

# Examining Factors Affecting the Effectiveness of COVID-19 Preventive Communication Campaign in Ekiti State, Nigeria

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## Abstract

*The management of the new coronavirus (COVID-19) pandemic has stressed human ingenuity to the limit. In Nigeria, governments at all levels have tried to curb the spread of the virus through aggressive public campaigns aimed at achieving compliance with restrictions on movements and social distancing. This study therefore examines the level of awareness and impact of socioeconomic factors on the COVID-19 public communication campaigns. The study adopted social judgment theory to draw a nexus between socioeconomic factors and effectiveness preventive campaigns. The study adopted a survey method and used questionnaires to collect data. The data was analysed using descriptive tools such as pie chart, bar chart and frequency table, while Pearson product-method and chi-square were used to analyse the relationship among the stated variables with significant level stated at  $p\text{-value}=0.05$ . Results showed that over 80% of the respondents were aware of the virus and that over 70% have access to radio. A chi-square test of relationship between income and willingness to comply indicated a significant relationship of ( $p=0.000$ ). Results also showed a significant relationship ( $p=0.031$ ) between awareness and willingness to comply and the desire to see evidence and willingness to comply ( $p=0.000$ ). Given a  $p\text{-value}=0.19$ , there is no significant difference in economic status and the desire to see evidence of victims of the virus before complying. It is recommended that communication professionals should strive to understand the anchor position of the target audience before contents are produced, why communication scholars should further engage the impact of social judgment in health communication related campaigns.*

**Keyword:** COVID-19, Socioeconomic Factors, Campaign Effectiveness

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## Introduction

When the news of CoronaVirus infection in Wuhan city of China broke late December 2019, and peaked early January, many people in Nigeria, like the rest of the world, saw it as an occurrence in a distant clime, with little implication for their own lives. Even though international news

channels kept a watchful tab on the ravaging virus in Wuhan and its viral spread in some other places in China, most nations did not imagine that CoronaVirus would come home to roost.

By the time the World Health Organisation pronounced the Virus a pandemic on February 17, 2020, after many nations in Europe, America, Asia, and Africa had recorded wide cases of infected persons with hundreds of thousands of people infected in Spain, United Kingdom, Germany, United States, Iran and other parts of the world, it was clear the world was faced with the most challenging public health crisis in a century.

Before the World Health Organization pronounced the virus a pandemic and nicknamed it COVID-19, the Federal Government of Nigeria, through the Ministry of Health, had announced an index case in Lagos, a returnee from Milan, Italy. With this, the government began a series of protocols and responses to ensure that this virus did not spread to the community transmission level where tracing and treatment could be difficult.

The role of communication campaign at a time like this cannot be overemphasised. As noted by Oyama and Okpara (2017:3), it is “...the responsibility and moral obligation of the media to keep the people informed and aware of their health and the effect of not living healthy”. Accordingly, government at all levels began aggressive communication campaign to mobilise the public to support some of the inconvenient measures being taken to stem the spread.

However, in spite of these different communication campaigns and actions to stem the spread of the virus, level of compliance to protocols, lockdowns and restriction have continued to be a thing of concern, which has raised the germane question of effectiveness of message, channel and strategy. According to Wakefield, Lokenand and Hornik (2010), the success of a communication campaign on health change behaviour is dependent on several factors, some of which could be social, economic or cultural in nature.

Similarly, Sixsmith, Fox, Doyle and Barry (2014) who evaluated messaging effectiveness and behavioural change opined that “in the area of communicable disease prevention and control, the health impact of campaigns is usually measured in the form of a reduction in mortality or morbidity. However, many health communication campaigns may aim to change behaviour or raise awareness and thus, use knowledge, attitude and behaviour surveys as means of evaluation”. The point to know is that health communication has always aimed at promoting specific health behaviour or

### ***Statement Of The Problem:***

Currently, there are not many studies stating the factors affecting communication effectiveness in Ekiti State in managing the spread of the COVID-19 through public campaigns. This study aims to bridge this gap by investigating the general awareness level and the impact of socioeconomic factors on communication effectiveness in a pandemic situation.

