ASSESSING ATTITUDE TOWARDS COVID-19 IN PREPARATION FOR COUNSELLING: EXPERIENCE OF UNDERGRADUATES IN A NIGERIAN PRIVATE UNIVERSITY

Jonathan A. ODUKOYA

Faithful A. ONDULOH
adedayo.odukoya@covenantuniversity.edu.ng

Department of Psychology,
Covenant University, Ota, Nigeria

Abstract
The objective of this study is to empirically measure the attitude of undergraduate students toward COVID-19 in preparation for Counselling. Two hundred and sixty-three (263) undergraduate students in a Nigerian Private University participated in the study. The instrument used was Attitude towards Corona Virus Questionnaire. The content validity was established by a Test and Measurement expert. The research questions are: What percentage of the respondents was aware of COVID-19? What percentage of the respondents believe that COVID-19 kills? What percentage of the respondents witnessed COVID-19 death? What percentage of the respondents believed in the COVID-19 medical intervention protocols? What percentage of the respondents obeyed the COVID-19 protocol? What percentage exercised faith in their religion to fight the COVID-19 pandemic? What percentage of the respondents was infected with COVID19? The data was analysed with basic descriptive statistics. The result shows that 90.9% (n=239; N=263) of the respondents were aware of COVID-19; Though 93.2% (n=245) believed that COVID-19 kills, only 26.2% [n=69] directly witnessed COVID-19 death. Though 66.2% (n=174) of the respondents reported they believed in the COVID-19 protocols, only 20.5% (n=54) reported that they consistently kept the protocol, while 40.7% (n=107) obeyed sometimes. It is interesting to note that 92% (n=242) reported that they used a combination of faith in their religious beliefs and adherence with the COVID-19 protocols to fight the pandemic, while 8% (n=22) neither applied faith nor obeyed the COVID-19 protocol. On the question of infection, 11.8% (n=31) reported they were infected with COVID-19. The findings revealed a number of interesting dimensions that informed the recommendations.

Keywords: Counselling, assessment, attitude, covid-19, focused group discussion

Introduction

The Coronavirus Disease of 2019 (abbreviated as COVID-19) is the most recent epidemic plague in the world. Virtually all continents were affected. In the bid to minimize the spread of the COVID-19 virus, and by extension reduce the casualties, many drastic changes were made to the general system of running societies and human interactions. The changes include strict quarantining for those infected, social distancing, strict hygiene rules and an increase in online communications.

These abrupt and intense changes on the normal pattern of living received varying responses from people all over the world. Some people responded in fear, strictly following all COVID-19 guidelines as well as spreading false rumours about the virus and what could be used as a cure for it; while others responded in disdain, dismissing the ability of the virus to kill or even its very existence. The reality was that people responded to the COVID-19 pandemic, and all the changes that came along with it, with a broad spectrum of varying attitudes. This study seeks to fully understand the attitudes of undergraduates to the COVID-19 pandemic, and how this knowledge can be applied for more effective counselling practices.

Literature Review

The term 'attitude' is so widely used that its true meaning, most times, is almost lost. Attitude originally referred to body posture. It can be traced to the Italian word '*attitudine'* which meant 'fitness or posture'. Thus, "attitude" as a term was originally used to refer to the posture of one's body (Galton, 1884). Attitude has also been used to describe expressive motor behaviours. For instance, scowling face was said to indicate a hostile attitude (Darwin, 1965).

With passage of time, the term, attitude metamorphosed from *physical* stance to *mental* stance. The first use of the word "attitude" as a mental process was credited to Herbert Spencer in his book, *First Principles*. He described the concept this way: "*much depends on the attitude of mind we preserve while listening to or taking part in the controversy*" (Spencer, 1867).

Allport (1935) defined attitude as *a mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence on the individual's response to all objects and situations with which it is related.* In more specific terms, Bern (1970) defined attitude *as likes and dislikes*. Attitude is a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavor (Eagly & Chaiken, 1993).

Harrell (2005) declared that *attitude is everything*. His conviction was so strong that the expression became the title of his published book. Interestingly, the book turned out to be a best-seller. Harrell used one word to describe attitude: *life*. He submitted that a person's attitude is a significant determinant of the outcome of his/her life. He further posited that the mind is the control center of attitude. To change your attitude, you must change your mindset.

Google et al (2022) described attitude as a settled way of thinking or feeling about something. It is a crystalized way of thinking or feeling that tend to determine the way the person behaves. Attitude is the silent driver of people's behaviours and conducts.

Attitude is a mental disposition towards a person, place, event or thing based on previous experience, conceptions, and beliefs. The disposition could be positive or negative. It is this disposition that makes the person to exhibit positive or negative behaviours. Attitudes, therefore, are borne out of belief systems or mindset.

According to Allport (1935), attitudes are evaluations made by people about events, objects, ideas, or other people. Attitudes can be negative or positive. It can also be implicit or explicit. Explicit attitudes are conscious beliefs guiding behaviours and decisions. Implicit attitudes are unconscious

beliefs influencing behaviours and decisions.

Attitudes tend to include three dimensions: ***cognitive, emotional,*** and ***behavioral*** (Allport, 1935). For example, Jane *believes* that smoking is unhealthy, consequently she *feels* disgusted when people smoke around her, and thus *avoids* being with people that smoke.

Can attitude be changed? Learning theory posits that attitudes can be formed and changed with concerted application of learning principles. For instance, the emotional component of attitudes can be enhanced with classical conditioning. Consider this example: in a billboard ad, a clothing company pairs a sweater with an attractive model who elicits a pleasant emotional response. This can make people develop positive attitude towards the sweater and the company. If someone gets a positive response from people when he expresses an attitude, that attitude is likely to be reinforced. Conversely, if he gets a negative response from people, the attitude is apt to get weaker. This is operant conditioning at work. With observational learning, seeing people around us display a particular attitude and observing that they are positively reinforced for expressing an attitude can make someone adopt such attitude. (Allport, 1935).

