International Journal of Advanced Research in Social Sciences, Environmental Studies & Technology
p-ISSN: 2536-6505 | e-ISSN: 2536-6513
Volume 5, Number 2 December, 2020

IJARSSEST

The Misconception of COVID-19 Pandemic in Africa, Causes and Consequences: An Appraisal of Anambra State Southeast Nigeria

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Article DOI: 10.48028/iiprds/ijarssest.v5.i2.03

Abstract

COVID-19 pandemic in Nigeria is part of the worldwide pandemic of corona virus disease 2019, caused by the novel corona virus. The first confirmed case was announced in the country on 27th February 2020 and subsequently in Anambra state on 9th April 2020. The World Health Organization (WHO) declared the disease, (now officially named COVID-19) a Public Health Emergency of International Concern (PHEIC) on 31st January, 2020 and subsequently rolled out measures to preventing and or contained the spread of the disease. This paper looks at the preventive measures of the World Health Organization (WHO), adopted by the Nigerian Government in the fight against the Virus and the perceptions of residents in three selected city centers of Onitsha, Nnewi and Awka in Anambra state Southeastern Nigeria. The data used in this paper were accumulated from three hundred randomly selected adult (within 25 and 65years old) literate residents in sampled city centers using structured questionnaire, supplemented by oral interviews and other literatures. The data collected was subjected to Principal Component Analysis to discover the principles underlying variables and Multiple Linear Regression Analysis to identify the effects of the misconceptions. Recommendations therefore suggests rescinding the lock down policy; production and free distribution of face masks, soaps, hand sanitizers and immune booster supplements; provision of water supply; intensified sensitization and massive testing for COVID-19.

Keywords: *Misconceptions, Preventive measures, COVID-19, Anambra, Testing*

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Background to the Study

The new Corona Virus Disease, 2019 (COVID-19), which broke out in the Chinese city of Wuhan on 31st December 2019, has a rapid human to human transmission (Hui et al., 2020). The fast pace of transmission is wreaking havoc and stirring media hype and raising public health concern globally (Ippolito et al., 2020). The World Health Organization (WHO) declared the disease, (now officially named COVID-19) a Public Health Emergency of International Concern (PHEIC) on 31st January, 2020 with the Director General Dr. Tedros Ghebreyesus justifying the decision by stating that WHOs greatest concern was the potential of the virus to spread to countries with weaker health systems (WHO, 2020a). The rate of transmission of the virus coupled with the weak health system in Africa vis-à-vis the devastating effect of Ebola Virus Epidemic (2014–2016) in West Africa, demonstrated how ill-prepared the countries of Africa are to rapidly identify the infection and halt transmission (WHO, 2020b; Largent, 2016; Hoffman and Silverberg, 2018;).

On 27thFebruary 2020, COVID-19 made its land fall in Nigeria. An Italian citizen was the Nigeria's first (index case) of Corona Virus Disease 2019 (COVID-19). The individual had come in through the Lagos international airport 2 days earlier on a flight from northern Italy, and had subsequently travelled from Lagos to Ogun State, Ekiti State and Oyo State in western Nigeria (Ebenso and Otu, 2020).Prior to this date, Nigerians and the rest of African countries watch in perplexity as the pandemic was devastating the developed countries of the world like China, Italy, Spain, United Kingdom, France, Ukraine, United States of America among others (Punch Newspaper, 2020; NNN, 2020;Vanguard Newspaper, 2020). Despite the improved medical and health facilities in these countries, they could not provide a cure for the virus hence they came up with preventive measures such as lock down, social/physical distancing and high level of hygiene protocols such as regular hand washing among others (Pingjian, 2020). These preventive measures were useful to an extent because of their level of development and trust in their various governments.

However, when Africa and indeed Nigeria recorded their first cases respectively, the news was followed with the notion that the virus is for the rich or that it cannot survive in hot weather, the idea that mesmerized even the government of most African countries and led to foot dragging in taking early measures against the pandemic (en.as.com, 2020). By the time most African countries decided to take measures, the virus has spread over the continent unaware. Instead of measures to prevent the virus coming to Africa, it was measures to contain the fast spread of the virus (Akinwotu and Burke, 2020; Nation Newspaper, 2020). The feat that took developed countries months to achieve with all their sophistication. There is the fear of uncertainty on how long it will take Africa and indeed Nigeria with all the misconceptions and mix-belief about the existence of the virus, to contain the disease and its spread in Africa (Nwachukwu, 2020).

