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Expectancy Value and Protection Motivation as Factors of Acceptance and Adoption of Covid-19 Safety Protocols

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Abstract

COVID-19 is notably the most pervasive pandemic in world history. In Nigeria, the extent of devastation can be measured in terms of health and other socio-economic indicators. The NCDC reveals that the country has recorded over 264, 014 cases with over 3,148 deaths so far. Until the recent experiment with vaccine, there was no cure for the disease. To stay safe, the WHO recommended the safety protocols. Although promoted through multimedia platforms, preliminary investigations reveal that the behavior change campaign may have recorded different degrees of success but may not have been influential in singularly altering lifestyles without the intervention of some psycho-social variables such as education, income, protection motivation, health belief and value attached to the campaign, the campaigner and the pandemic. In this study, the researcher isolated the variables and interrogated the influence of expectancy value and protection motivation on acceptance, or rejection of the COVID-19 safety protocols.

Survey research method was adopted in order to quantitatively analyze responses of 480 respondents selected from a population of 3,649,000 Ibadan residents. The results show that majority of the respondents did not willingly adhere to the safety protocols; they were compelled by security operatives or fear of them. 36.5% did to a large extent and 31.9% to a moderate extent wear nose masks only in designated public places like banks, hospital and churches. Majority (34.8%) to a moderate extent, doubt the existence of Covid-19, because of government's poor attitude towards the pandemic; 75.9% also reveal that government' actions weaken resolve to observe the safety protocols. Since the dissonance in applying the safety protocols was prompted by lack of trust on government actions or government's inability to gain the trust of the citizens, the study recommends that public health campaigns should be promoted by credible sources, that is, those that seem to practice what the advocate.

Introduction

COVID-19 is notably the most pervasive pandemic in world history. Its devastation permeates the health systems and every other sector of the society. A typical example is that, the emergence of the disease created fear, panic and anxiety globally. In fact, mental health experts believe that the announcement of the disease and the daily updates had more devastating impacts on people than the disease itself.

Studies have shown that people value their health and wellbeing; hence, they worry when there is disease outbreak, especially one with the magnitude of a pandemic.Because, such outbreaks are usually not anticipated, a slow response to it could lead to health panic, which in some instances, may be difficult to control (Addeh, 2020) [3]. The challenge with panic is that people change their behavior unpredictably. People might even behave in a way that swells the spread of the disease, or poses a different risk entirely to them and their communities (Odubanjo, 2020) [19].

Since the emergence of the Covid-19 pandemic, the nations have been saddled with the challenges of not only contending with the pandemic, but also determining ways of coping with the new norms it ushered in. Individuals, families and societies have had to adjust to the new social order created by the Covid-19 pandemic. Hospitals, transportation systems, banks and insurance, etc have all had to model their operations to suit the current situation. Supply chains have also had to be interrupted globally, because many countries shutdown their borders and restricted interstate movement. This became necessary because

an infectious disease that involves rapid spreading and threatens the health of large number of people requires urgent action to stop the disease at the community level (Wurz, Nurn, & Ekdahl, 2013) [28].

The World Health Organization (WHO) initiated the safety protocols as preventive measures against the Covid-19.The safety protocols include 'wear a mask that covers your nose and mouth', 'stay six feet apart from people who don't live with you', 'get a *Covid19* vaccine if available to you' 'avoid crowds and poorly ventilated indoor spaces', 'wash your hands often with soap and water (use hand sanitizer if soap and water are not available)' 'sneeze or cough into your elbow' and 'avoid contact with infected persons or surfaces', and 'self isolate for 14 days after contact with an infected person' etc (WHO, 2020). These safety guides lines are transmitted to the public through the mass media and other communication channels (Acholonu, Onyike & Okoye, 2021) [2].

