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Knowledge and Perceived Susceptibility of Traders Towards the Prevention of COVID-19 Pandemic at Selected Markets in Ibadan Oyo-State, Nigeria

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Abstract: Covid-19 is an emerging respiratory infection that was first discovered in Wuhan city, china in Dec. 2019. It is an infectious disease caused by a newly discovered corona virus which is currently spreading worldwide and is considered a pandemic disease. The study aimed at finding out the knowledge and perceived susceptibility of traders towards the prevention of covid-19 pandemic and to suggest ways in which the pandemic can be prevented. The study also aimed to help reduce the susceptibility of the disease thereby contributing to a decrease in the prevalence of Covid-19. The study was a cross-sectional descriptive survey. A total of 1774 respondents which comprised of traders in some selected markets in Ibadan were randomly selected. Data were collected with a self-administered questionnaire. The data were analyzed using the Statistical Package for Social Sciences (SPSS). Chi square was used to test the hypotheses at a significant level of $P<0.05$. The findings shows that 1136 (68.0%) of the respondents believed that there is no vaccine or treatment for covid-19; 1360 (81.4%) said that admitting infected persons to isolation wards is the best management for Covid-19; 1085 (64.9%) agreed that there are more lie than truth about covid-19 pandemic; 774 (46.3%) agreed that covid-19 is a stigmatized disease; 759 (45.4%) agreed that Covid-19 is the same thing as strong malaria; 939 (56.2%) of the respondents suggested wearing of face mask by individual, 621 (37.2%) suggested keeping of hygienic environment by family, 506 (30.3%) suggested wearing of facemask within the society while 1231 (73.7%) suggested that government should provide incentives in form of money and other palliative measures. The study shows that majority of the respondents have good knowledge (72.4%); poor perception (34.7%) and poor attitude (21.0%) about covid-19. In conclusion, individuals should believe that Covid-19 is real and strictly adhere to Covid-19 protocol. The government needs to do more in terms of sensitization, provision of facilities and vaccines as well as providing incentives in form of palliatives to cushion the effects of the pandemic.

Keywords: Knowledge, Perceived, Susceptibility, Traders, Prevention, Pandemic, Market, COVID-19

1. Background of the Study

Coronavirus otherwise known as COVID 19 is an emerging respiratory infection that was first discovered in Dec. 2019 in Wuhan city, Hubei province china [1]. It is an infectious disease caused by a newly discovered virus. The infection has spread to more than 200 countries of the world including Nigeria. The first case was discovered in Nigeria in 27th February, 2020 and has become a threat to human health globally. Most people who are infected with the disease experience mild to moderate respiratory symptoms and can recover without requiring special treatment. However, older people with co-morbid conditions such as hypertension, diabetes mellitus, and cancer are more likely to develop serious illness with Covid-19.

The mode of transmission of the virus is through physical contact from human to human and through droplets. This occurs primarily via respiratory droplets (sneezing and coughing) following an incubation period of 2-14 days, an average of 5days [2]. As there is currently no cure for the COVID-19; medical treatments are limited to supportive measures aimed at relieving symptoms, use of research drugs

and therapeutics. [3]

This therefore calls for a study that will bring to the fore relevant and knowledge that will stem the negative attitude and perception of people especially market traders in the Ibadan.

Objectives

The broad objective of the study is to find out the knowledge and perceived susceptibility of traders towards the prevention of covid-19 pandemic at selected markets in Ibadan, Oyo-State. Nigeria while the study intends to assess the level of knowledge of traders toward Covid-19 pandemic, identify factors that influence the spread of Covid-19 pandemic among the traders, determine the perception of traders towards Covid-19 pandemic; assess the attitude of traders towards Covid-19 pandemic and suggest ways in which Covid-19 can be prevented.

