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EMPOWERING COMMUNITY CHAMPIONS FOR EPIDEMIC RESILIENCE: MITIGATING INFODEMICS AND ZOONOTIC INFECTIONS IN OYO STATE COMMUNITIES OF NIGERIA

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Abstract
The global threat of emerging and re-emerging pandemics continues to threaten human physical and social life, with economic repercussions from the recent Covid-19 pandemic. Yet, there is still work to be done to successfully involve communities in the prevention, and control of epidemics especially in low-income countries. This study focused on empowering community champions for epidemic resilience in some selected communities in Oyo state, Nigeria. The study was Quasi-Experimental research which utilized mixed methods of quantitative and qualitative approach for data collection and analysis. Multistage sampling was employed in selecting five LGAs (Akinyele, Atiba, Ibadan South, Ibarapa Central, and Saki West) from each senatorial district (three urban or semi-urban and two rural), with 902 respondents purposively selected out of the five LGAs. Data was collected using Focus Group Discussion, Key Informant Interview guide (community leaders), and interviewer administered questionnaire. Findings revealed that, respondents' mean age was 34.3±14.18. Majority (90%) are aware and knowledgeable about COVID-19. While, (50%) believed in the use of face mask as protection against the virus. Although, (76%) opined that, consulting a health worker is best in managing

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COVID-19. Majority believed in the reality and existence of COVID-19 with several myths surrounding the pandemic to say that: it was a disease for the rich; conspiracy from the media and number of deaths; unhealthy food as a cause. For some participants, the need for vaccination uptake was basically for travel purposes. Findings highlights, the need for sensitization of community champions in the prevention and control of epidemics particularly in low-middle-income countries. Hence, the need for culturally sensitive interventions targeted at educating communities and ensuring access to healthcare services.

Keywords: Community Champions, Epidemic Resilience, Infodemics, Zoonotic infections, Nigeria
JEL Classiifications: H51, K32, P36.

1. Introduction

The increased threat of infectious disease epidemics and pandemics ravaging across nations or continents is widely acknowledged, particularly in light of the recent COVID-19 pandemic. The substantial physical, social, and economic repercussions of the pandemic disproportionately affected vulnerable populations, such as children, the elderly, ethnic minorities, and other populations' at-risk. Depending on the situation, different groups have received differing levels of assistance. However, work still need to be done to successfully involve communities, even though many contend they should or must play a crucial role to assist and spearhead preparedness and response operations.

Many a times, methods of community engagement, especially by state authorities have been implemented too late, sometimes as an afterthought, and are not well considered. This has weakened public support for and confidence in disease prevention and control measures (Byanyima et. al., 2023; UNAIDS, 2022). Hence, addressing disinformation, increasing trust, fostering social cohesion, and enhancing long-term health outcomes and equality in solutions all depend on improved community involvement. Communities' roles in response and preparedness initiatives have evolved, due to lessons learnt, for instance from past and present HIV response experiences, especially in situations when treatment alternatives were scarce (Caswell et al., 2021; Ayala et al., 2021).

Inadequate community engagement and participation in decision-making, program implementation, and service delivery were major issues from the extensive reviews of the shortcomings at national and international response mechanisms that accompanied the West African Ebola epidemic of 2014–16 (Mayhew, 2021; Dada et al, 2019). Yet, several scholars have advocated for more community and community group engagement towards disease prevention and control (Ayala et al., 2021), while obstacles to meaningful involvement have frequently surfaced in the wake of previous epidemics (Anoko et al., 2020; Collins et al., 2023). Similar limitations also apply to the COVID-19 pandemic: as the pandemic developed, attempts were made to better link preventative and control measures with experience, although this was sometimes done as an afterthought (Oza et al., 2023). This is due in part to

a lack of clarity around what constitutes significant community involvement (Tambo et al., 2021; Lal et al., 2022). Additionally, little is known about which community interventions are best for enhancing readiness for epidemics and pandemics, as well as how, where, and with whom these might be delivered most effectively. For instance, as stated in important policies (Webler & Tuler, 2021; Loewenson et al., 2021; Independent Panel for Pandemic Preparedness & Response, 2021), risk communication is frequently at the centre of community engagement efforts and is widely recognized as a crucial component of community involvement (Adebisi, et al, 2021; Tambo, et al, 2021; Davis, et al, 2021; Hyland-Wood, et al, 2021). However, to maximize readiness and reaction, a far wider range of measures, including community empowerment, must be supported, of which risk communication and community participation are only one part. As noted by Oppenheim et al., (2019) and The Independent Panel for Pandemic Preparedness and Response (Centering communities in pandemic preparedness and response, 2021), these essential efforts are frequently overlooked in documents and important regulations.

Consequently, experiences from previous pandemics have largely impacted upon global health delivery and service utilization, not to mention policy implementation. Africa, to a large extent, was burdened by the hassles of the corona pandemic, however, to a minimal level as compared to countries in the global north (Islam, 2020). Africa recorded an estimated population of approximately 251,000 new cases which resulted to a 20% increase within a week, and a 12% increase since January (Saniasiaya, 2021). This clearly stipulates that the novel corona virus is highly contagious and thus, pose to be a severe public health challenge considering its rapid spread across boarders (Bullock et al., 2022). Nigeria also recorded its first case on the 13th of May, 2020 despite strategic plans put in place to provide safety to the Nigeria citizens from contacting the virus (Marston et al., 2020).

Combating infodemics is a necessity to improve public healthcare in Nigeria and the world at large. As such there is a need to deploy strategic plan of action to counter infodemics at community levels and strengthening epidemic resilience which can only be achieved by community members themselves. Consequently, this study conducted an impact assessment of community champions' activities in mitigating infodemics in some selected communities in Oyo state, Nigeria. The covid-19 pandemic since its emergence, has altered political, economic and health systems around the world. Setting the world in a state of sudden global emergency. To mitigate the spread, the World Health Organisation proffered prevention protocols for improved health where most people went about their normal businesses considering the difficult economy. Community sensitizers called community champions are significant stakeholders and members who are residents in the community and are capable of exercising some degree of respect and loyalty in their respective communities. Hence, the need for this study in understanding the extent of influence that community champions have in the community to aid mitigation of infodemic around covid-19 and changing the prevention and control narratives of diseases at the community level.

