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Awareness and Knowledge of COVID-19 Pandemic among Rural Dwellers of Edo State, Nigeria

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ABSTRACT
The study assessed the level of awareness and knowledge of COVID-19 pandemic among rural dwellers of Edo South. The study adopted the cross sectional survey research design. The population of the study include adult 18years and above irrespective of gender, social status, and religious affiliation, among others that domicile in the study area. Simple random sampling method was used to select 440 respondents from the population of Edo South. Questionnaire and in-depth interview formed the research instruments for data collection. Data were sorted and analysed with descriptive statistics and content description of themes. The findings revealed a high level of awareness vis-à-vis knowledge about COVID-19 among rural dwellers in Edo South Senatorial district. However, there were some misconceptions about the existent of coronavirus among the rural dwellers. These misconceptions seem to hamper the practice of non-pharmaceutical intervention mechanism like social distancing, good hygiene and use of face mask. The non-pharmaceutical intervention was recommended by the World Health Organisation as measure to curtail the spread of COVID-19 due to the complete absence of vaccines and antiretroviral. The study therefore recommended that Government should setup Rural Area Taskforce on COVID-19 to enforce the practice of social distancing, use of face mask, regular hand wash and good hygiene practice among others.

Keywords: Awareness, COVID-19, Non-pharmaceutical, Pandemic, Transmission

ABSTRAIT
L'étude a évalué le niveau de sensibilisation et de connaissance de la pandémie de COVID-19 parmi les habitants des zones rurales d'Edo South. L'étude a adopté le plan de recherche de l'enquête transversale. La population de l'étude comprend des adultes de 18 ans et plus indépendamment du sexe, du statut social et de l'appartenance religieuse, entre autres qui résident dans la zone d'étude. Une méthode d'échantillonnage aléatoire simple a été utilisée pour sélectionner 440 répondants de la population d'Edo South. Le questionnaire et l'entretien approfondi ont constitué les instruments de recherche pour la collecte de données. Les données ont été triées et analysées avec des statistiques descriptives et une description du contenu des thèmes. Les résultats ont révélé un niveau élevé de sensibilisation vis-à-vis des connaissances sur le COVID-19 parmi les habitants des zones rurales du district sénatorial d'Edo Sud. Cependant, il y avait quelques idées fausses sur l'existence du coronavirus parmi les habitants des zones rurales. Ces idées fausses semblent entraver la pratique de

mécanismes d'intervention non pharmaceutiques tels que la distanciation sociale, une bonne hygiène et l'utilisation d'un masque facial. L'intervention non pharmaceutique a été recommandée par l'Organisation mondiale de la santé comme mesure de réduction de la propagation du COVID-19 en raison de l'absence totale de vaccins et d'antirétroviraux. L'étude a donc recommandé au gouvernement de créer un groupe de travail sur le COVID-19 pour les zones rurales afin de renforcer la pratique de la distanciation sociale, l'utilisation d'un masque facial, le lavage régulier des mains et les bonnes pratiques d'hygiène, entre autres.

Mots clés: sensibilisation, COVID-19, non pharmaceutique, pandémie, transmission

INTRODUCTION

The 2019 novel coronavirus disease (now known as COVID-19) is an on-going pandemic due to its speed and scale of global transmission (Heymann & Shindo, 2020). As a global health risk, it is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (World Health Organisation, 2020). The virus (COVID-19) is a respiratory illness that spread primarily from person to person through direct contact with droplets from respiratory secretions of infected person (Bao-Liang, Bao-Liang, Wei, Hai-Mei, Qian-Qian, Xiao-Ge, Wen-Tian., & Yi, 2020). It was first identified in China and is linked to Huanan seafood market in Wuhan, China, in 2019. In response to this situation, the World Health Organisation on 30th January 2020 declared the outbreak a global public health emergency of international concern (Mustapha, Adedokun, & Abdullahi, 2020) and called for collaborative efforts of all countries to prevent the rapid spread of the virus (WHO, 2019).

