
Religion as a Factor in the Management of COVID-19 Pandemic in Ede, Osun State, Nigeria

Olugbenga Efuntade¹

Abstract

The deadly Coronavirus (COVID-19) that broke out in Wuhan, China spreads by physical contact and proximity to infected persons or surfaces. To curb the spread in Nigeria, the Federal Government of Nigeria (FGN) introduced policies that restricted gathering of people, mandated the use of facemask and promoted vaccination. Considering the highly religious nature of Nigeria, this research investigated how religious worldview and practices impacted on the management of COVID-19 in Ede, Osun-State, Nigeria. It investigated how religious beliefs of people in Ede impacted their views regarding the existence, transmission, prevention, hazards of the disease and vaccination. It sought to gain insight on how they perceived government's level of collaboration with religious organizations to fight COVID-19. This research adopted the quantitative approach. Pretested questionnaire was administered in the two Local Government Areas in Ede (Ede South and Ede North) using the convenience sampling approach and the data subsequently analyzed. The results showed that although most religious people were knowledgeable about COVID-19, they did not strictly abide by the policies set forth by government. Significant number denied the presence of the disease in Ede. This research established that there is no significant association between religion and their attitudes to COVID-19. This article argued that the Nigerian government has not sufficiently leveraged on religious nature and structures of the society to fight COVID-19. It recommended that Government should rally social agencies like religious organizations for public awareness and alignment with global best practices in curbing COVID-19 diseases.

Keywords: COVID-19, Religion, government, social capital, attitude.

¹ **Olugbenga Efuntade**, is with the Department of Religious Studies, Adeleke University, Ede. He can be reached at 08033476310 pastorgbengaefuntade@yahoo.com Or olugbenga.efuntade@adelekeuniversity.edu.ng

Introduction

In December of 2019, the Coronavirus disease broke out in Wuhan, China. Coronavirus is a severe acute respiratory disease caused by Coronavirus 2, that is, SARS-CoV-2 (Shereen, Khan, Kazmi, Bashir & Siddique 91). It is also known as COVID-19. Nigeria had its index case on February 27, 2020. According to Oyeranti and Sokeye (3), the index case, an Italian arrived Nigeria from Milan on March 24 through the Murtala Muhammed International Airport in Lagos. After presenting some symptoms, he was diagnosed of COVID-19 at the Infectious Disease Hospital (IDH) in Yaba, Lagos. Within few weeks after the index case, a few more people were diagnosed of the disease in Lagos and Abuja.

To curb the spread of this disease, the Federal Government announced that members of the public were to observe a set of health protocols such as social distancing and hand washing (Hamzat & Otulugbu 3). President Muhammadu Buhari set up the Presidential Task Force (PTF) on COVID-19 on March 9, 2020. It was established to perform the oversight function of Nigeria's multi-sectoral and inter-governmental struggle to curtail the spread of COVID-19 (Presidential Task Force on COVID-19 2021:1). The PTF is to make and execute policies in conjunction with the Nigeria Centre for Disease Control (NCDC) which included a ban on religious gathering. On March 23, 2020, Nigerian government through its Civil Aviation Authority restricted commercial flights into the country. That same day, Nigeria recorded its first mortality from COVID-19 when a 67-year-old man who came into the country from the United Kingdom died from complications arising from the infection (Oginni, Amiola, Adelola & Uchendu 2; Oyeranti and Sokeye 3).

The policy of the FGN to curb the spread of COVID-19 and the ensuing mortality from the infection is comparable to best practices recommended globally (World Health Organization). Apart from the non-pharmaceutical approaches, the FGN also put plans in place to vaccinate its citizens. On March 4, 2021, the FGN received four million doses of AstraZeneca/Oxford vaccine, which was the first phase of its effort to inoculate citizens against COVID-19 (Yiaga Africa 2).