2. Theoretical Foundation

This study anchors on the Health Belief Model. The HBM developed by (Irwin M. Rosenstock, Godfrey, Hochbaum, Stephen Kegeles, and Howard Leventhal in 1950's), is a psychological framework that predicts health behaviors based on an individual's beliefs and perceptions (Karl et al., 2023). It can be applied in community studies to examine how people perceive, interact, belief, and react to health-related information, campaigns, or interventions aimed at prevention and control of epidemics as well as disease spread. The five types of beliefs in the HBM framework are perceived vulnerability, perceived severity, perceived benefits of preventative measures, perceived barriers and cue to actions (Rosenstock, 1974). Subsequently, self-efficacy; the belief in one's capacity to successfully adopt a behavior, has been shown to improve the model's applicability (Khoa, 2023; Bijani, et al, 2022; Kim, et al, 2020). Recent studies, (Uncovska, et al, 2023; Nisar, et al, 2022; Rawi, et al, 2023; Joshi, et al, 2021; Irfan, et al, 2021) opined that, the major variables influencing health behavior are benefits and hurdles. Public exposure to information about the frequency of a certain health issue may affect an individual/community perception of their own likelihood of contracting that illness, a phenomenon known as perceived susceptibility. Furthermore, health campaigns or information shared on any platform be it the media might affect a person's perception of the seriousness or consequences of a disease, a notion called perceived severity, and encourage them to take preventative action.

The perceived advantages of implementing a certain behavior or taking steps to avoid or manage a health concern can also be shared across the community. Furthermore, people's perception about a disease can help address perceived barriers and enable the use of preventive measures that is, an individual's perception of the obstacles they may encounter while adopting a certain health activity by providing information, resources, or assistance to overcome such hurdles. A wide range of preventative behaviors for diseases and behaviors that are well-documented, increases the chance of early disease identification, and for which the consequences of any behavior changes are generally well understood have been described by the use of the HBM in the past (Barakat & Kasemy, 2020; Fathian, et al, 2021).

Particularly, the use of the HBM has been emphasized and assessed in well-established health contexts, enabling people to understand and evaluate risks so they can make informed choices regarding their own health behavior (Khani-Jeihooni, et al, 2020). Notably, all behavior is impacted by culture, particularly when it affects other people, and people purposefully change their responses to conform to the expectations of others. This cultural interpretation of behavior is directly relevant to the HBM as the activity's goal is crucial. Preventative behaviors associated with non-communicable illnesses or disorders have been main focus of previous research. These behaviors are frequently individual-centered and contrast greatly from those associated with pandemics, when each person's actions have a cascade effect on others. (Shedrawy, 2021; Cassidy, 2021; Zhang, et al, 2020; Castleberry, et al, 2021). Thus, in using the HBM community health-related beliefs, behaviors, and attitudes may be evaluated, and targeted treatments and communication strategies that address their unique needs and concerns may be developed. Hence, the trends pertaining to perceived

susceptibility, severity, benefits, and obstacles can be analyzed using both primary and secondary data in characterizing health and diseases. Once the patterns and trends have been identified, the data may be used to develop customized health communication campaigns and interventions that target the particular worries, attitudes, and obstacles related to zoonotic diseases and infodemic mitigation.

3. Methodology

This was Quasi-Experimental research which utilized mixed methods of both quantitative and qualitative approach for its data collection and analysis. The study was conducted in Oyo State, Nigeria. Oyo state was purposively selected due to its dense population (With an estimated population of around 7, 840, 864 by 2016, facts about Oyo State Population, 2025) and economic viability.

Multistage sampling technique was utilized to select the respondents through probability and non- probability sampling process. Oyo State is made of three senatorial districts and 33 Local Government Areas (LGAs). The research was conducted across five purposively selected Local Government Areas (Akinyele, Atiba, Ibadan South, Ibarapa Central, and Saki West) in Oyo State. Using the Leslie Kish Sampling Technique, a total of 902 study population was arrived at for the quantitative survey. This comprised of youths, adults and elderly who are residents of the study locations.

Furthermore, through the Social Mobilisation Officers in the selected LGA secretariats, ten respected personalities seen as role models and advocates within the communities were identified and recruited into the study. These individuals served as the Community Champions whom are trained by the facilitators (Experts in Health Promotion and Education and Medical Sociology) on the project to promote health and well-being vis-a-vis COVID-19 pandemic across their respective communities. Five research assistants who are fluent in English and Yoruba languages were recruited and trained for the data collection which involved the use of pre-tested and post-tested interviewer-administered questionnaire for community members. Focus Group Discussion (FGD) guides for community members and Key Informant Interview (KII) guides for community leaders were also conducted. Training of the Community Champions was done after the conduct of the pre-test survey. Ethical approval was obtained from Ethics Review Committee, Oyo State Ministry of Health Secretariat Ibadan Oyo State, Nigeria. Likewise permission to collect data was obtained from the management of the selected healthcare facilities. Furthermore, verbal and written informed consent were obtained from participants before they were interviewed.

