KNOWLEDGE, RISK PERCEPTION AND PREVENTIVE PRACTICES OF COVID-19 AMONG STAFF OF PRIMARY AND SECONDARY SCHOOLS IN KADUNA STATE, NIGERIA

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ABSTRACT

Introduction: Kaduna State is among the three States with the highest number of confirmed COVID-19 cases. The objective of this study was to assess the knowledge, risk perception and practices of staff towards prevention and control of COVID-19 infection in schools to provide policy makers, education and health managers required information to manage the epidemic as the schools prepare to re-open.

Methods: This was a school-based survey conducted using purposive sampling of 55 schools located in nine LGAs with the highest number of reported COVID-19 cases as at October 2020. Five schools with the highest students'/pupils' enrollment in each of the LGA were selected and all staff were interviewed. Information on knowledge, risk perception and practices of prevention was collected. Descriptive statistics were generated using Stata v14 software.

Results: A total of 1065 staff in 55 schools completed the interview. Major sources of information are television (73%), radio (61%), and social media (57%); and 76% indicated that a virus is the causative agent of COVID-19. Overall, 70%, 19%, 7%, 9.3% and 0% respectively had adequate knowledge of cause, preventive measures, respiratory hygiene, modes of transmission and symptoms of COVID-19; however only 14% ever attended a workshop on COVID-19. Eighty-two percent and 89% respectively believed in the efficacy of face masks and handwashing as means of prevention; 39% thought that they are likely to contract COVID-19. Ninety-nine percent and 90% have ever used face mask and hand sanitizer to prevent COVID-19; 96% and 85% respectively have use these methods in previous 24hours. Between 42% and 73% of schools needed additional commodities/requirements/supplies to comply fully with COVID-19 prevention protocols.

Conclusion: While knowledge of COVID-19 is suboptimal, perception is positive and practice is high. Thus, teachers need to be well informed and encouraged to sustain current levels of preventive measures. Government needs to provide schools with adequate preventive commodities to ensure compliance.

Keywords: COVID-19, Knowledge, Perception, Prevention, Staff School, Kaduna

INTRODUCTION

Human infection with severe acute respiratory syndrome–coronavirus 2 (SARS-CoV-2), the causative agent of COVID-19 disease was declared a pandemic and has remained a global public health emergency reaching virtually every country and territory of the world. The pandemic began sometime in late December of 2019, from Wuhan in Hubei province of China and it rapidly dispersed to other parts of...
China. By February 2020, the virus reached the African
continent when the first case was reported in Egypt,
and the first suspected case in Nigeria was reported
on February 27 in Lagos. As at June 10, 2021, Nigeria
has tested 2,180,444 samples out of which 166,982
confirmed cases and 2117 deaths. In Kaduna State,
there are 9103 confirmed cases with 65 deaths.  

To respond to this epidemic, the government instituted
control measures with establishment of the Presidential
Task Force on COVID-19 (PTF) to coordinate all the
response activity of the country. Various specific
measures were implemented at different times by the
PTF and respective State Governments. These included
the travel restriction within the country and with the
outside world that began early, case identification,
contact tracing and isolation, handwashing and hand
hygiene, use of face masks, and several social distancing
and stay-at-home measures with, in some cases,
lockdowns of exceedingly high-risk areas which later
involved large parts of the country as announced by
various state governments. Additionally, all religious,
social and cultural gatherings were banned; official
government services and activities were also suspended
indefinitely except essential services such medical,
security and transportation of essential goods.  

By the middle of March 2020, it is estimated that 107
countries had implemented national school closures
related to COVID-19, affecting 862 million children
and young people, roughly half the global student
population.  

In Kaduna State, the school closure due
to COVID-19 pandemic affected 2,450,547 school
pupils/students.

Recent literature has argued both for and against re-
opening of educational institutions in the midst of
surging COVID-19 cases across the globe.  

While the Nigeria Center for Disease Control and Prevention
has issued a guideline on school re-opening, this
document is not based on locally-generated empirical
data. Therefore, in view of scarce information and
pressure on countries to consider re-opening schools
in the context of COVID-19 pandemic, there is the
urgent need to conduct a research, albeit rapid to guide
policy makers on course actions for school to re-open.
The Kaduna State Government was quick to impose
several restrictions on all forms of gatherings early
during the pandemic: schools, markets, churches and
mosques were closed indefinitely. However, after 6-7
months of schools’ closure, schools were re-opened in
a step-wise manner between October and November while strictly complying with COVID-19
prevention protocols such as temperature check at
entrance for all staff and students/pupils, compulsory
wearing of face masks, handwashing with soap and
water and/or regular use of hand sanitizer as well as
all other guidelines against COVID-19 infection as
stated by the NCDC and the Kaduna State COVID-
19 Task Force.

