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# COVID 19 INFORMATION SEEKING BEHAVIOUR OF INTERNALLY DISPLACED PERSONS (IDPs) IN THE FEDERAL CAPITAL TERRITORY, ABUJA, NIGERIA

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## ***Abstract***

*This study focused on exploring COVID 19 information seeking behavior of IDPs Nigerian using IDPs in the federal capital territory, Abuja, Nigeria as a case study. The study adopted a descriptive survey design. Four objectives were laid down for the study and a structured questionnaire was used to elicit information from the respondents. The findings revealed that the COVID 19 information needs of IDPs are information on symptoms of COVID 19, how it spreads, preventive measures against COVID 19, the causes of COVID 19 and how to get medical attention should anyone be confirmed infected at the IPD camp among others. The study also found that the sources of COVID 19 information available to IDPs include friends and family at the camp; social media such as Facebook and WhatsApp; radio; Internet and health workers i.e. doctors and nurses. The study revealed that the major use COVID 19 information were to know the symptoms of the virus; know to prevent themselves from being infected with the virus; know how to reach out to health workers in case of suspected COVID 19 patients and knowing the drugs combination for self treatment in case of infection. Lack of frequent visitation to the camps by health official, lack of access to television at the camp, distorted information from friends and family, too many information on COVID 19, among others were revealed as the barriers to COVID 19 information seeking and access among the IDPs. The study recommends that efforts should be made by the Federal government of Nigeria to pay special attention to the information needs of the IDPs and devise necessary means of getting timely and accurate information across to them as this will help to keep them up to date about information on COVID 19 among others.*

**Keywords:** COVID 19, Virus, IDPs, Information Seeking, Information Use

## **Introduction**

The Corona virus disease of 2019 (COVID-19) pandemic gripped the world with shock, thereby overwhelming the health system of most nations. The World Health Organization (WHO) declared the novel human Corona virus disease (COVID-19) outbreak, which began in Wuhan, China on December 8, 2019, a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 (WHO, 2020). With over one hundred and four million cases globally as of February 4<sup>th</sup> 2020 which includes seventy six million recovered cases and over two million deaths, the novel Corona virus is considered one of the world's deadliest viruses. Following this, WHO declared that, the Corona virus Preparedness Group is constituted in Nigeria (a country with 36 states and a Federal Capital Territory [FCT]) and this was done on January 31 2020 to curb the spread of the deadly virus in Nigeria. WHO categorized Nigeria as one of the 13 high-risk African countries with respect to the spread of COVID 19 and Nigeria is also among the vulnerable African nations, given the weak state of the healthcare system (Marbot, 2020).

The sudden outbreak of COVID-19 has imposed a critical situation on public health among individuals in different part of the world. Families as the key building block of any society appeared to be the most important element that must be informed adequately of how to protect themselves and others from the disease and how to become capable of handling the situation in case of being infected with COVID-19. As a result, many governments have given utmost priority to preventing her citizens from being infected with COVID-19 through adopting different community-based strategies like launching wide-scale COVID-19 awareness campaigns, quarantine protocols and mandating lockdown measures including schools and workplace closures (Buheji & Buheji, 2020). In Nigeria, the immediate and total lockdown of the nation during the first wave of the spread of COVID-19 proved to be the perfect solution to slowing down the rate of spread of the pandemic. This was proven by the slow rate of the spread of the virus and few numbers of death recorded across the country. However, as effective as the lockdown was, there were individuals who were highly vulnerable to contracting this virus because they have been forced or obliged to flee or to leave their homes or places of habitual residence as a result of insurgency, terrorism or natural disasters i.e. the IDPs. The Internally Displaced Persons (IDPs) unlike other persons live a life of difficulties in their camp. IDPs are often neglected, stigmatized and are facing difficulties in access to basic services. With the Covid-19 outbreak, their situation is further worsened as they struggle to survive the impact of the conflict and the contagion at the same time. Despite their situation, the adults in the IPD camps crave for health information relating to the novel Corona virus to help themselves and their children from being infected with this virus as some of the children at the IDP camps may have had their health affected by the pandemic either

directly or indirectly because they have to depend on their parents/caregivers who are worried of contracting the virus from others in the camp as there is no or little protection/health care services from the government.