2. Review of Literature

Coronavirus disease 2019 is defined as illness caused by a novel coronavirus now called severe acute respiratory syndrome. Coronavirus 2 (SARS-COV2) was formerly called 2019 nCOV. It is one of the families of viruses. COVID-19 is an emerging respiratory infection that was first discovered in Dec. 2019 in Wuhan city, Hubei province china [3]. It is currently spreading worldwide and is considered a pandemic disease. Transmission occurs primarily via respiratory droplets (sneezing and coughing) following an incubation period of 2-14 days, an average of 5days [2]. COVID-19 is an infectious condition, which can be spread, directly or indirectly from one person to another involving the upper respiratory tract (nose, throat, airways, and lungs). The disease is caused by a new and severe type of Coronavirus known as severe acute respiratory syndrome coronavirus 2 (SARSCoV-2). The infection then has no immediate treatment and it has according to World Health Organization [4] become a worldwide pandemic causing significant morbidity and mortality [3]. Covid19 is caused by a new and severe type of Coronavirus known as severe acute respiratory syndrome coronavirus (SARS-CoV-2).

Knowledge of infection pathways and relevant precautions to take is needed to control the pandemic. While the scientific community continues to research possible vaccines or drugs for the viral infection, it is expected that adequate knowledge will motivate individuals to make decisions which may prevent and curb the epidemics. Knowledge such as regular hand washing, using hand sanitizers, wearing face masks, respiratory etiquettes, social distancing and self-isolation when sick are vital to reducing widespread infection [3, 5].

Knowledge can influence the perceptions of HCWs due to their past experiences and beliefs. Indeed, it can delay recognition and handling of potential COVID-19 patients during the pandemic period. However, the level of knowledge and perceptions of HCWs toward COVID-19 remain unclear. In this regard, the COVID-19 pandemic offers a unique opportunity to investigate the level of knowledge and perceptions of HCWs during this global health crisis. In addition, we aim to explore HCWs' source of information of COVID-19 during this peak period [6].

Perception of risk, according to [7] stated that majority (68.3%) of the study participants had high-risk perception towards the COVID-19. Regarding the perception of the dangerousness of COVID-19, 84.9% considered the disease dangerous. WHO suggests people to avoid public gatherings, maintain social distancing and stay home for prevention of COVID-19.

It was stated that attitudes, participants showed a positive and optimistic attitude toward COVID-19. Approximately 94% concur that the virus can be successfully controlled, and 97% are convinced that the Saudi government will control the pandemic. Positive attitudes and high confidence in the control of COVID-19 can be explained by the government's unprecedented actions and prompt response in taking stringent control and precautionary measures against COVID-19, to safeguard citizens and ensure their well-being [8].

2.1. Theoretical Framework

The two interrelated theories relevant to this study upon which the study is anchored are discussed which are; Theory of Reasoned Action, and, Health Belief Model.

Theory of Reasoned Action

Theory of Reasoned Action was developed by Martin Fishbein and Icek Ajzen in 1975. It suggests that a person's behavior is determined by his/her intention to perform the behavior and that this intention is, in turn, a function of his/her attitude toward the behavior and his/her subjective norm [9, 10]. The best predictor of behavior is intention. Intention is the cognitive representation of a person's readiness to perform a given behavior, and it is considered to be the immediate antecedent of behavior. This intention is determined by three things: the attitude toward the specific behavior, the subjective norms and the perceived behavioral control. The theory of planned behavior holds that only specific attitudes toward the behavior in question can be expected to predict that behavior. To predict someone's intentions, knowing these beliefs can be as important as knowing the person's attitudes.

Finally, perceived behavioral control influences intentions. Perceived behavioral control refers to people's perceptions of their ability to perform a given behavior. This theory affirms that the more favorable the attitude and the subjective norm, the greater the perceived control and the stronger should the person's intention to perform the behavior in question.

Application of the theory to the study:

The readiness of the traders to perform the preventive measures towards contacting covid 19, their readiness to comply with the covid19 protocols and the belief that they can perform the behavior will bring about the intention or positive attitude to performing the behavior. If the behavior is performed, this will bring about reduction in the spread of covid-19.

2.2. Health Promotion Model Theoretical Propositions

Pender in 1982 proposed that prior behavior, inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior (Nursing Theory, 2012). The age, educational level, marital Status, employment status is variables that are believed to influence decision for prevention and the spread of covid19. Also, Persons are likely to commit to engaging in behaviors from which they anticipate deriving personally valued benefits. However, perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior. Likewise, perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of the behavior. Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior. Families and health care providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health-promoting behavior. The personal consent taken and the education session provided to respondents also will aid the uptake of preventive measures. The greater the commitments to a specific plan of action, the more likely health-promoting behaviors are to be maintained over time.

