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SURVEY ARTICLE

Social Distancing, Lockdown Obligatory, and Response Satisfaction During COVID-19 Pandemic: Perception of Nigerian Social Media Users

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ABSTRACT

Background: Pandemics are challenging for clinical and public health agencies and policymakers because of the scientific and medical uncertainty that accompanies novel viruses like COVID-19 makes an increase of morbidity and mortality prominent. Consequently, there is a need to evaluate the public perception of social distancing, lockdown obligatory, and response satisfactory during the pandemic.

Methods: This cross-sectional survey used an anonymous online google based questionnaire to collect data from respondents via social media platforms. The online survey was conducted among social media users from 1st to 30th April 2020. A snowball sampling technique was employed to recruit respondents for the survey. A total of 1,131 respondents responded across the country.

Results: Nine out of every ten respondents believed that social distancing is an effective measure to reduce the spread of COVID-19. Also, 8 out of every ten respondents agreed with the lockdown measures. However, just 36.8% think their government is doing enough to stop the outbreak, and only 25% of the respondents were satisfied with the country's response to the worldwide epidemic. The age of respondents was found to be significantly associated with satisfaction with emergency response during pandemics.

Conclusion: It could be concluded that Nigerian public accepted social distancing as an effective way of curbing the spread of COVID-19 and general acceptance on lockdown obligatory; however, more than half of respondents expressed non-satisfactory with government and other agencies responses during the pandemics.

Keywords: COVID-19, Nigeria, Perception, Lockdown, Social distancing

1 Introduction

On 30th January 2020, the World Health Organization (WHO) declared that the novel coronavirus (2019-nCoV) epidemic as a public health emergency of international concern(Makoni, 2020). The Coronavirus Disease of 2019, also known as COVID-19, is a rapidly spreading disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2)(La et al., 2020). The virus has extraordinary spreading properties and is causing high rates of both morbidity and mortality(Pakpour & Griffiths, 2020) and has affected countries in all inhabited continents(Jittrapirom & Tanaksaranond, 2020; Lopez, Vasu, & Gallemore, 2020).

Pandemics are challenging for clinical and public health agencies and policymakers because of the scientific and medical uncertainty that accompanies novel viruses like COVID-19(Williams, Armitage, Tampe, & Dienes, 2020) makes an increase of morbidity and mortality prominent. As at the time of writing this manuscript, over 3.5 Million cases have been reported globally (University, 2020). The virus, however, spreads faster than its two ancestors; SARS-CoV and (MERS-CoV) but has a lower fatality of 2-3%(Nazli,

Raheem, & Kishore, 2020). Older men with medical comorbidities are more likely to get infected with worse outcomes. Severe cases can lead to cardiac injury, respiratory failure, acute respiratory distress syndrome, and death(Wang et al., 2020).

The ongoing coronavirus disease is now spreading fast in Africa, with most cases so far reported being importations from other countries and few community transmissions in those who do not have recent travel history. We all know how fragile health systems are on the African continent; they are already overwhelmed by many outbreaks(Engel; Makoni, 2020); thus, this might affect efficiency and response.

The first case of COVID-19 in Nigeria was detected on 27th February 2020, after which a series of immediate interventions were put in place by the Government of Nigeria in response to the virus(Adegboye, Adekunle, & Gayawan, 2020).

The Governments at the Federal and States level later announced the restriction of public gathering. Markets were closed excepted for essential food items, and medicine stores can open(Shehu & Rao, 2020) when the numbers keep growing. A total of 81 COVID-19 pandemic cases was confirmed as of 27th March, 2020(AbdulAzeez), and as jumped to over 2,500 reported cases in 35 states, including FCT, Abuja as at 4th May, 2020(NCDC, 2020) and the cases are growing which might overwhelm the healthcare system(Paterlini, 2020).

The high transmission rate of this virus, as well as the lack of vaccines and specific pharmaceutical treatments for COVID-19, has posed severe challenges in controlling the spread of the disease. To curb this spreading, it is necessary to implement non-medical measures such as the promotion of personal protection practices, which include the use of face masks, following personal hygiene, and social distance from possibly infected cases(Khosravi, 2020; Meier et al., 2020; Van Bavel et al., 2020; Vijayaraghavan & SINGHAL, 2020). The COVID-19 pandemic requires an effort to coordinate the actions of government and society unmatched in recent history(Merkley et al., 2020), and the ability of the government to reduce transmission rate is dependent on compliance with public health advice on social distancing(Andersen, 2020; Atchison et al., 2020; Khosravi, 2020; Lunn et al., 2020).