This pandemic according to Effiong, Ime, Akpan, Mfreke, Edidiong, Abere, Abraham, Essien and Ukpong (2020), has unarguably taken the world unaware, unprepared thus, leaving the affecting country to suffer the devastating dead crises as well as economic breakdown. As a result of its speed and scale of global transmission, the virus had reached over 185 countries and territories altogether, resulting in over 846,000 laboratory-confirmed infection cases and over 41,000 deaths as at March 31, 2020 (Teri, 2020). Hence, it has resulted in high wave of panic and fear around the world. The global economy is not spared as the economies of most countries of the world have plummeted. For instance, the financial minister of Germany was reported to have committed suicide over the worries on how to proffer financial solution to the country financial crisis resulting from pandemic (Vanguard Newspaper, March, 2020).

In Africa, the coronavirus has assumed a worrisome dimension affecting about 38 countries in the WHO African region; sparking fears that COVID-19 could overwhelm already fragile public health systems of most African countries like Nigeria. In Nigeria, the spread of the pandemic is not different. The country has recorded a geometric increase after the first laboratory-confirmed infection case that was linked to an Italian national who had visited Lagos, the commercial hub of Nigeria from Northern Italy and had subsequently travelled from Lagos to Ogun state, where he became ill and was properly isolated. As at 31 March 2020, Nigeria's confirmed cases have risen to 139 (David, 2020).

Owing to Nigeria's fragile health system, and couple with inadequate level of preparedness, many public commentators have predicted that the situation could be worse than Italy, Spain and the United States of America. Currently these countries are the most hit

with the highest fatality rate since the outbreak of the pandemic. Italy for example has recorded clinically confirmed infection cases of over 105,000 and fatality rate of over 11,000 while Spain on the other hand has recorded over 8200 fatality rate with thousands of infection in March 31, 2020.

Although the Nigerian president noted that the Federal Government started planning preventive, containment and curative measures in the event the disease hits Nigeria right from the onset, the number of confirm cases so far is scaring. This is more so when the pandemic has no cure. Scientists around the world are working very hard to develop a vaccine. For now, the best and most efficient way to avoid getting infected is through regular personal hygienic and sanitary practices as well as the use of face mask and social distancing' lifestyle (Oyeyemi, 2020).

Methods of preventing the onset and spread of the virus include strengthening health publicity and education, maintaining environmental health, keeping good personal hygiene; drinking boiled water; avoiding raw food consumption; frequent hand washing; avoidance of contact. In order to reduce the spread of the disease, the World Health Organization recommends 'raising community awareness particularly of remote rural areas of the risk factors for Coronavirus infection and the protective measures individuals can take' (Effiong, et al., 2020, p.25). The government, and charitable groups, including Non-Governmental Organizations (NGOs) and other agencies are to create awareness campaigns on the Coronavirus. The awareness campaign should include putting messages and jingles on radio and television stations and posters around communities as part of a long term programme to inform the public and help prevent further infections (Effiong, et al., 2020). Since awareness among rural dwellers serves as a positive indicator for prevention of spread of COVID-19, it can also help to checkmate the national spread of the virus, and hence flatten the curve of infection. Many of the rural dwellers get awareness or become informed of social phenomenon through indigenous means, including town criers, churches/mosques and non-conventional sources like friends and close associates (Anunobi, Ogbonna & Osuchukwu, 2014).

Sadly (unfortunately), the rural areas of Edo State seem to have inadequate information regarding the scourge of COVID-19. Ogar, Dika and Atanda (2018) posited that information represents a man cumulative knowledge in various subjects and from various sources that could assist users to make rational decision. In addition, they asserted that information is a message that changes the recipient knowledge base. However, rural dwellers in Sub-Saharan Africa and Nigeria inclusive seem to be excluded in this knowledge society. There is no available literature to show how appropriate information that is relevant, timely, complete, reliable and accurate for the rural dwellers to understand, use and benefit from is effectively delivered to them. The situation therefore has left rural dwellers to live mainly on their ignorance rather than on knowledge-based information. The United Nations Environment Programme (UNEP) submitted that more than 60% of Africa's population are misinformed as a result of living in rural areas; where there is little or no access to and use of appropriate information needed to make day-to-day decisions, progress in vocations and general wellbeing (Uzuegbu, 2016).

Furthermore, most of the rural areas do not have electricity and in a situation where some of the rural communities are besieged with epileptic power supply, lack of pipe borne

water and with limited access to quality telecommunication network. For example, in the study conducted by Ugiagbe and Osaghae-Vincent (2018) in some of rural communities of Edo South, it was discovered that the area is bereft of fuel station, tertiary institution and communication gadget(s). In order to receive telecommunication signals, people with handsets have to climb some specific higher grounds/hills at specific time of the day.

