



Covid-19 Pandemic Risk Awareness Among Secondary School Students

Ologele Ibrahim

University of Ilorin, Ilorin, Nigeria



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ABSTRACT

The Coronavirus outbreak proved to be one of the most transformative events in the modern period. This study objectives are to investigate whether difference exist between knowledge of covid-19 risk and; (i) not use of nose mask, (ii) not observe social distance and, (iii) whether difference exist between Muslim and Christianity on awareness of Covid-19 risk in the study area. The population of the study comprised all secondary school students in the study area. The study adopted a descriptive research design of survey type and multi-stage sampling technique was used to select 266 respondents participated in the study. The findings of the study revealed that, the students have knowledge that no use of nose mask is a risk for contacting Covid-19 disease, students do not have knowledge that failure to observe social distance is a risk for contacting Covid-19 infection and there is no difference between Muslim and Christian students of their awareness on Covid-19 pandemic risk among secondary school students in the study area. The researcher recommends among others that the Patigi local government educational authority should organize enlightenment programme for secondary school students that will educate them on the activities that can put them at the risk of contacting Covid-19 infection which is harmful to their health.

INTRODUCTION

Infectious diseases are considered to be the second leading cause of death worldwide. Among infectious diseases causing death worldwide, acute lower respiratory tract infections, HIV/AIDS, and diarrheal diseases predominated (Banan et al., 2022; Mandi et al., 2021). In late December 2019, multiple influenza and severe pneumonia cases spread quickly in Wuhan, China, and a new species of the coronavirus family was responsible for the new zoonotic disease (Banan et al., 2022; Li et al., 2019). Initially, the World Health Organization (WHO) named the causative virus as 2019 novel coronavirus (2019-nCoV), and then the name was updated later to SARS-CoV-2 and the disease was named coronavirus disease 2019 (Covid-19) (Banan et al., 2022; Alzoubi et al., 2020).

The modern name for the coronavirus is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The coronavirus disease (Covid-19) has been recognized as the root cause of this epidemic of respiratory problems in Wuhan, Hubei Province, China and beginning in December 2019. The current Covid-19 epidemic has disseminated very rapidly by January 31, 2020, and propagated to 19 countries with 11,791 diagnosed cases, including 213 deaths due to the virus, and by February 15, 2020, the virus had outstretched in almost 26 countries leading to 51,857 diagnosed cases and 1,669 deaths, with nearly all deaths occurring in China. This disease spread worldwide in just a few months and became a global pandemic (Rehana et al., 2021; Chen et al., 2020). In reaction to these severe concomitances, the World Health Organization (WHO) declared it a pandemic on January 30, 2020 and ordered combined efforts of all countries to prevent the rapid spread of Covid-19. WHO confirmed that several cases

with pneumonia of unknown origin were associated with a local Huanan South China seafood market in Wuhan in December, 2019. Still, no specific animal association was declared. In China, 19% of cases with Covid-19 developed the severe stage of acute respiratory distress syndrome and coagulation disorders (Rehana et al., 2021). The Nigeria Centre for Disease Control (NCDC) reported 13 additional COVID-19 infections, after three days of no reports. The latest update released indicates that the infections were recorded on 02/05/2022 across three states of the federation. With the latest figure, the total infections in the country have now increased to 255,766 from 255,753 reported when the country last recorded 37 infections three days ago. With no fatalities recorded, the disease control centre noted that the death toll still stands at 3,143 cases. The breakdown of the NCDC data shows that Lagos State, Nigeria's epicentre of the disease topped the infection chart with five cases. With no backlog of discharges recorded, NCDC also noted that a total of 249,914 have now been discharged nationwide (Ileyemi, 2022).

Coronavirus disease (Covid-19) is a disease caused by a newly emerging novel corona virus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2) that appeared in late 2019 disseminating to cause a global pandemic in 2020. It is related to the SARS-CoV and Middle Eastern Respiratory Coronavirus (MERS-CoV) that emerged in the early 2000s in East Asia and the Middle East respectively. These viruses are of zoonotic origin with SARS-CoV2 thought to have originated in bats. They were not previously identified in humans (Centre for diseases control and prevention, 2019). The Corona virus disease 2019 (COVID-19) is a communicable respiratory disease caused by a new strain of coronavirus that causes illness in human Covid-19 is defined as illness caused by a novel corona virus and it causes severe acute respiratory syndromes as its first sign. Scientists are still learning about the disease, and think that the virus began in animals. At some point, one or more humans acquired infection from an animal, and those infected humans began transmitting infection to other humans (African Centre for Disease Control and Prevention, 2020). Respiratory infections can be transmitted through droplets of different sizes: when the droplet particles are $>5\text{-}10\text{ }\mu\text{m}$ in diameter they are referred to as respiratory droplets, and when then are $<5\mu\text{m}$ in diameter, they are referred to as droplet nuclei (WHO, 2014). According to current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes. In an analysis of 75,465 Covid-19 cases in China, airborne transmission was not reported (WHO, 2020a).

