

# COVID- 19 SOCIAL MEDIA NARRATIVES ON VULNERABLE POPULATION

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## Abstract

Every new media technology comes with its fear owing to its penetrability and intractability. The impact of social media since the growth of internet and mobile communication gadgets not only increased access to information on limitless groups of society but deepened the existing information super-highway particularly during scourges like the Covid-19 pandemic. Among the much influenced by the avalanche of information from the Covid -19 pandemic is the vulnerable groups including the aged, sick and physically challenged. Social media narratives on the disease took the form of campaign on predisposition, prevention and safety measures and possibly how to find help in emergencies. Several Government and Non- Governmental Organizations in Nigeria like the center for disease control, business organizations as well as individuals grabbed the social media platforms to send across messages on the prevalence of the disease. Vulnerable groups filtered the narratives owing to the scare of the virus, the accessibility and influx of message wired through the social media network and the various ways the messages were communicated regardless of its factuality. The concern of this study is therefore on how the messages are impacted on vulnerable groups. The statement of the problem is that messages from the social media may not be factual, misleading and not directed to impact positively on these vulnerable groups. The study is anchored on the postulations of the health belief model and the information flow theory. Using Survey, a purposive sample size of vulnerable groups was drawn from social media users in Anambra and Enugu State. Findings showed the use of social media by vulnerable groups, their understanding of social media narratives as evoking fear, misleading and rarely contained preventive action cues to stay safe. The paper recommends intensive campaign on how groups and individuals could better use the social media in future pandemics and other emergencies for more expectancy value.

**Keywords:** Covid-19, social media, Narratives, Vulnerable, population

## Introduction

Narratives via social media on Covid-19 pandemic could be said to portend significant interest among communication and health enthusiast during the global outbreak of Corona Virus Disease because of its capacity to engage and impact the health of audiences in multi-way conversations and interactions. However, during disease outbreaks, misleading posts especially from social media are often more popular than accurate and relevant public health information, thereby presenting conflicting messages (Ekezie & Bosah 2021). Another unintended consequence of social media is the shift in information evaluation burden from professional gatekeepers to individual consumers. Hence, individuals play a significant role in the creation, production, distribution and re-production of misinformation through the social media.

Globally, the management of the COVID-19 pandemic has been potentially stifled by misconception. Many African countries like Nigeria and Ghana used unconventional protection approaches, including herbal remedies and the anti malarial drug, hydroxychloroquine, after false messages received from social media, leading to cases of overdose, hospitalization and death. However, research on social media and public health narratives in developing countries, especially Africa, is sparse. Although literature exists on information dissemination related to the pandemic, there are gaps in the demographic attitudes particularly of vulnerable groups. Evidence from National Centre for Health Statistics has shown that socio-demographic factors, such as age, gender, education level, ethnicity and vulnerability play a significant role in the understanding, believe and self-protecting behaviors of people during the COVID-19 pandemic. Consequently, understanding the relationship between population attributes and their actions would be critical for misinformation management and public health message development, particularly as it concerns the flow of Covid-19 information via the social media to unsuspecting groups like the vulnerable. This research will explore how social media narratives impacted on vulnerable groups as the pandemic lasts.

### **Statement of the problem.**

Vulnerability to diseases is open to everyone. However, some groups of people depending on their demographic characteristics or traits could be more prone to certain diseases than other groups. Vulnerability depends also on the impact factor of the virus in question. In the case of Corona Virus Disease, World Health Organization (WHO) says the Virus is often more severe in people who are older than 60 years or who have health conditions like lung or heart disease, diabetes, blood or bone marrow cancer (such as leukemia, lymphoma or myeloma) or conditions that affect their immune system. Apart from medical conditions of predisposition, other social variables such as people who are extremely poor, homeless and lack shelter, those who lack access to portable water for hygiene precautions, live in communal houses and cannot afford isolation find themselves in greater peril of contracting the disease. Another impact factor that is of greater concern to this study is access to communication, right information, use of proper guidelines to the prevention, control and treatment of the Covid-19 pandemic.

