Journal of Capital Development in Behavioural Sciences Vol. 11 Issue 1 (March, 2023)
Faculty of Arts & Education, Lead City University, Ibadan, Nigeria
***ISSN Online:** 2449-0679 **ISSN Print:** 2354-3981*

Youth Leaders' Perception of Community Responsiveness to Health and Social Protocols for Curbing the Spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria

[1]Sunday T. AFANGIDEH
sunday.afangideh@uniport.edu.ng

[2]Alubabari D. NBETE
alubabari.nbete@uniport.edu.ng

&

[3]Chineze M. UCHE
chineze.uche@uniport.edu.ng

[1&3]Department of Educational Management
Faculty of Education, University of Port Harcourt
[2]Department of Philosophy, Faculty of Humanities,
University of Port Harcourt

Abstract

The study examined youth leaders' perception of the extent of community responsiveness to health and social protocols for curbing the COVID-19 pandemic in Akwa Ibom and River States of Nigeria. Two (2) research questions and two (2) hypotheses guided the study. The design for the study was the descriptive survey and the population comprised 3624 youth leaders in Akwa Ibom and River States, from which 1450 (40%) were sampled using the proportionate stratified random sampling technique. The instrument of the study was a validated 39-item Youth Leaders Perception of Community Responsiveness to Health and Social Protocols for COVID-19 Curbing Scale (CRHSPCCS), designed by the researchers in the modified four-point Likert scale, with a reliability index of 0.85, obtained using Cronbach Alpha Statistics. Mean and standard deviation were used in answering the research questions, while z – test was used in testing the hypotheses at 0.05 level of significance. The results of the study showed that, youth leaders' perception of the extent of community responsiveness to health and social protocols for

curbing the COVID-19 pandemic was at a low extent and that there were no significant differences between the mean ratings of youth leaders from Akwa Ibom and River States on the extent of community responsiveness to health and social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and River States of Nigeria, respectively. The study concluded that, the extent of responsiveness to health and social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and River States tilted negatively to health protocols and positively to social protocols. Consequently, the study recommended that health workers should endeavour to mount spirited enlightenment programmes on the severity of the COVID-19 pandemic, so that, community residents can embrace adherence to health protocols during health emergencies, just as social workers should continue to educate community residents on the need to embrace social distance and other social actions during periods of health and social emergencies.

Keywords: Youth leaders' perception, Community responsiveness, Health protocols, Social protocols, COVID-19 pandemic

Word Count: 325

Introduction

Prior to December, 31, 2019, communities in urban and rural societies were in their usual serene and bubbling modes, respectively. However, some hours into the date, the outbreak of the novel corona virus disease, otherwise known as COVID-19, was announced and traced to the Wuhan City of China in Eastern Asia. Since that date till this moment, communities appear not to fare well in any way, comparable to what obtained before the outbreak of the COVID-19. At first, communities and their people thought the disease was one of those that used to come and go or be controlled within a short time or that it happened in faraway Wuhan District of China in far Eastern Asia.

Surprisingly and without any iota of expectation, the health organ of the United Nations Organization (UNO), the World Health Organization (WHO) (2020), declared the disease a 'pandemic'. According to Afangideh and Madumere-Obike (2020), pandemic is a terminology in sciences and very special to individuals in such fields. This implies that, experts in medical studies should present a more acceptable meaning or description of what represents a pandemic, apart from some special academic sources like the encyclopedia. According to Merriam

Webster Dictionary (2020), a pandemic is considered as a disease which occurs over a wide geographical area and affecting an exceptionally high proportion of the population. For Dictionary.com (2020), it is a disease that prevails over a whole country and that which infects many people at the same time and considered to have the strength to spread across boundaries. The definition of pandemic by Merriam-Webster Dictionary (2020) presents both national and international appeals, as they are considered to have the capability to spread across national borders. This being the case, the presentation by Port (2008), that, a pandemic is an epidemic, occurring on a large scale, that crosses international boundaries and which affects people, internationally appears more comprehensive. In this study, a pandemic is an epidemic that has a combination of local, national and global effects, with the capability to affect people and sometimes animals across local, national and international boundaries.

