



Michael Olabode Tomori, International Journal of Pharmaceutical Sciences and Medicine (IJPSM),
Vol.7 Issue. 1, January- 2022, pg. 24-58

ISSN: 2519-9889
Impact Factor: 5.721

Knowledge, Attitude and Perception of Federal University of Technology Akure (FUTA), Ondo State Students toward Coronavirus Pandemic

Michael Olabode Tomori BPharm, MSc, MPH, MBA, PhD
Department of Public Health, Texila American University, Georgetown, Guyana
E-mail address: mtomori@yahoo.com
DOI: 10.47760/ijpsm.2022.v07i01.002

Abstract: Coronavirus disease (COVID-19) has become a pandemic requiring unprecedented measures adopted to control its rapid spread. The knowledge, attitudes and perception (KAP) of the public play a major role in the prevention and control of infectious diseases. In this study, FUTA students' KAP towards COVID-19 during the rapid rise period of the outbreak was investigated.

A cross-sectional survey was conducted in FUTA in October 2021 via a self-designed questionnaire comprising 25 questions assessing KAP. Assessments on students' attitudes and perception towards COVID-19 included questions on confidence and believe in winning the war against COVID-19 such as wearing face masks and use of hands sanitizer. Among the questionnaire completed (n=402), 58.0% were men while 42.0% were female, 17.7% were from school of Agriculture, and 20.1% were in 300 level. The overall adequate knowledge on the existence of the disease was 88.6%. The majority of the respondents displayed good attitude towards the spread of COVID-19 pandemic in FUTA as 79.6% of the students were in agreement with the rules of the Nigeria Center for Disease Control and Prevention (NCDC). In addition, the study showed that age factors cannot affect the perception of students to COVID-19 as the P-value (0.733) is greater than 0.05.

Keywords: Knowledge, Attitude, Perception, COVID-19, FUTA

1. Background of the study

The COVID-19 disease has become a global health concern and treats to wellbeing. The World Health Organization characterized COVID-19 as a pandemic on March 11, 2020 (WHO, 2020). The new coronavirus (COVID-19) continues to make for mayhem across the planet, because the range of infections and deaths speedily rise. It has the potential to infect anybody no matter age or gender. In addition, there are grave considerations that the economic fallout from COVID-19 could also be comparable to that of the rise depression (NCDC, 2020).

Coronavirus Resource Center, there are 2,064,668 confirmed cases of COVID -19 and 137,124 deaths thanks to SARS-CoV-2 (the virus causing COVID-19). (COVID-19) may be current new virulent diseases rising its transmission and fatality with every passing day in worldwide population. COVID -19 emerged as a respiratory infection and a suspicious origin of animals and transmission to human in urban (CDC, 2020). The novel coronavirus diseases 2019 (COVID-19) is presently a worldwide pandemic. This infectious respiratory disease was initially rumored in urban center, China, in December 2019 (WHO, 2020).



Symptoms usually related to COVID-19 embody cough, fever, fatigue, and respiratory difficulties, however sore throat, diarrhea, muscle pain, nasal congestion, and new loss of sense of smell might also occur (CDC, 2020; WHO, 2020). There have been 274,628,461 and 5,358,978 global verified cases and verified deaths respectively worldwide as of 21st December, 2021 (NCDC, 2020).

The new coronavirus (COVID-19) continues to make for mayhem across the planet, because the range of infections and deaths speedily rise. It has the potential to infect anybody no matter age or gender. There are grave considerations that the economic fallout from COVID-19 could also be comparable to that of the rise depression. Coronavirus Resource Center, there are 2,064,668 confirmed cases of COVID -19 and 137,124 deaths thanks to SARS-CoV-2 (the virus causing COVID-19). COVID-19 may be current new virulent diseases rising its transmission and fatality with every passing day in worldwide population. COVID -19 surfaced as a respiratory infection and a suspicious source of animals and transmission to human in urban (NCDC, 2020).

According to data from Johns Hopkins University, more than 100 million cases of the virus have been reported across the world. Over 2.2 million people have died from the virus. (WHO,2021). Infections are down in the U.S., Spain, the U.K., Mexico and India. But new cases are adding up in France, Brazil, Indonesia and Italy. An extensively cited coronavirus model from the University of Washington's Institute for Health Metrics and Evaluation predicts that the world will add over a million more deaths from the virus by the start of May (WHO, 2021).

The rate of infection due to COVID-19 on the African continent is on the increase, especially in Egypt in the north and Nigeria in the west. As of June 29, 2020, there are more than 382, 600 confirmed cases, above 9700 deaths, and around 147,000 recoveries due to COVID-19 in Africa (CDC,2020), with approximately 24% of these cases from Egypt and Nigeria alone. Also, the daily rapid increase is also alarming with latest new 645 confirm cases and about 1,831 deaths as at Feb,22 2021 in Ondo state (TWC, 2021). In Nigeria on the 2nd of February 2021, 1634 new confirmed cases and 6 deaths were recorded in Nigeria,13,3552 cases have been confirmed, 10,7551 cases have been discharged and 1613 deaths have been recorded in 36 states and the Federal Capital Territory (NCDC, 2021). As at January 27, 2021 in Akure Ondo State, there are about 2,222 confirmed cases,175 on admission, 2000 discharged and 47deaths (NCDC, 2021). However, it is currently 4,580 verified cases with 98 deaths in Ondo State as at 29th December, 2021(CSSE, 2021).

Therefore, it is imperative to institute effective infection prevention and control practices globally, nationally, and at the community level against COVID-19 and similar future threats (Gupta et al., 2020, p.132-135) by improving the awareness level of the citizens and encourage positive attitudes which are necessary to beat the pandemic studied using knowledge, attitude and perception (KAP) (Rugarabamu et al., 2020).

The aim of the study is to evaluate the level of Knowledge, attitude and Perception of FUTA students in Akure, Ondo State toward COVID-19.

The objectives are:

1. To assess the extent of information of FUTA students toward COVID-19.
2. To assess the attitudinal behavior of FUTA students toward COVID-19.
3. To assess the perception of FUTA students in rising effective bar of COVID-19.



1.1 Research Hypothesis

The hypothesis is developed from the objectives of the study and in view of the objectives stated above, the null hypothesis is developed.

H₀1 (Null Hypothesis 1): The socio-demographic factors do not have significant effect on the transmission of COVID-19.

H₀2 (Null Hypothesis 2): Knowledge, attitude and perception of individual cannot limit or increase the spread of COVID-19.

2. Methods

2.1 Research Design

The study design used in this study are descriptive and inferential survey design.

2.2 Study Area

The study was carried out at the FUTA, Ondo State, Nigeria. Under a drive by the Federal Government of Nigeria to create universities that specialize in producing graduates with practical as well as theoretical knowledge of technologies, FUTA was founded in 1981 to achieve this objective. The study was mainly on the undergraduate students of the FUTA which mainly comprises of 100 to 500 level students especially from School of Sciences (SOS), School of Management Technology (SMAT), School of Computing (SOC), School of Earth and Mineral Sciences (SEMS), School of Environmental Technology (SET), School of Management Technology (SMAT), School of Engineering and Engineering (SEET), School of health and Health Technology (SHHT), and School of Postgraduates Studies (SPGS) (www.futa.edu.ng).

2.3 Study Population

The population for the study was the students of Federal University of Technology, Akure who were both undergraduates and postgraduates. The University comprise of both undergraduate and postgraduate Schools. The total populations of the undergraduate and postgraduate students were 13,000 and 2,000 respectively, making a total of 15,000 students (www.futa.edu.ng).

2.4 Sample Size Determination

The sample size was determined using the Yamane (1967) formula from the total students of 15,000 selected randomly from across the study area:

$$n = \frac{N}{1 + N(e)^2}$$

Where,

n = Sample size

N = Population (15,000)

e = Desired margin of error (10%)

$$n = \frac{15,000}{1 + 2321(0.05)^2}$$

n = 389.61 ≈ 390 students.



Michael Olabode Tomori, International Journal of Pharmaceutical Sciences and Medicine (IJPSM),
Vol.7 Issue. 1, January- 2022, pg. 24-58

ISSN: 2519-9889
Impact Factor: 5.721

Additional 10% allowance (non-response) for absenteeism, refusal to participate or incomplete data in the study was considered. Thus $390+39= 429$. Therefore, 429 students were questioned using a structured questionnaire.

2.5 Sample Technique

The sampling technique used in this study was a simple random sampling (SRS) technique. The respondents were randomly selected. This sampling technique was adopted to give the students of FUTA an equal chance of being selected and responded accordingly.

