

**KNOWLEDGE OF SOCIAL DISTANCE AMONG RESIDENCE OF KANO METROPOLITAN,
KANO STATE DURING CORONA VIRUS PANDEMIC****BY****Lateefat, N. G. Imam: Department of Physical and Health Education, University of Maiduguri,
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Borno State****&****Abdulsalam A: Department of Physical and Health Education, University of Maiduguri, Borno
State****Abstract**

The study assessed knowledge of social distance among residence of Kano metropolitan, Kano State, during corona virus pandemic. Two research hypotheses were tested. The study adopted survey research design. The population for this study comprises of all residence of Kano Metropolitan visiting the markets during corona virus pandemic. The eight major markets in Kano Metropolitan are purposively and accidental sampling procedure was used to select one thousand two hundred (1,200) respondents, that is, one hundred and fifty (150) from each market was used. The split-half reliability method was employed to test the reliability of the instrument data collected was subjected to a statistical test using spearman brown formula to determine reliability index and 0.79 was obtained. Statistics tools of mean, standard deviation, standard error, frequency count and percentages were employed to organized and describe demographic information while inferential statistics of Chi-square and t-test was used to test the formulated hypotheses at 0.05 level of significance. The result showed that there is significant difference in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic, and that there is no significant difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic. It was then recommended that personal protective equipment's like face mask should be made available, accessible and enforce every individual to observe covid-19 protocol in public places.

Keywords: Knowledge, Social distance, Residence, Corona Virus and Pandemics

Introduction

Social distancing comprises respiratory and hand hygiene which are considered the best way to reduce or delay a pandemic that is on course. The Centers for Disease Control and Prevention (CDC) described social distancing as a set of "methods for reducing frequency and closeness of contact between people in order to decrease the risk of transmission of disease. During the outbreak of Coronavirus in 2019-2020, the CDC redefined social distancing as "move away from crowd settings, avoiding large gatherings, and ensure distance (approximately six feet or two meters) from others as much as possible". Hence, social distancing contains physical distancing in order to reduce the spread of contagious diseases. WHO, 2019 explained further that in a situation whereby an infected person with coronavirus coughs, yawns or sneezes, droplets carrying the virus are likely transmit to a very close person (approximately 1-2 meters)

may be at risk or the droplets contain virus are deposited on the surface of an objects where people may likely touch, thereby making the person to be at risk. Maintaining physical distance appropriately, not only reduce the tendency to contact the virus, but also mitigate the spread of the virus, (Nigerian Health Watch, 2020).

Knowledge of infection pathways and relevant precautions to take is needed to control the pandemic. While the scientific community continues to research possible vaccines or drugs for the viral infection, it is expected that adequate knowledge will motivate individuals to make decisions which may prevent and curb the epidemics. Knowledge such as regular hand washing, using hand sanitizers, wearing face masks, respiratory etiquettes, social distancing and self-isolation when sick are vital to reducing widespread infection (Leppin & Aro, 2009). Studies (e.g Choi & Yang, 2010; Hussain, Hussain & Hussain 2012) revealed that individuals' level of knowledge about an infectious disease can make them behave in ways that may prevent infection. Consequently, individuals may need to be informed about the potential risks of infections in order to adopt the right precautionary measures (Brug, Aro & Richardus, 2009).

At early stages of a pandemic, precautionary measures are needed to protect against possible danger and curtail the disease spread. In line with this therefore, the Nigerian government (just like other governments around the world) introduced various containment strategies which have interfered with individuals' daily lives and have led to severe economic loss and social disruption. People were coerced to stay at home, businesses and offices were closed, exempting healthcare facilities/workers and essential commercial establishments. For Nigerians making a living in the informal economy, their livelihood is now threatened by the lockdown since much of their activities and businesses involve face-to-face contact. In Nigeria there is no social safety net, no access to food stamps or unemployment benefits, most people earn their living on a daily basis. Regardless of this, however, there has so far been a high degree of compliance with the government directives, Nigerians are engaging in vigilant hand washing, practicing social distancing and self-isolation, and avoiding going to work, school or crowded areas. Even most religious leaders agreed to stop large gatherings, forbid the shaking of hands and directed church members to pray at home and use hand sanitizers (Makinde, Nwogu, Ajaja & Alagbe, 2020; Olatunji, 2020).

On the other hand, some Nigerians due to superstitions and ignorance of the science behind the infection prefer only to pray (even violating the social distancing rule by attending churches or mosques during the lockdown) and use anointing oils, talisman, herbs or rituals to prevent contracting and spreading the virus (Abati, 2020). Some also use social media platforms (e.g. Whatsapp, Twitter, Facebook and Instagram) to spread fear, project fake news concerning the source of the virus, promote prejudice against China, incite panic buying, proffer fake cures and undermine medical advice, deliberately or ignorantly (Hassan, 2020). Abati and Hassan (2020) opined that lockdown, self-isolation and social distancing are un-African solutions to the pandemic (Abati, 2020). Given the importance of knowledge of precautionary activities in curbing the spread of infectious diseases such as the novel COVID-19, it is important to research on people's health knowledge at this period of the pandemic. Richards (2017) reported that knowledge among ordinary people about how to eliminate risks of contracting Ebola virus led to a rapid drop in mid-2015 in the number of cases of infection.