Respondents interviewed in Anambra state believed that corona virus disease is a scam design by the political class to seek international donations or relief materials and, or to siphon money. This collaborated the position of the Federal Government revelation that most people especially in the South Eastregion (at least 60%) do not believe in the existence of the deadly

Corona virus disease pandemic (Ugoeze, 2020; Nwachukwu, 2020). This position seemed to be true because within two weeks of the lock down, government and some well spirited rich individuals announced various palliative measures to cushion the effects of the lock down (palliative that were only heard but not seen by many). About the fourth week, the distribution of palliatives could no longer be sustained even though the lock down is still on partially. The question now is,

> *Did the government stop the palliatives when they did, because the Corona virus disease has been contained or is it because of the easing of movement within the states with the state boundaries stilllocked?.*

The measures taken by Federal Government of Nigeria and other state government to prevent the spread of the Corona virus disease was ineffective as there were only three (3) affected states in the country as at 29th March 2020 when the lock down was imposed, yet the number of cases increased to other thirty-five (35) states and Abuja within two (2) months because of movement across state borders (see figure 1 below).

Figure 1: Movement across the River Niger in Nigeria during Lock Down
Source: Author's Fieldwork (2020)

Incidentally, Anambra state tagged as the state with the most travelled citizen is feared to be among the states with the highest number of COVID-19 in Nigeria, hence the effort of the state governor to arrest the situation should the case arise. Despite the efforts of the state governor and the government of Anambra state, the misconception of the people of Anambra state jeopardized the effort of the government leading to the increasing number of recorded confirmed cases. Consequently, Anambra state government on Wednesday 11 June 2020, was moved to announced the closure of Eke Awka market and the review of the dusk to dawn curfew of the Federal Government from 10 pm to 4 am, to 8 pm to 6 am in Awka south for two (2) weeks from Monday 15 June due to violation of the COVID-19 protocols (Okafor, 2020; Isawade, 2020).

Research Hypothesis (H_o): *"the misconceptions over corona virus disease contributed to the spread of the virus in Anambra state Southeastern Nigeria".*

Materials and Methods

Design of the Research

The paper relied on the perception of people dwelling in city centers of Anambra state Nigeria and the extracted information on the misconceptions about the Corona Virus Disease (COVID-19) which was formulated. There is the need that instruments be designed to elicit the relevant information for the acquisition and analysis of data, a strategy and plan designed for containment of the Virus. In this respect, the survey method was adopted primarily in data acquisitions using structured questionnaire, complemented by direct observations and focus group discussion (FGD) in the sampled city centers.

Population Sample

The city centers selected for study are: Onitsha, Nnewi and Awka. These city centers were selected on the basis of the high population and economic activities that attracts other residents of the state to the cities other than the inhabitants. A structured questionnaire containing *measures rolled out by government to prevent the spread of the Virus and how effective they are; and the misconception that may lead to the spread of the Virus* were presented to the respondents to choose from in each of the city centers. Further information was elicited through oral or focus group discussions and interviews with the respondents. This mixed approach ensured high percentage of acquisition of relevant information in the data collection exercise (see figure 2 below).

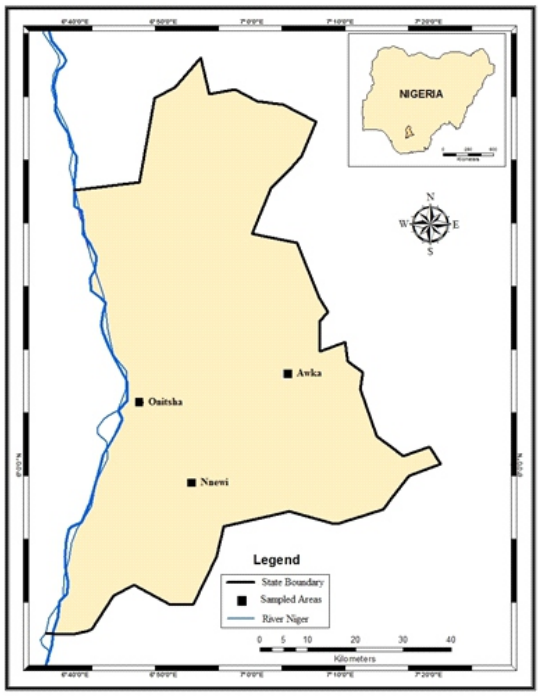

Figure 2: Anambra State Southeastern Nigeria showing the cities studied
Source: GIS Unit Department of Geography, University of Nigeria, Nsukka (2020)

