CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES

Volume: 03 Issue: 05 | Sep-Oct 2022 ISSN: 2660-4159

www. cajmns.centralasianstudies.org/index.php

Knowledge and Compliance to Covid-19 Prevention Strategies Among Selected Market Women in Ibadan South East Local Government Area in Oyo State, Nigeria

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ABSTRACT: *This study assessed the knowledge and compliance to COVID-19 prevention strategies among market women in Ibadan south east local government in Oyo state. A cross-sectional design was used and semi-structured questionnaire was also used as a tool to collect data from market women in Ibadan south east local government in Oyo state. Purposive sampling techniques was used to recruit 422 respondents. Data were analyzed using descriptive such as frequency tables and percentages were used and inferential statistics such as chi-square was used to determine the level of statistical significant or association between knowledge of respondents and their level of compliance . Majority (37.9%) of the respondents age were within the range of 27-33 years, more than half (80.3%) of the respondents were married with high level of education (48.6% secondary level of education). More than half of the respondents (81.3%%) knew that COVID-19 spread through respiratory droplet. About 88.4% of the respondents strongly agree that market women are ready to comply with the standard precaution. 82.0% of the respondents agreed that market place is the fasted place to get contaminated with Covid-19. Regular hand washing and social distancing‖ was selected by most respondents (82.9%) as a way of preventing infection. Finding*

Received 26th August 2022,
Accepted 17th SEP 2022,
Online 24th OCT 2022

revealed that there is a significant relationship between knowledge of the respondent and their level of compliance of Covid -19 among selected market women in Ibadan southeast LGA with p value less than 0.05 Findings revealed that market women in Ibadan southeast LGA have relatively high knowledge, mostly derived from their source of information, about COVID-19 with mean and standard deviation 1.574 ± 0.495. The level of compliance of COVID-19 among selected market women in Ibadan southeast LGA was also high with mean and standard deviation 1.692 ± 0.462. Evidence-based campaign should be intensified to remove misconceptions and promote precautionary measures.

Keywords: COVID-19, Knowledge, Compliance COVID-19, Market women

INTRODUCTION

The novel coronavirus disease (COVID-19) is a newly discovered strain of coronavirus that is previously identified in human. COVID-19 is an emerging respiratory disease that was first detected in December 2019 in Wuhan, China. It is highly infectious, and its main clinical symptoms include fever, dry cough, fatigue, myalgia, and dyspnea[1]. Since the first report of the confirmed cases of the COVID-19 the world has witnessed severe unprecedented mortality and morbidity due to this disease resulting in serious public health emergencies. Infection by SARS-CoV-2 in humans occurs mainly through air droplets, close contact with infected persons, especially mucus membranes secretions from nose, mouth, or eyes, contaminated surfaces, and some studies suggest digestive tract transmission.[2]

Currently, the Coronavirus disease has spread to 213 countries with nearly 24 million confirmed cases and close to 820,000 recorded deaths[3],[4]. Publicly available reports from the Africa Centre for Disease Control (ACDC) states that confirmed cases of COVID-19 had risen to 1,203,769 and 28,289 deaths as of 25 August 2020. [5]As of 25th August 2020, the West African sub region accounted for a significant proportion of cumulative COVID-19 records in Africa. In Nigeria, there are 52,800 confirmed cases of COVID-19 with a total of 1,007 deaths as of 25 August 2020 [6], [7]. Oyo State presently holds the third spot on the Nigeria Centre for Disease Control (NCDC) daily COVID-19 updates, with 3058 laboratory-confirmed cases of COVID-19 and 37 deaths. Urban areas in Ibadan, the capital city of Oyo State frequently present with confirmed cases.[8]

[1] Zhong et al. (2020)
[2] WHO(2020)
[3] WHO, 2020b
[4] WHO 2020c
[5] ACDC, 2020.
[6] NCDC, 2020a
[7] WHO, 2020b
[8] Enwongo, 2020

Currently Nigeria has continued to experience an increase in the number of cases, which has spread across several states. While majority of the initial cases were imported, most of the new cases have no travel history or contact with such people.[9] The total number of confirmed cases is 166,682 with 6,857 cases in Oyo state. [10] Oyo State recorded its first case of COVID-19 on March 17th, 2020, through a 42-year-old male UK returnee. On the 16th of March 2020, a laboratory sample of his nasopharyngeal swab was taken, and the result came back positive for COVID-19 on the 21st of March 2020. His samples were retested twice and found to be negative both times and was released on 30th of March 2020.