Application of the theory to the study

Individual characteristics and experiences such as level of education, prior knowledge, socio economic status and cultural interpretation are supposed to help individual understand what covid-19 disease is all about and comply with the protocols of preventive measures and this will help an individual to use the preventive measures always to prevent the spread of the disease.

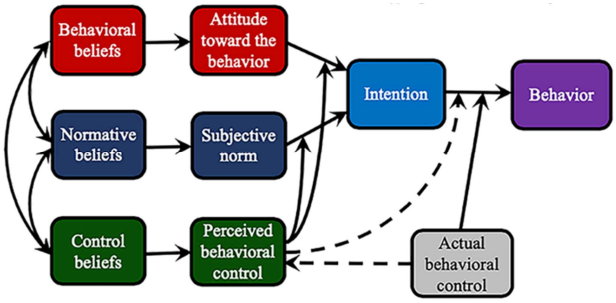

Figure 1. *Health Promotion Theoretical Model Subjective Norm.*

The study is a cross-sectional descriptive survey among the traders of the selected markets in Ibadan, Oyo-state. The target populations comprised of market traders of diverse social/demographic characteristics trading in various markets in the urban local government area of Ibadan and were willing to participate in the research study. The study was carried out with the assistance of four trained Research Assistants (RAs). The RAs were recruited and trained to ensure adequate understanding of the content of the study instruments as well as the data collection process and management. The trained RAs were involved in the pretest and this was done to provide them with practical experiences. Advocacy visits was made to the market heads by the researchers in company of the research assistants to intimate them of the study objectives and to obtain permission from them prior to the data collection. The questionnaire was self-administered and was reviewed for completeness, accuracy and problems noted were resolved immediately after interview.

3. Result

Socio-Demographic Data

Table 1. *Showing socio-demographic data.*

Variable		Frequency	Percent
Market Location	Dugbe	239	14.3
	Bodija	416	24.9
	Gate	327	19.6
	Ojaoba	340	20.3
	Alesinloye	349	20.9
	Total	1671	100.0
Age	less than 20 years	190	11.4
	20-29	499	29.9
	30-39	361	21.6
	40-49	380	22.7
	50-59	108	6.5
	60 and above	54	3.2
	No Response	79	4.7
	Total	1671	100.0
Gender	Male	938	56.1
	Female	725	43.3
	Missing	8	.5
	Total	1671	100.0
Ethnic-group	Yoruba	1166	69.8
	Hausa	139	8.3
	Igbo	286	17.1
	Others	43	2.6
	No Response	37	2.2
	Total	1671	100.0
Religion	Islam	719	43.0
	Christianity	895	53.6
	traditional	33	2.0
	No Response	24	1.4
	Total	1671	100.0
Qualification	Primary	367	22.0
	Secondary	747	44.7
	Tertiary	532	31.8
	No Response	25	1.5
	Total	1671	100.0

Table 1 above shows that 239 (14.3%) of the respondents were from Dugbe, 416 (24.9%) from Bodija market, 327 (19.6%) were from Gate, 340 (20.3%) were from Ojaoba while 349 (20.9%) were from Alesinloye; 190 (11.4%) of the respondents were less than 20 years of age, 499 (29.9%) were between 20-29years, 361 (21.6%) were between 30-39years, 380 (22.7%) were between 40-49years, 108 (6.5%) were between 50-59 years, 54 (3.2%) were between 60 and above, 79 (4.7%) of the respondents did not indicate their age; 938 (56.1%) of the respondents were male, 725 (43.3%) were female while 8 (0.5%) did not indicate their gender; 1166 (69.8%) of the respondents were Yoruba, 139 (8.3%) were Hausa, 286 (17.1%) were Igbo, 43 (2.6%) were from other

tribes while 37 (2.2%) of the respondents did not indicate their tribe; 719 (43.0%) of the respondents were Muslims, 895 (53.6%) were Christian, 33 (2.0%) were traditional worshippers while 24 (1.4%) of the respondents did not indicate their religion; 367 (22%) of the respondents had primary education, 747 (44.7%) had secondary education, 532 (31.8%) had tertiary education while 25 (1.5%) of the respondents did not indicate their educational level.

