

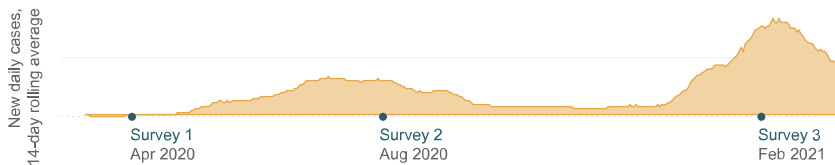
Finding the Balance: Public Health and Social Measures in Nigeria

What is the purpose of this report?

This report describes findings from a telephone survey with 1,318 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analyzed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	155,076
Cumulative incidence rate per 100,000 people	77
Test positivity rate	8.7%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	1,902
Case fatality ratio	1.2%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

At the beginning of December 2020, Nigeria entered its second COVID-19 wave, marked by a sharp acceleration in reported cases, hospitalizations and deaths across the country. At the mid-January peak, the seven-day rolling average of new cases was more than 1,600 before declining to fewer than 300 at the beginning of March. The pandemic has continued against the ongoing backdrop of concurrent infectious disease outbreaks, an economic recession, civil discontent, security incidents, and food insecurity.

PHSM Support and Self-Reported Adherence

Support for and adherence to PHSMs were lower in February than in August, both for individual measures and restrictions to social gathering and movement. While seven in 10 respondents expressed overall satisfaction with the government's handling of the pandemic, traditional media reported pointed criticism of the government, likely related to ongoing political corruption and mass protests against police brutality.

Risk Perceptions and Information

More than half of survey respondents believed that the virus will affect many people in Nigeria but less than a quarter believed that COVID-19 posed a high risk to them personally. Misinformation narratives minimizing the risk of the virus, and promoting virus-related stigma are widespread in Nigeria. Even so, three in four respondents planned to get vaccinated when it became available.

Secondary Burdens

The economic effects of COVID-19 have exacerbated the ongoing food insecurity crisis in Nigeria. Amid the ongoing protests to end police brutality, more than half of respondents reported reduced meals or limiting portion sizes in the previous week, citing lost income and higher food prices as significant barriers.