According to the World Health Organization (2020), there was an increase in cases among people, for example families, children's, health care works worldwide as of April 21st 2020, a total of 2,397,217 cases were reported worldwide, of which around 35,000 (1.5%) cases were affecting healthcare workers (HCWs) Up to now, the WHO does not systematically report COVID-19 cases in HCWs and therefore this estimate is probably underrepresented. The United State of America is currently the epicenter of the epidemic[11]. The Nigeria Centre for Diseases Control publishes public health guidelines that include social distancing, hand washing with soap and water or alcohol based sanitizer, and avoid touching the mouth, eyes, and nose with the hand. The measures were intended to slow the spread of the disease[12].

Standard precautions that were developed and practiced long ago was to ensure there are minimum infection prevention practices in health care settings. To ensure the adequacy and timely of standard precautions, it was modified and updated in response to different risks of exposure among frontlines in order to improve the well-being of health care workers and patients. As we all know, everyone is at risk but mostly frontline workers usually acquiring infection through occupational exposure in different healthcare settings than general population in the community[13]. The goal of the interventions was to slow the spread of the disease, NCDC supported 22 of the 32 states to establish emergency operation centers (EOC), the structure brings on board its technical expertise, logistical capacity, human resources, and community network and disease surveillance experience. Despite the compliance and standard measures put in place, the emergency operation centre (EOC) coordinating the outbreak response in each state are modeled after the Polio EOC operating under six functional units, namely: point of entry, epidemiology and surveillance, risk communication, management and communication, case management, and laboratory services and trained rapid response teams in all the 36 states [14]

Studies investigating the knowledge, standard precaution and compliance in public health and standard measure to prevent the spread of COVID-19 have so far shown a spectrum of compliance to such measures. The reasons for compliance, or lack of prevention measures have included attitudes to perceived risk of the virus to individual, belief in the existence of the virus, law enforcement or penalties imposed due to non-compliance, availability and ease of access to protective measures (e.g., face masks, running water and soap,

[9] NCDC, 2020
[10] Usman et al., 2020
[11] ECD, 2019
[12] CDC, 2019
[13] WHO, 2020
[14] Ihekweazu 2020 CDC 2020

hand sanitizer), and availability and accessibility of alternative work and travel arrangements[15]. With regard to involvement in COVID-19 compliance, the government needs to create awareness from the grassroots level such as the market leaders, religious leaders, through social media, engagement of some departments in ministry of health such as the environmental agency, involvement of data collection for central information across all covid-19 testing sites, private firms engagement to support the government for the distribution of materials into the community. The improvement and enforcement of all practices will lead to people's compliance, interventions, awareness, and policy improvements pertaining to the COVID-19 outbreak management in Oyo State[16].

STATEMENT OF THE PROBLEM

Despite the increase rate of Covid-19 in Nigeria, the country still records an increase in the rate at which the virus spreads (World health organization, 2020). However, studies investigating compliance of public health and social measures to prevent the spread of COVID-19 has far shown the rate at which individuals such as the market women, residents, health care workers do not comply to the standard precaution. This as results tends to increase the spread of COVID-19 among individuals which affects all age groups, people with underlying health conditions and other health related issues. Therefore, the government should put in more adequate sensitization and government agency intervention should be designed to ensure all standard precautions and awareness is followed.