A study by Mai, et al, (2021) examined the relationship between trustworthiness, information overload, and health beliefs (perceived severity of COVID-19 and perceived susceptibility) on attitudes towards social distancing behaviour. The results support the predictions of Protection Motivation Theory and Cognitive Load Theory. The finding suggest that marketers need to evaluate the truthfulness and trustworthiness of the context and source of health-related messaging to influence consumer behavior.

In an observational study carried out in Ghana to assess compliance to the COVID-19 guidelines among shoppers and shopkeepers, it was observed that the adherence level was poor despite the provision of facilities. 91.3% of the customers did not practice handwashing before entering the shops. Also, 84.2% of them did not wear mouth-and-nose masks during shopping. Similarly, for 78% of the shops observed, no shop attendant wore a mask (Fielmua, Guba, & Mwingyine, 2021).

Contrastingly, in a survey conducted on Norwegian and Swedish subjects, participants reported high compliance with general infection prevention measures. For instance, for hand hygiene, above 95% compliance was reported in both countries; while for cough habits, above 85% compliance was reported in both countries (Helsingen, et al, 2020).

The sharp contrast in these findings tend to arouse curiosity that inspired this study. Although the time difference is noteworthy, since the Norwegian and Swedish survey was carried out in the 'peak' of the COVID-19 pandemic while the Ghanaian study was carried out over a year later, it is also possible to attribute the difference in attitude to the COVID-19 pandemic to cultural setting and the attendant belief systems.

Aside from the general hygiene rules, there has been a wide range of attitudinal responses to the COVID-19 vaccine. A recent Indonesian study revealed that the subjects believed that the COVID-19 vaccine was invented to harm their nation and was a product of international conspiracy and therefore resisted taking the vaccines (Mashuri, Permatasari, Nurwanti, & Nuryanti, 2022).

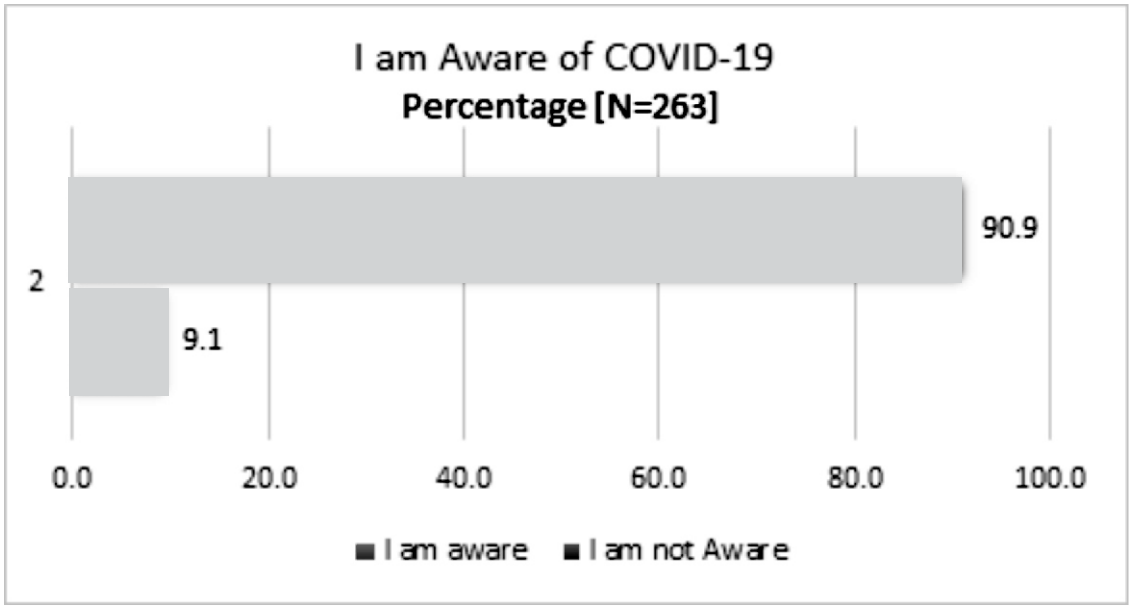
In another study conducted in Poland to sample the perception of unvaccinated populace, 31.1% of participants affirmed they will never take a COVID-19 vaccine, 22.2% reported that they might consider it in the future, while 32.4% claimed that they would take a COVID-19 vaccine as soon as possible. (Babicki, Agniezka, & Mastalerz-Migas, 2022). In a similar study on attitude towards teleworking conducted on Dutch sample, 71% reported high-willingness to telework, 16% reported low-willingness to telework while 12% were neither here or there as they were self-employed. (Ton, et al., 2022). From these reviews, it is apparent there are various undertones to the attitude of various populace to pestilences like COVID-19. This study is a preliminary attempt to understand these undertones.

