

Students' Perception and Adjustment towards the COVID-19 New Normal in Universities in Cross River State

¹Jennifer Uzoamaka Duruamaku-Dim
jenduruamaku@gmail.com

¹Obaya Effiong Bassey
obayabassey@gmail.com

¹Sampson Ifeanyi Owor
oworify@gmail.com

¹Pamela Njinse Ekuri
Pamelaekuri24@gmail.com

¹Department of Guidance and Counselling
University of Calabar, Calabar



Abstract

The study adopted the descriptive survey design to assess the perception and adjustment of students towards the new normal of COVID-19 in universities. Three research questions and two null hypotheses guided the study. A total of 3,553 regular undergraduate students in the Faculty of Education of the three universities in Cross River State constituted the study's population. The cluster and simple random sampling techniques were employed to select 1,421 undergraduates, representing 40 per cent of the study's population. Data were collected using the "Students' Perception and Adjustment Questionnaire" (SPAQ) designed by the researchers, validated by experts, with Cronbach reliability coefficients of .87 and .93 for the two sub-domains respectively. Copies of the instrument were administered to the respondents with 1,403 properly filled and returned copies. Collected data were subjected to statistical analysis using both descriptive and inferential techniques. It was found that students reported significantly low extents of perception and adjustment to the new normal in universities; students' perception has no significant contribution to their adjustment to the new normal in universities. Based on the findings, it was recommended, inter alia, that counselling services be rendered to university students to change their notion or perception of the new normal.

Keywords: adjustment, COVID-19, perception, students, universities

Introduction

The COVID-19 pandemic is a worldwide coronavirus disease 2019 (COVID-19) pandemic caused by coronavirus 2 (severe acute respiratory syndrome [SARS-CoV-2]). In December of 2019, the virus was discovered in Wuhan, China for the first time. On January 30, 2020, the World Health Organization declared a Public Health Emergency of International Concern; and on March 11, 2020, it was declared as a pandemic. According to Centre for Disease Control (2021), COVID-19 is one of the worst pandemics in history, with more than 178 million confirmed cases and more than 3.87 million confirmed fatalities worldwide as of June 22, 2021. In Africa, according to the reports from Africa Centre for Disease Control (Africa CDC, 2021),

there are a total of 5,235,282 confirmed cases, 138,192 deaths, 4,643,825 recoveries and 51,050,389 tests conducted. According to the same source, West Africa has a total number of 481,670 confirmed cases, 6,375 deaths, 463,467 recoveries and 7,503,948 tests conducted. According to the data from Nigeria Centre for Disease Control (NCDC) (2020), the total number of confirmed cases in Nigeria is 167,039; total recoveries is 164,116; deaths stand at 2,118; total doses given is 2,659,153; total number of individuals that have received full vaccination stands at 680,345, representing 0.33% of the total population.

COVID-19 symptoms vary greatly in severity, ranging from undetectable to life-threatening. COVID-19 individuals who are older or have underlying medical problems are more prone to develop severe sickness. COVID-19 is spread via the air when droplets and tiny airborne particles pollute it. Breathing them in is most dangerous when individuals are close together, but they may also be breathed across greater distances, especially indoors (Owan et al., 2021a). Transmission can also happen if one is splashed or sprayed with infected fluids, or if one gets it in one's eyes, nose, or mouth, or if one comes into contact with contaminated surfaces. People can be infectious for up to 20 days after contracting the virus, and they can spread it even if they do not show any symptoms (Centre for Disease Control and Prevention [CDC], 2020; 2021). Since December 2020, many vaccinations have been produced and extensively disseminated in most industrialized countries. Current therapies are aimed at alleviating symptoms, but researchers are working on developing antiviral drugs. Travel restrictions, lock downs and quarantines, occupational hazard measures, and company closures have all been implemented by authorities across the world (Aslam et al., 2021).

Several governments have also tried to expand testing capacity and track affected people's contacts (National Health Service [NHS], 2021). The epidemic has caused widespread social and economic upheaval, including the worst worldwide recession since the 1930s' Great Depression (Gopinath, 2020). Widespread supply shortages have resulted, which have been compounded by panic purchasing, agricultural disturbance and food shortages. This has caused a reduction in the pollution and greenhouse gas emissions.

Many educational institutions and public spaces have been shuttered in part or whole, and many activities have been cancelled or rescheduled (Aslam et al., 2021; Owan et al, 2021b). Misinformation has spread through social media and the mainstream media, exacerbating political tensions. The epidemic seems to have brought up problems of racial and regional discrimination, health fairness, and finding a balance between public health and individual rights. All of these restrictions, changes to activities and regulations ushered in a "new normal" in the behaviour of individuals the world over. This is a "new normal" because such regulation and expected behaviours were not advocated before the pandemic. According to Wikipedia (2021), a new normal is a condition in which an economy, society, or other entity settles after a crisis when it differs from the scenario that existed before the crisis' onset. The phrase has been used to describe events such as World War I, the 2007-2008 financial crisis, the September 11 attacks, the aftermath of the worldwide recession from 2008 to 2012, the COVID-19 epidemic, and others (Asonye, 2020).

Some of the new normal practices expected of students and other individuals include social and physical distancing, regular handwashing, wearing a face mask, practising safe food handling, practising mindfulness and stress relief, daily, mandatory self-assessment for all employees of possible coronavirus symptoms, isolation at home and testing (if needed) for individuals with recent travel history, maintaining close contacts with COVID-19 support team in case of emergency, understanding who's at risk and so on (Maragakis, 2020; Owan et al., 2021b). Furthermore, Owan et al (2021a) added that social distance, wearing face masks in public, ventilation and air filtration, hand washing, covering one's mouth while sneezing or coughing, cleaning surfaces, and monitoring and self-isolation for those exposed or sick are all recommended preventive methods. Thus, it is expected that individuals adjust their behaviours and practices to reflect these new norms. However, the extent to which individuals especially students perceive these guidelines may affect their acceptance and willingness to adhere to them. This may, in turn, affect the extent to which the spread of the virus can be mitigated.

