

UNDERSTANDING THE HEALTH INFORMATION SOURCES DURING COVID-19 PANDEMIC IN ZARIA, KADUNA STATE, NIGERIA

BY

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Abstract

*The paper investigated the understanding of health information sources among people in Zaria, Kaduna State, Nigeria during the COVID-19. The Source of health information is critical during a pandemic situation such as the present COVID-19 pandemic. Source of information is the point of contact from where information is derived to solve pressing health related problems. The objective of this study was to investigate the sources of information utilized by people in Zaria metropolis during the COVID-19 period. This study is primarily qualitative involving exploring the information practices of the participants. Data was collected using a semi- structured interview guide with 8 participants. The findings revealed that participants sourced for information about COVID-19 from six sources. These are through; family, friends, orthodox medical practitioners, acquaintances, mass media and COVID-19 patients. Support is indicated as important in coping with chronic diseases, trusting the sources are equally a subject of concern. Also, the findings revealed that information is understood in six different ways thus: Information is important, information is critical, information is rumour and unsubstantiated, information is authentic, and information is confusing and misleading. The study concluded that identifying correlations between sources and understanding of the information are fundamental to developing insights that will help in the creation of targeted management, mitigation, and preventive policies; ultimately minimizing the risks and costs of chronic diseases. The study therefore recommends that sources of information utilized by participants in this study setting should be harmonized by medical authorities' in order to achieve the desired health outcome. **The medical authorities should ensure that everyone has access to accurate information and removing harmful content.***

Keywords – COVID- 19 Pandemic, Health information sources, Information seeking behaviour, Information sharing

Introduction

History is once again repeating itself when human existence is being put on the edge. Many lives are usually lost as a result of this critically/pandemic situations. In 1918 it was Spanish flu, which led to death of millions of lives worldwide (Hageman, 2020). Pandemic has a long history, but the term of "pandemic" is still not been defined by many medical texts. A pandemic is an epidemic occurring on a scale which crosses international boundaries, usually affecting a large number of people (WHO, 2020). Pandemics are large-scale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption (Madhav, Oppenheim,

Gallivan, Mulembakani, Rubin & Wolfe, 2017). There have been many significant pandemics recorded in human history, and the pandemic related crises have caused enormous negative impacts on health, economies, and even national security in the world (Qiu, Rutherford, Mao & Chu, 2017).

Currently it is the COVID-19 that is ravaging all corners of the globe. COVID-19 is currently the major cause of morbidity and mortality globally. In the world, over 1,977,502 lives have been lost to COVID-19 (WHO, 2021). Over 369,990 deaths is reported in United States of America in January 2021. COVID-19 is a deadly pandemic disease that have been ravaging and threatening human existence. Corona Virus Disease 2019 (COVID-19) is an RNA virus, with a typical crown-like appearance under an electron microscope due to the presence of glycoprotein spikes on its envelope (Di Gennaro, Pizzol, Marrota, Antunes, Racalbuto, Veronese & Lee, 2020). Studies by Ali & Gatiti, 2020 and Kasa & Abdulsalam, 2020 reported that role of libraries in the face of the pandemic disease. It included raising awareness through public health education, providing support to medical staff, researchers and providing ongoing, traditional services to regular library patrons in Pakistan. Similarly, information resources were disseminated through the distribution of link. The study highlighted various format of information resources disseminated (Kasa & Abdulsalam, 2020). Resources dissemination is triggered as a result of individual's information need as embedded in their information behaviour.

Information behaviour (IB) determines individual attitudes to use and understanding of information in the face of critical situations such as COVID-19 (Quadir, 2019). Information behaviour is the sole strategy required for fighting a deadly and contagious disease. Information behaviour is the pattern of seeking for information by focusing on the ways in which the participants monitored everyday events and sought information to solve specific problems about COVID-19. IB determines the way people seek, share and use of information that are situated within a set of social and contextual factors (Savolainen, 2008). Information seeking is embedded in our day to day life activities.