Droplet transmission occurs when a person is in close contact (within 1 m) with someone who has respiratory symptoms (e.g., coughing or sneezing) and is therefore at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets. Transmission may also occur through fomites in the immediate environment around the infected person. Therefore, transmission of the Covid-19 virus can occur by direct contact with infected people and indirect contact with surfaces in the immediate environment or with objects used on the infected person (e.g., stethoscope or thermometer). Airborne transmission is different from droplet transmission as it refers to the presence of microbes within droplet nuclei, which are generally considered to be particles $<5\mu\text{m}$ in diameter, can remain in the air for long periods of time and be transmitted to others over distances greater than 1 m. In the context of Covid-19, airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed; i.e., endotracheal intubation, bronchoscopy, open suctioning, administration

of nebulized treatment, manual ventilation before intubation, turning the patient to the prone position, disconnecting the patient from the ventilator, non-invasive positive-pressure ventilation, tracheostomy, and cardiopulmonary resuscitation (WHO, 2020a; WHO, 2020b).

The disease spreads from person through infected air droplets that are projected during sneezing or coughing. It can also be transmitted when humans have contact with hands or surfaces that contain the virus and touch their eyes, nose, or mouth with the contaminated hands (Covid-19) was first reported in China, but it has now spread throughout the world. Initially, most cases at the epicenter of the outbreak in Wuhan, Hubei province, China had contact with live animals and seafood suggesting animal to human transmission. Later on, person spread was reported outside the epicenter (CDC, 2019). On 31st December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan city, Hubei Province of China. The causative virus of the disease was identified by Chinese authorities on 7th January (World Health Organization, 2020a) the WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC) on 30th January, and a pandemic on 11th March (WHO, 2020a).

The symptoms of Covid-19 appear after 2 – 14 days following exposure and vary from asymptomatic, mild symptoms to severe respiratory disease. The main symptoms are fever, cough and shortness of breath. Covid-19 has a much lower case-fatality rate (about 2.67%) or <5% among the confirmed cases, compared with severe acute respiratory syndrome (SARS), and MERS both of which were not reported in Nigeria. Comorbidities among fatal cases include: hypertension, diabetes, coronary heart disease, cerebral infarction, and chronic bronchitis. No specific treatment for Covid-19 is currently available (CDC, 2019). Clinical management includes prompt implementation of recommended infection prevention and control (IPC) measures and supportive management of complications, including advanced organ support where indicated. Prevention of further spread is of high importance and people should practice frequent hand washing, staying home when sick, and covering their mouths when coughing and sneezing. Until a vaccine is developed, community-based interventions such as school closure, avoiding congregations, adopting social distancing, and creating employee plans to work remotely can help slow the spread of Covid-19. Many countries enacted travel restrictions to prevent further spread (CDC, 2019).

Corona virus disease case was confirmed in Lagos State, Nigeria by the Federal Ministry of Health. The case, which was confirmed on the 27th of February 2020, is the first case to be reported in Nigeria since the beginning of the outbreak in China in January 2020. The case is an Italian citizen who works in Nigeria and returned from Milan, Italy to Lagos, Nigeria on the 25th of February 2020. He was confirmed by the Virology Laboratory of the Lagos University Teaching Hospital, part of the Laboratory Network of the Nigeria Centre for Disease Control. The patient is clinically stable, with no serious symptoms, and is being managed at the Infectious Disease Hospital in Yaba, Lagos. The virus has affected nearly all the states in the country by 8th June 2020. (Maclean & Dahir, 2020; Habib et al., 2021). From 31st December 2019 to 8th June 2020, 6.96 million cases of Covid-19 have been reported, including 401 970 deaths in 2016 countries worldwide. In Africa there were 189 598 cases, the five common reporting most cases were South Africa (48 285), Egypt (34 079), Nigeria (12 486), Algeria (10 154), and Ghana (9 638) (European Centre for Disease Prevention and Control (ECDC), 2019).

