

COVID-19 Information Seeking and Utilization Among Women in Warri Metropolis, Delta State, Nigeria

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ABSTRACT

The study is intended to explore COVID-19 information seeking and utilization among women in Warri Metropolis, Delta State, Nigeria. Descriptive survey research design was adopted using a self-constructed questionnaire to collect data. Data were analyzed using simple percentages. Findings revealed that a majority of the women need information on COVID-19 preventive measures, followed by causes of the pandemic. Internet is the source of COVID-19 information used by the highest number of respondents, followed by television and social media. A majority of them consider the authority of the source of the information on coronavirus followed by usefulness of the information. A majority access COVID-19 information to enable them identify symptoms of the disease followed by protection against COVID-19 infection while concern for reliability of much of the available information on the pandemic was a major barrier to their utilization of COVID-19 information. It is recommended that effort should be made by government to get mobile network operators to reduce network tariff.

KEYWORDS

COVID-19, Information Seeking and Use, Nigeria, Warri Metropolis, Women

INTRODUCTION

COVID-19 is a benign to acute respiratory illness which is caused by a coronavirus (*Severe acute respiratory syndrome coronavirus 2* of the genus *Betacoronavirus*), chiefly transmitted by contact with infectious material (such as respiratory droplets) or with objects or surfaces which are contaminated by the causative virus, and is particularly characterized by fever, cough, and shortness of breath and can progress to pneumonia and respiratory failure (Merriam-Webster, Incorporated, 2020). The outbreak of COVID-19 pandemic has become worrisome in the world at large. COVID-19 first emerged and was diagnosed in Wuhan, Hubei Chinain November, 2019 and has been linked to the Huanan Seafood Market (South China) and the infection has spread to several countries around the world (Wang, Horby, Hayden & Goa, 2020). Due to the widespread of COVID-19 in many countries around the world, the World Health Organisation (WHO), through its Director General (Dr Tedros Adhanom Ghebreyesus) at a media briefing on COVID-19 on 11th March, 2020, officially declared the COVID-19 outbreak a pandemic (World Health Organisation, 2020a). Ebhram, Saif, Buheji, AlBasri, Al-Husaini, and Jahrami (2020) asserted that efforts have been directed by World Health

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Organisation towards ensuring appropriate levels of preparedness and response to combat the disease effectively and efficiently to manage the ramifications associated with the outbreak.

There has been profound impact of COVID-19 on women and girls in Africa as they are disproportionately affected by lockdowns which have resulted in reduced access to health and other services, economic hardship, increased gender-based violence among others (WHO, 2020b).

Information seeking, according to Igwe (2012), is an individual way or manner of gathering and sourcing information for personal use, knowledge updating and development. The society is trying to keep safe and stay healthy to ensure that the pandemic does not claim more lives by ensuring they get the necessary information about the pandemic and utilize it well. According to Warner and Procaccino (2004), women tend to be the primary seeker of information for their children and other family members as well as for themselves. Women are the caretaker of the families and it is of necessity that they are equipped with the relevant information on COVID-19 in order to protect themselves, their families and others from the pandemic and be able to handle situations in case one or more of its members have contacted it or suspected of being infected with them.

Delta State is one of the thirty six states of Nigeria. It is located in the southern part of the country. Due to the strategic location of Delta State, there is regular influxes of people into the state on a daily basis, and due to the continuous spread of the disease, the Delta State House of Assembly called on the State Government to intensify the sensitisation of the populace on the effects of this deadly disease, that proper sensitization was needed to put some certain measures in place to contain the spread; that the people needed to know and be aware of how to take precautionary measures against the disease (Vanguard Media Limited, 2020). The State Government embarked on measure to control and combat the spread of the pandemic, such as creating awareness on the disease and its prevention via the print, electronic and social media, - wearing of noise mask, ensuring that buckets of water, liquid soaps, hand sanitizers are placed at the entry of each organisation, maintaining social distance etc. Accordingly, Oliver, Lepri, Sterly, Renavel... et al (2020), due to the outbreak of the pandemic, there were bans on large gathering, non essential business, closure of schools and universities, international and domestic mobility restrictions, physical isolation and total lockdowns of regions and countries by the spread

This study will focus on COVID-19 information seeking and utilization among women in Delta State, Nigeria. There have been several studies have focused on women. However, none has been conducted on COVID-19 information seeking and utilization among women in Delta State, Nigeria. This study was intended to fill this research gap.

