

Knowledge, Attitude, and Perception of COVID-19 among Maritime Workers in the United Kingdom and Nigeria during the First Wave of the Pandemic

Uraih Nuala Obiageli¹, Kazeem Adewale Osuolale²,
Rasheed Olabisi Owolewa³, Dakuku Peterside¹

¹Nigeria Maritime Administration and Safety Agency (NIMASA), Lagos, Nigeria

²Grant, Monitoring and Evaluation Unit (Biostatistics), Nigerian Institute of Medical Research, Lagos, Nigeria

³Universiti Teknologi Malaysia, Kuala Lumpur, Malaysia

Email: obyuraih03@yahoo.co.uk

How to cite this paper: Obiageli, U.N., Osuolale, K.A., Owolewa, R.O. and Peterside, D. (2021) Knowledge, Attitude, and Perception of COVID-19 among Maritime Workers in the United Kingdom and Nigeria during the First Wave of the Pandemic. *Journal of Biosciences and Medicines*, 9, 114-126.

<https://doi.org/10.4236/jbm.2021.96011>

Received: May 7, 2021

Accepted: June 15, 2021

Published: June 18, 2021

Copyright © 2021 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

In this study, knowledge, attitude and perception (KAP) of maritime workers' towards COVID-19 during the rapid outbreak in Nigeria and the UK were examined. The study participants completed a self-developed online KAP questionnaire prepared by the convenience sampling method. The knowledge questionnaire comprised questions regarding the clinical characteristics and prevention of COVID-19. The assessments regarding the maritime workers' attitudes and perceptions towards COVID-19 included questions on preventive measures such as wearing masks on the ships and the attitude towards continuous trade with the Chinese communities. A multiple logistic regression analysis was done using SPSS Statistics version 23.0 to analyse the results of the two groups. The three explanatory variables, gender, residence and age used in the two models applied were not significant predictors of the participants' knowledge, attitude and perception about COVID-19. The odds ratio was small, except for the age group, which was 6.72 in the first model. This implies that the odds of having knowledge about COVID-19 during the pandemic were 6.72 times higher for the older age group. The odds ratios were generally low for attitude and perception about COVID-19, as shown in **Table 4**. Participants had considerable knowledge about COVID-19 and could stay healthy during the first wave of the novel coronavirus in 2019 because of the policies and measures imposed by the governments of Nigeria and the United Kingdom to curtail the spread of COVID-19.

Keywords

Knowledge, Attitude, Perception, Maritime Workers, First Wave, Pandemic

1. Introduction

Since the global outbreak of the coronavirus disease in 2019 (COVID-19), health professionals have been working to accelerate research and development that aids to minimise the spread of the pandemic. This has also helped governments to develop standards and measures to contain the spread of the pandemic across their countries. To contain the spread of any diseases, researchers agreed that, whatever measures and standard operating procedures need to be put in place, the effectiveness of those measures are highly dependent on knowledge, attitude, and perception (KAP) of the people within the affected areas [1]. The World Health Organization (WHO) declared the spread of the novel coronavirus caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) a matter of public health emergency on 30 January 2020, and later a pandemic on 11 March 2020 [2]. Since this declaration, the disease has spread across 270 countries, including Nigeria and the United Kingdom (UK). As of mid-July 2020, Nigeria recorded 35,454 confirmed cases and 772 deaths, which was reported by the Nigeria Centre for Disease Control (NCDC). The UK has had a total number of 293,239 people who tested positive for COVID-19, with 45,233 associated deaths and 1230 recoveries, according to the Department of Health and Social Care. Even though COVID-19 emerged in Wuhan, China, the history of COVID-19 in Nigeria cannot be told without referring to the first index case recorded in Nigeria on 27 February 2020, which was an Italian citizen that arrived in the country from Europe. Since then, Nigeria has witnessed the direct effects of the pandemic and the confirmed cases have risen to over 40,532. As of 26 July 2020, an additional 858 deaths have been recorded [3]. However, the first index case entered the UK earlier, on 23 January 2020 from the Hubei Province in China [4].