WHO's recommendations for the rational use of personal protective equipment (PPE) in health care and community settings, as well as during the handling of cargo; in this context, PPE includes gloves, medical masks, goggles or a face shield, and gowns, as well as for specific procedures, respirators (i.e. N95 or FFP2 standard or equivalent) and aprons. It is intended for those involved in distributing and managing PPE, as well as public health authorities and individuals in health care and community settings, and it provides information about when PPE use is most appropriate. Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets, not by airborne transmission. The people most at risk of infection are those who are in close contact with a COVID-19 patient or who care for COVID-19 patients. Preventive and mitigation measures are key. The most effective preventive measures in the community include:

- performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty;
- avoiding touching your eyes, nose, and mouth;
- practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
- maintaining social distance (a minimum of 1 metre) from persons with respiratory symptoms. Additional precautions are required by health care workers to protect themselves and prevent transmission in the healthcare setting. Precautions to be implemented by health care workers caring for patients with COVID-19 include using PPE appropriately; this involves selecting proper PPE and being trained in how to put on, remove, and dispose of it (WHO, 2020c).

WHO reports that the best way to prevent and slow down the transmission of Covid-19 is to accurately and widely inform the public about the disease, the causes, mode of transmission, and simple prevention methods such as hand washing with soap or use of hand sanitizers, maintaining social distance and staying home to remain protected from the infection (WHO 2020b; Atkure, et al., 2021). On the other hand, poor hand hygiene practices; overcrowding and close physical contacts like handshaking contribute to the fast spread of the virus within a very short period (FMOH, 2020).

Implementing personal hygiene and public health interventions especially in priority high-risk groups is necessary to curb the spread of coronavirus. Therefore, enhancing the community's knowledge and practice of Covid-19 symptoms & prevention methods will have a significant contribution to reduce the spread of the outbreak (Habib, et al., 2021; Abuya et al., 2020). Not all the secondary school students are aware of the risks favour spreading of Covid-19 pandemic disease. Due to this, some students infected with this condition from their activities carried out in schools as well as those practicing while at home. Therefore, the study objectives was to investigate on Covid-19 pandemic risks awareness among secondary school students in Patigi LGA, Kwara State, Nigeria to provide functional suggestions that will help in protecting students against the risks of Covid-19 infection in the study area.

RESEARCH OBJECTIVES

The following research objectives were raised for the study:

1. Is there any difference between knowledge of Covid-19 pandemic risk and no use of nose mask among secondary school students in Patigi LGA, Kwara State?
2. Is there any differences between knowledge of Covid-19 pandemic risk and not observe social distance among secondary school students in Patigi LGA, Kwara State?

Research Hypothesis

The research hypothesis formulated for the study was as follow:

H01: There is no significant difference between students practicing Islam and Christianity of awareness on Covid-19 Pandemic risk among secondary school students in Patigi LGA, Kwara State.

RESEARCH METHOD

The descriptive research design of survey type was used for the research study. The population of the study comprised of all secondary school students in the study area. Multi-stage sampling technique was used for the study. **At stage one**, purposive sampling technique was used to choose one secondary school that has the highest students' enrolment in each of the three district in the area. Patigi secondary school was chosen from Patigi district with two thousand nine hundred and fifty students enrolled, Lade secondary school selected from Lade district with two thousand one hundred students enrolled and Kpada secondary school chosen from Kpada district with one thousand six hundred students enrolled. **At stage two**, proportionate sampling technique was used to choose 4% of students from each of the selected school in each district. One hundred and sixty-eight students selected in Patigi secondary school, eighty-four students selected from Lade secondary school and sixty-four students were selected from Kpada secondary school. **At stage three**, simple random sampling technique was used to choose the respondents partake in the study from each of the selected school based on number realized from proportionate sampling technique. Two hundred and sixty-six respondents participated in the study.

Instrument and Procedure

The research instrument used for this study was the researcher developed questionnaire validated by the three jurors in the related field. The consistent of the instrument was established using a test re-test method, 20 copies of the questionnaire administered on twenty (20) secondary school students in Lafiagi secondary school which has the similar characteristics with the subject in question. Two weeks after, the instrument was re-administered. The results were compared using the Pearson Product Moment Correlation. A reliability coefficient of 0.85r was obtained which was considered high enough and this made the research instrument reliable. The researcher administered the instrument with the help of three trained research assistants. Mean, standard deviation and t-test were used to analyse the result of tested research questions and hypothesis at 0.05 alpha level. The steps used for the research process can be seen in Figure 1.

