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Abstract

The study examined the myths and misconceptions of Covid-19 and the role of community advocacy programmes in Nigeria. Four research questions were raised to guide the study. The study adopted a mixed method using the descriptive survey. The population covered all the residents involved in teaching and non-teaching activities within communities in Lagos state. Snowballing sampling technique was used to select 336 respondents. The instrument adopted for the study was the online open survey questions using google form. The qualitative and quantitative data were analyzed using thematic analysis, and frequency distribution tables, and percentages respectively. The study revealed among others that myths do influence peoples' acceptability and understanding of covid-19. Hence, the study recommended that massive awareness programmes with appropriate advocacy materials from the Center for Disease Control (CDC) should be made available to all the nooks and crannies of the communities in Lagos state, inter alia.

Introduction

Corona virus is transmitted through direct contact with respiratory droplets of an infected person (through coughing and sneezing), and by touching surfaces contaminated with the virus and then touching your mouth, nose, eyes. The virus became known first in China-Wuhan in late 2019 where it spreads to other countries through contacts with those that have contacted it (Belluz, 2020). The virus is being transmitted in places with both hot and cold temperatures. It is not yet known whether seasonal weather and temperature changes the spread of the coronavirus).

Belluz (2020) asserts that the coronavirus disease (COVID-19) and the flu (influenza) which was a historic pandemic in its time are different infectious diseases, caused by different viruses though they are both respiratory illnesses spread in a similar way (respiratory droplets), and can have similar symptoms (fever, cough, shortness of breath). There are so many characteristic differences between the two pandemic. For example, unlike for COVID-19, there is a vaccine for influenza – and in any occurrence of the influenza it has become preventable and curable. At the onset of corona virus if one is not careful it may be mistaken for influenza.

There are different ways by which the novel coronavirus can be contacted; through contacts with droplets from the carrier of the virus, when handling any object or surface that has been touched by infected person, handling or opening of waste bins that has been touched by the infected person or touching of the materials that are used and disposed by the carrier of the disease. All of these and more can be responsible for contacting the virus as the disease is highly contagious (Chen, Zhou, Dong, Qu, Gong and Han, 2020)

However, it's important to note that many of the symptoms of the coronavirus disease (COVID-19) can be treated, and getting early care from a healthcare provider can improve outcomes and awareness as most patients recover with supportive care (Bostock, 2020). Again to prevent the spread of codiv-19, several awareness programme are currently operative and the first step as suggested by the World Health Organisation (WHO) and imbibed by all relevant global and national agencies include campaign for washing of hands often with soap and water, especially before eating; after coughing, or sneezing; and going to the bathroom. And that everyone should limit the spread of the disease by seeking medical care early if we have symptoms (fever, cough, shortness of breath). Staying at home at the outset of the symptoms, avoiding going to public places to prevent spreading to others. Cough or sneeze into our elbow or tissue, dispose of used tissues immediately and wash your hands right after.

Further, it is believed that people of all ages can be infected by the virus and should take precautions to protect themselves, washing hands often with soap and water. Older people and anyone with pre-existing medical conditions (such as asthma, diabetes, heart disease among others) appear to be more vulnerable to becoming severely ill with the virus. Hand sanitizer or alcohol rub to clean surfaces should contain at least 60% alcohol to be effective.

Meanwhile, Han, Cao, Jiang, Chen, Alwalid, and Zhang (2020) claimed that the virus is real while the assumptions that the virus and announcements of death is not real is a fallacy. Countries that are affected by the pandemic in which many people were dead cannot deny the existence of COVID-19, not to talk of saying it is a foreign conspiracy. According to Scott (2020) "the internet and media houses are inundated with the announcement of the number of casualties and how the virus infection has affected the socio-economic lives of many nations". He also averred that "till now there are no vaccines or specific medicines that can prevent or cure the virus".