The virus has spread across many countries and provinces within Nigeria and the UK, and researchers have put several unprecedented measures in place to combat the pandemic, such as lockdown, travel control, social distancing, hand-washing requirements, and the use of face masks, as recommended by the WHO. Apart from the general preventive and control measures, the government has additionally employed quarantine to help limit the number of cases. Thus, this has been adjudged to help slowing down the spread of COVID-19 in many countries. However, despite these measures, the pandemic is still expanding in Nigeria and the UK. This study examines the risk implication with maritime workers, as shipping was exempted from the travel control ordered during the pandemic. Global shipping still depends on nearly two million seafarers worldwide to provide goods that are needed for everyday life, irrespective of the pandemic [5]. According to the International Labour Organization (ILO), a seafarer

is any person who is employed or engaged in work in any capacity on board a ship [6]. This definition is broad and includes not only seafarers in the merchant marine but also those working in the cruise industry. Since the shipping industry is important for any country's economic development, the safety of seafarers amongst other maritime workers was a concern in the industry and among medical researchers, especially during the outbreak of COVID-19 [7]. For instance, Doumbia-Henry (2020) indicates that it is essential for all maritime stakeholders to collectively address the pandemic and minimise the risks for global trade and human health [5]. Most governments worldwide declared seafarers essential workers during this pandemic, as the health and safety of the seafarers became a concern. The Nigerian Maritime Administration and Safety Agency (NIMASA) was the first government agency in West Africa to declare seafarers as frontline workers during the pandemic. The agency issued a Marine Notice in furtherance of the Presidential directive on COVID-19 to restate the responsibilities of seafarers in the Nigerian economy. Seafarers, both on board and on offshore platforms in anchorages, seaports, and on terminals and jetties are now considered essential workers and as a result, they have been granted passage to join their respective vessels at anchorages, seaports, and on terminal and jetties around the world [8]. Thus, several precautionary measures that consider the need to keep the supply systems working were established in the UK. The International Maritime Organization has also declared shipping activities essential services. As essential workers, seafarers are allowed to move in and out of the country [9]. However, after providing adequate freedom of movement to seafarers, the nation should expect some implications, particularly the maritime industry and the seafarers themselves. Previous studies established seafarers have a higher risk of being infected than the general population because of their long-time exposure at sea and their contact with high-risk groups during their work [10] [11] [12]. It has been claimed that diseases are easily spread by humans, animals, and animal products on vessels. Other researchers argued, based on established trends in British merchant shipping from 1900 to 2010, that seafarers are highly vulnerable [12] [13]. Similarly, shipping communities have been identified as places where the coronavirus could easily be transmitted. For instance, on the ship *Diamond Princess*, over 700 COVID-19 infections and 14 mortalities occurred [14]. The provided information showed how easily the virus spread and how severe the disease was. This allowed researchers to investigate how infections were transmitted without symptoms.

During the peak of COVID-19 outbreak, maritime workers, including seafarers, maritime regulatory bodies, dockworkers, and maritime health workers, played a crucial role in Nigeria by maintaining the global supply chain during the travel restrictions and ensuring the global economic recovery. However, further research needs to be conducted on seafarers to reduce their risk factors and to protect them from COVID-19 while at sea. Since hundreds of thousands of crewmembers are on ships plying different countries, a further assessment of

their knowledge, attitude and perception (KAP) towards COVID-19 is imperative. This study examined the KAP of Nigerian and UK maritime workers towards the pandemic. Since research has proven that people's adherence to certain control measures is affected by their KAP [1] [15], this study investigated the implementation of effective measures to prevent COVID-19 within the maritime community using the KAP theory. The study will inform government and health authorities of the level of awareness among seafarers in Nigeria and their counterparts in the UK and how COVID-19 spreads while on board. The study aim was to answer the following research question: 'What are the knowledge, attitude, and perception of maritime workers in the United Kingdom and Nigeria regarding COVID-19?'