As regards public health, Onyike (2019, p.80) [23] argue that "infectious diseases outbreaks have lead to losses to human lives and the economy of nations. Consequently, a wide range of tools, including mass media, have been deployed in the effort to control and eliminate epidemic diseases". Apart from the national and global daily updates on Covid -19 cases aimed at revealing the severity of the disease, there are several other media programmes and campaigns that sensitize individuals on the risk factors, susceptibility and preventive mechanisms. The intention is to achieve a change in attitude or behavior towards the pandemic. However, Acholonu, Onyike and Okoye (2021, 147) [2] notes that "acceptance or otherwise of a message targeted at the value system of a person or group are subject to critical factors which may relate to level of awareness, education, source credibility, trust, interpersonal relationships, economic status and other exogenous environmental dynamics". Thus, persuasion under this circumstance requires a lot of convictions.

Okenwa (2013, p.127) [21] states that "every persuasive message presents an idea or course of action that the communicator advocates; (and) it then suggests reasons that listeners should agree with it." The primary goal of a persuasive campaign such as the 'safety guidelines' is either to convince or to convert or both. Citing the Toulmin (1959) Model, Okenwa (2013) [21] argues that most persuasive messages should have three components: claim, warrant and data.the Covid-19 campaign revolves around these three components, but, was weakened by unreliable claims and data.

A study by Yusuf, Gusau and Maiyaki (2020) [29] show that public perceptions towards the reality of Covid-19 pandemic in Nigeria fall under seven thematic constructs: 'scam', 'fake', 'politics', 'business-venture', 'exaggeration', 'real', and 'real-but manipulated'. Onyike, Okoye and Eniang (2021) [24] observed that though many people believed that the information supplied by the NCDC in their daily updates was falsified, yet, they agreed that it affected attitude towards their health. They became more conscious of their environment.Similarly, Olapegba, *et al.* (2020) [22] argue Nigerians had relatively high knowledge of the Covid-19. "Although laden with several misconceptions, their knowledge of precautionary behaviour was also high".

Over the years, public health research has established a correlation between knowledge, attitude and practice. Thus, it can also be argued that, an individual with a high knowledge of a disease (causes, symptoms, prevention and treatment) is likely to accept or adopt any intervention meant to curtail its spread. However, Onyike (2019) [23] observed that behavior change campaigns may not achieve its purpose except factors such as education, income, protection motivation, source credibility, health belief, societal norms and other exogenous dynamics of the environment is taken care of.In the case of adoption of the Covid -19, a preliminary survey in *Ibadan* metropolis indicates a moderate adoption of the safety protocols. The intention of this survey is to examine how expectations from the government and the need to stay protected affect people's choices to adopt the Covid-19 safety guidelines.

Objectives of the Study
1. To ascertain the extent to which the need to stay protected affects acceptance of COVID-19 safety protocols.
2. To examine the extent expectations from the government influences adherence to Covid-19 safety protocols.

Literature Review
Protection Motivation and Behavior Change in Emergency Times: A Review
Despite the doubts and diverse opinions on the reality of the Covid-19 (Olapegba, *et al.,* 2020; Onyike, Okoye & Eniang, 2021) [22, 24], the need to stay safe, healthy and protected seems to occupy most public discussions. Richards (2017) notes that "knowledge among ordinary people about how to eliminate risks of contracting Ebola virus led to a rapid drop in mid-2015 in the number of cases of infection". Onyike, *et al.* (2021) [2] concludes that individuals need to be informed about the potential risk of COVID-19 infection in order to adopt the right precautionary measures. Ultimately, knowledge is essential in combating viral diseases. A study by Olapegba, *et al.,* (2020) [22] indicates a high knowledge of precautionary behavior against COVID-19, and suggests that "one's level of knowledge about an infectious disease can make one to behave in ways that can prevent infection".

From the health belief constructs, motivation can be hypothesized as a direct consequence of knowledge and other intrinsic and extrinsic characteristics of an individual or the dynamics of his/her environment.The assumption is that knowledge of the level of susceptibility to a disease, the severity of the disease and cues toaction are predictors of motivation to adopt or otherwise a proposed behavior (Onyike, 2019 [23]; Ekwe, 2017 [9]; Rosenstock, Strecher, & Becker, 1994). As a psychological process, motivation originates the stimulation, direction, and persistence of behaviour (Luthans, Avolio, Walumbwa, & Li, 2005). Thus, it can be seen as those psychological procedures that cause the arousal, direction, and persistence of voluntary actions that are goal directed (Jehanzeb, Rasheed, & Aamir, 2012).