The Boko Haram insurgency and counter-insurgency activities thereto widened in scope and intensity throughout 2014 and 2015 in the three North East States of Borno, Yobe and Adamawa. There have been increased security incidents, leading to masses of internally displaced persons seeking safety. While the majority of displaced persons are currently in the most affected North East states, IDPs have also moved to other States throughout the country, including the Federal Capital Territory (FCT) (UNHCR, NHRC & FEMA, 2015). These IDPs that were already overwhelmed with problems associated with lack of good and adequate food, poor shelter and lack of healthcare are now being faced with the challenges of dealing with the novel Corona virus. To avoid been infected by the virus which has the tendency to spread like wild fire and to know the steps to take in any case of infection, the IDPs need in the federal capital territory in Abuja needs to seek all available information they can get on the noble corona virus and how to deal with.

### **Objective of the Study**

This study is aimed at achieving the following objectives:

1. To identify COVID 19 information needs of IPDs in the federal capital territory in Abuja, Nigeria;
2. To identify the sources of COVID 19 information among IDPs in the federal capital territory in Abuja, Nigeria;
3. To know how IDPs in federal capital territory in Abuja, Nigeria utilize the COVID 19 information they get and
4. To identify the barriers to COVID 19 information access by IDPs in the federal capital territory in Abuja, Nigeria.

In order to guide the researchers in this study, the following questions were raised in line with the objective of the study:

1. What are the COVID 19 information needs of IDPs in the federal capital territory in Abuja, Nigeria?
2. What are the sources of COVID 19 information available to IDPs in the federal capital territory in Abuja, Nigeria?

3. For what purpose do IDPs in federal capital territory in Abuja, Nigeria use COVID 19 information?
4. What are the barriers to COVID 19 information access by IDPs in the federal capital territory in Abuja, Nigeria?

### **Literature Review**

Thousands of people are displaced globally every year due to armed conflict and Nigeria is not an exception. Uncountable numbers of persons have lost their life, exposed to different abuse; abandon their homes, property and their family in Nigeria and worldwide in the face of insurgents, political disorder, civil conflict, natural or economic disasters, or other threats (Sambo, 2017). Internally Displaced Persons (IDPs) refer to individuals who are victims of displacement due to violence, or natural disasters and have not been able to settle back in their place of origin (WHO, 2019). Recently, Nigeria has experienced large-scale involuntary internal displacement caused by the terrorist group (Boko Haram) insurgency, especially in the North Eastern part of the country.

The movement and settlement in improvised camps make the IDPs even more vulnerable to more attacks and various forms of diseases as a result of the lack of care being experienced in the camps. Internal displacement has significant effects on public health and the well-being of the affected populations. These impacts may be categorized and direct due to violence and injury or indirect such as increased rates of infectious diseases and malnutrition (Owoaje, Uchendu, Ajayi & Cadmus, 2020). Several risk factors, which promote communicable diseases, work in synergy during displacement. These factors include movement of mass populations and resettlement in temporary locations, overcrowding, economic and environmental degradation, poverty, inadequacy of safe water, poor sanitation and waste management. The health challenges of the IDPs in Nigeria is further worsened by the outbreak of the COVID-19 pandemic as the conditions of the IDPs are further compounded by the absence of shelter, food shortages and poor access to healthcare which are good platform and opportunity for COVID-19 to thrive.