2. Novel Coronavirus 2019 Outbreak

During the COVID-19 outbreak, there was a need to control the rapid spread of the ongoing pandemic in any community. Since the shipping industry is crucial for the development of Nigeria and the UK, the health and safety of maritime workers is also a concern. To study the adherence to preventive measures regarding the disease using the knowledge, attitude and perception (KAP) theory is therefore important [1] [16]. This theory is used to investigate a person's intention to a specific behaviour or attitude towards a particular behaviour. The KAP theory has contributed to new medical knowledge and is used to devise clinical best practices. According to Azlan *et al.* (2020), the knowledge, attitudes, and practices of people towards the COVID-19 disease plays an integral role in determining the Malaysian's readiness to accept behavioural change measures from health authorities [1]. Most study participants had a positive attitude towards the successful control of COVID-19 in Malaysia, which reflects the ability of the country to control the disease. A total of 327 eligible healthcare workers were examined using a cross-sectional survey [17]. KAP was used to investigate the COVID-19 precautionary measures among healthcare workers. A good knowledge and a positive attitude were recorded regarding the personal risk and that of family members to contract the illness. This revealed the health workers' level of proactiveness towards the virus. However, the observed level of knowledge and attitude was lower than that expected based on the health workers' positions. This theory was used to provide additional educational interventions and campaigns for healthcare workers. Shi *et al.* (2020) used KAP to study the medical staff of psychiatric hospitals regarding their knowledge of COVID-19 [18]. The study was used to predict the willingness of medical staff to care for patients with COVID-19. The important contribution of the study is that increased attention should be paid to the knowledge and attitudes of staff considered as essential workers. Although Zhong *et al.* (2020) argued that the KAP study is also applicable to the general population during the rapid outbreak of COVID-19, little or no research has been conducted in the context of seafarers [16]. This study is the first on the KAP of participants and also covers maritime workers, including

seafarers of more than one country. The findings of this study will contribute to the global efforts to control the pandemic within the maritime community.

3. Research Methodology

This study was a quantitative-based cross-sectional study. The study was conducted from June to July 2020. It used the knowledge, attitude and perception (KAP) survey model to examine the degree of COVID-19 precautionary measures among maritime workers in Nigeria and the UK during the first wave of the pandemic. The KAP survey is a quantitative method used to reveal the state of awareness about an event. This study collected quantitative data from multiple environments to make inferences about the KAP of COVID-19 measures and practices. The target population was drawn from maritime workers across Nigeria and the UK, using the convenience sampling method. Maritime workers employed within UK maritime waters were the study population of choice because the UK is currently ranked third in the International Shipping Centre Development Index (ISCD) [19]. This means it has the third-largest international shipping centre in the world, *i.e.* London. The ISCD index uses three primary indicators, which are port factors, shipping services and general environmental performance measures. Nigeria is not in the top part of the Xinhua-Baltic International Shipping Centre Development Index ranking. However, it is selected because Nigeria has one of the most extensive port services in West Africa and serves as the central hub of maritime-related activities (Shipping services and Marine environment management) in West Africa [20].

Questionnaire Design

An online questionnaire was designed and administered via online platforms in two stages. The first stage was maritime workers who were classified as essential workers during the pandemic in Nigeria using a Google form. The second stage consisted of maritime workers in the UK. The maritime workers were informed about the purpose of the study and their consents were sought. Prior to the administration of the questionnaire to the respondents, ethical approval was sought from the Institutional Review Board (IRB) of the Nigerian Institute of Medical Research (NIMR). Maritime workers that were not willing to be part of the study were allowed not to consent. The questionnaires were administered to 100 maritime workers who agreed that the details of the questionnaire can be shared. The survey instruments were left open for two weeks and participants were informed that they could withdraw their data from the study at any time within two weeks of participation; after that period, it would potentially not be possible to withdraw information, as analysis may have begun. Participants did not have to provide reasons for withdrawing.