Majority of private hospitals in Kano have strategically shut down. Most public hospitals that were not strategically positioned to fight coronavirus have also tactically stopped receiving patients. The only option available to them is to direct patients to AKTH (Aminu Kano Teaching Hospital), which is also not strategically positioned to handle the challenges in terms of organizational rearrangement, facilities and manpower to handle the situation. It is interesting to note that AKTH for instance was not positioned in the template of both Federal and KNSG to handle COVID-19 cases. So no holding area provided and now AKTH ran into troubles with handling the large number of patients (being) pushed to them of which majority have classical Covid-19 signs and symptoms mixed with patients with other serious

illnesses."Recent reports of hundreds more deaths than usual across communities in Nigeria's Kano State have raised fears that a major Covid-19 outbreak is underway. Official data from Kano State Ministry of Health stated that 219 confirmed cases of coronavirus and 5 deaths as of April 30, 2020, but residents fear that the outbreak may have caused far more devastation. Just like almost every part of Nigeria health infrastructure in Kano is poor and if not quickly contained, an outbreak among the estimated population of 13.4 million may result in significant deaths. State authorities have acknowledged the unusual high number of deaths and the initially denied they were related to coronavirus they are now conducting verbal autopsies. A doctor in a Kano state general hospital said public awareness was poor: "There is a lot of misinformation and ignorance about Covid-19 in Kano. Some people do not even believe it is real and this has to change. It is against this background this research was conducted to assess knowledge of social distance among residence of Kano Metropolitan.

Hypotheses

1. There is no significant difference in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic.
2. There is no significant difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic.

Methodology

This study adopted survey research design. This type of research allows for a variety of methods to recruit participants, collect data, and utilize various methods of instrumentation (Check & Schutt, 2012). Survey research has historically included large population-based data collection. The primary purpose of this type of survey research was to obtain information describing characteristics of a large sample of individuals of interest relatively quickly. These surveys were often provided through the questionnaire, mail and were intended to describe demographic characteristics of individuals or obtain opinions on which to base programs or products for a population or group (Dillman, Smyth, Christian, 2014). The population for this study comprises of all residence of Kano Metropolitan visiting the markets during corona virus pandemic. The eight major markets in Kano Metropolitan are purposively selected are Dawano Market, Enlemu Market, Galadima Market, KantinKwari Market, KofarWabe Market, Kurumi Market, Rimi Market and Yankura Market. Accidental sampling procedure was used to select one thousand two hundred (1,200) respondents, that is, one hundred and fifty (150) from each market was used.

The instrument was validated for face and content validity, by researcher's supervisor and other experts in the field of Physical and Health Education including Public Health consultants. The reliability of the instrument was tested in Monday market, Maiduguri, Split half reliability method was employed to test the reliability of the instrument data collected was subjected to a statistical test using spearman brown formula to determine reliability index and 0.79 was obtained. Statistics of mean, standard deviation, standard error, frequency count and percentages were employed to organized and describe demographic information, while inferential statistics of Chi-square and t-test was used to test the formulated hypotheses at 0.05 level of significance.

Results

Table 1: Demographic Information of Respondents

Gender		Frequency	Percentage (%)
1	Female	652	54.3
2	Male	548	45.7
Age of Respondents			
1	30 years or less	319	25.6
2	31-39	267	22.3
3	40-49	362	30.0
4	50 and above	252	21.0

Level of Education

1	Doctorate Degree	12	1.0
2	Masters Degree	71	5.9
3	Bachelor's Degree	739	61.6
4	Diploma	378	31.5

Level of Income

1	N50,000 or less	203	17.1
2	N51,000-100,000	217	18.1
3	N101,000-150,000	169	14.0
4	N151,000-200,000	197	16.4
5	N201,000-250,000	170	14.1
6	N251,000-300,000	145	12.0
7	N 301,000 above	99	8.3
Total		1200	100

Source: Generated by Researcher using SPSS 20.0 from questionnaire response, 2020

The table 1 which is on demographic information of the respondents showed that 652(54.3%) of respondents were female, while 548(45.7%) of the respondents were male. The table also showed that 319(25.6%) of the respondents were 30 years or less, 267(22.3%) were between 31---39years, 362(30.0%) while 252(21.0%) of the respondents were between 50years and above. The educational level of the respondents indicated that 12(1.0%) of the participants had Doctorate degree, 71(5.9%) had Masters Degree, 739(61.6%) had Bachelor's degree, while 378(31.5%) of the respondents had Diploma certificate. Similarly, the table revealed that 203(17.1%) of the respondents had N50,000 or less as their income, 217(18.1%) of the respondents got N51,000-100,000 as their income, 169(14.0%) got N101,000-150,000 as income, 197(16.4%) got N151,000-200,000 as income, 170(14.1%) got N201,000-250,000 as income, 145(12.0%) got N251,000-300,000 as in come, while 99(8.3%) got N301,000 above as their income.