2.6 Study Instrument

A pre-tested administered questionnaire was used to collect information from the respondents on their knowledge, attitude and perception towards coronavirus pandemic. The questionnaire was translated into Yoruba language, for easy comprehension by the respondents.

2.7 Reliability and Validity of Measurement of Data

The quality of data was assured by properly designing and pre-testing of the questionnaire. The questionnaire was reviewed for completeness by the researcher with necessary feedback given to data collectors before data collection.

The questionnaire was pre-tested in another higher institution in Akure with similar socio-demographic characteristics with the study population. Accordingly, it was carried out among 5% of the total sample size and necessary modifications were made to the questionnaire before actual data collection.

2.8 Data Collection

The dataset used was a printed questionnaire and it was distributed among the students of FUTA. The randomly selected individuals comprised of both undergraduate and postgraduate students of the University. All the total sample size was not retrieved and some of the data contained missing values.

2.9 Data Analysis

Data entry and statistical analysis was done using Statistical Package for Social Sciences (SPSS) version 25. The result of the analysis was presented in table and chart format using the different techniques for analyzing the data collected for this research. The research analysis comprised of both descriptive and inferential methods of data analysis. The descriptive statistics used included frequency and percentage distribution which focused mainly on table presentation and chart, while the inferential statistics comprised of chi-square distribution test for testing the significance of association at P value of 0.05. The chi-square distribution presented the likely association between the socio-demographic variables towards the attitudinal behaviour of FUTA Students.

2.10 Ethical Approval

Ethical clearance was obtained from the School Research Ethics Committee. In addition, informed consent was also obtained from each respondent. Utmost care was taken to take care of privacy and confidentiality.

3. RESULTS

Four hundred and twenty-nine (429) questionnaires were distributed while 402 were retrieved completely. The questionnaires were coded before the commencement of analysis.

3.1 Socio-demographic Variables of the Respondents

This section examined the background information of the respondents at FUTA. Four hundred and two (402) students were interviewed in the process of collecting the questionnaires. The variables were analyzed using the frequency and percentage distribution of the respondents. The variables included sex, marital status, ethnic group, religious affiliation, categories of Schools and level of the respondents.

Table 1: Socio-demographic Variables of the Respondents

Socio-demographic Variables	Frequency Distribution	Percentage Distribution
Sex of the Respondents		
Male	233	58.0
Female	169	42.0
Total	402	100.0
Age of the Respondents		
15 -1 9 years	56	13.9
20 – 24 years	235	58.5
25 – 29 years	80	19.9
30 – 34 years	22	5.5
35 – 39 years	5	1.2
40 – 44 years	3	0.7
45 years and above	1	0.2
Total	402	100.0
Marital Status of the Respondents		
Married	64	15.9
Single	334	83.1
Separated	4	1.0
Divorced	0	0.0
Total	402	100.0
Ethnic Group		
Hausa	31	7.7
Yoruba	312	77.6
Igbo	36	9.0



Others	23	5.7
Total	402	100.0
Religious Affiliation		
Christian	339	84.3
Muslims	56	14.0
Traditionalist	7	1.7
Total	402	100.0
Schools		
School of Sciences	70	17.4
School of Agriculture	71	17.7
School of Computer Science	51	12.7
School of Management Technology	35	8.7
School of Health and Health Technology	67	16.7
School of Earth and Mineral Science	32	8.0
School of Engineering and Engineering technology	39	9.7
School of Engineering and Engineering Technology	29	7.2
School of Postgraduate Studies	8	2.0
Total	402	100.0
Level of the Respondents		
100 level	68	16.9
200 level	77	19.2
300 level	81	20.1
400 level	67	16.7
500 level	46	11.4
Postgraduate Studies	63	15.7
Total	402	100.0

Sources: Researcher's Field Survey, 2021.

Table 1 shows that 58.0% of the respondents were male while 42% of the respondents were female. A larger percentage of the respondents' sex was male. This indicates that male respondents responded more to the questionnaires than female. Different categories of age group were considered among the students of FUTA. The result shows that 20 – 24 years of the respondents responded more to the questionnaires with the frequency and percentage distribution of 235 (58.5%), followed by 19.9% of the respondents who were between the age of 25 – 29 years; 13.9% of them were between 15 – 19 years; 5.5% of the respondents were 30 – 34 years old; 1.2% of the respondents were between 35 – 39 years, while 0.7% of them were 40 – 44 years and 0.2% of the respondents were 45 years and above. This implies that the students of FUTA who responded more to the questionnaires were between the age-group of 20 – 24 years. Results from this study also shows that 83.1% of the respondents were single with the frequency and percentage distribution of 334 (83.1%); followed by the married with the frequency and percentage distribution of 64 (15.9%) and “separated” had 4 respondents. There were no respondents for “divorced”.



There are three major categories of ethnic group in Nigeria which include Hausa, Igbo and Yoruba. All the categories of ethnic groups were considered in this study and the research also considered some other ethnic groups in Nigeria. Results of the analysis shows that majority of the respondents were Yoruba, with the frequency and percentage distribution of 312 (77.6%); 9.0% of the respondents were Igbo; 7.7% were Hausa and 5.7% of the respondents belonged to other ethnic groups. The results show that a larger percentage of the respondents were Yoruba which shows that the students of FUTA were mainly Yoruba. It was also discovered that, 339 (84.3%) of the respondents were Christians; followed by 14.0% of the respondents who were Muslims; 1.7% of them were traditionalists.

The questionnaires were randomly distributed among the nine (9) Schools in FUTA. The result of the analysis shows 17.4% of the respondents were from the School of Sciences, while 17.7, 12.7, 8.7, 16.7, 8.0, 9.7 and 7.2% of the respondents were from the School of Agriculture, School of Computer Science, School of Management Technology, School of Health and Health Technology, School of Earth and Mineral Science, School of Engineering and Engineering Technology and School of Postgraduate Studies respectively. The results also showed that 16.9% of the respondents were 100 level students, 19.2% were 200 levels students; 20.1% of the respondents were 300 level students; 16.7% were 400 level students; 11.4% were 500 level students and 15.7% of the respondents were students of postgraduate studies. This means that a larger percentage of the respondents were 300 level students.

3.2 Assessing the extent of information of FUTA students toward COVID-19.

This objective investigated the knowledge of the students of FUTA towards the spread and the existing communicable diseases among the students of FUTA, Ondo State, Nigeria. The analysis was conducted using frequency and percentage distribution.

3.2.1 Existence of COVID-19

This section sought to know whether the students of FUTA were aware of the existence of COVID-19 using the frequency and percentage distribution as indicated in Table 2.

Table 2: Existence of COVID-19.

Existence of COVID-19	Frequency Distribution	Percentage Distribution
Yes	356	88.6
No	10	2.5
I don't know	36	9.0
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Majority of the respondents gave positive response to an existence of COVID-19 showing the percentage distribution of 88.6 out of 100 while 9.0% of the respondents did not know whether there was an existence of COVID-19 and 2.5% of the respondents said that COVID-19 does not exist. This implies that most of the students of FUTA were aware of the existence of COVID-19 in the society and the world at large.

3.2.2 Spread of COVID-19

The respondents were asked whether COVID-19 can be spread from human to human. Table 3 shows the frequency and percentage distribution of the respondents and their awareness on the COVID-19 pandemic.

Table 3: Spread of COVID-19.

Spread of COVID-19	Frequency Distribution	Percentage Distribution
Yes	366	91.0
No	11	2.8
I don't know	25	6.2
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The result indicates that 91.0% of the students were aware that COVID-19 could spread from human to human, while 6.2% of the students do not know whether the disease could spread from human to human. However, 2.8% of the respondents affirmed that COVID-19 could not spread from human to human.

3.2.3 Infection through Pet

A question was asked whether one could get infected with COVID-19 while playing with a pet using the frequency and percentage distribution.

Table 4. Infection through Pet

Infection through Pet	Frequency Distribution	Percentage Distribution
Yes	155	38.6
No	138	34.3
I don't know	109	27.1
Total	402	100.0

Source: Researcher's Field Survey, 2021.

As shown in Table 4, 38.6% of the respondents (with a frequency distribution of 155) responded that someone could get infected while playing with a pet. One hundred and nine respondents said they do not know whether one could get infected with COVID-19 and 34.3% said one could not get infected.

3.2.4 Deadly Disease

This section intended to know whether corona-virus could be a deadly disease or not. The section used frequency and percentage distribution as revealed in Table 5.