Method

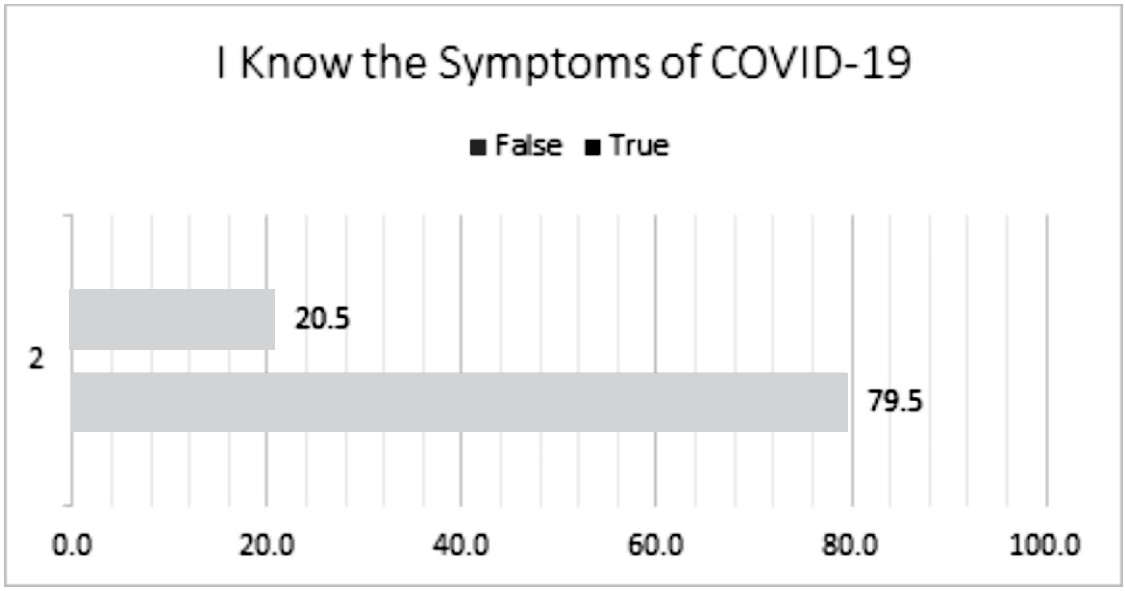
Mixed research *design*, combining quantitative and qualitative methods, was deployed in this study. The quantitative involved survey design. Consequently, the *instruments* used were, questionnaire (for quantitative) and focused group discussion guideline (for the qualitative aspect). The content validity of these instruments were verified by a Test & Measurement expert. The *population* of study were Nigerian undergraduates in a faith-based private university. Their age ranged from 15 to 22 years. The *sample* were *purposively* drawn from college-wide course participants that spanned 6 programmes – Psychology, Sociology, Political Science, International Relations, Business Administration and Mass Communication. In all, 263 students from 100 and 200 levels constituted the sample. The questionnaire was *administered* to the students via the Google form platform. The data was collected in 2021. Simple descriptive statistics of frequency count, percentages and charts were used in *data analysis*. The responses were processed and charts were generated with Excel application. The Statistical Package for Social Sciences application was used to generate the frequency and percentage results. The results are presented below.

Results

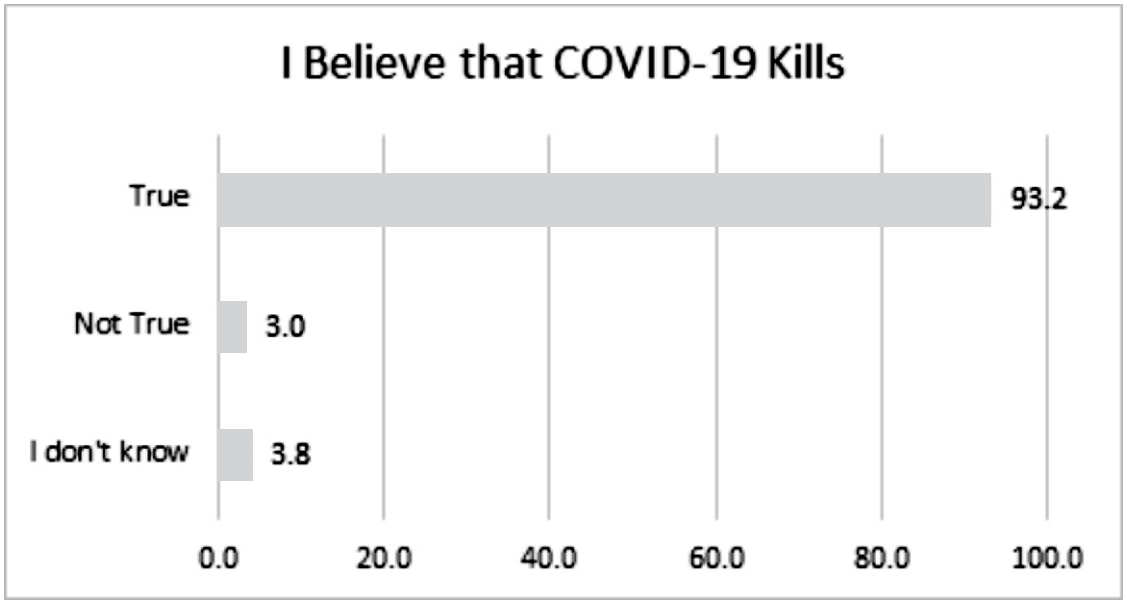
The results presented below are in alignment with the Research Questions raised for this study: What percentage of the respondents was aware of COVID-19? What percentage of the respondent know the symptoms of COVID-19? What percentage of the respondents believe that COVID-19 kills? What percentage of the respondents witnessed COVID-19 death? What percentage of the respondents believed in the COVID-19 medical intervention protocols? What percentage of the respondents obeyed the COVID-19 protocol? What percentage exercised faith in their religion to fight the COVID-19 pandemic? What percentage of the respondent neither exercised faith in any religion nor complied with the COVID-19 medical protocol? What percentage of the respondents was infected with COVID19?



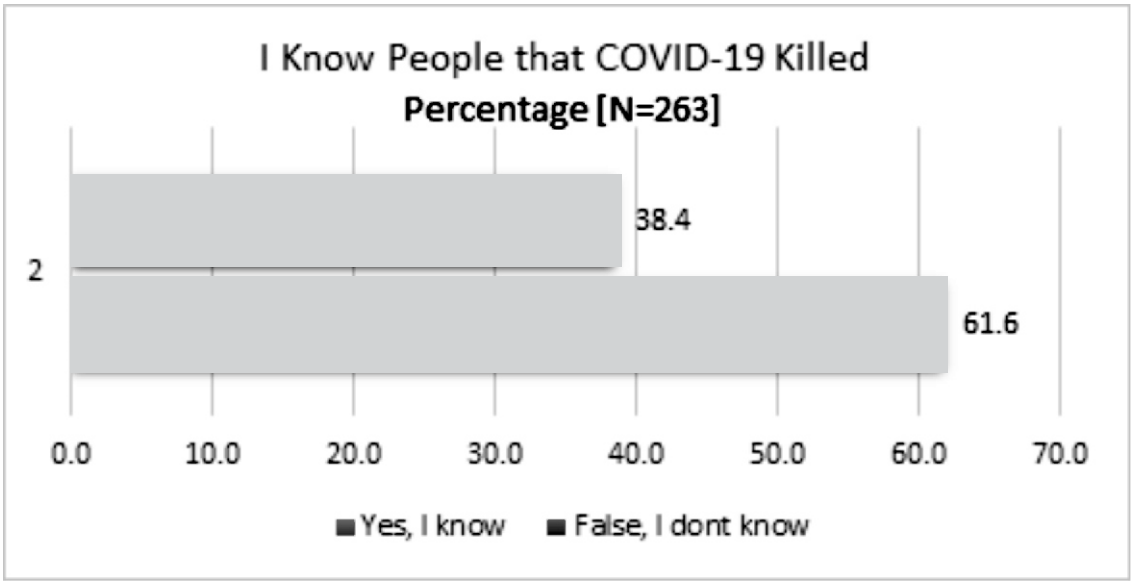
Majority of the respondents were aware of COVID-19 (90.9%, n=239; N=263)