Social and physical distancing generally defined as deliberately keeping a distance of at least 2 meters (6 feet) from other people(Abu-Akel, Spitz, & West, 2020). Social distancing has been an essential tool in reducing infections and mortality during previous pandemics(Andersen, 2020), and the effective and timely management of diseases is much dependent on social distancing behavior(Geldsetzer, 2020; Qazi et al., 2020).

Preliminary findings from Italy and the United States suggest that, while public messaging is generally being adhered to, this is true to a lesser degree among young adults(Abu-Akel et al., 2020). Also, a global survey conducted in 58 countries had a negative perception of COVID-19 response from government (Fetzer et al., 2020). The fight against highly contagious COVID-19 demands and recommends the spirit of cooperation from every individual of the society and solidarity among the citizens across the socio-economic classes(Ganguly, Misra, & Goli, 2020). Consequently, there is a need to evaluate Nigerian social media user perception on social distancing, lock obligatory, and response satisfactory on the outbreak of COVID-19 pandemic in Nigeria.

2 Materials and Methods

2.1 Setting and Participants

This cross-sectional survey used an anonymous online google based questionnaire to collect data from respondents via social media platforms, such as Facebook, WhatsApp, and Twitter. The google form link was shared on this platform for Nigerians to participate. A snowball sampling technique was employed to recruit more Nigerians who are active on social media platforms living in the country's six geopolitical zones during the COVID-19 pandemic by encouraging those sent the link to share with their contacts kindly. The online survey ran from 1st April to 30th April 2020 for one month in Nigeria and a total of 1,131 respondents across the country.

2.2 Procedure

Due to the Nigerian government's social distance rules and curfew/lockdown enforcement, physical interaction was not possible, so online promotion of the 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. Participation was completely consensual, anonymous, and voluntary. Informed consent was obtained from all respondents by asking if they were willing to proceed with the filling of the online questionnaire for this study, and those who agreed were taking to the next step, which involved the filling of the questionnaire, those that picked otherwise were signed-out of the online questionnaire immediately.

2.3 Instruments

Socio-demographic data were elicited from the respondents on variables such as gender, age, educational qualification, professional background while, and outcome variables question asked were the Perception of Nigerian social media users during COVID-19 pandemic on social distancing, lockdown obligatory and response satisfaction by the government.

2.4 Operationalization of variables

This section describes the variables used in this study. The variables age of respondent, gender, level education, and background were used as explanatory variables. The outcome variables in this study are social distancing/self-isolation, lockdown obligatory, and respondents' satisfaction with the country's response to the COVID-19 pandemic.

Social distancing/self-isolation refers to whether respondents think social distance/self-isolation is an effective way to reduce the COVID-19 virus spread. Those that think social distancing/self-isolation is an effective measure to reduce the spread were coded "Yes" and "No" were given to those that reported otherwise.

Lockdown obligatory refers to whether respondents agree with lockdown obligatory. Those that agree with the lockdown measure were coded "Yes" and "No" were given to those that reported otherwise.

Satisfaction with the country's response to COVID-19 refers to respondents' level of satisfaction with the country's response to the COVID-19 pandemic. Respondents could express the level of satisfaction. The responses ranging from 1 (not satisfied) to 5 (very satisfied). The median score was used to categorized respondents into satisfied and not satisfied. The median score was 3, respondents that fall between 1 and 3 were coded not satisfied, and respondent that score 4 and 5 were coded satisfied.

2.5 Statistical Analysis

The data were analyzed using Stata 14 software. The results were presented in the form of tables and text using frequencies and percentages to describe the study population concerning relevant variables. Further, to identify socio-demographic factors associated with the outcome variables, chi-square analysis was performed. Variables with p-value <0.05 in the bivariate analysis were significant predictors.

3 Results

3.1 Socio-demographic of respondents

Table 1 represents respondent socio-demographic. The table shows that over 77% of the respondents were between 18 to 39 years, while the remaining were between 40 years and above. Gender shows that 41.9% were male, 57.7% were female, and 0.4% prefer not to say their gender. The table shows that respondents were well educated in that 5 out of every 10 (52.0%) had a bachelor's degree, about 4 out of every ten had post-graduate, and only 0.3% had no formal education.