STATEMENT OF THE PROBLEM

Access to relevant information is important in times of outbreak of disease, especially in the current COVID-19 pandemic. People need to have access to information on the nature of the disease, how to stay free from infection, treatment etc. However, the lockdown imposed globally to stem the spread of the virus may affect access to and use of information especially among women. The health of most families in Nigeria is tied to the health and general wellbeing of the women. A Nigerian woman is expected to know about basic health care, and be able to provide some first aid when the need arises, before the sick family member seeks further assistance (Nwagwu & Ajama, 2011). The women therefore play very vital role in ensuring that the family is healthy. This role requires women to seek and use health related information. The question is: do the women in Delta State seek and use COVID-19 during the pandemic. This study was intended to address this issue.

OBJECTIVES OF THE STUDY

The study was intended to explore COVID-19 information seeking and utilization among women in Warri Metropolis, Delta State, Nigeria. The specific objectives were to

1. identify the COVID-19 information needs of the women;
2. find out the sources of COVID-19 information used by the women;
3. find the criteria/factors used to evaluate the COVID-19 information accessed/used by the women;
4. identify the purposes for which COVID-19 information is used by the women; and,
5. find out what constitutes barriers to COVID-19 information access to the women.

LITERATURE REVIEW

Research has shown that quarantine measures of infected individuals and their family members combined with surveillance and standard testing procedures are effective as control measures in the early stage of the pandemic (Roo, Cook, Park, Sun, Sun, Lim, Tam & Dickens, 2020). Iyanda (2020) asserted that in acrisis like the COVID-19 outbreak, people are more curious and eager to know specific information about the disease and that such information include possible strategies and tactics for containment, treatment and vaccines or drugs. Ebhram, Saif, Buheji, Albasri, Al-Husaini and Jahrami (2020) examined COVID-19 information seeking behavior and anxiety symptoms among parents in Bahrain. Their finding revealed that about 18% of responding parents had moderate to severe anxiety symptoms. Their finding further revealed that participants utmost priority was to know about how to apply a proper self quarantine with mean score of 4.49 and SD 0.8. Women would need information on COVID-19 in order to keep their family safe and stay healthy. According to Hafeez, Ahmad, Siddqui, Ahmed and Mishra (2020), common symptoms of COVID-19 include fever, cough, sneezing, shortness of breath and that complication may include pneumonia, throat pain and acute respiratory distress syndrome. They further state that the virus is typically rapidly spread from one person to another via respiratory droplets produced during coughing and sneezing. Older age people and younger adults with serious illness, such as diabetes, heart disease, and lung disease, have a greater risk of becoming severely ill if they get infected with the coronavirus (Hafeez, Ahmad, Siddqui, Ahmed & Mishra, 2020).

In the same vein, Shereen and Khan (2020) asserted that the virus that causes coronavirus disease 19 (COVID-19) is a highly transmittable and pathogenic viral infection and mainly transmitted through contact with respiratory droplets rather than through the air. Koma and Neuman (2020) noted that Centers for Disease Control and Prevention has issued specific guidance for people who fall into different categories. Preventive measures include washing your hands with soap, covering the mouth when coughing, maintaining 1-meter distance from other people and monitoring and self-isolation for fourteen days for people who suspect they are infected (Center for Disease Control and Prevention, Coronavirus Disease, 2019).