### ***Research Questions And Hypotheses***

This paper therefore seeks to answer two questions and test three hypotheses

- 1- What is the general awareness level of the residents of Ado-Ekiti about COVID-19 pandemic?
- 2- What role does the socio-economic status of the individual play in their responses to the pandemic campaigns and control measures?

### ***Hypothesis***

H1- There’s no significant correlation between awareness level and attitude to comply with preventive campaigns and actions.

H2- There's no correlation between socioeconomic status and the desire to comply with preventive campaigns and actions.

H3- There is no correlation between the desire to see evidence of the pandemic and the attitude to comply with preventive campaigns and actions.

### Literature Review

According to WHO (2020:1) "Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus" COVID-19 is a strain of corona virus, a family of viruses that mutate themselves through the ribonucleic alteration of the human protein which causes damage to the cell and ultimately causes the respiratory system to be infected. COVID-19 is spread through droplets from the oral and nasal cavity which is the primary host of the virus before it spreads to the lung and other parts of the body. COVID-19 was first discovered in Wuhan, China but the source of the spread of the virus remains contentious as it was believed that it could have jumped to the human system through wild animals which were widely traded as delicacies in Wuhan's exotic animal market. Some others also suggested that the virus could have strained out of the virology laboratory situated in the city where viruses of this nature were studied.

Cases of sickness from COVID-19 peaked in Wuhan in December 2019 when it was observed that many hospitalised people around the time had same symptoms and that they did not response to treatment associated with respiratory diseases. By the time the virus could be properly profiled, many people had died and the spread had taken a global dimension. World Health Organisation (WHO), on February 27, 2020, finally pronounced the virus a pandemic and identified the variant of the corona virus as novel and without known cure yet.

To contain the spread of the virus, WHO advised countries to adopt high personal hygiene and to follow a protocol of aggressive testing, contact tracing, isolation of cases, social distancing and lockdowns. With lockdowns, cities, sub-national and national governments closed flight, vehicular and human movements, while businesses, schools, worship centres, stadia. Cinema houses and places that generally attract crowds were shut down so as to keep the people at home.

#### **A. Effective Public Health Campaign and the Role of the Media**

Public health campaign is a communication campaign that is aimed at creating awareness about a specific public health problem with a view to causing the public to change certain personal attitude and practice, or to adopt a new health practice. According to Sixsmith, Doyle, D'Eath and Barry (2014) as quoted by Oyam and Okpara (2017:2), "health communication as the study and use of communication strategies to inform and influence individual and community decision that enhance health. It encompasses health promotion, health protection, disease prevention and treatment, and is pivotal to the overall achievement of the objectives and aims of public health". Health campaign generally is aimed at raising awareness or bringing about behavioural changes. This position is strengthened by the definition by Kreps (2015) who argues that health communication has to do with the use of the mass media to instil healthy living and practice among a populace.

Primarily, the functions of the media revolves around informing, educating and entertaining the public – with regards to health communication, the media is expected to perform the role of an informer, educator, and enlightenment agent. It could be inferred therefore that the role of the media in health campaign is crucial to the consideration of this study.

In Uwom and Oloyede (2011) and similar studies, it has been established that the media has been effective in the mobilization of the public for development campaigns. Health communication is a subset of development communication because the goal is about the mobilization of the critical mass of the people to support a development that will serve their needs. Okunna (2002) opines that for there to be an effective communication for development, messages must be created in such a way that will create effective awareness and provide the required knowledge about a development, so as to win public support and acceptance.

Furthermore, Agbo, Ojobor and Ezinwa (2008:165) are of the opinion that health communication is a form of social marketing which involves the use of marketing principles for the purpose of social marketing. Social marketing is therefore about adopting marketing communication strategy to achieve specific social change. In other words, it is about the promotion and creation of awareness about issues that are meant for the wellbeing of the people, especially the one that requires behavioural changes.

However, the success of any communication campaign would anchor on certain factors, mostly demographic, which would serve as predictors to how the target population would likely react to a particular message. At the root of these factors are the social structures of the society.

Covid-19 pandemic, though global health challenge, could only be successfully curbed if the communications around it is approached from the peculiarity and psycho-social sensibility of the local population. This is because, not only is the virus novel to most people, each environment is faced with different circumstance, culture and infrastructure that would impact on the management of the virus.