As the pandemic soars in Nigeria in general and
Kaduna State in particular, and with mounting pressure
from parents and students to re-open schools, there is
urgent need to assess the readiness and willingness of
school teachers, school administrators, parents and
students alike towards re-opening schools. This
readiness is in terms of knowledge, risk perception
and practices of staff towards prevention and control
of COVID-19 as well as what needed to be provided
by the schools to implement COVID-19 prevention
protocol such as availability of hand sanitizers, face
masks, adequate water supply and hand washing
equipment. Across the world, it has been documented
that pupils and students alike have suffered
psychologically from lock-down including sexual
violence such as rape or attempted rape and domestic
violence beside loosing vital period of their education
due to the COVID-19 lockdown.  

Parents are equally overwhelmed by increased household chores from continuous presence of children at home. Thus,
the need to guide policy-makers on strategies/options
available for school resumption necessitated the
conduct of this study.

MATERIALS AND METHODS

Area of study
The study area is Kaduna State, northwestern Nigeria.
Kaduna is a trade center and a major transportation
hub for the surrounding agricultural areas, with its rail
and road junction. The 2020 population estimates as
used for planning in the state population is projected
as 8,252,400.

Currently, Kaduna State has 541 public secondary
schools with 4,210 primary schools. A total of
1,823,583 primary school pupils were enrolled as at
February 2020, based on the 2018/2019 Annual School
Census. There are 37,957 teachers giving a ratio of
one teacher to 48 pupils. There are 2,923 private
schools in the State, of which 960 have primary classes,
589 schools have Junior classes while 472 schools have
Senior classes with total student enrollment of 255,181
in private primary school with 19,573 teachers giving
a ratio of teacher to pupil of 1:13.

Study Design
We conducted a school-based cross-sectional
descriptive study.

Study Population
All the teachers, school administrators and other staff
(office assistants, account staff, security, matrons etc.)
of public and private educational institutions in Kaduna State (Primary and Secondary) constituted the study population.

Sampling
We adopted a non-probability sampling technique by purposively selecting schools with highest students’/pupils’ enrollment as well as most popular in each of the three senatorial zones in the State. Thus, both public and private schools were selected provided they satisfied these criteria. Based on the 2018/2019 Annual School Census, lists of schools, students’/pupils’ enrollment were obtained from the Kaduna State Ministry of Education for the purpose of this selection. In each senatorial zone (North, Central and South) five schools were purposively selected based on the following algorithm:
1. Secondary:
   a. Public: Urban and Rural
   b. Private: Urban
2. Primary: Public: Urban and Rural

At the end, there were 5 schools selected in each LGA:
1. One Public Secondary in Urban Area (preferably located at LGA headquarters)
2. One Public Secondary in Rural Area (preferably in the second biggest town/village in the LGA)
3. One Private Secondary in Urban Area (preferably located at LGA headquarters)
4. One Public Primary (preferably located at LGA headquarters)
5. One Public Primary in Rural Area (preferably in the second biggest town/village in the LGA)

Survey Questionnaire
We developed two set of questionnaires: one was administered to all teachers and other staff to assess their knowledge, risk perception and level of practice of prevention of COVID-19. This questionnaire was developed from various COVID-19 questionnaires used in Saudi Arabia, Pakistan, Iran, Ethiopia and Egypt that interviewed general population to a large extent and the questions were further contextualized for the Nigerian settings. The questionnaire was divided into the following sections: i) knowledge; questions about knowledge included knowledge of the nature of the causative agent, transmission modes, symptoms of the disease, prevention, respiratory hygiene and source of information on the knowledge; ii) perception; perception about efficacy of preventive measures such as use of face of face masks, handwashing, use of hand sanitizers, level of risk of contracting the disease, self-perception of severity of disease if one contacts the disease; iii) practice of prevention; frequency of complying with preventive measures such face mask, complying with physical distancing, social/religious gatherings. The second questionnaire was developed to assess the schools’ readiness to provide facilities to implement anti-COVID-19 measures. This questionnaire was administered to schools’ administrators and information collected included their demographics, availability of regular supply of water, sanitation facilities, other materials/supplies such face masks, soap and water, hand sanitizers, handwashing points for students/pupils and staff.

