Compliance with Covid 19 Preventive Measures among Students of Library and Information Science Department at Delta State University, Abraka, Nigeria

By

Achugbue Iroroeavwo Edwin Ph.D
Department of Library and Information Science
Delta State University, Abraka.

Abstract

This study focused on compliance with Covid 19 preventive measures among undergraduates and post graduate students of the Department of Library and Information Science, Delta State University, Abraka, Nigeria. The research adopted a descriptive survey design, the population for the study was 561 students. The study adopted simple random sampling technique in selecting the respondents. The questionnaire was the instrument used for the study. Frequency count was used to analyze the demographic data of the respondents, while statistical mean was used to analyze items on compliance to Covid-19 preventive measures. The study found that students were aware of the risk associated with Covid-19 and that students observed Covid-19 safety protocols. The study also revealed that sitting arrangement in class is in line with globally recommended practice in schools. Finally, the study found that students avoided crowded places and that they are co-living with their family members.

Keywords: Covid-19, Pandemic, Social distancing, Physical distancing, Students, Library and information Science, Nigeria.

Introduction

The year 2019 is a year that will not be forgotten in hurry in the history of the present generation. Consequently, the outbreak of the Corona Virus otherwise known as COVID 19 according to Ajisegiri, Odusanya and Joshi (2020) has affected over 200 countries including Nigeria. Corona virus is described as one of the worse respiratory disease outbreaks affecting numerous countries at the same time and a different strain of Coronavirus (SARS-CoV 2) which has been acknowledged as the causative agent (Ajisegiri, Odusanya & Joshi, 2020). As a result of the above development, International Health Regulation Emergency Committee, the Director-General of WHO declared the COVID-19 epidemic a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and categorized it as a pandemic on 11 March 2020

(Ajisegiri, Odusanya & Joshi, 2020). Considering the severity of unexpected health challenges, Amzata et al (2020) note that the novel coronavirus disease of 2019 (COVID-19) pandemic engrossed the world with a shock, thereby overpowering the health system of most nations.

The above situation has brought to consciousness the phrase social distancing, even though social distancing is a terminology associated with medical practice, which until late December 2019, it was not so popular in our society. However, it is important to note that in the ancient time social distancing was practice. Social distancing procedures is as old as creation and date back to at least the fifth century BC (Wikipedia the Free Encyclopedia, 2020). Social distancing, was practiced in the Bible in the ancient time, that has one of the earliest known references to the practice in the Book of Leviticus 13:46: "And the leper in whom the plague is ... he shall dwell alone, (outside) the camp shall his habitation be (Wikipedia the Free Encyclopedia, 2020) the above portion suggest that for any communicable disease, there is the need to observe social distancing as one of the measure for containment. All through the Plague of Justinian of 541 to 542, Emperor Justinian imposed an unsuccessful quarantine on the Byzantine Empire, including abandoning bodies in the sea, he mostly blamed the widespread occurrence on "Jews, Samaritans, pagans, heretics, Arians (Wikipedia the Free Encyclopedia, 2020). In contemporary society, social distancing measures have been successfully applied in several epidemics (Wikipedia the Free Encyclopedia, 2020). In St. Louis, soon after the first cases of influenza were noticed in the city during the 1918 flu pandemic, the ruling classes implemented school closures, bans on public gatherings and other social-distancing interpolations (Wikipedia the Free Encyclopedia, 2020). The case casualty rates in St. Louis were much less than in Philadelphia, which in spite of having cases of influenza, permitted a mass parade to continue and did not introduce social distancing until more than two weeks after its first cases (Wikipedia the free encyclopedia, 2020). From the above, social distancing is as old as human existence and introduction of containment measures is very important. In our traditional and modern society, people with infectious diseases such as leprosy, tuberculosis, measles and chicken pox are isolated and in most cases are advised to observe social distancing and build colony (leaper settlement) for infected persons. According to Krishna and Cho (2020), social distancing is defined as a measure or means employ to ban large meetings, associations, gatherings and advice to individuals not to socialize outside their households by closing borders, some public places, schools and universities; isolation/quarantine, physical distancing and room separation to isolate symptomatic individuals and their contacts, and large-scale lockdowns of populations by staying at least 2m apart are measures aiming to minimize mixing of infectious patients with

susceptible.