Table 5. Deadly Disease

Deadly Disease	Frequency Distribution	Percentage Distribution
Yes	353	87.8
No	24	6.0
I don't know	25	6.2
Total	402	100.0

Source: Researcher's Field Survey, 2021.



The Table revealed that 353 respondents (87.8%) responded that the coronavirus was a deadly disease; 25 respondents (6.2%) said they did not know and 24 respondents (6.0%) said coronavirus was not a deadly disease. This implies that a larger percentage of FUTA students said coronavirus was a deadly disease.

3.2.5 Punishment from God

The belief of the respondents on this communicable disease was investigated among the students of Federal University of Technology, Akure, Ondo State, Nigeria. The Section analyzed the frequency and percentage distribution of the respondents.

Table 5. Punishment from God

Punishment	Frequency Distribution	Percentage Distribution
Yes	40	10.0
No	226	56.2
I don't know	136	33.8
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The result indicated that 226 (56.2%) of the respondents opined that coronavirus was not a punishment from God, while 40 respondents (10.0%) responded that the disease was a punishment from God and 136 respondents (33.8%) said they did not know whether coronavirus was a punishment from God or not.

3.2.6 COVID-19 Cure

This section asked whether the coronavirus was curable or not. The results were analyzed using frequency and percentage distribution.

Table 6. COVID-19 cure

COVID-19 cure	Frequency Distribution	Percentage Distribution
Yes	172	42.8
No	102	25.4
I don't know	128	31.8
Total	402	100.0

Source: Researcher's Field Survey, 2021.

About 42.8% of the respondents (172) responded that coronavirus was curable; 128 respondents (31.8%) couldn't say whether the disease was curable or not, while 102 respondents (25.4%) said it was not curable. This means that the students of FUTA were aware that COVID-19 was curable.

3.2.7 COVID-19 affects Partners

The Table below shows whether people could affect their partners. The section was analyzed using frequency and percentage distribution.

Table 7. COVID-19 affects partners

COVID-19 affect Partners	Frequency Distribution	Percentage Distribution
Yes	358	89.1
No	9	2.2
I don't know	35	8.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

As indicated in Table 7, results of the analysis shows that 89.1% of the respondents could infect their partners with coronavirus with a frequency distribution of 358. Thirty-five respondents (8.7%) of the respondents said they could not say whether coronavirus disease could infect their partners or not, while 2.2% of the respondents said people with the disease could not infect their partners. This showed that the coronavirus was communicable disease and could be transmitted from one person to the other.

3.2.8 Transmission

Coronavirus can be transmitted through different means which include kissing, sneezing, sex, cough, shaking of hands, sleeping together, drinks, etc. The general belief was that when frequent sneezing and coughing occur, there was a high probability that the person was infected with coronavirus. Results of the analysis was therefore, analyzed using descriptive statistics which included frequency and percentage distribution.

Table 8. Transmission

Transmission	Frequency Distribution	Percentage Distribution
Kissing	7	1.7
Sneezing	190	47.3
Drinks	0	0.0
Sex	11	2.8
Cough	128	31.8
Shaking of hands	64	15.9
Sleeping Together	2	0.5
Total	402	100.0

Source: Researcher's Field Survey, 2021.

As can be seen in Table 8, the results of the analysis show that 190 respondents (47.3%) believed that the disease was transmitted through sneezing; 128 respondents (31.8%) said it was transmitted through cough; 64 respondents (15.9%) said it was transmitted through the shaking of hands, while 11(2.8%), 7(1.7%) and 2(0.5%) of the respondents said it could be transmitted through sex, kissing and sleeping together respectively. This gave an insight into how the coronavirus disease could be transmitted among people. It showed that the disease was communicable, and could easily be transferrable through sneezing, coughing and shaking of hands.

3.2.9 CROWDED ENVIRONMENT AID THE SPREAD OF CORONAVIRUS

It is believed that a crowded environment can increase the spread of coronavirus disease since it is a communicable disease. Therefore, it can be transferred from one person to the other.

Table 9. Crowded Environment aid the spread of Coronavirus

Crowded Environment	Frequency Distribution	Percentage Distribution
Yes	318	79.1
No	37	9.2
I don't know	47	11.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The result indicates that the majority of the respondents opined that a crowded environment could aid the spread of coronavirus among people with the frequency and percentage distribution of 318 (79.1%). Forty-seven (47) respondents (11.7%) said that they did not know whether a crowded environment could aid the spread of coronavirus and 37 respondents (9.2%) responded that crowded environment could not aid the spread of the disease. This result proves that a crowded environment can aid the spread of coronavirus.

3.3 Infected with Coronavirus

People who had been infected with coronavirus were expected to respond "yes" in this section and if people have not been infected with the disease, it was expected they say "no" using Table 10 below.

Table 10. Infected with Coronavirus

Infected with Coronavirus	Frequency Distribution	Percentage Distribution
Yes	52	12.9
No	305	75.9
I don't know	45	11.2
Total	402	100.0

Source: Researcher's Field Survey, 2021.

About 75.9% of the 402 respondents claimed not to have been infected with the coronavirus, while 12.9% of the population admitted to being infected. But the remaining 11.2% said did not know whether they were infected with the virus or not.

3.11 Noticed infected person

This section discussed whether any of the respondents have seen an infected person or not.

Table 11. Noticed infected person

COVID-19 affect Partners	Frequency Distribution	Percentage Distribution
Yes	85	21.1
No	287	71.4
I don't know	30	7.5
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Most of the respondents (71.4%) claimed not to have seen people infected with coronavirus, 85 respondents (21.1%) said they had one way or the other seen an infected person before and 7.5% of the respondents said they did not know whether they have seen an infected person before or not.

3.12 Information received about the transmission and prevention of the disease

This section tends to know whether the respondents have received information about the transmission and prevention of the disease. The section used frequency and percentage distribution to analyze the received dataset.

Table 12. Information received about the transmission and prevention of the disease.

COVID-19 affect Partners	Frequency Distribution	Percentage Distribution
Yes	358	89.1
No	9	2.2
I don't know	35	8.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Three hundred and fifty-eight (358) respondents said they had received information about prevention or transmission of COVID-19 infection before while 8.7% of the respondents said they did not know whether they received information about the transmission and prevention of the disease and 2.2% of the respondents claimed they never got information about the transmission and prevention of the disease.

3.13 Causes of COVID-19.

COVID-19 has been said to be caused by coronavirus. The result is explained using frequency and percentage distribution. The respondents were asked to indicate whether COVID-19 was caused by a virus or not.

Table 13. Causes of COVID-19

Causes of COVID-19	Frequency Distribution	Percentage Distribution
Yes	322	80.1
No	38	9.5
I don't know	42	10.4
Total	402	100.0

Source: Researcher's Field Survey, 2021.

A larger percentage of the respondents with the frequency and percentage distribution of 322 (80.1%) felt that COVID-19 was caused by a virus; 10.4% responded that they did not know whether the disease was caused by a virus or not and 9.5% (with the frequency distribution of 38 respondents) of the total respondents, said that they could not say whether COVID-19 was caused by a virus. This proved that the students of FUTA both undergraduates and postgraduates know that COVID-19 is caused by a virus.

3.14 COVID-19 Infection has no cure

The respondents were asked whether COVID-19 infection has a cure or not using the frequency and percentage distribution.

Table 14. COVID-19 infection has no cure

COVID-19 infection has no cure	Frequency Distribution	Percentage Distribution
Yes	110	27.4
No	167	41.5
I don't know	125	31.1
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Larger percentage of the respondents (41.5%) said that COVID-19 was incurable, while 31.1% of the total respondent said that they did not know whether COVID-19 had a cure or not. One hundred and ten respondents (27.4%) however claimed that COVID-19 did not have a cure. This proves that the infection is said to have a cure.

3.15 COVID-19 can affect one partner

This section investigated whether COVID-19 could affect one partner or not using the descriptive method of data analysis which included frequency and percentage distribution.

Table 15. COVID-19 infect one Partners

COVID-19 infect one Partners	Frequency Distribution	Percentage Distribution
Yes	322	80.1
No	35	8.7
I don't know	45	11.2
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The perceptive of the respondents on how COVID-19 could infect one partner was known based on the questionnaires distributed among the students of FUTA. As indicated in Table 15, 80.1% of the respondents revealed that COVID-19 could infect their partner while 11.2% said they did not know whether it could infect their partner or not and 8.7% said COVID-19 could not infect their partner. This shows that COVID-19 can be transmitted.