Giving the panic arising from the outbreak of the disease, several health institutions including government and Non-Governmental Organizations (NGO) within local, national and international levels flooded the media with risk information to avert the spread of the virus and protect people from massive health deterioration and death toll arising from the global pandemic. Risk communication has been identified by studies as a veritable way of helping citizens adopt appropriate behavior before, during and after a disaster (Olawuyi & Adiamoh 2015). While communication on the virus flooded traditional media like Television, Radio and Newspapers, and institutional outlets like posters, bill boards, it became intractably viral on social media with a corresponding fear of fake news, misinformation and misguided comments from community and online users. Some of the information via social media handles was disseminated by official websites while many others were from user-generated contents that were not regulated by expert information gate-ways. Another concern is the pervasiveness and penetrability of social media following the exponential growth of technology driven gadgets like smart phones and internet connectivities as well growing communal and group participatory engagements. This agrees with the postulations of Onyechi & Obono (2015) that

social media activities in the West have grown and are being used for improving health outcomes, offering information sharing and promoting behavior change. Consequently, Facebook and other social networking technologies have been exploited for information sharing among relatives and friends especially during pandemics like the Covid -19.

Since the social media sites could be seen as veritable information and health communication channels, it becomes pertinent to investigate the kind of narratives that travelled through the social media particularly as it impacts on the most vulnerable on the Covid-19 pandemic. This study is therefore problematized on knowing There kind of narratives on Corona Virus, the empathies communicated in the narratives, the categorical domains of people addressed in the narratives, and the behavioural value attached to the narratives. Hence the study seeks to answer the following research questions:

- (1) What kind of narratives was communicated by the social media on Covid-19?
- (2) What domain of vulnerability were most affected social media narratives on Covid-19?
- (3) What are the empathies communicated in the social media narratives on Covid-19?

## **Background of Study**

Pandemics are difficult and complex events with a high level of uncertainty. From the dawn of history, pandemics have aroused fear, panic, and alarm, as expressed in many Western works of literature and art. Nevertheless, epidemics and pandemics, such as the COVID-19 pandemic, still pose a serious challenge, with wide-ranging existential consequences that spark primeval emotions and fears (Gasser et Al 2013). It is challenging at such time for health policy makers to develop strategies that can deal with the public's fears, uncertainty and concerns. Lundgren & McMakin (2013) also agree that the emergence of viruses have always sparked fear and misinformation, striking panic as rumors spread and people desperate for information latch onto whatever snippets they can find — whether they're true or not. But the advent of social media has supercharged this process, leading to misinformation over transmission, prevention, vaccination, management, death and overall natural disasters. Social media platforms such as Facebook, blogs, or COVID-19 forums enable people to create and share their stories. These platforms provide people with opportunities to talk about their fears and concerns as well as their beliefs and risk perceptions in different situations. Through social media, individuals, groups, friends and communities engage in para-social interactions and generate relationships transcending geographic and linguistic borders. Horton, (2020) demonstrate that these relationships turn strangers into friends and transform passive audiences into active co-participants. People who hear a good story can be expected to share it with others, initiating a pattern of social proliferation, such that messages “go viral. Thus, the boundaries between the personal information received concerning prevailing outbreak and the public knowledge become blurred. For example, when people identify with stories posted on social networks and shares it on their feeds; they actually turn that story into “their” story. Hence, one individual's story becomes the story of many other individuals, who identify with it and share it with others. The para-social engagement from social media is needless to say plagiarized since people become engaged with the



characters of others despite not having met them. In line with social-cognitive theory, such characters may serve as role models for appropriate behavior by demonstrating the costs and benefits of different courses of action. People may be inspired to imitate the actions of positive characters, avoid the problems of negative characters, or follow in the footsteps of characters who undergo a transformation (usually from negative to positive attitudes or behaviors) over the course of the story. Meanwhile, Policy makers can study stories on social networks to learn how people understand the epidemic narrative at any given time and use that information to generate appropriate narratives.