4. Results

4.1 Socio-demographic Distribution of the Respondents

Appendix 1 highlights rrespondent's' mean age which was 34.3±14.18. While over 62% were female respondents from Ibarapa Central, 58.7% were from Ibadan South West and 50.3% from Akinyele LGAs respectively; male dominated the population in Saki west (74.3%) and Atiba (53.8%). About half (48.6%) were within the ages of 20-29 in Saki West; almost a

quarter (38.0% and 35.7%) were between 20-29 in Atiba and Akinyele, with the least age of people between and above 60years being from Ibadan South West (7.0%) and Atiba (1.0%). Majority (81.7%) were married in Ibarapa Central and Ibadan South (59.7%); more than half (59.8% and 57.3%) were single in Saki west and Akinyele. Of these, majority (80.6% and 60.0%) were Christian in Ibadan South and Ibarapa Central while Muslims dominated the population in Atiba (60.6%). The highest level of educational qualification was senior secondary education which was 50.8% in Akinyele, Ibarapa Central (40.0%) and Saki west (39.1%). Only Atiba had the highest tertiary education (18.8%). Trading as occupation was high across all LGAs (38.3%, 37.8%, 36.7%, 33.2% and 29.6%); only 11.9% in Ibadan South earned more than #60,000 monthly with the highest population residing in semi-urban areas the LGAs (Atiba 51.4%; Saki West 47.5%; Akinyele 46.7%; Ibarapa Central 46.1% and Ibadan South, 45.8%).

4.2 Awareness and Knowledge of COVID-19 Virus

Appendix 2 shows that almost all have heard of Corona Virus and its preventive measures. Majority believed face mask prevent its spread, while very few across the LGAs affirmed in vaccination as a preventive measure. However, majority would consult health workers as the most effective way of managing the virus; people in Akinyele are more likely to consult and make use of over-the- counter drugs (14.1%) and herbs (5.0%) in managing the virus.

4.3 Assessing level of awareness created by community champions in host communities

The global health space since the onset of the corona pandemic and the post COVID-19 period has continuously experience hesitancy towards the utilization of vaccines which further resulted to the re-emergence of new COVID-19 variants. The role of community champions in the mitigation of vaccine hesitancy cannot be over emphasized. Community champions trained by the facilitators were saddle with the responsibilities of re-training community members to be appropriately educated about covid-19 virus, its prevention and management strategies. According to field reports, some community champions lived up to the responsibilities ascribed to them as attested by research participants. According to one of the participant she expressed her thoughts in the following manner:

> What they just said was that when coro came, did we know when it started? They spoke to us about the origin of Coronavirus, they said it got to Nigeria in March 2020, they also told us about the preventive measures and how we can protect ourselves, and they said we should avoid large gatherings and that we should be using face masks and sanitize our hands regularly. They told us that the vaccine is now available and that we should go for the vaccine and we said we've heard that we'll take the vaccine but what's scaring us is that…., the time I would have gone back for the vaccine, that was when I had an accident and to avoid the vaccine reacting with my state of health that is why I haven't gone for the vaccine. But when I fully regain my health, I can go and take the vaccine. But for now, I have not been vaccinated *(Female/ KII/Abatakan/Akinyele LGA)*

According to the study participants, the art of re-training the community members cover the need to re-orient the community on already acquired knowledge on COVID-19 prevention and management strategies. This further includes the need to disregard false information and other conspiracy theories that constitutes the major parts of public opinions. Amongst these, community members were enlightened on very significant hygiene practices essential to promoting individual and community health and further aid the prevention and management of the corona virus such as constant hand washing, the utilization of face masks, sanitizing of hands and surfaces, social distancing and avoidance of large gatherings as stipulated by the world health organisation. Also, this was further agreed on by another participant who stated thus:

> We were told to wash our hands frequently, we should use our facemasks, take good care of ourselves, we should ensure we consume good and hygienic foods, ensure we maintain personal cleanliness. They said we should take the Covid-19 vaccine because of 'CORONGA'. They said we should take the vaccine so that "CORONGA" won't get to us. *(Female/FGD/R3/Ayuba/Atiba/LGA)*

Furthermore, the need for vaccination was clearly elucidated to community members of which the study participants admitted to being educated on. In this regard, participants were encouraged to be vaccinated to prevent themselves from contacting the virus. However, despite community champions actively communicating to community members, some of these community members were unreceptive to these efforts as demonstrated by a respondent who clearly stated that he was inattentive to the training sessions and had no interest in listening to what the community champions had to say. According to the participant:

> Yes, our Oga the person you trained came to talk to us about COVID-19. All they said can't be stored in our heads because we were not paying attention to what they were saying. There is no benefit in it. We talking to you now is as a result of the command given to us by our leaders and it's because you respect them that's why we respect you too. The person that came for training too is our 'oga' and he can't call us and then not answer. And so, we've honoured him too by coming to answer you. But our minds are not there. Because there is no benefit we are getting from the government before. They said government called them to lecture them. You are for the government from our own end. If you've come to give lecture about corona virus. There's nothing that is of concern to us we didn't pay attention to what they said. *(Male/FGD/Ayuba/Atiba LGA)*

4.4 Perceptions of COVID-19

In Appendix 3, majority of the respondents across the LGAs perceived the virus as bad and threat to life. Majority also belief it has killed many people and, almost all opined they will

report to appropriate authorities if infected. More than half belief consumption of herbal medicine to cure COVID-19 is bad, hence, almost all will result to use of western medication as they belief COVID-19 treatment is effective. However, majority in Akinyele (65.3%), Ibadan South West (65.2%) and Atiba (63.5%) never belief they are at risk of contracting the virus. More than half also hold this assertion in Saki West (57.0%) and Ibarapa Central (53.0%) respectively. Similarly, respondents from Ibadan South West (66.2%), Ibarapa Central (65.2%), Atiba (62.0%) and Saki West (62.0%) were very optimistic about themselves or close relatives not contracting COVID-19. In addition, almost all believed stigmatization could occur, and victims of the virus would suffer depression because other persons might stay away from them, including their family.

