

## **Knowledge and Practice of Safety Protocols among Journalists Serving as Frontline Workers in the COVID-19 Fight in Ebonyi State, Nigeria**

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**ABSTRACT:** *This study investigated the knowledge and practice of safety protocols among journalists serving as frontline workers in the fight against COVID-19 in Ebonyi State, Nigeria. Descriptive survey research design was adopted. Structured questionnaire served as instrument for data collection. The population of the study was all the one hundred and fifty-seven (157) registered journalists in Ebonyi State, Nigeria. The study was anchored on the Stages of Change Model and Health Belief Model. Simple percentage, frequency table, bar chart, T-test and Pearson's chi square tests were used to analyse the research questions whereas t-test and Pearson's Chi square test was used to test the hypotheses at 0.05 significance level. Findings show that whereas majority of the respondents had good knowledge of Coronavirus personal protective measures, they lack the technicalities and personal protective equipment required to serve as frontline health workers in a highly infectious pandemic situation such as Coronavirus. The study recommends special training for journalists who cover pandemics, particularly highly infectious ones of this nature to better equip them with the requisite skills for this genre of special assignment. Journalism training bodies and institutes could also consider the inclusion of pandemic reporting as part of specialised courses in journalism studies. Prioritising vaccination of journalists who serve as frontline workers during pandemics is also strongly recommended.*

**KEYWORDS:** knowledge and practice, safety protocols, COVID-19, journalists, pandemic reporting

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## INTRODUCTION

From the inception of journalism practice, journalists who cover crises and those who follow up disasters and conflicts are usually at risk (Kristin and Tayeebwa, 2016). A good number of them get permanent injuries; some pay the ultimate price. Many of these journalism hazards result from natural phenomena; others come as a result of ignorance, carelessness, and lack of professional training and requisite personal protective equipment.

One of such disasters that journalists have battled to bring its accurate account to the public in recent time is the novel coronavirus pandemic. Coronavirus (COVID-19) is an infectious disease that causes respiratory infections ranging from the common cold to more severe respiratory difficulties. It originated from a seafood market at Wuhan, China where bats, snakes, dogs, and other wild animals are sold in December 2019 (Shereen 2020). The virus was declared a pandemic by the World Health Organisation on 11 March 2020 (WHO, 2020). The virus is said to have infected about 494,587,638 and accounted for 6,170,283 deaths globally as at 8<sup>th</sup> April, 2022 (WHO, 2022).

Here in Nigeria, the first case of the Coronavirus was an Italian man who arrived in the country on the 25<sup>th</sup> of February 2020. He was admitted to an Isolation Centre in Yaba, Lagos after showing symptoms of the virus (NCDC 2020). From that index case, the virus spread from Lagos to other cities, and to all the 36 states of the federation, including the Federal Capital Territory (FCT), Abuja. The various governments – federal, state and local, immediately mapped out Coronavirus Quarantine Centres where infected persons are isolated to reduce the chances of community infection. As at 8<sup>th</sup> April, 2022, Nigeria had recorded a total of 255,468 confirmed cases, and 3,142 deaths (NCDC, 2022).

With the rate of COVID-19 infections soaring, journalists who constitutionally serve as the watchdog of the society continue to face the risk of getting infected with the virus in the process of gathering information about the ‘who’, the ‘what’, the ‘where’, the ‘when’, the ‘how’, and the ‘why’ of the disease. Coupled with the journalistic demand of timeliness and the quest to report breaking news and exclusive news, journalists become very vulnerable to the virus, compounded by the fact that journalists generally are not experts in virology, and as such, may not know everything they ought to know about virus infections (Aligwe, Nwafor, & Nwankwo, 2017).

The above submission gets a buttress from a report compiled by the Geneva-Based Press Emblem Campaign in 2021, which indicates that over 1,940 journalists had died from COVID-19 in 94 countries in the first 18 months of the pandemic. According to the source, at least 1,400 media workers died of COVID-19 in 2021 alone, with an average of 116 each month or around four deaths a day, and at least 9 of those deaths are from Nigeria (Onuoha-Ogwe, 2021).

