

## **Community Responsiveness to Health and Social Protocols for Curbing the Spread of COVID-19 Pandemic in Akwa Ibom and Rivers States, Nigeria**

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### **Abstract**

*This study examined community responsiveness to health and social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria. Two (2) research questions and two (2) hypotheses were answered and tested in the study respectively. The design of the study was the descriptive survey and the population as the 3624 villages in Akwa Ibom and Rivers States. These states have a corresponding number of 3624 Village Heads from which 1087(30%) were selected as sample using the proportionate stratified random sampling technique. The subjects of the study responded to a 39-item instruments titled Community Responsiveness to Health and Social Protocols for COVID-19 Pandemic Curbing Scale (CRHSDCPCS), designed by the researchers in the modified 4-point Likert Scale model, with a reliability index of 0.85, obtained using Cronbach Alpha Statistical procedure. 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 show that, community responsiveness to health and social protocols for curbing the spread of the COVID-19 pandemic in the two states was to a high extent*

*and that no significant differences existed between the respondents on the extent of responsiveness to the protocols. The study concluded that communities made great efforts in adhering to the health and social protocols for curbing the spread of the COVID-19 pandemic through the extent of their adherence did not have a comparable balance. Consequently, it was recommended that, stakeholders in communities' health and social protocols should continue to enlighten community residents on the need to adhere to health and social protocols during and after emergencies by showing good examples in their actions since the pandemic is yet to be over.*

**Keywords:** Community Responsiveness, Health Protocols, Social Protocols, COVID-19 Pandemic

**Word Count:** 290

### **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. From that date till this moment, communities appear not to fare well in any way, comparable to what was obtained before the outbreak of the COVID-19. At first, the 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 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), a pandemic is a terminology in the 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 constitutes a pandemic, apart from some special academic sources like an encyclopedia. According to the *Merrian Webster's Dictionary* (2020), a pandemic is considered a disease which occurs over a wide geographical area and affects an exceptionally high proportion of the population. For *Dictionary.com* (2007), it is a disease that prevails over a whole country and which infects many people at the same time and is considered to have the strength to spread across boundaries. The definition of a pandemic by Merriam-

Webster Dictionary (2020) present both national and international appeals, as they are considered to have the capability to spread across national borders. These explain 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. In this study, a pandemic is used to refer to 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 began to move into action to curtail the spread and transmission of the pandemic in their groups and localities, at the levels identified. Firstly, nations, among them China, the United States of America, Nigeria, and 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. Groups introduced some protocols to curb the spread of the pandemic. These protocols included state and inter-state lockdown, social and health protocols. For the *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 or 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 on 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 lockdown, which is a social action, governmental authorities also came up with special protocols. These protocols which include social and health protocols were considered as having the capability of curbing the spread and transmission of the pandemic in communities. As is common in the academia, the mention of protocol may evoke some reactions, as the term appears rather strange, but when a conceptual analysis is made, the reader will feel very much at home. It is based on that premise that it becomes expedient to put on record that the word protocol has been used in different fields of human endeavour. 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, the social protocol is not so much as internet control him, but a way of using meta-data and negotiation to control the interactions one has with others (Reagle, 2020). The scholar maintains 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 the social sciences, it refers to rules of social interactions between people while in governmental and international activities, it refers to codes, conduct and rules of diplomacy. In summary, whether in the information, medical, social science, governmental or international activities, protocols have to do with rules of doing things in manners that are considered suitable and acceptable. In this study, protocols are considered under two major typologies, namely, social and health protocols.