According to Tumpey, Daigle and Nowak (2020), people constantly receive information from many sources ranging from print media, television and social media on mobile services. Similarly, Mitchell, Gottfried, Barthur and Shearer (2016) stated that the Pem Research Center reported that 4 in 10 USA residents received their news from online sources and that 6 in 10 received their news through social media channels. Iyanda (2020) opined that the National Bureau of Statistics noted that a total of 126,078,999 subscribers have been active on the internet as against 123,163,027 in Q3 2019 and 112,065,740 in Q4 2018 and that with these data, analysts believe that the subscribers must have searched specific information about the virus from February 27th through April, 2020. Similarly, Bedford (2020) observed that in the United Kingdom, the government has created a page on COVID-19 which complied all the government publications on the topic as well as a page of information for the public. He further stated that whether one agrees with the policies or not, government sources also tend to be the first with up-to-date statistics. However, Lima, Lopes and Brito (2020) asserted that these days, people are overwhelmed by the information they receive on their smart phones, through channels such as Facebook, Twitter, whatsapp, YouTube and Instagram. This implies that amajority of information on COVID-19 are disseminated through social media. In addition, Lima, Lopes and

Brito (2020) stated that governments and healthcare authorities should use social media to spread updates, news and scientific discoveries about COVID-19.

Lima, Lopes and Brito (2020) asserted that the majority of the information on COVID-19 are circulated through social media, but the biggest problem is in determining which news to trust. However, Ebhram, Saif, Buheji, Albasri, Al-Husaini & Jahrami (2020) study of COVID-19 information seeking behavior and anxiety symptoms among parents in Bahrain revealed that the most reliable source for COVID-19 information is social media account of official health organization followed by health care professionals while the least was in print newspapers health care professionals. Lima, Lopes and Brito (2020) asserted that information from reliable sources such as government health care authorities and specialists should be trusted. According to Chan, Nickson, Rudolph, Lee, Joynit (2020), delivering fast and reliable information is crucial to decrease the transmission of highly contagious infections not only for health care workers but also for the general population. It could be deduced that reliable sources of COVID-19 information is a necessity to prevent the spread. However, Merchant and Lurie (2020) asserted that information on COVID-19 to be spread should include who should be tested, when they should be tested and where they would go to get medical care; that Facebook can redirect users to World Health Organisation (WHO) websites where trustworthy information can be obtained. Walad (2020) asserted that reliable information and safety information is harder to reach for people without access to computers and other gadgets.

Women need access to reliable information and quality care on COVID-19. Women use COVID-19 information to prevent the spread to family members. Information on the pandemic outbreak must be accessed and used to protect women in antenatal, neonatal and maternal health units (United Nation Population Fund, 2020). According to the COVID-19 Occupational Safety and Health Administration, United State Department of Labor (2020), for safe work practice, workers should be advised not have close contact with an infected person by using additional engineering and administrative control. According to Center for Disease Control and Prevention (2020), disinfectant should be applied daily on surfaces such as desks, phones, keyboards, toilets, faucets, tables, doorknobs, light switches, countertops, handles, and sinks.

Ebhram, Saif, Buheji, Albasri, Al-Husani and Jahrami (2020) study of COVID-19 information seeking behaviors and anxiety symptoms among parents in Bahrain reveal that the most restricting obstacles for seeking COVID-19 information were the spread of rumors and the massive information about the disease. Lima, Lopes and Brito (2020) asserted that we are living not just in a pandemic, but also in an 'infodemic' where fake news is becoming more common. This implies that a major barrier to COVID-19 information access is dissemination of fake news.

METHODS

The study examines COVID-19 information seeking and utilization among women in Delta State, Nigeria. Descriptive survey research design was adopted for the study. This research design was adopted because it would enable the researcher to collect primary data on the status of the COVID-19 information seeking and utilization among women in Delta State, Nigeria and did not involve manipulation of variables. The population focus the study consisted of women in Delta State. However, the researchers purposively drew the research subjects from two cities in Delta State, Nigeria – Sapele and Warri. The researchers used purposive sampling technique study because of lockdown/partial restriction of movement that was in force in Nigeria as at the time of administering the questionnaire.