By definition, information seeking is the means or channels through which an individual or people search for information to satisfy information needs or solve problem at hand. It could also be regarded as the process or activity of attempting to obtain information in both human and technological contexts. In essence information seeking involves all steps and effort put in place in order to get information to achieve desired outcome of set objectives (Savolainen, 2005).

Statement of the Problem

Information sharing and diffuse is critical in the face of pandemic diseases such as COVID-19. Libraries irrespective of type are responsible for the provision of information to assist in decision making / taking. In spite of the fact that information is made available, mortality rate from the disease is on the increase by the day. It therefore becomes imperative to explore the source, use and understanding of people in Zaria metropolis about COVID-19. Amidst the COVID-19 pandemic, Zaria metropolis is susceptible to the COVID-19 disease due to the fact that the town is hub of academic activities; comprising of seven higher institutions. Coupled with the fact, that Ahmadu Bello University Teaching Hospital, Shika served as an epicentre for patients diagnosed with COVID-19.

Research Objectives

The objectives of this study are as follows:

1. To identify the sources of information used by people in Zaria metropolis for sourcing for information on COVID-19.

2. To determine the understanding of information received on COVID-19 among people in Zaria, Kaduna State.

Literature Review

Several studies have been conducted that investigated role of libraries, information sharing and diffuse in the face of pandemic as it is being experienced globally. The study by Qian, Ren, Guo, Fang, Liu, Hans & members for Chinese Steering Committee on Preventive Medicine (2020) on fighting the common enemy of COVID-19 reported that the virus is spreading like wildfire with serious difficulty to contain it. It found out that to fight the common enemy, there is the need to use a combination of old and new approaches. Also, world leaders should have well mapped out line of actions to tackle and manages the pandemic. The study concluded that better coordination should be developed to jointly combat COVID-19.

Similarly, Bhati (2020) conducted a study in India on the role of Library professionals in the face of pandemic like COVID-19. The author identified the roles of Librarians to include advocacy, needs assessments and profiling the needs of users. The paper equally also identified Librarians as Information disseminators who possessed the ability to pinpoint various information pools utilized by the patron community. The study concluded that the pandemic situation have led to a paradigm shift in the module operandi of Librarians.

In another study conducted by Cvetkovi'c, Nikoli'c, Nenadi'c, Öcal, Noji & Ze'cevi'c (2020) on the preparedness and preventive behaviors for a pandemic disaster caused by COVID-19 in Serbia. The authors adopted quantitative approach to examine the phenomenon. Survey was conducted using a questionnaire that was requested and then collected online among 975 respondents during disaster in April 2020. Findings of the study revealed that there are major differences in the public perception of risks posed by communicable disease threats such as presented by COVID-19. Therefore management agencies could use these differences to develop targeted strategies to enhance community and national preparedness by promoting behavioral change and improving risk management decision-making

Methodology

This study utilized the social constructivism as a Meta theory using the interpretive paradigm. This is to represent the voice of the voiceless. Qualitative research methodology was adopted to investigate the information seeking behaviour and awareness of information among people in Zaria, Kaduna State, Nigeria on the pandemic COVID-19. Selection of participants of participants was through convenience sampling. This allowed the selection of participants who are easily accessible and convenient to the researchers; and those who complied with COVID - 19 regulations. A total of 23 participants were selected and interviewed. The sample for this study was reached when new information seized to emerge from the participants. Thus, sample for study is eight (8). The sample size was achieved when saturation was reached. In-depth interview was used for data collection through the use of handheld device to capture the worldview of the participants. It allowed the researchers to obtain information from the participants in order to answer the research questions.

Result

Sources of information on COVID-19 among People in Zaria, Kaduna State

The section consists of the narratives of sources of information about COVID-19 among People residing in Zaria, Kaduna State, Nigeria. Table 1 provides an overview of the sources of information on COVID-19 among People in Zaria.