JUSTIFICATION OF THE STUDY

To the researchers' knowledge, this is the first study to investigate the level of Compliance on the use of face masks as a preventive measure towards Covid 19, and associated sociodemographic characteristics among the population of the Oyo State. The findings of this study are expected to provide useful information to policymakers, about the level of compliance on the use of facemask and others preventives measure among people in Oyo State, Nigeria, at this critical time. The findings may also inform public health officials on further public health interventions, awareness, and policy improvements pertaining to the COVID-19 outbreak and preventive measures. So therefore, the findings of this study are expected to provide useful information to policymakers, about Knowledge, Attitude, Practices, and compliance to Covid -19 preventive measures among the market women in Ibadan South East, Oyo State. The findings may also inform public health officials on further public health interventions, awareness, and policy improvements pertaining to the COVID-19 outbreak.

OBJECTIVE OF THE STUDY

The main goal of this study is to determine the knowledge and compliance of COVID-19 prevention strategies among market women in Ibadan South East local government in Oyo state

SPECIFIC OBJECTIVES

The following are the specific objectives of the study,

[15] Azizn *et al*, 2020
[16] NCDC, 2020

1. To determine the knowledge and perception of COVID-19 among market women in Ibadan south east local government in Oyo state.
2. To determine the knowledge of COVID-19 prevention strategies among market women in Ibadan south east local government in Oyo state.
3. To determine the level of compliance to COVID-19 prevention strategies among market women in Ibadan south east local government in Oyo state.

RESEARCH QUESTIONS

1. What is the knowledge and perception of COVID-19 among market women in Ibadan South East local government in Oyo state.
2. What is the knowledge of COVID-19 prevention strategies among market women in Ibadan South East local government in Oyo state.
3. What is the level of compliance to COVID-19 prevention strategies among market women in Ibadan South East local government in Oyo state.

HYPOTHESIS

H0: There is no significant relationship between the knowledge and compliance of Covid-19 among selected market women in Ibadan south east LGA.

MATERIAL AND METHOD

STUDY AREA

The study was carried out in Ibadan South East Local Government Area (LGA). It's one of the 33 local government areas in Oyo State. Its headquarters is at Oranyan, and the area is inhabited mostly by Yorubas. It has an area of 60km^2 and a population of 266,046 (2006 census). Ibadan is the capital of Oyo state, located in the south-western part of Nigeria. The official language in Nigeria is English, while the major informal language for communication in Ibadan is Yoruba, which has different dialects. It has coordinates of longitude 7.3608 and latitude 3.8906. Ibadan is the largest traditional, urban center in Southeast Sahara Africa.

STUDY DESIGN

A descriptive cross-sectional study design was used. The study population includes women of reproductive age group range from 20-70years who sell different commodities to people around the selected settlements which are Oje, Mapo, Oranyan and Beere at the time of the study.

STUDY SAMPLING TECHNIQUES

Simple Random sampling techniques was adopted in the selection of respondent. This method of sampling was used until the desirable number of respondents (422) was achieved. A quantitative method of data collection was adopted. The instrument used for data collection is a semi-structured interviewer-administered questionnaire. The questionnaire was developed to assess the knowledge and compliance to COVID-19 prevention strategies among market women in Ibadan southeast Oyo State.

METHOD OF DATA COLLECTION

For the study, the serially numbered interviewer-administered questionnaire was used. The data was collected by the researcher with the use of three (3) research assistants who were trained prior to the time of data collection. The research assistants moved from shop to shop in the local government areas to select and interview the eligible participants. The questionnaire was translated to Yoruba language because of the

environment. The informed consent forms (attached to the questionnaire) was read to the potential participants after they had been given adequate information about the study. Both the benefits and the possible harms that may arise as a result of participating in the study was explained to the research participants. Then, after the questionnaire has been filled, the researcher checked for completeness and errors before leaving the field.

METHOD OF DATA ANALYSIS

Data collected were coded, cleaned, sorted, and analyzed using the Statistical Package for Social Sciences (IBM-SPSS version 25). Descriptive statistical analysis such as mean, frequency tables, and percentages were used and inferential statistics such as chi-square was also used to determine the relationship between some selected independents and dependent variable with a p-value less than 0.05.