Data Collection

Three hundred (300) respondents who are literate adults and between 25 and 65 years old were randomly selected in various areas within each city center in the study area. The respondents must have dwelled in each of the study cities for not less than twenty years and are able to express themselves in the Igbo and English language.

A total of three hundred (300) copies of structured questionnaire were administered on a direct contact basis. This eliminated the cases of lost copies of the questionnaire. The administration of the questionnaire was carried out by the authors in June, 2020 with the aid of assistants resident in the cities and the authors made trips to the cities sampled at various times for observation. The variables (*measures to prevent the spread of the Virus*) that were included in the list on the questionnaire are:

Lock Down (X1); Close of State Boundary (X2); Palliatives (X3); Enforcement of Order (X4); Physical/Social Distancing(X5); Isolation (X6); Regular Hand Washing (X7); Use of Immune Booster Supplement (X8); Use of Face Mask (X9) and Use of Hand Sanitizers (X10). The other variables (*misconception that may lead to the spread of the Virus*) are:

COVID-19 is not my Portion (X1); Hot Weather kills COVID-19 (X2); Drinking much Alcohol kills COVID-19 (X3); Drinking much Water kills COVID-19 (X4); Testing (X5); COVID-19 is not for Africans (X6); Sitting in the Sun kills COVID-19 (X7); Doubt/Mistrust of Government (X8); and Belief in Information about COVID-19 (X9).

Data Analysis

In each of the study area, the data elicited with the aid of the copies of the questionnaire (One hundred each) were analyzed, to obtain the number of respondents that selected any of the variables (*measures to prevent the spread of the Virus*) listed and measured on a 4-point likert scale with a value of 1 and 4 as the lowest and highest respectively. Simple percentages were used to explain the responses on the likert scale and entered in the table against each of the study area. The data set was subjected to Principal Component Analysis(PCA); while the variables (*misconception that may lead to the spread of the Virus*) were subjected to Multiple Linear Regression Analysis to ascertain the individual and group contribution to the spread of COVID-19 using Statistical Package for the Social Scientist (SPSS) Version 25 software (Anyadike, 2009).

Results and Discussions

The Measures to Prevent the Spread of the Virus

Ten (10) Measures to Prevent the Spread of the Virus were identified from the pilot survey and Focus Group Discussions (FGDs) carried out in the study area, and their analysis is shown in Table 1 and 2 below. The respondents were asked to indicate the extent to which the above measures have helped in reducing the spread of the Viruson a scale of four, with 1 showing no effect (NE); 2–little effect (LE); 3–moderate effect (ME); and 4–great effect (GE)(Table 1).

Table 1: Responses from Respondents on Measures to Prevent the Spread of the Virus

Measures to Prevent the Spread of the Virus	GE (4)	ME (3)	LE (2)	NE (1)
Lock Down (X1)	3.33%	4.67%	35.33%	56.67%
Close of State Boundary (X2)	0.33%	1%	38.67%	60.00%
Palliatives (X3)	0.33%	14%	51%	34.67%
Enforcement of Order (X4)	3%	1.33%	8.67%	87%
Physical/Social Distancing (X5)	49.67%	46.67%	2.33%	1.33%
Isolation (X6)	33.33%	30.33%	8.67%	27.67%
Regular Hand Washing (X7)	40%	50%	3.33%	6.67%
Use of Immune Booster Supplement (X8)	67%	20%	11%	2%
Use of Face Mask (X9)	86.67%	10%	2.33%	1%
Use of Hand Sanitizers(X10)	66.33%	27%	4.67%	2%

Source: Author's Field Survey (2020)