3.16 Test Confirmation

COVID-19 test would help an individual to know whether one is positive or not. A need for the confirmation of the test is very much necessary before one conclude whether he/she is positive or not. This section discussed the need to confirm a positive COVID-19 test before one could know whether he/she is positive.

Table 16. Test confirmation

Test Confirmation	Frequency Distribution	Percentage Distribution
Yes	292	72.6
No	46	11.4
I don't know	64	15.9
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Table 16 shows that 72.6% of the respondents (with the frequency distribution of 292) said there was a need to confirm a positive COVID-19 test before they could say one was positive, while 15.9% of the respondents said they did not know whether they needed to confirm a positive COVID-19 test or not.

3.17 Transmission of COVID-19 from mother to child through breast milk

This section discusses whether it is possible to transmit COVID-19 from mother to child through breast milk.

Table 17. Transmission of COVID-19 from mother to child through breast milk.

Transfer	Frequency Distribution	Percentage Distribution
Yes	158	39.3
No	117	29.1
I don't know	127	31.6
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Many respondents (158, 39.3%) opined the possibility of transmission of COVID-19 from mother to child through breast milk, while 31.6% of them said they did not know whether the disease could be transmitted from mother to child through breast milk and 29.1% said that it could not be transmitted from mother to child through breast milk.

3.18 Cure for COVID-19

A question was raised whether there is a cure for COVID-19 or not. The question was analyzed using frequency and percentage distribution.

Table 18. Cure for COVID-19

Cure for COVID-19	Frequency Distribution	Percentage Distribution
Yes	169	42.0
No	87	21.6
I don't know	146	36.3
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Majority of the respondents, with the frequency and percentage distribution of 169 (42.0%) revealed that COVID-19 was curable; 36.3% of the total respondents did not know whether it was curable or not, while 21.6% with the frequency distribution of 87 respondents said it was

not curable. This proves that the respondents know the cure of the communicable disease named "COVID-19".

3.19 Rules of NCDC / FG.

The federal government in conjunction with the NCDC set some rules for COVID-19 most especially the routine activities of washing of hand, avoiding shaking of hands, use of face mask and keeping social distance. The respondents were asked whether they were aware of the rules stated by the NCDC as directed by the federal government (FG).

Table 19. Rules of NCDC / FG

Rules of NCDC / FG	Frequency Distribution	Percentage Distribution
Yes	320	79.6
No	48	11.9
I don't know	34	8.5
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Table 19 indicates that the majority of the respondents are aware of the rules of NCDC / FG since "Yes" had the highest frequency and percentage distribution of 320 (79.6%); 11.9% of the respondents said they were not aware of the rules stated by NCDC / FG, while 8.5% of the respondents said they did not know whether NCDC / FG stated any rule on COVID-19. This proves that the respondents had a clear knowledge of the rules stated by the NCDC / FG on COVID-19.

3.2 Attitudinal behaviour of FUTA students towards COVID-19.

This section helped to analyze the behaviour of FUTA students towards the laid-down rules on COVID-19 and how each of the respondents had been responding to the rules and keeping it.

3.2.1 Rules of NCDC / FG

There are some laid-down rules stated by the NCDC under the law of the federal government in early 2020. The disease is a communicable disease that can be transmitted from one person to another. For it not to be transmitted to another person, some rules which include the use/wearing of facemask, hand washing rules, social distancing, use / frequent of hand sanitizer, etc. Results of the analysis using frequency and percentage distribution is displayed in Table 20.

Table 20. Rules stated by NCDC

Rules Stated by NCDC	Frequency Distribution	Percentage Distribution
Agreement to rules		
Yes	320	79.6
No	48	11.9
I don't know	34	8.5
Total	402	100.0
Wearing Facemask		
Yes	210	52.2
No	175	43.5



I don't know	17	4.2
Total	402	100.0
Use of facemask		
Yes	355	88.3
No	34	8.5
I don't know	13	3.2
Total	402	100.0
Use of Hand Sanitizer		
Yes	328	81.6
No	57	14.2
I don't know	17	4.2
Total	402	100.0
Frequent use of hand sanitiser		
Yes	213	53.0
No	171	42.5
I don't Know	18	4.5
Total	402	100.0
Elbow greeting		
Yes	211	52.5
No	171	42.5
I don't Know	20	5.0
Total	402	100.0
Hand Shaking		
Yes	277	68.9
No	111	27.6
I don't Know	14	3.5
Total	402	100.0
Hand Washing		
Yes	337	83.8
No	51	12.7
I don't Know	14	3.5
Total	402	100.0
Social Distancing		
Yes	232	57.7
No	151	37.6
I don't Know	19	4.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Results of the analysis shows that the majority of the respondents, with the frequency and percentage distribution of 320 (79.6%) agreed with the rules of NCDC / FG, while 11.9% said they did not agree with the rules. However, 8.5% of the respondents (frequency distribution of

34) claimed they did not know whether they agree with the rules. Findings from this study show that most of the respondents did wear facemasks and most frequently used hand sanitizer. Despite following all the rules, the respondents did not involve themselves in elbow greeting but they still shook hands. Most of the respondents (frequency distribution of 337) frequently/regularly practice the hand washing rules. It was also shown from the results that a larger percentage of the respondents kept social distancing to reduce the rate at which coronavirus spread among them. Just a little percentage of the respondents could not determine whether they kept social distancing or not. A few of them responded that they did not keep social distance at all. This section has proved that the students of FUTA followed all the guidelines and rules laid by the NCDC and the federal government on how to reduce the spread of the disease in Nigeria. Meanwhile, it is clearly stated that FUTA students have proved some level of good attitudinal behaviour on how to control the rate at which the virus spread among them.

3.2.2 Visiting Patients

This section intends to know whether the respondent has visited any patient suffering from coronavirus before. This does not indicate whether the respondent visited the hospital or at home.

Table 21. Visiting Patients

Visiting Patients	Frequency Distribution	Percentage Distribution
Yes	29	7.2
No	351	87.3
I don't know	22	5.5
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Most FUTA students which comprise undergraduates and postgraduates have not visited people having coronavirus before. Though, the result shows that 7.2% of the respondents have visited patients suffering from coronavirus, 5.5% said they could not say whether they had visited a patient having the disease before or not. Meanwhile, 87.3% of the total sample size said they had not visited patient suffering from chronic disease.

3.2.3 Attending parties

There is a high probability that a person contract coronavirus during the period of attending a party. This is because it can be transmitted through overcrowding without keeping distance.

Table 22 Attending Parties

Attending Parties	Frequency Distribution	Percentage Distribution
Yes	180	44.8
No	203	50.5
I don't know	19	4.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

As shown in Table 22, about half of the total number of respondents had not attended parties since the outbreak of coronavirus disease while about 44.8% of the respondents had attended parties. Also, 4.7% of the respondents could not say whether they have attended the party or not.

This shows that FUTA students are trying to reduce the rate of coronavirus spread in Nigeria and among themselves.

3.2.4 Visiting Grandparents

Table 23 below will reveal whether the respondents have to visit their grandparents during the course of coronavirus pandemic situation, most especially during the lockdown when the spread of the disease was very high. The results of the analysis are shown using frequency and percentage distribution below.

Table 23. Visiting Grandparents

Visiting Grandparents	Frequency Distribution	Percentage Distribution
Yes	147	36.6
No	229	57.0
I don't know	26	6.5
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The result indicates that 57% of the respondents did not visit their grandparents during the lockdown; 36.6% of the respondents had visited their grandparents and 6.5% of the respondents did not know whether they had visited their grandparents or not. This shows that the majority of the respondents who said they had not visited their grandparents are not likely to have any grandparents or the grandparents lived in a very far distance location to them. It is also possible that the parents of the respondents are the ones constantly visiting their parents. Observation is drawn to the fact that the respondents who visit their grandparent are more likely to still have a grandparent as at the time of reporting while 6.5% of the ones who said they could not say, most likely means that their grandparents' co-habit with them or they had constantly visited their grandparents.

3.2.5 Use of Drug for COVID-19

The result is analyzed using frequency and percentage distribution. The result explains whether the respondents have taken a drug to prevent the spread of COVID-19.

Table 24. Use of Drug for COVID-19

Use of Drug for COVID-19	Frequency Distribution	Percentage Distribution
Yes	48	11.9
No	318	79.1
I don't know	36	9.0
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The analysis reveals that 79.1% of the respondents had not taken any drug to prevent the spread of COVID-19 with a frequency distribution of 318. Forty-eight (48) respondents said they have taken a drug to prevent the spread of COVID-19 and 9.0% said they could not say whether they have taken the drug or not. This implies that the majority of the respondents were not affected by the disease and that people who were more likely to have the disease were the ones who responded picked "yes".