Table 1: Socio-demographic of respondents

Variable	n = 1131	%
Age group		
18-29	495	43.8
30-39	383	33.8
40-49	172	15.2
50-59	63	5.6
60-69	16	1.4
>70	2	0.2
Gender		
Male	474	42.1
Female	652	57.9
Level of education		
No formal education	3	0.3
High school	61	5.4
College (Bachelor)	589	52.0
Post-graduate	478	42.3
Background		
Non-scientific/non-medical	438	38.7
Scientific/medical	693	61.3

3.2 Social distancing and response satisfactory

Table 2 represents views concerning social distancing. 9 out of 10 respondents believed that social distancing is an effective measure to reduce the spread of COVID-19. A further question was asked about ideal distance for an effective social distancing, 65% reported 1-2 meters, 23.7% reported 3-5 meters, 8.3% reported more than 5 meters, and 1.2% reported less than 1 meter.

Concerning response satisfactory, 36.8% think their government is doing enough to stop the outbreak. Almost half (48.4%) believe the World Health Organization (WHO) is doing enough to stop the global pandemic. Only 25% of respondents were satisfied with their county's response to the worldwide epidemic. Almost half (47.0%) of the respondents were very satisfied with the updates from social media concerning COVID-19 pandemic coverage.

Table 2: Social distancing and Response satisfaction

Variable – Social distancing	N=1131	%
Social distancing/self-isolation is an effective measure to reduce COVID-19 spread		
No	49	4.3
Yes	1082	95.7
Ideal distance between two people during social distancing		
Less than 1 meter	14	1.2
1-2 meters	735	65.0
3-5 meters	268	23.7
>5 meters	94	8.3
Don't know	20	1.8

Variable – Response satisfactory	N=1131	%
Do you think government is doing enough to stop the global outbreak		
No	476	42.1
Yes	416	36.8
Maybe	239	21.1
Do you think WHO is doing enough to stop the global pandemic		
No	270	23.8
Yes	547	48.4
Maybe	314	27.8
How satisfied are you to your county's response		
Not satisfied	848	75.0
Satisfied	283	25.0
How satisfied are you with the social media coverage of COVID-19 pandemic		
Very satisfied/keeps me updated	532	47.0
Makes me worry more/stressful	167	14.8
Not enough information	118	10.4
There are more lies than truth	219	19.4
I don't follow any social media update	17	1.5
No comment	78	6.9

Fig 1 represents respondents' responses concerning lockdown obligatory by their country. 8 out of every ten respondents agree with the lockdown measures.

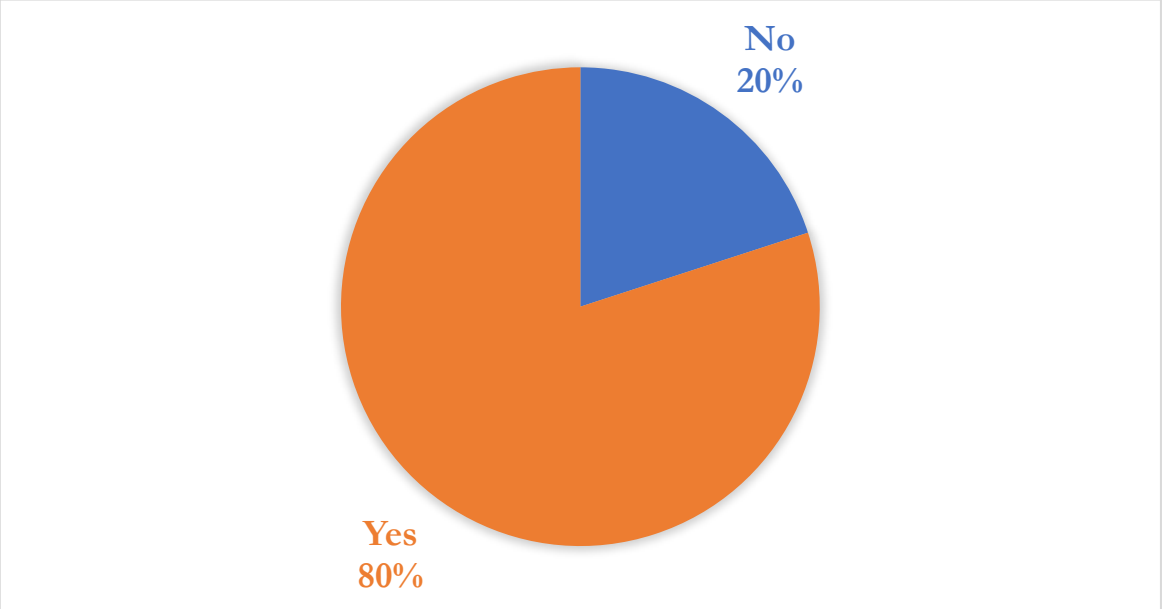

Fig 1: *Do you agree with the obligatory lockdown measures in your country*

3.3 Association between socio-demographic of the respondent and social distancing/self-isolation

Table 3 presents the association between respondent's socio-demographic and what they think about social distancing/self-isolation. The table shows that as respondent age increases, the proportion that think social distancing/self-isolation is an effective way of reducing the spread of the virus decreases. More female thinks that social distancing/self-isolation is effective. Most respondents with at least high school think