### **Health Protocols**

The concept of health protocols does not so much explanation. This may be explained by the fact that, since it is not connected to many aspects of human endeavour, it cannot suffer from definitional ambiguity. Health protocols are simply sets of instructions, which describe a process to be followed to investigate a particular set of findings in a patient or the methods which should be followed to control a certain disease (Vissers, Biet, Vander Liden & Hasman, 1996). In the context of the Covid-19 pandemic and as peculiar to Nigeria, health protocols refer to the health-related rules of behaviour for the containment of the spread and transmission of the COVID-19 pandemic. The World Health Organization (2020), Nigeria Centre for Disease Control (2020) and the Federal Ministry of Health (2020), list these protocols to include washing of hands frequently, avoiding touching the eyes, nose or mouth, avoiding eating raw meat, unnecessary contact with wild animals, thoroughly cooking meat and eggs, avoiding contacts with anyone with flu-like symptoms, seeking medical attention if one develops a fever, cough, difficulty in breathing, and taking particular precautions when travelling. The list above also includes washing the hands with soap and rubbing alcohol-based sanitizers, maintaining a physical distance of three metres away from others, following good respiratory hygiene, avoiding 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 protocol is a term used to discuss protocols or their applications that enable individuals and communities to express social capabilities (Reagle, 2020). It is also a set of rules and norms governing the behaviour of people. It constitutes the codes of behaviour, ceremonial forms, and procedures accepted and required for interactions between heads of states, and governments and diplomatic officials and authorities. Little wonder, it is considered as the etiquette of diplomacy and affairs in the 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 distance, maintenance of physical distance, avoidance of visits to markets, churches, salons, regulation of attendance at marriage ceremonies, visits to malls, supermarkets, bureaucracies and other public places, apart from the avoidance of hugging, handshakes, strict adherence to lockdown, among others (Nigeria Centre for Disease Control NCDC, 2020; Afangideh & Madumere-Obike, 2020; A.D. Nbeta, Personal Communication, July 10, 2020). Arising from the foregoing 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 save humanity. The list also includes myth busters, getting one's workplace 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, our interest in investigating the level of community responsiveness to the protocols for curbing 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 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 at the forefront to ensure enforcement of the new health and social order. Surprisingly, despite the introduction and enforcement of the new order, the COVID-19 kept spreading, calling to question the efficacy of the new protocols. The situation became increasingly worrisome, raising questions about whether the community people did respond or adhere strictly to the new health and social order or protocols? The need to provide empirical answers to the question motivated us to consider a study on community 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 the extent 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. In specific terms, the study sought to:

1. ascertain the extent to which community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers State of Nigeria; and,
2. determine the extent to which community residents respond to health protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers State of Nigeria.

### **Research Questions**

The following research questions were answered in the study:

- i. To what extent do community residents respond to health protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers State of Nigeria?
- ii. To what extent do community residents respond to health and social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers State of Nigeria?

### **Hypotheses**

The following null hypotheses were tested in the study at 0.05 level of significance:

- $H_{01}$ : There is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States of Nigeria on the extent to which community residents respond to health

protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

H<sub>02</sub>: There is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States of Nigeria on the extent to which community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

### **Methodology**

The design for the study was the analytic descriptive survey and the population was the 3,624 villages in Akwa Ibom and Rivers States of Nigeria. These gazetted villages have a corresponding number of 3,624 Village Heads, from which 1,087 were selected as sample using the proportionate stratified random sampling technique. Respondents of the study responded to a 39-item Community Responsiveness to Health and Social Protocols for Curbing COVID-19 Spread Scale (CRHSPCSS), designed by the researchers in the modified 4-points Likert Scale model with a reliability index of 0.86, obtained using Cronbach Alpha procedure. 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.

### **Results**

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

#### **Research Question 1:**

To what extent do community residents respond to health protocols for curbing the spread of the COVID-19 protocols in Akwa Ibom and Rivers States of Nigeria?

**Table I:** Mean and Standard Deviation on the extent to which Community Residents Respond to Health Protocols for Curbing the Spread of the COVID-19 Pandemic in Akwa Ibom and Rivers States of Nigeria.

S/N	Items	MEAN RESPONSES					
		Akwa Ibom		Rivers		Weighted Mean	Decision
		X1	SD1	X2	SD2		
1.	Community residents ensure the frequent washing of their hands to control the spread of COVID-19 pandemic.	2.45	0.73	2.52	0.72	2.49	HE
2.	Community members avoid frequent touching of their eyes to control the spread of the COVID-19 pandemic.	2.52	0.80	2.45	0.70	2.49	HE
3.	Community residents avoid the frequent touching of their noses to control the spread of the COVID-19 pandemic.	2.40	0.72	2.20	0.61	2.30	HE
4.	Community members avoid the frequent touching of their mouths to control the spread of the COVID-19 pandemic.	2.20	0.60	2.40	0.72	2.30	HE
5.	Community members avoid eating raw meats to curb the spread of the COVID-19 pandemic.	2.60	0.70	2.60	0.70	2.60	HE
6.	Community members avoid unnecessary contacts with wild animals to curb the spread of the COVID-19 pandemic.	2.62	0.71	2.62	0.71	2.62	HE
7.	Community residents ensure the thorough cooking of meats for consumption to curb the spread of the COVID-19 pandemic.	2.40	0.72	2.21	0.61	2.31	HE