Therefore, while there may be no argument about the role of the media in creating awareness about a disease outbreak, it is difficult to know how the different segments of the society will respond to the measures being put forward by the authorities to combat the pandemic. From what we know, it is trite that responses to media messages are not uniform among a diverse audience because of the complexity of social relations, categories and individual differences, social norms and learning, Esimokha (2014).

### ***Ekiti State and COVID-19 Pandemic***

Ekiti is a state of about 3.2million residents located in the South West part of the country. The Governor of the state chaired the Nigeria Governors' Forum, with a duty to provide leadership on how to effectively contain the spread of the Virus in the State and nationally. He immediately set up a Task Force committee to manage and coordinate the activities relating to Covid-19. A few days after inaugurating the Task Force, the state recorded an index case- thus becoming the fourth state after Lagos, Ogun, and the Federal Capital Territory to record the presence of the Virus in their respective entities. To ensure the spread does not go out of hand, some public safety measures were activated which included closure of markets, places of worship, schools, public offices, limitation of commercial activities and transportation.

However, cases were later recorded in Ekiti neighbouring states of Kwara, Osun, and Ondo. This led to the total lockdown of the state and a night curfew was imposed. To ensure that these measures work, vigorous media campaigns through all the channels of communication were activated. Television, radio, community engagement, public enlightenment, human channels, social media and regular state broadcast and media briefings were also deployed to ensure there was high public awareness. In spite of these measures state officials complained of poor compliance with the

measures in place (Afolabi 2020). There was also the suggestion that there might be inadequate public awareness or lack of communication effectiveness. Because this pandemic is novel, little research about COVID-19 exists, especially as it concern communication effectiveness and the underlining factors in the state.

### *Theoretical Review*

Social judgement theory belongs to the social psychological theories which try to explain how a piece of information is interpreted by different people and how pre-existing dispositions- which might have been influenced by social relationship or categories or personal experience, predicts how people make meanings out of an information. Propounded in 1961, the theory explains how differences in meaning attribution occur when different people listen to the same message in exact manner, through the same channel, source and time but end up with different interpretations and meanings (Hovland and Muzafer, 1980). They argued that individual's take on a particular message depends on their field of experience. According to Schramm "field of experience" is "life experiences, attitudes, values, and beliefs that each communicator brings to an interaction and that shape how messages are sent and received". These life experiences are what shaped the individuals perceptions and opinion. Asemah and Nwammuo (2017:75) posit that social judgement theory "is based on the idea that the effect of a persuasive message on a particular issue depends on the way that the receiver evaluates the position of the message. According to Sherif et al (1961), social judgement theory rests on three things, the anchor position, the alternative position and ego-involvement.

The anchor position is defined as the "preferred position", the default perception that determines how an individual would interpret a piece of information, the position of knowledge with which the individual compares a new position. The alternative position is the continuum or latitude of the state of mind which determines whether a point of view is to be accepted, to be rejected or to be approached without a strong commitment. These alternative positions are said to be continuum and subject to changes, based on the level of personal involvement or ego-involvement.

So, when government decided to close the worship centres as part of measures to control the spread of the virus, the attitude of the highly religious people would be different from the attitude of the anti-religious people, yet those who agreed that worship centres should be closed might be opposed to the closing of businesses. In each case, the anchor position is that of what is considered to be the most salient of human needs, while the alternative position will be to reject anything that touches on what one considers to be injurious to one's interest, while accepting things that does not demand personal sacrifice. In all of this, the level of our ego-involvement would determine how much of passion is brought to the debate. A church pastor who is likely to lose members and offerings, is more likely to be outspoken against church closure than a nominal church goer.

The importance of this is that media messages, especially about a pandemic that is being fought with a protocol that has a lot of implications on social, cultural, educational, religious and economic life of the people would place a burden of ego-involvement which might accentuate how they react as to accept, reject or remain indifferent to social distancing and lockdown protocols.

More importantly, preconceived positions about the pandemic itself would, in no small measure, affect how people interpret communications regarding compliance and how they react accordingly.