With the declaration of the corona virus disease as a pandemic, human groups and governments across local, national and international boundaries, moved into actions, to curtail the spread and transmission of the pandemic in their groups and areas of jurisdiction at the levels identified. Firstly, nations, among them, China, United States of America, Nigeria, the United Kingdom, among others, closed their land, sea and air borders, thereby restricting the international spread of the pandemic within the different nations and states, while groups introduced some protocols to curb the spread of the pandemic. These actions and protocols included state and inter-state lockdown, social and health protocols. For clarity sake, lockdown refers to the restriction of movements of individuals for the benefits of the people during health and social emergencies. For Merriam Webster Dictionary (2019), it is an emergency measure or condition, in which people are temporarily prevented from entering or leaving a restricted area or building, during a threat to danger. These threats may be those of war, epidemic, pandemic, violent crimes, terror attacks and during periods of national mourning and sometimes national disasters. The lockdown may come in the form of restrictions of movements within communities, local government areas, states or inter - state and international boundaries, as in the case of Nigeria, during the period of the corona virus pandemic.

Apart from lock-down, which is a social action, governmental authorities also came up with special protocols. These protocols which included health and social protocols were considered as having the

capability of curbing the spread and transmission of the pandemic in communities. As is the tradition in the academia, the mention of protocol should naturally evoke reactions, as the term appears rather strange, but when a conceptual analysis is made, the reader will feel very much at home. For the sake of the foregoing, it becomes expedient to put on record that, the word protocol has been used in different fields of human endeavours. These fields include information science, the medical sciences, social sciences and mostly in governmental and international activities. In the field of information science, protocol, especially social protocol is not so much an internet controlled thing but a way of using meta-data and negotiation to control the interactions one has with others (Reagle, 2020). The scholar further states that, it is a standard set of rules that allows electronic devices to communicate with others. In medical sciences, protocol denotes rules for arriving at certain health findings and in social sciences, it refers to rules of social interactions between people while in governmental and international activities, it refers to codes of conducts and rules of diplomacy. In summary, whether in the information, medical, social science, governmental and international activities, protocols have to do with rules of doing things in manners that are considered acceptable. In this study, protocols are considered under two major typologies. These are health and social protocols.

Health Protocols

HEALTH protocols are sets of instructions, which describe a process to be followed to investigate a particular set of findings in a patent or the methods which should be followed to control a certain disease (Wikipedia, 2019; Vissers, Biert, Vander & Hasman, 1996). In the context of the covid-19 pandemic and as peculiar to Nigeria, health protocols refer to the health related rules of behaviours for the containment of the spread and transmission of the covid-19 pandemic. The World Health Organization (WHO) (2020), Nigeria Centre for Disease Control (2020); and the Federal Ministry of Health (2020) list these protocols to include washing hands frequently, avoiding touching of the eyes, nose or mouth, avoiding eating raw meat and unnecessary contacts with wild animals, thoroughly cooking meat and eggs, avoiding contacts with anyone with flu-like symptoms, seeking medical attention if one develops fever, cough, difficulty in breathing and taking particular precaution when travelling. The list also includes washing the hands with soap and robbing

alcohol based sanitizers, staying 3 meters away from others, following good respiratory hygiene, quitting tobacco, taking healthy diets, staying physically active with good mental health. There is also employee self-assessment screening, illness and absence reporting and illness tracking (University of Waterloo, 2020).

Social Protocols

Social protocols is a term used to discuss protocols or their applications that enable individuals and communities to express social capabilities (Reagle, 2020). It is also the set of rules and norms governing the behaviours of people. It constitutes the codes of behaviour, ceremonial forms, countries' procedures accepted and required for interactions between heads of states and governments, diplomatic officials and authorities. Little wonder, it is considered as an etiquette of diplomacy and affairs of this study.