Ethical Consideration

Ethical approval was obtained from Health Research and Ethics Committee of Oyo State before collecting data. Informed consent was also obtained from participants, strict anonymity and confidentiality was ensured. The nature of the study, benefits and objectives was explained to the respondent before embarking on the process. They were also informed that they reserve full rights to withdraw at any stage of the study.

RESULTS

Socio-Demographic Characteristics of Respondents surveyed (n=422)

Variable	Responses	Frequency (422)	Percentage (100)
Age	20-26	51	12.1
	27-33	160	37.9
	34-40	121	28.7
	41-46	90	21.3
Mean ± S.D.	34.12 ± 6.928		
Gender	Female	422	100.0
Marital Status	Married	83	19.7
	Separated	339	80.3
Religion	Christianity	314	74.4
	Islam	108	25.6
Ethnic group	Yoruba	195	46.2
	Igbo	227	53.8
Level of education	No formal education	149	35.3
	Primary education	68	16.1
	Secondary education	205	48.6
Average monthly income	20,000-29,000	64	15.2
	30,000-39,999	50	11.8
	40,000-49,999	308	73.0
Type of household	Monogamy	237	56.2

	Polygamy	185	43.8
Household size	3.00	53	12.6
	4.00	32	7.6
	5.00	337	79.9

The above table shows the socio demographic characteristics of the respondents under survey. It was revealed that 51(12.1%) of the respondents fell within age group of 20-26, (37.9%) respondents fell within age group 27-33, (28.7%) respondents fell within age group 34-40 and the remaining 90(21.3%) of the respondents were within age group 41-46 years. The mean and standard deviation of the ages of the respondents were found to be 34.1years and 6.9years respectively.

Majority of the respondents (80.3%) were separated, and (19.7%) are married. Majority of the participants (74.4%) are Christians, and the remaining (25.6%) practice Islam More than half of the respondents, (53.8%), were Igbo, and the remaining (46.2%) were Igbo. The table shows that 149(35.3%) of the participants have no formal education, 68(16.1%) of the participants highest level of education is primary education and the remaining 205(48.6%) has secondary education. More than half of the respondents 237(56.2%) are from a monogamy household and the remaining 185(43.8%) are from a polygamy household.

Majority of the participants 308(73.0%) average monthly income are within the range of 40,000-49,000, (11.8%) of the participant average monthly income are within the range of 30,000-39,000 and the remaining (15.2%) of the participants average monthly income are within the range of 20,000-29,000. Majority of the participant 337(79.9%) household size is five, 32(7.6%) household size is four and the remaining 53(12.6%) household size is three.

Knowledge of COVID-19 (n=422)

Variable	Responses	Frequency (422)	Percentage (100)
Have you heard of Covid-19	Yes	422	100.0
Is Covid-19 real	Yes	422	100.0
Is Covid-19 like or similar to malaria	Yes	398	94.3
	No	24	5.7
Do you know the effective drugs for Covid-19	Yes	422	100.0
If yes? Specify	No	422	100.0
Do you know the source of information about Covid-19	Yes	422	100.0
Do you know what aids the spread of Covid-19	Yes	411	97.4
	No	11	2.6
Do you know what to do when you come in contact with a confirmed case	Yes	322	78.7
	No	90	21.3
Do you know the group age ranges are mostly likely to get infected	Yes	370	87.7
	No	52	12.3

Do you know Covid -19 spread through respiratory droplet	Yes No	315 107	74.6 25.4
Have you been in contact with someone who has tested positive to covid-19	Yes No	343 79	81.3 18.7

The above table shows the knowledge of covid-19 among respondents. The study revealed that all the respondent (100%) had heard of covid-19, believed that covid-19 is real and know the effective drugs for covid-19. Majority of the respondent (94.3%) said covid-19 is similar to malaria while the remaining (5.7%) said covid-19 is not similar to malaria. All the participants (100%) also claimed that they know the source of information about covid-19. Almost all the participants (97.4%) said they know what aids the spread of covid-19.