Myths which is a widely held but false belief or idea and misconceptions which is a view or opinion that is incorrect because it is based on faulty thinking or understanding (Oxford Dictionary), are damaging information and can lead to further extension of issues if care is not taken. Since the outbreak of COVID-19, such misconceptions about the virus seem to be spreading more quickly than the coronavirus itself. In a situation like this, false information can be dangerous and lead to panic or complacency making it difficult to differentiate between fact and myth, and it can as well affect the acceptability and understanding of the virus (Han, et al., 2020). Experts at the University of Texas Health Science Center Houston (2020) for instance, identified six common rumors as follow: that vitamin C can help fight against the virus; The virus will die off once temperatures rises; Drinking water every 15 minutes reduces your risk of contracting the virus; Masks protect against COVID-19; COVID-19 can mutate into a deadlier strain; Using hot water to wash your hands will get germs off better than cold water .

As scientists and herbal medical practitioners are working on developing a possible vaccine/cure, what is required at the present time is to see how the masses will be rigorously enlightened to believe and obey the instructions outlined by the disease control office and be safe. The use of community advocacy is then considered as an appropriate medium as it is sometimes referred to as non-statutory advocacy or generic advocacy, it is a preventative approach that enables people to be active citizens and self-advocate in regards to decisions affecting their lives.

A community advocate is someone who offers advocacy that is not based on a legal right. In other words, it is not offered to you because the law says you have to be offered it. According to Obar & Jonathan (2014) a community advocate is an outreach specialist who is a highly trained individual that specializes in creating and managing a variety of outreach initiatives designed to increase publicity for programmes and services offered by an organization. Community advocacy can be done by a paid professional or a volunteer or 'citizen advocate'. An advocate will meet with relevant individuals and listen to what they need to say and agreement will be raised based on what people desire to happen.

In the opinion of Bill (2011), the objectives of community advocacy programme revolves round - gaining the skills and confidence to tell people what they want, and they may speak up for their targets themselves, if they are asked to; understanding the plight of their target audience and the choices that they have; involved in teaching and non-teaching activities making a decision and tell people what ones decision is; speak out at meetings or to professionals; finding information so one can make choices and sort out problems; knowing about ones rights and make sure they are respected; making difficult decisions as well as making a complaint if one is not happy about something.

In the same vein, Obar & Jonathan (2012) defined advocacy as any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others. In specific terms, Obar & Jonathan (2014) identified the role of advocacy as follows:

- listen to target audience views and concerns;
- help explore the options and rights;
- provide information to help make decisions;
- help to contact relevant people, or contact them on the behalf of the people;
- accompany people and support them in meetings or appointments, and so on.

Meanwhile, the need for community advocacy programme in a covid-19 period is necessitated because of the effect the disease and control will have on every aspect of the society including different communities. The advocacy programme will include the effort at demystifying the virus and misconceptions about covid19 to avoid massive death rise within the community. This study therefore examines those possible myths and misconceptions affecting the behavior of individuals towards accepting the reality of the novel pandemic-COVID-19 in Nigeria.

Statement of the Problem

In this 21st century information age, it is no longer debatable that information is power. There are lots of information circulating amid the global pandemic and the level of naivety, ignorance, and dogma displayed by people especially in Nigeria is worrisome. When Corona Virus was declared a pandemic and its symptoms were revealed by the World Health Organization (WHO), different narratives were released on the internet with different opinion of people about the pandemic.

It was shocking that with shallow knowledge of COVID-19, people started making assertions about its inability to thrive in Nigeria and Africa in general, its origin, possible political collaborations, all sorts of treatment and medicine to combat its spread. The Nigerian Centre for Disease Control (NCDC) had provided the country with

information about the virus with steps to be taken in order to keep its citizenry safe. However, these seem to have been ignored as a result of the erroneous beliefs. With the publications of persons killed by the virus being more of the wealthy populate, it was then acclaimed a pandemic for the rich.

This obnoxious belief amongst others have heightened the rate of community transmission of pandemic among the people which has spread to almost all the 36 states in Nigeria and claimed more than 800 lives as 15th of June, 2020 (NCDC report) with no end in sight of its terror. The question then is whether this level of naivety is because of the fact that the masses do not have enough awareness, sensitization or that the community advocacy programmes were not convincing. Hence, this study sets out to examine the myths and misconceptions of covid-19: the role of advocacy programmes in Nigeria.

Objective of the study

The study examined the myths and misconceptions of covid-19 and the role of community advocacy programme in Nigeria. Specifically, the study;

1. Examine the influence of myths on the acceptability and understanding of covid-19.
2. Determine the level of awareness within the community about covid-19.
3. Ascertain the acceptance level of covid-19 as a foreign conspiracy within communities
4. Investigate the community advocacy programme to aid the demystification of covid-19.