4.5 COVID-19 experiences and vaccine uptake

Furthermore, for some participants, adherence to preventive measure and uptake of vaccine was a moral obligation not because they in itself believe in the potency and viability of the measures and vaccine but simply because there is a compliance demand from a person of authority such as the Nigerian government and the community champions as presumed in this study. Also, for a large number of these participants, adherence to vaccine uptake was largely because of future intentions for international travels and migration if need be. From this study, it is penitent to note that the economic situation of Nigeria which is largely characterised by hardship and recession has forced a large number of Nigerians to desire migrating out of the country for better economic positions. For others, they seek after temporary migrations such as long- and short-term vacations or tourisms. A large number of the participants just wanted to take the vaccines because of their future intentions to migrate. As quoted by one of the participants:

> I told them oooo, in fact I told one of my people to go and take the vaccine because if the world is turning, we'll also turn with the world "Bi aye ba nyi, a jo ma baye yii naani" that's how it is because anything that is from government, government can decide to deal with us from any angle if we don't do their bidding. For instance, this card that we do use to get money from banks; if you don't have it, you can't go anywhere. When I wanted to go to Mecca, they requested for it (Vaccine Card), they said I should provide it before I pay for Mecca. Government can say you won't be able to travel out if you don't have the COVID-19 vaccine card. *(Female/FGD/Ayuba/Atiba LGA)*

According to this field results, despite the intentions of the participants taking up vaccines for personal reasons, results show a sincere need to take up these vaccines as participants attested to encouraging friends and families to take vaccines for prevention purposes as well as the possibility of future need to migrate. Also, according to a participant, adherence to vaccine uptake is as a result of the stringent measures put it but the Nigerian government to strategically tackle issues. As such, the populace adhered in the attempt of avoid government sanctions and other restrictions to personal lifestyle and daily or routine dealings that are of

importance to the individual such as being denied access to banking hall services without the show of vaccinations cards amongst others. Furthermore, faith is seen to be a very fundamental ideology to these participants as a large number of them believe that they cannot contract the corona virus because they have been vaccinated and beyond the vaccines, they have faith in God who takes care of them. However, in no way is this individualistic perspective of the study communities' scientifically in relation to the place of divinity and disease, control and prevention. Therefore, a participant highlighted thus:

> We cannot contact it again. Faith is the key to healing. We believe that it cannot even come near us in Igboora. Because of the vaccine that we received made us believe that one cannot contact it. We believe that no evil thing shall befall us and no disease shall come near us in Igboora. *(Female/FGD/Igboora/Ibarapa LGA)*

Furthermore, for other participants, the decision for vaccine uptake was largely just to protect one's self from contracting the corona virus infection. Also, according to a participant, taking vaccines is not sufficient enough to protect an individual from contracting the virus. Added to this is the constant maintenance of preventive protocols as stated by the world health organisation. This simply implies that vaccination is not sufficient for prevention. According to a participant:

> By God's grace, I can't contract it. I cannot contract the virus. It's because of the vaccine I've collected and the fact that I comply with the preventive measures out in place like washing of hands, use of nose masks and I believe it is working. Since it's the federal government that has given us. *(Male/KII/Ayuba/Atiba LGA)*

Consequently, the call for urgency in action does not end with vaccine uptake but rather a continuous process of proactive health behaviours consciously engaged into by community members. As stated by participants, preventive measures such as washing of hands, cleaning and sanitizing of surfaces and environments, use of facemask, social distancing, avoiding of large gatherings, amongst others.

> It is not just about vaccine, some people don't believe, some people even said the vaccine is a means of killing people slowly, that we shouldn't cause something else for ourselves, that is why some people have refused taking the vaccine till today. Because they already said the government will use it to kill us small small, but we told them to go for the vaccine, we told our children as well and they have all gone to take the vaccine. May God protect us all because we can't say since we have been vaccinated there's nothing that can happen, God should sha not allow us see anything. We can't do without using face masks, we are still using

> our facemasks, and we are still being careful with ourselves *(Female/FGD/Saki/Saki West LGA)*

4.6 COVID-19 pandemic and grand conspiracies

Myth 1: The media and conspiracy theories: COVID-19 vaccinations and death realities

However, non-compliance and vaccine hesitancy are results of conspiracies passed as rumours through varieties of media channels and other oral information channels. Amongst such theories is the unethical association of vaccine utilization to death. According to this theory, information has it that people who get vaccinated are likely to develop severe ailments, hospitalizes or die as the vaccine is being produced to depopulate the fast-rising population of the world especially in the global south. As quoted by one of the participants thus:

> Ah, I did not collect the vaccine because they said if you get it you will expire. The number of years you'll use will reduce. The food they ought to give, us, they failed to give us. Though, we agree that is COVID but the vaccine they are now giving, for some people they eventually find themselves in the hospital. And I don't have the money to be spending in the hospital that's why I didn't get the injection. Ehn, those that I know that has collected it reacted to it like having body temperature… even in social media, we see some putting bulb on their shoulder and then it comes on or a magnet gets magnetic in the shoulder where the individual was given the injection. So, that's the reason why I did not get it. *(Male/FGD/Saki/Saki West LGA)*

Myth 2: Consumption of unhealthy food items can result into contracting COVID-19 virus

The emergence of the COVID-19 pandemic is characterised by infodemics grounded in conspiracy theories. These are aimed at suggesting possible origins and rationales for the origin and nature of the corona virus. Amongst this conspiracy theories are the notion that the corona virus is a sickness of the rich. This in fact is opined and accepted by a large number of the population. However, considering some the responsibilities of community champions employed to sensitize their communities at grassroots levels, this study clearly shows that the intervention by the community champions was not effective enough to debunk this theory as perceived in the responses of the research participants. Amongst these feedbacks, some of the participants had these to say:

> They are the ones eating a lot of rubbish, things that we the poor cannot afford to eat, that is what they eat and that is why God is inflicting them with diseases. Like the foods that God didn't approve of like worms, "Okan", and all sorts of rubbish like that shaa, that's what they are eating (another respondent mentioned dog at the background). We are eating Amala with ewedu, gbegiri, good soup and God is giving us the grace of peace *(Female/FGD/Saki/Saki West LGA)*

According to field reports, the rich suffered the most during the pandemic as a result of the type of food they consumed which is highly nutritious and cannot be afforded by the poor masses. Also, other participants opined that the rich actually suffered the virus episode more because they have been unjust to the masses especially at the grass root level.