Table 2. *Showing socio-demographic data.*

Variables		Frequency	percent
Marital Status	Single	841	50.3
	Married	726	43.4
	Divorced	31	1.9
	Widowed	33	2.0
	Separated	18	1.1
	No Response	22	1.3
	Total	1671	100.0
if married, what type of marriage	Monogamous	680	40.7
	Polygamous	214	12.8
	No Response	777	46.5
	Total	1671	100.0
If married, how many children do you have?	1-2children	203	12.1
	3-4 children	336	20.1
	4-6 children	137	8.2
	7-10 children	121	7.3
	No response	874	52.3
	Total	1671	100.0
Type of business as a trader	Food stuff sellers	161	9.6
	Provision sellers	28	1.7
	Meat sellers	6	.4
	Yam tuber sellers	23	1.4
	Groceries sellers	88	5.3
	Book sellers	12	.7
	Drivers	3	.2
	Cloth Sellers	580	34.7
	Spare parts dealer	89	5.3
	Others like apprentice and cart pushers	681	40.7
	Total	1671	100.0

Table 2 above shows that most of the respondents 841 (50.3%) of the respondents were single, 726 (43.4%) were married, 31 (1.9%) were divorced, 33 (2.0%) were widow, 18 (1.1%) were separated while 22 (1.3%) of the respondents did not indicate their marital status; 680 (40.7%) were in a monogamous marriage, 214 (12.8%) were from polygamous family while 777 (46.5%) of the respondents did not indicate their kind of marriage; 203 (12.1%) of the respondents have between 1-2 children, 336 (20.1%) have between3-4children, 137 (8.2%) have between 4-6children, 121 (7.3%) have between 7-10 children 874 (52.3%) choose not to state the number of children they have; 161 (9.6%) of the respondents are food stuff sellers, 28 (1.7%) were provision sellers, 6 (0.4%) were meat sellers, 23 (1.4%) are yam tuber sellers, 88 (5.3%) were groceries sellers, 12 (0.7%) were book sellers, 3 (0.2%) were drivers, 580 (34.7%) were cloth sellers while, 89 (5.3%) were spare parts dealers while 681 (40.7%) of the respondents were either an apprentice and cart pushers.

Awareness of Traders towards Covid-19

Table 3. *Showing awareness of traders towards Covid-19.*

Variable		Frequency	Percent
Have you heard of covid-19	Yes	1588	95.0
	No	58	3.5
	No Response	25	1.5
	Total	1671	100.0
Source of Information	Radio	730	43.7
	Television	647	38.7
	Friends	156	9.3
	Print media	67	4.0
	Hospital	42	2.5
	No Response	29	1.7
	Total	1671	100.0
When did you hear about covid-19	Less than a month	73	4.4
	Less than 6 months	384	23.0
	More than 6 months	1173	70.2
	No Response	41	2.5
	Total	1671	100.0
Are you aware of someone who has covid-19?	Yes	182	10.9
	No	1386	82.9
	No Response	103	6.2
	Total	1671	100.0
If yes, what is your relationship with the person?	Friend	42	23.1
	Others (Dignitaries)	140	76.9
	Total	182	100.0

Table 4. *Showing knowledge of traders towards Covid-19 pandemic.*

Variable		Frequency	Percent
Covid-19 can be transmitted from person to person through droplets or direct contact	Yes	1447	86.6
	No	199	11.9
	No Response	25	1.5
	Total	1671	100.0
Human can become infected with a coronavirus of animal source	Yes	913	54.6
	No	716	42.8
	No Response	42	2.5
	Total	1671	100.0
it is an infectious disease caused by a newly discovered corona virus	Yes	1267	75.8
	No	360	21.5
	No Response	44	2.6
	Total	1671	100.0
Ebola is a type of coronavirus	Yes	890	53.3
	No	749	44.9
	No Response	32	1.9
	Total	1671	100.0
Covid-19 primarily attacks the Lungs	Yes	1351	80.8
	No	272	16.3
	No Response	48	2.9
	Total	1671	100.0
Covid-19 was first discovered in Wuhan city in china	Yes	1384	82.8
	No	247	14.8
	No response	40	2.4
	Total	1671	100.0
Incubation period of Covid-19 is 2-14days	Yes	1310	78.4
	No	311	18.6
	No response	50	3.0
	Total	1671	100.0
Teenagers and children cannot get infected with Covid-19	Yes	855	51.2
	No	759	45.4
	No response	57	3.4
	Total	1671	100.0