More than half of the total respondents (78.7%) knows what to do if they encounter a confirmed case of covid-19, while the remaining (21.3%) said they don't know what to do. Majority of the participants (87.7%) knows the group age ranges are mostly likely to get infected. There were more participants (74.6%) that know covid-19 spread through respiratory droplet and majority of the participants (81.3%) have been in contact with someone who has tested positive to covid-19.

Prevention strategies among market woman (n=422)

Variable	Responses	Frequency (422)	Percentage (100)
Do you agree that hand washing, and frequent use of sanitizer and facemask can prevent one from being infected	Strongly agree Strongly disagree	350 72	82.9 17.1
Do you agree social distancing prevent one from being infected	Strongly agree Strongly disagree	351 71	83.2 16.8
Do you agree compliance measure are of high importance for limiting the spread	Strongly agree Strongly disagree	346 76	82.0 18.0
Do you agree that marketplace is the fasted place to get contaminated from Covid-19	Strongly agree Strongly disagree	346 76	82.0 18.0
Do you use facemask whenever you attend to customers in the market	Strongly agree Strongly disagree	357 65	84.6 15.4

The above table shows the prevention strategies among market woman among the respondents. It was revealed that more than half of the respondents (82.9%) agreed that hand washing, frequent use of sanitizer and facemask can prevent one from being infected with covid-19. (83.2%) of the participants agreed that social distancing prevent one from being infected, and (82.0%) of the participants agreed that marketplace is the fasted place to get contaminated from covid-19, and compliance measures are of high importance for limiting the spread of covid-19. Majority of the respondents (84.6%) strongly agreed that they use facemask whenever they are attending to customers in the market.

Compliance to COVID_19 among market woman (N=422)

Variable	Responses	Frequency (422)	Percentage (100)
Do you wash hand with soap and water before attending to customers	Strongly agree Strongly disagree	370 52	87.7 12.3
Do you think hand washing basin should be kept at strategic places in the market?	Strongly agree Strongly disagree	373 49	88.4 11.6
Do you think market women are ready to comply with the standard precaution by the government?	Strongly agree Strongly disagree	373 49	88.4 11.6
Do you think total lockdown will curtail the spread of COVID-19 over time?	Strongly agree Strongly disagree	373 49	88.4 11.6
Do you think adequate sensitization in the market will curb the spread of COVID-19?	Strongly agree Strongly disagree	373 49	88.4 11.6
Do you think the Nigeria government is handling the spread of COVID-19 well?	Strongly agree Strongly disagree	382 40	90.5 9.5
I believe Nigeria will fight against COVID-19?	Strongly agree Strongly disagree	381 41	90.3 9.7
History of self-treatment with perceived preventive drugs against COVID-19 since outbreak?	Strongly agree Strongly disagree	375 47	88.9 11.1
Do you use hand sanitizer regularly?	Strongly agree Strongly disagree	375 47	88.9 11.1
Do you avoid crowd places?	Strongly agree	375	88.9

	Strongly disagree	47	11.1
Do you stay at home?	Strongly agree	368	87.2
	Strongly disagree	54	12.8
Do you drink concoction (lime, ginger, garlic etc.)?	Strongly agree	374	88.6
	Strongly disagree	48	11.4
Do you bath with soap water?	Strongly agree	374	88.6
	Strongly disagree	48	11.4

The above table shows the participant's compliance to covid-19 among market women. It was revealed that almost all the participants (87.7%) wash their hands with soap and water before attending to customers. (88.4%) of the participants think hand washing basins should be kept at strategic places in the market. The majority of the respondents (88.4%) agreed that market women are ready to comply with the standard precaution by the government, and total lockdown will curtail the spread of covid-19 over time as well agreed that adequate sensitization in the market will curb the spread of covid-19.