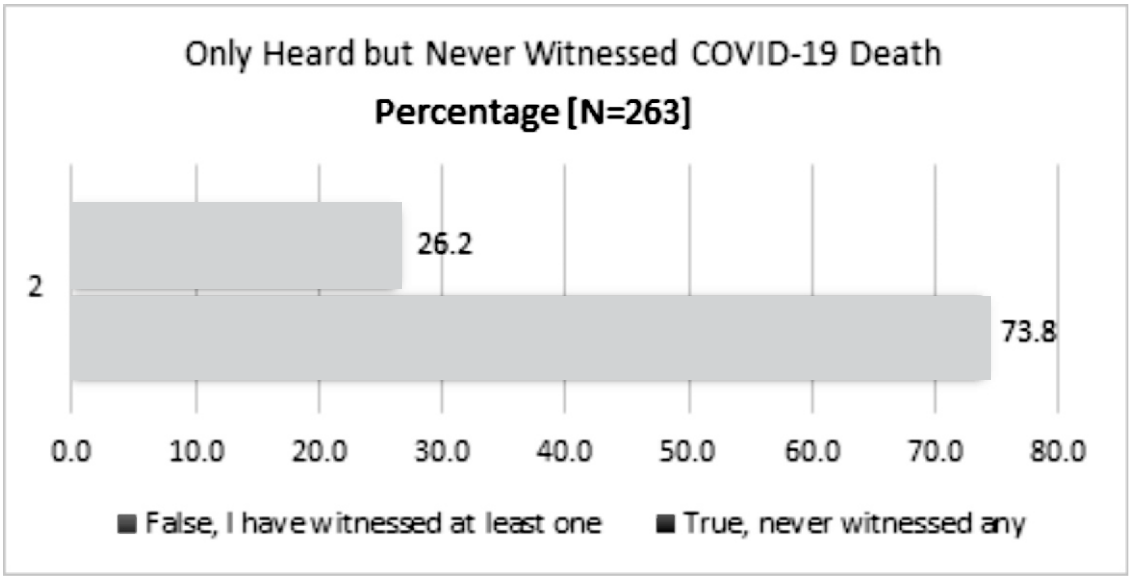
Approximately eighty percent of the respondents reported they know the symptoms of COVID-19 (79.5%, n=209, N=263)



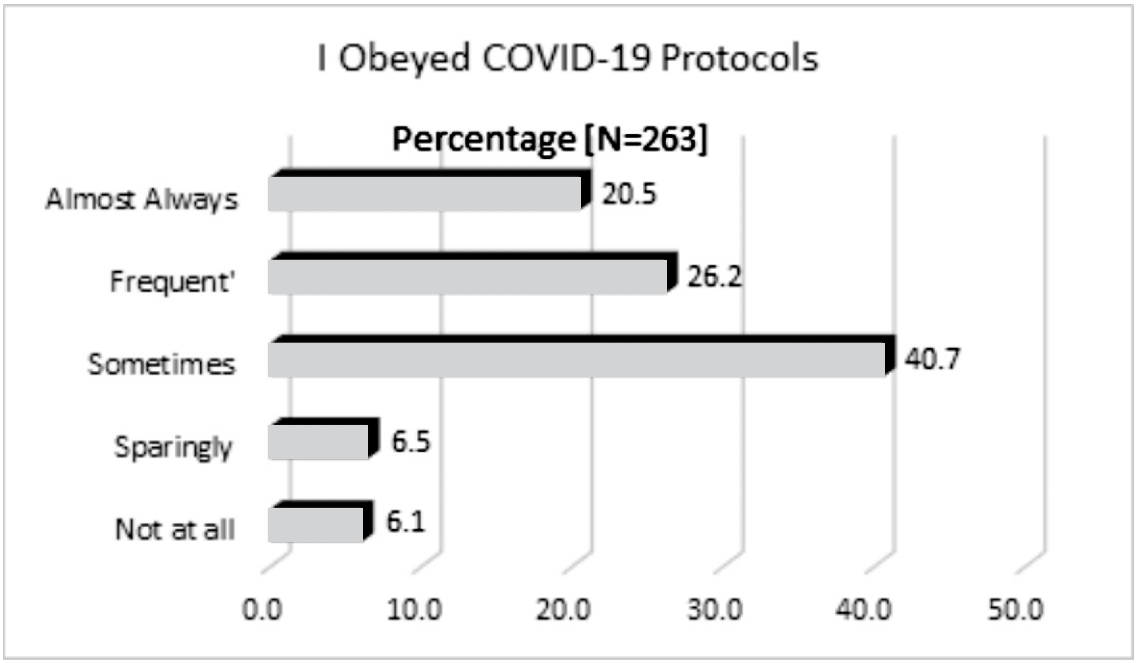
Approximately ninety-three percent of the respondents believed that COVID-19 kills (93.2%. n=245, N=263).