social distancing/self-isolation is most effective. Concerning the respondent's background, more than half of the respondents that think social distancing/self-isolation is an effective way were from science/medical background. None of the respondent socio-demographic was statistically significant in this study.

Table 3: Association between socio-demographic of the respondent and social distancing/self-isolation

Variable	No	Yes	Total	X^2, p-value
Age group	**N=49**	**N=1082**	**N=1131**	
18-29	24 (49.0)	471 (43.5)	495 (43.8)	4.71, 0.453
30-39	16 (32.6)	367 (33.9)	383 (33.9)	
40-49	4 (8.2)	168 (15.5)	172 (15.2)	
50-59	3 (6.1)	60 (5.6)	63 (5.6)	
60-69	2 (4.1)	14 (1.3)	16 (1.4)	
>70	0 (0.0)	2 (0.2)	2 (0.2)	
Gender				1.87, 0.171
Male	16 (32.7)	458 (42.5)	474 (42.1)	
Female	33 (67.3)	619 (57.5)	652 (57.9)	
Level of education				6.56, 0.09
No formal education	0 (0.0)	3 (0.3)	3 (0.3)	
High school	5 (10.2)	56 (5.2)	61 (5.4)	
College (Bachelor)	31 (63.3)	558 (51.5)	589 (52.0)	
Post-graduate	13 (26.5)	465 (43.0)	478 (42.3)	
Background				0.80, 0.372
Non-scientific/non-medical	16 (32.7)	422 (39.0)	438 (38.7)	
Scientific/medical	33 (67.3)	660 (61.0)	693 (61.3)	

3.4 Association between socio-demographic of respondent and lockdown obligatory

Table 4 presents the association between respondent's socio-demographic and opinion of the respondents with lockdown obligatory/measurement to curb the spread of the COVID-19 virus. The proportion of respondents that agree with lockdown obligatory/measurement decreases as the age group of respondents increases. More female respondents agree with country lockdown obligatory/measurement. Most respondents with at least high school agree with lockdown obligatory/measurement reduce virus spread. Concerning respondent's background, about 63% of the respondents that coincide with the country's lockdown obligatory/measurement were from science/medical background, and this is the only respondent's socio-demographic variable that was statistically significant in this study ($p<0.05$).

Table 4: Association between socio-demographic of respondent and lockdown obligatory

Variable	No	Yes	Total	X^2, p-value
Age group	**N=226**	**N=905**	**N=1131**	
18-29	108 (47.8)	387 (42.8)	495 (43.8)	
30-39	78 (34.5)	305 (33.7)	383 (33.9)	
40-49	30 (13.3)	142 (15.7)	172 (15.2)	6.88, 0.230
50-59	8 (3.6)	55 (6.1)	63 (5.5)	
60-69	1 (0.4)	15 (1.6)	16 (1.4)	
>70	1 (0.4)	1 (0.1)	2 (0.2)	
Gender				
Male	102 (45.3)	372 (41.3)	474 (42.1)	1.21, 0.272
Female	123 (54.7)	529 (58.7)	652 (57.9)	
Level of education				
No formal education	0 (0.0)	3 (0.3)	3 (0.3)	
High school	9 (4.0)	52 (5.8)	61 (5.4)	
College (Bachelor)	129 (57.1)	460 (50.8)	589 (52.1)	3.89, 0.274
Post-graduate	88 (38.9)	390 (43.1)	478 (42.2)	
Background				
Non-scientific/non-medical	105 (46.5)	333 (36.8)	438 (38.7)	7.12, 0.008**
Scientific/medical	121 (53.5)	572 (63.2)	693 (61.3	

3.5 Association between socio-demographic of respondent and satisfaction with the country's response

Table 5 presents respondents' socio-demographic and satisfaction with the country's response to COVID-19 pandemic. The table shows that the age group of respondents was statistically significant ($p<0.05$) with respondent's satisfaction with the country's response to the pandemic, like the age group of respondents increases the proportion of respondents who were not satisfied with the county's response to the situation decreases. More than half of the respondents that were not satisfied with the country's response were female; almost all the respondents with at least a high school level of education were not satisfied with the country's response to the COVID-19 pandemic. Concerning the respondent's background, 61.3% of the respondents that were not satisfied with the country's response to the COVID-19 pandemic were from scientific/medical background.