4. Data Analysis and Results

This section deals with the data analysis and results of the study. The categorical

variables were statistically described using measures such as frequency distribution, mean and the standard deviations for socio-demographic data of the respondents. A multiple logistic regression analysis was done to analyse the results of the two groups with three explanatory variables, named as gender, residence and age. The odds ratio was used in the interpretation of the logistic regression model outputs. The results in **Tables 1-3** represent the socio-demographic characteristics of maritime workers in Nigeria and the UK, the participants' knowledge of COVID-19 and the perceived risk of transmission.

4.1. Description of the Participants

A total of 100 participants completed the survey; 66 were women, 34 were men, and the average age was 39.5 years (SD \pm 3.3). Sixty per cent of the participants were from Nigeria, while 40% were from the UK. A significant proportion of the participants (86%) were maritime workers of varying staff categories, while only 14% were seafarers.

4.2. Knowledge of Maritime Workers and Perceived Risk of Transmission of COVID-19

About 57% of the participants in Nigeria and 37% of those in the UK had heard about the novel coronavirus at the time this study was conducted. Few of the participants (35.0%) in Nigeria and the UK (47.5%) had attended lectures and discussions about the novel coronavirus. Most of the participants from Nigeria and the UK had knowledge about COVID-19 symptoms and how to reduce the

Table 1. Socio-demographic characteristics of respondents (N = 100).

Item	Variable	Frequency (%)
Gender	Male	66 (66.0)
	Female	34 (34.0)
Residence	Nigeria	60 (60.0)
	United Kingdom	40 (40.0)
Profession/Designation	Seafarer	14 (14.0)
	Internal maritime stakeholders, e.g. maritime administrative staff	36 (36.0)
	External maritime stakeholder, e.g. vessel owners, naval officers.	22 (22.0)
	Maritime policy regulator	28 (28.0)
Age	Mean (SD)	39.5 (3.3)
Age Group	18 - 24 years	1 (1.0)
	25 - 34 years	9 (9.0)
	35 - 44 years	51 (51.0)
	45 - 54 years	31 (31.0)
	55 - 64 years	8 (8.0)

Table 2. Participants' knowledge of COVID-19 (N= 100).

Item/Question	Variable	Nigeria Frequency (%)	United Kingdom Frequency (%)
Have you heard of the novel coronavirus	Yes	57 (95.0)	37 (92.5)
	No	3 (5.0)	3 (7.5)
Have you attended any lectures or discussions about the novel coronavirus disease	Yes	21 (35.0)	19 (47.5)
	No	39 (65.0)	21 (52.5)
Incubation period of novel coronavirus	2 - 7 days	1 (1.60)	7 (6.25)
	2 - 13 days	2 (3.30)	0 (0.0%)
	7 - 14 days	31 (51.60)	15 (56.25)
	7 - 21 days	0 (0.0%)	7 (6.25)
	1 - 14 days	26 (43.30)	11 (31.25)
	None of the above	1 (1.60)	0 (0.0%)
Symptoms of novel coronavirus (SARS-COV-2)	Headache	2 (3.30)	-
	Fever	2 (3.30)	-
	Cough	2 (3.30)	10 (25.0)
	Sore throat and running nose	1 (1.60)	-
	No symptoms	9 (15.0)	15 (37.5)
	Skin rash	44 (73.77)	15 (37.5)
Origin of novel coronavirus (SARS-COV-2)	Bats	26 (43.33)	22 (55.0)
	Snakes	2 (3.33)	-
	Fish	-	-
	Camel	-	-
	Punishment from God	1 (1.67)	-
	Sexually transmitted	-	-
	Contact with Chinese people	9 (15.0)	-
	Unknown	22 (36.67)	18 (45.0)
Treatment of the novel coronavirus	Hydration and hot drinks (supportive care)	6 (10.0)	6 (15.0)
	Chloroquine	4 (6.60)	-
	Antiviral therapy	3 (5.0)	-
	Flu vaccination	6 (3.30)	6 (15.0)
	No definitive treatment	48 (80.0)	15 (37.50)
	Prayers	3 (5.0)	-
	Herbal medicine - Garlic, Ginger etc.	2 (3.30)	-
	All of the above	4 (6.60)	6 (15.0)
None of the above	5 (8.30)	7 (17.50)	