It is important to consider university students' perspective because they are at liberty to make decisions without the interference of parents (Arop et al., 2019; Intraboonsom et al., 2020; Jackson, 2020; Lorenzoni et al., 2021; Martins et al., 2020; Owan & Robert, 2019; Owan et al., 2020). The freedom they enjoy could put them at risk if they follow unacceptably or display irresponsible behaviour towards the new normal occasioned by the COVID-19 pandemic. Based on this position, it is important to understand the perception and adjustment of university students to the new normal of COVID-19.

Some researchers have focused on the protective measures that have been put in place (Chien & Law, 2003; Tse et al., 2006; Verbeek et al., 2020), but the descriptive nature of these studies does not give a theoretical viewpoint on how students might respond to a worldwide pandemic. The cross-sectional study of Oyeyemi et al. (2020) discovered that a large majority of respondents had a proper understanding of COVID-19. According to the findings, 84.1 per cent of people did not believe they were in danger of getting COVID-19, 81.0 per cent avoided crowded locations, and 61.3 per cent cleaned their hands often. In terms of attitudes, the results showed that 19% of respondents had recently visited crowded places; 38.7% did not wash their hands with soap under running water very often; 37 per cent rarely or never used hand sanitisers; 64 per cent did not wear face masks; 87.5 per cent followed the government's "stay at home" policy to prevent the spread of the virus.

In terms of perception, Oyeyemi et al. (2020) discovered that about 20% and 50% of respondents, respectively, were unaware of the relationship between COVID-19 and chronic illnesses and obesity, which is concerning. This is because it is well documented that senior individual with chronic illnesses and obesity should take extra care to prevent contracting COVID-19 since they are more prone to acquire COVID-19-related issues (Guan et al., 2020; Zhou et al., 2020). Another source of worry is the significant percentage of respondents who felt that antibiotics could be used to treat COVID-19 and those who did not realize that antibiotics could not be used to treat COVID-19 (Oyeyemi et al., 2020). Participants in recent research in Saudi Arabia and China exhibited the relatively same level of confidence (Al-Hanawi et al., 2020; Zhong et al., 2020). These two types of people may become victims of antibiotic misuse. It is distressing to learn that some people assume COVID-19 is a sickness of

the wealthy. This group of people is unlikely to follow the COVID-19 preventive instructions, which might jeopardize present efforts to combat this highly infectious illness.

In another study, Khader et al. (2020) assessed Jordanian dentists' awareness, interpretation, and attitudes around coronavirus disease (COVID-19) and infection management. Jordanian dentists were found to be familiar with COVID-19 symptoms, modes of transmission, infection management, and precautions in dental clinics. Dentists, on the other hand, are unaware of the additional safeguards in place to protect dental workers and other patients from COVID-19. State and worldwide dental organisations should provide national and international recommendations to all licensed dentists during an epidemic, such as the COVID-19 pandemic, to guarantee that dentists are trained. As a result of the quick spread of COVID-19, a significant percentage of the Italian population engaged in incompatible behaviours with preventative health interventions, according to Roma et al. (2020). While public acceptance of authorities' suggested preventive health actions is critical for monitoring the results of an infectious disease epidemic (van der Weerd et al., 2011), behavioural changes will have a significant qualitative and quantitative impact on infection transmission (Poletti et al., 2011).

Insufficient awareness of infectious illnesses, according to Aldohyan et al. (2019), might lead to ineffective infection control and precautionary measures. As a result, delivering COVID-19 educational activities might raise awareness and enhance infection management and prevention. However, while evaluating past research, it is important to keep in mind that they utilized different techniques and subjects, which might influence awareness and perception levels. This suggests that more research on awareness and perception using a validated instrument is needed. This is one of the gaps that the current study sought to fill based on the demographics of Nigerian university students. Based on this observation, Roma et al. (2020) studied psychological and psycho-social variables that may impact behavioural compliance. Machine learning techniques were used to figure out who was more likely to take safety precautions. Behavioural conformance was shown to be somewhat lower than efficacy interpretation. Risk perception and public perceptions act as moderators, reducing the effect of self-medicating efficacy.

Depending on risk assessment and public engagement, the perceived efficacy of proposed behaviours varied. The perceived efficacy of a range of general health interventions, such as physical activity, vaccinations, and psychiatric outpatient medication adherence, has been researched (Brown, 2005; Mo et al., 2019). Perceived potency has also been studied in the context of earlier epidemics/pandemics like H1N1, and the most recent COVID-19 outbreak, with results suggesting that it is one of the greatest determinants of compliance with preventative health behaviours (Pollak et al., 2020; Rezaeipandari et al., 2018). Previous reports (Gadarian et al., 2020; Maekelae et al., 2020) examined people's commitment/resistance to preventative activities, their perceived efficacy of the measures, and what variables affected support. According to these findings, people favour COVID-19 prevention measures in the first few weeks but are strongly opposed in the subsequent weeks.

According to Pan et al. (2020), self-reported consistent face mask usage in public locations was 95.7%, while hand sanitization after returning from public spaces or handling public

installations was 70.9%. After controlling for significant background factors, higher information from television, journals, and magazines was associated with improved sleep quality and hand sanitizing compliance. Hand cleanliness regulation has been connected to increased exposure in informal internet media. Similarly, in recent Nigerian research, Yusuf et al. (2021) studied students' behavioural compliance with COVID-19 requirements, as well as variables predicting such action. Three mental frames evolved based on the likelihood of these habits occurring: cautious, hesitant, and obstinate attitudes. The data revealed that the obstinate position was the most prevalent among the behavioural frames, with some degree of variation between the hesitant and cautious frames. The Ordinary Least Square (OLS) model of the study found that perceived health threat, perceived consistency of advice, obligation to respect the law, spiritual alignment, emotional state, and impulsivity all significantly predict students' behavioural compliance with the COVID-19 guideline.

Van Rooij et al. (2020) used COVID-19 reduction metrics to assess the level of adherence in the United States. The authors observed that while cognitive deterrence was not related to conformity, the latter did depend on people's competence to obey laws, chance to violate codes, self-control, moral motivation, and social norms, using an online survey conducted on 570 individuals across 35 states. Furthermore, Zettler et al. (2020) investigated whether factors impact people's acceptance of personal constraints imposed by COVID-19 regulations and procedures. The main demographic characteristics affecting acceptability of personal limitation, according to their findings, are socioeconomic position, perceived health threat, and age. Although self-reported tests are widely used to assess many aspects of human behaviour, their relevance is difficult to ascertain (Gram, 2010; Brill & Schwab, 2019), and they are susceptible to response bias in many situations (Folmer et al., 2020). Creswell (2014) emphasized that observing participants' activities in real-world settings yield more accurate data in this regard.