Generally therefore, social judgement theory provides a barometer for gauging how people are motivated to accept or reject a message, this study is looking at the factors that could motivate the anchor positions and what predicts the alternative positions. The theory is further tested to provide a new insight into how socio-economic and demographic factors can determine the anchor and alternative positions. The theory is considered relevant because it essentially describes the complexity of human judgemental sentiments and their effect on meanings and interpretations. Therefore, we can benefit from the assumption of the theory that a pre-emptive understanding of how a group of people will potentially react or interpret a message, will be helpful in how the message is processed, channelled and disseminated.

### *Empirical Review*

There have been previous studies about public health campaigns and their successes. For example, Wakefield, Loken and Hornik, (2010) in a study entitled, “Use of Mass Media Campaigns to Change Behaviour”, found out that studies on effectiveness of community-based public communication interventions aimed at eliciting favourable stimuli to certain behavioural health practices yielded appreciable improvement in public awareness” in risk reducing behaviours, such as changes in diet and increases in physical activity”(p.6).

Ciboh (2010) in a study, “Newspaper Coverage of Health issues in Nigeria”, evaluated how issues framing helped readers in understanding and empowerment to deal with daily experience on health matters. Onyeizu and Oloyede (2011) in the study of “Newspaper Coverage of Health Issues in Nigeria ( A study of the Guardian and the punch Newspaper January 2010-December (2011) found out that newspapers generally do not give prominence to health issues in their reportorial. Rather, issues that related to politics, business economy among others were dominating the media space. The study also noted that HIV/AIDS was topmost in health issues reported.

Similarly, Elder (2014) in a study entitled “Mass Media Health Communication Campaign combined with health-related product distribution, a community guide systematic review” found out that media campaigns on health specific issues that was combined with the distribution and promotion of “free or reduced price health-related products are effective” the study recorded a significant incremental effects by distribution health products during campaign advocacy.

The current study provides a new insight into how socio-economic, cultural and demographic factors could affect health communication, irrespective of whether there is high public awareness about the health challenge or not.

### *Methodology*

The study adopted a quantitative design by collecting data through survey, using a questionnaire that was divided into two sections. The instrument contained about 23 items that respondents replied to. The instrument was administered randomly using available sample in the selected parts of Ado Ekiti. A Google form of the questionnaire was also developed and widely syndicated through different social media platforms associated with residents of Ado-Ekiti. Out of 650 questionnaires distributed, 637 were retrieved from the respondents while 600 were considered validly completed.

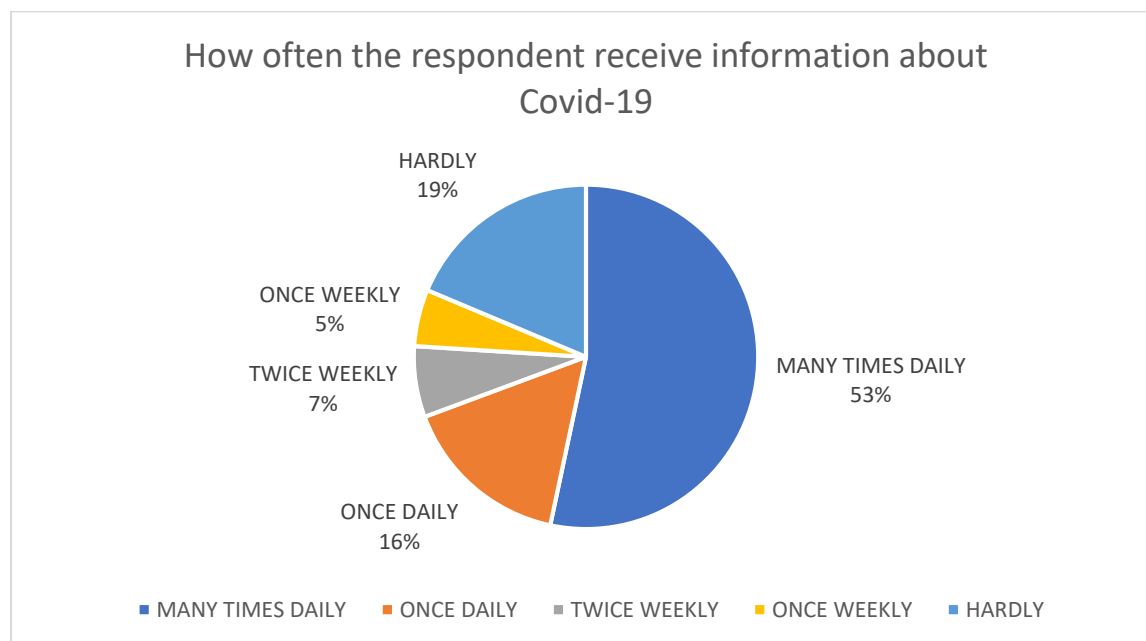
**Findings and Discussion**

Finding from the studies are presented in charts and tables as follow according to the research questions and the hypothesis formulated:

**RQ1: What is the general awareness level of the residents of Ado-Ekiti about Covid-19 pandemic?**

**Pie Chart 1:**

*Showing how often the respondents receive information about Covid-19*



The focus of RQ1 was to determine if communication about COVI-19 and its management was accessible to the target population. This is because one of the ways to examine the effectiveness of information dissemination is to determine the existence of an intersection between channel and access; that is, whether the target audience has access to the channel through which the information is disseminated.

As to frequency of COVID-19 information access, 53% said they received messages on the virus many times a day. Sixteen per cent said they received the COVID-19 messages at least once a day. In total, 5% twice a week and 7% once in a two weeks, while 19 percent said they had not received information about the virus. In all, about 81% respondents have received information concerning the pandemic.

**Table 1:**

*Indicates source through which respondent obtained information about COVID-19*

<b>Social Media</b>	180	30%
<b>Newspapers</b>	112	19%
<b>Radio</b>	240	43%
<b>Person to Person</b>	48	8%
<b>Total</b>	<b>600</b>	<b>100%</b>

Table 1 indicates the sources through which the respondents received information about COVID-19. It shows that all the respondents had access to information about COVID-19. Most of the respondents 260 (43%) said they received information about COVID-19 through the radio, while 180 (30%), 112 (19%) and 48 (8%) said they received information through social media platforms, newspapers and person-to-person, respectively.

**RQ2. What role does the socio-economic status of the individual play in their responses to the pandemic campaigns and control measures?**