Against this background, the study seeks to examine the level of awareness and knowledge of COVID-19 among rural dwellers of Edo state. This is because awareness is the starting point for prevention. According to Bao-Liang et al. (2020), people's adherence to control measures is affected by their knowledge, attitudes, and practices towards COVID-19. Since the COVID-19 is a global pandemic, the level of information regarding the crisis and the mode of transmission among rural dwellers is therefore necessitated. Among the literatures on COVID-19 none has specially focused on the rural area, hence the gap in knowledge the study is poised to fill.

Research Questions

The following research questions will guide the study. There are:

- **a.** what is the level of awareness of the COVID-19 pandemic in rural area of Edo sate?
- **b.** what is the knowledge of transmission of the COVID-19 among rural dwellers of Edo state?
- **c.** what is the knowledge of symptomatic expressions of the Coronavirus among rural dwellers of Edo state?
- **d.** what are available social intervention mechanism programmes?

Objectives of the Study

The main objective of the study is to ascertain the level of awareness of COVID-19 among rural dwellers of Edo state; specific objectives include to:

a. determine the level of awareness of COVID-19 pandemic among rural dwellers of Edo state
b. ascertain the Knowledge of transmission of COVID-19 virus among rural dwellers of Edo state
c. find out knowledge of symptoms of COVID-19 virus among rural dwellers of Edo state
d. find out the extent social intervention mechanism are practiced among rural dwellers.

THEORETICAL FRAMEWORK

The study adopted Ogburn's theory of social change. This theory was propounded in 1922 based on the degree of change in the various components of culture. Ogburn divided culture into two parts; material culture and the non-material culture. Material culture included manufactures goods, factories houses and cars etc as well as the invention and technological changes' and the non-material culture which termed the adaptive culture, includes social institutions, values systems, laws customs, mores and folkways. According to Ogburn, the adaptive culture tends to change more slowly than material culture (Semelser, 19991).

Although technology is the primary engine of progress, but it is tempered by social responses to it. Thus, Ogburn's theory is often considered a case of technological

determinism. Social scientists have underlined social change in terms of a change in relationships, organisation, culture, institution, structure and functioning of the social system. By social change, Kingsley Davis meant only such alterations that affect the organisation, structure and functions of society. Robert A. Nisbet views social change as a succession of differences in time within a persisting identity. For John J. Macionis, social change is "the transformation of culture and social institutions over time. https://www.sociologydiscussion.com/society/social-development-5-main-causes-of-social-change/963.

According to Thorthus Veblen, the role of technological innovation in bringing about social change is determined by the people orientation of acceptance of such innovation. Thus, a new innovation will not automatically lead to new social behaviour and attitude but it would provoke resistance by challenging traditional morality and old institution. Those who have what Veblen called vested interest in the existing social order/ or strong social commitment that benefits them would resist the change, even if the institution they support are out of date. The people of rural area of Edo state in this regards, hold strong ties to the old social order of maintaining close relationship, shaking of hands, and celebrating with allies in a crowded settings which is however different from the new order that is canvass to be followed during this pandemic. For the new order to erode the existing order, ideas have to overcome the vested interest of social solidarity in close setting. Ogburn noted that there is bound to be culture lag between them. Adaptive culture takes time to develop. Whether people would accept a new idea, innovation or not seems to depend on both the nature of the invention and the character of the society (Coser, Rhea, Stefan & Knock, 1999).

The rural communities of Edo South is characterised by high social solidarity. This Ferdinand Tonnies refers to as been characterised by mechanical solidarity. This implies that some of the proposed measure of curtailing the menace of COVID19 seems not to be compatible with the cultural values hence, might not be easily accepted. The low level of the practice/ acceptance even with much awareness in the place is because new social patterns are accepted more readily if they satisfy a need that was not previously met and they are resisted most strongly if they compete with an old pattern that is still satisfying. Thus, social distance, use of know mask and regular hand wash will gain more acceptance in urban centres compare to the rural area f Edo state.