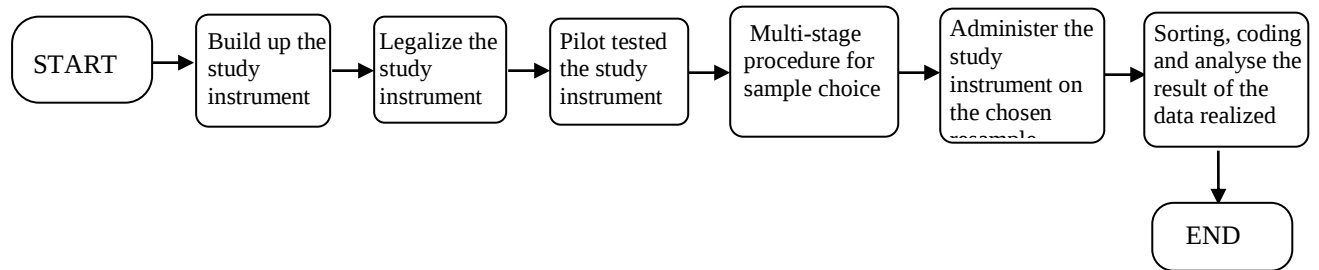


Figure 1. The flowchart showed the study procedure.

The researcher developed a questionnaire that was used as an instrument for the study. The data received from the quantitative instrument used for the study subjected to analysis and results obtained from the procedure become information. QuestionPro (2022) pointed out that a questionnaire is a research instrument that consists of a set of questions or other types of prompts that aims to collect information from a respondent. A research questionnaire is typically a mix of close-ended questions and open-ended questions. Open-ended, long-form questions offer the respondent the ability to elaborate on their thoughts. The data collected from a data collection questionnaire can be both qualitative as well as quantitative in nature. A questionnaire may or may not be delivered in the form of a survey, but a survey always consists of a questionnaire.

RESULTS AND DISCUSSION

The results derived from the two research questions and one hypothesis formulated for the study were shown in Table 1, Table 2 and Table 3.

Research Question One: Is there any difference between Knowledge of Covid-19 pandemic risk and no use of nose mask among secondary school students in Patigi LGA, Kwara State?

Table 1. Mean rating of difference between knowledge of covid-19 pandemic risk and not use of nose mask.

Items	SA	A	D	SD	Mean	Remark
1. Failed to use nose mask expose man to the risk of containing Covid-19 disease.	134 (50.4%)	114 (42.9%)	14 (5.3%)	4 (1.5%)	1.78	Agree
2. Sharing of nose cover with school mate is a risk for Covid-19 disease.	113 (42.5%)	136 (51.1%)	14 (5.3%)	3 (1.1%)	1.85	Agree
3. Use unsterile nose cover is a risk for contacting Covid-19 infection.	121 (45.5%)	107 (40.2%)	34 (12.8%)	4 (1.5%)	1.80	Agree
4. Use nose mask not properly store is a risk for contacting Covid-19 infection.	67 (25.2%)	144 (54.1%)	49 (18.4%)	6 (2.3%)	1.98	Agree
Aggregate Mean Score					1.77	

Table 1 presents research question on the difference between knowledge of Covid-19 pandemic risk and no use of nose mask among secondary school students in Patigi

LGA, Kwara State. In order to answer this, a benchmark of aggregate mean was determined. Any item with mean value less than 1.77 signified disagreement and any other item with mean value greater than 1.77 connoted agreements. Analysis also reveals that respondents in the study area agreed with items numbered 1 on failed to use nose mask expose man to the risk of contacting Covid -19 disease with mean score of 1.78 , also item 2 on the sharing of nose cover with school mate is a risk for covid-19 disease (1.85), item 3 on use unsterile nose cover is a risk for contacting covid-19 infection (1.80) and item 4 on use nose mask not properly store is a risk for contacting covid-19 infection (1.98) as all the items mean score were greater than aggregate mean of 1.77. Since, there are more agree than disagree, therefore, this implies that students in the study area have knowledge that no use of nose mask is a risk for contacting Covid-19 pandemic disease.

Research Question Two: Is there any differences between knowledge of Covid-19 pandemic risk and not observe social distance among secondary school students in Patigi LGA, Kwara State?

Table 2. Mean rating of difference between knowledge of covid-19 pandemic risk and not observe social distance.