The Center for Decease Control and Prevention (2019) further posits that social distancing is also called physical distancing, which also means keeping space between yourself and other people outside of your home. Consequently, to practice social or physical distancing people should observe stay at least 6 feet (about 2 arms' length) from other people, do not gather in groups, stay out of crowded places and avoid mass gatherings.

In addition to everyday steps to prevent the spread of COVID-19, keeping space between you and others is one of the best tools that con help in the containment. However, considering the nature of man and social behaviour, compliance to Covid 19 standard protocol still remain a major challenge. Maragakis (nd) avers that while it may be disappointing to hear that so many sports events, cruises, festivals and other gatherings are being cancelled, there is a public health reason for these measures. These cancellations will help to stop or slow down the spread of disease allowing the health care system to be more readily concern for patients over time (Maragakis, nd). Furthermore, cancelling events that are likely to pull down crowds and other public inducement is an example of social and physical distancing. Social distancing is deliberately increasing the physical space between people to avoid spreading illness. Africa Centers For Disease Control And Prevention (2020) considering the importance of social distancing as a preventive measures, reaffirmed that social distancing is an accepted strategy to delay and reduce the scale of outbreaks of pandemic, and noted that at the individual level, social distancing involves the use of non-contact greetings, maintaining at least one meter distance between yourself and other people, and staying at home when ill will help to reduce the spread of the virus. While at the community level, social distancing involves closure of any events or settings in which people gather together, including schools, workplaces, houses of worship, and cultural, social and sports events (Africa Centers for Disease Control and Prevention, 2020). Furthermore, at the individual and community levels, because transmission occurs frequently from person-to-person and infection causes severe illness in up to 20 percent of people due to Covid 19 pandemic, social distancing is also necessary (Africa Centers For Disease Control And Prevention, 2020 and The European Center For Disease Control, 2020).

Faherty, Schwartz, Amend, Zhetyeva, Uzicanin and Uscher- Pines (2020) explained that implementation of social distancing practices should be in the early phases of pandemics this can help to create enough time to develop vaccines and relieve pressure on overworked/overloaded healthcare and public health systems. Schools of all forms can

represent vital settings for social distancing, as practices that promote social distancing may protect vulnerable children and reduce secondary transmission to adults in their household's, environment and communities. Even at that, schools also denote a thought-provoking setting for social distancing, this is because as multiple stakeholders with different needs (e.g., teachers, administrators, parents, students, public health departments, state and local governmental agencies and transport agencies) are involved and they constitute a larger population for driving the whole process (Faherty et al, 2019). However, it is important to practice social distancing as one of the ways of mitigating the spread of the deadly virus, depending on how many people are sick, social distancing can range from reducing the number of people who can be together at one time, to stopping all activities that are not necessary, and to ensure compliance to Covid-19 safety protocols.

The severity of the virus has constrained countries to adopt measures for prevention of the spread of the virus and compliance. According to Krishna and Cho (2020), numerous countries, including the UK, USA and other EU countries are embracing SDMs as a form of non-pharmaceutical or physical mediation. Africa countries are not excluded in from social distancing measure for prevention of Covid 19 spread and citizen's compliance to safety protocols. Perhaps, every country where the virus has shown up, there are some form of measures put in place to curb the spread in Africa. Compliance to social distancing is very essential in this Covid 19 era, particularly when many countries across the globe are trying to cope with the challenges posed by the outbreak of the virus. Secondly, the risk associated with the Covid 19 and the emergence of second weave also calls for concern. Consequently, the above situation underscore the imperativeness of the need to observe social distancing (Los Angeles County Department of Public Health, 2020). Still on preventive measures on curtailment of the spread of Covid 19 and compliance, the University of Chicago Emergency Management Program (nd) also listed some goals of social distancing and noted that limit exposure to infectious bacteria and viruses during a communicable disease outbreak is a catalyst towards the spread of the virus.

Krishna and Cho (2020) in their study did a few systematic review and meta-analysis conducted to study the ideal distance for avoiding transmissions, ethnicity and clinical outcomes and compliance, and cited, Nussbaumer-Streit, Mayr, Dobrescu (2020) and Pan, Sze, Minhas (2020) who piloted three studies simultaneously, mainly on speedy review in 2020, the study focused on 29 studies on COVID-19, SARS, MERS plus other viruses from China, UK, South Korea and Japan. While the other was 30 Second, on a rapid qualitative evidence synthesis conduced in 2020 capturing 36 studies from Asia,

Africa, Central and North America and Australia on healthcare workers' adherence and enablers or challenges associated with infection control guidelines for respiratory infections. In another research, they examined 67 studies including RCTs and observational studies exploring the role of physical interventions for reducing the spread of respiratory viruses, and found no evidence regarding screening at entry ports and social distancing.