The disruption in public health services also hinders prevention and control programmes consequently resulting in the rise of vector borne diseases such as malaria and yellow fever. In the same vein, routine immunization services are disrupted, thus increasing the number of individuals susceptible to diseases and the risk of epidemics of vaccine preventable diseases (VPDs) (Connolly, Gayer, Ryan, Salama, Spiegel, & Heymann, 2004). Epidemics of infectious diseases are quite common in IDP camp settings due to inadequate water and sanitation facilities combined with overcrowding which are all major ways of transmitting the deadly novel Corona virus. Having discovered how vulnerable the IDPs could be to contracting COVID-19, health information becomes a key to their survival. Information and

knowledge have proven to be formidable and effective weapons so far in the fight against the spread of COVID-19 (Obiwulu, 2020). Across the globe, we have seen and learned from other sources, accounts from different countries of how to successfully prevent COVID-19 incidences. Information of this sort might however not be of interest or fully appreciated by poorly educated persons such as IDPs, even when they can access it, lack of proper comprehension of the situation surrounding the information may make them to devalue the information. For instance, some Nigerians still had to be forcibly barred from gathering publicly only recently. This is an attitude that represents a potential to enable spread of the disease amidst measures to curb it.

Norwegian Refugee Council (2017) reported that, “Displaced people face a number of hardships, including lack of access to water, healthcare, shelter, education and a basic income. Sambo (2017) while commenting on the needs of the IDPs asserted that, internally displaced persons, upon safe arrival at their new but temporary location, have basic needs for information such as reasonable information on how to get food, shelter, potable water, healthcare, education, security, clothing etcetera, which must be met in order to stay alive and inhibit social-cultural and security consequences both on themselves and host communities alike. Noting health information needs of individuals, Tucker, Martins and Jones (2017) identified information about disease state, prognosis, treatments, symptom, side effect management and palliation as the major information needs of women with metastatic breast cancer. In a study conducted by Ebrahim, Saif, Buheji, Albasri, Al-Husaini, and Jahrami (2020) on COVID-19 information seeking behavior and anxiety symptoms among parents, findings show that respondents need information about COVID-19 transmissibility, symptoms, treatment, and complications. This findings of the study further revealed that respondents also agreed that they need information on proper way of doing self-quarantine, response to a COVID-19 suspected family member, COVID-19 prevention and protection measures, diet for promoting immune system, physical activity during COVID-19 outbreak as well as how to manage the family time during the COVID-19 outbreak.

Ebrahim, Saif, Buheji, Albasri, Al-Husaini, and Jahrami (2020) while discussing the sources of COVID 19 information found that the major sources of COVID 19 information as revealed through his study are social media accounts of official health organizations such as the World Health Organization (WHO), Nigerian Centre for Diseases Control (NCDC) etc; health care professionals such as Doctors, Nurses, midwives etc; newspaper; friends and family; radio and other broadcast media and social media. Social media channels were distinguished as the most important information sources on Corona virus disease, and the other most significant sources of information were digital libraries and publishers’ repositories (Bento, Nguyen, Wing, Lozano-Rojas, Ahn & Simon, 2020). Besides the

above mentioned information sources, television was reported as one of the main sources of information about Corona virus (Abebe, Mekuria & Balchut, 2020). Beijing Municipal Health Commission (2020) asserts that for infectious disease like COVID-19, early diagnosis and treatment without any delay is important and necessary, otherwise, not only does the patient act as reservoir, help increase the risk of infection transmission and spread of the disease significantly, but also the disease course and efficacy are affected. Therefore IDPs just like every other group of individuals seek COVID 19 information in order to protect themselves from being infected with the deadly virus. Andualem, Kebede and Kumie (2013) while commenting on the use of health information asserted that the use of health information may vary depending on circumstances and the need reaches peak during emergencies. The authors further highlighted that the use of health information resources is: to understand the nature of diseases; to know the ways of preventing them; to understand the treatment of every diseases varying from fever, typhoid etcetera; to understand types of drugs to take at every given time depending on the condition of the patients and others. Efe (2020) in a study of Covid-19 information seeking strategies of rural dwellers in Delta North, Nigeria found that majority of the respondents indicated they use the COVID-19 information they seek to educate family members/friends about current news on COVID-19, stop the spread of COVID-19 by observing precautionary measures, abide by government policies on COVID-19, understand how to seek medical help in the pandemic era, educate their kinsmen on preventive measures from the COVID-19 disease, among others.