The table 1 above reveals the ten (10) measures rolled out by the government to prevent the spread of the virus with the responses of respondents using a likert scale of 1 – 4 and rendered in percentages. 56.67%, 60.00% and 87%of the respondents show that lockdown, close of state boundaries and enforcement of order respectively, has no effect in the prevention of the spread of the virus. 51% of the respondents show that Palliatives has little effectand34.67% shows that it has no effect in the prevention of the spread of the virus.49.67% of the respondents show that Physical/social distancing has great effect and 46.67% shows that it has moderate effect in the prevention of the spread of the virus. 33.33% of the respondents show that isolation has great effect and 30.33% shows that it has moderate effect in the prevention of the spread of the virus.67%, 86.67% and 66.33% of the respondents show that Immune booster supplement, use of face mask and use of hand sanitizer respectively have great effect in the prevention of the spread of the virus. 50% of the respondents show that Regular hand washing has moderate effect and 40% shows it has great

Results of the Principal Components Analysis

Table 2 below, shows the result of the Principal Component Analysis of measures to prevent the spread of the virus variables in the study areas which are presented in total variance explained. This implies that PCA does data reduction by combining a large number of indicators into fewer similar groups, each group defining the underlying dimension in the contributing variables forming the group using eigen values. Eigen values are simply the coefficients attached to eigenvectors ranked in descending order of their eigen values to arrive at the principal components in order of significance (Anyadike, 2009; Akuwe, Krhoda and Oluoko-Odingo, 2018).

The PCA extracted two (2) components with Eigen values greater than 1, explaining 90.611% of the total variance in the data set. The first and second components explained 48.597% and 42.014% respectively of all variables (Table 2). This implies the PCA explained 90.611% of the measures to prevent the spread of the virus summarized as two (2) underlying dimensions coined from the variables loaded significantly in the 2 extracted components.

Table 2: Total Variance Explained

Total Variance Explained									
	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.651	76.515	76.515	7.651	76.515	76.515	4.860	48.597	48.597
2	1.410	14.097	90.611	1.410	14.097	90.611	4.201	42.014	90.611
3	.939	9.389	100.000						
4	5.918E-16	5.918E-15	100.000						
5	1.971E-16	1.971E-15	100.000						
6	5.191E-17	5.191E-16	100.000						
7	-1.128E-16	-1.128E-15	100.000						
8	-2.001E-16	-2.001E-15	100.000						
9	-2.702E-16	-2.702E-15	100.000						
10	-7.912E-16	-7.912E-15	100.000						
Extraction Method: Principal Component Analysis.									

Source: Computer output (2020)

Table 3 below shows the communalities of the variables. The communalities of the variables are the squares of the elements in a component matrix (n x m) and the sum within each variable obtained which is presented thus:

Table 3: Communalities

Communalities		
Measures to Prevent the Spread of the Virus	**Initial**	**Extraction**
Lock Down (X1)	1.000	.984
Close of State Boundary (X2)	1.000	.977
Palliatives (X3)	1.000	.990
Enforcement of Order (X4)	1.000	.998
Physical/Social Distancing (X5)	1.000	.954
Isolation (X6)	1.000	.916
Regular Hand Washing (X7)	1.000	.813
Use of Immune Booster Supplement (X8)	1.000	.793
Use of Face Mask (X9)	1.000	.719
Use of Hand Sanitizers (X10)	1.000	.917
Extraction Method: Principal Component Analysis.		

Source: Computer output (2020)

The communalities are explained in relation to the standardized maximum value of 1.0. Communalities with values greater than 0.5 are significant and interpreted to mean that the PCA model is an appropriate tool for analyzing the body of the data set. The sizes of the communalities therefore give an indication of the appropriateness and relevance of the PCA model to the problem of the research. A communality value of 0.5 and above is significant while a value below 0.5 is not significant (Mozie, et. al, 2019).

Table 4: Un-rotated Component Matrix

Component Matrix[a]		
	Component	
Measures to Prevent the Spread of the Virus	1	2
Physical/Social Distancing (X5)	.977	
Use of Hand Sanitizers (X10)	.951	.114
Close of State Boundary (X2)	-.943	.296
Lock Down (X1)	-.935	.332
Palliatives (X3)	-.934	-.344
Regular Hand Washing (X7)	.901	
Use of Immune Booster Supplement (X8)	.888	
Use of Face Mask (X9)	.822	.205
Enforcement of Order (X4)	-.658	.751
Isolation (X6)	.668	.685
Extraction Method: Principal Component Analysis.		
a. 2 components extracted.		