Research Questions

1. Can myths about covid-19 influence the acceptability and understanding of the virus?
2. What level of awareness do communities have about the corona virus pandemic?
3. To what extent is covid-19 accepted as a foreign conspiracy within the Nigerian community?
4. Is there an appropriate community advocacy programme to aid the demystification of covid-19?

Methodology

The study adopted a mixed method using the descriptive survey, open source method and scientific community engagement. The study population comprised all Lagos state residents involved in teaching and non-teaching activities in the tertiary institutions. In determining the sample for this study, snowballing sampling technique was adopted. This technique allows the researchers to identify a potential respondent who also identified another respondent. This process was continued until the required number of respondents were able to respond to the online survey via (WhatsApp and Telegram). Participation in the study was voluntary and hence, a written informed consent/assent was part of the introduction of the questionnaire before respondents participated in filling out the questionnaire. The instrument adopted for the study was the online open survey questions using google form platform. The instrument was a 20-item survey-questions title “Myths and Misconceptions of covid-19. The Role of Community Advocacy Progamme Survey”, (MMCRCAPS). The analysis of the respondents’ comments was qualitatively analyzed, while the quantitative data from the respondents’ response was analyzed using frequency distribution tables, percentages, mean, and ranking order for data presentation with the aid of Statistical Package for Service Solution (SPSS). The survey was launched on the 12th of May, 2020 and the time and day of closure of the online form was 22nd May, 2020. With a total number of 336 respondents.

Results

Analysis of Respondents' Bio-Data

Table 1:
Participants' Bio-data

Variable	Frequency	Percentage
Gender		
Male	131	39.0%
Female	205	61.0%
Age		
20-30years	83	24.6%
31-40years	102	30.4%
41-50years	79	23.5%
51-60years	56	16.7%
61 years & above	16	4.7%
Educational Qualification		
Primary school certificate	05	1.5%
SSCE	10	3.0%
First degree	151	44.8%
Master's degree	117	34.7%
Ph.D.	53	15.7%
Marital Status		
Single	105	31.2%
Married	210	62.3%
Divorced	1	0.3%
Separated	8	2.4%
Widow	12	3.6%
Employment status		
Teaching	198	59.0%
Non-teaching	138	41.0%
Community/Locality		
Somolu	99	29.4%
Surulere	42	12.5%
Ikorodu	78	23.1%
Lagos Mainland	65	19.3%
Lagos Island	52	15.4%
Total	336	100%

Information on Table 1 revealed that 131(39%) of the total participants were male and 205(61%) were female. This implies that majority of the respondents were females. In the same vein, 83(24.6%) of the total respondents are between 20-30 years of age, 102(30.4%) of the respondents are between 31-40 years, 79(23.5%) of the respondents are between 41-50 years, 56(16.7%) of the respondents are between 51-60, and 16(4.7%) of the total respondents are between 61 years & above. This implies that, majority of the respondents are between 31-40 years of age. In addition, 5(1.5%) of the total respondents had primary school certificate, 10(3.0%) of the respondents had SSCE certificate, 151(44.8%) of the respondents had first degree, 117(34.7%) of the respondents had master's degree, while, 53(15.7%) of the total respondents had Ph.D. This indicates that majority of the respondents had first degree, meaning they were literate. Furthermore, 105(31.2%) of the total respondents were single, 210(62.3%) of the total respondents were married, 1(0.3%) divorced, 8(2.4%) separated, and 12(3.6%) were widow. This signifies that majority of the respondents were married. Similarly, 198(59.0%) of the total respondents were teaching staff, while 138(41%) were non-teaching staff. This implies that majority of the respondents were teachers. Lastly, 99(29.4%) of the total respondents were residing in Somolu, 42(12.5%) in Surulere, 78(23.1%) in Ikorodu, 65(19.3%) in Lagos Mainland, and 52(15.4%) in Lagos Island. This indicates that majority of the respondents were residing in Somolu area.

Research Question 1

Can myths about covid19 influence the acceptability and understanding of the virus?