The researchers decided to use women for the study because of the health role they play in their families in Nigeria. As observed by Nwagwu & Ajama (2011), the health of some families in Nigeria is tied to the health and general wellbeing of the women; that the Nigerian woman is expected to know about basic health care and be able to provide some first aid when the need arises, before the sick family member seeks further assistance. The women were used in order to determine whether they were seeking and using COVID-19 information in order to equip them to help themselves and

their families to keep safe and healthy during the COVID-19 pandemic. Data were collected through the use of a self-constructed questionnaire entitled “COVID-19 Information Seeking and Utilization among Women Questionnaire (COVID-9ISUWQ).” The questionnaire was made up of two sections. The first section focused on the demographic information of respondents while the second section focused on COVID-19 information seeking and utilization consisting of five items: (i) COVID-19 information needs, (ii) sources of COVID-19 information used by the women, (iii) evaluation of sources of COVID-19 information used, (iv) purposes for which COVID-19 information is used, and (v) barriers to COVID-19 information access by the respondents. A total of 325 copies of the questionnaire were administered face-to-face to women two in Delta State with the support of six trained research assistants. However, 299 (92%) copies of duly filled questionnaires were retrieved, analysed and used for the study. According to Richardson (2005), a response rate of 60% or more is desirable and adequate for survey research. Therefore, the response rate of 93% was considered very adequate for the study. The data collected were analysed using frequencies and percentages.

RESULTS AND DISCUSSION

Out of the 325 copies the questionnaire administered, 180 copies were distributed to women in Warri, but 166 copies were retrieved while 145 copies were distributed to women in Sapele. 133 usable copies were retrieved. The two cities are located in Delta State, Nigeria.

Table 1 reveals the occupations of the women used in this study. Teachers attracted the highest occupational group with 149 (49.83%) respondents. This is a reflection of the fact that teaching is a profession dominated by women. It has been observed by Women’s Agenda (2019) that women continue to be overrepresented significantly in teaching, which is often put down to gender differences in occupational preferences (Basten, 1997; Women’s Agenda, 2019). This is followed by traders – 16(5.35%). The table clearly reveals that the women belong to various occupations.

Table 2 shows the demographic information of the women used in the study. The table reveals that a majority of them – 222 (74.24%) -were married followed by 46 (15.38%) who were single while 31(10.36%) were widows.

Table 3 shows the age range of respondents. It reveals that the age range of 45-49 (19.39%) attracted the highest responses followed by 50-54 (19.06%), while 50-54 years had the lowest responses – 57 (19.06%). This implies that the majority of the respondents were 45-49 years; that is, a majority of them were in their mid 40s.

Table 4 reveals the areas the respondents need COVID-19 information. COVID-19 preventive measures attracted the highest responses of 150 (50.16%). The possible reason for this could be that they would not like to be infected by the coronavirus. As earlier hinted, the health of some families in Nigeria is tied to the health and general wellbeing of the women. The Nigerian woman is expected to know about basic health care and be able to provide some first aid when the need arises, before the sick family member seeks further assistance (Nwagwu & Ajama, 2011). Therefore, if the woman in a family is infected with the virus, she would not be able to play the role of ensuring that the members of the family are safe and healthy during the pandemic. She would therefore like to know how she and members of the family are prevented from infection by the virus. The populace has been generally advised to adopt preventative measures in order to reduce their risk of coronavirus infection (World Health Organisation, 2020c).

Table 5 focuses on the sources of information the respondents access/use to obtain COVID-19 information. The Internet is the source of COVID-19 information used by the highest number of respondents – 193 (64.54%), followed by television – 174 (58.19%) and social media -149 (49.83%) possibly because of easy accessibility of these sources. In 24-hour news and digital media environment of today, people receive information constantly from many sources, which range from print media to television to alerts and social media on mobile devices (Tumpey, Daigle & Nowak, 2020). The various

Table 1. Occupation of the respondents

Occupation of respondents	Number	Percentage
Teacher	149	49.83
Trader	16	5.35
Nurse	5	1.67
Fashion designer	5	1.67
Secretary	3	1.00
Engineer	2	0.66
Cosmetologist	9	3.01
Cake designer	3	1.00
Baker	1	0.33
Physician	3	1.00
Security personnel	5	1.67
Hair stylist	6	2.00
Caterer	3	1.00
Construction expert	2	0.66
Pharmacists	5	1.67
Hotelier	4	1.33
Contractor	2	0.66
Banker	4	1.33
Maids.	4	1.33
Make-up artist	4	1.33
Applicant.	2	0.66
Farmer	2	0.66
Food vendor/Hawker	3	1.00
Cashier	5	1.67
Waitress	2	0.66
Receptionist	4	1.33
Accountant	5	1.67
Cook.	3	1.00
Office clerk	3	1.00
Manager	1	0.33
Administrator assistant	8	2.67
Child care worker	3	1.00
Retiree	3	1.00
School administrator	1	0.33
Doctor	3	1.00
Wedding planner	1	0.33
Medical trainee	1	0.33
Legal practitioner	1	0.33
Student	4	1.33
Church worker	1	0.33
Civil servant.	3	1.00
Administrative officer	1	0.33
Librarian	2	0.66
Assistant registrar	1	0.33
Total	299	100