Source: Computer output (2020)

The table above shows the un-rotated loading of each variable to the two components. All of the variables loaded very well in component 1with some strong positive and negative loaded values of more than ±.6. In component one (1), the variables with positive loading are: X5 - Physical/Social Distancing (.977); X10 - Use of Hand Sanitizers (.951); X7 - Regular Hand Washing (.901); X8–Use of Immune Booster Supplement (.888); X9 - Use of Face Mask (.822) andX6 - Isolation (.668). This output scores the underlying dimension termed *Personal hygiene and Responsibility.* The negative loaded values are: X2 - Close of State Boundary (-.943), X1 - Lock Down (-.935), X3 - Palliatives (-.934), X4 - Enforcement of Order (-.658). This output scores the underlying dimension termed *Government Effort and Responsibility*. This result exposes government failures in preventing the spread of the virus through her measures, thus shifting that responsibility to every individual. The result also collaborated the declaration of the Presidential Task Force (PTF) that the national response to the Coronavirus pandemic has been challenged by inadequate infrastructure, man power shortage and global shortage of essential items (Guardian Newspaper, 2020). X4 - Enforcement of Order (.751) and X6 - Isolation (.685), loaded very strong and positive in component 2 showing that it would have been a good workable measure to prevent the spread of the virus, but have been jeopardized.

Table 5: Rotated Component Matrix

Rotated Component Matrix[a]		
	Component	
Measures to Prevent the Spread of the Virus	**1**	**2**
Isolation (X6)	.955	
Palliatives (X3)	-.924	.369
Use of Hand Sanitizers (X10)	.783	-.551
Use of Face Mask (X9)	.749	-.397
Physical/Social Distancing (X5)	.714	-.667
Use of Immune Booster Supplement (X8)	.705	-.544
Regular Hand Washing (X7)	.660	-.614
Enforcement of Order (X4)		.999
Lock Down (X1)	-.473	.872
Close of State Boundary (X2)	-.503	.851
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.		
a. Rotation converged in 3 iterations.		

Source: Computer output (2020)

The table 5 above shows the rotated loading of each variable to the two components. Upon rotated, most of the parameters rotated with strong positive loaded values and one strong negative loaded value of more than ±.6. In component one (1), thevariables with strong positive loadings are:- X6 - Isolation (.955), X10 - Use of Hand Sanitizers (.783), X9 - Use of Face Mask (.749), X5 - Physical/Social Distancing (.714), X8–Use of Immune Booster Supplement (.705), X7 - Regular Hand Washing (.660). This output reiterates the scores of the underlying dimension termed *Personal hygiene and Responsibility* in the component un-rotated matrix. The negative loaded value is:- X3 - Palliatives (-.924). This variable, even though it loaded in component 1 shows no correlation meaning that it cannot be established or related on how it will contribute to the prevention of the spread; rather it could have contributed to make the lock down work if it has been managed well. In component 2, X4 - Enforcement of Order (.999), X1- Lock Down (.872) and X2 - Close of State Boundary (.851) loaded very strong and positive, reiterating the result in the un-rotated component matrix that the measures if adhered to would have been the best way in the prevention of the spread in Nigeria.

Conclusively, the PCA explained 90.611% of the variance in the measures rolled out by government to prevent the spread of the virus and reduced them to two (2) underlying dimensions which are; *Personal hygiene and Responsibility and Government Effort and Responsibility.* However, more emphasis should be placed on the former for the prevention of the spread of Corona Virus Disease in Anambra state and Nigeria as a whole.