Shiina and Kobori (2021) utilized an online poll to conduct a cross-sectional study to investigate between-country differences in COVID-19 interpretation, attitude, and safety preventive behaviours. According to the findings, awareness, fear, and the prevalence of preventative practices were greater in the United Kingdom and Spain than in Japan. Participants who have known sick persons were more fearful about COVID-19. Individuals in the United Kingdom, on the other hand, hardly ever used a protective mask. COVID-19 piqued the interest of subjects in the United Kingdom and Spain more than those in Japan. Respondents in Spain did not appear to trust official expertise and instead relied on expert opinions.

On COVID-19 contamination, four particular non-pharmaceutical activities National Provider Identifiers (NPIs) (handwashing, proper cough techniques, social distance, and mask-wearing), and overall risk perception, understanding, attitude, and other social demographic factors were examined by Xu et al. (2020). According to the findings, 0.73 per cent of the 8,158 people tested positive for COVID-19. The majority of respondents had a positive attitude, a positive risk assessment, and high knowledge levels, which were among the strongest predictors of the four NPIs employed (handwashing, 96.8 per cent; appropriate coughing, 93.1 per cent; social distance, 87.1 per cent; 97.9% of people wear masks). Many people who did not wash their hands, coughed improperly, did not practice social distance or did not use a mask were more

likely to develop COVID-19. When compared to those who did not use a face mask, those who practised the three other NPIs had a somewhat reduced risk of contamination when wearing a mask. Similarly, wearing a mask was associated with a slightly reduced risk of infection among individuals who did not follow all or half of the other three NPIs. In a penalized logistic regression model that included all four NPIs, wearing a mask was the sole significant indicator of COVID-19 contamination.

Al-Dossary et al. (2020) investigated nurses' demographic information on COVID-19 awareness, attitudes, prevention, and views during the epidemic in Saudi Arabia. The findings revealed that nurses were aware of COVID-19 and had a favourable opinion of it. This might be because the Ministry of Health's website is regularly updated, and healthcare professionals are required to be informed of COVID-19 changes, according to the authors. Another explanation might be the experience of Saudi Arabian nurses with prior coronavirus illnesses like MERS (Rabaan et al., 2020). As a result, the lessons gained in treating these illnesses may help nurses plan for, adapt to, and respond to any disease epidemic. Nurses in other countries with COVID-19 outbreaks, such as Iran (Taghrir et al., 2020), Saudi Arabia (Alsahafi & Cheng, 2016), and Korea (Kim, 2018) with MERS-CoV, had greater perception and awareness levels, according to studies.

In terms of perception of COVID-19 illnesses, Anyanti et al. (2020) found that the majority of respondents (90.4 per cent) had the correct impression of the disease, indicating that they were aware of the disease's presence and were not unaware of its transmission pathway. COVID-19 is real in Nigeria, according to less than 10% of responders who are neither agreeing nor disagreeing (5.7 per cent). It was also revealed that 95.9% of the respondents believe that early diagnosis of the condition might aid in better treatment and prognosis. Furthermore, the majority agree that people must tell healthcare practitioners about their recent travel history (96.4 per cent). Many respondents (96.5%) thought that wearing a face mask that covers the mouth and nose is critical for preventing COVID-19 illness transmission. More than half of the participants felt that wearing a face shield while not wearing a facemask is insufficient to prevent COVID-19 transmission (51.6 per cent). Wearing a facemask and keeping a social distance is highly essential in preventing transmission, according to at least 6 out of 10 individuals (62.1 per cent).

Carlucci et al. (2020) evaluated the degree to which quarantine rules were followed. According to the findings, respondents followed quarantine instructions from a medium to a high degree, as evaluated by a single interval indicator. Covering the mouth or nose (when sneezing or coughing) and keeping at least one metre of distance (also known as social distancing measure) were the most frequently used preventive behaviours (78.5 and 70.6 per cent, respectively), followed by handkerchief (54.5 per cent) and handwashing with soapy water or alcohol-based solution (40.8 per cent) (35.7 per cent). Cleaning surfaces was the least common protective behaviour among respondents (26.2 per cent of "always" replies). Avoidance of gatherings (92.8 per cent), handshake/hug (76.8%), doing outdoor activities alone in a public location (77.3 per cent), and sharing of glasses and bottles (61.3 per cent) were the most common protective behaviours undertaken by participants. Less crucially, 18% of the participants avoided touching their eyes or lips with their hands. Finally, just 0.9 per cent of individuals

who are managing illness behaviours use antiviral medications even if they are not medically recommended, compared to 5.4 per cent who have a medical prescription. The following were the reasons given by respondents for going out: working demands account for 8.5 per cent, 23.9 per cent for seeking medical treatment or going to the pharmacy, 9.7% for requirements (getting food), 1% for aiding families, and 5% for the physiological needs of one's domestic animal.

Bodas and Peleg (2020) performed a cross-sectional study in Israel to assess self-isolation compliance among a sample of 563 people. Public compliance rates with self-quarantine were evaluated in particular, depending on whether lost earnings would be reimbursed. The compliance rate was 94% when remuneration was anticipated. When compensation was eliminated from the equation, the compliance rate fell to less than 57%. According to the findings, providing individuals with guarantees regarding their livelihoods during self-quarantine is a crucial part of adhering to public health rules. Finally, the survey found that 58% of respondents stated they would report someone who violated COVID-19 standards, while 7% said they would not. The remaining 35% were undecided about whether or not they would follow through on the call to report persons who broke such laws. It was also shown that 53% of respondents had a high degree of faith in the Ministry of Health's public health instructions during the COVID-19 epidemic, 33% had a moderate level of trust, and 15% had a low level of trust. Furthermore, 69 per cent of respondents said that enforcing criminal penalties against persons who did not self-quarantine would enhance compliance with the law.

Objectives of the study

The main purpose of the study is to assess the perception and adjustment level of students towards the new normal in universities in Cross River State. Specifically, the study was designed to assess:

1. The nature and extent of students' perception of the new normal in universities
2. The practices and extent of adjustment to the new normal in universities
3. The contribution of students' perception to their adjustment to the new normal in universities.