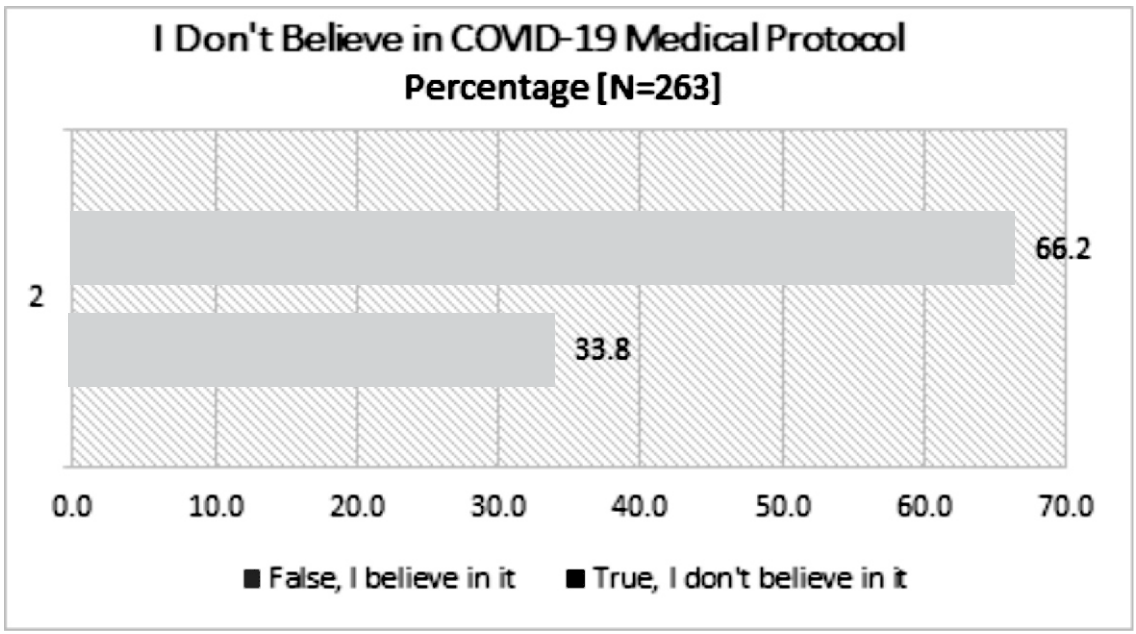
Approximately sixty-two percent of the respondents reported they don't know of any person that COVID-19 killed (61.6%. n=136, N=263)



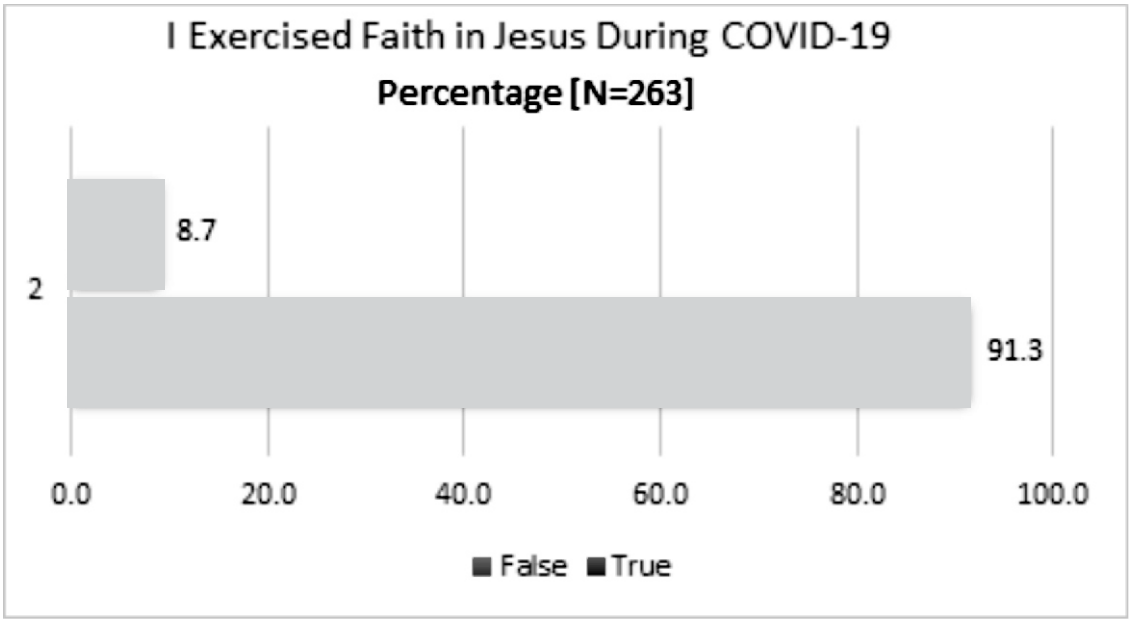
Approximately seventy-four percent of the respondents reported they only heard but never witnessed COVID-19 death (73.8%. n=194, N=263)



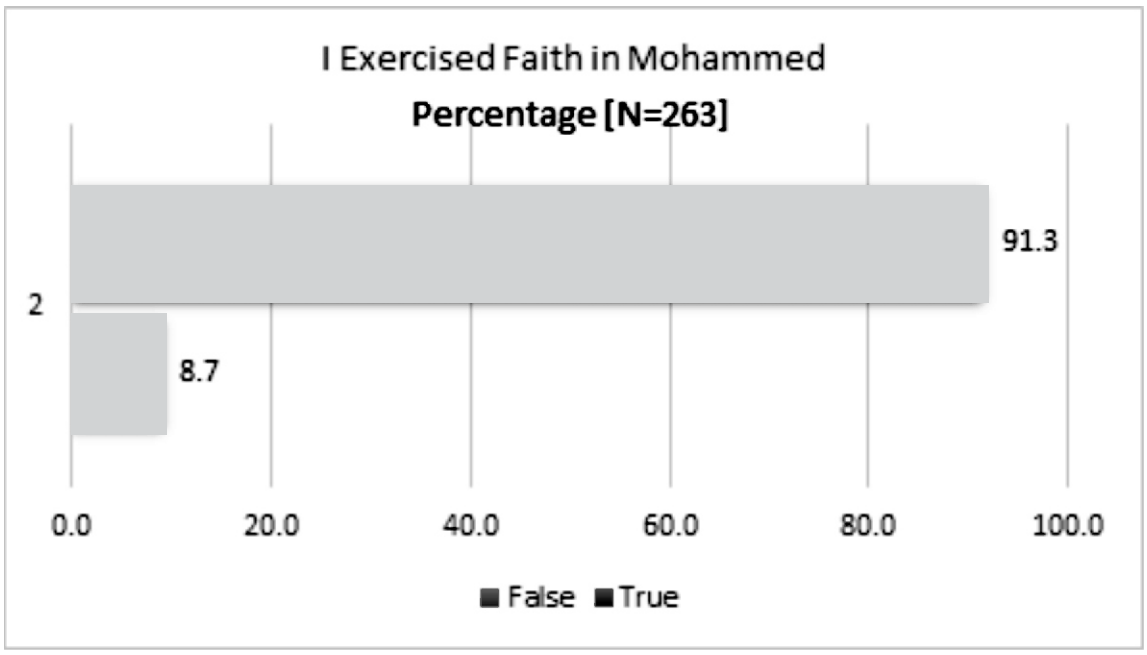
Majority of the respondents reported they *sometimes* obeyed the COVID-19 protocol (40.7%. n=194, N=263). Twenty percent reported they *always* obey.