The Misconceptions about the Corona Virus Disease

Table 6: Responses from Respondents on Misconception that may lead to the Spread of the Virus (in percentages)

Misconception that may Lead to the Spread of the Virus	OSHA	NNEWI	AWKA
COVID-19 is not my Portion (X1)	71.43	68.57	62.85
Hot Weather kills COVID-19 (X2)	80	78.57	68.57
Drinking much Alcohol kills COVID-19 (X3)	81.43	80	77.14
Drinking much Water kills COVID-19 (X4)	84.76	62.86	55.71
Testing (X5)	41.43	38.57	31.43
COVID-19 is not for Africans (X6)	65.71	72.86	74.28
Sitting in the Sun kills COVID-19 (X7)	75.71	77.14	78.51
Doubt/Mistrust of Government (X8)	82.85	91.43	79.14
Belief in Information about COVID-19 (X9)	88.57	87.43	81.43

Source: Author's Field Survey (2020)

Table 6 above contains the selected city centers in Anambra state south eastern Nigeria and the respondent's views on the misconceptions that may lead to the spread of the Virus, rendered in percentages against each city center.

71.43%, 68.57% and 62.85% of the respondents in Onisha, Nnewi and Awka respectively are of the opinion that COVID-19 is not my Portion (X1); 80%, 78.57% and 68.57% of the respondents in Onisha, Nnewi and Awka respectively believes the rumour that Hot Weather kills COVID-19 (X2); 81.43%, 80% and 77.14% of the respondents in Onisha, Nnewi and Awka respectively believes the rumour also that Drinking much Alcohol kills COVID-19 (X3);84.76%, 62.86% and 55.71%of the respondents in Onisha, Nnewi and Awka respectively are of the opinion that Drinking much Water kills COVID-19 (X4); 41.43%, 38.57% and 31.43% of the respondents in Onisha, Nnewi and Awka respectively agrees that Testing (X5) is responsible for the spread of COVID-19; 65.71%, 72.86% and 74.28%of the respondents in Onisha, Nnewi and Awka respectively says that COVID-19 is not for Africans (X6); 75.71%, 77.14% and 78.51% of the respondents in Onisha, Nnewi and Awka respectively believes that Sitting in the Sun kills COVID-19 (X7); 82.85%, 91.43% and 79.14% of the respondents in Onisha, Nnewi and Awka respectively sees Doubt/Mistrust of Government (X8) as responsible for the spread of COVID-19; and 88.57%, 87.43% and 81.43% of the respondents in Onisha, Nnewi and Awka respectively thinks that Belief in Information about COVID-19 (X9) is responsible for the spread.

Table 7: Variables Entered and Removed for the Linear Regression Analysis

Variables Entered/Removed [a]			
Model	Variables Entered	Variables Removed	Method
1	X9, X8[b]		.Enter
a. Dependent Variable: X5			
b. Tolerance = .000 limit reached.			

Source: Computer Output (2020)

The table above shows the dependent variable and the independent variables entered for the analysis and they are COVID-19 is not my Portion (X1); Hot Weather kills COVID-19 (X2); Drinking much Alcohol kills COVID-19 (X3); Drinking much Water kills COVID-19 (X4); Testing (X5); COVID-19 is not for Africans (X6); Sitting in the Sun kills COVID-19 (X7); Doubt/Mistrust of Government (X8); and Belief in Information about COVID-19 (X9). Testing (X5) is the dependent variable while others are the independent variables. However, X1; X2; X3; X4; X6; and X7 were removed by the software while X8 and X9 were entered because they predicted 100% of the dependent variable.

Table 8: Analysis of Variance of the Linear Regression Analysis

ANOVA [a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	482.667	2	241.333	.	.[b]
	Residual	.000	0	.		
	Total	482.667	2			
a. Dependent Variable: X5						
b. Predictors: (Constant), X9, X8						

Source: Computer Output

The ANOVA table shows that the level of significance is 0.00, which is less than 0.05 and therefore confirms that the coefficient of determination (R^2) is significant. The degree of freedom for the regression is 2, while that of the residual is 0 and F value is 0.00. The table value of the degree of freedom is 2.92 at 0.05 level of significant. Since calculated value of 0.00 is less than the table value of 2.92, H_o is accepted which states that *"the misconceptions over Corona Virus Disease contributed to the spread of the virus in Anambra state Southeastern Nigeria".*

The table 8 below shows the correlation coefficient (R) at 1.00, meaning that the dependent variables have positive and perfect correlation. The coefficient of the determination (R^2) at 1.00, explains the percentage prediction made by the independent variables to the dependent variable. The independent variables predicted 100% of the dependent variable.