Myth 3: COVID-19 is an act of God against the rich

According to their report, the rich are suffering for their sins and therefore are advised they take a turn in their actions for God to be merciful to them. This is its sense has political affiliations as to why the rich suffered the most. Therefore, according to a participant:

> I personally, if I am opportune, I will advise all rich people to be faithful. If we vote for them, they should keep to their promises like, like we will clean water or reduce the price of foodstuff, or reduce the fuel price. They should keep to their promises. If they fail to keep their promises, our God will be judging them silently. He will be judging them. What we can do is to be faithful to one another. If someone is cheating is fellow humans, it is God that will punish the person silently. It is God that is judging the rich *(Female/FDG/Igboora/Ibarapa LGA)*

Contrary to this major opinion is the voice of a minute number of these participants that opined that the pandemic is not the disease of the rich but rather a disease that can affect both the rich and the poor simply because it's the plan of a supernatural on the planet earth. This theory validates a religious perspective or undertone to the rationale for trends in the infection cases.

> It is God's plan. We are now in the evening of the earth/ world, what has never happened will start happening. It didn't happen during the time of our fore-fathers, that's how it is. I do not believe that is a disease of the rich, the poor can also be infected, that's how it is. *(Female/KII/Ayuba/Atiba LGA)*

4.6 Preventive measures and the Behavioural Disposition on COVID-19

As shown in Appendix 4, majority reported the usefulness of the non-pharmaceutical preventive measures against COVID-19, and majority wanted to get vaccinated, however, over or almost a tenth (12.2%) in Ibarapa Central, Akinyele (10.6%) and Saki West (9.5%) have contracted COVID-19 before, with the least being Atiba (8.7%) and Ibadan South West (7.0%). Of these, more than a quarter (31.3%) in Atiba, Ibarapa Central (30.4%), Saki West (27.9%), Ibadan South West (26.4%) and Akinyele (25.1%) would prefer to use herbs to treat COVID-19. In addition, over 36.5%, 33.8%, 33.2%, 33.0% and 32.2% would combine traditional and western medicine to prevent COVID-19 in Atiba, Ibadan South West, Akinyele, Saki West and Ibarapa Central respectively.

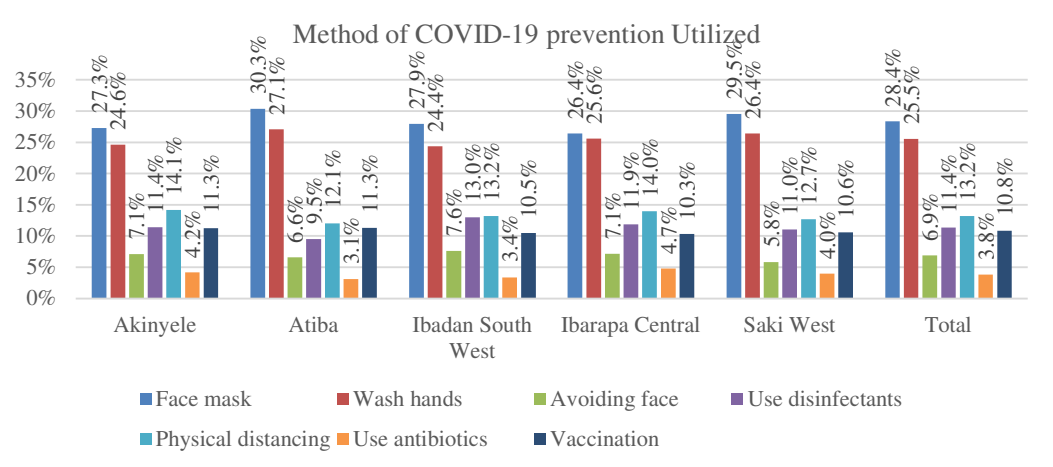
Similarly, majority would visit the hospital as a first line of action if aware of being infected with COVID-19. A very few (12.0%) in Atiba are likely to consult their spouse, while

respondents in Ibarapa central (10.4%) would result to taking herbs. Notwithstanding, health workers were majorly identified as the decision maker on the care to be administered. Therefore, key determinants of choice of care are health awareness in Saki West (35.8%) and Akinyele (34.1%); personal conviction (32.2%) in Ibarapa central and severity of the disease in Akinyele (31.7%) and Ibarapa central (30.4%) respectively.

5. Method of COVID-19 prevention Utilized

Respondent's maybe familiar with some preventive measures, notwithstanding, about a quarter used facemask often and washed their hands. More than one-tenth utilized physical distancing while on-tenth used disinfectants and got vaccinated respectively (Figure 1).

Figure 1: Method of COVID-19 prevention Utilized



The behavioural dispositions of community members arise from a number of factors such as the influence of individual or group belief system and disease perception amongst others which determined health behaviours adopted by community members, impacting overall health status of individuals. The behavioural disposition of community members ranges from actions such as nonchalance, carefree attitude towards health, disbelieving the reality of diseases and infections, the belief of foul play from persons and institution of authority amongst others. In the light of the COVID-19 pandemic, at the initial stage of its emergence, community members showed disregard to the reality of the virus resulting to huge negative impact of global health with an evident rapid increase in the number of COVID-19 cases. However, in time, perceptions and behavioural dispositions of community member considering the body of evidences on the rise produced more positive behaviours towards understanding and accepting the reality of the pandemic thereby adopting measure to prevent and curb the spread of the menace. According to one of the participant narrations below. Similar to the above, another participant expressed her view in a different manner:

"When it was rampant, people reaction was that, they were always careful not to be infected but now; they are taking it lightly having it in thought that Government wants to use it as avenue to accumulate money to their side. That is their reaction to it now" *(KII/Female/Ibarapa LGA)*