Almost all the participants (90.5%) agreed that the Nigerian government is handling the spread of covid-19 well and (90.3%) believed that Nigeria will fight against covid-19. The majority of the participants (88.9%) agreed in the history of self-treatment with perceived preventive drugs against covid-19 since the outbreak. (88.9%) of the respondents strongly agreed that they used hand sanitizer regularly and they also avoided crowded places. More than half of the respondents (87.2%) stay back at home, (88.6%) drink concoction like (lime, ginger, garlic etc.) and bath with soap water.

Respondent's Level of Knowledge and compliances with Covid-19 Prevention Strategies (N=422)

Variable	**Responses**	**Frequency (422)**	**Percentage (100)**
Knowledge	Poor Knowledge	180	42.7
	Good Knowledge	242	57.3
Mean ± S.D.	1.574 ± 0.495		
Compliance	Poor compliance	130	30.8
	Good compliance	292	69.2
Mean ± S.D.	1.692 ± 0.462		

The above table shows the level of respondent's knowledge and compliances with prevention strategies among market woman in Ibadan Southeast local government, Oyo state. It was revealed that more than half of the participants (57.3%) have good Knowledge of covid-19 prevention strategies, and (69.2%) of the participants have good compliances to the lay down prevention strategies. The mean and standard deviation of the respondent's knowledge were found to be 1.574 and 0.495, while the mean and standard deviation of the level of respondent's compliances were found to be 1.692 and 0.462 respectively.

Image showing the respondent's level of knowledge of covid-19 prevention strategies.