Table 9: Model Summary ofthe Linear Regression Analysis

Model Summary [b]										
				Std. Error	Change Statistics					
Model	R	R Square	Adjusted R Square	of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	1.000[a]	1.000	.	.	1.000	.	2	0	.	1.000
a. Predictors: (Constant), X9, X8										
b. Dependent Variable: X5										

Source: Computer Output

Table 10: Coefficients of the Linear Regression Analysis

Coefficients[a]													
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	Constant	-228.997	.000		.	.	-228.997	-228.997					
	X8	-.094	.000	-.114	.	.	-.094	-.094	.554	-1.000	-.089	.609	1.642
	X9	1.415	.000	1.067	.	.	1.415	1.415	.996	1.000	.833	.609	1.642
a. Dependent Variable: X5													

Source: Computer Output

The coefficient table above shows the individual contribution of the independent variables to the dependent variable and is used to explain the multiple linear regression equation which is thus:

$Y = a + bX_1 + cX_2 + dX_3 + eX_4 \ldots\ldots dX_n$, (Anyadike, 2009).

Where Y is the dependent variable; a is the intercept, while b, c, d and e are the coefficient of X; X is the independent variables and n is the number of independent variables. The dependent variable (X1) is Testing and the independent variables are Doubt/Mistrust of Government (X8); and Belief in Information about COVID-19 (X9). From the result of the correlation coefficient above, (R) is 1.00 which shows perfect positive correlation between Testing and the independent variables. Based on this result, the multiple linear regression equation will be thus:

Y = -228.997 - .114(X8) + 1.067(X9). This means that the value -228.997is the base constant; that is the value of Testing before the effect of the change in the independent variables is noticed. The equation states that for every unit increase in Doubt/Mistrust of Government (X8), there will be a decrease in Testing by 0.114, holding Belief in Information about COVID-19 (X9) constant. On the other hand, when there is a unit increase in Belief in Information about COVID-19 (X9), there will be an increase in testing by 1.067, holding Doubt/Mistrust of Government (X8).

Conclusively, as people have more doubt and mistrust in government as regards to COVID-19, the less they are likely to submit themselves for testing, while on the other hand, when more people belief the information about the existence of COVID-19, the more they are likely to submit themselves for testing. This collaborated with the disclosure by the Director-General of the NCDC, Dr. Chikwe Ihekweazu, during an interview on a cable TV (Nation Newspaper, 2020).

> *We are scaling our testing capacity across the country, particularly in Lagos. So, we are testing more because people are more aware. Those with severe respiratory symptoms and other mild symptoms are pushing to get tested. We apply the case definition, but sometimes we just have to go ahead and test. So, generally, we are improving the entire system from the collection to testing, and to send results.*

Conclusion and Recommendation

The measures rolled out by the World Health Organization (WHO), would have been the best practices to contain the spread of the Corona Virus Disease at the moment pending when the cure will be available. These measures, when adopted in other countries like Italy, Spain, France, United Kingdom, United States of America and others with the same serous issues of the pandemic, contributed to the containment of the spread of the virus. The success of the containment is attributed to the well-developed system that is in existence in these countries. It is expected that the measures will work to an extent in Nigeria as well as in the states of Nigeria. However, there are breaches to these measures by Nigerians, even the government officials who supposed to encourage observance and enforce obedience. The enforcement agencies that supposed to enforce the measures are on the other hand abating disobedient. The failure of government to enforce the measures contributes to the spread being witness in the state and the country at large. It is observed that the measures that have recorded improvement in the containment of the spread of the virus are in the area of personal hygiene and responsibility.

The paper therefore recommends that Anambra state government should collaborate with other state governments and prevail on the federal government to rescind her decision on any form of lock down policy and allow for free movements at all times. More emphasis should be placed on the state government in the formulation of policies that will encourage personal hygiene. Anambra state government should partner with the private sector in the production and free distribution of face mask, soap, hand sanitizers and immune booster supplement. The state government should as a matter of urgency revamp all water processing and distribution facilities in the state and massive sinking of bore holes to make water available to remote areas in need of water supply. The state government also must intensify sensitization about the existence of Corona Virus Disease in every crook and cranny of the state in order to create awareness to residents about the Disease and its fast spread and make testing for the Virus available to all the residents in the state.

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