This paper however highlights the fact that there are other behavioral factors that may affect the success or failure of laudable government policies. That is why governments around the world find strategies of ensuring the cooperation of citizens in order to achieve the end of

their policies such as the use of force or persuasion (Tummers 925-927). Factors that affect people's behaviour include perceived controllability, perception of risk and optimistic beliefs (Lee, Kang & You 2). This research investigated attitudes and behaviors that could affect the outcome of the policy on COVID-19.

Van Bavel et al (462-463) assert that social and behavioral sciences are critical in the curbing the COVID-19 transmission. This work uses the concept of religious capital as a tool for social development (Candland 356, 370). A lot of Nigerians people do not wear facemasks, wash hands regularly (Oyekanmi 1) or social distance (Agusi et al 1-2). More pertinently, some religious leaders, who have influence over many Nigerians, made statements that undermined government policies on COVID-19 and propagate various conspiracy theories about COVID-19 and vaccination (Okoye & Obulor 67; Bertin, Nera and Delouvee 2-4; Loomba et al, 337). Meanwhile, there is need for the people (between 55% and 85% of a population) to accept vaccines in order to be able to achieve herd immunity against COVID-19 (OECD 1; Loomba et al, 337).

However, various factors, mostly misinformation, have potential to negatively impact on the level of acceptance of the vaccine by the population. The level of awareness may be affected by the quality of information and education at the reach of people. The paucity of scientific information about universally accepted pharmaceutical treatment may also contribute to misinformation, hence the limited awareness about the disease (Iorfa, Ottu, Oguntayo, Ayandele, Kolawole, Gandi, Dangiwa and Olapegba 2-3).

The concept of social capital is explained by Bhandari and Yasunobu (480-481) as communal or shared asset of a particular society which could be in the shape of networks, social connections and relations. This work posits that the effectiveness of combating Covid-19 in Nigeria may depend on how religion is harnessed as a form of social capital.

Methodology

This study adopted the quantitative approach to research, specifically the non-probability sampling technique. The convenience sampling approach, which is a form of a non-probability sampling technique (Onuoha 111-112), was used to select respondents from the two local governments that make up Ede town, namely Ede South with population of 76, 035 and Ede

North local government with population of 83, 831 people (United Nations Human Settlements Programme 2014:11). The convenience sampling method is done by selecting participants in the survey based on the ease of the researcher to access them (Onuoha 111-112). This study used questionnaire to elicit answers from respondents. The questionnaire was pretested before it was administered for the research. “Questionnaire pretesting is a simple technique to measure in advance whether a questionnaire causes problems for respondents or interviewers.” (Ikart 2019:1).

The measurement scale established the psychometric properties of the following using Cronbach Alpha: Section B: Awareness on COVID-19 ($\alpha = .819$), Section C: knowledge of COVID-19 ($\alpha = .891$), section d: religion and COVID 19 ($\alpha = .788$), Section E: Attitudes towards the actions of government ($\alpha = .698$), Attitudes towards prevention protocols in places of worship ($\alpha = .647$) and Attitudes towards vaccination ($\alpha = .641$) The overall result of the psychometric properties indicated .867 and this showed consistency with the findings of the earlier authors and therefore, makes the instrument reliable in gathering the needed information for the study.

Out of a total number of 200 people who were given the questionnaire to fill, 178 respondents adequately filled the questionnaire and thus found usable for the study. Descriptive analysis was used to elicit information regarding respondents’ demographic data and their attitudes towards actions of government, COVID-19 prevention protocols in places of worship and vaccination. Bi-variate analysis with the aid of chi-square was used to establish the relationship between religion and COVID-19.

Data analysis, presentation and interpretation

This section discusses the results of the of data obtained from the administration of questionnaire distributed. The section highlights how the religious orientation of people in Ede affects their attitudes to the efforts of the Federal Government of Nigeria in fighting against COVID-19.