Disease Dynamics and PHSM Implementation

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

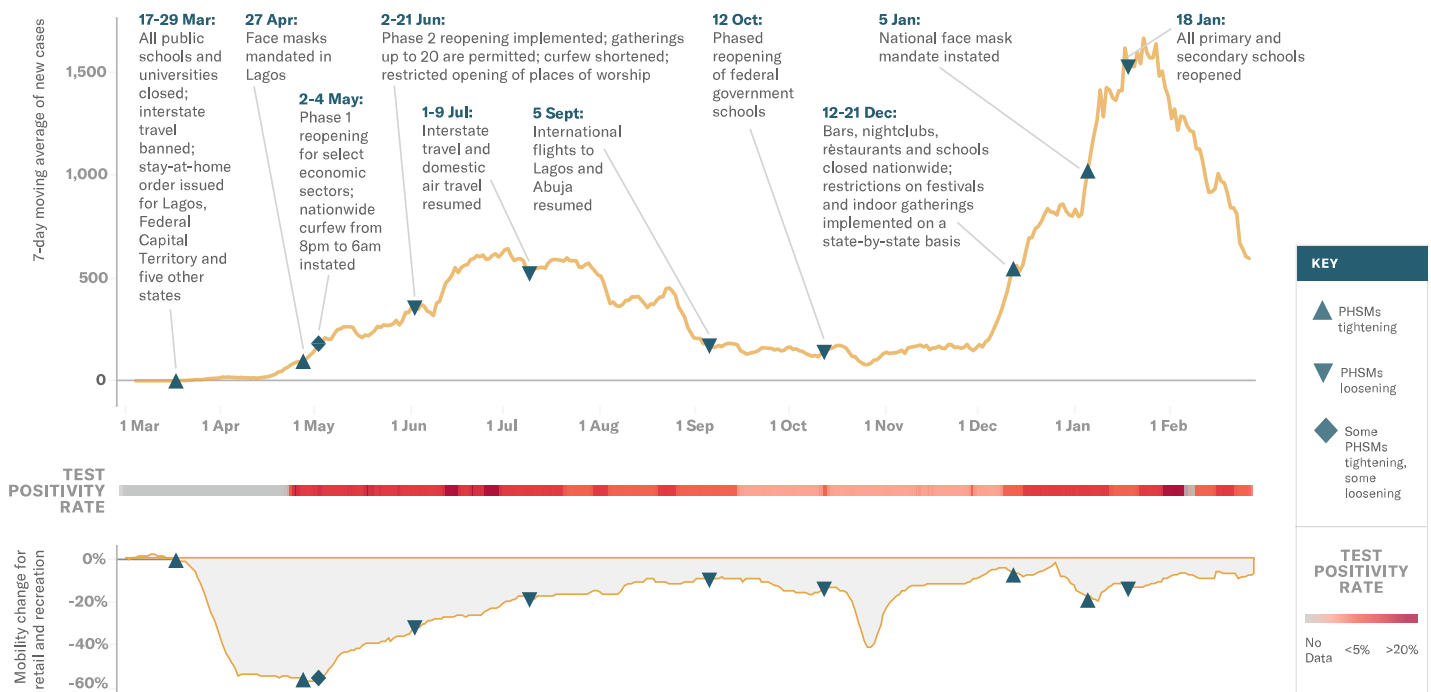
Situational Awareness

After instituting a series of strict measures in March 2020, the Nigerian government began a [phased loosening](#) of restrictions in May, largely due to [public opposition](#) to restrictions on economic activity and the resulting hardship. Reopening of public life was accompanied by increased mobility and a surge in reported cases, peaking in July. Phased loosening of all restrictions continued into October in spite of increasing caseloads.

Nigeria entered its second wave at the beginning of December, likely due to the cumulative effect of continued loosening of restrictions, nationwide mass protests and the presence of the [B.1.1.7 variant](#). This surge was marked by a sharp acceleration in reported cases, hospitalizations and deaths across the country; state governments in Nigeria responded by implementing PHSMs. Cases peaked at the end of January 2021 with more than 1,600 newly reported cases per day—two and a half times the previous peak in July 2020. Large States including [Kano](#), Lagos and the Federal Capital Territory have been epicenters of the Nigerian outbreak. Hospitals in Lagos and Abuja were [overwhelmed](#) with critical COVID-19 patients in need of oxygen, which was in short supply even before the pandemic. The Nigerian government [responded](#) by committing close to \$US 17 million to set up oxygen production plants at 38 sites around the country. At the beginning of March, close to four million doses of COVID-19 vaccine [arrived](#) in Nigeria through COVAX; priority vaccination for frontline health care workers [began](#) on 5 March 2021.

The COVID-19 pandemic in Nigeria has occurred amid an [economic recession](#), ongoing [food insecurity](#), concurrent infectious disease outbreaks, [civil discontent](#) and security incidents. Nigeria's economy suffered further due to global collapse in oil prices at the end of 2020, exposing the impact of incremental investment in domestic food production. Since August 2020, public health authorities have contended with outbreaks of [Lassa fever](#), [measles](#), and [yellow fever](#). The #EndSARS movement, a series of nationwide protests against police brutality that began in 2017, found new momentum in October 2020. Meanwhile, populations in north east Nigeria continue to be terrorized by Boko Haram, despite President Buhari declaring the insurgency defeated in 2019. There has also been an escalation of herdsmen attacks, banditry and kidnappings across the country.

The loosening of PHSMs starting in December was accompanied by a surge in cases peaking in January, overwhelming hospitals in urban centers.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

February's survey data shows that support for PHSMs and self-reported adherence have both trended downward across individual measures, as well as measures restricting social gatherings and movement. At the time of the February survey, there were fewer restrictions on gatherings than in August 2020; coupled with low personal risk-perception (23%), this may explain low levels of support and self-reported adherence.

- Traditional media [reported](#) explicit non-adherence to PHSMs when schools reopened in Lagos in mid-November, suggesting that teachers and administrators were ill-equipped to promote adherence to PHSMs as nationwide reopenings started in October 2020.