Continued

Reducing the risk of transmission	Hand hygiene	1 (1.69)	2 (5.13)
	Wearing gloves or washing your hand	3 (5.08)	4 (10.26)
	Covering the nose and mouth when coughing	1 (1.69)	6 (15.38)
	Avoiding sick contacts	-	6 (15.38)
	Having well-cooked meat and eggs	-	-
	Social distancing	7 (11.86)	7 (17.95)
	All of the above	47 (79.66)	14 (35.90)

Table 3. Perceived risk of transmission from COVID-19 (N = 100).

Item/Question	Variable	Nigeria Frequency (%)	United Kingdom Frequency (%)
The most people at risk of a COVID-19 infection include	Pregnant women	3 (5.0)	2 (5.0)
	Patients on steroids	1 (1.67)	-
	Older people	30 (50.0)	14 (35.0)
	Black race	-	-
	Healthcare workers	14 (23.33)	10 (25.0)
	Airport workers	5 (8.33)	-
	Seafarers	4 (6.67)	-
	Co-morbid and immunocompromised patients	10 (16.67)	9 (22.50)
All of the above	27 (45.0)	5 (12.50)	
Do you think it is likely that the new coronavirus is a bioweapon developed by a government or terrorist organisation to reduce population size	Extremely likely	10 (16.67)	8 (18.75)
	Moderately likely	10 (16.67)	3 (6.25)
	Slightly likely	9 (15.0)	9 (25.0)
	Neither likely nor unlikely	11 (18.33)	5 (18.75)
	Slightly unlikely	1 (1.67)	1 (6.25)
	Moderately unlikely	6 (10.0)	6 (6.25)
	Extremely unlikely	13 (21.67)	8 (18.75)
Novel coronavirus (SAR-COV-19) transmissions occur through	Air	11 (18.30)	5 (12.50)
	Contact with infected persons and objects	43 (71.60)	20 (33.30)
	Feco-oral	3 (5.0)	7 (17.50)
	5G cellular networks	-	-
	All the above	1 (1.60)	8 (20.0)
If you were a captain/sailor today, would you try to reject navigating a cruise ship with people having Asian sounding names (or a profile photo of Asian ethnicity) to reduce your risk of getting infected with the new coronavirus?	Always	12 (20.69)	8 (21.05)
	Often	9 (15.52)	6 (15.79)
	Sometimes	21 (36.21)	9 (23.68)
	Never	16 (27.59)	15 (39.47)

Continued

Do you think your government should implement the following measures to prevent spreading the virus	Quarantine everyone coming from abroad for 14 days	20 (33.33)	5 (12.50)
	Suspend all air and sea travels travel to your country	16 (26.67)	4 (10.0)
	Stop crew changes still after the pandemic	8 (13.33)	-
	Go door to door to measure everyone's temperature	4 (6.67)	-
	Close all schools	14 (23.33)	3 (7.50)
	Forbid any mass gatherings (e.g. churches, mosques, sport events or concerts)	16 (26.67)	8 (20.0)
	Make it mandatory for everyone to wear a face mask while outdoors	14 (23.33)	9 (22.50)
	Require everyone to remain in their home except to seek medical care and obtain food	13 (21.67)	4 (10.0)
	All of the above	48 (80.0)	7 (17.50)
Do you think it would be prudent for you not to eat at Chinese restaurants for the next few weeks to reduce the risk of getting infected with the new coronavirus	Yes	30 (50.85)	20 (50.0)
	No	29 (49.15)	20 (50.0)
Do you think that using personal protective equipment or a rapid diagnostic test for COVID-19 from China put you at risk of getting infected with the new coronavirus	Yes	25 (42.37)	20 (50.0)
	No	34 (57.63)	20 (50.0)
Do you think a person develops lifetime immunity on COVID-19 if once infected by the virus and therefore cannot be re-infected	Yes	10 (16.60)	17 (42.50)
	No	50 (83.30)	23 (57.50)

