PUBLIC AWARENESS, CREDIBILITY AND PERCEPTION OF GOVERNMENT'S OFFICIAL COVID-19 MESSAGES IN NIGERIA

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ABSTRACT
Health communication during pandemic is especially difficult due to the lot of issues surrounding the virility and severity of the disease. Currently, Nigeria has joined the rest of the world in the race to reduce the spread and infection rate of the COVID-19, thereby undertaking vigorous communications approaches to curtail the scourge. The survey design was adopted using online questionnaire for data collection. Lagos was purposively selected because it is the main stay of the pandemic in the country. The current estimated population of Lagos is 14,368,000. Using Cochran's formula of 500 respondents were chosen. The findings indicate that there was high level awareness through government generated COVID-19 messages but the messages were not regular and timely. Also, respondents indicated that the health communication did not compel them to act positively. Despite the high level of awareness, majority of respondents did not find the official government sources and communication messages credible. Public perception on the effectiveness of COVID-19 health communication disseminated by the Nigerian government was negative. The study recommends that government information and sources should be professional, credible and objective. The government is also enjoined to take strong leadership role in developing, implementing and sustaining health programmes across the nation.

Keywords: *Public awareness, credibility, public perception, COVID-19, Government*

INTRODUCTION

Pandemics are large-scale outbreaks of infectious diseases that can greatly increase morbidity and mortality rates over a wide geographical area and cause significant economic, social and political catastrophes. Evidences suggest that the likelihood of pandemics occurring has increased over the past century because of increased global travel and integration, urbanization, changes in land use, and greater exploitation of the natural environment (Emily and Jacobson, 2020; WHO, 2020; Jones, et al, 2008; Morse, 1995).

COVID-19 is a novel virus noted to have originated from a suburb in China which has caused hundreds of thousands of deaths globally and millions of positive cases in few months of its outbreak. The pandemic has tasked every first responder, scientist, government, front liner and other emergency experts around the world, which has further increased the grim realities surrounding the scourge. Because of the increasing numbers of persons that are exposed to the

risk or become ill, communicating at a time of global pandemic pose varying levels of risks to professionals and media houses, because of the sensitivities of figures, potentials of rising panics, and many others factors that may affect the fidelity of health communication as one of the essential services to reduce the outbreak.

Health communication is the use of communication strategies to inform and influence individual and community knowledge, attitudes and practices with regard to health and healthcare. This approach involves using robust and integrated media approaches to engage individuals on health issues in order to improve both personal and public health. Health communication is said to likely contribute to all aspects of disease prevention and health promotion (Thomas, 2006).

Public health communication campaigns as means of driving communication have been adjudged to have the capacity to raise awareness to reduce the level of risk and exposures during pandemics and help promote the adoption of recommended control, management and treatment protocols (Guttman and Salmon, 2004). Health campaigns have the potential of increasing health literacy among the members of the public with the expectation of yielding positive outcomes against infectious diseases, especially pandemics.

Usually, this type of communication follows a strategic rudiment of health communication to disseminate persuasive messages that could infuse positive behaviours and increase acceptable attitudes towards COVID-19 messages. Health communication is then seen a catalyst that could help in purveying knowledge and helps to decrease mortality rates across the country (ECDC, 2019; Emily and Jacobson, 2020; Gentili, et al, 2020; Lin, et al, 2016; Prilutski, 2010)

Communication as a vehicle for public health enlightenment can encourage participation and improve adherence to messages that are disseminated through various channels; notable among these are the mass media and interpersonal channels (Chukumati and Georgy, 2017).

Statement of Problem

Much health communications during the COVID-19 pandemic have been designed to persuade people more than to inform them. For example, messages like “masks save lives” are intended to compel people to wear face masks, not to enable them to make an informed decision about whether to wear a face mask or to understand the justification for a mask mandate. Both persuading people and informing them are reasonable goals for health communication. However, those goals can sometimes be in conflict (Oxman, et al, 2022).