Research questions

1. What are the perceptions of students towards the COVID-19 new normal in universities in Cross River State?
2. What is the extent to which students have adjusted to the COVID-19 new normal in universities in Cross River State?
3. What is the contribution of students' perception to their adjustment to the COVID-19 new normal in universities in Cross River State?

Hypotheses

Ho1: The extent of students' perception of and adjustment to the COVID-19 new normal in universities is not significantly low.

Ho2: There is no significant contribution of students' perception to their adjustment towards the COVID-19 new normal in universities.

Methodology

The research design employed in this study was the descriptive survey research design under the quantitative research method. The population of this study comprised 3,553 regular undergraduates' students in the Faculty of Education, distributed across the three universities in Cross River State. The cluster and simple random sampling techniques were employed by the researchers to select a total number of 1,421 undergraduates, representing 40 per cent of the study's population. The sample distribution of the study is as follows: University A = 1084; University B = 252; University C = 85. The names of these universities were masked for confidentiality.

Data for this study were collected using a questionnaire that was designed by the researchers. The questionnaire was entitled: "Students' Perception and Adjustment Questionnaire" (SPAQ). The questionnaire was composed of two sections – A and B. While section A elicited respondents' data, section B was dedicated to assessing the perception and adjustment of students towards the new normal occasioned by the COVID-19 pandemic. Section B of the SPAQ had two domains, each comprising of 10 four-point Likert scale items. The two domains were both designed to assess students' perception and adjustment respectively. The face and content validity of the instrument was determined by five experts (three measurement and two health education experts) all of the University of Calabar, Nigeria. The instrument was subjected to a reliability analysis based on the Cronbach Alpha approach after a trial test was conducted on 30 undergraduates who were part of the population but not the sample. Reliability coefficients of .87 and .93 for the two domains respectively were obtained. This indicates that the instrument was internally consistent and dependable for data collection.

Ethical clearance to conduct the research was obtained from the Ethics committee of the University of Calabar. Before the administration of the instrument, the researchers sought the voluntary consent of all the targeted respondents to participate in the study. The objectives of the study, implications, and how the data collected shall be treated before publication were all explained. After seeking their voluntary participation, 1,411 students consented to participate in the study. Copies of the instrument were administered to the interested respondents. However, 1,403 students properly filled and returned copies of the instrument offered to them. Collected data were subjected to statistical analysis using both descriptive and inferential techniques.

Presentation of results

Research question 1: What are the perceptions of students towards the COVID-19 new normal in universities in Cross River State?

The result of the analysis presented in table 1 revealed, on a general note, that students maintain a low perception of the COVID-19 new normal in universities. Specifically, many students of universities had the perception that the lockdown policy of the government can assist in reducing the spread of the virus; COVID-19 is for the rich people, the common man should continue his daily activities as usual; there is nothing like COVID-19 in Nigeria; students should not be made to wash their hands regularly while in school; COVID-19 protocols in

Nigeria are political tools used by the government to deceive her citizens; constant use of alcohol-based hand sanitizers is just a waste of time. However, a high perception was shown by the majority of the students who believed that maintaining social distance is a good practice for students to reduce the spread of the virus; the use of face mask can prevent COVID-19 from spreading if it is real; there are no enabling factors in the universities to promote students' adjustment to COVID-19 protocols; the use of handkerchief cannot serve the same purpose as recommended nose mask.

Table 1: Extent of students' perception of the COVID-19 new normal in universities

S/N	ITEMS	SA %	A %	D %	SD %	\bar{x}	S
1	Maintaining social distance is a good practice for students to reduce the spread of the virus	497 35.4	398 28.4	265 18.9	243 17.3	2.82	1.10
2	The use of a face mask can prevent COVID-19 from spreading if it is real	428 30.5	425 30.3	267 19.0	283 20.2	2.71	1.10
3	There are no enabling factors in my university to promote students' adjustment to COVID-19 protocols	340 24.2	323 23.0	351 25.0	389 27.7	2.56	1.13
4	The use of a handkerchief cannot serve the same purpose as recommended nose mask	357 25.4	354 25.2	351 25.0	341 24.3	2.52	1.12
5	The lockdown policy of the government can assist in reducing the spread of the virus	330 23.5	360 25.7	366 26.1	347 24.7	2.48	1.10
6	COVID-19 is for the rich people, the common man should continue his daily activities as usual	388 27.7	347 24.7	334 23.8	334 23.8	2.44	1.13
7	I am very sure that there is nothing like COVID-19 in Nigeria	578 41.2	372 26.5	251 17.9	202 14.4	2.05	1.08
8	Students should be made to wash their hands regularly while in school to promote safety	216 15.4	206 14.7	275 19.6	706 50.3	1.95	1.12
9	COVID-19 protocols in Nigeria are political tools used by the government to deceive its citizens	702 50.0	282 20.1	227 16.2	192 13.7	1.94	1.10
10	Constant use of Alcohol-based hand sanitizers is just a waste of time	672 47.9	352 25.1	212 15.1	167 11.9	1.91	1.05
Average (Overall perception)						2.34	1.10

$\mu = 2.50$; \bar{x} = Sample mean; S = Sample Standard Deviation

SA = Strongly Agree; A= Agree; D = Disagree; SD = Strongly Disagree

Research question 2: What is the extent to which students have adjusted to the COVID-19 new normal in universities in Cross River State?

The result presented in table 2 revealed generally, that the extent of students' adjustment to the COVID-19 new normal in universities is low. Specifically, many students reported a low extent of adjustment in the avoidance of touching sensitive parts of their bodies such as eyes, nose, and mouth with unwashed hands; impossibility to maintain some days of self-isolation after a

recent travel history; unwillingness to segregate course mates by sitting far from them in the classroom especially close friends; difficulty in always putting on a facemask whenever they are in crowded places in the school; not getting used to washing their hands on arrival at school every day; often struggling to distance themselves from colleagues during academic activities such as note-taking, test, exams, among others; often finding it difficult to make use of alcohol-based hand sanitizers in school; not getting used to refusing every form of direct handshake except the use of knuckles; difficulty in washing their hands regularly in school because they are not used to it. Nevertheless, the report of many students shows that they have adjusted to coughing into flexed elbow when they are with friends in school.