3.2.6 Compliance of the COVID-19 protocols

The compliance of the disease is explained in the result of the analysis.

Table 25. Compliance of COVID-19 protocols

Compliance of COVID-19	Frequency Distribution	Percentage Distribution
Yes	235	58.5
No	130	32.3
I don't know	37	9.2
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The respondents agreed that rules laid down by the NCDC were stressful to comply with using the frequency and percentage distribution of 235 (58.5%), while 32.3% of the respondents said the rules were not stressful though 9.2% said they could not decide whether it was stressful or not.

3.2.7 Running from infected individuals

The attitude of the respondents when they see an infected individuals is assessed in the section below.

Table 26. Running from infected individuals

Running from affected individuals	Frequency Distribution	Percentage Distribution
Yes	210	52.2
No	124	30.9
I don't know	68	16.9
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Most of the respondents (52.2%) agreed to keeping a distance from infected individuals. This is because the disease has been regarded as communicable and easily transferable. Meanwhile, 30.9% of the respondents said they did not always run away/keep distance from infected individuals, while 16.9% said they could not determine whether they ran away or not from an individual suffering from the disease.

3.2.8 Disposing of Material

During the period of this coronavirus, many materials are being used to protect and reduce the spread of the disease. The materials used include hand sanitizer, nose mask/facemask, etc. This material needs to be protected and disposed of in an appropriate place since they are of personal use.

Table 27. Disposing / Protecting of Material

Disposing / protecting of Material	Frequency Distribution	Percentage Distribution
Yes	303	75.4
No	60	14.9
I don't know	39	9.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

A larger percentage of the respondent responds that they properly dispose of their protective materials at an appropriate place with the frequency and percentage distribution of 303 (75.4%); 14.9% say they do not dispose or protect it well while 9.7% say they could not say whether they properly dispose or protect the material at an appropriate place.

3.2.9 Controlling of COVID-19

The belief of people on whether the disease can be controlled or not is investigated using frequency and percentage distribution.

Table 29. Controlling of COVID-19

Controlling of COVID-19	Frequency Distribution	Percentage Distribution
Yes	286	71.1
No	54	13.5
I don't know	62	15.4
Total	402	100.0

Source: Researcher's Field Survey, 2021.

286 respondents (71.1%) out of the total sample size of 402 believe that coronavirus will be controlled while 13.5% of the respondents do not believe the disease would be control and 15.4% say they could not determine whether it would be control or not.

3.3 Level of enlightenment on the disease

The respondents are asked whether they are enlightened on COVID-19 infection and how fast it can spread from human to human.

Table 30. Level of enlightenment on the disease

Enlighten on the disease	Frequency Distribution	Percentage Distribution
Yes	259	64.4
No	120	29.9
I don't know	23	5.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The students of FUTA attend health education on COVID-19 infection with the frequency and percentage distribution of 259 (64.4%). This shows that there is a high probability that FUTA train and teaches their students on the spread of the infection and how fast the disease can keep as well as damage life.

3.3.1 Prevention of COVID-19

Due to their levels of enlightenment and most likely the training, the students have received, the respondents were asked if they think COVID-19 is preventable.

Table 31. Prevention of COVID-19

Prevention of COVID-19	Frequency Distribution	Percentage Distribution
Yes	342	85.1
No	21	5.2
I don't know	39	9.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Table 31 revealed that almost all the respondents believe that COVID-19 is preventable with the frequency and percentage distribution of 342 (85.1%); followed by the respondents who say they do not think it is preventable with the frequency and percentage distribution of 21 (5.2) and 9.7% of the respondents say they could not determine whether it can be prevented or not with the frequency distribution of 39.

3.3.2 Prevention cannot be done with hand washing using soap and water alone

The belief of the students on the frequent washing of hand using soap and water would assess whether it would be sufficient for the prevention of COVID-19. The analysis would be shown in Table 32 below and it will be analyzed using frequency and percentage distribution.

Table 32. Prevention cannot be done with hand washing using soap and water alone

Prevention	Frequency Distribution	Percentage Distribution
Yes	161	40.0
No	189	47.1
I don't know	52	12.9
Total	402	100.0

Source: Researcher's Field Survey, 2021.

There are many ways to prevent COVID-19 but not only hand washing system. The analysis explains that hand washing is not the only way to prevent COVID-19 since "No" has the highest number of respondents with a frequency and percentage distribution of 189 (47.1%). Though 40.0% of the respondents feel that it is the only way to prevent COVID-19 and 12.9% of the respondents could not say whether it is a way to prevent COVID or not.

3.3.3 Perception on the risk of COVID-19.

This section discusses the view of people on the risk of COVID-19. The section would be analyzed using frequency and percentage distribution of the dataset retrieved among the students of FUTA.

3.3.4 Reality of COVID-19.

The respondents are asked whether they believe that COVID-19 is real.

Table 33. Reality of COVID-19

The reality of COVID-19	Frequency Distribution	Percentage Distribution
Yes	345	85.8
No	26	6.5
I don't know	31	7.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The respondents believe that COVID-19 is real since the highest number of respondents responded to "Yes" with the frequency and percentage distribution of 345 (85.8%); followed by the respondents who say they could not determine whether the disease is real or not and 6.5% of the respondents say it is not real.

3.3.5 Playing with COVID-19 patients cause infection

The respondents will be asked whether someone can be infected when playing with COVID-19 patients.

Table 34. Playing with COVID-19 patients cause infection

Playing	Frequency Distribution	Percentage Distribution
Yes	279	69.4
No	64	15.9
I don't know	59	14.7
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Almost all the respondents believe that when they play with COVID-19 patients that are more likely to contract the disease and part of the reasons why the infection is called a communicable disease. About 15.9% of them do not believe that when they play with a patient who has the diseases they can be infected and 14.7% say they do not have an idea when they would be infected or not.

3.3.6 Exchange of Stationery

Exchanging of stationery is very common among schools most especially in the higher institution. Therefore, it is important to ask the respondents where exchange of stationarity can spread COVID-19.

Table 35. Exchange of Stationery

Exchange of Stationery	Frequency Distribution	Percentage Distribution
Yes	197	49.0
No	109	27.1
I don't know	96	23.9
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Table 35 shows that the exchange of stationery can spread the rate of coronavirus using the frequency and percentage distribution of 197 (49.0%); followed by 27.1% who say it does not enhance the growth of COVID-19 while 23.9% of the respondents say they do not know whether it enhances the spread of the infection or not.

3.3.7 Bed transmission

Table 36 indicates if sleeping together on the same bed can enhance the spread of COVID-19. The result of the analysis using frequency and percentage distribution.

Table 36. Bed Transmission

Bed Transmission	Frequency Distribution	Percentage Distribution
Yes	231	57.5
No	78	19.4
I don't know	93	23.1
Total	402	100.0

Source: Researcher's Field Survey, 2021.

About 57.5% of the respondents feel that sleeping on the bed with someone can cause the spread of COVID-19. This is part of the major reason why the government started saying we should keep social distancing at every point to reduce the spread of the disease.

3.3.8 Overcrowding in the taxi

The result of the analyze using frequency and percentage distribution

Table 37. Overcrowding in the taxi

Overcrowding in the taxi	Frequency Distribution	Percentage Distribution
Yes	292	72.6
No	38	9.5
I don't know	72	17.9
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Overcrowding in the taxi can also lead to the spread of coronavirus are discussed with the frequency and percentage distribution of 292 (72.6%); followed by 9.5% of the respondents who say not to the response and 17.9% of the respondents respond that they do not know whether overcrowding in the taxi could not cause or reduce the spread of COVID-19.

3.3.9 Transmission through Bathing

The infectious disease can be transmitted through any sources including sharing of sponge.

Table 38. Transmission through Bathing

Transmission through bathing	Frequency Distribution	Percentage Distribution
Yes	223	55.5
No	72	17.9
I don't know	107	26.6
Total	402	100.0

Source: Researcher's Field Survey, 2021.

This section shows that 223 (55.5%) of the total respondents' coronavirus could be transmitted from sharing of sponge and bathing, 107 (26.6%) respondents claimed to be sure, while 72 respondents totally disagree.

3.4 Transfer through Asymptomatic patients to others

The spread of the disease can also be asymptomatic patients using frequency and percentage distribution.

Table 39. Transfer through asymptomatic patients to others

Transfer through Asymptomatic patients to others	Frequency Distribution	Percentage Distribution
Yes	278	69.2
No	35	8.7
I don't know	89	22.1
Total	402	100.0

Source: Researcher's Field Survey, 2021.