Table 2:
understanding and acceptability of Covid-19

Items	Yes	No	Mean
Do you believe Covid-19 virus is real	329	7	0.98
	97.6%	2.1%	
Perception about the virus	F	%	Mean
The virus is leaked from a laboratory in Wuhan, China.	107	31.8%	
The virus is from a bat soup.	16	4.7%	
The virus is from a popular rat and snake market.	16	4.7%	
The virus was spread deliberately for political purpose.	26	7.7%	
The virus is a foreign collaboration to install 5G Network.	7	2.1%	4.49
The virus is a means of syphoning money from the World bank.	7	2.1%	
It is a deliberate act to reduce population and it went out of hand.	113	33.5%	
Other reasons	43	12.8%	
Difficulties caused by lack of belief of the virus			
Social and physical distancing	78	23.1%	
Complying in wearing face mask	6	1.8%	
Obeying total lockdown	21	6.2%	
Obeying curfew	153	45.4%	3.48
Accepting reality of the virus	64	19.0%	
Others	14	4.2%	
	True	False	Mean
Recovery of those in isolation centers was rapid because they	133	202	
do not have covid-19 rather malaria.	39.5%	59.9%	0.40
States do not have as many patients as they claimed, it is a means	188	148	
of getting money from government.	55.8%	43.9%	0.56
I see covid-19 as a supernatural power from God as a result of our sins.	108	228	
	32.0%	67.7%	0.32
The Novel covid-19 cannot survive in Africa because it's a hot region.	87	249	0.26
	25.8%	73.9%	
The use of chloroquine can cure the virus so it's not a big deal from us in Nigeria.	77	259	
	22.8%	76.9%	0.23

The result in Table 2 showed that 329(97.6%) of the respondents believed that the virus is real while 7(2.1)% do not believe. On, the perception of people about the covid-19, 107(31.8%) respondents which represents the highest number of respondents believed the virus was leaked from a laboratory in Wuhan, China. Similarly, 153(45.4%) respondents believed that obeying curfew was a major difficulty faced because of the lack of believe that the virus is real. Consequently, 202(39.5%) of the total respondents do not believe in the recovery rate as declared by the NCDC of those in isolation centers because they do not believe they have covid-19 rather malaria, while, 133(39.5%) of the respondents believed so. Also, 188(55.8%) of the total respondents believed that states do not have as many patients as they claimed, it is a means of getting money from the government, while, 148(43.9%) of the respondents do not believe so . In the same vein, 228(67.7%) of the total respondents believed that it is false to say that covid-19 as a supernatural punishment from God was as a result of our sins, while 108(32.0%) said it is true. Furthermore, 249(73.9%) of the total respondents are of the view that to believe that the novel covid19 cannot survive in Africa because it's a hot region is false while, 87(28.5%) said it is true.

Comments from the respondents' interview on the understanding of covid-19 revealed that cough will be a concern to them when there is the presence of high fever and also, when there is sneezing and body pain. In addition, the respondents expressed that covid-19 can be transmitted mostly through infected person's cough or sneeze and saliva droplets of infected persons.

Table 2.1: Influence of Myths about Covid-19 on Understanding and acceptability of the Virus

Coefficients[a]

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	T	Sig.
1	(Constant)	.979	.008		123.585	.000
	All cough based illness is covid-19	.021	.083	.014	.254	.799

a. Dependent Variable: Understanding & acceptability of Covid-19
b. Independent Variable: Myths about Covid-19 (foreign conspiracy, bat virus, political purpose)

The result from Table 2.1 confirms that the predictor variable which is myths about covid-19 is not statistically significant with the understanding and acceptability of the virus given (β=.014, P=.799>.005). The result implies that myths about covid-19 (constant = .979) accounts for the variance of 0.21% in the understanding and acceptability of the virus. In other words, it can be concluded that myths about covid-19 cannot influence the acceptability and understanding of the virus.

Research Question 2
What level of awareness do communities have about the corona virus pandemic?