Table 2: Extent of students' adjustment to the COVID-19 new normal in universities

S/N	ITEMS	SA %	A %	D %	SD %	\bar{x}	S
1	I usually struggle coughing into flexed elbow when I am with friends in school	367 26.2	331 23.6	338 24.1	367 26.2	2.50	1.14
2	I always avoid touching sensitive parts of my body such as eyes, nose, and mouth with unwashed hands	269 19.2	240 17.1	319 22.7	575 41.0	2.14	1.15
3	I cannot maintain some days of self-isolation after a recent travel history	235 16.7	235 16.7	263 18.7	670 47.8	2.02	1.15
4	I cannot imagine myself segregating my course mates by sitting far from them in the classroom especially my friends	701 50.0	236 16.8	231 16.5	235 16.7	2.00	1.16
5	I always put on a facemask whenever I am in crowded places in the school	190 13.5	230 16.4	323 23.0	660 47.0	1.96	1.08
6	I have gotten used to washing my hands on arrival at school every day	705 50.2	292 20.8	209 14.9	197 14.0	1.93	1.10
7	I often struggle to distance myself from colleagues during academic activities such as note-taking, test, exams, among others.	826 58.9	202 14.4	177 12.6	198 14.1	1.82	1.12
8	I often make use of alcohol-based hand sanitizers in school	178 12.7	167 11.9	279 19.9	779 55.5	1.82	1.07
9	I am now used to refusing every form of direct handshake except the use of knuckles	184 13.1	182 13.0	208 14.8	829 59.1	1.80	1.10
10	It is difficult for me to wash my hands regularly in school because I am not used to it	869 61.9	172 12.3	186 13.3	176 12.5	1.76	1.10

Average (Overall Adjustment)

1.98 1.12

$\mu = 2.50$; \bar{x} = Sample mean; S = Sample Standard Deviation

SA = Strongly Agree; A= Agree; D = Disagree; SD = Strongly Disagree

Ho1: The extent of students’ perception of and adjustment to the COVID-19 new normal in universities is not significantly low.

A one-sample t-test analysis was performed by the researchers to test the null hypothesis at the .05 alpha level. The result of the analysis is presented in table 3. The result of the analysis revealed that the extent of students’ perception of the COVID-19 new normal is significantly low, $t_{(1402)} = 17.90, p < .05$). The result also indicates that the extent of students’ adjustment to the COVID-19 new normal is significantly low, $t_{(1402)} = 54.10, p < .05$). Based on this evidence, the null hypothesis was rejected. Comparatively, students had a higher extent of perception than their adjustment towards the new normal of COVID-19 in universities.

Table 3: One sample t-test result of the extent of students’ perception and adjustment to the new normal of COVID-19 in universities

Variables	Mean	S	SE	MD	t	p
Perception	23.38	3.39	0.09	1.62	17.90	.000
Adjustment	19.77	3.62	0.10	5.23	54.10	.000

N = 1403; Df = 1402; $\mu = 25.00$

Research question 3: What is the contribution of students’ perception to their adjustment to the COVID-19 new normal in universities in Cross River State?

In answering this research question, a simple linear regression analysis was performed. The result of the analysis revealed a weak positive association ($R = .018$) between students’ perception and their adjustment to the COVID-19 new normal in universities. Students’ perception accounted for 0.00% ($Adj R^2 = .000$) of the total variance in their adjustment to the COVID-19 new normal in universities. This implies that 100% of the adjustment of students towards the COVID-19 new normal may be resulting from other variables not considered in this study.

Ho2: There is no significant contribution of students’ perception to their adjustment towards the COVID-19 new normal in universities.

This hypothesis was tested at the .05 level of significance using the one-way ANOVA output of the simple linear regression analysis. The result of the analysis presented in table 4 shows that there is no significant contribution of students’ perception to their adjustment to the new normal of COVID-19 in universities, $F_{(1, 1401)} = 0.432, p > .05$). Based on this statistical evidence, the null hypothesis was upheld, justifying that the adjusted R^2 value of .000 earlier reported in research question 3 was not due to chance.

Table 4: One-way ANOVA result of the regression analysis showing the contribution of students' perception to their adjustment to COVID-19 new normal in universities

Model	SS	df	MS	F	p
Regression	5.672	1	5.672	0.432	.511
Residual	18403.65	1401	13.136		
Total	18409.32	1402			

Discussion of the findings

This study discovered a significantly low extent of students' perception of the COVID-19 new normal in universities. This finding is not surprising because many students held negative notions about the precautionary measures of COVID-19 such as the persistent use of face mask, regular hand washing/sanitising, social distancing, cough/respiratory etiquettes and so on. Thus, the overall perception of students is low especially when there is the belief that the COVID-19 virus does not exist in Nigeria and/or the precautionary measures are politically made to deceive citizens or procure foreign aid. This finding aligns with the result of Oyeyemi et al. (2020) which discovered that 84.1 per cent of people did not believe they were in danger of getting COVID-19, 19% of respondents had recently visited crowded places; 38.7% did not wash their hands with soap under running water very often; 37 per cent rarely or never used hand sanitizers; 64 per cent did not wear face masks; a significant percentage of respondents also felt that antibiotics could be used to treat COVID-19. The result is also in tandem with that of Roma et al. (2020) which found, as a result of the quick spread of COVID-19, a significant percentage of the Italian population engaged in incompatible behaviours with preventative health interventions.

The study also revealed that there is a significantly low extent of students' adjustment to the new normal of COVID-19 in universities. The low extent of students' adjustment to the COVID-19 new normal may be attributed to their perception of the reality of the COVID-19 pandemic in Nigeria. One would expect someone to adjust to something that affects him/her directly or indirectly. In a situation where many believe that the virus does not exist or that politics is a part of the government's propaganda to report cases of COVID-19 in Nigeria, then such individuals are less likely to adjust. Furthermore, most of the students in public universities are from average or poor homes, with the perception that the virus is for the rich. This position is likely to affect their likelihood of adjustment, especially when they do not know or heard of someone knowing a COVID-19 infected relative or friend. This finding strengthens the result of Xu et al. (2020) which revealed that many people did not wash their hands, they coughed improperly, did not practice social distance, or did not use a mask and were more likely to develop COVID-19. When compared to those who did not use a face mask, those who practised the three other NPIs had a somewhat reduced risk of contamination when wearing a mask. The finding of this study is at variance with that of Carlucci et al. (2020) which found that respondents followed instructions to a medium or a high degree such as covering the mouth or nose (when sneezing or coughing) and keeping at least one metre of distance (also known as social distancing measure), use of handkerchief (54.5 per cent) and handwashing with soapy water or alcohol-based solution.