Socio-demographic characteristics of respondents

Out of the total number of 178 respondents, 82 are male while 96 are females¹. The age group 18-35 years (55.1%) was the highest while those who were 71 years and above were the lowest. Those who were married constituted 60.7% of the total number of respondents while 37.6% were single. Those who had the Higher National Diploma (HND), first degrees or higher qualifications were the highest category of respondents, constituting 46.1% of the respondents. Those who had National Diploma and the Nigeria Certificate in Education were 40.4% and those with Ordinary Level (Secondary School Leaving Certificate) were 10.7%. Those who had Primary School Leaving Certificate constituted 2.2% while those did not have any formal education constituted 0.6% of the respondents.

In terms of religious affiliations of the respondents, 75.3% of respondents were Christians and the Muslims constituted 24.2%. Most of the respondents were Christians. It is unclear why there were more Christian respondents than Muslim respondents. The researcher hereby notes in this paper the fact that Ede is predominantly a Muslim community (Oyeweso 31; Balogun 123-124). Regarding the spread of the respondents, 45.5% of respondents were from Ede North Local Government Area while 44.4% were from Ede South Local Government Area. Others, constituting 10.1% of the respondents, were in Ede but they lived in other communities in Osun State such as Ile-Ife, Ikirun and Ikire. The occupation distribution shows that 29.2% of respondents were civil servants, 3.4% were clergy, 35.4% were self-employed, and 30.9% were students. The remaining 1.1% of respondents did not indicate their occupations. Most of the respondents were self-employed.

Awareness of Covid-19

Out of the 178 respondents, 98.3% indicated that they were aware of the disease called COVID-19. 1.1% of the respondents were not aware while 0.6% was not sure about the existence of COVID-19. Out of the total number of respondents, 28.1% indicated they got their information from the radio, 29.2% got it from television, 21.3% got their information from a social media app, WhatsApp, and 12.4% got their information about COVID-19 from health facilities. In addition, religious leaders were the source for 5.1% of the respondents, 2.2% got their information from traditional leaders and 1.7% from community health workers.

¹ The respondents were not selected on the basis of sex, rather on a convenience sampling techniques as described in the methodology section.

In specific regards to Osun State, 60.7% thought there was occurrence or existence of COVID-19 in Osun State, 14% did not think COVID-19 was in Osun State. Out of the 178 respondents, 25.3% was not sure if COVID-19 was in Osun State or not. More pertinently, only 46.1% of the respondents thought the disease occurred in Ede. Furthermore, 25.8% thought there was no Covid-19 in Ede. This research revealed that 17.4% of respondents acknowledged knowing at least someone who had been infected with COVID-19 while 73.6% did not know anyone who had been affected by the disease in Ede. Regarding knowledge about fatality in any place as a result of COVID-19, 64.6% of the respondents did not know anyone who had died from the disease while 26.4% claimed to know people who had died as a result of COVID-19 infection. Out of those who responded, 9% was not sure they knew anyone who had died from complications connected to COVID-19.

In respect of knowledge of symptoms of Covid-19, 77% claimed to know some of the symptoms of COVID-19, 15.1% did not know the symptoms of the disease and 7.9% of respondents were not sure they knew the symptoms of the disease. In like manner, 77.5% knew actions to take to prevent the spread of the disease, 16.3% of respondent did not know actions that could be taken to prevent the spread of the disease while 6.2% was not sure of what to do to prevent the spread of the disease.

Concerning knowing their personal status through testing for COVID-19, 34.8% indicated they had been tested for the virus. 61.3% indicated that they had never been tested to know their status regarding the infection while 3.9% said they were not sure if they had been tested. In specific relation to religion, 73% of the respondents believed that it was acceptable and right for people of faith to take the test for Covid-19. They did not see religion being an obstacle to testing for the virus. However, 16.3% were the opinion that people who have faith should not get tested for COVID-19. Among the respondents, 10.7% of the respondents were not sure how people of faith should respond for call to be tested.