In the media

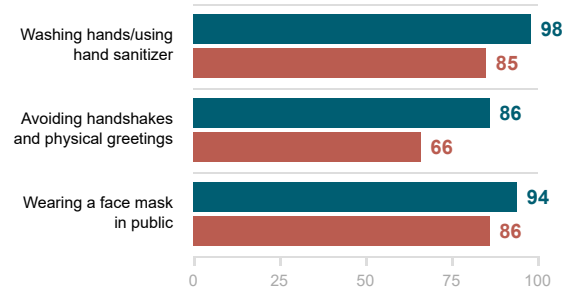
"Nigeria has now officially announced a second wave of Covid19 That means the virus is spreading at an alarming rate. Over 1,100 people tested positive yesterday. Pls stay alert. Wash your hands. Wear your facemasks. Pass this on to everyone. I beg you."

- Twitter, 18 December, 2020

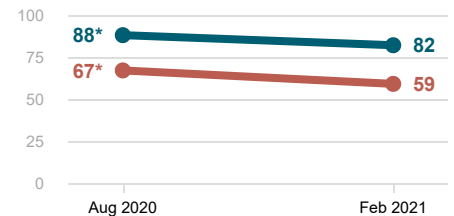
Individual measures

Support for and self-reported adherence to individual measures trended significantly downward from August 2020 to February 2021.

Percent that **support** and **adhere** to each individual measure in Feb 2021



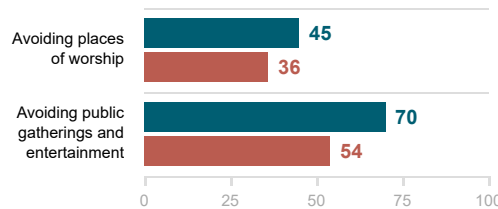
Trend in percent that **support** and **adhere** to all individual measures (composite score)



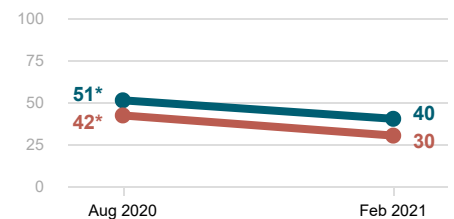
Measures restricting social gatherings

Only 40% of respondents supported measures restricting gatherings in February, down from an already low 51% in August. A similar trend was seen for self-reported adherence.

Percent that **support** and **adhere** to each social measure in Feb 2021



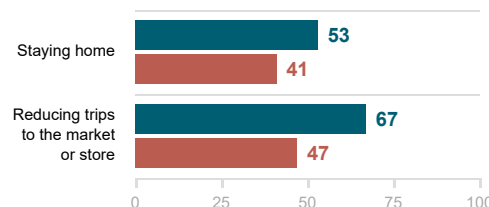
Trend in percent that **support** and **adhere** to all social measures (composite score)



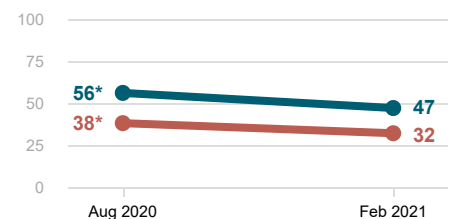
Measures restricting movement

Overall support for measures restricting movement was low in August, and significantly lower in February, likely related to economic hardship felt by many Nigerians, further exacerbated by the pandemic.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

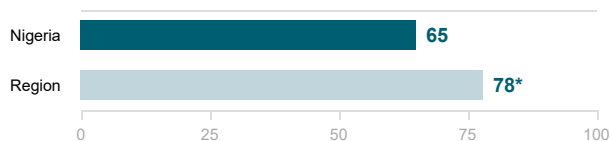
Satisfaction with the government response increased in February to almost two-thirds of respondents (65%), significantly higher than in August 2020 (50%). The harsh lockdowns early in the pandemic faced severe public opposition, after which Nigerian health authorities opted for a more targeted approach to PHSM implementation at the state level, enabling people to engage in income-generating activities.