In emergency situations such as a pandemic, everyone wants to feel safe or be assured of their safety. The consequence of this is a reliance on various channels to seek information about the disease- its causes, symptoms, pervasiveness, treatment or management as the case may be. The mass media plays a pivotal role in public health (Onyike, 2019) [23]. Although, mass mediated exposure can be amplified by interpersonal conversations, newspaper articles, radio, television programmes and interactive digital media channels are employed at all levels of public health in the

hope that three effects might occur: the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behavior (Catalán-Matamoros, 2011; Onyike, 2019) [8, 23].

The impact of the media in enhancing knowledge, attitude and behavior is demonstrated in the area of maternal health. For instance, high exposure to television and newspapers in northern Ghana was associated with giving birth with the assistance of an SBA (Mills, Williams, Adjuik, & Hodgson, 2008) [17]. In India, high exposure to mass media among women boosted their use of antenatal care (ANC) services and the possibility of assistancefrom an SBA as well as giving birth at a health facility (Navaneetham & Dharmalingam, 2002; Pallikadavath, Foss, & Stones, 2004; Goli, Doshi, & Perianayagam, 2013) [18, 25, 11]. Conversely, low exposure to mass media is one of the main pathways through which inequalities in maternal and child health is perpetuated in urban India (Goli, Doshi, & Perianayagam, 2013) [11] cited in (Asp, Pettersson, Sandberg, Kabakyenga, & Agardh, 2014) [5].

Health information sharing considerably enhances health care and public health. It also reduces difficulties in people's access to health and as well positive attitude towardspublic health.Research has established association between educational attainment, health literacy and health outcomes (Onyike, 2019) [23]. Ekwe (2017, p.35) [9] notes that "patients and the general public, all over the world, require health information to make informed decisions about their health". Patients benefit from the ability to recognize their health needs, follow or read health instructions, advocate for themselves and their families, and communicate effectively with healthcare providers (Berkman, Sheridan & Donahue, 2011; *Zimmerman, Woolf & Haley, 2015)* [6, 30].

In terms of attitude and behavior,the mass media are utilized for delivering preventive health messages, because, they have the potential to influence people's behaviour (Brinn, Carson, Esterman, Chang, & Smith, 2012) [7]; deter them from risky behaviour or from taking precautionary measures in relation to a disease outbreak, as concurrent presentation of objective information about the diseases can mitigate its severity (Young, Norman, & Humphreys, 2008) cited in (Tchuenche & Bauch, 2012), by motivating the public to adopt behaviours that enhance their safety. Zimmerman, *et al* (2015) [30] asserts:

> A systematic review of health literacy and health outcomes found that individuals with lower health literacy had poorer health-related knowledge and comprehension, ability to demonstrate taking medications properly, and ability to interpret medication labels and health messages. They also had increased hospitalizations and emergency care, decreased preventive care, and, among the elderly, poorer overall health status and higher mortality.

The last decade has witnessed an increasein attempts to use mass media campaigns to influence the public for their own good in the areas of disease prevention, health promotion, and public safety (Flay, DiTecco & Schlegel, 1980) [10].

Kandrack, Grant and Segall conducted a study on, "Gender differences in health related behavior: Some unanswered questions" to examine the socio-medical approach to gender differences in health related behavior among males and females in Winnipeg, Manitoba, Canada. The study found that women take health information and services more seriously than the men. The findings also offeredexplanation for what accounted for the discrepancies between male and female morbidity rates and healthcare utilization patterns. However, the finding fell short of offering conclusive evidence as to the causes of variations in morbidity and health services use between women and men. Also, attempt was made by the researchers to identify the relevance of social role and related social status characteristics (e.g., labour force participation) in accounting for variation in health, illness and sick role behavior.

Allington, Duffy, Wessely, Dhavan, and Rubin (2020) [4] did a study titled, "Health-protective behaviour, social media usage and conspiracy belief during the COVID-19 public health emergency". The study examined how social media usage and conspiracy belief during the COVID-19 public health emergency affect health protective behavior. The study consisted of three online surveys of media use, conspiracy beliefs and health-protective behaviours with regard to COVID-19 among UK residents. One of the studies adopted a self-selecting sample ($N = 949$) while the other two used stratified random samples from a recruited panel ($N = 2250, N = 2254$), (Allington, Duffy, Wessely, Dhavan, & Rubin, 2020) [4] cited in (Acholonu, Onyike & Okoye, 2021) [2].