Table 2. Marital status

Status of respondents	Number	Percentage
Single	46	15.38
Married	222	74.24
Widows	31	10.36
Total	299	100

Table 3. Age of the respondents

Age range	Number	Percentage
Below 20 years	13	4.34
20-24 years	18	6.02
25-29 years	31	10.36
30-34 years	41	13.71
35-39 years	21	7.02
40-44 years	25	8.36
45-49 years	58	19.39
50-54 years	57	19.06
55 years and above	35	11.70
Total	299	100

Table 4. COVID-19 Information needs of the respondents

COVID-19 information needs	Frequency	Percentage
COVID-19 preventive measures	150	50.16
Information to COVID-19 symptoms	126	42.14
How COVID-19 is transmitted	123	41.13
COVID-19 test procedures	48	16.05
Causes of COVID-19 virus	118	39.46
COVID-19 cure/treatment	114	38.12
Age group most vulnerable to COVID-19 attacks/infection	115	38.46
COVID-19 patients' isolation Procedures	25	8.36
Drug/vaccines for COVID-19 Treatment	113	37.79
Movement restriction/curfew	34	11.37
Palliatives	27	9.03
Government COVID-19 policies /measures/pronouncements	22	7.35
COVID alternative/herbal/traditional Treatment	42	14.04

Table 5. Sources of COVID-19 information used/consulted

COVID-19 Information sources used	Number	Percentage
Internet	193	64.54
Television	174	58.19
Social media (e.g WhatsApp, Facebook etc.)	149	49.83
Nigeria Centre for Diseases Control (NCDC) website	128	42.80
Government health workers	82	27.42
Friends/family members/neighbours	72	24.08
Radio	62	20.73
Daily newspaper	52	17.39
Associations/co-operativesociety/group meetings	36	12.04
Church	36	12.04
Local town criers	28	9.36

sources that the women consult (as shown in Table 5) would enable them to meet the COVID-19 information needs indicated in Table 4.

Table 6 reveals the criteria/factors the respondents consider when evaluating the COVID-19 use. Evaluating information sources is very important to the user as not all information is reliable or true, nor will all information be suitable for a particular needs. Print and electronic sources vary widely in their authority, accuracy, objectivity, currency, and coverage. Thus users must be able to critically evaluate the appropriateness of all types of information sources before relying on the information (Elmer E. Rasmuson Library, 2020). Table 5 shows that the women in this study consult/used various information, some of which may not be reliable, true, relevant, current etc. It is only natural for them to evaluate the sources (as shown in Table 6) before using them to satisfy their COVID-19 information needs. The table shows that the highest majority of them 192 (64.21%) consider the authority of the source of the information on coronavirus they access possibly to ensure that information is not fake.

Table 7 shows that the highest majority of women (63.21%) access COVID-19 information to enable them identify symptoms of the disease followed by protection against COVID-19 infection (62.54%) The reasons for the respondents' use of COVID-19 information as could be deduced from

Table 6. Evaluation of sources of COVID-19 Information

Factors	Number	Percentage
Authority of the source(whether from Government, NCDC, etc)	192	64.21
Accuracy of the source of Information	189	63.21
Usefulness of the information	173	57.85
Reliability of the information source	155	51.83
Whether the information is current	141	47.15
Scope/coverage of the information source	89	29.76
Whether the information is a fact/true	87	29.09
Whether the information can be verified	85	28.42

Table 7. What COVID-19 information is used for

COVID-19 information use	Number	Percentage
COVID-19 symptoms identification	189	63.21
For protection against COVID-19 infection	187	62.54
For COVID-19 treatment	180	60.20
For drug dosage for COVID-19 patient treatment	178	59.53
For COVID-19 patients' isolation/quarantine procedures and practices	152	50.83
Obeying government's regulations during COVID-19 pandemic (e.g movement restriction, social distancing)	76	25.41

the table, have to do with staying healthy and safe from the coronavirus pandemic. It has been revealed in Table 4 that information needs on COVID-19 prevention ranked highest with 50.16% responses. Preventing COVID-19 would enable the women to stay healthy and safe.