To date, health organizations have used narratives mainly in the fields of clinical care and education. These narratives usually focus on disease prevention, disease management, patient recovery, and psychological and social resilience. Similarly, in the current Corona Virus Disease outbreak, the vast social narrative of the pandemic has been visibly characterized by confusion, misinformation, and disinformation, charges of conspiracy, cover-ups and multi-vocal denials. In the early days of the pandemic, with the novelty of stay-at-home orders, social media was rife with images of people finding community even while apart. The messages were sent by ordinary citizens and the storylines emphasized how everybody is involved with the disease as a common threat. A competing narrative emphasized a different story – the “economic lockdown” and state orders around social distancing threaten liberty and prosperity. This narrative rallies people around the idea that a public-health centered approach is yet another example of government overreach. There is the visual narratives that presented the wearing of masks as an inevitable war culture against the disease. Those who wear face masks were considered as patriots who respect and care for others, especially the most vulnerable. Mask wearing was associated with community responsibility while those who shun masks and heap scorn on the mask wearers believed government is imposing its will on others.

### **Vulnerable populations in Health Crisis**

Within the context of this study, vulnerable populations constitute those who are susceptible to misinformation on Covid-19 as a result of various challenges and who may be mostly affected by misinformation received or misguided from taking appropriate measures on control and prevention from regulatory authorities. Vulnerable populations, are often at greater risk for poor health status, exacerbated health conditions following disease outbreak. Ekezie and Bosah (2021) Evidence found out that socio-demographic factors, such as age, gender, education level, and ethnicity, play a significant role in the self-protecting behaviors of certain vulnerable groups during the COVID-19 pandemic. Vulnerability may also include people lacking in accessing relevant and accurate information on prevention, control and healthcare deliveries during pandemics. These groups experience significant disparities in life expectancy, access to and use of healthcare services, morbidity, and mortality. Their health needs are complex, intersecting with social and economic variables they experience. This population is also likely to have one or multiple physical and or mental health conditions that may initiate fear, anxiety or worsen prevailing disease.

Vulnerable populations may also include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. It may also include rural residents, who

often encounter barriers to accessing healthcare services and information. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education.

### **Health Domains of Vulnerable Populations**

The health domains of vulnerable populations can be divided into three broad categories: physical, psychological, and social. Those with physical needs include high-risk mothers and infants, the chronically ill and disabled, and persons living with HIV/acquired immunodeficiency syndrome. Chronic medical conditions include respiratory diseases, diabetes, hypertension, dyslipidemia, and heart disease. Eighty-seven percent of those 65 years and older have one or more chronic conditions, and 67% of this population have two or more chronic illnesses which predisposes them more to new viruses.

In the psychological domain, vulnerable populations include those with chronic mental conditions, such as schizophrenia, bipolar disorder, major depression, and attention-deficit/hyperactivity disorder, as well as those with a history of alcohol and/or substance abuse and those who are suicidal or prone to homelessness.

In the social realm, vulnerable populations are affected by abusive families, the homeless, immigrants, and refugees. The needs of these populations are serious, debilitating, and vital, and may be aggravated by poor health and malnutrition. Those with multiple problems also face more significant cumulative risks of their illness than those experiencing a single illness.