- The Ministry of Health (80%) and the Nigeria Centers for Disease Control (78%) were the government institutions survey respondents cited as among the most trusted.

What do people think about their country's institutions?

Compared to other Member States in the region, survey respondents in Nigeria expressed the lowest levels of satisfaction with the government's handling of the pandemic compared with other Member States in the region. Satisfaction was similar across gender and age, but significantly higher among rural respondents when compared to urban respondents (69% compared to 59%). Poor institutional trust is likely driven by widespread opposition to [police brutality](#) occurring primarily in urban areas, as well as [political corruption](#) pre-dating the pandemic.

65% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

World Health Organization (WHO)	83%
Hospitals/health centers	82%
UNICEF	82%
Ministry of Health	80%
Medical professional associations	79%

What are people saying in the news and on social media?

Qualitative analyses of traditional and social media coverage indicate low levels of trust in the Nigerian government, driven by frustrations pertaining to restrictive PHSMs as well as concerns over food insecurity, police brutality, corruption, and insecurity.

- Social media users widely supported the [looting](#) of government warehouses across the country and accused ministers of hiding resources that were meant to ease food insecurity during lockdowns.
- The shootings at the [Lekki](#) toll gate in October 2020, in which at least 12 peaceful protesters were killed, was a polarizing event in the public discourse. Social media users demanded the end of government support of police brutality—specifically by the Special anti-Robbery Squad (SARS)—as part of the #EndSARS movement.
- Social media users expressed skepticism of the government's goal to vaccinate 80 million people in one year, with one user claiming that "The government that hid palliatives can't give us vaccines."

In the media

"In Nigeria, we can't go to school because of govt. We won't get covid vaccine because of govt. We can't travel on most roads because of govt. Now we can't even protest because of this same govt."

- Twitter user, 13 February 2021

Risk Perceptions and Information

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

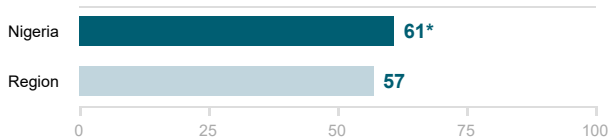
What the data say

Overall, 61% of survey respondents believed that the virus will affect many people in Nigeria, [suggesting](#) that COVID-19 is considered among the most important problems facing the country in spite of the tumultuous social and political context. Still, a much smaller share (23%) believed that COVID-19 posed a high risk to them personally.

- In social media, content reflecting low-risk perception were highest among working class people, stemming from a belief that COVID-19 only impacts the elite. This narrative peaked in August 2020, and remained consistent through the beginning of 2021.
- Four in 10 survey respondents believed that COVID-19 can be cured by [herbal remedies](#) and nearly half of survey respondents (42%) reported that health care workers and people recovered from COVID-19 should be avoided (42%) suggesting that misinformation narratives minimizing the risk of the virus and promoting virus-related stigma are widespread in Nigeria.
- Men were more likely to agree with misinformation narratives, with a significantly higher portion of men stigmatizing health care workers (46%) and people recovered from COVID-19 (44%), compared to 38% and 39% of women respectively.
- A large portion of respondents understood asymptomatic spread of COVID-19 (81%) and that infected people may not show symptoms for five to 14 days after infection (78%), reflecting the success of risk communication efforts from Nigerian Centers for Disease Control and the Presidential Task Force on COVID-19.

How do people understand the risk of COVID-19?

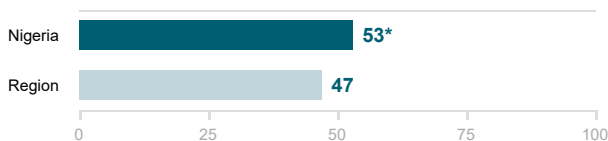
61% believe that COVID-19 will affect many people in their country



23% believe that their personal risk of being infected with COVID-19 is high



53% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

42% think they should avoid health care workers because they could get COVID-19 from them

42% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

81% understand that infected people may never show symptoms but could still infect others