Rating of the level of Knowledge of COVID19

A scoring system, in which 3 points is given to each of the knowledge variables, was adopted to rate the level of knowledge of COVID-19 amongst respondents who participated in the survey. The 8 knowledge questions were used for this section. It was used in determining the level of

knowledge as follows; score 0-7 (poor knowledge), score 8-15 (fair knowledge), score 16-24 (good knowledge).

From the data gathered, no respondent has poor knowledge as regards coronavirus disease, 152 respondents have fair knowledge, and the remaining 26 respondents have good knowledge as regards coronavirus. Therefore, it can be said that most respondents (85.4%) who participated in the survey have fair knowledge of the deadly coronavirus.

Religion and COVID-19

This section discusses the opinions of respondents on whether places of worship should be used to educate worshippers on the subject of Covid-19. In addition, this section also discusses respondents' opinion on the relationship between faith and infection of Covid-19. Analysis on the level of satisfaction of respondents with the perceived roles of religion on covid-19 was conducted and shown in table 1.2 below. The results were presented on a 4-point Likert scale. The points on the scale included 'Strongly Agree' (SA- 4), 'Agree' (A- 3), 'Disagree' (D- 2) 'Strongly Disagree' (SD- 1).

The perceived effects were then ranked based on the mean value, that is $\Sigma Wf/N$ which represents 'Summation of the frequency divided by the total number of respondents (178)'. The value obtained is then taken as the mean value, with which the effects were then ranked in order of satisfaction, that is from the most satisfying effect to the least satisfying effect.

Table 1.2 Table showing Relationship between Religion and Covid-19

S/N	Statement	(SD) 1	(D) 2	(A) 3	(SA) 4	ΣWf	RSI	Rank
1	Places of worship should regularly educate members on COVID-19	16	12	75	75	565	3.17	1 ST
2	Talking about COVID-19 in a place of worship incites fear and it is lack of faith'	62	76	18	22	356	2.00	2 ND
3	Destiny and fate determine who will be infected by COVID-19; it is not personal effort	70	64	21	23	353	1.98	3 RD
4	People with strong faith cannot get infected by COVID-19	93	39	27	19	328	1.84	4 TH

Source: Field Survey (2021)

Most respondents agreed that places of worship should regularly educate members on covid-19, as this has the highest mean score (3.17), significant number of respondents opined that talking about covid-19 in a place of worship incites fear and it is lack of faith, as this has the second highest mean average (2.00). Those who believed that fate and destiny bore greater consequence than personal responsibility ranked third (1.98) in this survey. The least ranked category believed that people with “strong faith” could not be infected by Covid-19. The implication is that metaphysical and religious considerations had significant impact on people’s perspectives on Covid-19.

Attitudes towards the Actions of Government

This section describes respondents’ attitudes to government’s policies geared towards curbing covid-19. It does this by making inquiry regarding certain ideas that COVID-19 policies were anti-religion (Nyika 2021:2-3). The study revealed that 69.7% of respondents disagreed that COVID-19 is a ploy of the government to control and suppress their religion. It also indicated that 61.8% of respondents disagreed that the government is hostile to their faith in its Covid-19 policies while 64.6% of respondents disagreed that the government is working with the anti-Christ and anti-religious powers through COVID-19. However, only 43.3% of respondents disagreed that government has carried the religious leaders along sufficiently in the planning and implementations of COVID-19 policies. Furthermore, 51.7% thought that the measures taken by government against COVID-19 were not effective. Only 30.33% believed in the use of face masks, maintaining social distancing and hand washing.

Attitudes towards Prevention Protocols in Places of Worship

This research found out only 45% always used their facemasks in their place of worship to prevent spread of COVID-19. It showed that 2.2% respondents said they were never required nor encouraged to use facemask in their place of worship. However, 72.5% indicated that their places of worship always encouraged the use of face masks during worship. This research investigated the provision of hand hygiene materials by places of worship. The finding shows that most places of worship actually provided hand washing materials. Out of the total lot that responded, 75.8% indicated that their places of worship made provision for hand washing materials. To gain deeper insight into the hygiene disposition, this research inquired about worshippers’ personal responsibility about their hand hygiene. Only 12.4% use their personal

hand sanitizer in their places of worship. When they were asked if their places of worship provided hand sanitizers, 71.9% said their places of worship provided most times.