All three results of this study found a negative relationship between COVID-19 conspiracy beliefs and COVID-19 health-protective behaviours, and a positive relationship between COVID-19 conspiracy beliefs and use of social media as a source of information about COVID-19. Studies 2 and 3 also found a negative relationship between COVID-19 health-protective behaviours and use of social media as a source of information, and Study 3 found a positive relationship between health-protective behaviours and use of broadcast media as a source of information. Based on this, the researchers concluded that when used as an information source, unregulated social media may present a health risk that is partly but not wholly reducible to their role as disseminators of health-related conspiracy beliefs (Allington, Duffy, Wessely, Dhavan, & Rubin, 2020) [4] cited in (Acholonu, Onyike & Okoye, 2021) [2].

The study by Yusuf, Gusau and Maiyaki (2020) [29] tracked and modeled public perceptions towards the reality of Covid-19 pandemic in Nigeria. The participants were selected from various social media platforms and the data was analyzed in three phases: tracking, modeling and forecasting. The findings revealed that public perceptions towards the reality of COVID-19 pandemic in Nigeria fall under seven thematic constructs: 'scam', 'fake', 'politics', 'business-venture', 'exaggeration', 'real', and 'real-but manipulated'. The pattern of analysis suggested that public perceptions towards the reality of COVID-19 pandemic in Nigeria will remain relatively unchanged over the next three-month period (Yusuf, Gusau & Maiyaki, 2020) [29] cited in (Acholonu, Onyike & Okoye, 2021) [2].

Methodology

The study is a survey research and questionnaire was the measuring instrument. The study was carried out at University of Ibadan (UI), Ibadan, Oyo State, Nigeria. The population of the study consists of 480 respondents that participated in the study. The COVID 19 pandemic had impact on everyone irrespective of age, education, gender or economic disposition (Acholonu, Onyike & Okoye, 2021)

[2]. Notwithstanding, the respondents were aged between 18 and 50 years of age. Education, sex and economic disposition was not in consideration; however, the choice of the University environment is to ensure that respondents had average level of enlightenment to be able to attend to the questions objectively.

The questionnaire was in Likert scale format. This guarantees the possibility of weighingthe degree of the responses.

Data Presentation and Analysis

Table 1: Knowledge of the safety protocols

S. No	Responses	SA	A	U	D	SD
1.	I understand the safety protocols	54 [11.3%]	291 [60.6%]	68 [14.2%]	48 [10%]	19 [4%]
2.	Awareness of campaigns that encourage adoption of the safety protocols	82 [17.1%]	267 [55.6%]	109[22.7%]	13 [2.7%]	9 [1.9%]
3.	I observe them in the media	208[43.3%]	191[39.8%]	32[6.7%]	23[4.8%]	26[5.4%]
4.	I come across them through interpersonal channels	234[48.8%]	77[16%]	23[4.8%]	89[18.5%]	57[11.9%]
5	The messages were simple and easy to decode	185[38.5%]	162[33.8%]	100[20.8%]	18[3.8%]	15[0.3%]
6	I can still remember what the messages were	48[10%]	152[31.7%]	107[22.3%]	118[24.6%]	55[11.5%]

The data in Table 1 shows that 60.6% of the 480 respondents agreed they understood the safety protocols for COVID 19, 11.3% also strongly agreed. Although, 14.2% were undecided, only 10% and 4% disagreed and strongly disagreed. Also, 55.6% and 17.1% agreed and strongly agreed to their awareness of campaigns that encouraged adoption of the safety protocols. Surprisingly, 22.7% were undecided while 2.7% and 1.9 disagreed and strongly disagreed respectively.

The data further reveals responses on sources knowledge of the safety protocols for COVID19. 43.3% of the respondentsstrongly agreed that they got information on it from the mass media. Another 39.8% merely agree that information about it came from the media. Although 48.8% strongly agreed that they were informed via interpersonal channels, a high number of them (18.5% and 11.9%) were negative-i.e., they disagreed and strongly disagreed respectively to having obtained information on the safety protocols predominantly from interpersonal channels.