Table 8 reveals that the majority of the respondents experience problem of large amount of COVID-19 unreliable information on social media and other sources in their access and use of COVID-19 information. It has been observed that in our 24-hour news and digital media environment of today, people receive information constantly from many sources, which range from print media to television to alerts and social media on mobile devices (Tumpey, Daigle & Nowak, 2020). At present, so much information is available and continuously being generated on COVID-19 that people find it difficult to ascertain the reliability of some information. It has been reported that since the beginning of the COVID-19 pandemic, there have been parallel outbreaks of disinformation and misinformation about the virus, which range from fake coronavirus cures, false claims and harmful health advice to wild conspiracy theories; that disinformation can cause further spread of the coronavirus disease, impede effective public health responses, create confusion, fear as well as distrust (Unesco, 2020). It was due to the large amount of unreliable COVID-19 information that necessitated the women to evaluate the information on the pandemic in Table 6.

CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS

The COVID-19 pandemic has generated lots of concerns which require access to and use of relevant information to enable women and their families keep safe and healthy. The women in Delta State observed in this study need Covid 19 information on preventive measures of the pandemic, its causes,

Table 8. Barriers to COVID-19 Information access and use by the respondents

Barriers to COVID-19 information seeking and access	Number	Percentage
Large amount of COVID-19 unreliable information on social media and other sources	187	62.54
Lack of funds to subscribe to data	177	59.19
Poor power supply	175	58.52
Poor internet speed	159	53.17
Too many sources of COVID-19 information	152	50.83
Poor telecommunication networks	98	32.77
Unable to read/illiterate	70	23.41
False information	57	19.06

symptoms, age groups vulnerable to it, how it is transmitted and how it can be cured. They consult various of information on COVID-19 but are very concerned about the reliability of sources they consult and use on the pandemic.

Based on the findings of the study, the following are recommended:

1. Effort should be made by government to get mobile network operators to reduce tariff to enable women and others to easily access COVID-19 information.
2. Government should enforce laws on how to stop fake news on COVID-19 by bringing the perpetrators to book.

This study has focused on COVID-19 information needs and utilization among women in Delta State, Nigeria. Other categories of Nigerians like men, youth and teenagers were not investigated. A study that focused on all these categories of people would have been more robust with findings more representative and generalizable. A large scale study that explore various strata of the country is therefore recommended.

It would be interesting to conduct a survey of gender difference on COVID-19 information seeking and utilization in Nigeria.

The results of this current study would be of great impact and significance. It has generated primary data which could assist governments and health institutions/organisations, media and other stake holders to plan and disseminate need information to women during the current and future pandemic(s).

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APPENDIX

QUESTIONNAIRE

COVID-19 Information Seeking and Utilization among Women Questionnaire(COVID-19ISUWQ)

Federal University of Petroleum Resources

Library,

PMB 1221 Effurun, Delta State, Nigeria

30th June, 2020

Dear respondent,

The researchers are currently conducting a research on COVID-19 information seeking and utilization among women in Delta State. This questionnaire is intended to assist the researchers in gathering relevant and useful information needed strictly for academic purpose only. All information provided by you will be treated confidentially and used mainly for the purpose of this research.

Thanks for your anticipated cooperation.

Yours Faithfully,

Signed:

Dr (Mrs) Gloria O. Oyovwe-Tinuoye and Prof. Esharenana E. Adomi

Researchers

SECTION A: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

INSTRUCTION: Please tick (Ö) the appropriate box as applicable to you and as it suites your opinion.