It was therefore the supposed vulnerability of journalists covering the COVID-19 pandemic that has triggered this scientific intellectual enquiry into the knowledge and adherence to personal protective measures among journalists who serve as frontline workers in the fight against COVID-19 in Ebonyi State, Nigeria.

### **Statement of the problem**

Journalists, all over the world are purveyors of information. As such, the society to a large extent, rely on journalists for the day to day accounts of happenings in their environment. When there is conflict such as war; natural disasters, such as earthquake or hurricane; or pandemic, such as COVID-19, when others are on the run, the journalist is exposed to the terror, telling the world 'who' says 'what' or does 'what', 'where', 'when', 'why' and 'how'. This is particularly so, because, in journalism, news is about oddity, unusualness or a deviation from the status quo. It is also believed in journalism that 'bad news is a better news than good news'. There is also the struggle to be the first to break the news before the rest. All these make the job of the journalist very hazardous.

The outbreak of Coronavirus in the city of Wuhan, China on December 8, 2019 which later grew to a pandemic status and was declared such by the World Health Organisation (WHO) on 11 March 2020 is one case in point where many journalists have paid the ultimate price in the process of getting the society informed of what they ought to know about the virus and the pandemic. Journalists follow up cases of contact tracing as they unfold. They are involved in the coverage of isolation centres where those who have contracted the disease are kept, as well as 'holding centres' where suspected infected persons are quarantined for a watch to see manifestations of the disease symptoms.

This fundamental obligation of the journalist, constitutes a huge risk factor of infection, particularly among those covering high risk zones such as isolation centres, treatment centres, and the hospital at large. This makes it important that journalists who serve as frontline workers in the fight against COVID-19 are well-equipped with the sound knowledge of the pandemic, including its modes of transmission and personal protections.

Meanwhile, because the Coronavirus disease is still relatively new, there seems to exist a wide gap of literature on the knowledge of personal protective measures among journalists who serve as frontline workers as they hunt for news on the pandemic for public information and education. Many of the existing related studies such as Milan, et al (2021), rather focus on safety measures among frontline health workers such as nurses, doctors and laboratory scientists, and Tomalska, (2022) focused on safety measures among COVID-19 Critical infrastructure workforce such as hospital engineers, ambulance drivers, security servicemen, funeral homes and funeral services persons, Cemeteries and Crematories.

The novelty of this study therefore, is that journalists are not trained in virology, and may not be best equipped with the requisite knowledge of the personal protective measures from virus of this

kind, unlike other frontline workers such as medical doctors, nurses, laboratory scientists and technicians. A study of this nature becomes imperative as it adds to existing body of knowledge on how this lacuna could be filled and the resultant problems mitigated.

### **Objectives**

1. To identify the specific safety protocols for journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria
2. To determine the level of knowledge of the safety protocols among journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria
3. To evaluate the level of practice of safety protocols among journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria

### **Research Questions**

1. What are the specific safety protocols for journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria?
2. What is the level of knowledge of the safety protocols among journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria?
3. What is the level of practice of safety protocols among journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria?

### **Research Hypothesis**

1. **H0<sub>1</sub>**: Journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria do not have adequate knowledge of specific COVID-19 safety protocols.
2. **H0<sub>1</sub>**: The level of practice of safety protocols among journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria is independent of their knowledge of the protective measures.

## **REVIEW OF RELATED LITERATURE**

### **The COVID-19 Pandemic**

From creation, man has suffered some forms of diseases some of which were easily treated and brought to an end while many others have been too hard to contain. Some are bacterial, others are fungi, and many are viruses. Most of those that appear more difficult to contain belong to the virus family, as most viruses defy single medical attention or treatment, leaving humanity with the option of management. Examples of diseases under the virus family include the HIV/AIDS, Ebola, SARS, and most recently, the Coronavirus (COVID-19) (Aligwe, Nwafor, & Ekoja, 2019).