RESEARCH METHODS

The study adopted the cross sectional survey research design. The population of the study are all adult 18years and above irrespective of gender, social status, and religious affiliation in Edo South. The study adopted the simple random sampling method in selecting 435 respondents as sample for the study (comprising 426 questionnaires and 14 in-depth interviews). The primary-sources of data included the questionnaire and in-depth interview. The research instruments were subjected to both face and content validity so as to capture the true objectives of the study. Data were sorted and analysed using descriptive statistics and content description of themes.

RESULTS

Data from the field were analysed as shown below. The first part deals with the socio demographic characteristic of the respondents while the other sections cover data generated from the research questions.

Table 1 revealed the socio demographic characteristics of respondents. Majority (74.4%) representing more than half of the respondents are males. Many more of the respondents (29.3%) were in the age bracket of 38-47 years than in the age bracket of 58-67years (23.5%).. The study also revealed that two third of the participants (54.5%) representing 232 of the respondents were married, while 185 representing 43.4% of the respondents were single. The rest 9 representing 2.1% were either divorced or separated. The level of formal education among participants is generally low. This is not surprising because the study was conducted in the rural area. The respondents without former education were significantly high (26.1%).

Table 1: The Socio-Demographic Characteristics of respondents, N = 426

Socio-Demographic profile of respondents	**Variables**	**Frequency**	**Percentage (%)**
Sex of **respondents**	Male	317	74.4
	Female	109	25.6
Age	18-27Years	114	26.8
	28-37years	29	6.8
	38-47years	125	29.3
	48-57years	40	9.4
	58-67years	100	23.5
	68years and above	18	4.2
Marital Status	Single (never married)	185	43.4
	Married	232	54.5
	Divorced/separated	9	2.1
~~Level~~ of education	No formal education	111	26.1
	Primary School	133	31.2
	Secondary school	130	30.5
	University	52	12.2

Source: Fieldwork, 2020.

Data in Table 2 revealed the level of awareness of COVID-19 among the rural dweller of Edo state. The data show high proportion of awareness among the rural dwellers of Edo South Senatorial District on coronavirus pandemic. For example, the data revealed that 297 respondents, representing 69.7% of the participants have heard about COVID-19 pandemic, 12.7% of the participants have not heard about it while 17.6% said they are not sure. Data in Table 2 further revealed that majority of the participants have heard about covid-19 while 19.3% of the participants agreed to have heard about it for a short period of less than a week.

Responding to the question as to whether the virus truly exists, 230 representing 54% of the participants are of the opinion that the virus exists while 167 representing 39.2% of the total participants were not sure whether the virus exist or not. Majority of the participants

agreed to know how long the virus can stay in the human body before it starts to manifest its symptoms but in reality only 7.1% of the participants knew the actual number of days World Health Organisation recognised for the virus to manifest which is 14days. The data in Table 2 also revealed that majority of the participants agreed that the virus affects both the rich and the poor although one third of the participants said it affects only the rich. The responses from the respondents to the questionnaire were further collaborated by the response of interviewees who stated thus:

> Information from radio and television shows that the virus can affect anybody regardless of the person socio-economic status. But presently in Nigeria, the virus is only affecting the rich. No poor man or woman has been identified or seen to have been infected. This shows that it is a 'big man' sickness although we are made to believe that it can affect anybody both rich and the poor (IDI, Female, Trader, Izakagbo Community, April, 2020).

Another interviewee stated thus:

> The virus is only for the rich, the politicians and their children. They brought it from abroad. Will the poor man looking for money to feed, pay house rent and pay the children school fee get money to travel abroad let alone to bring coronavirus to Nigeria to be kill people? (IDI, Male, Farmer, Otofure Community, April, 2020).

Yet again, another interviewee stated thus:

> Coronavirus is not real; the Federal government of Nigeria is just using it to make money by deceiving Nigerians. If the virus is actually real why it is that we have not seen the people that are being affected? Coronavirus in Nigeria is a scam (IDI, Male, Self-employed, Egbeta Community, April, 2020)

Table 2: Distribution of responses on level of awareness of coronavirus, N = 426

Level of awareness	**Responses**	**Frequency**	**Percent (%)**
Have you heard of covid-19 pandemic before?	Yes	297	69.7
	No	54	12.7
	Cannot tell	75	17.6
Medium of information (awareness)	Radio	283	66.4
	TV	28	6.6
	Friends	60	14.1
	Others	55	12.9
For how long have you being aware about the virus?	Less than one week	83	19.5
	Two weeks	28	6.6
	Three weeks	104	24.4
	One month	154	36.2