Social distancing was also a stipulation to control the spread of Covid-19. One of the challenges with religious gathering is frequent contacts of worshippers. The result shows that 70.8% indicated that their place of worship ensured social distancing was observed most of the times. Regarding religious rites, rituals, sacraments and ordinances that warrant close contacts, physical touch and communal sharing of items during worship. These raise concerns about transmission of Covid-19 (Ministry Matter 2-4). This research revealed that 28.7% of respondents indicated that such sacraments and rites were never conducted. However, 20.8% said these ordinances were sometimes conducted, while 16.3% of respondents said such sacraments were always performed in their places of worship. Beyond this, this research went further to investigate personal involvement of respondents in these sacraments and rites; it revealed 25.3% of respondents always participated in these sacraments in their places of worship.

Perception on Faith and COVID-19 Infection

The results were presented on a 4-point Likert scale. The points on the scale included ‘Strongly Disagree’, ‘Disagree’, ‘Agree’, and ‘Strongly Agree’, which were represented with the following figures 1, 2, 3, and 4 respectively. The perceived effects were then ranked based on the mean value, that is $\Sigma WF/N$ which represents ‘Summation of the frequency divided by the total number of respondents (178)’. The value obtained is then taken as the mean value, with which the effects were then ranked in order of satisfaction, that is from the most satisfying effect to the least satisfying effect. The research shows that most respondents agreed that places of worship should regularly educate members on COVID-19, as this has the highest mean score (3.17). Also, most respondents opined that talking about covid-19 in a place of worship incites fear and it is lack of faith, as this has the second highest mean average (2.00). However, of the possible listed effects above, the statement “people with strong faith cannot get infected by covid-19” with a mean score of 1.84 ranked as the least agreed upon roles.

Attitude towards Vaccination

This research investigated if religious beliefs could be a major factor of acceptance or non-acceptance of the vaccine. The result of the research shows that only 28.1% of the respondents believed that the vaccine is good in combating COVID-19. It showed that 27.5% were undecided

about vaccination against COVID-19. The research revealed that 36% affirmed their readiness to take the vaccine while 29.8% said they would not take it.

Table 1.3 Assessment of Respondents' Attitude Towards Vaccination

Variable	Response	Frequency (N=178)	Percentage (%)
Covid 19 vaccination is good to combat the infection.	Strongly disagree	22	12.4
	Disagree	27	15.2
	Undecided	49	27.5
	Agree	50	28.1
	Strongly agree	30	16.9
Total		178	100.0
Covid-19 vaccination is a means to introduce the mark of the beast	Strongly disagree	44	24.7
	Disagree	44	24.7
	Undecided	42	23.6
	Agree	35	19.7
	Strongly agree	13	7.3
Total		178	100.0
The government is sincere about the motive for covid-19 vaccination	Strongly disagree	14	7.9
	Disagree	43	24.2
	Undecided	42	23.6
	Agree	57	32.0
	Strongly agree	22	12.4
Total		178	100.0
I will take the covid-19 vaccine	Yes	64	36.0
	No	53	29.8
	Not sure	61	34.3
Total		178	100.0
I will encourage other people to take covid-19 vaccine.	Yes	76	42.7
	No	35	19.7
	Not sure	67	37.6
Total		178	100.0

Source: Field Survey (2021)

Association between Religion and Knowledge

This research also investigated if religious orientation and inclination affected how informed people are about Covid-19. It was revealed that the chi-square calculated value is 3.514 at degree of freedom 2 with p-value (0.173). Since the chi-square calculated value (3.514) is less than chi-square tabulated value at degree of freedom 2 is 5.991, it can thus be concluded that there is no

significant relationship or association between the respondents' religion and their level of knowledge about COVID-19.