As it concerns efforts to control and contain the spread and transmission of the COVID-19 pandemic, governmental authorities and agencies of society, introduced some rules of social behaviour. These include maintenance of social and physical distances, avoidance of visits to markets, churches, barbers' saloons, attendance at marriage ceremonies, visit to malls, supermarkets, the bureaucracies and other public places, apart from avoidance of hugging and handshakes, strict adherence to lockdown, among others (Nigeria Centre for Disease Control, NCDC, 2020; Afangideh & Madumere-Obike, 2020; A. D. Nbete, Personal Communication, July 10, 2020). Arising from the fore-going social protocols, schools, places of worship, markets, parks, airports, malls and supermarkets were closed down. Also, the dead could not be buried, marriage ceremonies and others were banned, all of which had adverse effects on social interactions and economic activities while health institutions took centre stage, as the ones to safe humanity. The list also includes myth busters, getting one's work place ready and advocacy (WHO, 2020).

The protocols listed under both aspects were expected to have the capacity to contain, control and reduce the spread and transmission of the corona virus disease. However, the extent to which these have been achieved is the subject of this study, hence the researchers interest in investigating youth leaders perception of community responsiveness to the protocols for curbing the spread of the pandemic.

Statement of the Problem

With the outbreak of the COVID-19 pandemic in December, 2019 and its declaration as a pandemic in 2020, individuals, governments and significant others became apprehensive and so, took decisive decisions to curb the spread and transmission of the pandemic. Among the decisions was the introduction of new health and social protocols, with government and organizations in the fore front to ensure the enforcement of the new health and social order. Surprisingly, despite the introduction and enforcement of the new order, the COVID-19 pandemic kept spreading, calling to question the efficacy of the new protocols. The researchers became bothered and pondered to ask the question thus: could it be that community people did not respond or adhere strictly to the new health and social order or protocols? The need to provide empirical answers to the question made the researches to consider a study on communicating responsiveness to health and social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

Aim and Objectives of the Study

The study examined Youth leaders' perception of community responsiveness to health and social protocols for curbing the spread of the COVID–19 pandemic in Akwa Ibom and Rivers States of Nigeria. Specifically, the study sought to:

i. establish youth leaders' perception of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and Rivers States of Nigeria.

ii. determine youth leaders' perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria.

Research Questions

The following research questions were answered in the study.

1. What is youth leaders' perception of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria?

2. What is youth leaders' perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria?

Hypotheses

The following hypotheses were tested in the study at 0.05 level of statistical significance.

1. There is no significant difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perception of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria.

2. There is no significant difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria.

Methodology

The design for the study was the analytic descriptive survey, with the population as the 3624 villages in Akwa Ibom and River States of Nigeria. These villages have a corresponding number of 3624 youth leaders, from which 1450(40%) were sampled using the proportionate stratified random sampling technique. The instruments of the study was a 39 item Youth Leaders' Perception of Community Responsiveness to Health and Social Protocols for Curbing COVID – 19 Spread Scale (YLPCRHSPCC – 19SS), designed by the researchers in the modified 4 – points Likert scale model, with a reliability index of 0.85, obtained using the Cronbach Alpha Statistics. Mean and standard deviation were used in answering the research questions, while z-test was used in testing the hypotheses at 0.05 level of statistical significance.

Results

The results of the study came from the answers to the research questions and tests of hypotheses thus:

Research Question 1: What is youth leaders' perception of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria?