Table 1- Sources of information on COVID -19 among People in Zaria, Kaduna State

Research Question	Categories	Sub- Categories	Frequency	Percentage
What are the sources of information used by Zaria people for sourcing information on COVID-19?	1.family	1.1 family	1	12.5%
	Group Total		1	12.5%
	2.Friends	2.1.Friends	2	25%
	Group Total		2	25%
	3.Orthodox medical Practitioners	3.1Medical doctor 3.2Nurses	2 1	25% 12.5%
	Group Total		2	11%
	4.Acquaintances	4.1.Colleagues 4.2 Neighbours	1 1	12.5% 12.5%
	Group Total		2	25%
	5 . Mass Media	5.1 Newspapers 5.2 Internet 5.3Media houses 5.4 Journals 5.5Information centres	2 6 8 1 1	25% 75% 100% 12.5% 12.5%
	Group Total		18	57.1%
	6. Patient	6.1 Patient	1	12.5%
	Group Total		1	12.5%

Source – Interview Analysis, 2021

Table 2 consisted of the categories that emerged from the data analysis of source of information used among people in Zaria metropolis. Six categories emerged from this objective. These are family (1/8, 13%), Friends (2/8, 25%), Orthodox medical practitioners (2/8, 25%), acquaintances (2/8, 25%), mass media (8/8, 100%) and patients (1/8, 12.5%).

Category One: Family (1/8, 12.5%). This category consisted of the narratives of the participants who expressed that they used family members as source of information about COVID-19. The authors found out that the participants rely vehemently on the information received through their family members. The participants who indicated that family was used as source of information narrated that “since we are not allowed to go out, I rely on my family members for any information about the pandemic. If I need to know the update about the situation, I ask from family”.

Category Two: Friends (2/8, 25%). This category consisted of the narratives of the participants who indicated that friends were utilized as source of information on COVID-19. They expressed that friends assisted them in having a better understanding about the virus. Their narratives is captured as follows; “I have a friend who worked in the hospital setting. He is the one responsible for providing with information I need to know”. Similarly, another one stated that “my friend usually keep me updated about COVID- 19 information”.

Category Three: Orthodox medical practitioners (2/8, 25%). This category revealed the narratives of the participants in this study setting who expressed that orthodox medical practitioner were their source of information on COVID-19. This category has two sub-

categories; doctors (1/8, 12.5%) and nurses (1/8, 12.5%). These sub-categories are discussed as follows starting with doctors as source of information;

Doctors: The authors found out that the participants equally relied on doctors for information about COVID-19. Narratives of the participants relating to that is “I depend solely on the information I get from medical doctors. This is because they are well knowledgeable about this virus by virtue of their training. If the information is not from the doctor, I do not use it”.

Nurses: The authors found out that participation that nurses were also one of the source of information utilized for sourcing for information about COVID-19. Narrative of the participant is captured as expressed “My source of information about COVID- 19 is through nurses that I relate with from time to time”.

Category Four: acquaintances (2/8, 25%). This category consisted of the narratives of participants who indicated that they used their acquaintances as source of information about COVID-19. This category comprises of two sub-categories; colleagues (1/8, 12.5%) and neighbours (1/8, 12.5%). Participants’ narratives about the sub-categories are reflected in the following paragraphs;

Colleagues: This sub-category revealed the narratives of the participants in this study who stated that colleagues were their source of information about COVID-19. This was corroborated with the revelation of one the participants thus; “I have a very good relationship with my colleagues. During the lockdown, they were very instrumental to me because they share with me any information they encounter about COVID-19.....”.

Neighbours: This sub- category exposed the narrative of the participant who revealed neighbours were used as source of information about COVID- 19. His narrative goes thus; “we (neighbours) usually discussion about current trends in the news. So, when the virus became a serious situation, we exchange any information we get about it among ourselves”.

Category Five: Mass media (8/8, 100%). This category consisted of the revelations of the participants about using the mass media as their sources of information on COVID-19. This category have five sub-categories; newspapers (2/8, 25%), Internet (6/8, 75%), mass media (8/8,100%), journals (1/8, 12.5%) and information centres (1/8, 12.5%).

Newspapers: This revealed the narratives of those participants who stated that newspapers were their sources of information on COVID-19. This was reflected in their expressions; “I usually read the dailies. I am always eager get the development about the virus. Especially from the organization that reports the situation in Nigeria”. Similarly another participant expressed that “I use the newspapers as my source of information. I believe it gathers information from professionals”.