Ho₁: There is no significant difference between in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic.

Table 2: Chi-square summary on information seeking behaviour of exercisers in Maiduguri Metropolis

Variable	F _O	F _E	Total	X ² -value	df	Prob.
Agree	1077	600.0	1200	758.430 ^a	1	0.000
Disagree	123	600.0				

$$X^2 = 758.430^a; df = 1; P < 0.05$$

Table 2 indicates that there is significant difference in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic. The chi-square calculated is 758.430^a which is greater than the table value of 3.841 at the significant level of 0.05. Therefore, this indicates that there is significant difference in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic.

Ho₂: There is no significant difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic.

Table 3: t-test summary on difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic

Variables	N	Mean	Std. Deviation	df	t-test	Prob	Decision
Female	652	27.4519	10.43152	1198	0.613	0.327	Not Significant
Male	548	26.0294	9.70457				

($t=0.613, df=1198; P>0.327$)

The table 3 revealed that there is no significant difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic the difference observed is due to mean difference. Therefore, the null hypothesis was retained, meaning that there is no significant difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic.

Discussion

This study assessed knowledge of social distance among residence of Kano Metropolitan a community that is predominantly dominated by Hausa/Fulani. The test of hypothesis one indicates that there is significant difference in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic ($P < 0.05$). The result of this study is in line with the study of Isah, Abdulsalam, Bello, Ibrahim, Usman, Nasir, Abdulkadir, Usman, Ibrahim, Sani, Aliyu, Kabir, Shuaibu and Nass, (2019) in North West, Kastina State on Covid-19. The Authors explained that having no misconception was significantly affected only by the level of education ($P < 0.0001$). The misconception towards COVID-19 pandemic was highest in respondents in the none/ other category of the level of education and lowest in respondents with master's and above. The average COVID-19 knowledge was in the respondents with no misconception and nine (9) out of the respondents who had COVID-19 related misconceptions. They explained further that among the independent variables recorded, level of education significantly correlated with average knowledge scores. The result of this study also support the earlier findings of Iliyasu, Ogoina, Out, Dayyab, Ebenso, Otokpa, Rotifa, Olomo & Habib (2015) Kano State. They explained that the proportion of participants with good knowledge of Ebola was high among healthcare workers compared to non-healthcare workers. However, the proportion of healthcare workers with good attitude was also high when compared to non-healthcare workers. Being single and having tertiary education were statistically significant in a univariate analysis, but not in the logistic regression model. There was weak positive correlation between overall percent knowledge score and overall percent attitude score. However, there was a slightly better positive correlation between overall percent knowledge score and overall percent behaviour score.

The test of hypothesis two showed that there is no significant difference between male and female in knowledge of social distance among residence of Kano Metropolitan, Kano State during corona virus pandemic ($P > 0.05$). Jiang, Shi, Tu, Zheng, Lai, Li, Wei et al. (2016), explained that the percentage of people reporting that they wash their hands with soap after touching ill people is high and the percentage of people reporting that they avoid physical contact is also high. But the result of this study contradicts the study of Onowhakpor, Vincent Yakubu Adam, Sakpa and Ozokwelu (2018). They lamented that majority of their respondents were aware of Ebola virus disease and 347 (92.8%) of respondents had good knowledge of Ebola virus disease. More than half of the respondents had positive attitude towards Ebola virus disease and good Ebola virus disease preventive practices respectively. A higher proportion of respondents with positive attitude towards Ebola virus disease were observed to have good preventive practice ($p < 0.05$). The difference in result could be because Kano State has highest level of illiterate. This can be seen as some residents in Kano were violate guidelines and directives and fail to observe social distance given by the NCDC in such places like mosques, churches, market among others. This made Kano State Government to give warning letter that anybody that violate the guidelines will be dealt with, and if it a shop that sells food items, such food will be distributed free to less privilege as a palliative.

Conclusion

Covid-19 is global concern, this present study assessed knowledge of social distance among residence of Kano metropolitan, Kano State, during corona virus pandemic. This is necessary because Kano is one of the largest cities with high population in Nigeria. This finding asserted that people in Kano Metropolitan has knowledge of social distance but low practice.

Recommendations

Based on the results of this finding, it was then recommended that:

1. Personal protective equipment's like face mask should be made available, accessible and enforce every individual to observe Covid-19 protocol in public places.

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