The highest number of respondents (278) agreed that the disease could be easily transferred through asymptomatic patients to others with the percentage distribution of 69.2% while 22.1% of the respondents said they didn't know whether it could be transmitted or not. The least number of respondents (35) however disagreed with this assertion.

3.4.1 Transmission from grandparent to grandchildren

The section intends to ask whether a grandparent can also pass the disease to their grandchildren either while carrying the baby or playing with them.

Table 40. Transmission from grandparent to grandchildren

Transmission from grandparent to grandchildren	Frequency Distribution	Percentage Distribution
Yes	269	66.9
No	51	12.7
I don't know	82	20.4
Total	402	100.0

Source: Researcher's Field Survey, 2021.

About 66.9% of the respondents agreed that COVID-19 could be transmitted from grandparents to grandchildren. However, 20.4% of them said they were not sure, while 51% opined that it was not transmissible from grandparents to grandchildren (Table 40).

3.4.2 Transmission through sharing of clothing with friends

The analysis is performed using frequency and percentage distribution.

Table 41. Transmission through sharing of clothing with friends

Transmission through sharing of cloth.	Frequency Distribution	Percentage Distribution
Yes	238	59.2
No	70	17.4
I don't know	94	23.4
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Most of the respondents (238) believed that coronavirus could also be transmitted if people shared clothe among themselves. About 94 respondents were not sure of this assertion, while the least number of respondents totally disagreed on the possibility of transmitting the disease through sharing of clothes.

3.4.2 High-risk population

The results are as shown in the table below.

Table 42. High-risk population

High-risk population	Frequency Distribution	Percentage Distribution
Yes	264	65.7
No	45	11.2
I don't know	93	23.1
Total	402	100.0

Source: Researcher's Field Survey, 2021.

People who said "Yes" to this research question had a frequency and percentage distribution of (264 and 65.7% respectively). 11.2% of the respondents said "No" while 23.1% said they were not sure.

3.4.3 Preventive measures from the university

The analysis is shown in the Table below using the frequency and perception of the students.

Table 43. Preventive measure from the University

Preventive measure from the university	Frequency Distribution	Percentage Distribution
Yes	205	51.0
No	115	28.6
I don't know	82	20.4
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Almost all of the respondents (frequency and percentage distribution of 205 and 51.0% respectively) believed that taking the necessary preventive measures could reduce the spread of COVID-19, followed by 115 (28.6%) respondents who disagreed on this assertion and 82 respondents (20.4%) of them, who were not sure whether preventive measures could limit the spread of the disease among people.

3.4.4 Transmission through physical lecture

This section uses frequency and percentage distribution to analyze whether a student could contact the infectious diseases in the classroom (through physical lecture).

Table 44. Transmission through physical lecture

Transmission through physical lecture.	Frequency Distribution	Percentage Distribution
Yes	229	56.9
No	89	22.2
I don't know	84	20.9
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Most of the respondents (229; 56.9%) stated that it was very much possible for the infectious disease to be contracted through physical lectures because it could be transmitted within a few minutes, while 22.2% of the total respondents said it could not be transmitted through that means. The least percentage of the respondents (20.9%) were however not sure whether this could be possible or not.

3.4.5 Transmission through overcrowding in the class and hostel

People could easily contract the disease in an overcrowding place, therefore, if a population is overcrowded it implies that the disease would be easily transmitted from human to human.

Table 45 Transmission through overcrowding in the class and hostel

Transmission through overcrowding in the class/hostel	Frequency Distribution	Percentage Distribution
Yes	285	70.9
No	44	10.9
I don't know	73	18.2
Total	402	100.0

Source: Researcher's Field Survey, 2021.

Table 45 reveals that most of the respondents (285; 70.9%) believed they could easily contract the deadly COVID-19 disease through overcrowding either in the class or in their various hostels. Results of this analysis further showed that 73 respondents (18.2%) were not sure if this could be possible. However, 10.9% of the respondents totally disagreed with this assertion.

3.4.6 Multiple Response on the transmission of COVID-19.

The respondents were given chance to choose what they felt could be the main reason(s) why COVID-19 could be easily transmitted from one person to the other. The results were analyzed using a multiple response analysis of the people who responded to "Yes" alone.

Table 46. Easy way to contact the disease

Ways to transmit the disease	N	Percentage of response
Kissing	269	11.9%
Cough	329	14.6%
Sneezing	324	14.4%
Shaking hands with coronavirus patient	270	12.0%
Being sneezed upon by corona patient	281	12.5%
Being bitten by a coronavirus patient	151	6.7%
Accidentally being pricked with a needle used on corona patients	183	8.1%
Sharing drinking glass with coronavirus patients	213	9.4%
Touching and handling of rails	234	10.4%

Source: Researcher's Field Survey, 2021.



The response proved that coronavirus could be easily transmitted from a patient who coughs (329 respondents), sneezing (324); being sneezing upon by coronavirus patient(s) (281), shaking hands with coronavirus patient(s) (270), kissing (269), touching and handling or rails (234) and sharing a drinking glass with corona patients (213). This shows that as far as the students (respondents) were concerned, the disease could be transmitted through sneezing and cough than any other means.

Hypothesis Testing

The socio-demographic variables of the respondents would be examined on the knowledge of students towards coronavirus disease. In addition, the age factors would be examined with the perception of students to COVID-19 pandemic.

Hypothesis Testing on socio-demographic factors on the transmission of COVID-19

The decision rule stated that if the probability value were < 0.05 , reject the null hypothesis, otherwise do not reject the hypothesis.

Table 47: Socio-demographic variables of the respondents

		Knowledge Score
Socio-demographic Variables	Mean \pm SD	Coefficient and Test of Significance (p)
Constant		Beta = 0.907, t = 3.724, p = 0.000
Sex of the Respondents		
Male		Beta = 0.070, t =
Female	1.4204 \pm 0.4942	1.162, p = 0.246
Age of the Respondents		
15 -1 9 years		
20 – 24 years		
25 – 29 years		
30 – 34 years		Beta = -0.019, t = -
35 – 39 years	2.2488 \pm 0.8893	0.487, p = 0.626
40 – 44 years		
45 years and above		
Marital Status of the Respondents		
Married		



Single		
Separated	1.8507 ± 0.3837	Beta = -0.121, t = -1.468, p = 0.143
Divorced		
Ethnic Group		
Hausa		
Yoruba		Beta = 0.159, t = 3.389, p = 0.001***
Igbo	2.1269 ± 0.6167	
Others		
Religious Affiliation		
Christian		
Muslims	1.1741 ± 0.4232	Beta = 2.42, t = 3.545, p = 0.000***
Traditionalist		
Schools		
School of Science		
School of Agriculture		
School of Computer Science		
School of Management Technology		Beta = -0.005, t = -0.427, p = 0.669
	4.0547 ± 2.4274	
School of Health and Health Technology		
School of Earth and Mineral Science		
School of Engineering and Engineering technology		
School of Environmental Technology		
School of Postgraduate		
Level of the Respondents		
100 level		
200 level		Beta = -0.041, t = -

300 level	3.3358 ± 1.6725	0.2010, p = 0.045
400 level		
500 level		
Postgraduate Studies		
	Df (7, 394)	F = 3.964, p = 0.000

Sources: Researcher’s Field Survey, 2021.

Each of the variables was tested at P-value < 0.05. The variable was tested using regression analysis to determine the effect of each of the socio-demographic variables on the knowledge of people on coronavirus. The result of the analysis shows that sex (Beta = 0.070; p = 0.246) had no significant effect on the knowledge towards coronavirus disease. Other variables which did not have a significant effect on knowledge towards coronavirus included age-group (beta = -0.019, p = 0.626); marital status (beta = -0.121, p = 0.143) and schools (beta = -0.005, p = 0.669). This shows that the null hypothesis was not rejected at P-value < 0.05 (5% level of significance) and there was no effect of these socio-demographic variables on the knowledge towards coronavirus. The variables which showed a significant effect included level(s) of the respondent (beta = -0.041, p = 0.045); religion affiliation (beta = 2.42, p = 0.000); and ethnic group (beta = 0.159, p = 0.001). This shows that the level(s) of the respondents, religious affiliation and ethnic group had significant effect on the knowledge towards coronavirus disease. Religious affiliation and ethnic group showed a positive effect on knowledge of coronavirus while the level of education gave the contrary.