"Ehn, I will put it in two ways. Before, people do not give regards to it, but now, people believed that the virus is real and their response to it is positive in such a way that, they are observing the preventive measures that the Government has laid down that we should follow. Like, swashing of hands, using nose cover, observing social distance etc. If you go to schools, ehn, hospitals and so on, hand washer and social distancing as in how people stand in the public now is different from before. People are trying". *(KII/Male/Ibarapa LGA)*

6. Discussion of Findings

Community engagement according to review of literature, is a key strategy in combating the spread of the corona-virus pandemic (Gilmore et al., 2020) which has shown great level of efficacy and effectiveness judging from experiences with other pandemics in the past (Marston et al., 2020). Trained community champions re-training community members to be appropriately educated on the COVID-19 virus, its prevention and management strategies. This recorded an increased level of community awareness on COVID-19 prevention and management strategies in line with the findings of the study. This study outcome is similar to a study conducted by (Guner et al., 2020; Marston et al., 2020) and who also opined in their study the role of community actors/stakeholders in improving community knowledge and awareness on disease and infections.

The art of re-training the community members cover the need to re-orientate the community on already acquired knowledge on COVID-19 prevention and management strategies. This includes the need to disregard false information and other myths that constitutes major parts of public opinions. Amongst these, community members were enlightened on very significant hygiene practices essential to promoting individual and community health. This further aided the prevention and management of the corona virus such as constant hand washing, the utilization of face masks, sanitizing of hands and surfaces, social distancing and avoidance of large gatherings as stipulated by the world health organisation. Also, the need for vaccination was clearly elucidated to community members. The community champions ddemonstrated high level of patriotic behaviours which enhanced community awareness and adherence levels towards healthy behaviours.

Community rationales for non-compliance was due to community distrust in the authority of the government. This further confirms the summation of (Ezeibe et al., 2020; Ukwenya, 2021) amongst other notable scholars who stressed on the untrustworthiness of the government in just and equitable delivery of services and responsibilities of which has been politicized. Non-compliance to preventive measures and vaccine uptake revolves around a

form of revolt on the part of the community who have been neglected by the government during the pandemic as well as the post pandemic period. Also, community stakeholders are untrustworthy as some of them are saboteurs as well as corrupt persons without integrity. These finding are not alien to COVID-19 empirical studies. The community champions played a significant role in influencing the community members positively on mitigating the level of infodemics in the identified study areas of Oyo state. However, there were report of limited non-compliance on the preventive measures among very few community members despite the intervention of the community champions.

Furthermore, community non-compliance was affiliated to COVID-19 grand conspiracy theories in circulation. Amongst such theories is the unethical association of vaccine uptake resulting to morbidity or mortality. According to this theory, information has it that people who get vaccinated are likely to develop severe ailments, being hospitalized or die as the vaccine is being produced to depopulate the fast-rising population of the world especially in the global south. Similar to this result, is the work of (Ullaha et al., 2021) who conducted a similar study that suggest that rumours through varieties of media channels and other oral information channels keep adequate false information alive and available. Another conspiracy issue is the notion that the virus is a sickness of the rich. This in fact is opined and accepted by a large number of the population. However, considering part of the responsibilities of the community champions employed, to sensitize community members study clearly shows that the intervention by the champions was partly effective to debunk this theory as perceived in the responses of the research participants. This further confirms the postulations of (Ullaha et al., 2021; Islam et al., 2021) in their study on "*myths and conspiracy theories on vaccine and COVID-19: potential effects on global vaccine refusals"*.

Furthermore, according to the data analysis outcome, the study participants opine that COVID-19 is an act of God against the rich. That the rich are suffering for their sins and should take a turn in their actions for God to be merciful to them. This in its sense has political affiliations as to why the rich suffered the most (Ullaha et al., 2021), faith is seen to be a very fundamental ideology to these respondents as a large number believe that they cannot contact the virus because they have been vaccinated and have faith in God to protect them. For some study participants, compliance with vaccine uptake is simply a moral obligation as well as a compliance demand from a person of authority such as the Nigerian government and the community champions. This findings is in consonance with the study conducted by Giubilini et. al., (2018) titled "*The moral obligation to be vaccinated: utilitarianism, contractualism, and collective easy rescue"*. Hence, it is a moral obligation to protect others by taking a vaccine.

7. Conclusion and Recommendation

It is only safe to conclude that to a large extent, the community champions can be a very helpful instrument in mitigating infodemics surrounding epidemic response as communities will be re-sensitized on appropriate information to consume during disease outbreaks.

According to the study outcomes, strategies such as mandatory uptake of vaccines and the restrain in the utilization of public services is an important measure against spread of diseases, however access to vaccination should be provided at no cost across communities. In addition, consent of individuals should be taken into consideration inclusive of employees and employers in work places. This would help foster the distribution processes of the vaccines considering the fact that most people will not be situated at their places of residents since they have to go out to earn their daily bread. Furthermore, mass campaigns and awareness creation are key strategies to be employed by the government to further sensitize the masses on absolute information for adequate health promotion and adherence. In this regard, community champions are key stakeholders that can be considered to exert some degree of influence on their communities since they are closest to the community members and to some extent are seen as role models by members within their communities.