The third major finding of this study showed that there is no contribution of students' perception to their adjustment to the new normal of COVID-19 in universities. This finding is quite surprising and was not anticipated because the perception of an individual is supposed to shape their behaviour. The absence of a contribution implies that students' high or low levels of perception are not responsible for their high or low levels of adjustment. However, the result of this study may be attributed to the managerial enforcement of the COVID-19 protocols in universities. A person may adjust his/her behaviour if there are regulatory forces of reinforcement/punishment, according to the operant conditioning theory (Skinner, 1938). The result may also be attributed to socio-demographic or home background variables such as gender, age, parents' education, income level, or occupation. This result corroborates the findings of van Rooij et al. (2020) which revealed that cognitive deterrence was not related to conformity, the latter did depend on people's competence to obey laws, chance to violate codes, self-control, moral motivation, and social norms. The research of Zettler et al. (2020) found that the main demographic characteristics affecting acceptability of personal limitation, according to their findings, are socioeconomic position, perceived health threat, and age.

Conclusion

The study assessed students' level of perception and adjustment to the new normal occasioned by the COVID-19 pandemic in universities. The scope of the study was narrowed to universities in Cross River State, following the quantitative research framework. Based on the findings of this study, it was concluded that university students hold a negative perception about the COVID-19 pandemic in universities. Students' adjustment to the new normal is also poor. However, the perception of students is not a responsible factor for their self-reported poor adjustment to the new normal in universities.

Recommendations

Based on findings of this study, it is recommended that:

1. Counselling services should be rendered to university students to change their notion or perception of the new normal.
2. Undergraduates should be encouraged by parents, instructors and counsellors to demonstrate responsible attitudes for behavioural adjustment and mitigation of the spread of the pandemic and promote environmental safety in schools.

References

- Africa Centre for Disease Control (ACDC, June 23, 2021). Coronavirus Disease 2019 (COVID-19): Latest updates on the COVID-19 crisis from Africa CDC. Retrieved from <https://africacdc.org/covid-19/>
- Aldohyan, M., Al-Rawashdeh, N., Sakr, F. M., Rahman, S., Alfarhan, A. I., & Salam, M. (2019). The perceived effectiveness of MERS-CoV educational programs and knowledge transfer among primary healthcare workers: A cross-sectional survey. *BMC Infection Disease, 19*, 273. <https://doi.org/10.1186/s12879-019-3898-2>

- Al-Dossary, R., Alamri, M., Albaqawi, H., Al Hosis, K., Aljeldah, M., Aljohan, M., Aljohani, K., Almadani, K., Alrasheadi, B., Falatah, R., & Almazan, J. (2020). Awareness, Attitudes, Prevention, and Perceptions of COVID-19 Outbreak among Nurses in Saudi Arabia. *International Journal of Environmental Research and Public Health*, 17, 8269. <https://doi.org/10.3390/ijerph17218269>
- Al-Hanawi, M. K., Angawi, K., Alshareef, N., Qattan, A. M N., Helmy, H. Z., Abudawood, Y., Alqurashi, M., Kattan, W. M., Kadasah, N. A., Chirwa, G. C., & Alsharqi, O. (2020). Knowledge, attitude and practice toward COVID-19 among the public in the Kingdom of Saudi Arabia: A cross-sectional study. *Front Public Health*, 8, Article 217. <https://doi.org/10.3389/fpubh.2020.00217>
- Alsahafi, A. J., & Cheng, A. C. (2016). Knowledge, Attitudes and Behaviours of Healthcare Workers in the Kingdom of Saudi Arabia to MERS Coronavirus and Other Emerging Infectious Diseases. *International Journal of Environmental Research in Public Health*, 13, (12), 14. <https://doi.org/10.3390/ijerph13121214>
- Anyanti, J., Nwala, A., Onyezobi, C. E., Udoh, E. E., Ahmadu, H., & Songo, H. (2020). Knowledge and perception of community health volunteers of family planning services towards COVID-19 Disease. *International Journal of Sex and Reproductive Health Care*, 3(1), 075-079. <https://doi.org/10.17352/ijsrhc.000017>
- Arop, F. O., Agunwa, J. N., & Owan, V. J. (2019). Tertiary students' social media management attitudes and academic performance in Cross River State. *British International Journal of Education and Social Sciences*, 6(3), 48–52. Retrieved from <https://goo.gl/CizoMe>
- Aslam, S., Sonkar, S. K., & Owan, V. J. (2021). Changes in teaching and learning in higher education during COVID-19 lockdown: A study of LIS students in India. *Library Philosophy and Practice (e-Journal)*, 2021, Article 5223. Retrieved from <https://digitalcommons.unl.edu/libphilprac/5223>
- Asonye, C. (2020). "There's nothing new about the 'new normal' - and here's why". World Economic Forum. <https://www.weforum.org/agenda/2020/06/theres-nothing-new-about-this-new-normal-heres-why/>
- Bodas, M. & Peleg, K. (2020). Income assurances are a crucial factor in determining public compliance with self-isolation regulations during the COVID-19 outbreak-cohort study in Israel. *Israel Journal of Health Policy Research*, 9(54), 66-73.
- Brill, M., & Schwab, F. (2019). A mixed-methods approach using self-report, observational time series data, and content analysis for process analysis of a media reception phenomenon. *Frontiers in Psychology*, 10, Article 1666. <https://doi.org/10.3389/fpsyg.2019.01666>
- Brown, S. (2005). Measuring perceived benefits and perceived barriers for physical activity. *Amplified Journal of Health Behaviour*, 29, 107-116. <https://doi.org/10.5993/AJHB.29.2.2>
- Carlucci, L., D'Ambrosio, I., & Balsamo, M. (2020). Demographic and attitudinal factors of adherence to Quarantine Guidelines during COVID-19: The Italian Model. *Frontier in Psychology*, 11(55), 273- 288. <https://doi.org/10.3389/fpsyg.2020.559288>
- Centre for Disease Control and Prevention (2020). Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. Retrieved on 6th December 2020, from <http://assets.cdcgroup.com>.