Table 5: Association between socio-demographic of respondent and satisfaction with the country's response

Variable	Not satisfied	Satisfied	Total	X^2, p-value
Age group	**N=848**	**N=283**	**N=1131**	
18-29	379 (44.7)	116 (41.0)	495 (43.8)	
30-39	300 (35.4)	83 (29.3)	383 (33.9)	17.17, 0.004**
40-49	120 (14.2)	52 (18.4)	172 (15.2	
50-59	39 (4.6)	24 (8.5)	63 (5.5)	
60-69	8 (0.9)	8 (2.8)	16 (1.4)	
>70	2 (0.2)	0 (0.0)	2 (0.2)	

Gender				
Male	354 (41.8)	120 (42.9)	474 (42.1)	0.09, 0.766
Female	492 (58.2)	160 (57.1)	652 (57.9)	
Level of education				
No formal education	2 (0.2)	1 (0.4)	3 (0.3)	
High school	47 (5.6)	14 (5.0)	61 (5.4)	0.33, 0.954
College (Bachelor)	443 (52.2)	146 (51.5)	589 (52.1)	
Post-graduate	356 (42.0)	122 (43.1	478 (42.2)	
Background				
Non-scientific/non-medical	328 (38.7)	110 (38.9)	438 (38.7)	0.00, 0.955
Scientific/medical	520 (61.3)	173 (61.1)	693 (61.3)	

4 Discussion

The purpose of this study is to evaluate Nigerian social media user's perception of social distancing, lock obligatory, and response satisfactory concerning COVID-19 pandemic in Nigeria. According to WHO, the COVID-19 virus spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes or speaks. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. Therefore, the government/ministry of health recommends social distancing/self-isolation. Self-isolation is a measure taken by those who have COVID-19 symptoms to avoid infecting others in the community, including family members, while social distancing means being physically apart. Finding from the study shows that almost all the respondents think social distancing/self-isolation is an effective way to reduce the spread. In addition to social distancing, WHO recommends keeping at least 1-meter distance from others. This is a general measure that everyone should take, even if they are well with no known exposure to COVID-19. Finding from this study shows that almost all the respondents know the ideal distance.

Lockdown is a situation whereby people are not allowed to enter or leave a building or area freely because of an emergency. This is the measure put in place globally, given the rapid spread of the virus, social lockdown is urgent to bring overall transmission down, and see whether testing followed by isolation could be enough. This is all to flatten the curve or reduce infections and spread cases out over a longer time frame to avoid overwhelming health systems. Finding from the study shows that most of the respondents agreed with the government concerning lockdown obligatory.

Lockdown may continue since there is no approved drug/vaccine for COVID-19. Life under lockdown brings many challenges, and there have been many instances of people flouting advice on social distancing or isolation. Country response to the situation with regards to palliative supports and timely and accurate information about the virus is critical at this period. Finding from this study shows that about 75% of respondent were not satisfied with the Nigerian government response to COVID-19 pandemic, and this is significantly associated with the age group. This may be that the young/active population in Nigeria believed that the government could do better concerning the number of people tested per day; the government can subscribe to other means to distributes palliative and more proactive in disseminating information.

5 Conclusion

This study concludes that Nigeria social media users understood the measure of social distance about COVID-19 pandemic as most respondents tend towards the idea measures. Lockdown obligatory also has support of social media users as most applauded the government decision on lockdown obligatory.

However, Nigeria social media users believed that Nigeria government is not doing enough in-term of response to the pandemic. Also, none of the social demographic variables have significant association with ideal knowledge of social distance measurement, while only background of the respondents is the only socio-demographic variables that is significantly associated with perception of lockdown. Only age of social media users is significantly associated with country's response. In the same vein, there is positive perception about social distancing, lockdown obligatory and county's response among Nigeria social media users.

6 Declarations

6.1 Study Limitations

The study was conducted among social media users in Nigeria and can't be used to generalize for the country.

6.2 Informed Consent

Consent was sought from the participants before filling the questionnaire. Those that declined were not allowed to participate. Access was only given to those who agreed to participant in the survey.

6.3 Competing Interests

The authors declared that no conflict of interest exist in this publication.

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