### **Social Media Narratives of Covid-19 on the Vulnerable**

The outbreak of Covid -19 was a global pandemic with an outburst of worldwide scare among health professional, health care organizations, disease control groups, government and non-governmental organizations, private individuals and those who because of their previous health conditions realized they were more vulnerable to contracting the disease. Media institutions also played supplementary role in disseminating information regarding the pandemic from all sources that may be considered as latently scary. While the information flooded the gates of mainstream and new media, attention on how the social media narrated the messages was of larger concern to global health owing to the volatile and intractable nature of social media. This agrees with the research findings of Bolsoval and Tizion (2008) that Health misinformation has been prevalent on social media, particularly in new public health crises like Covid- 19 in which there are limited scientific information. More so, Ekezie and Bosah (2021) reported that globally, the COVID-19 pandemic has been potentially influenced by misinformation particularly of fake news from social media. Many people used unconventional protection approaches in Nigeria, including herbal remedies and the anti malarial drug, hydroxychloroquine, after false messages spread through social media, leading to cases of overdose, hospitalization and death. Hence, researchers like Gesser-Edelsburg and Shir-Raz (2016) advocates that

social media engagement needs to be studied better to determine how to encourage healthy behaviors through these channels. Meanwhile, social media can also play a role in limiting and refuting health misinformation.

### **Health Information for Pandemics; Bridging Gaps and Building Trust**

During disease outbreaks or pandemics, there is need for organizations and government to convey effective information that will cause members of the general public to cooperate with guidelines and even change their behaviour. The need for social distancing, isolation, wearing of face masks, regular washing of hands with hand sanitizer is during the COVID-19 crisis was much emphasized across both traditional news channels and social media platforms. More importantly, information on new care conditions must get to health care givers early enough to avoid the public getting the wrong facts from the unofficial sources. who must deal with new care conditions and social situations. This information must go beyond factual information such as morbidity and mortality statistics. It must also provide explanations to help the public understand the rationale behind the guidelines as well as information to help population subgroups cope with social conditions such as loneliness and anxiety caused by lifestyle changes.

In communicating this information, factors motivating the behaviors of diverse populations such as the psychological, sociological, economic, and political factors must be considered. Therefore, conveying information, messages, and guidelines to the public becomes quite complex. Moreover, in a media- and communication platform-saturated environment, if policy makers do not convey information that is relevant to people's needs, the public will lose interest and turn to other sources and channels.

Health information can be conveyed as statistical evidence or as narrative evidence. Statistical evidence usually entails a dry summary of quantitative information about a sample of cases that can be generalized to an entire population. This information is conveyed in a statistics-based and didactic manner that appeals primarily to cognitive considerations. On the contrary, narrative information can be demonstrated through stories that address both cognitive and emotional aspects. Narrative evidence is constructed in the form of a plot that has a beginning, middle, and an ending that is often open and directly capturing the context of specific and general groups. Stories involve characters who portray incidents, life experiences, problems, conflicts, or questions, and challenges emerging from their daily lives or during crises. These characters transcend their personal stories to represent communal stories that often entail information about goals, plans, actions, and outcomes.

Meanwhile, while public health communication can be modeled through traditional and conventional outlets of organizations, which all carry potential risks, benefits, and challenges, it should be incorporated with social media networks so as to be integrated into traditional public health communication channels.



**Theoretical Framework: This study is anchored on two theories;**

### **Health Belief Model**

The Health Belief Model (HBM) was a theoretical model developed in the early 1950s by social scientists like Hochbaum, Rosenstock and Kegels Okpoko (2013). The Model is a Public health framework to understand why people fail to adopt disease prevention strategies or screening tests for the early detection of diseases. The Health Belief Model aims to determine the effectiveness of emerging disease prevention campaign. It is used to explain and predict individual changes in health behaviors or lifestyle in the midst of an impending disease outbreak. Hence, it could explain lifestyle and behavioral changes adopted by people as a result of the Covid-19 outbreak. It is one of the most widely used models for understanding health behaviors that was modified following an outbreak of diseases, natural epidemics, disaster or pandemics. Later uses of (HBM) were for patients' responses to symptoms of diseases and compliance with medical treatments and precautions. Again, this could relatively elaborate people's admittance to symptomatic trace of Corona Virus and the willingness to isolate and receive treatment. The HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood that the person will adopt the behavior. Thus, this model could also aptly investigate how people believed that the recommended actions by healthcare institutions could actually control their vulnerability to the Covid-19 disease. The model derives from psychological and behavioral theory with the foundation that the two components of health-related behavior are the desire to avoid illness, that is observing non-pharmaceutical action as prevention. It explains the belief by people that a specific health action will prevent, or cure, illness, as in the case of Covid-19 compliance to health actions like personal hygiene, social distancing, wearing of face masks, isolation and so on. Ultimately, an individual's course of action often depends on the person's perceptions of the benefits and barriers related to health behavior (Glanz, 2010 in Okpoko 2010). Hence, people will adopt and comply to Covid-19 rules if they perceived that those actions will prevent them from contracting the disease and if also their daily routine struggles for survival would not discourage or devalue the lock down order.