78% understand that infected people may not show symptoms for five to 14 days

40% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

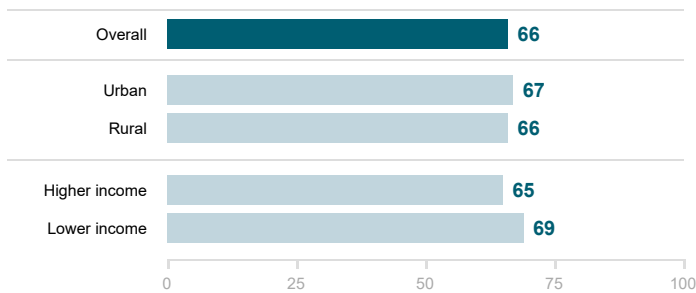
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

How do people feel about resuming day-to-day activities?

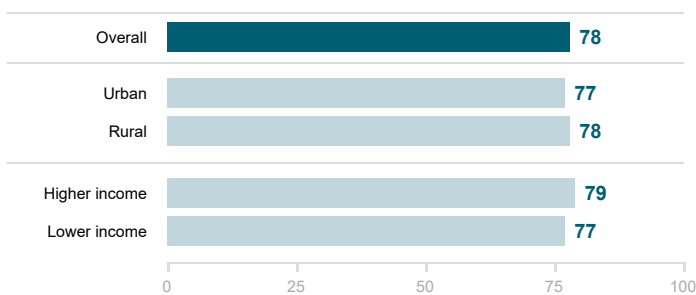
About two-thirds of survey respondents in Nigeria indicated that the thought of resuming normal activities made them anxious, a view held across socio-demographic groups. This finding is lower than in the August 2020 survey, when 75% felt anxious about resuming normal activities in spite of the January 2021 surge in cases and deaths.

- Almost eight in 10 respondents had already resumed normal activities and more than six in 10 respondents felt comfortable taking public transportation, both of which were among the highest in the region. Returning to work was a priority for many Nigerians, suggesting that economic burden is a significant driver of risk perception.

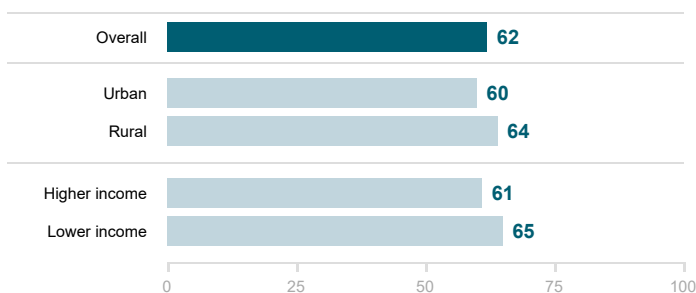
66% feel anxious about resuming normal activities



78% have already resumed normal activities because they believe COVID-19 risk is low



62% feel comfortable taking public transportation

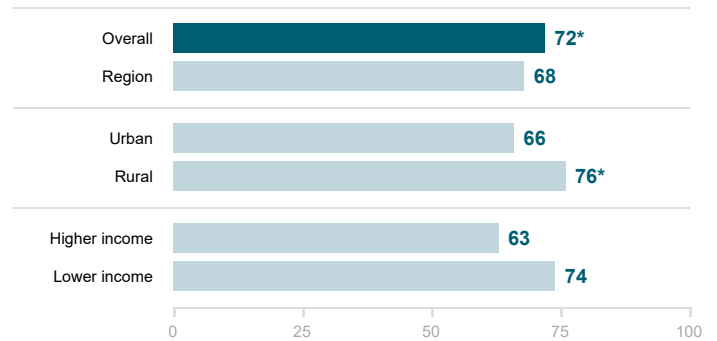


What do people think about vaccines?

Almost three in four respondents planned to get the COVID-19 vaccine when it is available, a significantly higher portion than the regional average.

- According to social media, there is a general distrust in national plans to distribute vaccines, in part spurred by misinformation driven by religious beliefs (particularly in Northern Nigeria). Given that 70% of survey respondents reported trusting religious institutions, success of vaccine uptake could depend on whether local [religious organizations](#) take part in positive vaccine messaging to encourage uptake.