According to WHO (2019), Coronavirus, the causative virus for COVID-19 is the type of virus which belongs to the family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronavirus was first discovered in humans in China at one of the Wuhan's open-air "wet markets" where people buy fresh meat and fish including animals

that are killed on the spot in December 2019. Maron (2020) reports that in such wet markets, some sell banned species of animals like cobras, wild boars, and raccoon dogs.

Meanwhile, other scholars such as Nwafor, (2021), Aligwe, Nwafor, Ohiri, & Nwabufoe (2018), and Azhar, El-Kafrawy, Farraj, Hassan, Al-Saeed, Hashem, & Madani, (2019) hint that SARS-Cov had earlier been found to be transmitted from Civet Cats to humans in China in 2002, and MERS-Cov from dromedary camels to humans in Saudi Arabia in 2012. The outbreak of COVID-19 was perhaps the most devastating health challenge the world has faced in recent time. Marbot (2020) believes that it took much lives of citizens because of the weak state of nations' healthcare system.

On the 27<sup>th</sup> day of February, 2020, the Nigeria Federal Ministry of Health confirmed the index case of coronavirus in Lagos State through an Italian Citizen who works in Nigeria and who returned from Milan, Italy to Lagos, Nigerian on February, 25. He was placed on test at the Virology Laboratory of Lagos State University Teaching Hospital, part of the Laboratory Network of Nigeria Centre for Disease control NCDC where he tested positive (Amzat and Razum 2020). The patient was said to have no serious complications, no serious symptoms and was managed at the Infectious Disease Hospital in Yaba, Lagos. On March 9, 2020 a second case of the virus was reported in Ewekoro, Ogun State when a Nigerian Citizen who had contact with the Italian was said to be down with the disease.

Third case was confirmed on 16<sup>th</sup> March, 2020, it was a case of Nigerian who returned from the United Kingdom on 13<sup>th</sup> March after a brief visit. The patient, female, went into Isolation and later developed symptoms, and contacted the NCDC through its toll free lines. From that third person, cases spread to several other parts of the country including Ebonyi State, South-East Nigeria that announced her first case on April 26, 2020.

The federal government of Nigeria announced some interventions which include: discouraging any travel to all affected countries except for essential trips, everyone returning to Nigeria from any country should self-isolate for fourteen days, and all those returning from countries with high community transmission (over 10,000 cases cumulatively), should self-isolate and would be actively followed up for fourteen days by the Nigerian Centre for Disease Control and Port Health Services. Campaigns were also vigorously mounted on the various precautionary measures such as the need to wash hands regularly with soap and running water or use an alcohol-based sanitizer, maintain at least two metres (5 feet) distance between one another, stay at home if one feels unwell with symptoms like fever, cough and difficulty in breathing, and avoid self-medication.

Quarantine centres were also created across the country where those infected of the virus were isolated to reduce the chances of community infection. Frontline workers such as medical personnel and other caregivers were drafted to the various centres. Journalists alike were assigned by various firms for coverage and reportage of the timely accounts of events and developments that make news at the centres.



Meanwhile, journalists are not usually vast in virology. They may not be best equipped with the requisite knowledge of the personal protection from novel virus of this kind, unlike their medical professionals' counterparts. A special training on pandemic reporting becomes necessary in such a situation. Pandemic reporting has however, not been introduced in the journalism curriculum in any known journalism training institutions in this part of the world. Looking at this direction will therefore be germane in view of the enormity of hazards associated with this genre of specialised reporting.