Data Collection
The two sets questionnaires were administered as a verbal structured interview using a field-adapted electronic data collection tool, Kobo Toolbox. Each interviewer downloaded the scripted questionnaire onto his/her android mobile and/or electronic device.

Data Analysis
The collected data were collated and analyzed using Stata. Descriptive statistics such as frequency, mean, median, standard deviation and proportions were used to summarize results across socio-demographic characteristics, knowledge and adherence to preventive measures of COVID-19. Sixteen questions were asked about symptoms of COVID-19; those who knew all are considered to have adequate knowledge of symptoms while those that knew fifteen or less are considered to have inadequate knowledge of symptoms.

Ethical Consideration
Kaduna State Ministry of Health Ethical and Research Committee provided the approval for this research (NHREC/17/03/2018; dated 25th August 2020). Operational approval was granted by the Directorate of Schools, Kaduna State Ministry of Education and all the selected schools were informed ahead of time before the arrival of the research team. Verbal informed consent was obtained from the respondents before commencement of interview. Cultural, religious and traditional sensitivities of the respondents were respected. Participant confidentiality was respected during interview and analysis of survey results. Data were collected anonymously, and all results were presented in aggregate so that no individual participant can be identified.

RESULTS
The results are presented in Tables 1-5. In all, 1065 staff comprising of teachers (75.8%), school administrators (4.8%), nurse/midwife (0.6%), security guards, matrons/hall wardens (5.5%), account officers (1.2%) and other categories of staff (6.1%) were interviewed in 55 schools across the nine selected local government areas (LGAs) of the State. Seven hundred
and thirty-nine (or 59%) of the respondents are aged 30-49 years with average age of 40 years. Five hundred and eighty-four (or 55%) are female; 86% are either currently married (84%) or previously married (2%) and 90% have higher degrees. Four hundred and eleven (38.6%) are in public primary schools followed by those in public senior secondary schools (28.5%) then those in public junior secondary schools (13.0%).

Table 2 show information on knowledge of respondents regarding source of information, causative agent, mode of transmission, symptoms of COVID-19, knowledge of preventive measures and their assessment either adequate or inadequate. Three commonest sources of information on COVID-19 are the television (72.5%), radio (61.1%) and social media platforms (56.8%). With regard to knowledge

Table 1: Sociodemographic characteristics of respondents in a school survey on COVID-19, Kaduna State, November 2020

| Characteristics                       | N (%)     |
|---------------------------------------|-----------|
| Age (years)                           |           |
| Mean±SD                               | 40.8±9.2  |
| Age categories s(years)               |           |
| 20-29                                 | 96 (9.0)  |
| 30-39                                 | 419 (39.3)|
| 40-49                                 | 320 (19.8)|
| 50-70                                 | 230 (21.6)|
| Sex                                    |           |
| Female                                | 584 (54.8)|
| Male                                  | 481 (45.2)|
| Marital status                        |           |
| Currently married                     | 898 (84.3)|
| Not married                           | 146 (13.7)|
| Previously married                    | 21 (2.0)  |
| Education                              |           |
| No formal education                   | 7 (0.7)   |
| Primary                               | 29 (2.7)  |
| Secondary                             | 56 (5.3)  |
| Higher                                | 962 (90.3)|
| Others (e.g. Masonry, artisan)        | 11 (1.0)  |
| Position of respondent                |           |
| Administrator                         | 51 (4.8)  |
| Teacher                               | 807 (75.8)|
| Administrator/Teacher                 | 64 (6.0)  |
| Nurse/Midwife                         | 6 (0.6)   |
| Security/guard/matron/hall warden     | 59 (5.5)  |
| Account officer                       | 13 (1.2)  |
| Others (Messengers, grounds men, cleaners) | 65 (6.1) |
| LGA Location of Staff                 |           |
| Igabi                                  | 116 (10.9)|
| Chikun                                | 133 (12.5)|
| Zangon Kataf                          | 78 (7.3)  |
| Jaba                                  | 60 (5.6)  |
| Jema’a                                | 109 (10.2)|
| Kaduna North                          | 63 (5.9)  |
| Kaduna South                          | 114 (10.7)|
| Sabon Gari                            | 240 (22.5)|
| Zaria                                 | 152 (14.3)|
| Type of school                        |           |
| Public primary                        | 411 (38.6)|
| Private primary                       | 71 (6.7)  |
| Public JSS                            | 138 (13.0)|
| Public SSS                            | 303 (28.5)|
| Private SSS                           | 74 (7.0)  |
| Others (Faith-based, e.g. Islamiyyah, Catholic) | 68 (6.4)|
Table 2: Knowledge of respondents in a school survey on COVID-19, November 2020