World Health Organization (2020) asserts that individual should seek health information in order to know how to protect yourself and others from COVID-19, what to do to keep yourself and others safe from COVID-19, how to make your environment safer, how to inculcate the habit of basics of good hygiene, what to do if you feel unwell, how to identify COVID 19 symptoms in case an individual is feeling unwell, how to visit healthcare facilities safely and how to get treated if infected with COVID 19 among others. It is however worthy of note that there are some challenges faced by the IDPs in their quest to look for information to satisfy their needs. On factors militating against the information searching process of the IDPs, Sambo (2017) found that the factors affecting the IDPs information seeking behavior is problem of lack of fund 97%, 95% irregular medical care, 94% lack of accommodation/ lack of food, 92% poor living condition, 87% exposure to violence/abuse, 86% corruptions, 74% government policies, 60% sexual abuse, 50% among others. Ebrahim, Saif, Buheji, Albasri, Al-Husaini, and Jahrami (2020) also found that the highest rated restricting obstacle to COVID-19 information seeking was the spread of rumors followed by the massive information about the disease i.e. too many information about the disease while the study found that the least rating was

for the obstacle of difficulty to understand the scientific content and that shared information seems psychologically distressing.

## Methodology

A descriptive survey method was adopted for the study. Questionnaire was the instrument used for data collection. The population of this study is made up of twelve thousand adults (12,000) who were physically present in eight IDP camps in Federal Capital Territory, Abuja, Nigeria. The names of the camps that were visited by the researchers are IDPs camp New Kuchigoro, IDPs camp Dagba, IDPs camp Lugbe, IDPs camp Kuje, IDPs camp Gidadaya, IDPs camp Orozo, IDPs camp Apo and IDPs camp Gwarimpa. A total of one thousand two hundred (1,200) representing 10% of the total population was selected using random sampling technique to form the sample size for the study. The researchers trained two (2) research assistant that joined in the distribution and also helps to explain the questionnaire items to the IDPs where they are confused as well as the retrieval of the questionnaires after completion to ease the questionnaire gathering process. 1, 200 questionnaires were therefore administered to the respondents and 846 copies were duly completed and found usable. Thus, there was 71% response rate. The data collected was analyzed using tables, percentages and frequency distribution.

## Result and Discussion of Findings

**Table 1: Distribution of respondents by age**

| S/N | Age Group    | Frequency  | %          |
|-----|--------------|------------|------------|
| 1   | 18-32        | 172        | 20         |
| 2   | 33-47        | 371        | 43         |
| 3   | 48-62        | 209        | 24         |
| 4   | 62 and above | 112        | 13         |
|     | <b>Total</b> | <b>864</b> | <b>100</b> |

Table 1 revealed that 371(43%) representing majority of the adults IDPs in federal capital territory, Abuja are within the age bracket of 33-47 years of age, followed by 209(24%) of them who are within the age bracket of 48-62 years. 172(20%) of the respondents are within the age bracket of 18-32 years while 112(13%) of them are 62 years old and above. This means that majority of the adults' male and female in IDPs in federal capital territory, Abuja are within the age bracket of 3-47 years.



**Table 2: Distribution of respondents by gender**

| S/N      | Gender       | Frequency  | Percentage |
|----------|--------------|------------|------------|
| 1        | Male         | 290        | 34         |
| 2        | Female       | 574        | 66         |
| <b>3</b> | <b>Total</b> | <b>864</b> | <b>100</b> |

Table 2 revealed that 290(34%) of the respondents are male while 574(66%) representing majority of them are female. This means that there are more female IDPs in federal capital territory, Abuja than their male counterparts.