Internet: Participants stated they used the internet for sourcing for information about COVID-19. Some of their narratives are as follows; “I check the Internet from time to time to keep inform about indices of the virus in Nigeria”. “I rely on the internet for information because it provides current information. I always check to know the development of the disease globally and the spread in Nigeria”.

Mass media: It was revealed by the participants that they should the mass media to get information about the virus. They stated they cannot afford to miss the news segment on both the radio and television. According to them, they felt it is through both sources that they can get information they will get their mind at rest. Some of the participants stated that; “I listen to news on both the radio and television. This is to keep me abreast of latest development about the spread of the virus”. “I get any health related information through the radio. And with this scary disease now, I cannot afford to miss any news broadcast on the radio. This is because it is my own way of keeping me informed”.

Journals: It is revealed by one of the participants that information was sought on COVID-19 through journal publication. This is evident through the narrative of that participant. “I usually verify health information from academic sources. This is because such news

emanates from authoritative sources. This accounts for my reliance on journals for information on COVID-19”.

Information centres: According to the participants, they stated that information centres provides resources they enhances decision making. The narrative in relation to this is; “during the lockdown, I had access to a Library in my environment. It really assisted me in sourcing for information about COVID-19”.

Category Six: Patients (1/8, 12.5%). This category consisted of the narrative of the participant who expressed that he used a patient who survived the COVID as source of information. The authors found out that learning from the experiences of others in very essential for decision making. The revelation about this is captured in the words of the participant. “I got to know one lady who survived Covid. She narrated her ordeal to and it made very scared of making myself vulnerable. Since then, I tried as much as possible to be COVID-19 complaint. If I am feel a symptom I do not understand, I quickly call the lady for clearance”.

Understanding of information on COVID-19 among people in Zaria, Kaduna State, Nigeria

This section comprises of how people in Zaria, Kaduna State, Nigeria understand information received on COVID-19 from various sources. Their understanding of information is provided on table 2.

Table 2 Understanding of Information about COVID-19 among people in Zaria, Kaduna State

Sources of Information	Understanding of Information
1. Orthodox Medical Practitioners	Very important
2. Social Media	Confusing and misleading
3. Family	Factual
4. Friends	Critical
5. Television/ Radio	Rumour and unsubstantiated
6 Journals	Authentic

Source- Interview Analysis, 2021

Categories that emerged from the analysis are discussed in the following paragraphs;

Category One: Very important (2/8, 12.5%): Narratives by participants revealed that information received through the orthodox medical practitioners is very important. This category consisted of the narratives of the participants who revealed that the information gotten through the doctors and nurses is life saving and thus judged as very important. They narrated thus “the doctors and nurses are specialist who are well trained in care provision and giving. As such, I accept the take any information from that source as highly important. I am a novice; therefore I follow the instructions of the learned”. Also another participant stated that “ I rely on my doctor for health information especially during this COVID era. His information is very important to me”

Category Two: Confusing and Misleading (6/8, 75%) Some of the participants in this study setting expressed that information received through the Social Media is confusing and misleading. This is revealed in the expressions of some of the participants in this study setting. One of them said “I do not even know what to believe about this COVID-19. What I read online was that many lives would lost in third world countries like Nigeria. But the reverse is the case. At least, I had seen five people that were hospitalized at Ahmadu Bello University Teaching Hospital due to COVID-19 but they survived it. So what was the impression created about us? As far as I concerned, the information is confusing and

misleading”. Likewise, another participant said “Most information I read through the social media is misleading. It is giving the true picture about the virus”.

Category Three: Factual (1/8, 12.5%). One of the participant stated that information received through family members is accepted to be factual. The authors found out that participant in this setting put most trust in their family. This is judged to be true from the account; “I trust my family will never provide me with information that would jeopardize my wellbeing. Information about COVID-19 received within the family setting is factual as far as I am concerned”.