Association between Religion and Attitudes towards Covid-19

The research also sought to know if there was any association between religious orientation and attitudes regarding COVID-19 pandemic. The chi-square calculated value is 4.289 at degree of freedom 4 with p-value (0.368). Since the chi square calculated value (4.289) is less than chi-square tabulated value at degree of freedom 4 is 9.448, it is therefore concluded that there is no significant relationship or association between the respondents' religion and their attitudes towards COVID-19.

Association between Religion and Attitudes towards actions of Government on Covid-19

The association between religious orientation and attitudes towards actions of government to curb COVID-19 was also investigated. The chi-square calculated value is 7.381 at degree of freedom 6 with p-value (0.287). Since the chi square calculated value (7.381) is less than chi-square tabulated value at degree of freedom 6 is 12.592, it can thus be concluded that there is no significant association between the respondents' religion and their attitudes towards the actions of the government on coronavirus.

Conclusion and Recommendations

The novel COVID-19 is basically transmitted through human interactions. Therefore, to curb its spread, societies have to abide by new ways of living different from how they lived. Social distancing, consistent hand hygiene, facemask wearing and vaccination are the science-based approaches prescribed. There are different factors that may be responsible for humans' lifestyle, attitudes and behavior such as culture, political and religious orientations. Although, people of different religions and their organizations have not strictly complied with the stipulated policies set forth by the government to curb COVID-19, this research however found out that religion itself has not had significant relationship with the level of knowledge, health practices and attitudes towards COVID-19 in Ede, Osun State, Nigeria. In addition, this research shows that there is a general feeling that government had not provided adequate information regarding COVID-19, specifically in providing care and relief materials to cushion the effect of the economic hardship brought by government policies on COVID-19. This paper therefore proposes that government recognizes religion as a social capital, rally religious organizations for the purpose of education and securing buy-in of the populace in order to effectively curb the spread.

Works cited

- Africa, Yiaga. "Policy brief on COVID-19 Vaccine management in Nigeria." *Yiaga Africa* 1 (8 March 2021): 1-9. Web. 10 August 2021
- Agusi, Ebere et al. "The COVID-19 pandemic and social distancing in Nigeria: ignorance or defiance." *Pan Africa Medical Journal* 35:2 (2020): n.pag. web. 11 August 2021
- Balogun, Adeyemi. "Challenges and Affirmations of Islamic Practice: The Tablighi Jamaat." *Beyond Religious Tolerance: Muslim, Christian & Traditionalist Encounters in an African Town*. Ed. Insa Nolte et al. Woodbridge, Suffolk, Rochester: Boydell and Brewer. 123-149. USA: Boydell & Brewer, Woodbridge, Suffolk, GB; Rochester, 2017. 123-150. Web. 27 July 2021.
- Bertin P, Nera K and Delouvé S. "Conspiracy Beliefs, Rejection of Vaccination, and Support for (hydroxy) chloroquine: A Conceptual Replication-Extension in the COVID-19 Pandemic Context." *Frontiers in Psychology* 11 (2020):2471. Web. 15 August 2021.
- Bhandari, Humnath et al. "What is Social Capital? A Comprehensive Review of the Concept" *Asian Journal of Social Science* 37:3 (2009): 480-510. Web. 30 July 2021.
- Candland, Christopher. "Faith as social capital: Religion and community development in Southern Asia." *Policy Sciences* 33.3-4 (2000): 355-374. Web. 5 August 2021.
- OECD. "Enhancing public trust in COVID-19 vaccination: The role of governments." OECD Policy Responses to Coronavirus COVID-19 (2021). n. pag. Web. 8 August 2021.
- Hamzat, Saheed Abiola et al. "Social media use and the challenges of information dissemination during emergencies: Experience of Library and Information Scientists on Covid-19 in Nigeria." *Library Philosophy and Practice* (2020): 42-67. Web. 31 July 2021.
- Ikart, Emmanuel M. "Survey Questionnaire Survey Pretesting Method: An Evaluation of Survey Questionnaire via Expert Reviews Technique." *Asian Journal of Social Science Studies* (2019): n. pag. Web. July 20, 2021.
- Lee, Minjung, Bee-Ah Kang, Myoungsoon You. "Knowledge, attitudes, and practices (KAP) toward COVID-19: a cross-sectional study in South Korea." *BMC Public Health* 21.295 (2021): 337–348. Web. 1 August 2021.
- Loomba, Sahil, et al. "Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA." *Nature Human Behaviour* 5 (2021): 337–348. Web. 19 July 2021.
- Nyika, Aceme. "COVID-19 Pandemic: Questioning Conspiracy Theories, Beliefs or Claims that Have Potential Negative Impact on Public Health Interventions and Proposal for Integrated Communication and Information Dissemination Strategies (ICIDS)." *Journal of Development and Communication Studies* 8.1 (2021): n. pag. Web. July 23 2021.
- Oginni, O. A., Amiola, A., Adelola, A., & Uchendu, U. "A Commentary on the Nigerian Response to the COVID-19 Pandemic." *Psychological Trauma: Theory, Research, Practice, and Policy, Advance online publication* (11 June 2020): n. pag. Web. 18 June 2021.
- Okoye, Anthony Chukwuebuka and Obulor, Ifeanyi. "Religious Organizations And Fight Against The Spread of COVID-19 in Nigeria." *Journal of Sustainable Development in*