The public has sometimes experienced COVID-19 messages from these authorities as untruthful and inconsistent. Thus, those messages may have exacerbated rather than reduced confusion from the tsunami of information that accompanied the pandemic. In most cases, authorities are discovered to intensify messages designed to persuade, which however have been determined by scholars like Hyland and Jiang (2021); McCartney, et al, (2020); Oxman, et al (2022); Pak, et al (2021) to limit people’s ability to make informed choices and may erode public trust in authorities, which in turn can negatively impact compliance.

There is a major problem of fidelity of communication and dispelling the uncertainties that limit public health information, especially during global pandemics such as the COVID-19. Part of the problem may also be associated with members of the public being inundated with potentially contradictory information. Therefore, this work seeks to investigate awareness, credibility and public perception of health communication messages in Nigeria during the COVID-19.

Research Questions

1. What is the level of awareness created by government during the COVID-19 pandemic messages in Nigeria?
2. How much credibility was attached to official government messages and sources on the COVID-19 pandemic?
3. What is the public perception on the effectiveness of COVID-19 messages disseminated by the government?

Literature Review

Health communication as emerged as a specialized field in journalism to provide adequate and sustained communication programmes to improve public health and provide sensitization and influence behaviours for positive health outcomes. Health communication is multidisciplinary in nature, but the central idea is to use communication to improve health and general wellbeing of individuals.

Public health experts across the world have come to recognize the role health communication in public health programs; which is often undertaken to address disease prevention, health promotion, and quality of life. It can make important contributions to promote and improve the health of individuals, communities, and society (Rujukan, 2010).

Effective communication during pandemics or major public health crisis is important to foster adoption of public health recommendations and minimizing or preventing harms and reducing severities and mortalities. During a full-blown pandemic, such as the COVID-19, a comprehensive communication strategy is necessary to integrate news media, social media, partner engagements, and official information to provide a robust platform essential for reaching concerned persons and in disseminating important information (Tumpey, et al. 2019).

Communication as a vehicle for public enlightenment and participation is carried out through various channels; notable among these are the mass media and interpersonal channels. One of the functions of mass media which Laswell, Wright and McQuail stated as cited in Ndolo (2005) is surveillance. Health communication campaigns apply integrated strategies to deliver messages designed directly or indirectly to inform, influence, and persuade target audiences' attitudes about changing or maintaining healthful behaviours. Messages can be transmitted through a variety of channels, such as traditional mass media (e.g., TV, radio, newspapers); the Internet and social media (e.g., websites, Facebook, Twitter); small media (e.g., brochures, posters, fliers); group interactions (e.g., workshops, community forums); and one-on-one interactions (Parker and Thorson 2009; Anand, et,al, 2013).

Hyland-Wood, et al. (2021) argued that an effective communication strategy is a two-way process that involves clear messages, delivered via appropriate platforms, tailored for diverse audiences, and shared by trusted people. The study clearly stated that, the long-term success depends on developing and maintaining public trust to engender widespread public support and participation through increased and ongoing community engagement.

Research evidences indicate that communicating, especially during rapidly changing situations such as a pandemic, can be very sensitive and limited with ideological and other factors that may impact its evaluation and eventual success (Head, 2010; Parkhurst, 2017; Sanderson, 2009). Public health communicators and policy makers, therefore, should anticipate disagreement due to the contestation of the legitimacy of expert information and sometimes competing values (Cairney, 2016; Head, 2007).

Wakefield, et al (2010) who stated that mass media campaigns have been used to expose high numbers of large populations to messages through the mass media. This is why Zuhlke and Engel (2013), affirm that governments should use the media to raise awareness by deploying health promotion strategies. In the research work of Olatunde, (2011), the study concluded

government should undertake communication approaches that will provide preventive information to ensure education, screening and lifestyle change.