Category Four: Critical (1/8, 12.5%). The narrative of one of the participants exposed that information received about COVID-19 through friends is understood to be critical. The authors found out that it is taken to be critical because the narrator indicated that the friend was hospitalized for a long period. And when she came out, her experience was scary. The participant narrated that “The experience of my friend while hospitalized was scary. I never wish that for myself. Her ordeal is critical. As such, I do not joke with the knowledge I gained through her experience”.

Category Five: Rumour and unsubstantiated (8/8, 100%). All the participants in this study setting revealed that information about COVID-19 derived through Television/ Radio are rumour and unsubstantiated. They said information about COVID-19 from these sources keeps changing from time to time. This captured from narrative of one of the participants in this study. He said “as far I am concerned all this propaganda about COVID-19 is just rumour. People have having this symptom in Zaria for years. I do not even know what to believe any longer”.

Category Six: Authentic (2/8, 25%). Some of the participants explained that they understood the information that emanated from orthodox medical practitioners as authentic. They expressed thus “information from the doctors can never be contested. I take it to be authentic because they are specialist and well trained. I rely on the information solely”.

Discussion of Findings

Six sources were identified by participants as other sources of information for sourcing for information about COVID-19. These sources are; family, friends, orthodox medical doctors, acquaintances, mass media and patient. Discussion of finding is as follows starting with family as sources of information about COVID-19. Support from family is the starting point for health management.

Family as a source of information about COVID-19

Finding of this study revealed that people in Zaria metropolis source for information about COVID-19 through their family. This has become the “*new normal*” as they are mostly in the circle of family members due to restriction on large gatherings. The New Normal' as the name implies is an 'Ideal Society' and this is to the credit of Max Weber as Weber constructed an ideal type of rationale-legal bureaucratic organization with the following characteristics as; activities required to achieve organizational goals are distributed in a fixed way as official duties well rationalized (Bintube, 2020).

This finding is not out of place as this family support as a source of information have been reported in studies (Lee, Loke & Ng, 2020; Quadir, 2019; Rad, Bakht, Feizi & Mohebi, 2013; Muller & Dimatteo, 2013). It is emphasized that immediate family are highly crucial for providing help in the face of serious epidemic/pandemic outbreak such as Coronavirus outbreak. Family members play fundamental roles in a pandemic situation. In 2019, Quadir reported that Social support from family provides patients with practical help and can buffer the stress of living with the illness. Buheji, Jahrami, Cunha & Ebrahim (2020) reported that emphasis on how parents should be a role-model for their children to cope during the time of uncertainties. Zhang & Ma (2020) also affirmed that support from friends and family member is important in healing process.

The implication of this finding it is important to involve family in self – care intervention .This will positively influence patient’s diabetic outcome since family members plays active role in a patient’s disease management, People tend to believe in their immediate family member than someone not known to them. Equally, diabetic patients should be wary of information received from family members. Such information should be confirmed before utilizing it for managing their condition. Use of inappropriate information will result in an unwanted outcome which might likely lead to hospitalization and economy burden.

Friends as a source of information about COVID-19

Finding revealed that friends are a source of information through participants in this study sought for information. Friends are usually forms of succor when confronted with a life threatening circumstance/s. They rally round one of their own in order to lighten the burden of coping with a pandemic health challenge such as COVID-19. Though it is expected to isolate people with the virus irrespective of that, friends still remain in contact with a sick friend/s. This plays a psychological in the journey of recovery.

Studies have previously reported role of friends in the management of diseases. This is not surprising at have affirmed strongly that support from friends are critically required as a coping mechanism. Bintube (2020)reported that COVID-19 has induced newer culture and fine-tuned social groups networks attitudes and behaviours as well as gradually changing working and interdependence of institutions in phases.

The implication of this finding is that good relationships and networking should be developed with all and sundry. This might serve as strength during period of crisis such as during COVID-19.

Orthodox medical practitioners as a source of information about COVID-19

Finding equally revealed participants utilized this source for sourcing for information about COVID-19. This is the most reliable channel and it is highly dependable for health information that will assist in achieving desired health outcome. Information received from this source will not lead to any form of error. The information shared through this source is usually based on clinical researches and studies.