Do you know how long the virus can stay in the body of a person before it will manifest?	Yes	241	56.6
	No	155	36.4
	Cannot tell	30	7.0
If yes, to question 11, what is the duration?	5days	105	24.6
	10days	136	31.9
	14days	32	7.5
	21days	36	8.5
Does the virus affect only the rich?	Yes	107	25.1
	No	209	49.1
	Cannot tell	110	25.8
Do you believe the virus can kill people who have it?	Yes	167	39.2
	No	125	29.3
	Not sure	134	31.5
Awareness of the impact of virus on health	Yes	180	42.3
	No	160	37.6
	Not sure	86	20.2
Awareness on mode of transmission	Yes	166	39.0
	No	88	20.7
	Not sure	172	40.4

Source: Fieldwork, 2020

The data in Table 2 also revealed that majority of the participants agreed that the virus does not have a cure at the moment. Responses from the interviewee state thus:

> We heard the virus exist and does not have a cure at the moment. That is what we are told but for me, I am not sure if the virus exists because I have not seen anybody that I know that have died or have been infected with the virus. If the virus does not exist, then it will not have a cure. Every day we keep hearing the number of cases have increased but we have not seen anybody we know that have been infected. I think government is trying to play game with the virus as they usually do (IDI, Female, Tailor, Izakagbo Community, April, 2020).

This is also in corroboration with another in-depth interview, where the participant opined that the virus truly exists but "I do not think it is the way they paint it to be. The virus only affects those persons that returned from outside the country but I am not sure if anyone has been infected here" (IDI-2020). Many other respondents (166 or39%), believed the virus is airborne, while 172 (40.4%) of the participants were not sure if it is airborne disease.

Table 3: Distribution of findings on Mode of Transmission of Coronavirus, N =426

Awareness of mode of transmission	Responses	Frequency	Percent (%)
Can a person contract the virus by breathing in-air if not wearing facemask?	Yes	223	52.3
	No	112	26.3
	Cannot tell	91	21.4
Do you believe people can contract the virus through hand shake with an infected person?	Yes	265	62.2
	No	136	31.9
	Cannot tell	25	5.9
Do you think contact with the respiratory droplet from an infected person can cause another individual to be infected?	Yes	232	54.5
	No	134	31.5
	Cannot tell	60	14.1
Do you know if people can contract the virus after touching things and people without washing their hands?	Yes	273	64.1
	No	76	17.8
	Cannot tell	77	18.1
Do you know using infected hands to touch mouth, nose and eyes can make a person to contract the virus?	Yes	258	60.6
	No	166	39.0
	Cannot tell	2	.5
Do you think large gathering of people can cause the virus to move from one person to another person?	Yes	261	61.3
	No	87	20.4
	Cannot tell	78	18.3

Source: Fieldwork, 2020.

In another effort to ascertain from the interviewees whether the coronavirus is airborne disease or not, several interviewees stated thus:

> Coronavirus is airborne disease that is why they ask everybody to stay at home because nobody knows where the virus is in the air. You can go out now and where you went to may be where the virus is and as such you can just breathe it into your body and that is the end (IDI, Female, Farmer, Utese Community, April, 2020).
>
> Coronavirus does not fly in the air so it is not airborne disease. Someone can only contract the virus when they have contact with the respiratory droplet from an infected person (IDI, Female, teacher, Izakagbo Community, April, 2020).
>
> The virus as they say is not in the air an individual can only contract the virus if they shake hands with an infected person and they use that same hand to touch their eye, mouth or nose (IDI, Male, Carpenter, Iyowa Community, April, 2020).

The data in Table 4 (about here) revealed participants frequency distribution on knowledge of symptoms of coronavirus. Although a significant proportion (55.6%) did not know about the symptoms, many had agreed to signs like coughing, sneezing, high blood pressure, and fever, or headache. In this context, many respondents had agreed to the compulsory staying at home, and treating oneself at home.