Items	SA	A	D	SD	Mean	Remark
5. Hugging friends and family members while greeting is a risk of contacting Covid-19 infection.	23 (8.6%)	31 (11.7%)	111 (41.7%)	101 (38.0%)	1.58	Disagree
6. Failed to keep one metre distance from one another in school premises/classroom is risk for contacting Covid-19 disease.	0 (0.0%)	103 (38.7%)	153 (57.5%)	10 (3.8%)	1.65	Disagree
7. Attending gathering where physical distance not observes is a risk for contacting Covid-19 infection.	12 (45.%)	72 (27.1%)	151 (56.8%)	31 (11.7%)	1.70	Disagree
8. Exchanging handshake with friends is a risk for contacting Covid-19 disease.	33 (12.4%)	44 (16.5%)	99 (37.2%)	90 (33.8%)	2.92	Agree
Aggregate Mean Score					1.96	

Table 2 presents research question on the difference between knowledge of Covid-19 pandemic risk and not observe social distance among secondary school students in Patigi LGA, Kwara State. In order to answer this, a benchmark of aggregate mean was determined. Any item with mean value less than 1.96 signified disagreement and any other item with mean value greater than 1.96 connoted agreements. Analysis also reveals that respondents in the study area disagreed with items numbered item 1 on hugging friends and family members while greeting is a risk of contacting Covid-19 infection with mean value of 1.58, also item 2 on failed to keep one metre distance from

one another in the school premises/classroom is a risk for contacting covid-19 disease (1.65), item 3 on attending gathering where physical distance not observes is a risk for contacting covid-19 infection (1.70). But agreed with item 4 on exchanging handshake with friends is a risk for contacting Covid-19 disease (2.92). Items 1, 2 and 3 mean score were all less than aggregate mean of 1.96 and item 4 mean value was greater than 1.96. Since, there are more disagree than agree, therefore, this indicate that respondents partake in the study do not have knowledge that failure to maintain social distance with one another is a risk for contacting Covid-19 pandemic disease.

H01: There is no significant difference between students practicing Islam and Christianity of awareness on Covid-19 Pandemic risk among secondary school students in Patigi LGA, Kwara State .

Table 3. The t-test summary examining difference between muslim and christian awareness on covid-19 pandemic risk.

Respondents	No	X	df	p.value	Decision
Muslim	200	1.58	0.66	0.61	H0 Accepted
Christianity	66	1.65	0.63		

P≤0.05

Table 3 revealed the calculated t-value of 40.62 and p.value of 0.61 with 265 degree of freedom @ 0.05 alpha level. Since the p.value of 0.61 > 0.05 alpha level, thus, the hypothesis one is accepted. This implies that there is no significant difference between students practicing Muslim and Christianity awareness on Covid-19 Pandemic risk among secondary school students.

Discussion of Findings

The result of the first research question tested for the study indicated that there is difference between knowledge of Covid-19 pandemic risk and not use of nose mask among secondary school students. The result of the finding ascribed to the fact that the respondents partake in the study have knowledge that failed to use nose mask, sharing of nose cover and use of unsterile nose mask expose man to the risks of Covid-19 infection. The result of the finding is agrees with the finding of Banan et al., (2022) on knowledge and awareness of masks N95 respirators used for Covid-19 prevention among Chemical Engineering Students at Al-Balqa Applied University Jordan among 179 respondents. The study found moderate awareness among engineering students about Covid-19 causative agent, effective preventive masks/respirators used, and the mask's viral blockage mechanisms. A total of 89 respondents (49.7%) pointed to the correct best protective mask, i.e., N95 mask. On the other hand, 119 respondents (66.5%) believed that a surgical mask is the best protective mask. The study also showed differences in knowledge between different academic years; the knowledge about respirators, masks, and their action mechanism among senior students in the last three academic years was better than the younger students with a *P*-value of 0.047 for knowledge about respirator used for protection against coronavirus disease and the *P*-value of 0.028 for knowledge of the comparisons between the N95 and surgical mask. On the other hand, the study showed a lack of awareness of the most suitable mask types used in pandemics and the appropriate use method. The study found that chemical engineering students in Al-Balqa university were moderately knowledgeable regarding Covid-19 respiratory preventive methods.