This does not come as a surprise as numerous studies have affirmed this assertion. For instance, Verhoeven, Tsakitzidis, Philips& Van Royen (2020) equally stressed that importance of information emerging from the medical practitioners’ perspectives. They reported thatthere was a major switch towards telephone triage and consults, for covid-relatedas well as for non-covid related problems.

Acquaintances as a source of information about COVID-19

Findings exposed that participants also source for information from acquaintances. These include information from colleagues and neighbours. They are always the closest people to us and the most productive hours of the day are spent in the company of these groups of people. Participants narrated that interaction among them have really kept them up to date about COVID-19 information. This is funneled as a result of strong ties among them.

Strong ties exist between close-knit members with frequent interactions such as family and close friends. This tie is always needed by all and sundry especially when faced withpandemic crisis. Family who tied together will foster well in the face of any challenge. This isbecause they will be there to provide necessary support when required.

Mass media as a source of information

Finding of this study exposed that mass media was used as source of information about COVID-19. People tend to rely heavily on this source as it provides up to date report about critical issues. Equally, the mass media have a wider coverage for dissemination of information.

Studies (Bhagavathulal, Aldhaleei, Rahmani, Mahabadi & Bandari, 2020; Lee, Loke & Ng, 2020) have repeatedly emphasized the importance of mass media as a reliable source of information that is health-related. Bhagavathulal, Aldhaleei, Rahmani, Mahabadi & Bandari (2020) discovered that source of reliable information about COVID-19 based on their study is through the media. According to them, 30% of the respondents reported they use news media (TV/video, magazines, newspapers, and radio) and social media (Facebook, Twitter, Whatsapp, YouTube, Instagram, Snapchat) to obtain information about COVID-19.

COVID 19 Patients as a source of information

Finding revealed that participants used COVID-19 as source of information. Patient education is a key tenet of primary care medicine (Lee, Loke & Ng, 2020). A well informed person/s has a good advantage in problem solving. This is because having access to information will enhance decision making in time especially when it has to do with health challenges.

Studies (Quadir, 2019; Bappa, 2005) have reported that in-depth knowledge / prior knowledge and personal experience about health assisting in making sense of health information. It serves as an impetus in making necessary moves as and when due.

Understanding of information on COVID-19 among people in Zaria, Kaduna State, Nigeria

Finding of this study revealed that understanding of COVID-19 by participants is basically in six ways. These are; information is very important, information is critical, information is confusing and misleading, information is rumor and unsubstantiated, information is authentic and information is factual. Better understanding of the information enhances the achievements of desired health outcomes. Qualitative analysis resulted in increased understanding of pandemic information needs and identified best practices for disseminating information during periods of high organizational stress caused by an influx of new cases of an unknown infectious disease (Featherstone, Boldt, Torabi, & Konrad, 2012).

Information is very important

From inquiry, participants revealed that information sourced through the medical practitioners about COVID-19 is very important to them. This assertion is based on the fact that they do not possess the expertise to guide themselves on their health issues. As such, total reliance is placed on the information that emanates from the doctors directly.

Fear appeal is a crucial factor in the understanding of information as beneficial. A fear appeal is a persuasive message that attempts to arouse fear in order to divert behaviour through the threat of impending danger or harm. It presents a risk, presents the vulnerability to the risk, and then may, or may not suggest a form of protective action. Fear appeal is highly instrument for health education and promotion. The use of fear appeal has proved effective in changing behaviour with moderate to high levels being most successful at persuasion. .

Studies have reported that fear appeal have changed the way in which people examine health information. According to Love and Mackert (2014) fear appeal messages attempt to arouse fear to modify personal behaviour. Lueck, Brannon, Silva and Stephenson (2019) stated that fear appeals can be used for promoting health behaviour and information seeking but should be applied with caution. Likewise, Ruiter, Kessels, Peters and Kok (2014) reported that fear arousal is widely used in persuasive campaigns and behavioral change interventions. Yet, experimental evidence argues against the use of threatening health information

The implication of this finding is that it is of necessity to investigate in order to know factors that can be used to elicit a positive behaviour from people. This will help in designing of health intervention to assist during periods of pandemic outbreaks.

