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SENSITIZATION OF RURAL COMMUNITIES ON COVID-19 PANDEMIC: ASSESSMENT OF THE ROLES OF PUBLIC LIBRARIANS IN NSUKKA LOCAL GOVERNMENT AREA, ENUGU STATE

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Abstract

Purpose: *The study examined sensitization of rural communities on COVID-19 pandemic: assessment of the roles of public librarians in Nsukka Local Government Area of Enugu state.*

Methodology: *A survey research design was adopted. The population is 417,700 consisting the rural dwellers in the eighteen towns in Nsukka Local Government Area. A multi stage sampling technique was used. These include cluster sampling technique, random sampling technique and purposive sampling technique. The purposive sampling technique was used to select a sample size of 300 respondents. Data were collected using interview, focus group discussion, and questionnaire. Results were analyzed using mean and standard deviation.*

Findings: *The findings of the study reveal various methods used in sensitizing rural communities on COVID-19 pandemic among which are organizing awareness programf ($\bar{X}$=3.06) and mounting posters on strategic places ($\bar{X}$=3.04). Some protective measures like the use of face mask ($\bar{X}$=3.17), maintaining social distancing ($\bar{X}$=3.17) and regular washing of hands with soap ($\bar{X}$=3.02) with standard deviation 0.94, 1.05 and 0.87 respectively were also disclose by the study.*

Implication: *Despite the relevance of the programme various challenges to effective implementation of the protective measures were identify to include limited access to water, poor internet connectivity, and poor health condition among others.*

Originality/value: *There is need to increase pipe-bone water supply and install boreholes in the rural communities; improved communication networks and internet connectivity to ensure adequate flow of information concerning COVID-19 in Nsukka Local Government Area.*

Key words: *COVID-19, Enugu, Librarians' Roles, Nigeria, Nsukka Local Government, Public Libraries, Sensitization, Rural Communities*

Introduction

The novel coronavirus popularly known as COVID-19 is a deadly plague ravaging virtually the entire world simultaneously. According to Shereen, Khan, Kazim, Bashir and Siddique, (2020) its outbreak was first discovered in Wuhan, China, in December 2019 by Chinese researchers. The virus was named 'SARS-CoV-2' and its disease 'COVID-19' by the International Committee on Taxonomy of Viruses (ICTV) (Cui, Li, & Shi, 2019).

In Nigeria, the first confirmed case of the virus was recorded on 27th February 2020, when an Italian citizen in Lagos tested positive for the virus, known as SARS-CoV-2. (Ehanire, 2020). Subsequently, a second case of the virus was reported on 9th March 2020, in Ewekoro, Ogun State, of a Nigerian citizen who had contact with the Italian citizen (Ehanire, 2020). Gradually, the pandemic spreads in other states of the country. As at 20th April 2020 the Nigerian Center for Disease Control (NCDC) reported 627 confirmed cases in twenty states of the country. A month later the virus spreads over the thirty-six states of the country with a confirmed case of 6,677. From 21th May to the period of this write up in June 28th Oyekanmi (2020) reports that the spread of the novel coronavirus in Nigeria touched a new milestone as the latest statistics provided by the Nigeria Centre of Disease Control reveal that the confirmed cases in the country has raised to 24,077 with Enugu state having a total of 258 recorded cases. The rapidly evolving situation of COVID-19 in the country calls for urgent need to create awareness among

rural communities with reference to Nsukka local government of Enugu State.

Nsukka Local government area is one of the six local government areas that constitute Enugu north senatorial zone. According to Attamah, Asadu and Eze (2020) Nsukka local government is an agrarian area with 417,700 populaces, which spread across its eighteen towns housing several autonomous communities. The towns include: Alor-Uno, Edem, Ede-Oballa, Eha-Alumona, Eha Ndiagu, Okpaligbo, Ibagwa-Ani, Lejja, Nsukka, Obimo, Obukpa, Okpuje, Anuka, Agu-Ibagwa Ani, Opi Agu, Umabor, Okutu and Opi (National Beurre of statistics, 2016). Greater number of people of these communities live in the village where they earn their living. A study conducted by Attamah, Asadu and Eze (2020) confirms that large number of people of Enugu north senatorial zone (among which is Nsukka Local government area) dwell in rural area. Besides, an earlier discovery of the United Nations (2018) shows that 694 million Africans or 59.6% and 95 million or 52.2% Nigerians live and derive their livelihood from rural areas.