- Centre for Disease Control and Prevention (CDC, 4th March 2021). Clinical questions about the Covid-19: Questions and answers. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
- Chien, G. C., & Law, R. (2003). The impact of the severe acute respiratory syndrome on hotels: A case study of Hong Kong. *International Journal of Hospitality Management*, 22(3), 327-332. [https://doi.org/10.1016/S0278-4319\(03\)00041-0](https://doi.org/10.1016/S0278-4319(03)00041-0)
- Creswell, J. W. (2014). *Research design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Folmer, C. R., Kuiper, M. S., Olthuis, E., Kooistra, E. B., de Bruijn, A. L., ...van Rooij, B. (2020). Maintaining compliance when the virus returns: Understanding adherence to social distancing measures in the Netherlands in July 2020. A preprint. <https://www.researchgate.net/publication/343939326>
- Gadarian, K. S., Goodman, S. W., & Pepinsky, T. B. (2020). Partisanship, health behaviour, and policy attitudes in the early stages of the COVID-19 Pandemic. Retrieved from <https://ssrn.com/abstract=3562796>
- Gopinath, G. (2020). The great lockdown: Worst economic downturn since the great depression. Retrieved from <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/>
- Gram, M. (2010). Self-reporting vs. observation: Some cautionary examples from parent/child food shopping behaviour. *International Journal of Consumer Studies*, 34(4), 394-399. <https://doi.org/10.1111/j.1470-6431.2010.00879.x>
- Guan, W., Ni, Z., Hu, Y., Liang, W., Ou, C., & He, J. (2020). Clinical characteristics of coronavirus disease 2019 in China. *New England Journal Medicine*, 382, 1708-1720. <https://doi.org/10.1056/NEJMoa2002032>
- Intraboonsom, C., Darasawang, P., & Reinders, H. (2020). Teacher's practices in fostering learner autonomy in a Thai University context. *Journal of Language Teaching and Research*, 11(2), 194-203. <https://doi.org/10.17507/jltr.1102.07>
- Jackson, L. (2020). Academic freedom of students. *Educational Philosophy and Theory*, 1-8.
- Khader, Y., Nsour, M. A., Al-Batayneh, O. B., Saadeh, R., Bashier, H., Alfaqih, M., Al-Azzam, S., & AlShurman, B. A. (2020). Dentists' awareness, perception, and attitude regarding COVID-19 and infection control: Cross-sectional study among Jordanian dentists. *Journal of Public Health Surveillance*, 6(2), Article e18798. <https://doi.org/10.2196/18798>
- Kim, Y. (2018). Nurses' experiences of care for patients with Middle East respiratory syndrome-coronavirus in South Korea. *Amplified Journal of Infection Control*, 46, 781-787. <https://doi.org/10.1016/j.ajic.2018.01.012>
- Lorenzoni, V., Triulzi, I., Martinucci, I., Toncelli, L., Natilli, M., Barale, R., & Turchetti, G. (2021). Understanding eating choices among university students: A study using data from cafeteria cashiers' transactions. *Health Policy*, 125(5), 665-673. <https://doi.org/10.1016/j.healthpol.2020.12.019>
- Maekelae, M. J., Klevjer, K., Reggev, N., Tamayo, R. M., Dutra, N., Pfuhl, G. (2020). Perceived efficacy of actions and feelings of distress during the early phase of the COVID-19 outbreak in Norway, Germany, Israel, Colombia and Brazil. <https://doi.org/10.31234/osf.io/ce4n3>

- Maragakis, L. L. (2020). The new normal and coronavirus. *John Hopkins Medicine*. Retrieved from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-new-normal>
- Martins, B. G., Marôco, J., Barros, M. V., & Campos, J. A. (2020). Lifestyle choices of Brazilian college students. *PeerJ*, 8, e9830. <https://doi.org/10.7717/peerj.9830>
- Mo, P. K., Wong, C. H. W., & Lam, E. H. K. (2019). Can the health belief model and moral responsibility explain influenza vaccination uptake among nurses? *Journal of Advanced Nursing*, 75, 1188-1206. <https://doi.org/10.1111/jan.13894>
- National Health Service (NHS, 17th February 2021). Coronavirus (COVID-19): General advice. Retrieved from <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice>
- Nigeria Centre for Disease Control (NCDC) (2020). First case of Coronavirus disease confirmed in Nigeria. Retrieved on 25 July 2020 from <http://ncdc.gov.ng/news/227/first-case-of-corona-virus-disease-confirmed-in-nigeria>
- Owan, V. J., & Robert, I. A. (2019). Analysis of the utilization of social media platforms and university students' attitudes towards academic activities in Cross River State, Nigeria. *Prestige Journal of Education*, 2(1), 1–15. <https://doi.org/10.5281/zenodo.4458693>
- Owan, V. J., Akah, L. U., Ogbeche, M. M., & Obla, M. E. (2021a). Professional Variables and Staff Readiness to Utilise Internet-Based Channels for Research Communication in an Era of Covid-19. *AfricArXiv preprint: ScienceOpen*. <https://doi.org/10.14293/111.000/000019.v1>
- Owan, V. J., Asuquo, M. E., Owan, M. V., Aslam, S., & Obla, M. E. (2021b). Gender, Age and Staff Preparedness to Adopt Internet Tools for Research Sharing During Covid-19 in African Varsities. *AfricArXiv Preprints: ScienceOpen*. <https://doi.org/10.14293/111.000/000020.v1>
- Owan, V. J., Ekpe, M. B., & Eneje, S. (2020). Undergraduates' utilisation of social networking media and sexual behaviours in higher education: A case study. *Pedagogical Research*, 5(2), Article em0062. <https://doi.org/10.29333/pr/7940>
- Oyeyemi, O. T., Oladoyin, V. O., Okunlola, O. A., Mosobalaje, A., Oyeyemi, I. T., Adebimpe, W. O., Nwuba, R. I., Anuoluwa, I. I., Tiamiyu, A. M., Ovuakporie-uvo, O. O., Adesina, I. A., Olatunji, B. P., Kone, J. K., Oluwafemi, Y. D., Obajaja, C. O., & Ajiboye, A. A. (2020). COVID-19 pandemic: an online-based survey of knowledge, perception, and adherence to preventive measures among educated Nigerian adults. *Journal of Public Health: From Theory to Practice*. <https://doi.org/10.1007/s10389-020-01455-0>
- Pan, Y., Xin, M., Zhang, C., Dong, W., Fang, Y., Wu, W., Li, M., Pang, J., Zheng, Z., Wang, Z., Yuan, J., & He, Y. (2020). Associations of mental health and personal preventive measure compliance with exposure to COVID-19 information during work resumption following the COVID-19 outbreak in China: Cross-sectional survey study. *Journal of Medical Internet Research*, 22(10). <https://doi.org/10.2196/22596>
- Poletti, P., Ajelli, M., & Merler, S. (2011). The effect of risk perception on the 2009 H1N1 Pandemic Influenza Dynamics. *PLoS ONE*, 6, 16460. <https://doi.org/10.1371/journal.pone.0016460>