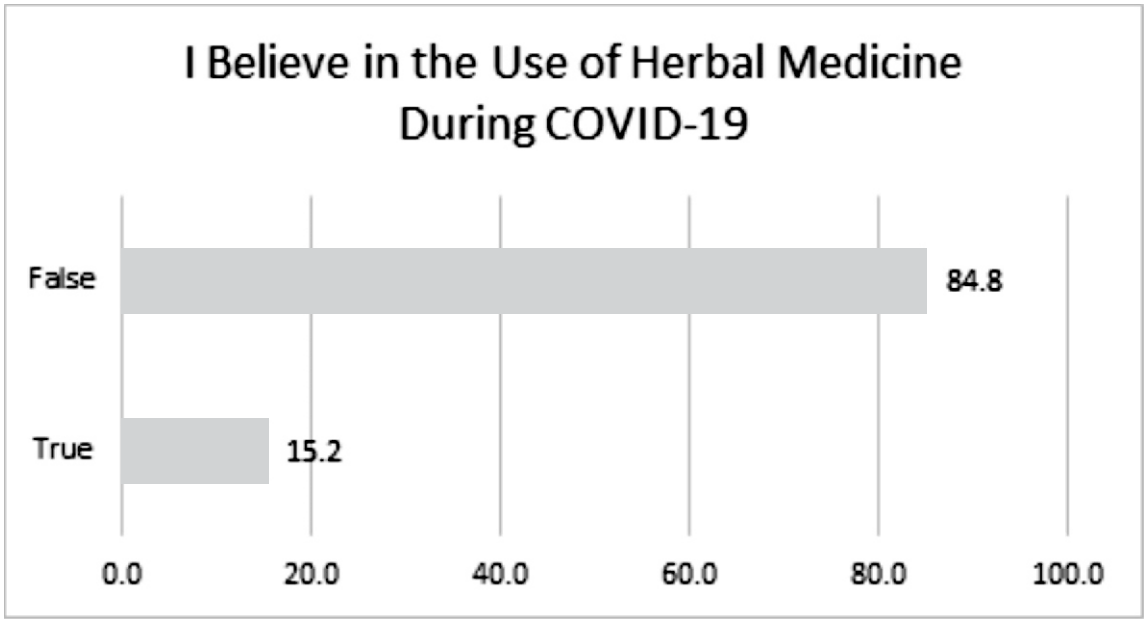
Approximately sixty-six percent of the respondents reported they believed in the COVID-19 medical protocols (66.2%, n=174, N=263).



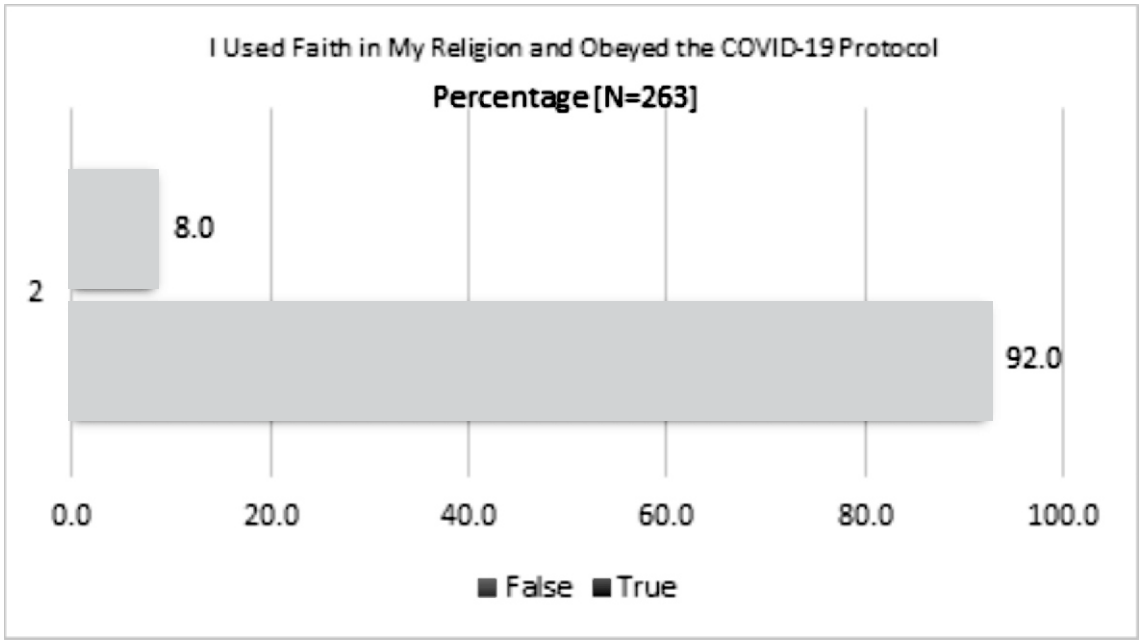
Approximately ninety-one percent of the respondents reported they exercised faith in the Lord Jesus Christ during COVID-19 (91.3%, n=240, N=263).