Obviously, people of rural communities devoted much of their time in farming, trading and other works of arts and subsequently contribute to global food security, economic growth amongst others. They contribute more than50% of global poverty reduction and plays a key role in agricultural advancement in many developing countries (Dethier & Effenberger, 2012).

However, despite the magnificent role played by people of rural communities, they are marginalized and vulnerable to social, physical and institutional infrastructure like quality education, health facilities, good communication network, good water supply, electricity, transportation (Haruna & Liman, 2015). The poor environmental condition characterizing rural communities makes people of these areas to be far behind their counterparts in urban cities in terms of information flow and other life enriching factors due to lack of broadband and poor internet connectivity. Since getting information through social media, website posts, podcasts and the like in rural communities is problematic, COVID-19 pandemic is very dangerous and life threating to rural dwellers.

Apparently, the outbreak of COVID-19 pandemic seems to have paused the entire world for a moment, things changing extremely rapidly and everywhere you look there is information on the virus and how to protect yourself from it. Actually, knowing the facts is key to be properly prepared and protect oneself and loved ones. Sadly, there is a lot of information out there that is incorrect and misleading. Misinformation during a health crisis of this nature leaves people unprotected and vulnerable to the disease and spreads fear and stigmatization. For this reason, there is need for in-depth clarification of the facts concerning the coronavirus precisely in rural communities like Nsukka Local government area of Enugu State.

Statement of the Problem

It is pertinent to note that access to information improve people's socio-political wellbeing. This is because it makes an environment lively, more efficient and effective for human activities; and generate more responsive and responsible citizens. But in a situation like Nsukka Local Government area where lack of bandwidth, poor communication network and poor internet connectivity encumber access to information, people's life become miserable. People shattered from one state of dilemma to another. Presently, the situation is life tempted with the eruption of COVID-19 pandemic, which spreads very fast and kills in thousands. Base on this backdrop, it is imperative to sensitize rural communities on COVID-19 pandemic; hence the need for this study since none of its kind has been conducted in the study area.

Purpose of the Study

Generally, the study centers on sensitization of rural communities on COVID-19 pandemic: an expanded role of public librarians in Nsukka local government area of Enugu state with specific preference to:

1. identify the methods used in sensitizing rural communities in Nsukka Local Government area on COVID-19 pandemic
2. find out the protective measures to contain the spread of COVID-19 in rural communities in Nsukka local government area.

3. determine the relevance of sensitizing rural communities in Nsukka local government area on COVID-19 pandemic
4. identify the challenges to effective implementation of the preventive measures to contain the spread of COVID-19 in rural communities in Nsukka local government area.

Literature Review

The term coronavirus refers to a large group of viruses that affect birds and mammals including human beings (Vandergriendt, 2020). Vandergriendt further explains that there are several coronaviruses, but only seven are known to affect people and they are referred to as human coronaviruses. He describes four out of the seven human coronaviruses as common human coronaviruses that only cause mild cold or flu-like symptoms to humans. They include HCoV- 229E, HCoV- NL63, HCoV -OC43, and HCoV-HKU1; most of the time people who contract the viruses are able to recover on their own. The three other human coronaviruses namely SARS CoV, MERS CoV and SARS-CoV-2 according to him originated in animals and are transmitted to humans. They pose greater risks to human beings. These three harmful human coronaviruses call for more attention and concern.

According to He, Peng, Zheng, Juo, Liang and Li (2003) the first human case of the severe acute respiratory syndrome coronavirus (SARS-CoV) originated in Guangdong in Southern China in November 2002. The virus spreads over more than 8,098 people in 26 countries around the world with 774 recoded deaths (WHO, 2004). The outbreak was contained in the mid-2003 with the implementation of infection control practices such as isolation and quarantine. Later another pathogenic coronavirus known as middle east respiratory syndrome coronavirus (MERS-CoV) emerged in Saudi Arabia in September 2012. According to Vandergriendt (2020) human beings contact MERS -CoV through infected camels and through close contact with an infected person. Between 2012 -2019, 27 countries of the world reported more than 2,428 MERS cases with 838 deaths (Rahman and Sarkar, 2019). Although MERS-CoV is still ongoing in some parts of the world, it does not spread rapidly and kills very fast like the present SARS-CoV-2.