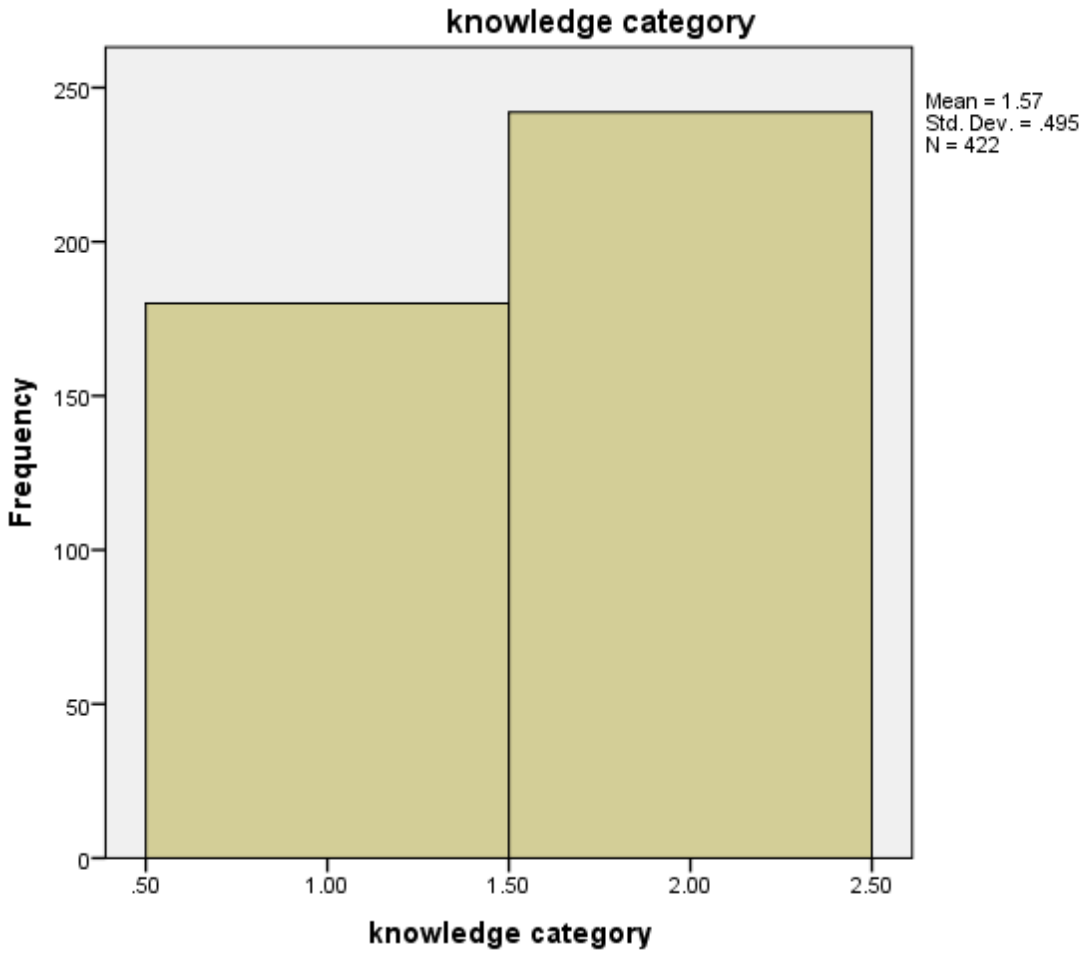

Image showing the respondent's level of compliances with covid-19 prevention strategies.

Test of Hypothesis

$H_0$1: There is no significant association relationship between the knowledge and compliance of Covid-19 among selected market women in Ibadan southeast LGA.

The table below shows the result of relationship between knowledge of the respondents and compliance of covid-19 prevention strategies using a Pearson chi-square test of independence. Here, a layered crosstab of the knowledge of covid-19 by compliances was shown alongside the Chi Square value, degree of freedom, p-value and the outcome of the chi square test. The knowledge of covid-19 was found to be statistically significant with compliances of the respondents. Therefore, the null hypothesis is hereby rejected and the alternative hypothesis accepted.

Association between knowledge and compliance of covid-19.

Compliance	Knowledge				
	Poor Knowledge (%)	Good Knowledge (%)	df	Chi-square	P-value
Poor Compliance	77 (59.2)	53 (40.8)	1	21.106	0.000
Good Compliance	103 (35.3)	189 (64.7)			
Total	180 (42.7)	242 (57.3)			

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	21.106[a]	1	.000		
Continuity Correction[b]	20.138	1	.000		
Likelihood Ratio	21.023	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	21.056	1	.000		
N of Valid Cases	422				

Discussion of findings

COVID-19 is an emerging infectious disease that poses a significant threat to public health. Given the serious threats imposed by COVID-19, preventive measures play an essential role in reducing infection rates and controlling the spread of the disease. This indicates the necessity of public adherence to preventive and control measures, which is affected by their knowledge and compliances to preventive measure. Thus, this study aimed to assess knowledge and compliance of COVID-19 prevention strategies among market women in Ibadan south-east local government in Oyo state.

Socio-Demographic Characteristics of Respondents surveyed

This study revealed that 90(21.3%) of the respondents were within age group 41-46 years. Study participants achieved a mean and standard deviation of the ages of the respondents were found to be 34.1years and 6.9years respectively. Majority of the respondents (80.3%) were separated, and (19.7%) are married. Majority of the participants (74.4%) are Christians. More than half of the respondents, (53.8%) were yoruba. This study also indicated that majority of the respondents 205(48.6%) has secondary education. More than half of the respondents 237(56.2%) are from a monogamy household. The majority of the participants 308(73.0%) average monthly income are within the range of 40,000- 49,000. Majority of the participant 337(79.9%) household size is five,

Knowledge of COVID-19

The study revealed that all the respondents (100%) had heard of covid-19, believed that covid-19 is real. This finding is consistent with other studies that have shown satisfactory levels of knowledge, across the

Saudi population, for epidemics, such as MERS,(Al-Mohrej O et al,.). Majority of the respondent (94.3%) said covid-19 is similar to malaria. All the participants (100%) also claimed that they know the source of information about covid-19. (97.4%) of the respondents said they know what aids the spread of covid-19. More than half of the total respondents (78.7%) know what to do if they encounter a confirmed case of covid-19. Majority of the participants (87.7%) knows the group age ranges are mostly likely to get infected and this is in line with the study conducted by the (NCDC 2020) where it was stated that more deaths have been recorded among people of 60 years and above. There were more participants (74.6%) that know covid-19 spread through respiratory droplet this in good line with the study conducted by WHO 2020 where it was stated that COVID-19 virus transmission can occur through direct contact with infected people, as well as through indirect contact with surfaces in the nearby area or products used on the infected person. and majority of the participants (81.3%) have been in contact with someone who has tested positive to covid-19.