**Diagram 1:**

*Bar chart showing average income per thousand in naira*

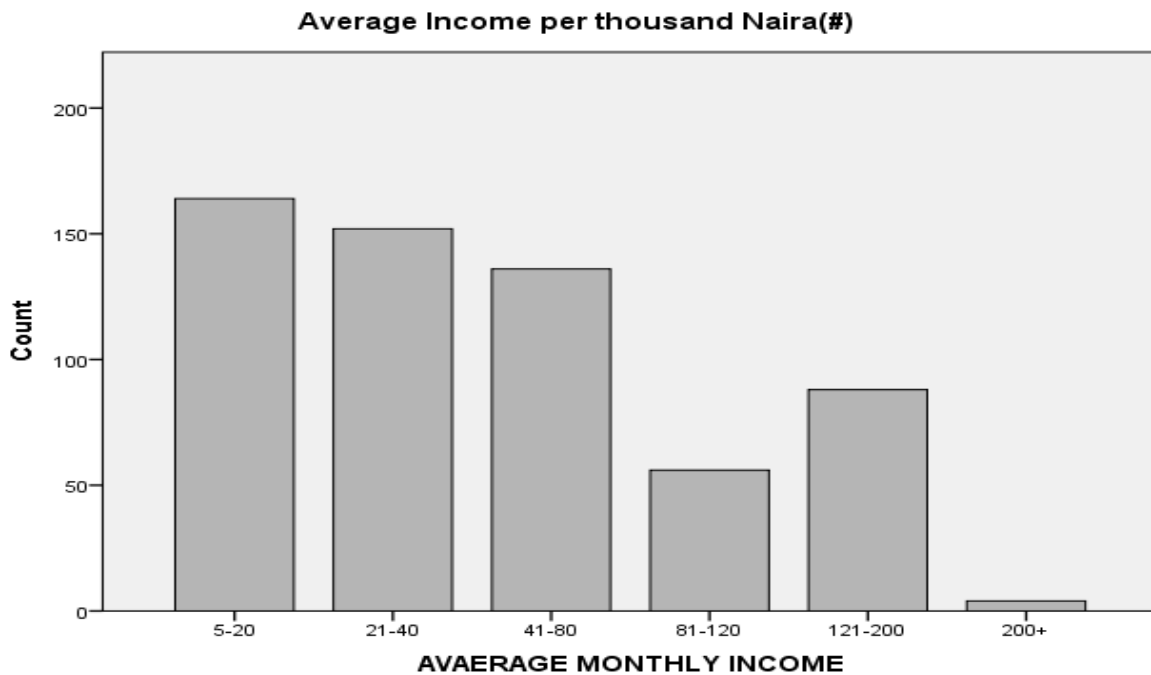


Diagram 1: The bar chart above shows the average monthly income of the respondent per thousand. From the chart the highest average monthly income of the respondents is N5,000- N20,000, 000 while the least average monthly income is N200,000 and above.

**Table 2:**

*Relationship between socio-economic status of the respondent and responses to the pandemic campaigns and measures*

Average Monthly Income (#) (ooo')	People are not complying with measure because they lack food and basic needs				Total
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	
5-20	88 (53.7%)	64 (39.0%)	8 (4.9%)	4 (2.4%)	164 (100%)
21-40	64 (42.1%)	40 (26.3%)	32 (21.1%)	16 (10.5%)	152 (100%)
41-80	52 (38.2%)	48 (35.3%)	20 (14.7%)	16 (11.8%)	136 (100%)
81-120	28(50%)	20 (35.47%)	4 (7.1%)	4 (7.1%)	56 (100%)
121-200	8 (9.1%)	52 (59.1%)	28 (31.8%)	0(0%)	88 (100%)
200+	4(100%)	0 (0%)	0 (0%)	0 (0%)	4 (100%)
<b>Total</b>	244 (40.7%)	224 (37.3%)	92 (15.3%)	40 (6.7%)	600 (100%)
<b>Pearson Chi-Square = 104.106</b>					<b>P - value = 0.000</b>

Table 2 above shows the cross tabulation of the relationship between socio-economic status of the respondent and responses to the pandemic campaigns and measures. Majority of the respondents with between N50, 000 – N20, 000 average monthly incomes strongly agreed (53.7%) and agreed (39%) that people were not complying with lockdown measures because they lacked what to eat. Similarly, respondents with N21, 000 – N40, 000 average monthly income strongly agreed (42.1%) and agreed (26.3%) that people are not complying with the lockdown measures because they lacked food provisions. The table also reveals that respondents with higher level of average monthly income also strongly agreed and agreed that people are not complying with measure because they lacked food.

When subjected to further statistical analysis using Chi-square test, it is seen that the relationship between socio-economic status of the respondents and responses to the pandemic campaigns and measures is statistically significant. This is because the p-value (0.000) associated with the Chi-square value (104.106) is less than ( $p < 0.05$ ). It is therefore correct to affirm that economic factor influenced how people react to the lockdown as part of the measures to control the spread the virus. The therefore suggests that communication effectiveness would be affected by the economic status of the receivers of the messages.

**Table 3:**

*Relationship between the desires to see evidence and attitude to comply with the measures adopted to manage the spread COVID-19.*

People are not complying with preventive measures because they lack food and basic needs	People are nonchalant to the preventive measures because they do not think Covid-19 is a threat				Total
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	
STRONGLY AGREE	68 (27.9%)	96 (39.3%)	44 (18%)	36 (14.8%)	244 (100%)
AGREE	32 (14.3%)	108 (48.2%)	72 (32.1%)	12 (5.4%)	224 (100%)
DISAGREE	20 (21.7%)	32 (34.8%)	28 (30.4%)	12(13.0%)	92 (100%)
STRONGLY DISAGREE	24 (60%)	4 (10%)	0 (0%)	12 (30%)	40(100%)
<b>Total</b>	114 (24%)	240 (40%)	114 (24%)	72 (12%)	600 (100%)
<b>Pearson Chi-Square = 87.215</b>			<b>P - value = 0.000</b>		

Table 3 above shows the bivariate analysis of the relationship between the desire to see evidence of COVID-19 victims and attitude to comply with the measures adopted to manage the spread of the virus. From the table, majority of the respondents agreed (48.2%) that people were not complying with the preventive measures because they lack food and basic needs and that people were nonchalant to the preventive measures because they did not think Covid-19 was a real threat; while (32.1%) disagreed that people were not complying with measure because they lacked food and basic needs and that people were nonchalant to the preventive measures because they did not think COVID-19 was a threat.