72% plan to get a vaccine when available



Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not feel I am at risk of catching the virus	28%
I do not yet know enough about the vaccine to make a decision	26%
I do not believe that the virus exists	21%

In the media

"We don't need any vaccines. Y it people want to steal again. God did not let covid to enter this country."

- Facebook user, 3 February 2021

"I will not take this vaccin. Only the Holy Spirit will convincs me."

- YouTube user, February 2021

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

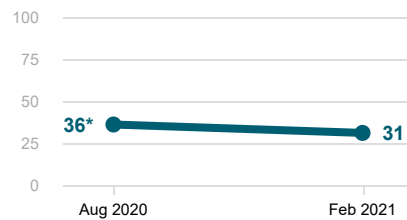
Disruptions to health care access for those requiring care is an ongoing challenge; one in three respondents who needed medicines in the previous three months reported difficulty in getting them (31%) and one in five respondents needing health care in the previous six months reported skipping or delaying visits (19%). Reported challenges were similar across most sociodemographic groups.

- Overall, 55% of survey respondents reported not needing health care services since the start of the pandemic, markedly higher than the Western Region average. General check-ups accounted for almost half of all missed visits reported in the survey, aligning with the common practice of seeking care first at [pharmacies](#) for general health concerns.
- Malaria continues to cause a sizable share of morbidity and mortality. However, given that more than 40% of survey respondents reported stigmatizing health care workers due to COVID-19, many Nigerians could be avoiding health care visits altogether according to [news reports](#), setting back progress in malaria control.

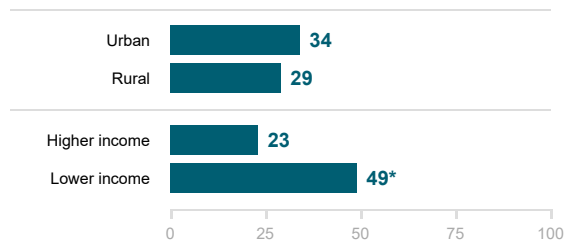
Difficulty getting medicines

Nearly a third of households needing medicines reported difficulty accessing them, markedly higher among lower income households (49%) and among households experiencing income loss since the pandemic's start (35%).

Trend in percent of households having difficulty getting medicines in the past three months



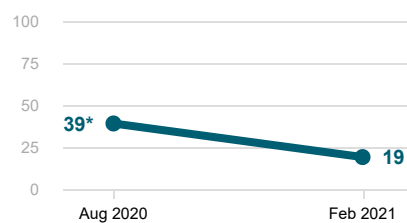
Percent having difficulty getting medicines by category



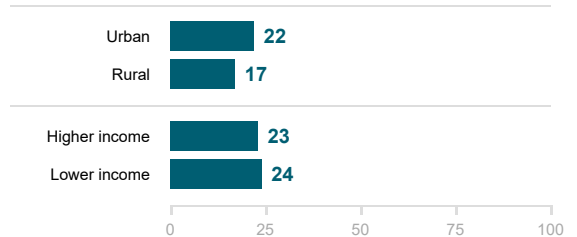
Skipping or delaying health visits

One in five respondents reported skipping or delaying visits, a drop of 20 percentage points from August 2020. Restrictions on movement were considerably loosened in stark contrast to mid-2020, when Nigeria had imposed curfews and other PHSMs.

Trend in percent of households skipping or delaying health care visits in the past six months



Percent skipping or delaying health care visits by category



The reasons why visits were skipped or delayed

People could choose multiple responses

Cost/affordability	25%
Health facility disruption	18%
Worried about catching COVID-19	10%
Caretaker responsibilities	10%
Mobility restrictions/transport challenges	8%

The types of visits which were skipped or delayed

People could choose multiple responses

General/routine check-up	48%
Diagnostic services/symptoms	32%
Communicable diseases	22%
Reproductive, maternal and child health	17%
Non-communicable diseases	1%

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

Nigeria has experienced severe and widespread economic hardship and food insecurity for much of 2020. According to the World Bank, four in 10 Nigerians were living below the international [poverty](#) line when the pandemic started in February 2020. A year later, nearly eight in 10 survey respondents reported income loss since the start of the pandemic, and more than half of respondents reported reduced meals or limiting portion sizes in the previous week. A large share cited lost income (62%) and higher food prices (65%) as the most significant barriers to food access.