The sudden manifestation of SARS-CoV-2 popularly known as COVID 19 has changed the society we were used to. The virus is totally different from the previous human coronaviruses - SARS-CoV and MERS –CoV, although they have similar symptoms. Unlike SARS and MERS CoVs, SARS-CoV-2 spreads very fast in the entire world and kills in thousands. According to Drosten, et.al (2003) previous coronaviruses result in several clinical symptoms in humans like colds and diarrhea which are at times mild to people. Because of this, people pay less attention to the outbreak of the current pandemic. Estes (2020) discovers that the issue among most people is the assumption that COVID-19 is just another case of the flu, but these diseases are of different magnitudes when it comes to their mortality rates especially among elderly populations. Research conducted on the present virus has shown that the virus can cause severe acute respiratory problem which results in several fatalities and deaths as its consequences. It acquires an ability to spread efficiently and sustainably among humans; triggers respiratory difficulties; wreaking havoc in different countries across the world, claiming thousands of lives, increasing morbidity and disrupting lifestyles (WHO, 2020).

The rapid spread of this heinous disease is due to the length of its incubation period - the time period between when an infected person catches the virus and when the symptoms starts manifestations. WHO (2020) reveals that COVID-19 incubation period is on the average of 5-6 days or up to 14 days. After which the victim observes some primary symptoms like cough, fever, shortness of breath and fatigue; or sore throat, diarrhea, nasal congestion, muscle aches and pains, headache, loss of taste or smell, rash on skin, or discolouration of fingers or toes which are other less common symptoms (Vandergriendt, 2020). Although during the incubation period i.e. the “pre-symptomatic” period, the disease is unknown to the victim and people around him yet, some infected persons can be contagious. Therefore, transmission from a pre-symptomatic victim can occur before symptom starts (WHO, 2020).

In view of this, the global nation is in urgent need of relevant information to understand the

challenges and knowledge gaps, as well as the opportunities to contain the spread of COVID-19 especially in rural communities where there is poor communication network. Many rural communities depend heavily on the informal economy, and often have limited access to essential services, advocacy influence, and limited access to communications and technologies. Wogu (2018) points out that greater proportion of people live in the rural communities where poverty, ignorance, and limited access to mass media and orthodox medicine prevail. Also, person-to-person contact within these poor communities are at high rates. WHO (2020) reports that a disproportionally high number of women are formal or informal primary caregivers to the young, the old and the sick, and therefore may be at greater risk of COVID-19 exposure. Typically, hundreds of people share communal taps, rely on open defecation without access to functioning toilets; there are raw sewerage and open drains, congestion and lack of solid waste management, and many diverse nationalities in rural communities. Consequently, they have limited resilience to shocks from economic and health threats which make the risk of contracting and spreading COVID-19 high in the area (World Health Organization, 2020).

Though, it is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis, yet WHO (2007) advocates that **p**reparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. This has therefore necessitated the role of librarians as crucial agents for disseminating information especially in the era of information explosion and misinformation in which COVID 19 pandemics is shrouded in.

Librarians roles have shifted from being protector and guidance of collections to agents involved in community development by providing access to information. Featherstone, Lyon, and Ruffin (2008) identify roles of librarians in periods of disasters as institutional supporters, collection managers, information disseminators, internal planners, community supporters, government partners, educators/trainers, and information community builders. Emasealu, and Umeozor, (2015) urge librarians to be more proactive by playing a dominant role in providing solutions to community problems and needs; educate the populace in order to reinforce change behaviour; adapt to changing conditions and appropriately address concerns and fears of the community in times of tragedies of this kind.

In response to the above assertion, librarians especially those in Nsukka local government areas in this period of COVID 19 pandemic assumes various roles among which are creating awareness to rural communities through social media, public speech, organizing sensitization programmes and mounting posters on strategic positions. They also provide useful information to medical and public health practitioners and as well provide ongoing traditional library services to regular patrons through various media platforms. These services according to Malizia, Hamilton, Littrell, Vargas, and Olney (2012) are of great importance to community members because it makes them play active part of the response, take responsibility of relaying the various prevention messages, especially in the context of disinformation; communicate with people to explain the issues concerning the measures to prevent the spread of the disease. Supportively, Wilder-Smith and Freedman (2020) aver that adequate information is essential to prevent transmission. They explain that blocking the transmission route is the most important means to control the spread of COVID-19.

Actually, during the sensitization programme, emphasis was made on various ways to control the spread of the virus such as the use of face masks cum shield, avoidance of handshakes, avoiding close contact with other people, maintaining social distancing, regular handwashing with soap or detergent, and the use of hand sanitizers. In accordance, Belser, Maines and Tumpey, (2010) gave the notion that hands may become contaminated, ensuing transfer of virus to the oral or nasal mucosa of a new host hence the need for sanitizing. Equally, Lin and Glatt (2020) advice that wearing an oral-nasal mask is one of the main protective measures as it prevents healthy individuals from inhaling the infection through the respiratory tract.