risk of transmission, as provided in **Table 2**. The participants in Nigeria agreed that most people at risk of being infected with COVID-19 included pregnant women (5.0%), patients on steroids (1.67%), older people (50.0%), healthcare workers (23.33%), airport workers (8.33%), seafarers (6.67%) and co-morbid and immunocompromised patients (16.67%), while 45.0% of the participants believed that all these categories were the people most at risk of a COVID-19 infection. The participants in the UK agreed that most people at risk of contracting COVID-19 included pregnant women (5.0%), older people (35.0%), healthcare workers (25.0%) and co-morbid and immunocompromised patients (22.50%), while 12.5% of them believed all these categories were the people most at risk to contract COVID-19. Most of the participants responded that if they were captains/sailors, they would try to reject navigating a cruise ship with people having Asian-sounding names to reduce the risk of contracting the virus. The responses from Nigerian participants in the following categories were “always” (20.69%), “often” (15.52%), “sometimes” (36.21%) and “never” (27.59%). Regarding the UK, the responses were “always” (21.05%), “often” (15.79%), “sometimes” (23.68%) and “never” (39.47). At the time this study was carried out, the participants from Nigeria (50.85%) and the UK (50.0%) agreed that it would be prudent for them not to eat at Chinese restaurants for the next few weeks to reduce the risk of getting infected with the new coronavirus. These results are provided

in **Table 2**.

4.3. Knowledge of COVID-19 and Perception of Participants

The two logistic models considered the general knowledge of COVID-19 by the participants as well as their perceptions. In the first model, the gender, residence and age were used as the predictors of the knowledge of COVID-19, while the same variables were used in the second model as the predictors for the perception of the participants about COVID-19.

The odds ratio and the 95% confidence intervals (CIs) were [0.61 (0.06 - 6.20)] for gender, [2.62 (1.59 - 7.30)] for residence and [6.72 (0.34 - 32.99)] for age. The odds ratios and CIs were not statistically significant ($p > 0.05$) in the first logistic model, as shown in **Table 4**. In addition, the odds ratio and the 95% confidence intervals (CIs) in the second logistic model were [2.21 (0.61 - 8.03)] for gender, [0.89 (0.29 - 2.68)] for residence and [1.58 (0.18 - 13.64)] for age, which were also not statistically significant ($p > 0.05$), as shown in **Table 4**.

5. Discussion

The three explanatory variables gender, residence and age in the first model were not significant predictors of the participants' knowledge about COVID-19. People's adherence to control measures were affected by their knowledge, attitude and perception (KAP) towards COVID-19 (Zhong *et al.*, 2020) and the classification of maritime workers as essential workers during the pandemic. Having the knowledge about the disease is not dependent on gender, residence or age of the participants. This might be because participants in this study were all adults who had knowledge about COVID-19 and hence have been taken precautions to avoid contacts with infected persons. The odds ratio was low, except that for the age group, which was 6.72. This implies that the odds of having the knowledge about COVID-19 during the pandemic were 6.72 times higher for the age group. Gender, residence and age were also not significant predictors of participants' knowledge about COVID-19 in the second model. The perception is

Table 4. Odd ratios (ORs) and their 95% confidence intervals (CIs) of COVID-19 knowledge of maritime workers and perception of participants about COVID-19.