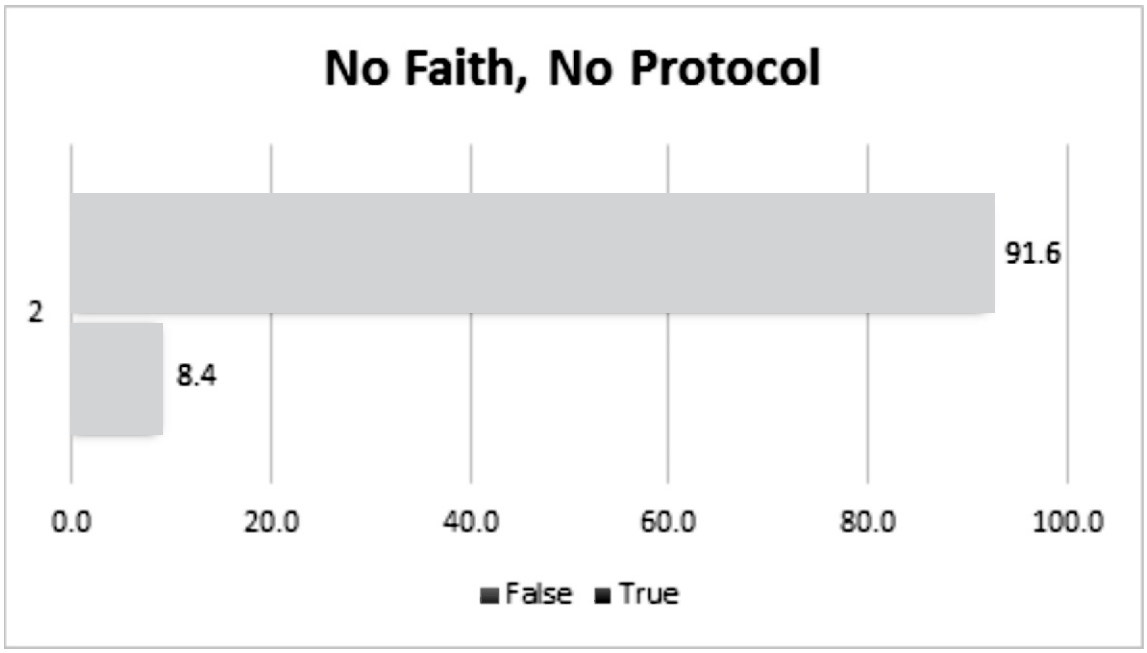
Approximately nine percent reported they exercised faith in Prophet Mohammed in the peak of the COVID-19 saga (8.7%, n=23, N=263).



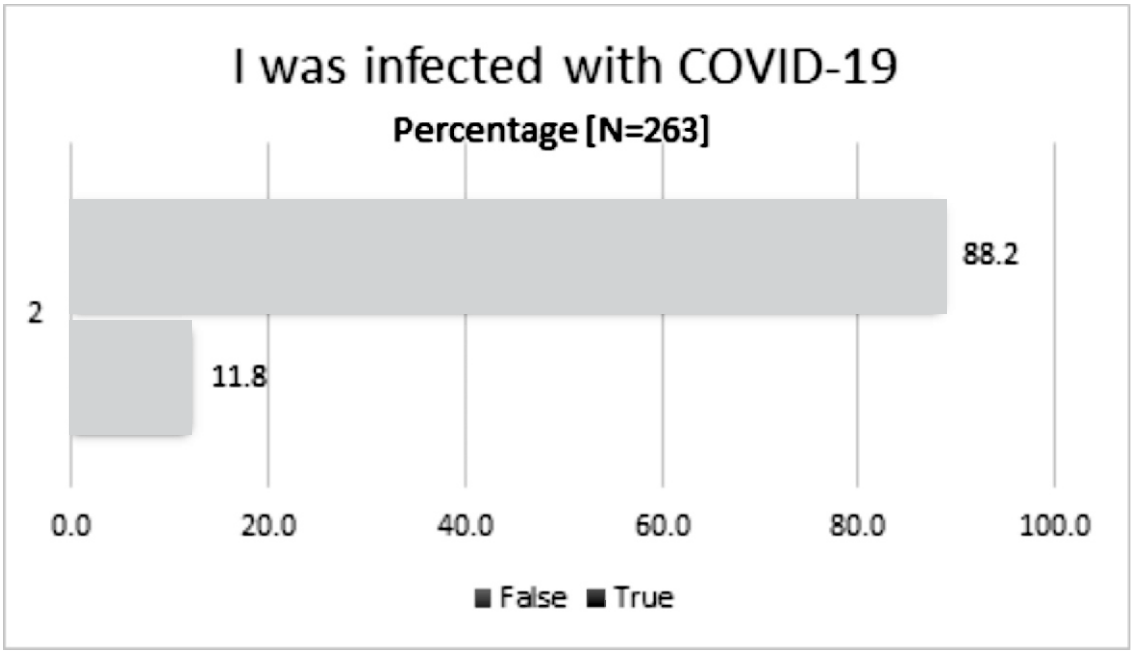
Approximately fifteen percent of the respondents reported they believed in the use of herbal medicine during the peak of the COVID-19 saga (15.2%, n=40, N=263).



Ninety-two percent of the respondents reported that combined faith in their religion and compliance with medical protocols to combat COVID-19 (92%, n=242, N=263).



Approximately eight percent of the respondents reported they neither exercised faith in any religion nor complied with the COVID-19 medical protocol (8.4%, n= 22, N=263).



Approximately twelve percent of the respondents reported they were infected with COVID-19 (11.8%, n=31, N=263).