Another control measure to this pandemic as observes Wilder-Smith and Freedman, (2020) is to quarantine suspected persons. Quarantine is one of the oldest and most effective tools of controlling communicable disease outbreak. It requires staying at home or at a specified center in order to maintain social distance from family, friends, and strangers to reduce the risk of interactions and spread of the disease between workers, contractors, customers and visitors (Centers for Disease Control and Prevention, 2020).

Again, public enlightenment on personal hygiene, notification and prompt action system are also other means of eradicating the pandemic. DeGabriele and Musa (2009) report that improved hygiene behaviour was self-reported by 90 percent of beneficiaries in an outbreak and endemic contexts in Zimbabwe. Therefore, promoting a culture of regular cleaning of one's habitual environment and workstations, the surfaces of desks, doorknobs, telephones, keyboards and working objects with disinfectant and regularly disinfecting common areas such as rest rooms are personal preventative measures to contain the virus (Ivanov, 2020).

Finally, people were encouraged to implement the lock down rule. To stay safe at home, avoid crowded places like markets, church, wedding, traditional marriage ceremonies, funerals and other social gathering to prevent wide spread of the virus or getting contact with infected persons.

Nevertheless, various challenges for proper adherence to the aforementioned preventive measures were observed during the sensitization programme in Nsukka Local Government Area. It was discovered that majority of the rural dwellers do not have access to water. Neither pipe borne water nor stream were available in most of the communities. People go extra miles to get drinking water. For this reason, washing hands regularly is a challenge for people with limited access to water. Kashiwase, (2020) observes that three billion people across the world do not have access to handwashing facilities. He further explains that 33 of the top 42 countries that have the least access to hand-washing facilities are found in Africa.

Besides, due to poverty, most of the community members were unable to purchase some protective equipment like face masks, face shield and alcohol-based sanitizers. Hu, et al (2020) allege that persons in informal settlements often have limited disposal income and priorities to secure household basic needs especially food, leaves them more exposed to the risk of contracting and being agents of COVID-19 spread. Again, as a result of inefficient laboratory, health centers, hospitals and absence of trained medical personnel, a lot of aged people in the rural communities are living with various health disabilities, such as depression, anxiety or Post Traumatic Stress Disorder (PTSD) and this prevent them from attending the sensitization programme to obtain useful information concerning the disease. Being older, as well as having additional health issues have proven considerably more deadly for those who contract the virus (Estes, 2020). Poor internet connectivity and inaccessible roads were other hitches encountered by the people during the sensitization programme.

Methodology

The study adopted a descriptive survey research design, with a target population of four hundred and seventeen thousand seven hundred (417,700) which consist of the rural dwellers in the eighteen towns in Nsukka Local Government Area. A multi stage sampling technique was used for the study. At first a cluster sampling technique was used to group the eighteen towns into the three developmental centres (east, west and central) in Nsukka L.G.A. Secondly, two towns each from the Development centres were selected using random sampling technique. Finally, purposive sampling technique was used to select 50 respondents from each of the selected towns making a total sample size of 300 respondents. Out of three hundred (300) copies of the questionnaire administered to the respondents, two hundred and eighty-five (285) copies were fully filled and used for the study. Data was analyzed using mean and standard deviation. Items with mean scores between 2.50 and above were accepted while those with mean scores below 2.50 were rejected. Information from the focus group and interview were also analyzed.

Results:

Research Question 1: what are the methods used in sensitizing rural communities in Nsukka Local Government area on COVID-19 pandemic?

Table 1: Methods used to sensitize rural communities in Nsukka Local Government area on COVID-19 pandemic

S/N	Items	SA	A	D	SD	Mean	Std.	Rank	Decision
1.	Public talk	106	83	47	49	2.86	1.10	4th	Agree
2.	Organizing awareness program	110	95	68	12	3.06	0.89	1st	Agree
3.	Use of Social media	25	50	16	194	1.67	1.05	5th	Disagree
4.	Mounting posters on strategic places	90	137	38	20	3.04	0.85	2nd	Agree
5.	Providing useful information to public health workers	120	75	50	40	2.96	1.08	3rd	Agree

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

Table 1 above shows the mean responses and standard deviation of the respondents on the methods used in sensitizing rural communities on COVID-19 pandemic. The table reveals that organizing awareness program ($\bar{X}$=3.06) and mounting posters on strategic places ($\bar{X}$=3.04) were the major methods used in sensitizing rural communities on COVID-19 pandemic. The table also shows that use of social media is not a reliable method to sensitize rural communities. This is indicated by the low mean score of 1.67 with a corresponding standard deviation of 1.05 which make the item last in the ranking order.