**Table 3: COVID 19 Information needs of IDPs**

| COVID 19 Information needs  | Frequency | Percentage |
|---|-----------|------------|
| Information on COVID 19 symptoms.   | 864       | 100        |
| Information on how COVID 19 spread  | 864       | 100        |
| Information on preventive measures against COVID 19   | 864       | 100        |
| Information on causes of COVID 19 virus   | 864       | 100        |
| Information on drugs combination for COVID 19 self treatment                                | 524       | 61         |
| Information on drug dosage for COVID 19 treatment   | 601       | 70         |
| Information quarantine procedures   | 342       | 40         |
| Information on self isolation procedure   | 329       | 38         |
| Information on how to get medical attention should anyone be confirmed infected in the camp | 864       | 100        |
| Information on government regulation concerning COVID 19                                    | 503       | 58         |

Table 3 shows that 864(100%) representing all the respondents indicated that they need COVID 19 information on symptoms of COVID 19, know how it spreads, preventive measures against COVID 19, know the causes of the virus and know how to get medical attention should anyone be confirmed infected at the IPD camp. This was followed by 601(70%) of the respondents who indicated that they need COVID 19 information on drug dosage for COVID 19 self treatment, 524(61%) of them need the

information on drug combination that will be effective for treating COVID 19 cases why 503(58%) of them indicated that they need COVID 19 information to know government regulations on COVID 19. However, only 342(40%) and 329(38%) of the respondents indicated that they need COVID 19 information on quarantine and self isolation procedures respectively. This means that the COVID 19 information needs of the IDPs in federal capital territory in top rank is information on symptoms of COVID 19, how it spreads, preventive measures against COVID 19, the causes of COVID 19 and how to get medical attention should anyone be confirmed infected at the IPD camp followed by information on drug dosage for COVID 19 treatment, information on drugs combination for COVID 19 self treatment and information on government regulation concerning COVID 19.

**Table 4: Sources of COVID 19 information available to IDPs**

| Sources of COVID 19 Information         | Frequency | Percentage |
|---|-----------|------------|
| Daily newspapers                        | 209       | 24         |
| Friends and family at the camp          | 864       | 100        |
| Health workers i.e. doctors and nurses  | 438       | 51         |
| Internet                                | 608       | 70         |
| WHO and NCDC websites                   | 345       | 40         |
| Radio                                   | 703       | 81         |
| Television                              | 339       | 39         |
| Social Media e.g Facebook and WhatsApp. | 723       | 84         |

Table 4 shows that 864(100%) representing all the respondents indicated that they get COVID 19 from friends and family at the IPD camp, 723(84%) of them get COVID 19 information from social media such as Facebook and WhatsApp, 703(81%) of them indicated that they get information on COVID 19 from the radio, 608(70%) of them indicated that they get COVID 19 information from the Internet and 438(51%) of them indicated that they get COVID 19 information from health workers such as doctors and nurses. However, only 345(40%) of the respondents indicated that they get COVID 19 information from WHO and NCDC websites, only 339(39%) of them indicated that they get COVID 19 information from television while just 209(24%) of them indicated that they get COVID 19 information from daily newspapers. This means that the major sources of COVID 19 information available to IDPs in the federal capital territory include: Friends and family at the camp; Social media such as Facebook and WhatsApp; Radio; Internet and health workers i.e. doctors and nurses.

