.9%) agreed that social

media awareness helped to reduce the spread of the virus. The responses indicate that social media played a significant role in the spread of the virus, and 236 respondents (62.1%) gave their opinion on how well social media performed. The responses to this question suggest that they believe other countries discriminate against them.

The aforementioned comments illustrate that social media has a beneficial impact on Covid-19, and it has truly functioned as a means of decreasing the spread, as well as an

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avenue for receiving information about the lockdown. According to Balogun, Isimikalu and Adedoyin (2022) and Balogun, Adeleke, Abdulrahman, Shehu and Adedoyin (2023) in their study on e-learning and students perception point out students usage of social media to acquire needed information.

CONCLUSION

Nigerians' social media usage pattern has changed as a result of the Covid-19 outbreak. Social media users now send out message in the form of broadcast warnings on a regular basis in order to share any available information as fast as possible. It also generates a higher level of public response or participation than prior modes of communication. People are therefore more inclined to spread knowledge in an effort to increase awareness. With the dissemination of knowledge, Covid-19 awareness, preventive methods as well as covid-19 myths and incorrect information through social media, and the impact of social media on the fight against Covid-19 has been explored. The study shows social media play an important role in the fight against Covid-19, that it can help reduce the transmission of the virus and that it can also be used to get information about the lockdown. During the pandemic, majority of people used social media to interact with their family members, it also becomes easier for folks to follow the no-movement guidelines. Therefore, people have less difficulty communicating with business contacts, and pave way for companies to implement a work-at-home policy (Kocabiyik (2021); Chouhan, Vasita, and Goswami (2020); Balogun, Isimikalu and Adedoyin (2022); Balogun, Adeleke, Abdulrahman, Shehu and Adedoyin (2023).

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