Information is critical

Participants in this study setting stated that information received from medical doctors and people who have overcome the virus is very critical to them. According to the participants, visitations to the hospital and isolation centres changed their worldview about the virus. Similarly, information on diet is understood to be critical because it helped in wound healing process. Personal experience and peer testimony assisted interviewee to understand information as critical.

Peer testimony and personal experience make participants to understand information as critical. The two concepts influence how individuals understand information. Personal experience is what individuals have passed through; this influence decision making. (Zhao, 2020) health knowledge construction is infused with identity and personal meanings, this reflection also shows that people from a racial group may face unfair treatment in a pandemic. Furthermore, peer testimony refers to testimony that is given by someone who is not an expert in a given area or subject (Smith, 2015). People give this type of testimony about daily life's experiences more attention and thoughts.

Information is confusing and misleading

Findings also revealed that information on COVID-19 sourced through the mass media sometimes is confusing and equally misleading. According to the interviewee information about the virus is not always the same as information changes often and thus misleading. Scenario of this nature does not foster decision making.

Studies by Russell, Ogunbanjo, Newham, Hestop-Marshall, Netts, Hanratty, Beyer & Kaner (2018); Kupadia – Kundu, Sullivan, Safi, Trivedi & Velu (2013) and Jordan, Buchbinder & Osborne (2009) have stressed that exposure to health information which results in confusion and conflicting prior knowledge hinders use of information. Exposure to confusing and misleading health information can lead to rejection of information. The end result might constitute health hazard or could even result to loss of life/s.

Information is rumor and unsubstantiated

Participants in this study setting expressed that, information sourced through the sources are all rumor and unsubstantiated. As far as they are concerned COVID-19 is false and not true. According to them, it is believed that information they heard was that anyone who contracted the virus will die. But what they see and experience is the direct opposite sometimes as people have recovered from the virus. Suffice to say that, what they witnessed among people who were admitted due to COVID-19. Individuals' worldview will always affect their understanding of health information.

This opinion was substantiated by doing van der Kooij, Ruyters and Miedema (2013) when they stated that personal worldview is the set of beliefs about fundamental aspects of reality that ground and influence one's perceiving, thinking, knowing and doing.

Information is authentic

Participants in this study setting revealed that information they got through the medical practitioners are understood as very authentic. It is accepted thus due to the fact that Doctors have been trained specifically to be able to handle health issues effectively and efficiently.

This assertion was in line with studies conducted by Blodt, Kaiser, Adam, Adami, Schulte, Muller-Nordhorn & Holmberg (2018) and Liu (2015). They reported that trust of medical practitioners have been instrumental to acceptance and reliance on information received through these sources. Patients' trust their physicians more for their clinical expertise and experience.

Information is factual

Findings equally revealed that participants understood information from sources consulted as factual. This is because they were opportuned to see someone who had the virus. This has made them to have a change of view. Initially, they said they thought it was just a fiction. Studies conducted have affirmed that information emanating from professional bodies tends to gain root among the populace. Most especially when it is health related. Verhoevenk, Tsakitzidis, Philips and Van Royen (2020) showed from their study that evidence- based medicine assists in coping with pandemic situation.

Conclusion

Based on the findings, this study concluded that information sharing and diffusion during pandemic health situation is highly very critical to the management of health situation. Sources of information help in coping with health condition. Similarly, understanding of information is instrumental to use of health information and in the rejection of information. Identifying correlations between sources and the understanding of the information is fundamental to developing insights that would help in the creation of desired management, mitigation, and preventive policies, ultimately minimizing the risks and costs of chronic diseases

Recommendations

Based on the findings of the study, the following recommendations are made:

1. Sources of information utilized by participants should be harmonized in order to achieve desired health outcome. Libraries should play an active role in the dissemination of information during pandemic health situation. This is to help in the diffusion of information to enhance decision making.
1. **The medical authorities should ensure that everyone has access to accurate information and removing harmful content.**

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