Usually, government focuses more on set of communication approaches that are mostly designed to ensure adequate reinforcement of regular national public health communication that can encourage public and private funding, mass mobilization, call for volunteers, collective actions, interpretation of specific laws to reduce local and cultural resistance. For this to be most effective, the works of Dupas 2011; Tindana, et al (2011) established a number of conditions that needs to be met; namely, that that the source of information has to be credible and traceable

In Nigeria, a major issue is the challenge of appropriate allocation of media resources to promote health communication which will safeguard the health of the highly diverse, highly dispersed and heterogeneous population that make up the Nigeria public. Such public health messages should take into cognizance the varying backgrounds, class, and social needs of the locals. For this this to be realized, the message must focus on these important areas:

- Increasing audience knowledge and awareness on the level of severity and transmission of the virus
- Advocating and instilling positive behaviours/attitudes towards the virus
- Seeking local volunteers, partnership and cooperation for the effective management and curtailing the virus
- Prompt information on vaccination, cases of exposures and constant updates
- Appeals for technical support, first responders and health services
- Clarifying myths and misconceptions about the spread, treatment and cure of the virus

THEORETICAL BASE

The Communication-Persuasion Model and Information-Persuasion Matrix

The communication–persuasion model propounded by McGuire in 1976 is different from other theoretical models in the health field which makes it different from other health promotion models that traditionally focus on small-scale, at-risk populations. Its uses are predominately found in the field of advertising and this model has guided many public health communication messages/programmes particularly in using mass media (Elder 2001). The model can be used in conjunction with an information–persuasion matrix (IPM) can influence a person's choice through three factors, (McGuire 2001). Namely; External factors- Cost or location; Internal directive factors- individual attitudes or beliefs and Internal dynamic factors- demographic characteristics such as age or ethnicity.

The main concern of the IPM is 'internal' factors which are seen in their ability to influence or change the message as it moves through the communication–persuasion model together with its progressive input–output steps. Input factors include: Source - demographics, credibility, attractiveness etc.; Message - appeal, organization, style etc.; Channel - type of media used, i.e., television; Receiver - demographics social/psychological factors and Destination- immediacy/delay, prevention/cessation.

Output factors include: Description of what happens at each stage: Step 1; Tuning in Exposure to the message: Step 2; Attending Paying attention to the message: Step 3; Liking and being interested in the message: Step 4; Comprehending and understanding the message: Step 5; Generating related cognitions: Step 6; Acquiring/gaining the appropriate skills to act on the message: Step 7; Agreeing the message is correct: Step 8; Storing/saving the message to memory: Step 9; Retrieval of the message from memory when needed: Step 10; Decision acting on the message: Step 11; Acting/performing the action: Step 12; Post-action and integration of the action into behaviour.

The communication–persuasion model can be characterized as an input-output matrix that can be manipulated and measured to achieve a change. The communication 'input' factors contain five separate stages of communication: source, message, channel, receiver and destination. These input variables provide options for health practitioners to select and manipulate. These 'input' variables are the main step in achieving the 'output' variables. The advantage of this model is that it has clear planning stages that can be followed in order to obtain an outcome. Hence, any health development communicator can take advantage of the steps in at the levels of input and output stage to favourably manipulate communication that have been tailored to make men accept COVID-19 messages leading to positive outcomes.

METHODOLOGY

The survey research design was adopted and questionnaire was used as the instrument of data collection. The research was conducted exclusively through online survey, involving participants living in Lagos State Nigeria, who were sent the survey links on Facebook, WhatsApp and Email. Lagos was selected for the study because of the prevalence of COVID-19 in the city (source?). The population was determined to be 14,368,000 (macrotrend, 2021). Using Cochran formula and 10% contingency increase, the population of the survey was rounded-up to 500. Additionally, another rationale for choosing Lagos was the official data that put the state as the highest over all other states in Nigeria with the number of positive COVID19 cases according to the report of NCDC (2022).