Variable	Coefficient	AOR	95% CI	p-value
Knowledge of COVID-19				
Gender	-0.497	0.61	0.06 - 6.20	$p > 0.05$
Residence	0.965	2.62	1.59 - 7.30	$p > 0.05$
Age group	0.459	6.72	0.34 - 132.99	$p > 0.05$
Perception				
Gender	0.793	2.21	0.61 - 8.03	$p > 0.05$
Residence	-0.118	0.89	0.29 - 2.68	$p > 0.05$
Age group	0.459	1.58	0.18 - 13.64	$p > 0.05$

therefore not dependent on these variables. For instance, most participants in both the UK and Nigeria agreed that the older age groups were most at risk of a virus infection compared to other listed variables, irrespective of the difference in residence (**Table 1**). This might be because of adequate publicity and training provided during the pandemic. The odds ratios were low, as listed in **Table 4**. However, the results also showed that a significant number of maritime workers from both countries shared similar negative attitudes and perceptions towards the Asian community in contracting the coronavirus. These included to reject navigating a cruise ship with people having Asian sounding names, to eat in Asian restaurants and to use personal protective equipment from China. Also, most workers did not believe that people once infected by the virus develop lifetime immunity regarding COVID-19, irrespective of the residence of the maritime workers. This also indicated their belief to survive while still at work if the disease was contracted during the initial outbreak of the pandemic.

The study is limited by the small number of seafarers compared to the other occupational groups that participated in the study. Also, the disproportionate sample size of maritime workers from the UK and Nigeria is another constraint. This unequal sample size limited the effective comparison of the KAP of maritime workers between the two countries and the KAP between seafarers and other occupational groups. However, since this study was not a comparative study, the outcome is not affected by the occupation within the maritime industry and the dissimilar population size from both countries. As the maritime workers on board of ships during the peak of the pandemic were identified here as seafarers, a larger sample size is needed to generalise their KAP towards COVID-19 and compare it with other seafarers in the maritime community. However, it was difficult to obtain a larger number of study participants during the first wave because of their mental state at that time. Further research is needed in this field to implement the necessary policies on shipping in the future.

6. Conclusion

The study participants had considerable knowledge about COVID-19 and were able to stay healthy during the first wave of the novel coronavirus in 2019. This achievement is due to the result of measures such as social distancing at gatherings and workplaces, the lockdown, the use of face masks and a host of other initiatives imposed by the government of Nigeria and the United Kingdom. The participants had a good perception about COVID-19 regardless of the negative rumour that it was a conspiracy to reduce the world population. COVID-19 has indeed become the most significant reality of the twenty-first century. This research concluded that gender, residence and age were not significant predictors of knowledge and perception about COVID-19 in the investigated study group.