With a p-value (0.000) and a Chi-square value of 87.215, it is acceptable to conclude that at 5% level of significance, there is a significant relationship between the desire to see evidence of

victims of COVID-19 and the attitude to comply with the measures adopted to manage the spread of the virus as  $p < 0.05$ .

**Hypothesis 1**

Ho: There’s no significant correlation between awareness level and attitude to comply with preventive campaigns and actions.

**Table 4:**

*Correlations for awareness level and attitude to comply with preventive campaigns and actions.*

		How often do you receive information about Covid-19?	People are not complying with measure because they lacked food and basic needs.	Either there is food or not people will comply if they see people dying of the infection
How often do you receive information about Covid-19?	Pearson Correlation Sig. (2-tailed) N	1 600	.088* .031 600	.194** .000 600
People are not complying with measure because they lacked food and basic needs.	Pearson Correlation Sig. (2-tailed) N	.088* .031 600	1 600	.230** .000 600
Either there is food or not people will comply if they see people dying of the infection	Pearson Correlation Sig. (2-tailed) N	.194** .000 600	.230** .000 600	1 600

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

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The objective of the data from Table 4 was to determine the link between level of awareness and the attitude to comply with preventive campaigns, especially by relating the data to whether the provision of basic needs or the perception of the virus as a threat would motive positive responses to the campaigns about the pandemic.

A Pearson product-moment correlation was conducted to examine the relationships between awareness level and attitude to comply with COVID-19 preventive campaigns and protocols. Data shows that awareness level of how often the respondents received information about COVID-19 was weakly related to the attitude to comply with preventive campaigns. In other words, people would be more convinced to comply with the protocols by seeing evidence of dying victims than the desire to get basic needs.

These findings indicated that there is no statistically significant correlation between awareness level and attitude to comply with preventive campaigns since p-value is equal to (0.31) which is greater than the 0.05 significant level; as such, the relationship is statistically

insignificant, therefore the null hypothesis one is accepted. This effectively means level of awareness on COVID-19 is not an indication of willingness to comply with the protocols.

**Hypothesis 2**

Ho: There was no correlation between socio-economic status and the desire to comply with preventive campaigns and actions.

**Table 5:**

*Correlations between socio-economic status and the desire to comply with preventive campaigns and actions.*

		Average monthly income.	People are nonchalant to the preventive measures because they do not think Covid-19 is a threat.	Either there is food or not people will comply if they see people dying of the infection.
Average monthly income.	Pearson Correlation	1	.142**	.053
	Sig. (2-tailed)		.000	.196
	N	600	600	600
People are nonchalant to the preventive measures because they do not think Covid-19 is a threat	Pearson Correlation	.142**	1	.037
	Sig. (2-tailed)	.000		.363
	N	600	600	600
Either there is food or not people will comply if they see people dying of the infection	Pearson Correlation	.053	.037	1
	Sig. (2-tailed)	.196	.363	
	N	600	600	600

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

The objective of the data in Table 5 is to find a probable link between economic status and willingness to comply with preventive information about the pandemic and its management protocols. A Pearson product- moment correlation was conducted to examine the relationships between socio-economic status and the desire to comply with preventive campaigns. Socio-economic status based on the average monthly income of the respondents showed that there is significant differences in attitude to comply with preventive measures among the different income levels. At p=0.000 which is less than 0.05 level of significance, there is a relationship between

economic status and willingness to comply with the preventive campaigns. The null hypothesis 2 is therefore rejected.