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APPENDICES

APPENDIX 1: SOCIO-DEMOGRAPHIC DISTRIBUTION OF THE RESPONDENTS (N=902)

Variables	Akinyele (n=199)	Atiba (n=208)	Ibadan South West (n=201)	Ibarapa Central (n=115)	Saki West (n=179)
Gender					
Female	50.3%	46.2%	58.7%	62.6%	25.7%
Male	49.7%	53.8%	41.3%	37.4%	74.3%
Age					
≤20	26.6%	6.7%	8.0%	11.3%	12.8%
20-29	35.7%	38.0%	27.4%	20.9%	48.6%
30-39	16.1%	29.3%	27.4%	19.1%	15.1%
40-49	8.0%	16.3%	18.9%	20.9%	6.7%
50-59	4.5%	8.7%	11.4%	11.3%	7.8%
≥60	9.0%	1.0%	7.0%	16.5%	8.9%
Marital Status					
Divorced	0.0%	1.4%	0.0%	0.0%	3.4%
Married	38.2%	51.4%	59.7%	81.7%	32.4%
Separated	0.0%	.5%	.5%	.9%	.6%
Single	57.3%	45.7%	37.3%	15.7%	59.8%
Widowed	4.5%	1.0%	2.5%	1.7%	3.9%
Religion					
Christianity	55.8%	34.6%	80.6%	60.0%	53.6%
Islam	43.7%	60.6%	18.9%	40.0%	41.3%
Traditionalist		4.8%	.5%		5.0%
Others	.5%				
Education					
No Formal Education	3.5%	1.9%	1.5%	6.1%	3.9%
Quranic School	1.0%	1.9%	.5%		
Primary Education	9.0%	3.8%	3.0%	23.5%	3.4%
Junior Secondary	1.5%	9.6%	.5%	1.7%	6.1%
Senior Secondary	50.8%	21.6%	37.8%	40.0%	39.1%
Technical School	.5%	1.4%	2.0%	.9%	5.6%
College of Education	8.0%	23.6%	10.9%	13.9%	7.3%
Polytechnic (OND)	7.5%	11.1%	19.4%	7.0%	20.7%
Polytechnic (HND)	5.5%	5.3%	12.4%	.9%	11.7%
University	12.6%	18.8%	11.9%	6.1%	2.2%
Others		1.0%			
Occupation					
Artisan	24.1%	8.7%	24.4%	20.9%	3.4%
Civil Servant	8.5%	15.9%	15.4%	20.0%	5.0%
Farmer	.5%	2.9%	1.5%	7.8%	5.6%
Housewife	2.0%	1.9%	1.0%		3.9%
Student	23.6%	26.9%	12.9%	7.8%	43.0%
Trader	36.7%	33.2%	37.8%	38.3%	29.6%
Unemployed	1.0%	6.3%	3.0%		7.8%
Others	3.5%	4.3%	4.0%	5.2%	1.7%
Average Monthly Income					

<10,000	23.1%	27.9%	11.4%	29.6%	34.6%
10,000-19,000	26.1%	18.8%	19.9%	20.9%	22.3%
20,000-29,000	19.6%	12.5%	26.4%	15.7%	17.9%
30,000-39,000	13.1%	18.8%	17.4%	12.2%	12.3%
40,000-49,000	1.5%	7.2%	6.0%	4.3%	5.0%
50,000-59,000	6.0%	9.1%	7.0%	10.4%	2.8%
60,000>	10.6%	5.8%	11.9%	7.0%	5.0%
Residence					
Rural	15.6%	14.9%	15.4%	14.8%	22.9%
Semi-urban	46.7%	51.4%	45.8%	46.1%	47.5%
Urban	37.7%	33.7%	38.8%	39.1%	29.6%

Appendix 2. Awareness and Knowledge of Covid-19 Virus (N=902)

Awareness And Knowledge of Covid-19 Virus Variables	Akinyele (n=199)		Atiba (n=208)		Ibadan South West (n=201)		Ibarapa Central (n=115)		Saki West (n=179)	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you heard of Corona Virus or COVID-19?	98.0%	2.0%	97.6%	2.4%	98.5%	1.5%	96.5%	3.5%	97.2%	2.8%
Have you heard about COVID-19 preventive measures?	96.5%	3.5%	94.7%	5.3%	92.0%	8.0%	91.3%	8.7%	96.1%	3.9%
How can you be protected against getting infected with COVID-19?										
Protecting face	2.5%		2.9%		2.5%		5.2%			
Eating healthy foods	.5%		1.0%		1.0%		.9%			
Face mask	51.8%		62.5%		60.2%		56.5%		58.7%	
Getting vaccinated	11.6%		11.1%		6.5%		7.0%		9.5%	
Physical distancing	7.0%		4.3%		5.0%		7.0%		5.0%	
Use disinfectants	5.0%		1.9%		7.0%		7.8%		3.9%	
Using herbal medication	1.0%				.5%					
Wash hands	20.1%		16.3%		16.9%		15.7%		22.3%	
Others	.5%									
Don't know					.5%				.6%	
If you are infected with COVID-19, how will you manage the virus?										
Consult a health worker	85.4%		84.1%		86.6%		90.4%		87.7%	
Use herbs	9.0%		7.7%		8.0%		7.0%		7.3%	
Use over the counter drugs	4.5%		5.3%		2.0%		2.6%		4.5%	
Others	1.0%		2.9%		3.5%				.6%	
Which of these measures is the most effective in managing COVID-19?										
Consult a health worker	76.4%		78.4%		83.6%		84.3%		83.8%	
Use herbs	14.1%		11.5%		10.4%		9.6%		8.9%	
Use over the counter drugs	5.0%		4.3%		1.0%		2.6%		3.4%	
Others	4.5%		4.8%		5.0%		3.5%		3.9%	
None of them	-		1.0%		-		-		-	

Appendix 3: Perceptions of COVID-19 (N=902)