| Item                                               | Yes n (%) |
|----------------------------------------------------|-----------|
| **Heard of COVID-19?**                             | 1059 (99.4) |
| **Source of information**                          |           |
| Television                                         | 768 (72.5) |
| Radio                                              | 647 (61.4) |
| Newspaper                                          | 312 (29.5) |
| Social Media                                       | 601 (56.8) |
| Handbill/Leaflets                                  | 56 (5.3)   |
| Neighbors/Friends                                  | 160 (15.1) |
| Health care workers                                | 100 (9.4)  |
| All of above                                       | 8 (0.8)    |
| **What is the causative agent/cause of COVID-19?**  |           |
| Germs                                              | 79 (7.4)   |
| Evil spirit                                         | 6 (0.6)    |
| Curse for gods                                     | 33 (3.1)   |
| Virus                                              | 808 (75.9) |
| Plague                                             | 24 (2.3)   |
| 5G Network                                         | 13 (1.2)   |
| Bacteria                                           | 42 (3.9)   |
| Divine punishment from god                         | 45 (4.2)   |
| Created by China                                   | 107 (10.1) |
| Created by America                                 | 8 (0.8)    |
| Breathing bad air                                  | 18 (1.7)   |
| Don’t know                                         | 56 (5.3)   |
| **How is COVID-19 transmitted?**                   |           |
| Coughing                                           | 928 (87.1) |
| Sneezing                                           | 843 (79.2) |
| Contaminated surfaces                              | 683 (64.1) |
| Singing aloud                                      | 122 (11.5) |
| Contaminated hands                                 | 450 (42.3) |
| Handshakes                                         | 632 (59.3) |
| Hugging/embracing                                  | 447 (42.0) |
| **What are the symptoms of COVID-19?**             |           |
| Dry cough                                          | 865 (81.2) |
| Fever                                              | 858 (80.6) |
| Runny nose                                         | 559 (52.5) |
| Tiredness                                          | 86 (8.1)   |
| Difficult breathing                                | 316 (29.7) |
| Abdominal pain                                     | 12 (1.1)   |
| Stooling                                           | 5 (0.5)    |
| Vomiting                                           | 18 (1.7)   |
| Thirstiness                                        | 12 (1.1)   |
| Bleeding                                           | 8 (0.8)    |
| Sore throat                                        | 47 (4.4)   |
| Excessive sweating                                 | 4 (0.4)    |
| Body aches                                         | 15 (1.4)   |
| Weakness                                           | 43 (10.8)  |
| Headache                                           | 115 (10.8) |
| **Knows how to prevent COVID-19?**                 | 1013 (95.1) |
| **How do you ensure respiratory hygiene?**        |           |
| Coughing into elbow                                | 845 (79.3) |
| Coughing into handkerchief                         | 395 (37.1) |
| Coughing into the air                              | 25 (2.4)   |
| Covers mouth with hands                            | 87 (8.2)   |
| Coughing into tissue paper                         | 213 (20.0) |
| **Is there a treatment/cure for COVID-19?**        | 403 (37.8) |
| **Is there an effective vaccine against COVID-19?**|           |
| Yes                                                | 1013 (95.1) |
| **Recommended duration of time to wash your hands:**|           |
| 20 seconds                                         | 140 (13.2) |
| Others                                             | 925 (86.8) |
| **Knowledge of cause of COVID-19:**                |           |
| Adequate                                           | 647 (70.0) |
| Inadequate                                         | 278 (30.0) |
| **Knowledge of prevention of COVID-19:**           |           |
| Adequate                                           | 209 (19.2) |
| Inadequate                                         | 882 (80.8) |
| **Knowledge of respiratory hygiene against COVID-19:**|         |
| Adequate                                           | 76 (7.0)   |
| Inadequate                                         | 1015 (93.0) |
| **Knowledge of transmission of COVID-19:**         |           |
| Adequate                                           | 101 (9.3)  |
| Inadequate                                         | 990 (90.7) |
| **Knowledge of symptoms of COVID-19:**             |           |
| Adequate                                           | 0 (0.0)    |