### **COVID-19 Symptoms, Mode of Transmission and Safety Protocols**

According to Mayo (2020), sore throat account for 12% of symptoms of Coronavirus in patients. Difficulty in breathing is also generally noticed in the patients of Coronavirus. The blockage of the lung is the quickest way of ending up the person's life as it makes it difficult for air to pass to the lung thereby suffocating or choking the infected. Coughing and sneezing accounts for 24% of symptoms of coronavirus among patients. Fever/Chills is seen in 45% of the patients that are down with covid-19. General weakness is noticed in 8% of victims and diarrhea form 2% of the symptoms in patients. Complication of these symptoms may result to cardiomyopathy, thrombosis, acute kidney injury and encephalitis (Wiley, 1999) and (Nwafor, Ezema, & Igwebuike, 2022). On the modes of transmission, studies, among them, Liu, Liao & Qians (2020), WHO, 2022) and NCDC (2022) are quite unanimous that droplets is the commonest means of transmitting Coronavirus. It was for this reason that the World Health Organisation, (WHO) recommends the safety protocol of reasonable physical (social) distances of about five feet if one must interact with another physically. This is on the premise that the virus affect people more when they come closer with the infected persons, especially, when droplet are passed. Hand shaking is also discouraged. Wearing of face masks is also strongly recommended. Avoiding crowded areas such as religious gatherings, political rallies, and physical attendance to workshops, seminars and symposia. Again, regular hand washing with soap and running water is strongly advocated, as well as the use of hand sanitizers where water is not easily available. Vaccination has also emerged and has been added as one of the surest safety measures for the various variants of COVID-19.

### **Review of Empirical Studies**

Several studies have been done in this area. One of such was conducted by Nwonwu et al. (2020). It is entitled "Knowledge and preventive practice to COVID-19 among household heads in Enugu metropolis, South-East Nigeria". Findings show that all the respondents were aware of COVID-19 pandemic and the major source of their information on COVID-19 were: television (94.7%), friends (81.9%), social media (80.3%), radio (72.2%), and family members (67.2%). The least common sources of information for them were market ((19.4%) and town criers (4.7%). The findings further indicate that the commonest symptoms of COVID-19 among respondents were fever (85.0%), sneezing (79.1%), dry cough (76.9%), and difficulty in breathing (63.7%). Overall, 80.0% (256) of the respondents had good knowledge of COVID-19.

In another study by Omoronyia et al. (2020) entitled "Knowledge and practice of COVID-19 prevention among community health workers in rural Cross River State, Nigeria: Implications for

disease control in Africa”. Findings show regular practice (comprising always and most times) of use of face mask, goggles, gloves, and hand hygiene was found to be 50% (n=43), 12.8% (n=11), 30.2% (n=26), and 56.4% (n=48), respectively. Approximately two-thirds of respondents comprising 67.4% (n=58), had rarely or never used goggles or face shield when in contact with suspected cases of COVID-19 infection. It further shows factors associated with practice of COVID-19 prevention measures. Age and duration of practice were not found to be associated with practice of each of the preventive measures. For each of the preventive measures, mean scores for total as well as each of the sections of knowledge, were found to be higher among respondents with regular compared with non-regular practice, though this differences were not statistically significant ( $p>0.05$ ). Community health workers have poor level of knowledge and practice of measures aimed at controlling spread of COVID-19 infection. Their capacity building through training workshops and effective continuing education program are urgently needed. Curriculum for training of CHWs may also need to be reviewed or upgraded, to lay much emphasis on infectious disease prevention and control especially at grassroots level. Further research in other settings using larger sample size is also recommended. Nnama-Okechukwu et al. (2020) studied the knowledge of COVID-19 and compliance with preventive measures among community members in Anambra State, Nigeria, using in-depth interviews (IDI). Findings reveal that a majority of the respondents believe that the COVID-19 pandemic is more of a hoax than reality. Other findings showed that this poor knowledge negatively affected their compliance with preventive measures to curb the spread of coronavirus. To improve knowledge on the coronavirus pandemic, we recommended dissemination of accurate information to ensure compliance with preventive measures.

### **Theoretical Framework**

This study is anchored on the Health Belief Model hereafter referred to as HBM. The HBM was first developed in the 1950s by three social psychologists - Hochbaum, Rosenstock and Kegels, working in the U.S. Public Health Services. The HBM is a psychological model that attempts to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals. The model is based on value expectancy theory which assumes that individuals will take preventive actions (risk-reduction behaviour) when they are susceptible to a disease (self-perception of risk) and acknowledge the consequences as severe; they believe that taking preventive actions will be beneficial in reducing the threat of contracting the disease (Wogu, Chukwu, Nwafor, Anikpe, Ugwuoke, Ugwulor-Onyinyechi, & Eseadi, 2019).