- Nigeria is Africa's largest economy and remains largely dependent on oil. Low global oil prices during the pandemic led to product shortages, high domestic fuel prices and hyperinflation, all of which resulted in an [economic recession](#) beginning in November 2020, with [unemployment](#) rising to 33%.
- The economic effects of COVID-19 have exacerbated the ongoing food insecurity crisis in Nigeria. Amid the ongoing protests to end police brutality, government-owned warehouses in Lagos, Abuja and elsewhere [were looted](#) for food, with many Nigerians accusing authorities of hoarding supplies while millions of people suffer from hunger and malnutrition.
- Perhaps to combat the widespread distrust of government institutions, President Buhari has made poverty alleviation a centerpiece of his new administration by [committing](#) to lift 100 million Nigerians out of poverty.

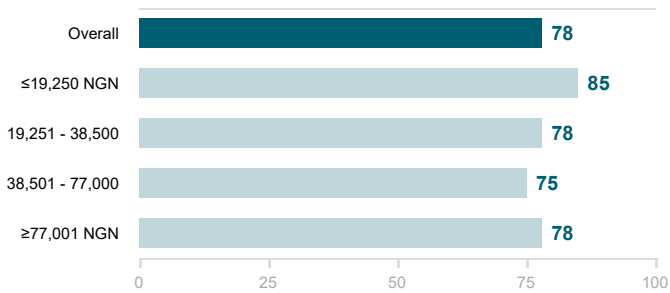
Reported barriers to food access

Percent of people reporting each barrier

Less income	62%
Higher food prices	65%
Food markets closed	37%
Mobility restrictions	35%
Food market supply shortages	48%

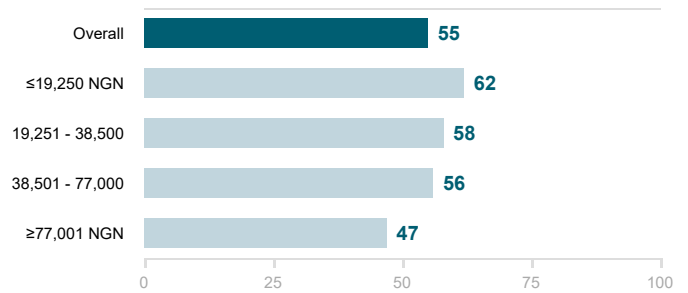
Household income

Percent of households experiencing **income loss** by category



*Household income is significantly associated with income loss.

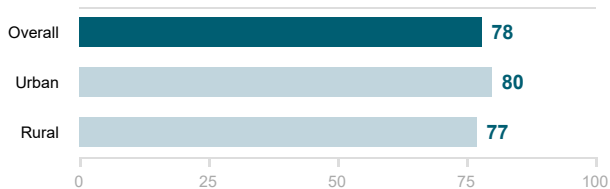
Percent of households **missing meals** by category



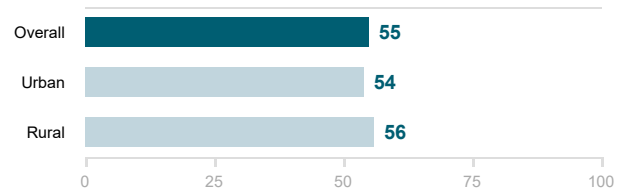
*Household income is significantly associated with missing meals.

Location

Percent of households experiencing **income loss** by category



Percent of households **missing meals** by category



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see preventepidemics.org/perc.

- Ipsos conducted a telephone survey of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

Country notes

The survey sampled from Nigeria consisted of 1,318 adults (600 urban, 718 rural), collected between 13 to 23 February 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Lower income: Monthly household income 19,250 NGN and below
- Low-middle income: Monthly household income 19,251 NGN - 38,500 NGN
- High-middle income: Monthly household income 38,501 NGN - 77,00 NGN
- Higher income: Monthly household income 77,001 NGN and above