However, the result shows that 46% of the explanatory variables (sex, schools, level, religious, ethnic, age-group) were explained in the knowledge towards COVID-19. The result further explains that socio-demographic variables have a significant effect on knowledge towards the disease at P-value (0.000) < 0.05.

Hypothesis Testing on age factors on the perception of individuals to COVID-19

The decision also states that if the probability value is less than 0.05, reject the null hypothesis, otherwise do not reject the null hypothesis.

Table 48: ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.175	6	.196	.597	.733
Within Groups	129.561	395	.328		
Total	130.736	401			

Where the dependent variable is the perception of individual towards COVID-19

Source: Researcher’s Field Survey, 2021.

Table 48 shows that the null hypothesis will not be rejected. This is because the P-value (0.733) > 0.05 implies that age factors cannot affect the perception of individuals to COVID-19.



4. Discussion, Conclusion and Recommendations

4.1 Discussion

Coronavirus disease, popularly known as COVID-19 is an instance of epidemics and pandemic circumstances that occur occasional. The disease is an infectious disease "named the communicable disease". It brings different challenges and affects the population as a whole. The dearth of knowledge leads to nonchalant behaviour and attitude of people which makes it very difficult to control the disease. Nigeria has very poor infrastructure and a poor health sector on issues related to communicable diseases. The lack of readiness for any emergency disease outbreaks and substandard testing rates including amenities are part of the major problem Nigerian faced.

Since the first outbreak in February 2020, Nigeria had been trying to play an important role to cure the spread of infectious diseases. Several measures like imposing lockdown on people, awareness of the disease, sending messages to individuals, hand-washing policy, frequent use of nose mask and social distancing had been put into consideration. This lockdown strongly affected the educational system because schools in Nigeria couldn't function and it was not easy to conduct virtual classes. Larger percentage of the students were not familiar with it. Despite the lockdown, the number of recorded cases grew exponentially, most especially from October to December 2020.

Shortly after the lockdown, schools began to resume (including higher institutions which resumed in January 2021). The federal government with the assistance of the NCDC helped to pass information around about the rules to follow before every school could resume, which the schools adopted. The mandated rules include regular use of nose masks, hand washing, keeping social distance, regular use of hand sanitizers, etc.

Several researchers have proven good knowledge to be a crucial predictor of correct practices in infection control. Such researches include Cheng et al. (2020) and Zhong et al. (2020, p. 1745-1752). Findings on the knowledge of FUTA students towards the spread of COVID-19 show an adequately high frequency. The overall adequate knowledge on the existence of COVID-19 reported in the survey was 88.6% which is lower than the study of Ladiwala, et al. (2021, p. 21) and higher than a past work done in Pakistan (Mubeen, 2020; Hayat, 2020). This discovery is similar to the study of Rugarabamu et. al. (2020) who did a quick online cross-sectional survey on the knowledge, attitude and practices among Tanzanian residents towards COVID-19. Findings from their research showed that about 84% of respondents had a good knowledge of the spread of COVID-19.

Moreover, about 58.5% of the respondents are between 20 – 24 years with the majority of them being single and were Yoruba across all the nine schools in FUTA (including the school of postgraduate studies). Results from this study further confirmed the assertion that there is a significant association of the socio-demographic variables on the adequate knowledge of COVID-19 (Zhong et al., 2020, p. 1745-1752).

Besides, the knowledge regarding the spread of COVID was good where about 91.0% are aware that COVID-19 can spread faster (Abdelhafiz et al., 2020, p. 881-890). About 87.8% of the respondents identified that coronavirus was a deadly disease even though the respondents felt



Michael Olabode Tomori, International Journal of Pharmaceutical Sciences and Medicine (IJPSM),
Vol.7 Issue. 1, January- 2022, pg. 24-58

ISSN: 2519-9889
Impact Factor: 5.721

the infection was curable and could affect partners if one of them were infected. On the other hand, the respondents seemed to abide by the federal government's COVID-19 protocols with the help of NCDC. On the attitudinal behaviour, the students (respondents) involved in this study resided with other students. All of the respondents displayed good attitude towards the spread of COVID-19. The perception of the spread of COVID-19 shows a significant difference as observed in this study.

4.2 Conclusion

The survey shows that knowledge acquired by the respondents towards the spread of COVID-19 was acquired from different sources and platforms. It can also be concluded that socio-demographic variables have a significant effect on the level of acquisition of knowledge towards coronavirus disease among the respondents. Age factors cannot affect the perception of the individuals to COVID-19.

4.3 Recommendations

From the findings of the study, the following actions are recommended:

- Government at all levels in Nigeria should intensify efforts in sponsoring public enlightenment programmes on prevention and control of coronavirus disease in the country especially across our various institutions.
- Members of the public should be encouraged to make use of the existing precautionary measures (including the use of facemasks) aimed at reducing further spread of COVID-19 in the country.
- COVID-19 vaccines should be promptly administered at Federal, State and local governments levels on Nigerians across the recommended age groups, to further prevent the spread of this deadly disease in the country.

REFERENCES

- [1]. Abdelhafiz, A. S., Mohammed, Z., Ibrahim, M. E., Ziady, H.H., Alorabi, M., Ayyad, M., & Sultan, E.A. (2020). Knowledge, perception and attitude of Egyptians towards the novel coronavirus disease (COVID-19). *J Community Health*; 45(5):881-890 Retrieved 10th November, 2021 from [https:// doi: 10.1007/s10900-020-00827-7](https://doi.org/10.1007/s10900-020-00827-7).
- [2]. Centers for Disease Control and Prevention (CDC). (2020). COVID -19 dashboard. Retrieved 30th October, 2020 from <https://africacdc.org/COVID-19/>.
- [3]. Cheng, VC.C., Wong, S, C., Chen, J.H.K., Yip, C.C.Y., Chuang, V.W.M., Tsang, O.T.Y., Sridhar, S., Chan, J.F.W., Ho, P.K., & Yuen, K.Y. (2020). Escalating infection control response to the rapidly evolving epidemiology of the Coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong. *Infect Control Hosp Epidemiol.* 1-5. Retrieved from [https:// doi: 10.1017/ice.2020.58](https://doi.org/10.1017/ice.2020.58).
- [4]. COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University. (2021). Retrieved January 1st, 2022 from <https://github.com/CSSEGISandData/COVID-19>
- [5]. Gupta, N., Singhai, M., Garg, S., Shah, D., Sood, V., & Singh, S. (2020). The missing pieces in the jigsaw and need for cohesive research amidst COVID 19 global response. *Medical Journal Armed Forces India*; 76(2):132-135. Retrieved 16th November, 2021 from [https:// doi: 10.1016/j.mjafi.2020.04.001](https://doi.org/10.1016/j.mjafi.2020.04.001).
- [6]. Hayat, K., Rosenthal, M., Xu, S., Arshed, M., Li, P., Zhai, P., Desalegn, G.K., & Fang, Y. (2020). View of Pakistani residents towards coronavirus disease (COVID-19) during a rapid outbreak: a rapid online survey. *International Journal of Environmental resident public health.* 17 (10): 3347. Retrieved November 20th, 2021 from doi: 10.3390/ijerph17103347.
- [7]. Ladiwala, Z.F.R., Dhillon, R.A., Zahid, I., Irfan, O., Khan, S. M., Awan, S., & Khan, J.A. (2021). Knowledge, attitude and perception of Pakistanis towards COVID-19; a large cross-sectional survey. *BMC Public Health* 21, 21.



Michael Olabode Tomori, International Journal of Pharmaceutical Sciences and Medicine (IJPSM),
Vol.7 Issue. 1, January- 2022, pg. 24-58

ISSN: 2519-9889
Impact Factor: 5.721

- [8]. Mubeen, S. M., Kamal, S., Kamal, S., & Balkhi, F. (2020). Knowledge and awareness regarding spread and prevention of COVID-19 among the young adults of Karachi. *Journal of Pakistan Medicine Association*. 70 (5): S169 – 74.
- [9]. Nigeria Centre for Disease Control (NCDC). (2020). Retrieved December 13th, 2021 from <https://covid19.ncdc.gov.ng>globals>.
- [10]. Retrieved 10th October, 2021 from www.futa.edu.ng.
- [11]. Retrieved 10th October, 2021 from www.who.int, www.cdc.gov, www.rivm.nl.
- [12]. Rugarabamu, S., Ibrahim, M., & Byanaku, A. (2020). Knowledge, attitudes, and practices (KAP) towards COVID-19: A quick online cross-sectional survey among Tanzanian residents. Retrieved 17th December, 2021 from <https://doi.org/10.1101.04.26.20080820>.
- [13]. The Texas Workforce Commission (TWC). (2021). Retrieved December 14th, 2021 from <https://twc.texas.gov > jobseekers > overpayment-unem>.
- [14]. United Nations Children's Fund (UNICEF). (2020). UNICEF Key Messages and Actions for COVID-19 Prevention and Control in Schools,
- [15]. World Health Organization. (2020). Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. Geneva: World Health Organization.
- [16]. World Health Organization. (2021). Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. Geneva: World Health Organization.
- [17]. Yamane, T. (1967). *Statistics: An Introductory Analysis*, 2nd Edition, New York: Harper and Row. Retrieved December 2nd, 2021 from <http://www.sciepub.com/reference/180098>.
- [18]. Zhong, B., Luo, W., Li, H., Zhang, Q., Liu, X., Li, W., et al. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: a quick online cross-sectional survey. *Int J Biol Sci.*;16(10):1745–1752.