Table 1: Mean and Standard Deviation on Youth Leaders' Perception of the Extent of Community Responsiveness to Health Protocols for Curbing the Spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria

S/N	ITEMS	Mean Responses: Akwa Ibom Youth Leaders $\bar{x}_1$	SD_1	Rivers Youth Leaders $\bar{x}_2$	SD_2	$\frac{\bar{x}_1 + \bar{x}_2}{2}$	Remark
1	Community residents ensure the frequent washing of their hands to control the spread of COVID – 19 pandemic.	1.45	0.35	1.55	0.45	1.5	LE
2	Community members avoid frequent touching of their eyes to control the spread of COVID – 19 pandemic.	1.48	0.38	1.68	0.58	1.58	LE
3	Community members avoid the frequent touching of their noses to control the spread of the COVID – 19 pandemic.	1.28	0.18	1.48	0.38	1.38	LE
4	Community members avoid frequent touching of their mouths to control the spread of the COVID – 19 pandemic.	1.28	0.18	1.38	0.28	1.33	LE
5	Community members avoid the eating of raw meat to curb the spread of the COVID – 19 pandemic.	2.02	0.91	1.82	0.72	1.92	LE
6	Community members avoid the unnecessary contacts with wild animals to curb the spread of the COVID – 19 pandemic.	2.00	0.90	1.90	0.80	1.95	LE
7	Community residents ensure the thorough cooking of meat for consumption to curb the spread of the COVID – 19 pandemic.	1.80	0.70	1.60	0.50	1.70	LE
8	Community residents ensure the thorough boiling of eggs for consumption to curb the spread of the COVID – 19 pandemic.	1.62	0.52	1.50	0.40	1.56	LE
9	Community residents avoid contacts with flu – like symptom	1.22	0.12	1.32	0.22	1.27	LE

	to curb the spread of the COVID – 19 pandemic.						
10	Community members seek medical attention if they develop signs of fever to curb the spread of the COVID – 19 pandemic.	1.98	0.88	1.76	0.66	1.87	LE
11	Community members who develop cough seek medical attention to curb the spread of the COVID – 19 pandemic.	1.22	0.12	1.33	0.23	1.28	LE
12	Community residents who have difficulty in breathing seek medical attention to curb the spread of the COVID – 19 pandemic.	1.30	0.20	1.20	0.10	1.25	LE
13	Community members take special caution while travelling to curb the spread of the COVID – 19 pandemic.	2.00	0.90	1.88	0.80	1.94	LE
14	Community members wash their hands with soap to curb the spread of the COVID – 19 pandemic.	1.78	0.68	1.52	0.42	1.65	LE
15	Community members rub their hands with alcoholic based sanitizers to curb the spread of the COVID – 19 pandemic.	1.50	0.40	1.64	0.54	1.57	LE
16	Community residents stay 3 meters apart from others to curb the spread of the COVID – 19 pandemic.	1.80	0.70	1.52	0.42	1.66	LE
17	Community members follow good respiratory hygiene to curb the spread of the COVID – 19 pandemic.	1.62	0.52	1.38	0.28	1.50	LE
18	Most tobacco consumers quit the habit during the COVID – 19 in order to curb the spread of the COVID – 19 pandemic.	2.02	0.91	2.46	0.36	2.24	HE
19	Community residents take healthy diets in order to curb the spread of the COVID – 19 pandemic.	1.60	0.50	1.22	0.12	1.41	LE
20	Community members stayed physically active with good mental health to curb the spread of the COVID – 19 pandemic.	2.00	0.90	1.74	0.64	1.87	LE

21	Community employees involve in self-assessment screening to curb the spread of the COVID – 19 pandemic.	1.82	0.72	2.51	0.41	2.17	HE
22	Community members report illness to curb the spread of the COVID – 19 pandemic.	2.30	1.20	1.34	0.24	1.82	LE
23	Community employees involve in absence reporting to curb the spread of the COVID – 19 pandemic.	1.20	0.10	1.76	0.66	1.48	LE
24	Community agents involve in illness tracking to curb the spread of the COVID – 19 pandemic.	1.24	0.14	2.02	0.92	1.63	LE
	Total	**1.65**	**0.58**	**1.64**	**0.46**	**1.65**	**LE**