8.	Community residents ensure the thorough boiling of eggs for consumption to curb the spread of the COVID-19 pandemic.	2.32	0.65	2.46	0.75	2.39	HE
9.	Community residents avoid contacts with flu-like symptoms to curb the spread of the COVID-19 pandemic.	2.46	0.76	2.32	0.65	2.39	HE
10.	Community members seek medical attention if they develop signs of fever to curb the spread of the COVID-19 pandemic.	2.21	0.61	2.46	0.76	2.34	HE
11.	Community members who develop coughs seek medical attention to curb the spread of the COVID-19 pandemic.	2.23	0.62	2.50	0.70	2.37	HE
12.	Community residents who have difficulty in breathing seek medical attention to curb the spread of the COVID-19 pandemic.	2.26	0.64	2.30	0.64	2.28	HE
13.	Community members take special caution while travelling to curb the spread of the COVID-19 pandemic.	2.30	0.64	2.26	0.64	2.28	HE
14.	Community members wash their hands with soap to curb the spread of the COVID-19 pandemic.	2.50	0.70	2.23	0.70	2.37	HE
15	Community members rub their hands with alcohol-based sanitizers to curb the spread of the COVID-19 pandemic.	2.60	0.70	2.40	0.72	2.50	HE
17	Community members follow good respiratory hygiene to curb the spread of the COVID-19 pandemic.	2.09	0.57	2.70	0.90	2.40	HE

18	Most tobacco consumers quit the habit during the Covid-19 in order to curb its spread.	2.31	0.65	2.09	0.57	2.20	HE
19.	Community residents take healthy diets in order to curb the spread of the COVID-19 pandemic.	2.42	0.73	2.31	0.65	2.37	HE
20.	Community members stay physically active with good mental health to curb the spread of the COVID-19 pandemic.	2.30	0.64	2.45	0.64	2.38	HE
21.	Community employees involved in self-assessment screening to curbed the spread of the COVID-19 pandemic.	2.14	0.59	2.32	0.65	2.23	HE
22.	Community members reported illnesses to curb the spread of the COVID-19 pandemic.	2.32	0.65	2.14	0.59	2.23	HE
23.	Community employees involved in absence reporting to curb the spread of the COVID-19 pandemic.	2.70	0.90	2.62	0.71	2.66	HE
24.	Community agents involve in illness tracking to curb the spread of the COVID-19 pandemic.	2.32	0.65	2.31	0.65	2.32	HE
		2.37	0.68	2.31	0.68	2.34	HE

**Legend:**

$\bar{x}_1$  : Mean ratings, Akwa Ibom Villages Heads  
SD1: Standard deviation, Akwa Ibom Village Heads  
 $\bar{x}_2$  : Mean ratings, Rivers Village Heads  
SD2: Standard deviation, Rivers Village Heads  
 $\bar{x}_x$  Weighted mean ratings

**Scale**

0.00 – 1.00 Very low extent  
1.01 – 2.00 Low extent  
2.01 – 3.00 High Extent  
3.01 – 4.00 Very high extent  
Aggregate weighted mean ratings

Data on table I shows that all the items had weighted mean ratings within the range of 1.01 and 2.00 showing that Village Heads responded that community residents responded to health protocols for curbing the spread of the COVID-19 pandemic to a high extent. In

summary, with an aggregate weighted mean rating of 2.34 within the range of 2.01 and 3.00, Village Heads from Akwa Ibom and Rivers States of Nigeria responded that community residents responded to health protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria to a high extent.

**Research Question 2:**

To what extent do community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers State of Nigeria?