Despite the usefulness of these measures, compliance to stay-at-home or shelter-in-place orders are imposing important lifestyle changes for the general population and they may observed for months or years to come (Chelsea, Tavis & Alan, 2020). It is essential to understand what facilitates or prevents adherence to these measures, so that public health interventions could be developed in a timely manner (Adina, Chelsea, Tavis & Alan, 2020). Currently, most countries have relaxed their social and physical distancing measures compared to the measures taken in the early days of the pandemic, despite this situation, the fear of the pandemic is still insight and it is crucially important to determine the factors that might affect adherence to these preventive health behaviours in the long run (Adina, Chelsea, Tavis & Alan, 2020). From the forgoing, it's important to understudy the situation carefully vis a vise the second wave of the Covid 19 and relaxation of lockdown, opening of event centers, market square and other forms of public gathering and level of compliance.

There are divergent views on the different measures taking to control the spread of the Covid 19 virus. Dabla-Norris, Hibah, and Frederico (2021) believes that mask mandates have also been found to increase compliance with mask wearing in different contexts. For example, Haischer et al (2020) cited in Dabla-Norris, Hibah, and Frederico (2021) in their research found that mask mandates in US retail stores improved compliance by about 90 percent of customers. Karaivanov et al (2020) cited in Dabla-Norris, Hibah, and Frederico (2021) found that mask mandates in Canada increased reported mask usage by about 30 percent. We show that the positive impacts of mandates on mask wearing are observed across a large sample of countries, and their effects appear to be persistent. However it was also reaffirmed that the upsurge in mask wearing in many countries was harmonized by less physical distancing, suggesting that people trade-off the risks and costs of different social distancing behaviors (Yan et al, 2021) cited in Dabla-Norris, Hibah and Frederico (2021). Observation of social distancing is a key factor in mitigating the spread of Covid 19 virus and is a critical aspect in the Covid -19 SOP. In a study carried out by Adina, Chelsea, Tavis and Alan (2020), they found that obedience to social distancing recommendations differ depending on the behaviour of people, with none of the surveyed behaviours showing perfect observance. Furthermore, strongest

facilitators adduced to wanting to protect self, and also feeling a duty to protect the community, and being able to work/study remotely. Adina, Chelsea, Tavis and Alan (2020), further reported that strongest obstacles included having friends or family who needed help with running errands and socializing in order to avoid feeling lonely. In the African culture this is a key aspect of social existence. However, compromise, obedience and sacrifice will be an added advantage to curtailing the spread of the Covid 19 virus. Adina, Chelsea, Tavis and Alan (2020) also note that future interventions to improve adherence to social distancing measures should couple individual-level approaches targeting key hurdles to social distancing identified herein, with active institutional measures and public health interventions, public health campaigns and proper health education should be included and the highpoint should focus on compassionate attitudes towards social distancing observation and possibly strict penalty for none adherences (Adina, Chelsea, Tavis & Alan, 2020). One major aspect of the Covid 19 standard protocol is ability to comply, due to attitude and behavioural differences. People tendencies are also different due to economic diversity which is also key in observing Covid 19 rules. From the forgoing, Dabla-Norris, Hibah, and Frederico (2021) posit that the health and economic concerns of COVID-19 are strictly tied to individual compliance with acclaimed protective behaviors. Dabla-Norris, Hibah, and Frederico (2021) further examine the grounds of this compliance using survey data from the COVID Behavior Tracker for 29 advanced and emerging market economies between March and December 2020 and found that social distancing behaviors vary significantly by age, gender, occupation, and individual beliefs about COVID-19.