**Table 5: Usage of COVID 19 Information by the IDPs**

| <b>Usage of COVID 19 Information</b>  | <b>Frequency</b> | <b>Percentage</b> |
|---|------------------|-------------------|
| To be able to know COVID 19 symptoms  | 849              | 98                |
| To know how to be prevented from being infected with COVID 19                     | 832              | 96                |
| To know how to self isolate   | 321              | 37                |
| To know how to quarantine infected persons  | 345              | 40                |
| To know the drugs combination for self treatment in case of infection             | 756              | 86                |
| To know how to reach out to health workers in case of suspected COVID 19 patients | 801              | 93                |
| To know how to maintain social distancing in camp                                 | 344              | 40                |

Table 5 revealed that 849(98%) representing majority of the respondents use the information they get on COVID 19 to know the symptoms of the virus, 832(96%) of them use COVID 19 information to know to prevent themselves from being infected with the virus, 801(93%) of them use COVID 19 information to know how to reach out to health workers in case of suspected COVID 19 patients, 756(86%) of the respondents use COVID 19 information for the purpose of knowing the drugs combination for self treatment in case of infection. However, 344(40%) of the respondents indicated that they use COVID 19 information to know how to maintain social distancing in IDP camp, 345(40%) of them use COVID 19 information for the purpose of knowing how to quarantine infected persons while only 321(37%) of the respondents indicated that they use COVID 19 information for the purpose of knowing how to self isolate. This means that the major use of COVID 19 by IDPs in federal capital territory, Abuja is to: know the symptoms of the virus; know to prevent themselves from being infected with the virus; know how to reach out to health workers in case of suspected COVID 19 patients and knowing the drugs combination for self treatment in case of infection.

**Table 6: Barriers to COVID 19 information access by IDPs**

| <b>Barriers to COVID 19 information access in IDPs camp</b>  | <b>Frequency</b> | <b>Percentage</b> |
|--|------------------|-------------------|
| Too many information on COVID 19                             | 821              | 95                |
| Lack of access to television at the camp                     | 839              | 97                |
| Lack of ICT facilities to browse the Internet                | 693              | 80                |
| Lack of frequent visitation to the camps by health officials | 851              | 98                |
| Distorted information from friends and family at the camp    | 822              | 95                |
| Movement restriction by the government                       | 789              | 91                |

Table 6 revealed the barriers to COVID 19 information access in IDP camps. 851(98%) of the respondents indicated that lack of frequent visitation to the camps by health official is barrier followed by 839(97%) of them who indicated that lack of access to television at the camp is a barrier to their information access, 822(55%) of them indicated that distorted information from friends and family at the camp is a barrier, 821(95%) of them also indicated that too many information on COVID 19 is a barrier to their information access, 789(91%) of them indicated that movement restriction by the government is a barrier to their information access and 693(80%) of them indicated that lack of ICT facilities to browse the Internet is a barrier to their information access. This means that, lack of frequent visitation to the camps by health official, lack of access to television at the camp, distorted information from friends and family at the camp, too many information on COVID 19, movement restriction by the government and lack of ICT facilities to browse the Internet are all barrier to information access by the IDPs in federal capital territory, Abuja, Nigeria.

### **Discussion of Findings**

**Table 1** reveal clearly that majority of the IDPs 371(43%) of them are within the age bracket of 33-47 years of age while **Table 2** shows clearly that there are more female adults than their male counterparts in the IDPs camps in federal capital territory Abuja as 524(66%) representing majority of the respondents are female. **Table 3** vividly revealed that the COVID 19 information needs of the IDPs in federal capital territory in top rank is information on symptoms of COVID 19, how it spreads, preventive measures against COVID 19, the causes of COVID 19 and how to get medical attention should anyone be confirmed infected at the IPD camp followed by information on drug dosage for COVID 19 treatment, information on drugs combination for COVID 19 self treatment and information