Table 4: Knowledge of symptoms about coronavirus, N = 146

Knowledge of symptoms	Responses	Frequency	Percent (%)
Do you know some of the likely signs that manifest in COVID-19 infected person	Yes	187	43.9
	No	237	55.6
	Not sure	2	.5
If yes, what are the signs	Coughing, sneezing, and high temperature	126	29.6
	Fever, headache and vomiting	109	25.6
	All of the above	82	19.2
	Others	109	25.6
Those that manifest these symptoms, what are they supposed to do?	Stay at home	150	35.2
	Not sure of what to do	2	.5
	Go to the nearest hospital	28	6.6
	Treat yourself at home	107	25.1
	Others	139	32.6

Source: Fieldwork, 2020

In an effort to ascertain the knowledge base of the rural dweller about the mode of transmission of corona virus, the interviewee state thus:

> Facemask is just to avoid contact with the respiratory droplet from people in case they have the virus so that they don't infect another person. But those not wearing facemask cannot contract the virus if they do not have contact with the respiratory droplet from people' (IDI, Male, Hunter, Uhen Community, April, 2020).

> People cannot contract the virus by mere hand shake except the handshake is with people who already have the virus but the question is how do you know the people who have the virus or those who don't have? In order to stay safe that is why the government said we should stop shake hands (IDI, Female, Farmer, Iwu Community, April, 2020)

> In our community here there is nobody with the coronavirus as such we still hold our regular meetings. It is only gathering of people who have the virus that is not good. Since the virus came from abroad and we don't have any person who came from abroad in the community so why should we be afraid that gathering of people can make the virus move from one person to another (IDI, Male, Farmer, Iwu Community, April, 2020).

In table 3, the report had shown that respondents had knowledge of symptoms about the coronavirus; and that majority of the participants have a good knowledge of the symptoms but did know what to do when this symptoms manifest. Those that do know do not believe it is the best measure to take when such symptoms manifest. For instance, overwhelming number of participants agreed not to have mixed with crowd in the last few weeks before this research possibly because of the sanitation of awareness about the virus while a significant number of them representing 30% said they have mixed with crowed in the past one week. Majority of the participants do not believe that isolation of people with the virus from others is the best way to reduce the spread. The data revealed that 74.4% of the participants know at least two symptomatic expression of the virus. For example, 126 representing 29.6% of the participants identify coughing, sneezing and high temperature as possible sign of the virus, 109 representing 25.6% identified fever, headache and vomiting as possible symptoms while 19.2% identify all of them. Data further revealed participants knowledge on what to do when those symptoms manifest in people. Among the total participants, 150 representing 35.4% agreed they stay at home, 107 representing 25.1% agreed they treat themselves at home. This is however not among the measures to take to reduce the spread while 28 representing 6.6% of the participants agreed the victim go to a nearby hospital. One of the interviewee responded thus:

> I think those who manifest the corona virus symptoms should go to the hospital to report themselves so that they can be given the necessary treatment. But at this present time when even the Doctors are afraid of the virus, the quality of care the patient will receive will be very poor (IDI, Female, Teacher, Otofure Community, April, 2020).

Data in Table 5 revealed participants responses on the social intervention mechanism to arrest the issue of COVID-19 pandemic. The data revealed that among the participants, more than half have not mixed with growth since the pandemic was recorded in Nigeria. Majority of the participants do not believe that people who are not infected should stay away from crowded place. Although a number of them were not sure if staying away from crowded place was the best option to take. Significant proportion of the participants agreed to either wash their hands with soup and water or use alcohol-base sanitizer whenever they return from outside, although, 30% of the participants do not practice any social intervention mechanisms that can reduce the spread of the virus.

The finding also revealed that those with the virus should be isolated for number of days to ascertain their health status or if they have contracted the virus. 26.3% of the participants disagreed to isolating them. The fining also revealed that some of the respondents are well inform. The findings revealed that majority of the respondents do not know of any person that has or is exhibiting the symptoms of covid-19. Responses from the interviewee state thus:

> If people continue to self-isolate that means people will start dying of hunger instead of coronavirus. People cannot be hungry yet no support you keep telling them to stay at home or self-isolate is not possible (IDI, Female, Trader, Evboneka Community, April, 2020).

Isolation is not an effective way to reduce the spread of the virus because it will get to a point when people will be tire to stay at home or stay in a confined location. This is because we are social being we need social interaction to survive (IDI, Male, Teacher, Utese Community, April, 2020).