**Table 2:** Mean and Standard Deviation on the Extent to which Community Residents Respond to Social Protocols for Curbing the Spread of the COVID-19 Pandemic in Akwa Ibom and Rivers States of Nigeria

S/N	Items	MEAN RESPONSES					
		Akwalbom Village Heads		Rivers Village Heads		Weighted Mean	Decision
		X1	SD1	X2	SD2		
25.	Community residents maintain social distance to curb the spread of the COVID-19 pandemic	2.46	0.76	2.52	0.72	2.49	HE
26.	Community members maintain physical distance to curb the spread of the COVID-19 pandemic	2.62	0.71	2.30	0.64	2.46	HE
27.	Community residents avoid visits to markets to curb the spread of the COVID-19 pandemic	2.60	0.70	2.10	0.58	2.35	HE
28.	Community residents avoid visits to churches to curb the spread of the COVID-19 pandemic	2.70	0.90	2.62	0.71	2.66	HE
29.	Community residents avoid visits to saloons to curb the spread of the COVID-19 pandemic	2.26	0.71	2.40	0.72	2.33	HE
30.	Community residents stop staging marriage ceremonies to curb the spread of the COVID-19 pandemic	2.21	0.61	2.42	0.73	2.32	HE

31.	Community residents avoid visits to malls to stop the spread of the COVID-19 pandemic.	2.32	0.65	2.60	0.70	2.46	HE
32.	Community residents avoid visits to supermarkets to curb the spread of the COVID-19 pandemic	2.23	0.62	2.70	2.46	0.76	HE
33.	Community residents ensure the avoidance of hugging to curb the spread of the COVID-19 pandemic	2.50	0.70	2.46	0.76	2.48	HE
34.	Community residents avoid handshake to curb the spread of the COVID-19 pandemic	2.09	0.57	2.41	0.72	2.25	HE
35	Community residents avoid visits to bureaucracies to curb the spread of the COVID-19 pandemic	2.10	0.58	2.23	0.62	2.17	HE
36	Community residents adhere to the lock-down order of the federal government to curb the spread of the COVID-19 pandemic	2.42	0.23	2.21	0.61	2.32	HE
37	Significant community residents involve in myth bursting to curb the spread of the COVID-19 pandemic	2.14	0.59	2.21	0.61	2.18	HE
38	Preparing work environments in readiness for resumption was done with to curb the spread of the COVID-19 pandemic	2.32	0.65	2.23	0.62	2.26	HE
39	Significant community members involve in deliberate advocacy to curb the spread of the COVID-19 pandemic	2.31	0.65	2.32	0.65	2.32	HE
		2.35	0.68	3.38	0.69	2.37	HE

\*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 and 2.00, showing that Village

Heads responded that community residents responded to health and social protocols for curbing the spread of the COVID-19 pandemic to a high extent. In summary, with an aggregate weighted mean rating of 2.37 within the range of 2.01 and 3.00, Village Heads from Akwa Ibom and Rivers States responded that, community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria to a high extent.

$H_{o1}$ : There is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to health protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

**Table 3:** Summary of z-test Analysis of the Mean Ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which Community Residents Respond to Health Protocols for Curbing the Spread of the COVID-19 Pandemic in Akwa Ibom and Rivers States of Nigeria

Variables	N	$\bar{x}$	STD	z-cal	z-crit	df	Level of significance	Decision
Village Heads from Akwa Ibom	576	2.37	0.68	1.46	1.96	1085	0.05	Not significant
Village Heads from Rivers	511	2.3	0.68					

#### Legend

N: Number of participants

$\bar{x}$  : Mean

STD: Standard deviation

z-cal: z-calculated

z-crit: critical value

df: degree of freedom

Data on Table 3 shows summaries of subjects, means, standard deviations and z-test of difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to health protocols for curbing the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria. The z-

calculated value used in testing the hypothesis came out as 1.46, while the z-critical value stood at 1.96, using 1085 degrees of freedom and 0.05 level of significance. At 0.05 level of significance and 1085 degrees of freedom, the calculated z-value of 1.46 is less than the critical value of 1.96. Hence, there is no significant difference between the mean ratings of the respondents. From the foregoing observations, the researchers were constrained to retain the null hypotheses that, there is no significant difference between the mean rating of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to health protocols for curbing the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

**Ho<sub>2</sub>:** There is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

**Table 4:** Summary of z-test Analysis of the Mean Ratings of Village Heads from Akwa Ibom and Rivers States on the Extent to which Community Residents Respond to Social Protocols for Curbing the Spread of the Covid-19 Pandemic in Akwa Ibom and Rivers States of Nigeria

Variables	N	$\bar{x}$	STD	z-cal	z-crit	df	Level of significant	Decision
Village Heads from Akwa Ibom	576	2.35	0.68	0.73	1.96	1085	0.05	Not significant
Village Heads from Rivers	511	2.38	0.69					

\* The legend for table 3 applies.