On their comprehension, 38.5% and 33.8% strongly agreed and agreed that the messages were simple and easy to decode. However, a significant number of the respondents (20.8%) were undecided. Majority of the respondents (31.7%) can still remember the messages, though, a large number of the respondents (24.6%) can't recall what the safety protocols were, and another 22.3% were undecided.

Table 2: Extent of observing the safety protocols

S. No	Responses	Large extent	Moderate extent	Little extent	Can't say	No Extent	Total
1.	I observe the safety protocols	62[12.9%]	154[32.1%]	184[38.3%]	76[15.8%]	4[0.8%]	480 [100%]
2.	I only observed the safety protocols in the first quarter of the pandemic	166[34.6%]	72[15%]	36[7.5%]	206[42.9%]	0	480[100%]
3.	I still avoid handshake	36[7.5%]	71[14.8%]	102[21.3%]	174[36.3%]	97[20.2%]	480[100%]
4.	I sanitize my hands after contact with a person(s)	34[7.1%]	79[16.5%]	136[28.3%]	209[43.5%]	22[4.6%]	480[100%]
5	I still sneeze into my elbow	43[9%]	60[12.5%]	38[7.9%]	196[40.8%]	143[29.8%]	480[100%]
6	I no longer wear nose mask	96[20%]	187[39%]	64[13.3%]	81[16.9%]	52[10.8%]	480[100%]
7.	I only wear nose mask to compulsory places like banks	175[36.5%]	153[31.9%]	43[9%]	98[20.4%]	11[2.3%]	480[100%]
8.	I only wear mask to avoid security agents	78[16.3%]	77[16%]	194[40.4%]	131[27.3%]	-	480

Table 2 shows that 83.3% of the respondents observe the safety protocols, while 15.8 were not certain if they observed. However, only 12.9% adhered to the safety guidelines to a large extent, whereas 38.3% (majority) observe it to a little extent. On the extent of adherence to the safety protocols at the peak of the COVID 19 pandemic, majority (42.9%) were undecided, 34.6% adhered to it to a large extent, 15% did to a moderate extent where as 7.5% adhered to it to a little extent.

The data in Table 2 provides answers to practices of the respondents as regards the safety protocols. Although, 36.3% can't say if they still engage in handshake, majority of the respondents (43.6%) of the respondents still engage in handshake. However, only 7.5% of them do this to a large extent, while 14.8% and 21.3% engage in handshake to a moderate extent and little extent respectively. Notwithstanding that 51.9% sanitized their hands after every handshake, 43.5% can't say if they did same. Among those that sanitized their hands, only 7.1% did to a large extent; 16.5% did to a moderate extent, while, 28.3% did to a little extent.Likewise, 40.8% can't say if they practiced sneezing into their elbow as recommended by the safety guidelines, while, 29.8% never practiced it at all. However, only 29.4% of the respondents have varying degrees of practice. For example, 9% sneezed into the elbow to a large extent, while 12.5% and 7.9% did to a moderate and little extent respectively.

On mask, 72.3% wore nose mask, but, 10.8% didn't. 16.9% can't say if they wear nose mask or not. Among those that wear nose mask, 20% did to a large extent; 39% to a moderate extent whereas 13.3% did to a little extent. To further buttress their practice, 77% of the respondents wear nose mask to places where they are made compulsory only-banks, churches and public offices. 20.4% can't say, while 2.3% are not restricted to compulsory places alone. Among those that put on nose mask in compulsory places, 36.5% did to a large extent; 31.9% to a moderate extent while 9% did to a little extent. Additionally, to a little extent, 40.0% of

the respondents claim that they wear nose mask in order avoid security agents, while 27.3% were undecided. However, 16.3% to a large extent only wear mask to avoid

security agents while 16% does the same to a moderate extent.