Nigerians and Covid 19 Compliance

Nigeria is one of the 210 countries affected globally. The first case was confirmed in Lagos State on 27 February 2020. This index case was a 44-year old man, an Italian citizen who returned from Milan, Italy, on 24 February and was presented at a health facility on 26 February (Nigeria Centre for Disease Control, 2020) cited in Whenayon, Olumuyiwa & Rohina (2020). First Case of Corona virus Disease Confirmed in Nigeria 2020 (Nigeria Centre for Disease Control, 2020) cited in (Whenayon, Olumuyiwa & Rohina, 2020). Following the confirmation of the index case, 216 people were identified as contacts to be followed up. Of these, 45 travelled out of Nigeria and one of the remaining 176 contacts was confirmed to be positive for COVID-19 on 9 March 2020 2020 (Nigeria Centre for Disease Control, 2020) cited in (Whenayon, Olumuyiwa & Rohina, 2020). Preceding to the importation of COVID-19 into Nigeria, the government established a "Coronavirus preparedness group" through its nation's leading public health agency, the Nigeria Centre for Disease Control (NCDC), which commenced point of entry screening for travelers (Whenayon, Olumuyiwa & Rohina, 2020).

In Nigeria, according to Olalekan, Obasanjo & Tesleem (2020) Nigerian public accepted social distancing as an effective way of reducing the spread of COVID-19 and general acceptance on lockdown is compulsory to curb the spread of the virus. However, more than half of respondents expressed non-satisfactory with government and other agencies responses during the pandemics (Olalekan, Obasanjo & Tesleem, 2020). The COVID-19 pandemic has spurred a dual crisis in Nigeria. The local spread of disease right threatens lives and livelihoods, while the global economic strike has reduced international oil prices, depleting Nigerian government revenues, and caused the economy to contract. This crisis is having severe effects on Nigerian households' incomes and welfare, yet the impact is unlikely to be felt evenly across (Onathan & Tara, 2020). The arrival of COVID-19 in Nigeria poses a public-health challenge for which the country was not fully prepared. On February 27, 2020, Nigeria reported its first established case of COVID-19, making it one of the first countries in sub-Saharan Africa to be touched by the pandemic (NCDC, 2020) as cited in (Onathan & Tara, 2020). Since then, case numbers and deaths have steadily scaled up, although they have not reached the figures witnessed in Europe and the Americas as of October 7, 2020, Nigeria reported 59,583 established cases of COVID-19 and 873 deaths (NCDC, 2020 as cited in (Onathan & Tara, 2020)

The Government of Nigeria initially put in place strict lockdown measures, which have subsequently been eased, although testing for COVID-19 remains limited. Throughout March, April, and May 2020, till date, travel bans eased, limits on mass gatherings eased, lockdown orders, mandatory masking in public, and even curfews were brought in to try and control the spread of COVID-19 in Nigeria (Dixit, Ogundeji, & Onwujekwe, 2020 as cited in Onathan & Tara 2020). The President of Nigeria in his speech on 27 April, pronounced the end of the lockdown with a proposal for a phased opening of the economy commencing on 3 May 2020. In the first phase of the opening, areas to be fully opened includes agriculture, public works, markets (groceries) and intra-state road transport. Areas to be partially opened are air transport and food sector. Schools, sports, religious gatherings, hospitality and social concerts remain closed. Inter-state travels were banned for two weeks to limit inter-state transmission. The National Center for Diseases Control (NCDC) with support from other agencies (national and international), including the UN continue to coordinate the response to COVID-19 in Nigeria. Presently all these measures are eased, citizens now go about their normal businesses social life is also in place currently, around May some measures were eased for example, stay at home requirements have been relaxed and interstate travel is now possible (Hale, Webster, Petherick, Phillips, & Kira, 2020 as cited in Onathan & Tara 2020). In addition,   Schools

in Nigeria at all levels has resumed for many Nigerian citizens and none citizens since September and October 2020. (AllSchool, 2020) as cited in (Onathan & Tara, 2020) the challenge at the moment is the fear of the second weave, and how schools will be manage to avoid the devastation effect of the second weave. Again Nigerians are not mindful of the second weave of Covid 19 this also calls for a major concern, the purpose of the study is to examine compliance to Covid 19 preventive measures among students of library and information science department at Delta State University, Abraka.

Objective of the Study

The objective of the study is to examine compliance with Covid 19 preventive measures among undergraduates and post graduate students of the library and information science department at Delta State University, Abraka.

Research Design

The research adopted a descriptive survey design to study compliance with Covid 19 preventive measures among undergraduates and post graduate students of the library and information science department at Delta State University, Abraka. Descriptive survey design studies have the broad objectives of showing the characteristics of a group or population.