Consequently, the Health Belief Model is assumed to be relevant to this study since, the research interest is on knowing how media narratives on Covid 19 impacted on the vulnerable people in the society to adopt strategies that could secure their health from the deadly virus. However, the Health Belief Model describes six constructs under which behavioral action to messages on diseases could be taken by recipients.

- Perceived susceptibility - This refers to a person's subjective perception of the risk of acquiring an illness or disease. There is wide variation in a person's feelings of personal vulnerability to an illness or disease.
- Perceived severity- This refers to a person's feelings on the seriousness of contracting a disease.

- Perceived benefits - This refers to a person's perception of the effectiveness of various actions to preventing (or curing) illness or disease.
- Perceived barriers - There is wide variation in a person's feelings of barriers, or impediments to taking a health a health action, such that the person weights the effectiveness of the actions against the perceptions that it may be expensive, dangerous (e.g., side effects), unpleasant (e.g., painful), time-consuming, or inconvenient.
- Cue to action - This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.).
- Self-efficacy - This refers to the level of a person's confidence in his or her ability to successfully perform a behavior.

In spite of the usefulness of the health belief model in this context, there are obvious limitations which include the following:

- It does not take into account behaviors that are habitual and thus may inform the decision-making process to accept a recommended action (e.g., smoking).
- It does not take into account behaviors that are performed for non-health related reasons such as social acceptability.
- It does not account for environmental or economic factors that may prohibit or promote the recommended action.
- It assumes that everyone has access to equal amounts of information on the illness or disease.

### **Information-flow Theory**

This theory explains how information moves from media to audiences to have specific intended effects. Its overall objective is to assess the effectiveness of media in transmitting information to mass audiences (Baran and Davies 2012). It was a theory that explored by social scientists to determine how quickly individuals found out about individual news stories (Funkhouser & Gant 1971). The most important factor accelerating or re-enforcing the flow of news was the degree to which people talked about individual news items with others. The information flow confirmed the importance of motivating people to pass on information even with word of mouth. Specific to this study, the information theory concretized how the Covid -19 information was transmitted through multiple channels without consideration to the value attached to the messages by the audience. People were regularly informed about the rising cases of the virus, how it could be prevented by healthy cues and habits but the authorities influencing the messages failed to consider that the overload of messages on Covid-19 may be problematic to the audience already fed up with previous health conditions and were no longer motivated to take preventive measures; for instance those



vulnerable by previous health conditions. Like most limited effects theories, information flow assumes that the status quo is acceptable, hence, specific to this study, information flow examines how audiences take on information available to them, how they learn it to examine how they act on it and the values attached to the information. Explicitly, the information flow theory has the following strengths:

### Strengths

- Examines process of mass communication in real world; that is how information flows from government, relevant health authorities and distributed through various channels including the social media, as in the case of Corona Virus pandemic.
- Provides theoretical basis for successful public information campaigns like Covid-19 outbreak.
- Identifies barriers to informational flow: This barriers could be audiences aversion to news on emerging deadly disease, negative posts from group members about the disease
- Helps the understanding of information flow during crisis: Crisis like outbreak of diseases can be studied using the framework of information flow theory to discover how audience members get to know about the disease, prevention and management and if they responded to the information by behavior change.