Table 3: On the extent the need to stay protected influences adoption of Covid-19 protocols

S. No	Responses	Large extent	Moderate extent	Little extent	Can't say	Total
1.	I believe that COVID-19 is real	227[47.3%]	109[22.7%]	39[8.1%]	105[21.9%]	480
2.	I observe the safety protocols because I believe that it has no known cure	166[34.6%]	151[31.5%]	2[0.4]	161[33.5%]	480
3.	I monitor the daily update on COVID 19 cases in the media.	147[30.6%]	199[41.5%]	58[12.1%]	76[15.8%]	480
4.	I still observe safety protocols because of my personal safety	146[30.4%]	146[30.4%]	60[12.5%]	128[26.7%]	480
5.	I believe the COVID 19 vaccines are safe	91[19%]	163[34%]	54[11.3%%]	172[35.8%]	480
6.	I believe that staying safe is a better alternative to the vaccines	213[44.4%]	144[30%]	67[14%]	56[11.7%]	480

In Table 3, a significant majority (47.3%) of the 480 respondents agree to the reality of COVID 19 to a large extent; 22.7% to a moderate extent and 8.1% to a little extent. However, 21.9% were undecided. Also, 34.6% to a large extent agree that they adhere to the safety guidelines because COVID 19 has no cure; 31.5% agrees to a moderate extent, and 0.4% to a little extent. Nevertheless, a high number of the respondents can't say if the virus has cure or not.

On the extent of following the daily updates on COVID 19 cases, the results show that a significant number of respondents (41.5%) monitor the COVID 19 updates to a moderate extent. However, 30.6% monitor the update to a large extent; 12.1% did to a little extent. Only, 15.8% can't say whether they monitor the COVID 19 updates or not.

The question number 4 in Table 3was asked to ascertain the importance the audience attach to their health. While 30. 4% of agree to a large extent that they adhere to the safety guidelines because of their personal safety; another 30. 4%adhere to the safety guidelines to a moderate extent. However, while 26.7% were undecided, 12.5% did to a little extent.

On the safety of the COVID 19 vaccines, 19% believe that it's safe to a large extent; 34% to a moderate extent, 11.3% to a little extent. However, majority of the respondents (35.8%) were undecided. Also, 44.4% of the respondents believe to a large extent that staying safe is a better alternative to the vaccines; 30% does to a moderate extent, whereas 14% did to a little extent. However, 11.7% can't say.

Table 4: On the extent expectations from the government influences adherence to Covid-19 safety protocols

S. No.	Responses	Large Extent	Moderate Extent	Little Extent	Can't Say	No Extent	Total
1	I believe that enforcing the safety protocols is best for public good	72[15%]	169[35.2%]	45[9.4%]	95[19.8%]	99[20.6%]	480
2	I believe that government is doing its best to end the disease in Nigeria	49[10.2%]	130[27.1%]	188[39.2%]	113[23.5%]	0	480
3.	Government's actions makes me to believe that COVID-19 is a scam	64[13.3%]	167[34.8%]	81[16.9%]	142[29.6%]	26[5.4%]	480
4	Government's actions weakens my resolve to observe the safety protocols	143[29.8%]	129[26.9%]	92[19.2%]	48[10%]	68[14.2%]	480
	How the palliatives were distributed exposed poor attitude of the government to the COVID-19 pandemic	222 [46.3%]	181 [37.7%]	7[1.5%]	70[14.6%]	-	480

Table 4 shows responses on thoughts concerning government's enforcement of the COVID 19 safety protocols. The first item on the table shows that a significant majority of the respondents (35.2%) believe to a moderate extent that enforcement of the safety protocols is for public good. However, while 20.6% of the respondents thought otherwise, 19.6% were undecided. Only, 15% of the respondents agree to this statement to a large extent. Again, 10.2% believe to a large extent that the Nigerian government is doing enough to end the disease; 27.1% agree to a moderate extent, while majority of the respondents (39.2%) agree to a little extent. However, 23.5% were undecided.

For the statement, 'government's actions make me to believe that COVID-19 is a scam', 13.3% agreed to a large extent; 34.8% (majority) agreed to a moderate extent; 16.9% agreed to a little extent, 5.4% disagreed, while 29.6% can't say.