The model defines the key factors that influence health behaviors as an individual's perceived threat to sickness or disease (perceived susceptibility), belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in ability to succeed (self-efficacy). The Health Belief Model can be used to design short and long-term interventions (Aligwe, Nwafor, & Ekoja, 2019). Applied to this study, the theory explains that individual journalists who serve as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria would imbibe risk-reduction

behaviours in the belief that taking such preventive actions will be beneficial in reducing the threat of contracting the disease.

## METHODOLOGY

Survey research design was adopted for this study. The choice of survey was because, surveys allow for the study of people's opinion on given issues of public interest. Population of the study were journalists registered with the Nigerian Union Journalists (NUJ) in Ebonyi state, Nigeria which were 157 in the eleven chapels of the state.

The census method of sample size determination was adopted. This method is applicable where the total population of the study is not too large to study all elements therein; thus, the sample size of the study comprised all the 157 registered journalists in state. Cluster multi-stage and simple random sampling technique was adopted. This technique enabled the clustering of the 157 registered journalists into the eleven chapels of the Nigerian Union of Journalists (NUJ) in the state as follows: *The Advocate newspaper* chapel (10), *Ebonyi Broadcasting Corporation* chapel (47), *The Afikpo Today newspaper* chapel (6), *The Ebonyi state Government House Correspondents* chapel (16), *The Federal Radio Corporation of Nigeria, Unity FM, Abakaliki* chapel (19), *The Voice newspaper* chapel (6), *The Nigeria Television Authority, Abakaliki* chapel (14), *The Nigerian Patriot newspaper* chapel (9), *The People's Guide Newspaper* Chapel (5), *The Federal Ministry of Information* Chapel (2), and *The State Ministry of Information* chapel (23).

Structured questionnaire served as instrument for data collection. The structured questionnaire were both face and content validated. Test-retest approach was adopted in measuring reliability of the instrument. The pilot study was done after the questionnaire had been validated. The instrument was administered twice. After the first administration, an interval of one week was given for the re-administration of the instrument. The reliability test was done using the Pearson  $r$  Correlation coefficient which showed a reliability coefficient of 0.70. Simple percentage, frequency table, bar chart, T-test and Pearson's chi square tests were used to analyse the research questions whereas t-test and Pearson's chi square test was used to test the hypotheses at 0.05 significance level.

### Area of Study

The area of this study was Ebonyi state, Nigeria. Focus was on journalists covering Coronavirus isolation centres in the state. Ebonyi State is located at the South Eastern part of Nigeria and lies between Longitude  $7^{\circ}49'$  N and  $8^{\circ}55'$  E of the Greenwich Meridian and Latitude  $6^{\circ}75'$  E and  $5^{\circ}67'$  N of the Equator. It shares boundaries with Cross River State in the East; Enugu State in the West; Benue State in the North and Abia State in the South. It is landlocked and is about 200 kilometers from the Gulf of Guinea in the south and about 70 kilometers as the crow flies (but effectively 139 by road) from Cameroon in the East. The State has a total land area of approximately 5,932sq kilometers. There are statutorily thirteen (13) Local Government Areas in the State as follows: - Abakaliki, Afikpo North, Afikpo South, Ebonyi, Ezza North, Ezza, South, Ikwo, Ishielu East, Ivo, Izzi, Ohaozara, Ohaukwu, and Onicha.



**DATA PRESENTATION AND ANALYSIS****Table 1: Gender distribution of the Respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	120	75.9	76.4	76.4
Female	37	23.4	23.6	100.0
Total	157	99.4	100.0	
Missing System	1	.6		
Total	158	100.0		

Source: **Field Survey, 2020.**

From table 1 above, the distribution of the respondents show that 37 (23.6%) were females while 120 (76.4%) were males. We can see that more males participated in the survey.