Table 5: Frequency distribution of participants on social Interactions, N = 146

Awareness of expected social interaction behaviour	Response	Frequency	Percent (%)
Have you mixed with or gone out to crowded place in the past one week?	Yes	128	30.0
	No	296	69.5
	Not sure	2	.5
Do you agree that people who are not affected should stay away from crowded place?	Yes	150	35.2
	No	167	39.2
	Not sure	109	25.6
Do you think isolation of people with the virus is one of the effective ways to reduce the spread?	Yes	288	67.6
	No	136	31.9
	I don't know	2	.5
Do you wash your hands with soup and water or use alcohol-base sanitizer whenever you return from outside?	Yes	398	93.4
	No	26	6.1
	Cannot tell	2	.5
Do you think people who have contact with the virus should be isolated for 14day?	Yes	312	73.2
	No	112	26.3
	Not sure	2	.5
What are the known measures to curtailing the virus?	Regular washing of hands with soap and water	155	36.4
	Social distancing	112	26.3
	Alcohol based hand sanitizer	31	7.3
	Others	128	30.0
Do you know of anyone who has exhibited these symptoms in the past few days?	Yes	99	23.2
	No	325	76.3

Source: Fieldwork, 2020

DISCUSSION

Globally, the rural dwellers are believed to be left behind in terms of access to adequate information and the timing which the information get to them. Before the widespread of telecommunication technology, it usually take long period of time before on-going event in the urban centres reaches the rural area. The finding of this study shows that the situation is no longer the same as it used to be when information was delayed before reaching the rural dwellers as Anunobi, Ogbonna and Osuchukwu (2014) and Ugiagbe and Osaghae-Vincent (2018) posited. The findings of this study show that the rural dwellers are well informed

about the on-going COVID-19 pandemic ravaging the world. They are aware and have adequate knowledge about the symptoms, modes of transmission and social interventions that can curb the spread of the virus. On the other hand, this study agreed with the assertion of Uzuegbu (2016) that people tend to be misinformed because they are living in the rural area. The findings of this study show that the rural dwellers in Edo South Senatorial District have accurate knowledge about COVID-19 but they have misconception about the existence of the virus. This they demonstrated by the manner to which they practice some of the non-pharmaceutical measures recommended by the World Health Organisation. They believe that COVID-19 cannot get to rural area because of the absence of anyone from abroad in their community. They also forget that someone from their community must have had contact with another person that had direct contact with someone from abroad (mode of transmission). Majority of the rural dwellers also have the misconception that the virus can affect the rich and those in the political class more than any persons outside these categories.

CONCLUSION/RECOMMENDATIONS

From the findings of the study, we can conclude that there is high level of awareness and knowledge about COVID-19 among rural dwellers in Edo South Senatorial district, however, there are misconceptions. For example, responses from the IDI shows that majority of them believed the virus can only affect the rich and those in the political class. While some others believed the virus exist in the Western world, they are not convinced that it is real in Nigeria and that the government is only using it as an avenue to make money for themselves and to play politics. This misconception may be a demonstration of lack of trust in government by Nigerians, although not apriori hypothesized in this study.

The findings also revealed that the rural dwellers of Edo South have a good knowledge of the social intervention mechanisms which need to be practiced in order to curtail the spread of covid-19 but they do not practice it. For example, they are aware that social distancing, use of face mask, regular hand washing and the use of alcohol-base hand sanitizer are necessary but they do not practice it. This is tandem with the Ogburn theory of social change that postulated that people;s acceptance to a acceptance to a new idea seems to depend on both the nature of the invention and the character of the society (Coser, Rhea, Stefan & Knock, 1999). New social patterns are accepted more readily if they satisfy a need that was not previously met and they are resisted most strongly if they compete with an old pattern that is still satisfying. The rural people of Edo South still hold regular community meeting and visit their neighbour and relatives on regular basis. Based on this conclusion, we therefore recommend the following:

1) Government as matter of urgency, should set up Rural Area Taskforce on covid-19 (RATC-19) to enforce the practice of social distancing, regular hand washing and good hygiene practice.
2) In order to enforce the stay at home campaign in the rural area, government should ensure the provision of reliable and sustainable social welfare services.
3) Sensitization and awareness programme targeted at the rural dwellers should be intensified through the mass media best suitable and accessible to the rural areas other than the on radio and television adverts.

4) Government should be more sincere in her dealings by engraining good governance with good polices so as to savage the field of mistrust popularly held by the populace against it.

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