Discussion

Below is the *summary of findings* from this survey:

1. Majority of the respondents were aware of COVID-19 (90.9%, n=239; N=263)
2. Approximately eighty percent of the respondents reported they know the symptoms of COVID-19 (79.5%, n=209, N=263)
3. Approximately ninety-three percent of the respondents believed that COVID-19 kills (93.2%. n=245, N=263).
4. Approximately sixty-two percent of the respondents reported they don't know of any person that COVID-19 killed (61.6%. n=136, N=263)
5. Approximately seventy-four percent of the respondents reported they only heard but never witnessed COVID-19 death (73.8%. n=194, N=263)
6. Majority of the respondents reported they *sometimes* obeyed the COVID-19 protocol (40.7%. n=194, N=263). Twenty percent reported they *always* obey.
7. Approximately sixty-six percent of the respondents reported they believed in the COVID-19 medical protocols (66.2%, n=174, N=263).
8. Approximately ninety-one percent of the respondents reported they exercised faith in the Lord Jesus Christ during COVID-19 (91.3%, n=240, N=263).
9. Approximately nine percent reported they exercised faith in Prophet Mohammed in the peak of the COVID-19 saga (8.7%, n=23, N=263).
10. Approximately fifteen percent of the respondents reported they believed in the use of herbal medicine during the peak of the COVID-19 saga (15.2%, n=40, N=263).
11. Ninety-two percent of the respondents reported that combined faith in their religion and compliance with medical protocols to combat COVID-19 (92%, n=242, N=263).
12. Approximately eight percent of the respondents reported they neither exercised faith in any religion nor complied with the COVID-19 medical protocol (8.4%, n= 22, N=263).

13. Approximately twelve percent of the respondents reported they were infected with COVID-19 (11.8%, n=31, N=263).

From these findings, it is apparent that though majority of the respondents (90.9%) were aware of COVID-19 pandemic, only few actually directly witnessed deaths as a result of the pandemic. Approximately seventy-four percent of the respondents reported they only heard but never witnessed COVID-19 death. The lack of direct witnessing of COVID-19 death is apt to bolster the confidence of people in believing the rumour that COVID-19 was a farce. This perhaps explained why only 20.5% reported they *always* obey the COVID-19 medical protocol. The fact that only 11.8% of the responded were infected with COVID-19 tend to lend further support to this speculation. These findings tend to have support from the Ghana observational study of shoppers and shopkeepers (Fielmua, Guba, & Mwingyine, 2021). It is noteworthy that the attitude of the Norwegian and Swedish populace towards the pandemic was in sharp contrast to their West African counterparts (Helsingen, Refsum, Gjøstein, Løberg, & Bretthauer, 2020). The possible explanation for this contrasting attitudes could still be traced to the observed impact of COVID-19 in the two settings. There were very low death rates in the West Africa sub-region compared with European countries. Findings from this study further revealed that there was a strong faith-in-Jesus dimension that significantly impact people's attitude towards the pandemic. At least 91.3% of the respondents reported they exercised faith in Jesus as a means of protection against the virus. A few (15.2%) also resorted to use of herbal medicines like garlic, lime juice, and so on. One of the respondents whose entire family got infected reported, in the course of interview, that they resorted to the use of herbal medicines without a single dose of western medicine and they were all cured in a matter of days. This experience gave this respondent, among others, confidence to shun the COVID-19 protocol and rather intensify the use of the herbal medicine as preventive measure.

What is the implication of these findings in counselling situation? It is imperative that client's belief system vis-à-vis their attitudinal disposition should be put into consideration when counselling for behavioural change. As Harrell (2005) posited, attitude is everything. If you can change people's attitude, then you can easily change their behavior. Further studies may be required to further corroborate these submissions.

Conclusion and Recommendation

This study set out to investigate the attitude of undergraduate students towards COVID-19. The finding from this study is that quite a significant proportion of the undergraduates, like most West African populace, tend to display negative attitude towards COVID-19 and the attendant protocols. The core factors responsible for this negative attitude include lack of substantial evidence per the debilitating effect of the pandemic, realization that faith in Jesus Christ and use of herbal medicines seems to prove effective in preventing COVID-19 infection, among others. It was thus recommended that in future counselling drives, efforts should be made to assess client's belief systems and attitudes before suggesting psychotherapies.

References

Allport, G. W. (1935). Attitudes. In *A handbook of social psychology* (798–844). Clark University Press.

Babicki, M., Agniezka, W. M., & Mastalerz-Migas. (2022). Assessment of attitudes, main concerns

and sources of knowledge regarding COVID-19 Vaccination in Poland in the Unvaccinated Individuals—A Nationwide Survey. Vaccines.

Bern, D. (1970). Beliefs, attitudes, and human affairs.

Darwin, C. (1965). *The expression of emotions in man and animals.* Chicago: The University of Chicago Press.

Eagly, A. H., & Chaiken, S. (1993). The psychology of attitudes. Harcourt Brace Jovanovich College Publishers.

Fielmua, N., Guba, B. Y., & Mwingyine, D. T. (2021). Hand hygiene and safety behaviours at shopping centres in COVID-19: an observation in Wa township in Ghana. Journal of Water, Sanitation and Hygiene for Development.

Galton, F. (1884). Measurement of character. Fortnightly Review, 42, 179-184.

Google & Oxford Languages (2022). Meaning of Attitude

Harrell Keith (2005). *Attitude is everything*. New-York: HarperCollins Publishers Inc

Helsingen, L. M., Refsum, E., Gjøstein, D. K., Løberg, M., & Bretthauer, M. (2020). The COVID-19 pandemic in Norway and Sweden – threats, trust, and impact on daily life: a comparative survey. BMC Public Health.

Mai E., Taillon B. J. & Haytko D. L. (2021). The impacts of information factors and health beliefs on attitudes towards social distancing behaviour during COVID-19. *Journal of Marketing Management.*

Mashuri, A., Permatasari, D. P., Nurwanti, R., & Nuryanti, S. (2022). An Intergroup Perspective on Antecedents of Negative Attitudes Towards Covid-19 Vaccine: The Role of Conspiratorial Beliefs,Perceived Assumptive International Collaboration, and Vaccine National Glorification. Polish Psychological Bulletin.

Spencer, H. (1867). *First Principles*. London: William & Norgate

Ton, D., Arendsen, K., Bruyn, M. d., Severens, V., Hagen, M. v., Oort, N. v., & Duives, D. (2022). Teleworking during COVID-19 in the Netherlands: *Understanding behaviour, attitudes, and future intentions of train travellers*. *Elsevier.*