However, the weaknesses lie in the following shortcomings:

### Weaknesses

- The theoretical assumptions are simplistic, linear, and source-dominated: information flows from relevant health authorities through various channels and assumes that the audiences are too ignorant to question the messages, thus it assumes an ignorant, and apathetic populace.
- Fails to consider utility or value of information for receivers: the theory assumes the receivers does not investigate the use and action of audience after exposure to messages.

The use of information flow theory on this study could be related to the Health belief model already discussed vis a vis audience willingness to accept Covid -19 health warning and comply to recommended health actions and behaviours learned from multiple sources through which the information flowed. While, the Health Belief model is concerned about the receivers factors that may hinder action for behavior change, the information flow is inconsiderate about value to the information that will guarantee a corresponding course of action, rather its value is on the effectiveness of information transmission. Thus, while the information flow will aid this study in examining the effectiveness of information transmission on the pandemic, the Health Belief Model will look at expectant behaviour change resulting from communicated information.

### Data presentation and analysis

**Results:** Following the research questions, inherent themes were created to ease data presentation and analysis. Hence, the following themes were raised and presented to answer the research questions accordingly.

**Demographic characteristics of respondents:** These examined the sex, age, marital status and Health status of respondents.

**Kinds of social media narratives on Covid-19:** This was grouped into fear, precaution, False alarm of Disease prevalence and Disease prevalence with concern. The fear theme covered stories narrated to evoke fear on the masses like frequent report of rising cases of disease, death following disease and risk factors. The precaution theme contained stories on preventive measures like wearing of face masks, personal hygiene, social distancing and dieting. False alarms of prevalence were responses that said messages or interactions signified that Covid-19 disease is fake and does not exist in Nigeria. While, prevalence with sympathy are stories the audience got from the social media with indication of concern on the disease outbreak.

**Domain of vulnerability:** These are the themes under which vulnerability to Covid-19 is classified. They include Physical: Those with physical needs include high-risk mothers and infants, the chronically ill and disabled, and persons living with HIV/acquired immunodeficiency syndrome. Psychological; In the psychological domain, vulnerable populations include those with chronic mental conditions, such as schizophrenia, bipolar disorder, major depression, and attention-deficit/hyperactivity disorder, as well as those with a history of alcohol and/or substance abuse and those who are suicidal or prone to homelessness. In the social domain vulnerable populations are affected by abusive families, the homeless, immigrants, and refugees. No domain means respondents does not fall into any of the categories of vulnerabilities,

**Empathies on Social Media Narratives:** This theme implies the kind of feelings expressed in the narratives that could affect the masses.

**Research Question 1:** What kind of narratives was communicated by the social media on Covid-19?

**Table 1: Kinds of Social Media Narratives on Covid-19**

Kinds of social media narratives	No of responses on kind of narratives.	Frequency	Percent
Fear	Yes	251	64.8
	No	137	35.4
		387	100
Precautions	Yes	276	71.3
	No	111	28.6
		387	100
False claim of disease prevalence	Yes	246	63.5
	No	141	36.5
		387	100
Disease prevalence with concern.	Yes	174	44.9
	No	213	55.1
		387	100

Table 1 indicated that 64.8 percent of the respondents representing a greater number of the population understood fear on the narratives communicated by social media on Covid-19. Greater percentage of 71.3 again interpreted messages had precautionary cues and preventive actions like wearing of face masks, hand sanitizing, personal hygiene and social distancing. Again, a greater number of the respondents said social media messages which reported disease prevalence was without concern for how people could feel on devastating reports on the pandemic. It was also implied from the findings that a greater percentage of 63.5 of respondents said Social media contents claimed Covid-19 is false and not real.