The respondents were randomly selected online and the survey links were sent to them on Facebook, WhatsApp and email. A sample size of 500 was drawn from the total research population of **14,368,000.** The researcher arrived at the sample size using Cochran's, (William Cochran) Formula of sample size determination. The formula is stated thus;

$$^{n}o = \frac{Z^2pq}{e^2}$$

Where
e is the desired level of precision (i.e. margin of error)
p is the (estimated) proportion of the population which has the attribute in question.
Q is 1 – p.
Therefore, p = 0.5
Margin of error = 0.05
95% confidence level = Z values of 1.96
Thus, $((1.96)^2 (0.5) (0.5)) / (0.05)^2 = 385$
Sample size is 385 approximated to 400

To calculate for the over sampling the researcher assumed a 25% percent addition. The calculation is thus presented below: Therefore 25/100% x 400 = 100

N2 = 400 + 100 = 500

DATA PRESENTATION AND ANALYSIS

Table 1: Ascertain the level of awareness created by government during the COVID-19 pandemic in Nigeria?

S/N	Options	SA 5	A 4	D 3	SD 2	N 1
1	You often see official messages on COVID-19 during the pandemic.	247 (49.4)	202 (40.4)	34 (6.8)	11 (2.2)	6 (1.2)
2	The messages were regular and timely	62	129	281	N/A	28

		(12.4)	(25.8)	(56.2)		(5.6)
3	The messages did not compel me to act positively to COVID-19 pandemic messages.	64 (12.8)	112 (22.4)	185 (37.0)	101 (20.2)	38 (7.6)

Source: Field Survey, 2020
Key: SA= Strongly Agree, A= Agree, D= Disagree, SD= Strongly Disagree, N= Neutral

The data in the above table indicates that a total of 89.8% respondents were aware of COVID-19 pandemic messages disseminated by the Nigerian Government. A total of 56.2% noted that messages were not regular and timely while a total of 57.2% respondents were not motivated to act positively to COVID-19 pandemic messages.

Table 2: Determine the credibility attached to official government messages and sources on the COVID-19 pandemic?

S/N	Options	SA 5	A 4	D 3	SD 2	N 1
1	You trusted and believed official government messages on COVID-19.	44 (8.8)	72 (14.4)	245 (49.0)	108 (21.6)	31 (6.2)
2	Government official messages sources are to be trusted more than independent sources.	38 (7.6)	66 (13.2)	209 (41.8)	169 (33.8)	18 (3.6)
3	People largely depended on official government sources for COVID-19 information	50 (10.0)	72 (14.4)	194 (38.9)	156 (31.2)	28 (5.6)

Source: Field Survey, 2020

Table 3 shows that a total of 70.6% respondents disagreed/strongly disagreed that they trusted or believed official government COVID-19 information. A total of 75.6% respondents chose “disagreed/strongly disagreed” that government sources are to be trusted more than other independent information sources while a total of 70.1% respondents disagreed/strongly disagreed that they largely depended on government sources for COVID-19 information.

Table 3: Public perception of the effectiveness of COVID-19 messages disseminated by the Nigerian government

S/N	Options	SA 5	A 4	D 3	SD 2	N 1
1.	Many Nigerians were sensitized through the official government COVID-19 messages.	28 (5.6)	138 (27.6)	239 (47.8)	78 (15.6)	17 (3.4)
2.	The COVID-19 messages have so far been effective in dispelling wrong information.	45 (9.0)	139 (27.8)	230 (46.0)	66 (13.2)	20 (4.0)
3.	The overall perception of Nigerian Government’s COVID-19 official communication are positive.	28 (5.6)	78 (15.6)	158 (31.6)	218 (43.6)	18 (3.6)

Source: Field Survey, 2020

Table 3 was designed to determine the public perception on the effectiveness of COVID-19 messages disseminated by the Nigerian government. The data shows that a total of 63.4% respondents indicated “disagree/strongly disagree” that they were sensitized. A total of 59.2% respondents “disagree/strongly disagree” and are of the view that messages from government sources have not been effective in dispelling wrong information while a total of 75.2% respondents “strongly agree/agree” that the overall perception of governments official COVID- 19 communication has not been positive

DISCUSSION OF FINDINGS

From table 1, findings show that 449 or 89.8% of the respondents strongly agreed/agreed that they were aware that they often saw official government COVID-19 pandemic messages. This finding points to high level of awareness of the government generated messages. This concurs with the submissions of Wakefield, et al, (2010) who stated that mass media campaigns have been used to expose high numbers of large populations to messages through the mass media. In the same instance, 281 (56.2%) respondents disagreed that the messages were regular and timely.