Research Question 2: what are protective measures to contain the spread of COVID-19 in rural communities in Nsukka local government area?

Table 2: Preventive measures to contain the spread of COVID-19 pandemic

S/N	Items	SA	A	D	SD	Mean	Std.	Rank	Decision
1.	Avoid hand shake	96	102	24	63	2.81	1.13	8th	Agree
2.	Use of face mask	133	87	45	20	3.17	0.94	1st	Agree
3.	Avoid crowded places	117	93	10	65	2.92	1.16	6th	Agree
4.	Regular washing of hands with soap	89	134	40	22	3.02	0.87	3rd	Agree
5.	Use of hand sanitizers	101	126	13	45	2.99	1.02	4th	Agree
6.	Avoid spiting in open places	72	66	89	58	2.53	1.08	7th	Agree
7.	Always cover your mouth when coughing or sneezing	98	106	51	30	2.95	0.97	5th	Agree
8.	Maintain social distancing	147	78	21	39	3.17	1.05	1st	Agree
9.	Wearing of face mask while sleeping	12	46	125	102	1.89	0.82	9th	Disagree

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

The above table displays the respondents mean response and standard deviation on the preventive measures to contain the spread of COVID-19 in rural communities in Nsukka local government area. The table shows positive response of the respondents on all the items listed in the table except on item no 9. This implies that wearing face mask while sleeping is not one of the ways to contain the pandemic. Based on the ranking order, the use of face mask ($\bar{X}$=3.17), maintaining social distancing ($\bar{X}$=3.17) and regular washing of hands with soap ($\bar{X}$=3.02) with standard deviation 0.94, 1.05 and 0.87 respectively are the major preventive measures to contain the spread of COVID-19 pandemic.

Research Question 3: what are the relevance of sensitizing rural communities on COVID-19 Pandemic?

Table 3: Relevance of sensitizing rural communities on COVID-19 Pandemic

S/N	Items	SA	A	D	SD	Mean	Std.	Rank	Decision
1.	Better understanding of the pandemic	107	128	47	3	3.19	0.74	1st	Agree
2.	It saves life of the people	123	87	6	69	2.93	1.19	3rd	Agree
3.	Reduce the spread of the disease	98	139	21	27	3.08	0.89	2nd	Agree
4.	It makes people belief that COVID 19 is real	105	74	62	44	2.84	1.09	5th	Agree
5.	To ensure adequate implementation of the protective measures	82	109	64	30	2.85	0.96	4th	Agree

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

Table 3 discloses the mean responses and standard deviation of the respondents on the relevance of sensitizing rural communities on COVID-19 pandemic. The table reveals that sensitizing rural communities on COVID-19 pandemic will create better understanding of the pandemic ($\bar{X}$=3.19), reduce the spread of the disease ($\bar{X}$=3.08) and save life of the people ($\bar{X}$=2.93) as the knowledge acquired from the sensitization programme will ensure adequate implementation of the protective measures among rural dwellers.

Research Question 4: what are the challenges to effective implementation of the protective measures to contain the spread of COVID-19 in rural communities in Nsukka local government area?

Table 4: Challenges to effective implementation of the preventive measures to contain the spread of COVID-19

S/N	Items	SA	A	D	SD	Mean	Std.	Rank	Decision
1.	Limited access to water	112	90	55	28	3	0.99	6th	Agree
2.	poor health condition	86	127	20	52	2.87	1.04	7th	Agree
3.	Poverty	124	92	45	23	3.12	0.95	4th	Agree
4.	Poor internet connectivity	146	95	34	10	3.32	0.82	2nd	Agree
5.	In adequate palliatives to less privileged	23	15	106	141	1.72	0.89	8th	Disagree
6.	Ignorance of the people	139	67	62	17	3.15	0.96	3rd	Agree
7.	Inadequate circulation of information	94	142	21	28	3.06	0.89	5th	Agree
8.	Inadequate distribution of the protective items among rural dwellers	167	78	35	5	3.43	0.77	1st	Agree

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

Table 4 shows the mean response and standard deviation of the respondents on the challenges to effective implementation of the preventive measures to contain the spread of COVID-19 in rural communities in Nsukka local government area. As shown in the table, despite item no.5 others are challenges to effective implementation of the protective measures to contain the spread of COVID-19 in the study area. This is revealed by the respondents' high mean scores above the criterion mean of 2.50 on all the items except on item no.5 which has a low mean score of 1.72 with a standard deviation of 0.89.