Acknowledgements

The authors will like to acknowledge the maritime workers in the United King-

dom and Nigeria for their cooperation during the study and for completing the survey questionnaires.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- [1] Azlan, A.A., Hamzah, M.R., Sern, T.J., Ayub, S.H. and Mohamad, E. (2020) Public Knowledge, Attitudes and Practices towards COVID-19: A Cross-Sectional Study in Malaysia. *PLoS ONE*, **15**, e0233668. <https://doi.org/10.1371/journal.pone.0233668>
- [2] WHO (2020) Coronavirus Disease (COVID-19) Situation Report, 132.
- [3] NCDC (2020) COVID-19: Mitigating Impact among Vulnerable Population, Nigeria.
- [4] Lillie, P.J., Samson, A., Li, A., Adams, K., Capstick, R., Barlow, G.D., Easom, N., Hamilton, E., Moss, P.J., Evans, A., Ivan, M., The Incident Team, Taha, Y., Duncan, C.J.A., Schmid, M.L. and The Airborne Hcid Network (2020) Novel Coronavirus Disease (Covid-19): The First Two Patients in the UK with Person to Person Transmission. *Journal of Infection*, **80**, 578-606. <https://doi.org/10.1016/j.jinf.2020.02.020>
- [5] Doumbia-Henry, C. (2020) Shipping and COVID-19: Protecting Seafarers as Front-line Workers. *WMU Journal of Maritime Affairs*, **19**, 279-293. <https://doi.org/10.1007/s13437-020-00217-9>
- [6] Arifin, M.D. (2020) Guidance for Ship Operators for the Protection of the Health of Seafarers to Limit the Spread of Coronavirus (COVID-19) Outbreak by ICS. <https://doi.org/10.31224/osf.io/8yrf3>
- [7] Loot, J.A. (2020) Seafarers and Arctic Cruise Shipping: Protecting Those Who Work While Others Explore and Sightsee. In: Chircop, A., Goerlandt, F., Aporta, C. and Pelot, R., Eds., *Governance of Arctic Shipping*, Springer, Cham, 171-190. https://doi.org/10.1007/978-3-030-44975-9_9
- [8] NIMASA (2020) Nigeria: Nimasa Marine Notice on Essential Duties for Crew Change vs Travel Protocols during Covid-19 Pandemic in Nigeria.
- [9] Fink, C., Mattoo, A. and Neagu, I.C. (2002) Trade in International Maritime Services: How Much Does Policy Matter? *The World Bank Economic Review*, **16**, 81-108. <https://doi.org/10.1093/wber/16.1.81>
- [10] Hansen, H.L., Hansen, K.G. and Andersen, P.L. (1996) Incidence and Relative Risk for Hepatitis A, Hepatitis B and Tuberculosis and Occurrence of Malaria among Merchant Seamen. *Scandinavian Journal of Infectious Diseases*, **28**, 107-110. <https://doi.org/10.3109/00365549609049058>
- [11] Petersen, K.U., Hansen, H.L., Kaerlev, L. and Hansen, J. (2020) Turning the Tide: Reducing Mortality among Danish Merchant Seafarers. *Occupational and Environmental Medicine*, **77**, 761-768. <https://doi.org/10.1136/oemed-2020-106427>
- [12] Roberts, S.E. and Carter, T. (2016) British Merchant Seafarers 1900-2010: A History of Extreme Risks of Mortality from Infectious Disease. *Travel Medicine and Infectious Disease*, **14**, 499-504. <https://doi.org/10.1016/j.tmaid.2016.06.009>
- [13] Apostolopoulos, Y. and Sönmez, S.F. (2007) Population Mobility and Infectious Disease. Springer, Berlin. <https://doi.org/10.1007/978-0-387-49711-2>

- [14] Mcfall, J. (2020) Business Insider. <https://www.businessinsider.com/how-diamond-princess-cruise-ship-coronavirus-quarantine-went-wrong-2020-2?IR=T>
- [15] Vivas, A., Gelaye, B., Aboset, N., Kumie, A., Berhane, Y. and Williams, M.A. (2010) Knowledge, Attitudes, and Practices (KAP) of Hygiene among School Children in Angolela, Ethiopia. *Journal of Preventive Medicine and Hygiene*, **51**, 73.
- [16] Zhong, B.-L., Luo, W., Li, H.-M., Zhang, Q.-Q., Liu, X.-G., Li, W.-T. and 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**, 1745. <https://doi.org/10.7150/ijbs.45221>
- [17] Huynh, G., Nguyen, T.N.H., Vo, K.N. and Pham, L.A. (2020) Knowledge and Attitude toward COVID-19 among Healthcare Workers at District 2 Hospital, Ho Chi Minh City. *Asian Pacific Journal of Tropical Medicine*, **13**, 260. <https://doi.org/10.4103/1995-7645.280396>
- [18] Shi, Y., Wang, J., Yang, Y., Wang, Z., Wang, G., Hashimoto, K., Liu, H., *et al.* (2020) Knowledge and Attitudes of Medical Staff in Chinese Psychiatric Hospitals Regarding COVID-19. *Brain, Behavior, & Immunity—Health*, **4**, Article ID: 100064. <https://doi.org/10.1016/j.bbih.2020.100064>
- [19] Baltic Exchange (2020) 2020 Xinhua-Baltic International Shipping Centre Development (ISCD) Index.
- [20] Jamoh, B.Y. (2018) Harnessing Nigeria’s Maritime Assets Present, Past and the Future.