Table 3:
Level of Awareness of People about Covid-19

Items	NA	LE	MOD	LRG. E	V.LE
Use of face mask	13	35	133	112	42
	3.9%	10.4%	39.5%	33.2%	12.5%
Hand shake with friends	278	26	16	6	8
	82.5%	7.7%	4.7%	1.8%	2.4%
Hugging your relatives when you see them	259	36	22	9	7
	76.9%	10.7%	6.5%	2.7%	2.1%
Washing of hands	2	9	70	137	115
	0.6%	2.7%	20.8%	40.7%	34.1%
Staying at home	9	14	41	113	157
	2.7%	4.2%	12.2%	33.5%	46.6%
Sanitizing our hands	3	11	82	137	101
	0.9%	3.3%	24.3%	40.7%	30.0%
Having a bath any time you go out and come back	13	18	86	134	83
	9.2%	5.3%	25.5%	39.8%	24.6%
Sanitizing your money, keys etc.	31	48	106	104	42
	9.2%	14.2%	31.5%	30.9%	12.5%

	True	False
All cough based illness is covid-19	3	330
	0.9%	97.9%
The sensitization programme had improved awareness of the masses	298	37
	88.4%	11.0%

Meaning of community spread	Frequency	Percentage
Anyone can get the virus even at home	27	8.0%
Someone can get the virus by walking within the community	51	8.0%
Someone can be infected anytime, anywhere	66	19.6%
That one may not know who is infected	89	26.4%
That contact is a requisite for transmission	103	30.6%
How people get information about Covid-19		
Sensitization by state health office	56	16.6%
Fliers and road awareness	15	4.5%
Volunteers	11	3.3%
Media	187	55.5%
Community leaders	11	3.3%
Religious leaders	31	9.2%
Local government offices	12	3.6%
Others	13	3.9%

Age most at risk for covid-19 infection	Frequency	Percentage	Rank
Children under 10 years	66	19.6%	2nd
11-30 years	53	15.7%	5th
31-50 years	63	18.7%	3rd
51-70 years	60	17.8%	4th
71 & above	94	27.9%	1st

The result in Table 3 revealed the level of awareness of people about covid-19. On the use of face mask, 13(3.9%) of the total respondents do not use face mask at all, 35(10.4%) used it to a low extent, 133(39.5%) used it to a moderate extent, 112(33.2%) used it to large extent, while 42(12.5%) used it to a very large extent.
Similarly, 278(82.5%) of the total respondents do not have hand shake with their friends as a result of the covid-19, 26(7.7%) respondents shake hands to a low extent, 16(4.7%) shake hands to a moderate extent, 6(1.8%) shake hands to a large extent, and 8(2.4%) respondents shake hands to a very large extent.
Also, 259(76.9%) of the total respondents do not hug their relatives at all when they see them, 36(10.7%) do hug to a low extent, 22(6.5%) do hug to a moderate extent, 9(2.7%) do hug to a large extent, while 7(2.1%) respondents do hug to a very large extent.
Furthermore, 2(0.6%) respondents do not wash their hands at all, 9(2.7%) wash their hands to a low extent, 70(20.8%) was hands to a moderate extent, 137(40.7%) wash hands to a large extent, and 115(34.1%) wash hands to a very large extent.

Additionally, 9(2.7%) of the total respondents do not stayed at home at all, 14(4.2%) stay at home is at low extent, 41(12.2%) stay at home is at moderate extent, 113(33.5%) stay at home to a large extent, and 157(46.6%) stay at home is to a very large extent.
Besides, 3(0.9%) of the total respondents said they do not sanitize their hands, 11(3.3%) respondents sanitize to a low extent, 82(24.3%) respondents sanitize to a moderate extent, 137(40.7%) sanitize to a large extent, while 101(30%) respondents sanitize to a very large extent. In the same vein, 13(9.2%) of the total respondents said that they do not have a bath at all anytime they go out and come back, 18(5.3%) said they do at a low extent, 86(25.5%) said they do at a moderate extent, 134(39.8%) said they do to a large extent, while 83(24.6%) said they do to a very large extent.