APPENDIX

Introduction

The questionnaire is seeking information with respect to “Knowledge, Attitude and Perception of FUTA students to Coronavirus diseases. The information from this questionnaire will be treated with utmost confidentiality.

Thank you for participating.

SECTION A: **Demographic characteristics of the participants**

1. What is your Age? (a) 15-19 years [] (b) 20-24 years [] (c) 25-29 years [] (d) 30-34 years [] (e) 35-39 years [] (f) 45-49 years [] (h) 50 years and above.
2. Sex Male [] Female []
3. What is your Marital Status? a. Married [] b. Single [] c. Separated [] d. Divorced []
4. To what ethnic group do you belong? a. Hausa [] b. Yoruba [] c. Igbo [] d. Others (Specify) [] .
5. What is your religious affiliation? a. Christians [] b. Muslims [] c. Traditionalist []
6. What school/faculty are you? a. School of science [] b. School of Agriculture [] c. School of computer Science [] d. School of management [] e. School of Health [] f. School of Earth and Mineral science [] g. School of Engineering and engineering technology [] h. School of Postgraduate studies []
7. What level are you? A. 100 Level [] b. 200 Level [] c. 300 Level [] d. 400 Level [] e. 500 Level [] . P G []



SECTION B: Knowledge on the risk of COVID - 19

1. Does Covid 19 exist? Yes no don't know
2. Is Covid -19 spread from human to human? Yes no don't know
3. Can one get infected with Covid - 19 while playing with pet? Yes no don't know
4. Is covid-19 a punishment from God? Yes no don't know
5. Is coronavirus deadly? Yes no don't know
6. How did you get to know about covid-19 social media, TV, Radio, Phone, Friend or relative? Yes no don't know
7. How did you get to know about Covid -19 social media, TV, Radio, Phone, Friend or Covid -19 Relative? Yes no don't know
8. Is coronavirus deadly? Yes no don't know
9. Is Covid-19 punishment by God? Yes no don't know
10. Does Covid -19 has cure? Yes no don't know
11. Can people with Covid - 19 infect their partners? Yes no don't know
12. Can Covid -19 be transmitted through?
 - a. kissing, Yes no don't know
 - b. sneezing, Yes no don't know
 - c. drinks, Yes no don't know
 - d. sex, Yes no don't know
 - e. Cough Yes no don't know
 - f. Shaking of hands Yes no don't know
 - g. sleeping together ? Yes no don't know
- 14 Do you know that living in crowded environment aids the spread of covid-19 Yes no don't know
- 15 Have you been infected with covid - 19? Yes no don't know
- 16 Have you seen any person infected with covid - 19? Yes no don't know
- 17 Have you received any information about prevention/transmission Covid-19 infection before? Yes no don't know
- 18 Covid-19 is caused by a Virus (germs)?. Yes no don't know
- 19 Covid-19 is caused by witchcraft?. Yes no don't know
- 20 Covid-19 infection has no cure? Yes no don't know
- 21 Covid-19 can affect ones partners? Yes no don't know
- 22 Need to confirm a positive Covid-19 test to say one is Covid-19 positive. Yes no don't know
- 23 Can COVID-19 spread from Mother to child through breast milk.? Yes no don't know
- 24 Is there cure for Covid -19? Yes no don't know
- 25 Are you aware of the NCDC/FG Covid- 19 rules? Yes no don't know



SECTION C

. People's attitude toward covid-19

- 1 Do you agree with NCDC/FG Covid-19 rules? Yes no don't know
- 2 Do you like wearing facemask? Yes no don't know
- 3 Do you use facemask? Yes no don't know
- 4 Do you use hand sanitizer? Yes no don't know
- 5 Do you carry your sanitizer along with you? Yes no don't know
- 6 Do you do elbow (greeting)? Yes no don't know
- 7 Do you shake hands? Yes no don't know
8. Do you do hand washing? Yes no don't know
- 9 Do you observe social distancing? Yes no don't know
- 10 Do you visit patient with Covid-19? Yes no don't know
- 11 Do you attend parties' e.g. marriage, naming, and social club. Yes no don't know
- 12 Do you visit your grandparents? Yes no don't know
- 13 Do stay in overcrowded environment? Yes no don't know
13. Do you agree with NCDC/FG Covid – 19 rules? Yes no don't know
- 14 Do you have sex with patients infected with Covid 19? Yes no don't know
- 15 Do you play with pet? Yes no don't know
- 16 Do you take drugs to prevent Covid - 19? Yes no don't know
17. Is compliance with Covid - 19 rules stressful? Yes no don't know
18. Do you run away from any suspected /or /infected individuals? Yes no don't know
19. Do you properly dispose your personal protective materials at an appropriate places? Yes no don't know
20. Do you believe that Covid 19 will be completely be controlled? Yes no don't know
21. Are you afraid of Covid 19? Yes no don't know
22. Do you believe that washing hands with soap and water is sufficient to prevent covid19? Yes no don't know
23. Do you attend health education on Covid-19? Yes no don't know
24. Do you think that Covid-19 is preventable? Yes no don't know
- 25 Do you think we can prevent such a global pandemic in the future? Yes no don't know

SECTION D: Perception on the risk of Covid-19

- 1 Do you believe that Covid -19 is real? Yes no don't know
- 2 Do you agree with NCDC/FG Covid-19 rules? Yes no don't know
- 3 Do you agree with the use of facemask? Yes no don't know
- 4 Do you do elbow (greeting)? Yes no don't know
6. Do you agree with the use of facemask? Yes no don't know
- 7 Do you do hand washing regularly? 7 Do you shake hands? Yes no don't know



8. Do you agree with the use of hand sanitizer? Yes no don't know
9. Do you agree to shake hand? Yes no don't know
10. Do you agree with the rules of hand washing? Yes no don't know
11. Do you believe that Covid-19 can be transmitted through?
 - a. kissing, Yes no don't know
 - b. cough, Yes no don't know
 - c. sneezing e.t.c.? Yes no don't know
 - d. Shaking hands with corona patient? Yes no don't know
 - e. Being sneezed upon by corona patient? Yes no don't know
 - e. Being bitten by corona patient? Yes no don't know
 - f. Accidentally being pricked with needle used on corona patients? Yes no don't know
 - g. Sharing drinking glass with coronavirus patients? Yes no don't know
 - h. Touching and handling of rails Yes no don't know
12. Do you agree that playing with covid-19 patients can cause infection? Yes no don't know
13. Do you believe that exchange of writing materials (such as notebook, biro etc) can transmit coronavirus disease? Yes no don't know
14. Do you agree that sleeping on the same beddings transmit the coronavirus disease? Yes no don't know
15. Do you agree that overcrowding in the taxi aids Covid-19 transmission? Yes no don't know
16. Do you believe that bathing together can aid coronavirus transmission? Yes no don't know
17. Do you believe that Covid -19 can be transmitted from infected asymptomatic patients to others? Yes no don't know
18. Do you agree that infected grand parent can transmit Covid – 19 by playing together with grand children? Yes no don't know
19. Do you know if there is a cure for Covid -19? 20. Do you agree that sharing of clothing with your friend can cause Covid – 19 transmissions? Yes no don't know
21. Do you agree that the high risk population to Covid - 19 is the elderly and pregnant women ? Yes no don't know
22. Do you agree that having sex with infected Covid -19 patient can cause Covid 19 infection Yes no don't know
23. Do you agree that the University authority have put in place enough Covid – 19 preventive measure Yes no don't know
24. Do you agree that having physical lectures can aid the Covid – 19 transmissions? Yes no don't know
25. Do you agree that staying overcrowded in your hostel can aid the transmission of Covid – 19? Yes no don't know