Findings show that majority of respondents in Lagos state were irregularly and not timely exposed to official government COVID-19 pandemic messages. Since most respondents were not aware of the times the official government sponsored messages were disseminated, they therefore could not rely on getting such messages when they were purposefully sought for. This is why Zuhlke and Engel (2013), affirm that governments should raise awareness through health promotion strategies. 286 or 57.2% of the respondents noted strongly disagreed/disagreed to being compelled to act positively in light of COVID-19 pandemic. This supports the position that other factors or information other than official government messages may have compelled respondents to obey COVID-19 health information. Olatunde, (2011), agreed that there was need to provide preventive information to ensure education, screening and lifestyle change.

Findings from table 2, indicate that only 23.2% respondents strongly agreed/agreed that they trusted and believed the veracity of official information on COVID 19. In other words, 70.6% total respondents doubted and did not really trust or believe official government messages. Only 20.8% respondents strongly agreed/agreed that they trusted government message sources than information obtained from other sources. This shows that majority of respondents in Lagos State trusted independent sources/information other than sources/information provided by the official government sources on COVID 19. Dupas (2011) is of the view that information can make a change but not all kinds of information. Tindana, et, al (2011) accept the above position but stating that the source of information has to be credible and traceable. This implies that most information from government sources were viewed with scepticism in relation to information on Covid-19. This may be as a result of problems associated with image source credibility of the government or government officials involved in the dissemination of COVID-19 messages. Only 20.4% respondents indicated that they largely depended on government sources for COVID-19 information. A total of 70.9% respondents did not depend on official government sources to provide wholistic information about COVID-19.

Data from table 3 indicate that a total of 63.4% respondents disagree/strongly disagree that they were sensitized, about the COVID-19 pandemic through government sources. This shows that many respondents within Lagos State Nigeria were sensitized through other perceived/accepted credible sources for example, social media messages. This may invariably have led to misinformation or the propagation of fake and unverified information about the COVID-19 pandemic. A total of 59.2% respondents disagree/strongly disagree and were of the view that messages from government sources have not been effective in dispelling wrong information about COVID-19. Effectiveness implies that to a large extent the information needs of respondents were met. This indicates that government official information sources mainly disseminated information which the government information sources deemed necessary.

Lending an insight to the above, Brownson, et al, (2018) agree that there is a gap between public health knowledge and application of such knowledge which may be as a result of ineffective dissemination. A total of 75.2% respondents strongly disagree/disagree that the overall perception of Nigerian Government's COVID-19 official communication was positive. This points to the fact that the government is not taking its leadership role seriously, as indicated in the World Health Organisation, Global Conference Report of 2016 which encourages government to take strong leadership in implementing health literacy programmes and policies. In addition to this, Hyland-Wood (2021) indicated that health communication should foster trust and engender public support; which in line with the study of Tumpey, et, al (2019), that cohesive and integrated media for engagement and information dissemination is necessary for the success of Covid19 health campaign.

Conclusion and Recommendations

Government should design strategies and ensure adequate reinforcement of regular national public health communication that can encourage public and private funding, mass mobilization, call for volunteers, collective actions, interpretation specific laws to reduce local and cultural resistance. Government should also ensure that government information sources and individuals are professional, credible and unbiased. This would guard against misinformation and bias towards government sources. Government is furthermore enjoined to take strong leadership role in developing and implementing health literacy programmes (which could be done through mass orientation and grassroot sensitization and local levels) and policies through sustained funding, coordination, regular surveillance and development of special projects across for countrywide dissemination (WHO, 2016).

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