The data on the fourth item n Table 4, shows that majority of the respondents (29.8%) agree to a large extent that government's actions weakens resolve to observe the safety

protocols; 26.9% agree to a moderate extent; 19.2% agree to a little extent, while 10% were undecided. However, 14.2% of the respondents believe that government actions do not have effect on their observance of the safety guidelines. Furthermore, 46.3% believe to a large extent, that, the way palliatives were distributed exposed poor attitude of the government to COVID 19 pandemic. Also, 37.7% agree to a moderate extent; 1.5% agree to a little extent, while 14.6% were undecided.

Discussion of Findings
Research Question One: To Ascertain the Extent to Which the Need to Stay Protected Affects Acceptance of COVID-19 Safety Protocols
The risk factor for the COVID-19 like many other pandemics is high. WHO believes that only a positive attitude towards the COVID-19 protocols can guaranty individual and public safety. Knowledge of the viral disease and safety protocols is key, because not only does awareness of a disease, its symptoms, prevention, management and treatment important (Olawale & Ogundipe, 2016; Onyike,

2019) [20, 23], it's the first step towards solving a health challenge. In this study, data in Table 1 reveals that 72.7% (i.e., 55.6% and 17.1% agreed and strongly agreed) were aware of campaigns on the safety protocols, resulting to knowledge of the safety protocols among 60.6% of the respondents.Such knowledge was acquired by majority of the respondents through the mass media, while 48.8% strongly agreed that they were informed via interpersonal contacts. These include contact with health workers, town announcers, groups meetings and family.

Review of literature reveals that the COVID-19 was coded in three main languages –English, Pidgin and local language of the people (Acholonu, Onyike, & Okoye, 2021) [2]. A test of respondents' comprehension reveals a high level of comprehension as 38.5% and 33.8% *stronglyagreed* and *agreed* that the messages were simple and easy to decode. Also, 31.7% of the respondents can still recall the messages, though, a large number of the respondents (24.6%) can't recall what the safety protocols were, and another 22.3% were undecided.

Table 2 reveals the extent to which knowledge of COVID-19 protocols translated to action. The results show that 83.3% of the respondents observe the safety protocols, although majority (38.3%) does to a little extent.Even at the peak of the COVID 19 pandemic, only 34.6% did to a large extent, an indication that, knowledge did not, to a large extent, translate to practice. For instance, 43.6% still engage in handshake (see, Table 2), although 51.9% sanitized their hands after every handshake, 43.5% can't say if they did same.This finding is contrary to findings by Reuben, Danladi, Ejembi and Saleh (2021) [26]. The authors observe that "majority of the respondents (79.5%) had positive attitudes toward the adherence of government IPC measures with 92.7, 96.4 and 82.3% practicing social distancing/self-isolation, improved personal hygiene and using face mask respectively". Although, the extent of adherence to the safety protocols was not established, we admit that the time lag between the period of the studies may also affect responses in this regard.

Similarly, 40.8% can't say if they practiced sneezing into their elbow as recommended by the safety guidelines, while 29.8% never practiced it at all. Also, 72.3% wore nose mask, however, among those that wear nose mask, 20% did to a large extent; 39% to a moderate extent whereas 13.3% did to a little extent. To further buttress their practice, 77% of the respondents wear nose mask to places where they are made compulsory only- banks, churches and public offices. As well, 72.3% of the respondents also wear nose mask, only at security checks or to avoid harassment from security agents. Among them, 16.3% to a large extent; 16% does the same to a moderate extent, while 40% did to a little extent. Similarly, Aborede, Ekott & Ogunsola (2020) [1], found that "people now go out without using their facemasks, churches are opening and some are even spreading false information about the pandemic".

The Likert Scale questions on Table 3 was used to determine if adoption of Covid-19 protocols was influenced by the respondents need to stay protected. Although a significant majority of the respondents to a large extent believe that COVID-19 is real, 73.3% adhere to the safety guidelines because of their personal safety. Out of this population, 30.4% to a large extent practice the safety protocols to avoid endangering their health; another 30.4% of them do so, to a moderate extent, while 12.5% did to a

little extent. Again, 34.6% to a large extent adhere to the safety guidelines because COVID 19 has no cure, while, 31.5% also adhere to the safety guidelines to a moderate extent.