**Hypothesis 3**

Ho: There is no correlation between the desire to see evidence of the pandemic and the attitude to comply with preventive campaigns and actions

**Table 6:**

*Correlations between the desire to see evidence of the pandemic and the attitude to comply with preventive campaigns and actions.*

		Even if people are given food and all their supplies, they may still not stay at home if they have not seen a victim of Covid-19.	People are not complying with measure because they are hungry	Either there is food or not people will comply if they see people dying of the infection
Even if people are given food and all their supplies, they may still not stay at home if they have not seen a victim of Covid-19.	Pearson Correlation Sig. (2-tailed) N	1  600	.068 .096 600	.426** .000 600
People are not complying with measure because they are hungry	Pearson Correlation Sig. (2-tailed) N	.068 .096 600	1  600	.230** .000 600
Either there is food or not people will comply if they see people dying of the infection	Pearson Correlation Sig. (2-tailed) N	.426** .000 600	.230** .000 600	1  600

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Data in Table 6 is evaluates the relationship between readiness to comply with the campaign messages and the desire to see evidence of people dying of the virus. A Pearson product- moment correlation was conducted to examine the relationships between the desire to see evidence of the pandemic and the attitude to comply with prevention campaigns and management protocols. This finding indicated that there is a statistically significant relationship between the desire to see evidence of the pandemic and the attitude to comply with preventive campaigns and actions with respect to either there is food or not people will comply if they see people dying of the infection (p – 0.000). Again, the null hypothesis 3 is rejected.

**Discussion**

The findings in respect of RQ1 which sought to know the level of awareness showed that indeed, the level of awareness was high with 53% of the respondents saying they received information about

the pandemic many times daily and more than 80% have received information about the pandemic at least once a week. It also shows that there is high penetration of information access through radio and the social media platform. This is consistent with previous studies that indicated that many people in Nigeria accessed information through radio and that internet penetration and utilisation of social media is high in the south west. According to Kolawole and Umejei (2018) about 75% of Nigerians have access to radio, while about 55% have access to the internet.

The RQ2 which asked the question as to whether economic status has any relationship with the attitude to comply with the COVID-19 campaign indicated that there is a relationship, at ( $r=104.106$ ,  $p=0.000$ ), where level of significance is 0.05, it could be stated that there is a significant relation between how the different economic strata would respond to the lockdown and the compliance communication campaigns. This finding indicating that many people might not have complied with the COVID-19 protocols because of their economic status is consistent with a previous study that showed that people have different interpretation of a piece of information based on their anchor position which may be informed by socio-economic factors (Sherif, and Hovland, 1980). Elder et al (2014) observed that to promote the use of certain sanitary products, free or subsidised distribution of health products helped in public campaign about product usage. Therefore, communication intended to cause an attitudinal change worked better when motivated with incentives that could support attitudinal change among specific social category of a people. Similarly, finding from H03 suggests that the desire to see evidence of dying victim would increase positive attitude to compliance with COVID-19 protocols. This is consistent with the finding by Adelman and Verbrugge (2000) on the impact of mortality of a disease on news coverage and the salience assigned to it by both the media and the news consumers.

The null hypothesis 1 is accepted  $p=0.31$  value, while null hypotheses 2 & 3 are rejected because  $p=0.000$ ,  $p=0.000$  significant levels obtained from the data respectively, are lower than the set level of statistically significant. Similarly, findings that showed that people would mostly comply with preventive measures including lockdowns, if they were faced with the reality of death or seeing victims of the disease shows that people generally respond to issues based on their mental evaluation of their threat level and that people also act on what is evidential than what is imagined.

## Conclusion

In conclusion, the study has brought a new understanding to how the public response to health related communication campaign and how social-economic factor can play a role in how they respond to the message. This study indicated that socio-economic factors could impact effectiveness of health related campaign, especially as it relates to managing an epidemic through life-changing measures. We can conclude that massive campaign can only to general awareness but that may not lead to change of attitude or compliance. There is therefore, the need to properly disaggregate information content and adopt different messaging strategies (by adopting effective appeals) meant for different strata of the society especially in mass oriented information meant to actualise public compliance with specific public health behaviour.

## Recommendation

Communication professionals should seek to understand the anchor positions of the target audience in producing contents meant for persuasive purposes. Scholars of communication need to further

engage the social judgment theory to understand how it could be used in projecting message contents in health related campaigns which seek to achieve personal responsibility and health practice. Hitherto, research on social judgement theory had dwelt mainly on its application to product advertising and consumer decision, this is new way to understand how it could be adopted to understand how people react to health issues based on socio-economic, political and cultural differences .

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