Discussion of Major Findings

The study finds out various method used by librarians to sensitize rural communities on COVID-19 pandemic. Among the methods are organizing awareness progrommes, mounting posters on strategic places and providing useful information to public health workers. The finding agrees with Emasealu, and Umeozor, (2015) that librarians need to be more proactive especially in period of disasters by playing a dominant role in providing solutions to community problems and needs by organizing educative programmes to educate the populace in order to reinforce change behaviour and

appropriately address concerns and fears of the community. The study also discovers that the use of social media is not a reliable method to sensitize rural communities on the ongoing pandemic. The finding coincides with Wogu (2018) that greater proportion of people live in the rural communities where poverty, and limited access to mass media prevail. Besides, information from the focus group reveals that due to poor communication network and poor internet connectivity in the communities many people do not have phone; few that have phone make use of it outside the community where there is service.

Furthermore, the study finds out several preventive measures to contain the spread of the deadly virus in rural communities. These measures among others are the use of face mask, the use of hand sanitizers, regular washing of hands with soap and water, maintaining social distancing and avoiding crowded places. Similarly, information obtained from the focus group disclose that the use of face mask and washing of hands are the frequently used measures in the communities. The findings agree with Lin and Glatt (2020) that wearing an oral-nasal mask is one of the main protective measures as it prevents healthy individuals from inhaling the infection through the respiratory tract. It is also in line with Belser, Maines and Tumpey, (2010) that hands need to be sanitized regularly because it may become contaminated, ensuing transfer of virus to the oral or nasal mucosa.

Among the findings of the study are the relevance of sensitizing rural communities on COVID-19 pandemic which include: enabling rural dwellers have in-depth knowledge of the pandemic, adherence to the protective measures and reducing the spread of the disease in the communities among others. The focus group greatly appreciate the programme as rural dwellers admit that the knowledge acquired from the programme will help to reduce the spread of the virus and save life of many people. The findings correspond with Malizia, Hamilton, Littrell, Vargas, and Olney (2012) that sensitization programmes are of great importance to community members because it makes them play active part of the response, and relay the various prevention messages, especially in the context of disinformation; communicate with people to explain the issues concerning the measures to prevent the spread of the disease. The findings also agree with Smith and Freedman (2020) that adequate information is essential to prevent transmission and control the spread of COVID-19.

Finally, various challenges to effective implementation of the preventive measures to contain the spread of the virus were identified. The challenges include inadequate distribution of the protective items among rural dwellers, poor internet connectivity, poverty and poor health condition among others. However, from the focus group discussion section, the rural dwellers reveal that poor internet connectivity is the major impediment to implement the preventive measures to contain the virus. They believe that with adequate internet services most of them will obtain the information and help to spread it among other rural dwellers. In addition, one of the village heads through interview said that ill health is another hindrance to implement the preventive measures as most of them cannot use face mask under their poor health condition. The finding of the study is in line with Kashiwase, (2020) that three billion people across the world do not have access to handwashing facilities. It also corroborates with Hu, et al (2020) that most of the rural dwellers have limited disposal income and priorities to secure household basic needs especially food, leaves them more exposed to the risk of contracting and being agents of COVID-19 spread as they cannot purchase the protective items.

Conclusion

Based on the above findings the study concludes that there is information gap in rural communities in Nsukka local government area due to poor internet connectivity. Consequently, the impact of the ravaging pandemic presently in the economy would be more disastrous in these communities if sensitization programmes are not organized to create awareness of the virus and introduce various ways to contain its spread in the society.

Recommendations

Based on the findings of the study, it is recommended that:

- there is need to install, repair and sustain access to clean, affordable water

by increasing the number of pipe bone water, installing boreholes or provision of water tankers in rural communities. This will enable the rural dwellers adhere to the preventive measure of regular washing of hands;

- there is also need to provide palliatives like face mask, detergents, hand sanitizers and other protective items to ensure that the preventive measures are strictly adhere to;
- providing food stuff and money to the aged ones will also be of great need to encourage the people to stay safe at home;
- improving medical facilities and engagement of qualified medical personnel to the existing health center to improve the health being of the people will be of great need;
- there is also need to improve communication networks, internet connectivity and maintain good roads in rural communities in Nsukka local government area of Enugu State.

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