Legend	**Scale**
X1: Mean Ratings Akwa Ibom Youth Leaders	0.00 – 1.00: Very low extent
SD1: Standard Deviation Akwa Ibom Youth Leaders	1.01 – 2.00: Low Extent
X2: Mean Ratings River Youth Leaders	2.01 – 3.00: High Extent
SD2: Standard Deviation, River Youth Leaders	3.01 – 4.00: Very High Extent
XX: Weighted mean Ratings	
AXX: Aggregate Weighted mean	

Data on table 1 show that, items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 22, 23 and 24 had weighted mean ratings within the range of 1.01 and 2.00 showing that, youth leaders from Akwa Ibom and River States perceive community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States to a low extent. Quite differently, item 18 and 21 had weighted mean ratings between the range of 2.01 and 3.00, showing that the youth leaders' perception of community responsiveness to the health protocol for curbing the COVID – 19 pandemic was to a high extent. In summary, with an aggregate weighted mean of 1.65, Youth Leaders from Akwa Ibom and River States responded that community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States was to a low extent.

Research Question 2: What is youth leaders' perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria?

Table 2: Mean and Standard Deviation on Youth Leaders' Perception of the Extent of Community Responsiveness to Social Protocols for Curbing the Spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria.

		Mean Responses					
		Akwa Ibom Youth Leaders		Rivers Youth Leaders		$\bar{x}$ $\bar{x}$	Remark
	ITEMS	$\bar{x}_1$	SD_1	$\bar{x}_2$	SD_2		
25	Community residents maintain social distance to curb the spread of the COVID – 19 pandemic.	1.60	0.50	1.52	0.42	1.56	LE
26	Community members maintain physical distance to curb the spread of the COVID – 19 pandemic.	1.70	0.60	1.62	0.52	1.66	LE
27	Community residents avoid visits to markets in order to curb the spread of the COVID – 19 pandemic.	1.40	0.40	1.52	0.42	1.46	LE
28	Community residents avoid visits to churches in order to curb the spread of the COVID – 19 pandemic.	2.00	0.90	1.82	0.72	1.91	LE
29	Community residents avoid visits to saloons in order to curb the spread of the COVID – 19 pandemic.	1.40	0.30	2.02	0.92	1.71	LE
30	Community residents stop staging marriage ceremonies in order to curb the spread of the COVID – 19 pandemic.	0.90	0.80	1.28	0.18	1.09	LE
31	Community residents avoid visits to malls to stop the spread of the COVID – 19 pandemic.	2.00	0.90	1.52	0.42	1.76	LE
32	Community residents avoid visits supermarkets to curb the spread of the COVID – 19 pandemic.	1.20	0.10	1.63	0.53	1.42	LE
33	Community residents ensure the avoidance of hugging to curb the spread of the COVID – 19 pandemic.	0.40	0.03	1.74	0.64	1.07	LE
34	Community residents avoid handshakes to curb the spread of the COVID – 19 pandemic.	0.50	0.04	1.83	0.73	1.17	LE

35	Community residents avoid visits to bureaucracies to control the spread of the COVID – 19 pandemic.	0.20	0.01	2.40	0.90	1.10	LE
36	Community residents adhere to the lockdown order of the Federal Government to curb the spread of the COVID – 19 pandemic.	0.80	0.07	1.90	0.80	1.35	LE
37	Significant community residents involve in myth bursting to control the spread of the COVID – 19 pandemic.	1.90	0.80	1.72	0.62	1.81	LE
38	Preparing work environment in readiness for resumption was done with the need to curb the spread of the COVID – 19 pandemic.	1.50	0.40	1.63	0.53	1.57	LE
39	Significant community members involve in deliberate advocacy to curb the spread of the COVID – 19 pandemic	2.00	0.90	1.20	0.10	1.60	LE
		1.30	0.41	1.66	0.56	1.52	LE

- The Legend and Scale for Table 1 apply.