Finally, 31(9.2%) of the total respondents concluded that they do not sanitize their money and keys at all, 48(14.2%) respondents said they do so at low extent, 106(31.5%) said they do at moderate extent, 104(30.9%) said they do to a large extent, while 42(12.5%) said they do to a very large extent. This analysis suggests that people have adequate awareness about covid-19.
In contrast, 330(97.9%) majority of the respondents concluded that to say that all cough-based illness is covid-19 is false, while 3(0.9%) said it is true. Likewise, 298(88.4%) of the total respondents said that it is true that the sensitization programme had improved awareness of the masses, while 37(11%) said it is false.
On the meaning of community spread, 27(8.0%) of the respondents said that community spread means anyone can get the virus even at home, 51(16.2%) said community spread means someone can get the virus by walking within the community, 66(19.6%) respondents said community spread means someone can be infected anytime, anywhere, 89(26.4%) respondents said community spread means that one may not know who is infected, and 103(30.6%) respondents said community spread means that contact is a requisite for transmission. This implies that majority of the respondents termed community spread to mean that contact is a requisite for transmission within the community.

On how people get information about covid-19, 56(16.6%) of the total respondents said they get information on covid-19 through sensitization by Lagos state, 15(4.5%) through fliers and road awareness, 11(3.3%) through volunteers, 187(55.5%) through media, 11(3.3%) through community leaders, 31(9.2%) through religious leaders, and 12(3.6%) through local government offices. This implies that majority of the respondents got information about covid-19 from the media and the information gotten from the community about covid-19 is very poor.
Regarding age range that is most at risk for covid-19 infection, above years71- 94(27.9%) was ranked 1st , children under 10 years 66(19.6%) was ranked 2nd, 31-50 years 63(18.7%) was ranked 3rd , 51-70 years 60(17.8%) was ranked 4th , 11-30 years age range 53(15.7%) was ranked 5th, This implies that people between the age range of 71 and above years are most at risk in contracting covid-19 infection.

Research Question 3
To what extent is covid19 accepted as a foreign conspiracy within the Nigerian community?

Table 4:
Covid-19 as a foreign conspiracy

Items	NA	LE	MOD	LRG. E	V.LE	Mean
Being a foreign conspiracy to reduce	52	48	56	52	127	2.54
African population	15.4%	14.2%	16.6%	15.4%	37.9%	
An introduction to the anti-Christ	96	26	78	88	47	
	28.7%	7.8%	23.3%	26.3%	14.0%	0.96
A means to enriching politicians	259	36	22	9	9	
	76.9%	10.7%	6.5%	2.7%	2.7%	0.26
Being a foreign conspiracy linked with the	5	9	70	137	115	
installation of the 5G	1.5%	2.7%	20.9%	40.9%	34.3%	2.79

Table 4 revealed that covid-19 being a foreign conspiracy linked with the installation of 5G network is accepted to a very large extent with a mean score of (2.79). This is closely followed by being a foreign conspiracy to reduce African population with a mean score of (2.54), an introduction to anti-Christ (mean=0.96), while being a means to enriching politicians (mean=0.26) is the least in determining the extent to which covid-19 is accepted as a foreign conspiracy. Therefore, covid-19 being a foreign conspiracy linked with the installation of 5G network is accepted to a very large extent.

Research Question 4
Is there an appropriate community advocacy programme to aid the demystification of covid19?

Table 5:
Appropriate community advocacy programme

Items	NA	SA	MA	A	VA	Mean
Community volunteerism	66	71	82	52	64	0.81
	19.7%	21.2%	24.5%	15.5%	19.1%	
Community town crier	101	88	78	42	26	0.67
	30.1%	26.3%	23.3%	12.5%	7.8%	
Fliers and billboards	22	45	55	97	116	2.88
	6.6%	10.7%	13.4%	28.9%	34.6%	
Sensitization through the community	19	45	66	98	107	2.79
leaders.	5.7%	10.7%	19.7%	29.3%	31.9%	
Sensitization by the community	20	33	71	110	101	
Primary health care centers	5.9%	9.9%	21.2%	32.8%	30.1%	2.91

Table 5. Sensitization by the community primary health care centers was adjudged by the respondents as the very appropriate advocacy programme seen to be available with the mean score of (2.91). This is closely followed by fliers and billboards with a mean score of (2.88), sensitization through the community leaders was next appropriate programme with a mean score of (2.79), community volunteerism (mean=0.81), while community town crier was the least with a mean score of (0.67). By implication, this means that advocacy programme for the demystification of covid-19 is available more at the primary health care centers, than within the nooks and corners of the community. The state has not used volunteers from communities to enable better outreach programmes to such communities. Though these programmes are available they are not well disseminated.