- I. **Age:** Below 20 years () 20 – 24 years () 25 - 30 years() 3i - 34 years() 35-39 years () 40 – 44 () 45 – 49 () 50 – 54 () 55 years and above ()
- II. **Occupation:** trader () teacher () nurse() fashion designer () Secretary () computer operator () office machine operator except computer () security personel () hair stylist () caterer () construction expert () engineering () cosmetologist () cake designer () baker () physician () pharnercist () hotelier () contractor () banker () maids and house cleaner () make up artist () applicant () farmer () food vendor/haker () cashier () waitress () receptionist () accountant () cook () office clerk () missionary/clergy () manager () administrative assistant () child care worker ()

Others (please specify)-----

- III. Marital status: Single () Married () Widowed ()

SECTION B: COVID 19 INFORMATION NEEDS

INSTRUCTION: Please tick (Ö) the appropriable box(es)indicating your agreement

1. Please indicate the aspects of COVID-19 you need information?

Others (please specify).....

SECTION B: SOURCES OF COVID 19 INFORMATION OF RESPONDENTS

Instruction: Please tick () the appropriable box(es)for your choice of COVID 19 information source

S/N	Aspects of COVID-19 information needs	Tick (Ö)
1	Causes of COVID-19 virus.	
2	Information on COVID 19 symptoms.	
3	COVID-19 test procedures.	
4	How COVID 19 spreads/is transmitted	
5	COVID-19 preventive measures.	
6	COVID-19 cure/treatment	
7	Age group most vulnerable to COVID-19 attack/infection.	
8	COVID-19 patients' isolation procedures.	
9	Drug/vacines for COVID-19 treatment.	
10	Movement restriction/curfew	
11	Palliative	
12	Government COVID- policies/measures/pronouncements	
13	COVID alternative/herbal/traditional treatment	

2. What are the sources you use/rely on to obtain information on COVID-19?

Others (please specify).....

SECTION B: EVALUATION OF SOURCES OF COVID 19 INFORMATION

Instruction: Please tick () the appropriable box(es) for your choice of COVID 19 information source evaluation

3. Please indication factors you considered in evaluating/verifying the quality of the sources of COVID-19 information you seek/access and use.

Others (please specify).....

S/N	COVID 19 Information Source	Tick (Ö)
1	Friends/ family members/neighbours	
2	Government health workers	
3	Daily newspapers	
4	Market association/cooperative society/group meetings	
5	Internet	
6	Local town carriers	
7	Social media (egWhatsApp, Facebook etc)	
8	Nigerian Centre for Diseases Control (NCDC) website.	
9	Television	
10	Radio	
11	Church	

S/N	Factors	Tick (Ö)
1	Authority of the source(whether from government, Nigeria Centre for Disease Control (NCDC),etc)	
2	Accuracy of the source of information	
3	Reliability of the information source	
	Scope/coverage of the information source	
4	Usefulness of the information	
5	Whether the information can be verified	
6	Whether the information is current	
7	Whether the information is a fact or true	

SECTION D: USAGE OF COVID 19 INFORMATION BY THE RESPONDENTS

INSTRUCTION: Please tick () the box indicating your usage of COVID-19 information

4. For what purpose do you use COVID 19 information?

Others (specify).....

SECTION E: BARRIERS TO COVID 19 INFORMATION ACCESS BY THE RESPONDENTS

INSTRUCTION: Please tick (Ö) the appropriate box indicating the barriers you encounter while seeking/accessing COVID 19 information.

5. What are the barriers to your COVID 19 information access/use?

Others (please specify).....

S/N	COVID 19 Information Use	Tick (Ö)
1	COVID 19 symptoms identification	
2	For COVID 19 patients isolation/quarantine procedures and practices.	
3	For COVID 19 treatment	
4	For drug dosage for COVID 19 patient treatment.	
5	For protection against COVID 19 infection	
6	Obey government regulation on COVID-19(eg complying with movement restriction etc)	

S/N	Barriers to COVID 19 Information Seeking and Access	Tick (Ö)
1	Unable to read / illiterate .	
2	Poor Telecommunication networks in Nigeria	
3	Poor internet speed	
4	Lack of funds to subscribe to data.	
5	Large amount of COVID 19 unreliable/incredible information on the Social media and other sources	
6	Poor power supply	
7	Too many sources of COVID 19 information.	