of cause of COVID-19, as much as 76% are aware that COVID-19 is a virus while up to 10% declared that China created the virus (or COVID-19). As much as 865 (81%) knew that both dry cough and fever are symptoms while 559 (53%) knew that sneezing is a symptom and 316 (30%) knew that difficult breathing...
is equally a symptom. Other symptoms were mentioned by less than 10% of respondents (Table 2). Overall, 1013 (95%) knew how to prevent the infection. Specifically, as shown in Figure 1, 930 (92%) mentioned regular washing of hands, 840 (83%) mentioned social distancing, 730 (72%) mentioned use of face mask and 537 (53%) mentioned physical distancing. Furthermore, 845 (79%) knew that coughing into the elbow is an aspect of respiratory hygiene. Also, 403 (38%) believed that there is a cure for COVID-19, while 1013 (95%) also believed that there is an effective vaccine for COVID-19. Approximately 70%, 5%, 7% and 9% respectively have adequate knowledge of the cause of COVID-19, prevention, respiratory hygiene and prevention; all the respondents have inadequate knowledge of symptoms. Table 4 shows

| Item | Yes (%) |
|------|---------|
| The information you received is sufficient: | |
| Strongly disagree | 42 (3.9) |
| Disagree | 24 (2.3) |
| Neutral | 91 (8.5) |
| Agree | 754 (70.8) |
| Strongly agree | 154 (14.5) |
| Are you confused about the information you received? | |
| Never | 692 (65.0) |
| Rarely | 70 (6.6) |
| Sometimes | 162 (15.2) |
| Usually | 76 (7.1) |
| Always | 65 (6.1) |
| How do you rate yourself on the level of knowledge of COVID-19? | |
| Very poor | 30 (2.8) |
| Poor | 70 (6.6) |
| Average | 405 (38.0) |
| Good | 364 (34.2) |
| Very good | 196 (18.4) |

Table 3: Characteristics of knowledge of COVID-19 among respondents, November 2020

| Item | N (%) |
|------|-------|
| Perceive efficacy of use of face mask? | |
| Effective | 880 (82.7) |
| Neutral/Even | 89 (13.3) |
| Ineffective | 24 (4.0) |
| Perceive efficacy of handwashing? | |
| Effective | 952 (89.4) |
| Neutral/Even | 89 (8.4) |
| Ineffective | 24 (2.3) |
| Perceive your risk of contracting COVID-19? | |
| Very unlikely | 148 (13.9) |
| Unlikely | 345 (32.4) |
| Even/Neutral | 158 (14.8) |
| Likely | 355 (33.3) |
| Very likely | 59 (5.5) |
| Perceive your severity of COVID-19? | |
| Very mild | 135 (12.7) |
| Mild | 357 (33.5) |
| Moderate | 325 (30.5) |
| Severe | 168 (15.8) |
| Very severe | 80 (7.5) |
| Confident in taking measures to prevent COVID-19 infection? | |
| Strongly agree | 29 (2.7) |
| Agree | 922 (86.6) |
| Neutral | 67 (6.3) |
| Disagree | 7 (0.7) |
| Strongly disagree | 40 (3.8) |

Table 4: Perception about COVID-19 among respondents, November 2020

Figure 1: Percent distribution of knowledge of preventive measures
different aspects of perception of COVID-19. Approximately, 83% (880) perceived that face masks are effective in preventing COVID-19 transmission while 89% (952) indicated that handwashing is efficacious. About 39% (414) indicate that their level of self-perceived risk of contracting COVID-19 is likely/very likely. Further, 23% believed that it will be severe/very severe infection if they contract the disease.

Table 5 is about practice of prevention in which 97% (1031) have ever used soap and water to wash hands; 90% (954) have ever used hand sanitizer; 99% (1063) have ever used face mask; 96% (1019) have used face mask in previous 24 hours and 906 (85%) have ever used hand sanitizer in previous 24 hours. In the previous 24 hours, 39% (423) have attended a mass gathering out of which 91% (375) used face mask. Nine hundred and forty-seven (89%) of the respondents declared that face masks are available in the schools but only 147 (14%) have ever attended workshop/seminar on COVID-19.