Data on Table 4, show summaries of subjects, means, standard deviations and z-test of difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to social protocols for curbing the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria. The calculated z-value, used in testing the hypothesis, resulted in 0.73, while the critical z-value stood at 1.96, using 1085 degrees of freedom and 0.05 level of significance.

At 0.05 level of significance and 1085 degrees of freedom, the calculated z-value of 0.73 is less than the critical z-value of 1.96. Hence, there is no significant difference between the mean ratings of the respondents. Based on these observations, the researchers failed to reject the null hypothesis that, there is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to social protocols for curbing the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria.

### **Discussion of Findings**

The discussion of the findings of the study and implications are presented using the appropriate arrangement of the variables of the study. Thus, **Community Responsiveness to Health Protocols for Curbing the Spread of the COVID-19.**

### **Pandemic in Akwa Ibom and Rivers States of Nigeria**

The first finding of the study is that Village Heads from Akwa Ibom and Rivers States responded that community residents respond to health protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria to a high extent. This finding agrees with the directions and instructions rolled out by the World Health Organization (WHO) (2020), Nigeria Centre for Disease Control (2020), the Federal Ministry of Health (2020) and the University of Waterloo (2020). A possible explanation for this trend may be in the fact that, community residents were themselves involved in the enlightenment programmes for the people in the wake of the COVID-19 pandemic. Surprisingly, a corresponding finding from hypothesis testing, establishes that, there is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to health protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria. This finding disagrees with the agencies and authorities cited in the present discussion and may have been caused by the rigorous statistical procedures adopted in the conduct of the study. It may also have been caused by the category of the respondents.

These findings implies that some communities responded to health protocols for curbing the spread of the Covid-19 protocols depending on the levels of their exposures and diligence.

## **Community Responsiveness to Social Protocols for Curbing the Spread of the COVID-19 Pandemic in Akwa Ibom and Rivers States of Nigeria**

The second finding of the study is that Village Heads from Akwa Ibom and Rivers States responded that, community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria to a high extent. This finding agrees with the recommendations from the Nigeria Centre for Disease Control (2020), Afangideh and Madumere-Obike (2020), A.D. Nbeta(Personal Communication, July, 2020).

These agencies and organizations have information on the appropriate social protocols to adhere to in order to curb the spread of the COVID-19 pandemic. A possible explanation for the trend in the findings may be in the fact that, as traditional leaders, they are used to some protocols which were discarded during the pandemic. Surprisingly, a corresponding finding from test of hypothesis establishes that, there is no significant difference between the mean ratings of Village Heads from Akwa Ibom and Rivers States on the extent to which community residents respond to social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria. These later findings, though a negation of the finding from the answers to research questions, may have resulted from the rigorous statistics employed in the procedure for analysis. It may also have emanated from the extent of exposure of the respondents as traditional leaders and cannot invalidate the fact that during medical emergencies, certain social protocols are needed to curb the spread of such scourges. These findings imply that communities made some efforts to adhere to the social protocols for curbing the spread of the pandemic.

### **Conclusion**

In the light of the findings of the study and their implications, it is concluded that communities made great efforts in adhering to the health and social protocols for curbing the spread of the COVID-19 pandemic in Akwa Ibom and Rivers States of Nigeria though their extent of adherence did not have a comparable balance.

### **Recommendations**

Based on the findings of the study and their implications and conclusion, it is recommended as follows:



1. Stakeholders in health management in communities should continue to enlighten community residents on the need to adhere to health protocols during or after health emergencies by showing good examples in their actions.
2. Stakeholders in social activities in communities should continue to maintain and adhere to some limits of social interactions apart from ensuring continuous enlightenment of the residents on the need to adhere to social distance as the scourge is adjudged to be still with us.
3. The government and its relevant agencies should make deliberate efforts to embark on developmental programmes and projects and create a congenial climate for economic activities that would reduce the level of poverty in the communities. Poverty affects the capacity of the community dwellers to store enough food in preparation for lockdowns. This tends to militate against the enforcement of lockdowns.

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