**Table 2: Age distribution of the Respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18 - 24 years	11	7.0	7.0	7.0
25 - 31 years	20	12.7	12.7	19.6
32 - 38 years	100	63.3	63.3	82.9
39 years and above	27	17.1	17.1	100.0
Total	158	100.0	100.0	

Source: **Field Survey, 2020.**

As table 2 above shows, those who were within the age range of 32 – 38 years had the highest outcome which was 100, representing 63.3%. This was followed by those within 39 years of age and above which was 27 (17.1%). Those within 25 – 31 years were 20 (17.2%) while 18 - 24 were 11 represents 7.0%.

**Table 3: Qualification of the Respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid OND	35	22.2	22.3	22.3
HND / Degree	80	50.6	51.0	73.2
M.Sc	41	25.9	26.1	99.4
PhD	1	.6	.6	100.0
<b>Total</b>	<b>157</b>	<b>99.4</b>	<b>100.0</b>	
Missing System	1	.6		
Total	158	100.0		

Source: **Field Survey, 2020.**

Data above indicate that respondents with HND/degree were 80, representing 50.6%. Others were: OND, 35(22.2%), M.Sc. 41(25.9%) and Ph.D, 1 (0.6%). This shows that a higher number of respondents had HND/ degree as at the time of the survey.

**Table 4: Number of years of experience**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 - 3 years	77	48.7	49.0	49.0
4 - 6 years	48	30.4	30.6	79.6
7 - 10 years	26	16.5	16.6	96.2
11 years and above	6	3.8	3.8	100.0
Total	157	99.4	100.0	
Missing System	1	.6		
Total	158	100.0		

Source: **Field Survey, 2020.**

**Table 5: Formal training on pandemic reporting**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	3.2	3.2	3.2
No	152	96.2	96.8	100.0
Total	157	99.4	100.0	
Missing System	1	.6		
Total	158	100.0		

Source: **Field Survey, 2020.**

The data displayed above show that only five respondents representing 3.2% were given formal training before they started covering the Coronavirus Isolation Centres while one hundred and fifty two (152) 96.8% were not given any form of training. They just started covering the pandemic as it breaks.

**Table 6: Knowledge of COVID19 protective measures**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	157	99.4	100.0	100.0
Missing System	1	.6		
Total	158	100.0		

Source: **Field Survey, 2020.**

Data above show that the respondents are aware of the existence of COVID19 protective measures.

**Table 7: Practice of COVID-19 protective measures among the journalists**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	150	94.9	95.5	95.5
	No	7	4.4	4.5	100.0
	Total	157	99.4	100.0	
Missing	System	1	.6		
Total		158	100.0		

Source: **Field Survey, 2020.**

In table 15 and figure 15, majority of the respondents 150(94.9%) indicated 'Yes' while 4.4% of the respondents indicated 'No' that they don't practice all the protective measures.

**Table 8: Specific practice of COVID19 protective measures**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	The use of hand sanitizer	24	15.2	15.3	15.3
	Wearing of face mask	58	36.7	36.9	52.2
	Regular hand washing	41	25.9	26.1	78.3
	Social distancing	34	21.5	21.7	100.0
	Total	157	99.4	100.0	
Missing	System	1	.6		
Total		158	100.0		

Source: **Field Survey, 2020.**

As regards the protective measure observed by the respondents, the data above shows that 24(15.3%) use hand sanitizers. Majority of the respondents wear face mask 58(36.7%) while 26.1% of the respondents observe regular hand washing. Only 34 respondents observe social distancing. This result is obvious from daily activities of people in the state.

**Table 9: Other challenges faced by respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lack of financial motivation	80	50.6	51.0	51.0
	Lack of mobility	10	6.3	6.4	57.3
	No security	15	9.5	9.6	66.9
	No enough facilities	11	7.0	7.0	73.9
	Extended working hours	31	19.6	19.7	93.6
	Constant Harassment from law enforcement agents	10	6.3	6.4	100.0
	Total	157	99.4	100.0	
Missing	System	1	.6		
Total		158	100.0		

Source: **Field Survey, 2020.**

From the data displayed above, lack of financial motivation was the major challenge faced by the respondents 80(51.0%). Other challenges are lack of mobility 10(6.4%), No security 15(9.6%),

Not enough facility 11(7.0%), Extended working hours 31(19.7%) and constant harassment from law enforcement agents 10(6.4%).