- Africa 23(1). Clarion, Pennsylvania: Clarion University of Pennsylvania (2021): 65-78.*
Web. August 2, 2021.
- Onuoha, Doris Uloma. *Research companion*. Lagos: Jamiro Press Link, 2020. Print.
- Oyekanmi, Samuel. "Traders, artisans abandon face masks, sanitizers as fear of COVID-19 fades off for most Nigerians." *Nairametrics* (2020).Web. 2 August 2021.
- Oyeranti, Oluwaseun, and Babajide Sokeye. "The evaluation and spread of COVID-19 in Nigeria." *CPEEL's Covid-19 Volume II Discussion Papers Series* (2020). Web. 31 July 2021.
- Oyeweso, Siyan. "Kingship and Religion: An Introduction to the History of Ede." Ede: BeyondRT Books, 2016. Web. 19 July 2021.
- Ministry Matters. Resuming care-filled worship and sacramental life during a pandemic: Ecumenical consultation protocols for worship, fellowship and sacraments, 2020. Web. 26 July 2021.
- "Presidential Task Force on COVID-19. 2021. Objectives- Presidential Task Force on COVID-19." n.d. 29 July 2021.
- Shereen, M.A., S. Khana, A. Kazmi, N. Bashir, and R. Siddique. "COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses." *Journal of Advanced Research* 24 (2020): 91-98. Web. August 13, 2021.
- Tummers, Lars. "Public Policy and Behavior Change." *Wiley Periodicals, Inc. Public Administration Review* 79(6) (2019):925-930. Web. 30 July 2021.
- United Nations Human Settlements Programme. "Structure plan for Ede and environs (2014 – 2033)." State of Osun Structure Plans Project. United Nations Human Settlements Programme (UN-HABITAT). Web. 28 July 2021.
- Van Bavel, Jay, J. et al. "Using social and behavioural science to support COVID-19 pandemic response." *Nature Human Behaviour* 4 (2020): 460-47. Web. 10 August 2021.
- Wang M, Han X, Fang H, Xu C, Lin X, Xia S, Yu W, He J, Jiang S, Tao H. "Impact of Health Education on Knowledge and Behaviors toward Infectious Diseases among Students in Gansu Province, China." *Biomed Res Int* 2018 (2018). n. pag. Web. 2 August 2021.
- World Health Organization. World Health Organization. Coronavirus disease (covid-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, n.d. 13 August 2021.