Discussion of Findings
Findings have been able to reveal the myths about covid-19 and its relationship with the acceptability and understanding of the virus among people in Lagos state, Nigeria.
The finding of the research question one showed that myths about covid-19 (constant = .979) accounts for the variance of 0.21% in the understanding and acceptability of the virus. In other words, it can be concluded that myths about covid-19 cannot significantly influence the acceptability and understanding of the virus. This may be as a result of the level of exposure of people living within the urban areas, since majority of the respondents are mostly situated in the Somolu area of Lagos State as revealed by the findings of the study. This finding is in contrast with the study of Han, et al., (2020) who work extensively on corona virus as a clinical infectious disease. Their study found out that false information about covid-19 can be dangerous and lead to panic or complacency among the people making it difficult to differentiate between facts and myths, and it can as well affect the acceptability and understanding of the virus. Again, the finding of the study negates the reports released by the

Nigerian Centre for Disease Control (NCDC) stating that the information circulated about the virus and the steps to be taken seem to have been ignored by the citizenry as a result of their erroneous beliefs.

The finding of the research question two discovered that people have adequate awareness about covid-19. The adequacy in the level of awareness of people about the covid-19 pandemic may be ascribed to the concerted efforts by the World Health Organisation (WHO), and Nigerian Centre for Disease Control (NCDC) as well as other relevant intergovernmental agencies. To confirm the finding of the study, Bostock, (2020) averred that many of the symptoms of the coronavirus disease (COVID-19) can be treated, and getting early care from a healthcare provider can improve outcomes and awareness as most patients recover with supportive care. The awareness created by these relevant agencies include campaign for washing of hands often with soap and water, especially before eating; after coughing, or sneezing; and going to the bathroom; and that everyone should limit the spread of the disease by seeking medical care early if they have symptoms (fever, cough, shortness of breath).

Finding of the research question three showed that covid-19 is accepted as a foreign conspiracy to a very large extent. In contrast to the finding of the study, Han, et al., (2020) claimed that the virus is real while the theory that the virus and announcements of death is not real is a scam as countries that are affected where many people are dead, cannot deny the existence of COVID-19, not to talk of it being a foreign conspiracy. The finding of the study is also against the submission of the author who opined that there are lots of information circulating amid the global pandemic and the level of naivety, ignorance, dogma displayed by people especially in Nigeria is worrisome. This may suggest the need for a community advocacy programme which is aimed at demystifying the virus and misconceptions about covid19 to avoid massive death rise within the community.

Finally, finding of the research question four disclosed that the appropriate community advocacy programme to aid the demystification of covid-19 is only available more at the primary health care centers, and not within the nooks and crannies of the community. This suggest that there is no effective advocacy programme in the community given the number of people the primary health care center will reach operating from within their location. According to experts at the University of Texas Health Science Center Houston (2020), the masses should be rigorously enlightened to believe and obey the instructions outlined by the disease control office and be safe. They stressed further that the use of community advocacy is then considered as an appropriate medium as it is, sometimes referred to as non-statutory advocacy or generic advocacy, a preventative approach that enables people to be active citizens and self-advocate in regards to decisions affecting their lives.

Conclusion

There is no good substance in false information. It can only lead to serious damage. However, the false belief about corona virus does not only dwell in Nigeria, it spread to all parts of the world such that the advanced countries too are not left behind. Meanwhile, the role of adult education in unravelling the evil of misinformation and information can be located in the community advocacy effort. It is therefore suggested that all nation need to intensify community advocacy programme; giving enlightenment programmes, with mass enlightenment and of course literacy in all ramifications including the unfolding of the intrigues of nature of pandemic, prevention and cure. This work has firm basis in the ethics of adult education such as basic literacy, public enlightenment, self-development, health education, and of course advocacy programme. World over, the issue of adult literacy and advocacy programme is germane to the prevention and cure of pandemic and corona virus will not be an exception.

Recommendations

Based on the findings of this result, it is recommended that;

1. Massive awareness programmes with appropriate advocacy materials such as fliers, posters on billboards and so on, from the Center for Disease Control (CDC) should be made available to all the nooks and crannies of the communities in Lagos state, with the use of the community mother-tongue.
2. Need for the inclusion of survivors of COVID19 as key advocates to enhance the reality and demystification the pandemic to the mass.

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