### Test of Hypotheses

This section tested three of the null hypotheses formulated for this study using T-test and Pearson's chi square test. It was necessary to test these factors so as to clarify the controversies surrounding the result of the study. The hypotheses are:

#### Hypothesis One:

**H<sub>0</sub>: Journalists in Ebonyi State do not have adequate knowledge of coronavirus protective measures.**

**Table 10: Descriptive Statistics**

	N	Mean	Std. Deviation	Std. Error Mean
Knowledge of Coronavirus protective measures	157	1.0701	.25607	.02044

**Table 11: One sample T-test**

	Test Value = 0					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Knowledge of Coronavirus protective measures	52.360	156	.000	1.07006	1.0297	1.1104

The tables above show the result of the hypotheses conducted. It shows that journalists in Ebonyi state have adequate knowledge of protective measures for the disease ( $P < 0.05$ ). The mean value test ( $1.07 \pm 0.020$ ) shows that it is not significant from zero.

**Hypothesis Two:**

**H<sub>0</sub>: Journalists practice of the protective measures for the disease is independent of their knowledge of the protective measure.**

The hypothesis argues that journalists in Ebonyi state do not practice the protective measures for the disease because of their knowledge regarding the disease.

**Table 12: Contingency table**

		Do you observe all the Coronavirus Preventive Measures?		Total	
		Yes	No		
Do you believe there is coronavirus outbreak?	Yes	Count	146	0	146
		% within Do you believe there is coronavirus outbreak?	100.0%	0.0%	100.0%
		% within Do you observe all the Coronavirus Preventive Measures?	97.3%	0.0%	93.0%
	No	Count	4	7	11
	% within Do you believe there is coronavirus outbreak?	36.4%	63.6%	100.0%	
	% within Do you observe all the Coronavirus Preventive Measures?	2.7%	100.0%	7.0%	
Total		Count	150	7	157
		% within Do you believe there is coronavirus outbreak?	95.5%	4.5%	100.0%
		% within Do you observe all the Coronavirus Preventive Measures?	100.0%	100.0%	100.0%

**Table 13: Chi-Square Tests**

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	97.245 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	82.880	1	.000		
Likelihood Ratio	42.807	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	96.625	1	.000		
N of Valid Cases	157				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is .49.

b. Computed only for a 2x2 table



Pearson's Chi-Square test show that journalists practice of the protective measures for the disease is dependent on their knowledge of the protective measure ( $\chi^2 = 97.245$ ,  $df = 1$ ,  $P < 0.05$ ). Therefore, the null hypothesis was rejected. This showed that journalists in Ebonyi state do practice the protective measures for the disease because of their knowledge regarding the disease.

## **DISCUSSION OF FINDINGS**

### **Research Question One: Do journalists covering Coronavirus Isolation Centres in Ebonyi State have adequate knowledge of protective measures for the disease?**

In research question one, the study sought to find out the level of knowledge of protective measures for the coronavirus disease. From table 10, only 11(7.0%) respondents said they do not believe that there is Coronavirus outbreak in the state, while 146 (93.0%) who are covering the outbreak believe that the disease exist. On the average, 130 respondents representing 82.8% covering the Coronavirus Isolation Centres were on general duty, while 27 were at the beat. Five respondents representing 3.2% were given formal training before they started covering the Coronavirus Isolation Centres, while 96.8% were not given any form of training.