Table 3 above shows that 1588 (95.0%) of the respondents said that they have heard about Covid-19 pandemic while 58 (3.5%) said that they have not heard about Covid-19

pandemic; 730 (43.7%) of the respondents heard from Radio, 647 (38.7%) heard from the Television, 156 (9.3%) heard from Friends, 67 (4.0%) heard from Print media, 42 (2.5%) heard from the Hospital while 29 (1.7%) did not indicate their source of information; 73 (4.4%) of the respondents heard about the pandemic less than a month, 384 (23.0%) heard about the pandemic less than 6 months, 1173 (70.2%) have heard about the pandemic for more than 6 months, 41 (2.5%) did not indicate when they heard about the pandemic; 182 (10.9%) of the respondents are aware of someone who has covid-19, 1386 (82.9%) are not aware of someone who has covid-19 while 1582 (94.7%) while 103 (6.2%) did not indicate their awareness about anyone with Covid-19; 42 (23.1%) those who said yes had close relationship with the victim of covid -19 while 140 (76.9%) did not have close relationship with the victim of covid-19.

Knowledge of traders towards Covid-19 pandemic

Table 4 above shows that 1447 (86.6%) of the respondents said that Covid-19 can be transmitted from person to person through droplets or direct contact while 199 (11.9%) said that, 199 (11.9%) said that Covid-19 cannot be transmitted from person to person through droplets or direct contact; 913 (54.6%) said that human can become infected with a coronavirus of animal source while 716 (42.8%) said that human cannot become infected with a coronavirus of animal source; 1267 (75.8%) said that it is an infectious disease caused by a newly discovered corona virus while 360 (21.5%) said that it is not an infectious disease caused by a newly discovered corona virus; 890 (53.3%) said that Ebola is a type of coronavirus while 749 (44.9%) said that Ebola is not a type of coronavirus; 1351 (80.8%) said that Covid-19 primarily attacks the Lungs while 272 (16.3%) said that Covid-19 does not primarily attacks the Lungs; 1384 (82.8%) said that Covid-19 was first discovered in Wuhan city in china while 247 (14.8%) said that Covid-19 was not first discovered in Wuhan city; 1310 (78.4%) said that incubation period of Covid-19 is 2-14days while 311 (18.6%) said that incubation period of Covid-19 is not 2-14days; 855 (51.2%) said that teenagers and children can get infected with covid-19 and 759 (45.4%) said that teenagers and children cannot get infected with covid-19.

Knowledge on signs and symptoms of Covid-19

Table 5 above shows that majority 1465 (87.7%) of the respondents said that running nose, cough and difficulty in breathing are signs and symptoms of covid-19 while 186 (11.1%) said that that running nose, cough and difficulty in breathing are not signs and symptoms of covid-19; 1439 (86.1%) said that fever, headache and body pain and tiredness are signs and symptoms of covid-19 while 210 (12.6%) said that fever, headache and body pain and tiredness are not signs and symptoms of covid-19; 1174 (70.2%) said that diarrhea and abdominal pains are signs and symptoms of covid-19 while 459 (27.5%) said that diarrhea and abdominal pains are not signs and symptoms of covid-19; 1269 (75.9%) said that recent loss of Smell and taste and sore throat are signs and symptoms of covid-19 while 355 (21.3%) said that recent loss of Smell and taste and sore throat are not signs and symptoms of covid-19; 1084 (65.0%) of the respondents said that some people do not show signs of covid-19 yet they can spread it while 561 (33.4%) said that some people will show signs of covid-19 before they can spread it.