- Pollak, Y., Dayan, H., Shoham, R., & Berger, I. (2020). Predictors of non-adherence to public health instructions during the COVID-19 pandemic. *Psychiatry and Clinical Neuroscience*, 74(11), 602-604. <https://doi.org/10.1111/pcn.13122>
- Rabaan, A. A., Al-Ahmed, S. H., Bazzi, A. M., & Al-Tawfiq, J. A. (2020). Dynamics of scientific publications on the MERS-CoV outbreaks in Saudi Arabia. *Journal of Infection in Public Health*, 10, 702-710. <https://doi.org/10.1016/j.jiph.2017.05.005>
- Rezaeipandari, H., Mirkhalili, S. M., Sharifabad, M. A. M., Ayatollahi, J., & Fallahzadeh, H. (2018). Study of H1N1 influenza preventive behaviours predictors based on health belief model in Jiroft People. *Qom Universal Medical Science Journal*, 12, 76-86. <https://doi.org/10.29252/qums.12.3.76>
- Roma, P., Monaro, M., Muzi, L., Colasanti, M., Ricci, E., Biondi, S., Napoli, C., Ferracuti, S., & Mazza, C. (2020). How to improve compliance with protective health measures during the covid-19 outbreak: Testing a moderated mediation model and machine learning algorithms. *International Journal of Environmental Research and Public Health*, 17, 7252. <https://doi.org/10.3390/ijerph17197252>
- Shiina, A. & Kobori, O. (2021). Perception of and anxiety about COVID-19 infection and risk behaviours for spreading infection: an international comparison. *Ann Gen Psychiatry*, 20(1), 13.
- Skinner, B. F. (1938). *The Behaviour of Organisms: An Experimental Analysis*. New York: Appleton-Century-Crofts
- Taghrir, M. H., Borazjani, R., & Shiraly, R. (2020). COVID-19 and Iranian Medical Students; A Survey on Their Related-Knowledge, Preventive Behaviors and Risk Perception. *Archeological Iran Medical Journal*, 23, 249-254. <https://doi.org/10.34172/aim.2020.06>
- Tse, A. C. B., So, S., & Sin, L., (2006). Crisis management and recovery: how restaurants in Hong Kong responded to SARS. *International Journal of Hospitality Management*, 25(1), 3-11. <https://doi.org/10.1016/j.ijhm.2004.12.001>
- Van der Weerd, W., Timmermans, D. R. M., Beaujean, D. J. M. A., Oudho, J. P., & van Steenberghe, J. (2011). Monitoring the level of government trust, risk perception and intention of the general public to adopt protective measures during the influenza A (H1N1) pandemic in the Netherlands. *BMC Public Health*, 11, 575. <https://doi.org/10.1186/1471-2458-11-575>
- Van Rooij, B., de Bruijn, A. L., Folmer, C. R., Kooistra, B. E., Kuiper, M. S., ... Fine, A. (2020). Compliance with COVID-19 mitigation measures in the United States. A preprint. <https://doi.org/10.2139/ssrn.3582626>
- Verbeek, H., Gerritsen, D. L., Backhaus, R., de Boer, B. S., Koopmans, R. T. C. M., & Hamers, J. P. H. (2020). Allowing visitors back in the nursing home during the COVID-19 crisis: A Dutch national study into first experiences and impact on well-being. *Journal of the American Medical Directors Association*, 21(7), 900-904. <https://doi.org/10.1016/j.jamda.2020.06.020>
- Wikipedia (2021). Covid-19 pandemic in Nigeria. Retrieved from <http://en.wikipedia.org/wiki/COVID-19>

- Xu, H., Gan, Y., Zheng, D., Wu, B., Zhu, X., Xu, C., Liu, C., Tao, Z., Hu, Y., Chen, M., Li, M., Lu, Z., & Chen, J. (2020). Relationship between COVID-19 infection and risk perception, knowledge, attitude, and four nonpharmaceutical interventions during the late period of the COVID-19 epidemic in China: Online cross-sectional survey of 8158 Adults. *Journal of Medical Internet Research*, 22(11), Article e21372. <https://doi.org/10.2196/21372>
- Yusuf, A., Gusau, H. A., & Maiyaki, F. U. (2021). COVID-19 guidelines: A multimodal video analysis of students' behavioural compliance during senior secondary certificate examination. *International Journal of Innovative Research in Technology, Basic and Applied Science*, 6(1), 33-44. <https://doi.org/10.48028/iiprds/ijirtbas.v6.i1.04>
- Zettler, I., Schild, C., Lilleholt, L., Kroencke, L., Utesch, T., Moshagen, M., ... Geukes, K. (2020). The role of personality in COVID-19 related perceptions, evaluations, and behaviours: Findings across five samples, nine traits, and 17 criteria. A preprint. <https://doi.org/10.31234/osf.io/pkm2a>
- Zhong, B-L., Luo, W., Li, H-M., Zhang, Q-Q., Liu, X-G., Li, W-T., & Li, Y. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: A quick online cross-sectional survey. *International Journal of Biological Sciences*, 16, 45-1752. <https://doi.org/10.7150/ijbs.45221>
- Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., & Liu. Z. (2020). Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: A retrospective cohort study. *Lancet*, 395, 1054-1062. [https://doi.org/10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3)