	Akinyele (n=199)			Atiba (n=208)			Ibadan South West (n=201)			Ibarapa Central (n=115)			Saki West (n=179)		
Variables on Perceptions	**Yes**	**No**	**Don't know**	**Yes**	**No**	**Don't know**	**Yes**	**No**	**Don't know**	**Yes**	**No**	**Don't know**	**Yes**	**No**	**Don't know**
If I am infected withCOVID-19, I will report it to the appropriate authorities	94.5 %	5.5%		92.8 %	7.2%		92.5 %	7.5%		93.9%	6.1%		97.8 %	2.2%	
COVID-19 is a threat to life	78.4 %	21.6 %		77.4 %	22.6 %		82.6 %	17.4 %		80.0%	20.0 %		81.0 %	19.0 %	
COVID-19 has killed people	79.4 %	7.0%	13.6 %	77.9 %	7.7%	14.4 %	77.1 %	6.5%	16.4 %	81.7%	7.8%	10.4%	84.4 %	4.5%	11.2 %
I am at risk of contracting COVID-19	34.7 %	65.3 %		36.5 %	63.5 %		34.8 %	65.2 %		47.0%	53.0 %		43.0 %	57.0 %	
Consumption of herbal medicine to cure COVID-19 is bad	53.8 %	46.2 %		57.2 %	42.8 %		51.7 %	48.3 %		58.3%	41.7 %		54.7 %	45.3 %	
The use of Western Medication is good to cure COVID-19	84.4 %	15.6 %		88.9 %	11.1 %		84.1 %	15.9 %		81.7%	18.3 %		89.4 %	10.6 %	
I cannot contract COVID-19, neither can anyone around me	59.8 %	40.2 %		62.0 %	38.0 %		66.2 %	33.8 %		65.2%	34.8 %		62.0 %	38.0 %	
I do not believe COVID-19 is real	33.7 %	66.3 %		27.9 %	72.1 %		29.9 %	70.1 %		22.6%	77.4 %		27.4 %	72.6 %	
I do not trust anything I hear about COVID-19	31.2 %	68.8 %		28.4 %	71.6 %		29.4 %	70.6 %		26.1%	73.9 %		26.8 %	73.2 %	
I think the government is just lying about people contracting it just to siphon intervention funds for personal use	23.1 %	52.3 %	24.6 %	22.6 %	49.5 %	27.9 %	24.4 %	46.3 %	29.4 %	15.7%	62.6 %	21.7%	24.0 %	49.7 %	26.3 %
COVID-19 treatment is effective.	71.9 %	9.5%	18.6 %	68.3 %	10.6 %	21.2 %	62.7 %	13.9 %	23.4 %	73.0%	7.0%	20.0%	71.5 %	10.1 %	18.4 %
COVID-19 measures are just appropriate to curb the spread of the virus	74.4 %	10.6 %	15.1 %	68.3 %	13.9 %	17.8 %	70.1 %	10.0 %	19.9 %	72.2%	11.3 %	16.5%	77.1 %	10.1 %	12.8 %
COVID-19 is very bad	92.0 %	8.0%		90.4 %	9.6%		90.5 %	9.5%		89.6%	10.4 %		92.2 %	7.8%	
If you have COVID-19, people will stay away from you.	94.5 %	5.5%		88.0 %	12.0 %		91.0 %	9.0%		87.8%	12.2 %		95.5 %	4.5%	
People who have COVID-19 can suffer depression because everybody might stay away from them, including their family members	84.4 %	5.0%	10.6 %	76.9 %	10.6 %	12.5 %	85.1 %	7.0%	8.0%	84.3%	6.1%	9.6%	87.7 %	6.1%	6.1%

I think these COVID-19 vaccines are harmful	29.1 %	48.7 %	22.1 %	29.3 %	50.0 %	20.7 %	29.4 %	42.8 %	27.9 %	26.1%	50.4 %	23.5%	27.4 %	50.3 %	22.3 %
Messages disseminated on COVID-19 have been very effective	69.3 %	14.1 %	16.6 %	68.3 %	9.1%	22.6 %	68.7 %	10.9 %	20.4 %	72.2%	7.8%	20.0%	72.6 %	8.4%	19.0 %
I believe the media when it announced the deaths resulting from COVID-19	72.9 %	27.1 %		76.4 %	23.6 %		71.6 %	28.4 %		72.2%	27.8 %		77.7 %	22.3 %	

Appendix 4: Preventive measures and the Behavioural Disposition on COVID-19 (N=902)

Preventive measures variables	Akinyele (n=199)			Atiba (n=208)			Ibadan South West (n=201)			Ibarapa Central (n=115)			Saki West (n=179)		
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
I have contracted COVID-19 before	10.6%	89.4%		8.7%	91.3%		7.0%	93.0%		12.2%	87.8%		9.5%	90.5%	
I know the preventive measures of COVID-19	58.3%	22.6%	19.1%	58.2%	18.3%	23.6%	54.2%	19.9%	25.9%	66.1%	21.7%	12.2%	64.2%	19.6%	16.2%
The preventive measures have been very effective	87.9%		12.1%	92.6%		7.4%	87.2%		12.8%	93.4%		6.6%	87.8%		12.2%
I will seek help at the hospital if I contract COVID-19	90.5%	4.0%	5.5%	88.5%	6.3%	5.3%	84.6%	8.5%	7.0%	81.7%	11.3%	7.0%	91.1%	3.4%	5.6%
I prefer to use herbs to treat COVID-19	25.1%	74.4%	.5%	31.3%	67.3%	1.4%	26.4%	73.1%	.5%	30.4%	67.8%	1.7%	27.9%	72.1%	
I do not go out without my face mask on	64.8%	35.2%		55.8%	44.2%		57.7%	42.3%		67.8%	32.2%		61.5%	38.5%	
Physical distancing is critical to me no matter the person	64.8%	35.2%		70.7%	29.3%		65.7%	34.3%		69.6%	30.4%		67.6%	32.4%	
I will immediately report whenever I feel signs of being infected with the virus	91.5%	8.5%		90.9%	9.1%		87.1%	12.9%		90.4%	9.6%		92.2%	7.8%	
I must avoid touching my face without washing my hands under running water	74.9%	25.1%		79.8%	20.2%		74.6%	25.4%		74.8%	25.2%		76.5%	23.5%	
I will combine traditional and western medicine to prevent COVID-19	33.2%	66.8%		36.5%	63.5%		33.8%	66.2%		32.2%	67.8%		33.0%	67.0%	
I will get vaccinated	72.4%	16.1%	11.6%	77.9%	12.5%	9.6%	74.6%	18.9%	6.5%	74.8%	11.3%	13.9%	75.4%	16.2%	8.4%