Population and Sample

The population of the study was 569. This number comprised of the total population of students in the Department of Library and Information Science, which included undergraduate and post graduate students as shown in the table 1:

Table 1: **Population of the Study**

S/N	Level of Study	Population	Sample
1	100	163	55
2	200	136	60
3	300	138	53
4	400	105	43

5	700	07	7
6	800	17	7
7	900	03	1
Total	569	226	

Sampling Technique

The population for the study was 569 students which consist of undergraduate and post graduate students in the Department of Library and Information Science. Simple random sampling techniques was adopted in the study, because it allows for a randomly selected subset of a population. In this sampling method, each member of the population has exactly equal chance of being selected, this method is the most straightforward of all the probability sampling methods since it only involves a single random selection and requires little advance knowledge about the population.

Research Instrument

The instrument used for data collection was the questionnaire. A questionnaire titled "Compliance to Covid 19 Preventive Measures among Students of Library and Information Science Questionnaire (CCPMSLISQ)" was designed by the researcher. The questionnaire were administered to undergraduate students at all levels and post graduate students of the Department of Library and Information Science Delta State University, Abraka during lecture hours by the researcher.

Method of Data Analysis

Simple percentages were used to analyze the demographic data of the respondents while Statistical mean were used to analyze data on compliance to Covid 19 preventive measures among students of library and information science, collected through the questionnaire.

Presentation of Results and Discussion of Findings

The results from the study are presented below:

Table 2: **Level of Study of the Respondents**

Level of Study	Freq.	%
Ph.D	1	0.4
Msc.	7	3
PGDE	7	3
400 Level	43	19
300 Level	53	24
200 Level	60	27
100 Level	55	24
TOTAL	226	100

Data presented in Table 2 shows that 1(0.4%) respondent is a Ph.D. student, 7(3%) respondents were M.Sc. and PGDE students respectively, 43(19%) respondents were 400 level students, 53(24%) respondents were 300 level students, 60(27%) respondents were 200 level students, while 55(24%) respondents were 100 level students. The decision was reached that most of the respondents that participated in this study were 200 level students.

Table 3: **Gender of the Respondents**

Gender	Freq.	%
Female	176	78
Male	48	22
TOTAL	224	100

The gender of the respondents was shown in Table 3. It was shown that 176(78%) respondents are females, while 48(22%) respondents are males. The decision was taken that majority of the respondents used for this study are females.

Table 4: **Age Range of the Respondents**

Age Range	Freq.	%
21 years and above	133	59
15 - 20 years	92	41
TOTAL	**225**	**100**

The age range of the respondents is revealed in Table 4. It is revealed that 133 of the respondents representing 59% were within the age range of 21 years and above, while 92 respondents representing 41% were within the age range of 15-20 years. Therefore, it was found that majority of the respondents that participated in this study were within the age range of 21 years and above.

Table 5: **Level of Awareness of the Risk Associated with the Outbreak of COVID - 19**

Item	Response					
	VH Freq.	H Freq.	M Freq.	L Freq.	x	Decision
Level of awareness of the risk associated with the outbreak of Covid - 19	98	84	44	-	3.24	Very High
Aggregate Mean					**3.24**	
Criterion Mean					**2.50**	

Table 5 shows that the aggregate mean of 3.24 is higher than the criterion mean of 2.50, which suggests that to a very high extent the respondents were are of the risk associated with the outbreak of Covid-19

Table 6: **Level of Compliance to Covid - 19 Protocol**

Item	Response					
	VH Freq.	H Freq.	M Freq.	L Freq.	x	Decision
Level of compliance to Covid - 19 protocol	33	116	70	7	2.77	High
Aggregate Mean					**2.77**	
Criterion Mean					**2.50**	

Information on the level of compliance to covid-19 protocol is revealed in Table 6. It was revealed in the table that the aggregate mean of 2.77 is higher than the criterion mean of 2.50, which shows that majority of the respondents agreed that to a high extent they complied with covid-19 safety protocol. It was found that the level of compliance with Covid-19 safety protocol among the respondents was high in the institution of learning under this study.

Table 7: **Level of Compliance to Covid-19 Protocol on Social Distancing**

Item	Response					
	VH Freq.	H Freq.	M Freq.	L Freq.	x	Decision
Level of compliance to Covid - 19 protocol on social distancing	44	94	75	13	2.75	High
Aggregate Mean					**2.75**	
Criterion Mean					**2.50**	

Table 7 reveals information on the level of compliance to covid-19 social distancing protocol. It was shown that the aggregate mean of 2.75 is higher than the criterion mean of 2.50, which suggest that the level of compliance by the respondents to covid-19 social distancing protocol is higher. The conclusion was reached that to a high extent the respondent comply with the covid-19 protocol on social distancing in their institution of learning.