The result of the second research question tested for the study revealed that respondents partake in the study do not have knowledge that failure to observe social distance with one another is a risk for contracting Covid-19 pandemic disease. The result of the finding carved around the fact that the respondents disagree that attending gathering where physical distance not observe, failed to keep one metre distance from one another and exchange hands shake with friends expose man to the risk of Covid-19 infection. The result of the finding is agrees with the finding of a cross-sectional research conducted by Atkure et al., (2021) among 6007 respondents live in crowded areas in Addis Abba, Ethiopia. The outcome of the findings indicated that about half (48%, 95% CI: 46–49) of the study participants had poor knowledge on the transmission mode of Covid-19 whereas six out of ten (60%, 95% CI: 58–61) had good knowledge on prevention methods for Covid-19. The practice of preventive measures towards Covid-19 was found to be low (49%, 95% CI: 48–50). Factors that influence knowledge on Covid-19 transmission mechanisms were female gender, older age, occupation (health care and grocery worker), lower income and the use of the 8335 free call centre. The study highlighted that there was moderate knowledge about transmission modes and prevention mechanisms. Similarly, there was moderate practice of measures that contribute towards the prevention of Covid-19 among these priority and high-risk communities of Addis Ababa. There is an urgent need to fill the knowledge gap in terms of transmission mode and prevention methods of Covid-19 to improve prevention practices and control the spread of Covid-19. Use of female public figures and religious leaders could support the effort towards the increase in awareness.

The result of the first hypothesis tested for the study showed that that there is no significant difference between students practicing Muslim and Christianity awareness on Covid-19 Pandemic risk among secondary school students. The result of this finding agrees with finding of Lukasz and Grzegorz (2020) in Poland with the aim to investigate the activities undertaken by churches in Poland at the time of the Covid-19 pandemic and what differences there are in their organization of religious life. The research confirmed that the Churches studied are able to limit or suspend their religious services and encourage the faithful to stay at home. The positions taken by the churches in this respect do not differ from the standards adopted in many other countries. Despite this, they keep in touch with the faithful using modern technologies. However, they are not able to change or depart from their religious principles determining their identity. In the field of coronavirus pandemic education, they are ready for educational cooperation, limiting the role of religious superiors in favor of lay specialists. In their teaching, they are far from blaming anyone for the occurrence of the pandemic. They see a greater commitment to the sick and the elderly.

The result of the finding is in line with the view of Ayman (2021) who pointed out that the Coronavirus pandemic has created one of the most serious public health crises in recent history. Within a few weeks of its emergence in China, it spread all over the world and left its impact on all aspects of people's lives. The high rate of infection has increased pressure on medical resources and services, and intensified demand for basic medical supplies. For the current generation, the pandemic has brought to memory the legacy of major pestilences both in the pre-modern and modern periods. Islamic ethical deliberations on the Covid-19 pandemic build on an existing tradition that emerged in connection with preceding incidents of epidemics, especially those associated with the plague. This tradition began with commentaries on specific references in the Islamic foundational sources, which eventually developed into detailed and systematic

discussions across the various genres of the normative tradition including theology, jurisprudence, and mysticism. What is remarkable about this tradition is its continuous evolution in light of the recurrent episodes of epidemics, which made ongoing interpretation and reinterpretation necessary. The example of contagion illustrates this process of ongoing construction, as competing Prophetic reports have usually been reconciled in order to remove seeming contradictions – in line with a more active rather than passive or fatalistic attitude towards pandemics.

CONCLUSION

The implication of the finding exposed that the Covid-19 pandemic awareness of the risks of contacting the infection differ among secondary school students in the study area. The disease outbreak brings new activities to the educational programme of the students in the study area. Majority of the respondents have knowledge that; failure of students to use nose mask, sharing of nose cover and use of unsterile nose cover can expose man to the risk of Covid-19 infection. The significant number of the respondents do not have knowledge that; attending gathering where physical distance not observe, failure of man to keep one metre distance from one another while in school and exchange hands shake with friends expose man to the risk of Covid-19 infection. No difference identified on the students' awareness concerning risk of contacting Covid-19 on the basis of their religious affiliation. This research study is only limited to the secondary school students in Patigi LGA, Kwara State. The secondary school students from Kwara State North Senatorial not included in this study. Further research must carry out research study on the same topic among the secondary school students in the Kwara State Northern region which comprises of three local governments to crutch up and strengthen this research study. The Patigi local government educational authority should organizes enlightenment programme for secondary school students that will educate them on the need to keep away from activities that can put them at the risk of contacting Covid-19 infection which is harmful to their health. The Kwara State ministry of Education should improve the religious leaders' awareness by organizes comprehensive educational campaigns for them to increase their followers knowledge on the risks associated with Covid-19 disease.

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***Ologele Ibrahim, Ph.D. (Corresponding Author)**

University of Ilorin, Ilorin, Nigeria,

Department of Health Promotion and Environmental Health Education, Faculty of Education

Email : ologele2010@gmail.com