**DISCUSSION**

We conducted this study at the peak of the COVID-19 pandemic in Kaduna State, Nigeria at a time when the Government was contemplating re-opening schools following 7 – 8 months (April –November 2020) of school closure to control the spread of COVID-19. The purpose was to assess the knowledge, risk perception and practices of prevention of COVID-19 among staff of selected schools in Kaduna State and to use the information gathered to advise the Government on how to re-open schools. Our study presents uniqueness since it focused on school teachers and other support staff in primary and secondary schools in Kaduna State. Similar studies have been conducted but among different populations: health care workers, or general population.

Regarding source of information on COVID-19, television, radio and social media are the three commonest sources of information. Using knowledge of fever and dry cough as indicators of sufficient knowledge of COVID-19, it is safe to declare that teachers and other support staff have good knowledge of COVID-19. However, in this study we also assessed knowledge in terms of knowledge of causative agent, knowledge of prevention, knowledge of respiratory hygiene, knowledge of transmission and knowledge of symptoms and categorized as adequate or inadequate. Using this benchmark, only knowledge of causative agent can be considered to be good. In general population in Iran, Honarvar and his colleagues reported similar findings. They concluded that the overall knowledge of their participants as regards preventive measures, common symptoms of COVID-19, severe symptoms requiring medical attention and phone numbers to call when in need was inadequate.

Other researchers from China reported different findings with respect to knowledge of COVID-19. Chen reported that residents of Anhui province of China have high levels of awareness of symptoms, routes of transmission, using masks, hand washing, and treatment of COVID-19 with low awareness of atypical symptoms. In terms of sources of information, our study showed that television, radio and social media platforms are the three commonest sources, in that order. This finding is similar to what Honarvar reported. However, an online survey among general population in Nigeria and Egypt...
showed that the internet (social media platforms) and television are the two commonest sources of information with 84% and 44% of the participants utilizing them as sources. 30 Similar results of preponderance of internet (social media platforms) as sources of COVID-19 information are reported by Abdelhafiz and Chen. 31, 29

Attitudes and risk perceptions serve as mediators between knowledge and practices; the two have important role in adoption of healthy practices in preventing diseases. They also serve as facilitators of health behaviour change. 32, 33 Our study shows that about 83% and 89% believed that use of face mask and proper and regular handwashing are efficacious in preventing the infection while up to 39% believed that they are likely to contract the disease respectively; and that 23% perceived that the infection would be severe in them. In a Thai study, as much as 70% considered the disease to be serious and dangerous and a further 75% considered themselves at risk of contracting the disease 34 while less than half (44 %) considered themselves at risk of contracting the disease in another study.21 Our study further showed that as much 89% are confident in adopting preventing measures against COVID-19. This is much higher than the levels reported by Honarvar and Sirchan.21, 34 These researchers reported 75% and 15% being responsible or confident in abiding with COVID-19 prevention protocols.

Our study reported on use of soap and water to wash hands, hand sanitizers, face masks, and avoidance of mass gathering/social gathering. We also reported knowledge of the following preventive measures: social distancing, physical distancing, regular hand washing, use of face mask, facial and respiratory hygiene, avoidance handshakes etc. (Table 2). From literature, COVID-19 prevention practices vary widely between geographic areas and demographic groups. For instance, in our study, we reported that approximately 97%, 90% and 100% had ever used soap and water to wash hands, hand sanitizers and face mask respectively. Furthermore, in the previous 24 hours, we reported that 96% of our respondents had used face mask while 85% had used hand sanitizer, 39% had attended mass gathering in previous 24 hours of which 91% had used face masks. Among the Chinese, 98% used face masks when going for outdoor activities compared to 24% of US population.35, 36 Similarly, from North Central of Nigeria, Reuben and colleagues reported 93%, 96% and 82% practice of social distancing, personal hygiene and face masks respectively. 37

CONCLUSION

While knowledge of COVID-19 is suboptimal, perception is positive and practice is high. Thus, teachers/staff need to be well informed through targeted and tailored-made education and encouraged to sustain current levels of preventive measures. Schools need to be provided with adequate preventive commodities to ensure compliance to COVID-19 prevention protocols.

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