**Research Question 2:** What are the domains of vulnerability affected by Social Media Narratives on Covid-19?

**Table 2: Domain of vulnerability affected by social media narratives**

Domain of vulnerability	No of Domains	Percentage
Physical Domain	245	63.3
Psychological Domain	86	22.2
Sociological Domain	44	11.3
No Domain	12	3.2
Total	387	100

Table 2 showed That a greater percentage of 63.3 of the population were physically vulnerable to Covid- 19 and are more susceptible to the disease owing to previous health conditions like chronic diseases, Higher immuno Deficiency Virus, infants and breastfeeding mother's making them more vulnerable to the disease and consequently needing appropriate communication to stay safe. Only a few percent of 3.2 were void of indices of vulnerability. This shows a greater vulnerability among the population. The information flow to these groups may not attach value on the need to stay safe since their situations are already problematic according to the information flow theory.



**Research Question 3: What empathies are communicated in the Social Media Narratives on Covid-19****Table 3: Empathies on Social media Narratives**

Empathies	Responses for empathies	Percent
Fear and value for others	118	30.4
Negligence on others safety	192	49.6
Patriotism to Health authorities	77	19.8
Total responses	387	100

Table 3 showed that 49.6 percent of respondents representing a greater number of the sampled population were negligent to others safety since they could not perceive severity of messages from the narrative on social media as indicated in Table 1. Fear and value for family followed with 30.4 and 19.8 respectively. While fear and value for others like family members followed in greater percentage of 30.4 indicating that respondents are likely to take precautions to protect themselves and others based on perceived benefits. Only 19.8 percent would be patriotic to health authorities' guidelines following social media narratives on the pandemic.

**Conclusion**

Based on the analysis of this research, the study concludes that social media narrative on Covid-19 evoked fear, communicated false claims regarding disease prevalence and with little concern about peoples feeling or reaction to outbreaks. However, social media was instrumental to educating people on preventive cues. This paper recommends the need for more orientative campaigns on the physically vulnerable that may not see the need to take actions to stay safe owing to their prevailing health conditions. The paper also recommends extensive campaigns to debunk false narratives.

**References**

- A day LA. (1991). Who are the vulnerable? In: *At Risk in America: The Health and Health Care Needs of Vulnerable Populations in the United States*. (2<sup>nd</sup>ed). San Francisco, Calif: Jossey-Bass.
- Agency for Healthcare Research and Quality. (2006). *Healthcare disparities in rural areas: selected findings from the 2004 national healthcare disparities report*. <http://www.ahrq.gov/research/ruraldisp/ruraldispar.htm>.
- Baran, S. J. and Davis, D. K. (2012) *Mass Communication Theory Foundations Ferment and Future*. (6<sup>th</sup> Ed), WadWorths, Cengage Learning.
- Burton, W.N, Pransky, G., Conti, D.J., Chen, C.Y. and Edington, D.W. (2004). The association of medical conditions and presenteeism. *J Occup Environ Med*.46:S38-S45.
- Collins, J.J., Baase, C.M. and Sharda, C.E. (2005). The assessment of chronic health conditions on work performance, absence, and total economic impact for employers. *J Occup Environ Med*.47:547-557.
- Ekezie, W. and Bosah, G. (2021). Demographic representation of COVID-19 social media and information engagement in Nigeria. *Popul. Med*. DOI: <https://doi.org/10.18332/popmed/137087>.
- Funkhouser, G and McCombs, M. (1971). The Rise and Fall of News Diffusion. *Public Opinion Quarterly*. New York.

Gesser-Edelsburg, A., Stoloro, N., Mordini, E., Billingsley, M., James, J.J. & Green, M.S. (2015) Emerging infectious disease (EID) communication during the 2009 H1N1 influenza outbreak: literature review (2009-2013) of the methodology used for EID communication analysis. *Disaster Med Public Health Prep* 2:199-206.

Gesser-Edelsburg A, & Shir-Raz Y. (2016). *Risk Communication and Infectious Diseases in an Age of Digital Media*. London, UK: Routledge.