On the extent of following the daily updates on COVID 19 cases, the results show that a significant number of respondents (41.5%) monitor the COVID 19 updates to a moderate extent. However, 30.6% monitor the update to a large extent; 12.1% did to a little extent.

On the safety of the COVID 19 vaccines, 19% believe that it's safe to a large extent; 34% to a moderate extent, 11.3% to a little extent. However, majority of the respondents (35.8%) were undecided. Also, 44.4% of the respondents believe to a large extent that staying safe is a better alternative to the vaccines; 30% does to a moderate extent, whereas 14% did to a little extent. However, 11.7% can't say.

Research Question Two: To Examine the Extent Expectations from the Government Influences Adherence to Covid-19 Safety Protocols

At the peak of the COVID-19 pandemic with the attendant global lockdown resulting to hardship for citizens, observation of safety protocols became necessary in the absence of any other quick-fix. However, with the inability to move about, citizens relied on governments for support. In many climes including Nigeria, citizens expected reassurances from their government, not just by dispositions towards ending the pandemic, but also, by cushioning the severity of the lockdown since social distancing was at the head of the safety guidelines.Research question two was asked to examine the extent of citizens' expectations from government and how this affected adherence to the safety protocols.The data in Table 4 reveals that majority of the respondents, to a moderate extent believe that government's enforcement of the safety protocols is for public good. However, only 10.2% believe to a large extent that the Nigerian government is doing enough to end the disease; whereas 39.2% agree to a little extent. Another 23.5% were undecided (See, Table 4). The study, "Knowledge, Attitudes and Practices Towards COVID-19: An Epidemiological Survey in North-Central Nigeria", by Reuben, Danladi, Ejembi and Saleh (2021) [26], reveal that "52.1% of the respondents perceived that the government is not doing enough to curtail COVID-19 in Nigeria". while the study by Reuben, *et al,* was conducted in North-Central, ours was done in South-West, Nigeria. The strong correlation that exists between these regions in Nigeria concerning government's poor attitude, is also implicative of the extent they can go in exhibiting positive or poor attitudes towards government's enforcement of the safety measures.

Again, a question was asked to ascertain the extent the respondents believed that COVID-19 was scam, although only 13.3% agreed to a large extent,that government's actions make them to believe that COVID-19 is not real; majority (34.8%), agreed to a moderate extent, while 29.6% can't say. By implication, the government would have acted differently, if they believe that the pandemic was a reality and a public health concern. I addition, 75.9% of the respondents reveal that government' actions weaken resolve to observe the safety protocols. Among these respondents, 29.8%emphasize that 'to a large extent',government's actions weakentheir resolve; 26.9% agree to a moderate extent; while 19.2% agree to a little extent (See, Table 4,

item 4). Furthermore, 46.3% believe to a large extent, that, the way palliatives were distributed exposed poor attitude of the government to COVID 19 pandemic. Also, 37.7% agree to a moderate extent; 1.5% agree to a little extent, while 14.6% were undecided (See, Table 4, item 5). This is similar to the finding byAborode, Ekott & Ogunsola (2020) [1]. They observe that "of recent, change in the attitude of people towards the pandemic has been observed as they no longer fear the impacts of the pandemic".

Conclusions

A causality exists between awareness campaigns and increased knowledge of the safety protocols.But, this did not translate to increased positive attitude to the safety protocols among majority of the respondents.Also, adherence to the safety protocols received positive response, however, the extent to which the respondents adhered to it, is negatively indicated. Although, the need for protection was a major condition for introducing the safety measures, only 30.4% of the respondents, agreed that they to a large extent practiced the safety measures for safety from the disease. Other reasons for imbibing the safety measures include, "harassment by security personnel", and "whenever it's a precondition to access public places like banks, hospital, churches and offices".

Moreover, the poor attitude of the Nigerian government had a strong impact on people's willingness to continue observing the safety protocols. It can hence be concluded that, negative attitude to the safety measures is a form of citizens' resistance to governmental authority. Only 10.2% of the population agree to a large extent that the Nigerian government did enough to end the pandemic, and not only did poor attitude of the government moderately influence negative opinions about COVID-19, it weakened respondents resolve to observe the safety protocols.

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