More so, 99 respondents believe that the disease exists in Ebonyi State because they saw someone suffering from it while 58 respondents representing 36.9% said they only believed the disease exist because the State Government and her officials repeatedly made the announcement. Every respondent said they are aware of the protective measures for the disease. The finding shows that the respondents have high knowledge of the protective measures for the disease. This finding is in agreement with that of Aligwe, Nwafor, & Ekoja, (2019) on Evaluation of Commercial Sex Workers' Attitude to HIV/AIDS and Condom Use Campaigns in Oturkpo, Benue State, Nigeria which indicates that pandemics such as HIV/AIDS are usually well communicated to members of the society but the weakness lies on the will-power to adhere to protective measures and management strategies.

### **Research Question Two: Do the journalists practice the preventive measures as stipulated by the Nigerian centre for disease control?**

In research question two, the study sought to find out if journalists practice the preventive measures as directed by regulatory health bodies. Results from Table 15 indicated that majority of the respondents 94.9% indicated 'Yes' while 4.4% of the respondents indicated 'No' that they don't practice all the protective measures. Their response further showed that 24 respondents use hand sanitizers. Importantly, majority of the respondents which is 36.7% wear face mask while 26.1% of the respondents observe regular hand washing. Only 34 respondents observe social distancing. Also, protective materials used by the respondents were majorly bought by them. Those who receive theirs as gift and also from the government were 40(25.5%) respectively. Only 3.8% got their protective material from donor agency. This finding is in contrast with that of Wogu, Chukwu,

Nwafor, Anikpe, Ugwuoke, Ugwulor-Onyinyechi, & Eseadi, (2019) which indicate low compliance to safety protocols of Lassa fever in Nigeria.

### **Research Question Three: What challenges do journalists covering COVID-19 isolation centres in Ebonyi state Nigeria face in the discharge of the duty?**

In research question three, the study sought to find out the challenges the journalists face in their effort to combat the pandemic. Table 18 showed that majority of the respondents which is 51.0% indicated 'Yes' regarding if weather was a factor for COVID19 surge. 56 respondents said they are not sure while 13.4% of the respondents indicated 'No'. When respondents were asked if they were insured against accident during the discharge of their duty, 140 respondents said yes and 10.8% said No.

Although Majority of the respondents said they did not receive any financial allowance outside their salary, 25.5% of the respondents said yes they did. Furthermore, lack of financial motivation was the major challenge faced by the respondents. Other challenges faced were lack of mobility 10(6.4%), No security 15(9.6%), Not enough facility 11(7.0%), Extended working hours 31(19.7%) and constant harassment from law enforcement agents 10(6.4%). This finding takes a buttress from Nwafor, (2021) which indicates that journalists in Nigeria had over the years suffered from numerous challenges in the discharge of their duties.

## **CONCLUSION**

From the findings, the study concludes that journalists serving as frontline workers in the COVID-19 fight in Ebonyi State, Nigeria have good knowledge of Coronavirus preventive measures. They know the symptoms and safety protocols, but lack the requisite protective equipment to do their job as other frontline workers. They work under compulsion, they are not motivated financially and there are no insurance provisions for any eventualities. These factors affect their commitments to the job.

Again, no form of specialized training is given to majority of the journalists on pandemic reporting. This is very detrimental in view of the fact that they do not have medical background. This predisposes the journalists and their families to serious health risks.

## **Recommendations**

Arising from the conclusion, the study recommends:

1. Special training for journalists who cover pandemic to better equip them with the requisite skills for this genre of special assignment.
2. Journalism training bodies and institutes could also consider the inclusion of 'pandemic reporting' as part of specialized courses in journalism curriculum.
3. Journalists covering pandemics should always acquaint themselves with Government laws on the pandemic; this recommendation was informed by the finding that over 90% of journalists

in the areas investigated did not know the stipulations of the Coronavirus and other Infections Disease Law 005, 2020 of the Ebonyi state government. This made it possible for governments to accuse journalists frequently of violating the provisions of the law of which some were sanctioned.

4. Welfare is one other area where media proprietors must look into for their workers, particularly those who put their lives on the line as frontline workers in pandemic situations and other high risk assignments.

5. Prioritising vaccination of journalists who serve as frontline workers during pandemics is also strongly recommended.

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