Healthy People (2010). *Understanding and Improving Health*. (2nd ed). Washington, DC: US Department of Health and Human Services; 2000. <http://www.healthypeople.gov/publications>.

Hoffman, C., & Rice, D. (1996). *Chronic care in America: a 21st century challenge*. Princeton, NJ: The Institute for Health and Aging, University of California, San Francisco for The Robert Wood Johnson Foundation.

Horton, D. & Richard, W.R. (2008). Mass communication and para-social interaction. *Psychiatry* 19:215-229.

Horton, R. (2020). *The Covid-19 Catastrophe. What's Gone Wrong and How to Stop it Happening?* Department of Global Public Health, Karolinska Institute.

Hwang, W., Weller, W., Ireys, H. & Anderson, G. (2001). Out-of-pocket medical spending for care of chronic conditions. *Health Aff (Millwood)*. 20:267-278.

Institute of Medicine. (2006). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. In B.D. Smedley, A.Y. Stith & A. R Nelson, Eds. *Washington, DC: National Academies Press*.

Keppel, K.G., Percy, J.N. & Wagener, D.K. (2002). Trends in racial and ethnic-specific rates for the health status indicators: United States, 1990-1998. *Healthy People 2000 Stat Notes*. 23:1-16.

Kaiser Family Foundation. (2006). *Number of uninsured Americans is growing*. <http://www.kff.org/uninsured/upload/covering-the-uninsured-growing-need-strained-resources-fact-sheet.pdf>.

Lundgren and McCain (2013) *Risk Communication: A handbook for communicating Environmental, Safety and Health Risks*. Goodreads.com, Inc. [www.googleweblight.com](http://www.googleweblight.com)

National Center for Health Statistics. (2006). *Health, United States 2005. US Department of Health and Human Services*. <http://www.cdc.gov/nchs/products/pubs/pub d/hus/state.htm>.

Obono, K. & Onyechi, N. (2015) Potentials of social media for HIV/AIDS Campaign among Nigerian Youths. In *Media, society & culture, political communication, Health and Behaviour Change. Journal of Communication and Media Research*. Vol.7, N0 1. Delmas Communications limited.

Olawuyi, E. A. & Abdulgani, A. G. (2015). Influence of Flood Risk information on perceived risk severity and vulnerability among inhabitants of Ibadan, South West Nigeria. In *Media, society & culture, political communication, Health and Behaviour Change. Journal of Communication and Media Research*. Vol.7, N0 1. Delmas Communications limited.

Okpoko, C. (2013). *Issues in Health Communication in Third World Countries*. In *Contemporary Readings in Media and Communication Studies* Department of Mass communication, University of Nigeria Nsukka.

Okpoko, C. (2013). *Issues in Health Communication in Third World Countries*. Contemporary Readings in Media and Communication Studies. St. Benedette publishers ltd.

Partnership for Solutions. (2006). *Chronic conditions: making the case for ongoing care*. Johns Hopkins University: December 2002. <http://www.kff.org/uninsured/upload/covering-the-uninsured-growing-need-strained-resources-fact-sheet.pdf>.

Robert Wood Johnson Foundation. (2001). *A portrait of the chronically ill in America*. <http://www.rwjf.org/files/publications/other/ChronicIllnessChartbook2001.pdf>.

Satcher, D. (2000). Eliminating racial and ethnic disparities in health: the role of the ten leading health indicators. *J Natl Med Assoc.* 92:315-318.

Shi, L. & Stevens, G.D. (2005). Vulnerability and unmet health care needs. The influence of multiple risk factors. *J Gen Intern Med.*20:148-154.

US Centers for Disease Control and Prevention. (2020). Social Distancing: keep a safe distance to slow the spread. URL: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.

Wayne, W. L. (2019) The Behavioral Change Model. Boston University School of Public Health

Wu SY, Green A. (2000) Projection of chronic illness prevalence and cost inflation. Washington, DC: RAND Health.