Prevention strategies among market woman

It was revealed in this study that more than half of the respondents (82.9%) agreed that hand washing, frequent use of sanitizer and facemask can prevent one from being infected with covid-19. (83.2%) of the participants agreed that social distancing prevent one from being infected, this is in line with the research conducted by (WHO 2020) where it was it was stated that the virus could spread through droplets from infected persons to others, touching surfaces and not maintaining adequate social distancing and which could lead to a lot of other complications like heart and liver failure and other organ failures especially among people with underlying diseases before contacting the COVID-19. This explanation is important in a country like Nigeria where social gathering and events occur regularly and increase in non-compliance and (82.0%) of the participants agreed that marketplace is the fasted place to get contaminated from covid-19, and compliance measures are of high importance for limiting the spread of covid-19. Majority of the respondents (84.6%) strongly agreed that they use facemask whenever they are attending to customers in the market.

Compliance to COVID_19 among market woman

It was revealed that almost all the participants (87.7%) wash their hands with soap and water before attending to customers. (88.4%) of the participants think hand washing basins should be kept at strategic places in the market. Majority of the respondents (88.4%) agreed that market women are ready to comply with the standard precaution by the government, and total lockdown will curtail the spread of covid-19 over time as well agreed that adequate sensitization in the market will curb the spread of covid-19. This is in agreement with the research conducted by (McMullan et al 2018) which stated or revealed that record shows the analyses of data on infectious and deaths, and the studies that model the virus's spread, have driven policy decisions all over the world. Some measures such as imposing quarantines, lockdown countries, mandating social distancing and mask wearing are now used to curb down the virus. . It was revealed that almost all the participants (90.5%) agreed that Nigeria government is handling the spread of covid-19 well and (90.3%) believed that Nigeria will fight against covid-19. It was revealed that majority of the participants (88.9%) agreed in the history of self-treatment with perceived preventive drugs against covid-19 since the outbreak. This study indicated that (88.9%) of the respondents strongly agreed that they used hand sanitizer regularly and they also avoided crowded places. This is in agreement with the with the research conducted by (CDC 2019) where it was revealed that The Nigeria Centre for Diseases Control publishes public health guidelines

that include social distancing, hand washing with soap and water or alcohol-based sanitizer, and avoid touching the mouth, eyes, and nose with the hand. The measures were intended to slow the spread of the disease. More than half of the respondents (87.2%) stay back at home, (88.6%) drink concoction like (lime, ginger, garlic etc.) and bath with soap water.

Knowledge and compliances with Covid-19 Prevention Strategies

It was revealed that more than half of the participants (57.3%) have good Knowledge of covid-19 prevention strategies, and (69.2%) of the participants have good compliances to the lay down prevention strategies. Study participants achieved a mean and standard deviation of the respondent's knowledge were found to be 1.574 and 0.495, while the mean and standard deviation of the level of respondent's compliances were found to be 1.692 and 0.462 respectively. It was also indicated in this study that the knowledge of covid-19 was found to be statistically significant with the compliances of the respondents.

Conclusions and Recommendation

This is the first study to determine the knowledge and compliance of COVID-19 prevention strategies among market women in Ibadan south-east local government in Oyo state. Our findings suggest that Ibadan South |East local government residents, especially market women, have good knowledge, and positive compliance toward COVID-19 preventive measures. Knowledge of the disease is considered the first stepping stone to any health education activity that is implemented. Knowing the causes and transmission sources of a disease, increases the likelihood that people will become more aware of the spread of communicable diseases, and of the preventive measures to slow transmission. The results of this study suggest that more emphasis should be placed on less educated, lower income, women and men. The findings may help policymakers identify the target populations, for COVID-19 prevention and health education.

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