Table 8: **Current living Arrangement in Covid-19 Era**

Item	Response				x	Decision
	SA Freq.	A Freq.	D Freq.	SD Freq.		
Living alone	21	125	74	6	2.41	Disagree
Co-living with family members	77	121	21	7	3.12	Agree
Co-living with other people	44	64	84	34	2.30	Disagree
Aggregate Mean					**2.61**	
Criterion Mean					**2.50**	

Data in Table 8 reveals the current living arrangement of the respondents in covid-19 era. It has shown that the aggregate mean of 2.61 which is higher than the criterion mean of 2.50 point to the fact that majority of the respondents' living arrangement is in conformity with the recommended Covid-19 safety protocol. Therefore, the decision was reached that majority of the respondents in the Covid-19 era are co-living with their family members.

Table 9: **Current living Arrangement in Covid-19 Era**

Item	Response				x	Decision
	SA Freq.	A Freq.	D Freq.	SD Freq.		
Observes eating arrangement in class	21	125	74	6	3.04	Agree
Aggregate Mean					**3.04**	
Criterion Mean					**2.50**	

Information contained in Table 9 reveals that the aggregate mean of 3.04 is higher than the criterion mean of 2.50, which implies that majority of the respondents agreed that the sitting arrangement in class is in line with recommended seating arrangement in covid-19 era. It was found that the sitting arrangement in class observed by the respondents is in line with the globally recommended practices in schools in the covid-19 era.

Table 10: **Level of Compliance to the Following Social Distancing Measures**

Item	Response				x	Decsion
	SA Freq.	A Freq.	D Freq.	SD Freq.		
I avoid going out	5	50	122	49	1.73	Disagreed
I avoid going out to crowded places	39	116	61	10	2.59	Agreed
I avoid going to social gathering of more than four people	37	76	59	54	2.40	Disagreed
I avoid going to high risk places	90	108	24	4	3.17	Agreed
I avoid handshake, hug and kiss	28	82	25	91	2.21	Disagreed
I keep 1.5 meters away from others in publicplaces and school	14	124	61	27	2.40	Disagreed
Aggregate Mean					**2.42**	
Criterion Mean					**2.50**	

Data presented in Table 10 reveal information on the level of compliance to covid-19 social distancing preventive measures. It was revealed from majority of the respondents that the aggregate mean of 2.42 is lower than the criterion mean of 2.50, which implies that the responses of majority of the respondents indicate that the level of compliance to Covid-19 social distancing measures was low. It was found that the respondents only adhere to covid-19 social distancing measures of going to crowded places (x = 2.59) and going to high risk places (x = 3.17).

Conclusion and Recommendations
Based on the findings from the study it was established that students of the Department of Library and Information Science, Delta State University Abraka are aware of the risk associated with the outbreak of Covid -19 and that the level of compliance with Covid-19 safety protocol among the respondents was high in the institution of learning. Furthermore, the level of compliance with Covid-19 protocol on social distancing was also high in the institution of learning. Consequently, living arrangement of respondents conformed to the recommended Covid-19 safety protocol, and that seating arrangement in class observed by the students is in line with the globally recommended practices in schools in the Covid-19 era. Finally, the findings from the study also revealed that students only adhere to Covid-19 social distancing measures of going to crowded places and going to high risk places. Consequently, it's expected that adherence to Covid-19 SOP will help to curtail the spread of the virus irrespective of the mutation rate.

Consequently, based on the findings of the study the following recommendations are hereby made:
i.   University Management should as a matter of necessity, encourage students to continue to obey Covid-19 safety protocol in and out of their institutions of learning. This will help to avert the occurrence of second wave of Covid-19.
ii.   Since students are aware of the risk associated with Covid-19, students should go extra mile to strictly adhere to all Covid-19 preventive and safety measures till when the pandemic is declared free.
iii.   Students should avoid constant handshake and living in crowded places, this will help to curtail the spread of Covid-19 particularly as the second wave is been anticipated.
iv.   University Management should ensure that learning environment and lecture halls are kept tidy, sanitizing materials and flowing taps are mounted at accessible locations around institutions of learning.

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