on government regulation concerning COVID 19. This is in line with the finding of Ebrahim, Saif, Buheji, Albasri, Al-Husaini, and Jahrami (2020) who found that parents need information about COVID-19 transmissibility, symptoms, treatment, and complications. This findings of the study further revealed that respondents also agreed that they need information on proper way of doing self-quarantine, response to a COVID-19 suspected family member, COVID-19 prevention and protection measures, diet for promoting immune system, physical activity during COVID-19 outbreak as well as how to manage the family time during the COVID-19 outbreak. **Table 4** revealed that the major sources of COVID 19 information available to IDPs in the federal capital territory include: Friends and family at the camp; Social media such as Facebook and WhatsApp; Radio; Internet and health workers i.e. doctors and nurses. This was also validated by the findings of Ebrahim, Saif, Buheji, Albasri, Al-Husaini, and Jahrami (2020) while discussing the sources of COVID 19 information found that the major sources of COVID 19 information as revealed through his study are social media accounts of official health organizations such as the World Health Organization (WHO), Nigerian Centre for Diseases Control (NCDC) etc; health care professionals such as Doctors, Nurses, midwives etc; newspaper; friends and family; radio and other broadcast media and social media.

Also, **Table 5** revealed that the major use of COVID 19 by IDPs in federal capital territory, Abuja is to: know the symptoms of the virus; know to prevent themselves from being infected with the virus; know how to reach out to health workers in case of suspected COVID 19 patients and knowing the drugs combination for self treatment in case of infection. This is in agreement with the Efe (2020) who found that respondents indicated they use the COVID-19 information they seek to educate family members/ friends about current news on COVID-19, stop the spread of COVID-19 by observing precautionary measures, abide by government policies on COVID-19, understand how to seek medical help in the pandemic era, educate their kinsmen on preventive measures from the COVID-19 disease, among others. **Table 6** clearly highlighted that, lack of frequent visitation to the camps by health official, lack of access to television at the camp, distorted information from friends and family at the camp, too many information on COVID 19, movement restriction by the government and lack of ICT facilities to browse the Internet are all barrier to information access by the IDPs in federal capital territory, Abuja, Nigeria. This is in tandem with Ebrahim, Saif, Buheji, Albasri, Al-Husaini, and Jahrami (2020) who found that the highest rated restricting obstacle to COVID-19 information seeking was the spread of rumors followed by the massive information about the disease i.e. too many information about the disease while the study found that the least rating was for the obstacle of difficulty to understand the scientific content and that shared information seems psychologically distressing.

## **Conclusion and Recommendations**

Individuals all over the world need information to survive, particularly in the period of the emergence and spread of COVID 19 pandemic that has taken the world by surprise. IDPs are however not left behind as they also need timely information to protect themselves and families from being infected with the virus as they are more vulnerable due to the exposure of the camp where they live. The IDPs therefore need information on the symptoms of COVID 19, how it spreads, preventive measures against COVID 19, the causes of COVID 19 and how to get medical attention should anyone be confirmed infected at the IDP among others. This information they get from sources such as friends and family at the camp, social media such as Facebook and WhatsApp, radio, Internet and health workers i.e. doctors and nurses. The IDPs use the information they get for the purpose of: knowing the symptoms of the virus; knowing how to prevent themselves from being infected with the virus; knowing how to reach out to health workers in case of suspected COVID 19 patients and knowing the drugs combination for self treatment in case of infection.

Despite the need for information for self protection and survival by the IDPs, some factors still stand as barriers to their access to information. Such barriers are lack of frequent visitation to the camps by health officials, lack of access to television at the camp, distorted information from friends and family at the camp, too much information on COVID 19, movement restriction by the government and lack of ICT facilities to browse the Internet. In spite of the barriers to information access by the IDPs, they still seek information to protect themselves and families from being infected with the deadly virus as they have little or no defense and medical attention at their camp due to circumstances beyond their control.

In view of the foregoing, the following recommendations were made:

1. Efforts should be made by the Federal government of Nigeria to pay special attention to the information needs of the IDPs and devise necessary means of getting timely and accurate information across to them as this will help to keep them up to date about information on COVID 19.
2. Health workers such as doctors and nurses should be deployed for visitation to IDPs camp at least twice in a week as this will help the IDPs to seek for information and possibly have them tested and confirm their health status as far as COVID 19 is concerned.
3. ICT and facilities should be made available by the government and the NGOs as this will help the IDPs to have access to Internet and social media platform where COVID 19 information are always being circulated.

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