Data on table 2 show that, all the items (25-39) had weighted mean ratings within the range of 1.01 to 2.00, showing that, youth leaders in Akwa Ibom and River States perceived community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States to a low extent. In summary, with an aggregation weighted mean of 1.52, youth leaders from Akwa Ibom and River States perceived community responsiveness to the social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria to be of low extent.

H_{01}

There is no significant difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perception of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria.

Table 3: Summary of z-test Analysis of the Mean Ratings of Youth Leaders from Akwa Ibom and River States on the extent of Community Responsiveness to Health Protocols for Curbing the spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria.

Variable	N	$\bar{x}$	STD	Df	z-cal	z-crit	Level of significance	Decision
Akwa Ibom Youth Leaders	769	1.65	0.58	1449	0.38	1.96	0.05	Not Significant (failed to reject)
Rivers Youth Leaders	681	1.64	0.46					

Legend
N: Number of Participants
$\bar{x}$: Mean
STD: Standard Deviation
df: Degree of Freedom
z-cal: z- Calculated Value
z-crit: z – Critical Value

Data on table 3, show summary of subjects, means, standard deviations and z – test of difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perceptions of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria. The z-test value, used in testing the hypothesis came out as 0.38 while the z-critical value stood at 1.96, using 1448 degrees of freedom at 0.05 level of significance.

At 0.05 level of significance and 1448 degrees of freedom, the calculated z – value of 0.38 in less than the critical table value of 1.96, hence there is no significant difference in the mean ratings of the respondents. Based on the foregoing observations, the researchers failed to reject the null hypotheses and confirmed that, there is no significant difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perceptions of the extent of community

responsiveness to health protocols for curbing the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria.

Ho_2

There is no significant difference between the mean ratings of Youth Leaders from Akwa Ibom and River States on their perceptions of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria.

Table 4: Summary of z-test Analysis of the Mean Ratings of Youth Leaders from Akwa Ibom and River States on their Perception of the Extent of Community Responsiveness to Social Protocols for Curbing the Spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria

Variables	N	$\bar{x}$	STD	df	z-cal	z-crit	Level of Significance	Decision
Akwa Ibom Youth Leaders	769	130	0.41	1448	13.61	1.61	0.05	Significant (reject)
Rivers State Youth Leaders	681	1.66	0.56					

- The Legend for Table 3 applies

Data on table 4, show summary of subjects, means, standard deviation and z-test of difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria. The calculated z-value used in testing the hypotheses came out as 13.61 while the z-critical value stood at 1.96, using 1448 degrees of freedom at 0.05 level of significance.

At 0.05 level of significance and 1448 degrees of freedom, the calculated z-values of 13.61 is by far greater than the critical value of 1.96, hence, there is a significant difference between the mean ratings of the respondents. Based on the above observations, the researchers were made to reject the null hypothesis in favour of the alternative that, there is a significant difference between the mean ratings of youth

leaders from Akwa Ibom and River States on their perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and River States of Nigeria.

Discussion of Findings and Implications

The discussion of findings are presented in the same order presentations have been systematically done. Thus;

Youth Leaders' Perception of the extent of Community Responsiveness to Health Protocol for Curbing the Spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria.

The first finding of the study is that youth leaders from Akwa Ibom and River States responded that community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria were to a low extent.

Also, a corresponding finding from test of hypothesis establishes that, there is no significant difference between the mean ratings of youth leaders from Akwa Ibom and River States in their perception of the extent of community responsiveness to health protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria. These findings agree with the recommendations, standards established and set by the World Health Organization (2020), Nigeria Centre for Disease Control (2020), Federal Ministry of Health (2020) and the University of Waterloo (2020). These agencies and organizations have been unequivocal on the need to adhere to the health protocols for curbing the spread of the pandemic. The observed extent of responsiveness to the protocols may have emanated from the fact that community people believe that the scourge was only for city dwellers. These findings imply that, community people, who were not affected by the scourge, were lucky that they never had contacts with the virus or with any victim.

Youth Leaders' Perception of the Extent of Community Responsiveness to Social Protocols for Curbing the Spread of the COVID – 19 Pandemic in Akwa Ibom and River States of Nigeria

The second finding of the study was that youth leaders from Akwa Ibom and River States perceived community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa

Ibom and River States of Nigeria was to a low extent. The finding negated the directives and instructions from Nigeria Centre for Disease Control (2020) Afangideh and Madumere–Obike (2020), A.D Nbete (Personal Communication, July 10, 2020) and World Health Organization (2020). These agencies, organization and scholars document and mention the appropriate social protocols that should be adhered to, during pandemics. Surprisingly, a corresponding finding from the test of hypothesis established that, there was a significant difference between the mean ratings of youth leaders from Akwa Ibom and River States on their perception of the extent of community responsiveness to social protocols for curbing the spread of the COVID – 19 pandemic in Akwa Ibom and River States of Nigeria. This finding is in tandem with the measures doled out by the foregoing agencies, organizations and scholars for adherence. A possible explanation for the alternative result may be in the fact that, the respondents were mostly youths who also understood the implications of the COVID – 19 pandemic. It may have also resulted from the rigorous statistics employed in the calculations. These findings imply that, though not to be compared to what obtained in cities, communities also tried in the adherence to some of the social protocols.

Conclusion

Based on the findings of the study and their implications, it was concluded that, the extent of responsiveness to the health and social protocols for curbing the COVID – 19 pandemic in Akwa Ibom and River States tilted positively to social protocols and negatively to health protocols.

Recommendations

In the light of the conclusion of the study, it was recommended as follows:

1. Health workers should endeavour to mount spirited enlightenment programmes on the severity of the COVID–19 pandemic so that they can embrace calls for adherence to health protocols during health emergencies.
2. Social workers should continue to educate community people on the need to embrace social distance and other social activities during periods of health and social emergencies.

References

Afangideh, S. T. & Madumere-Obike, C.U. (2020). Salvaging Nigerian secondary education system in die period of die COVID-19 pandemic. In C.M. Uche, S.O. Oluwuo & N.M. Abraham (Eds.). *Management of Education in the era of COVID-19, social distancing and social connection: Challenges and prospects in Nigeria*. University of Port Harcourt Press

Dictionary.com. (2020). Pandemic. https://www.dictionary.cambrifge.org>p

Federal Ministry of Education (2014). *National policy on education*. Nigeria Educational Research and Development Centre.

Federal Ministry of Health (2020). Social distancing. Federal Ministry of Health.

Merriam Webster Dictionary (2019). Lockdown. https://www.merriam.webster.com/dictionary.lockdown

Merriam Webster Dictionary (2020). Pandemic. https://www.merriam.webster.eom>...

Nigeria Centre for Disease Control (2020). Social distance. https://www.covidl9.gov.ng>fag

Port, M. (Ed.) (2009). *Dictionary of epidemiology*. Oxford University Press.

Reagle, J.M. (2020). Social protocol. https://www.wzorg/Talks/9704-/l\lA/S/a19.html

University of Waterloo (2020). Health and safety guidance during COVID-19. https://www.waterloo.ca/coronavirus/campus/workplace-health-and-safety-guidance

Vissers, M., Biert, J., Vander, L. G. & Hasman, A. (1996). Effects of the supportive protocol, processing system (protoview) on clinical behaviour of rodents in the accident and emergency department, computer programming programme. *Biomedicine*, 49(2), 197-1 84

World Health Organization (2020). 7 tips to reduce risk of Coronavirus (COVID-19). https://www.afro.who.int->node

World Health Organization (2020). Coronavirus disease (COVID-19_: Advice for the public. https://www.who.int/emergcncies/diseasc/novel-coronavirus-2019/advice-for-public