Knowledge on preventive measures

Table 5. *Showing knowledge on signs and symptoms of covid-19.*

Variable		Frequency	Percent
Running nose, cough and difficulty in breathing	Yes	1465	87.7
	No	186	11.1
	No response	20	1.2
	Total	1671	100.0
Fever, headache and body pain and tiredness	Yes	1439	86.1
	No	210	12.6
	No response	22	1.3
	Total	1671	100.0
Diarrhea and abdominal pains	Yes	1174	70.2
	No	459	27.5
	No response	38	2.3
	Total	1671	100.0
Recent loss of Smell and taste and sore throat	Yes	1269	75.9
	No	355	21.3
	No response	47	2.8
	Total	1671	100.0
some people do not show signs of covid-19 yet they can spread it	Yes	1084	65.0
	No	561	33.4
	No response	26	1.6
	Total	1671	100.0

Table 6. *Showing knowledge on preventive measures.*

Variable		Frequency	Percent
Maintaining physical distancing	Yes	1564	93.6
	No	91	5.4
	No response	16	1.0
	Total	1671	100.0
Wearing of face masks	Yes	1561	93.4
	No	93	5.6
	No response	17	1.0
	Total	1671	100.0
Frequent hand-washing	Yes	1551	92.8
	No	86	5.2
	No response	34	2.0
	Total	1671	100.0
Use of Dettol	Yes	1319	78.9
	No	310	18.6
	No response	42	2.5
	Total	1671	100.0
Use of hand sanitizer alone is more effective for removing covid-19	Yes	1267	75.8
	No	375	22.5
	No response	29	1.7
	Total	1671	100.0
Use of face shield alone	Yes	898	53.7
	No	742	44.3
	No response	31	1.9
	Total	1671	100.0
Wearing of hand gloves	Yes	1175	70.3
	No	460	27.5
	No response	36	2.2
	Total	1671	100.0

Table 6 above shows that majority 1564 (93.6%) of the respondents said that they maintained social and physical distancing while 91 (5.4%) said that they do not maintained social and physical distancing; 1561 (93.4%) said that they wore their facemask when going out in recent times while 93 (5.6%) said that they do not wore their facemask when going out in recent times; 1551 (92.8%) said they practiced frequent hand washing while 86 (5.2%) said they do not practiced frequent hand washing; 1319 (78.9%) said that they use Dettol while 310 (18.6%) said that they do not use Dettol; 1267 (75.8%) believed that the use hand sanitizer alone is more effective for removing covid-19 while 375 (22.5%) do not believed that the use hand sanitizer alone is more effective for removing covid-19; 898 (53.7%) believed that use of face shield alone can prevent covid-19 while 742 (44.3%) do not believed that use of face shield alone can prevent covid-19; 1175 (70.3%) believed that wearing of hand gloves can prevent the spreads of covid-19 while 460 (27.5%) do not believed that wearing of hand gloves can prevent the spreads of covid-19.

Knowledge on Management of Covid-19

Table 7. *Showing knowledge on management of Covid-19.*

Variable		Frequency	Percent
There is no vaccine or treatment for covid-19	Yes	1136	68.0
	No	489	29.2
	No response	46	2.8
	Total	1671	100.0
Admitting infected persons to isolation ward	Yes	1360	81.4
	No	286	17.1
	No response	25	1.5
	Total	1671	100.0
Taking hot drinks and hot fomentation	Yes	1054	63.1
	No	586	35.0
	No response	31	1.9
	Total	1671	100.0
Taking of home grown remedy	Yes	1035	61.9
	No	605	36.2
	No response	31	1.9
	Total	1671	100.0
The use of turmeric, garlic and ginger	Yes	1020	61.0
	No	626	37.5
	No response	25	1.5
	Total	1671	100.0
Specify other actions taken to manage Covid-19	Isolation	250	15.0
	Vaccination	250	15.0
	Antibiotics	621	37.1
	Home remedy	470	28.1
	No response	80	4.8
	Total	1671	100.0

Table 7 above shows that majority 1136 (68.0%) of the respondents believed that there is no vaccine or treatment for covid-19 while 489 (29.2%) believed that there is vaccine or treatment; 1360 (81.4%) said that admitting infected persons to isolation wards is the best management for Covid-19 while 286 (17.1%) said that there is no need to admits infected persons to isolation wards; 1054 (63.1%) said that taking hot drinks and hot fermentation is good for the management of covid-19 while 586 (35.0%) said they do not take hot drinks and hot fermentation is good for the management of covid-19; 1035 (61.9%) said that taking home grown remedy is a good management practice; 1020 (61.0%) said that the use of turmeric, garlic and ginger is a good management practice for covid-19; 250 (15.0%) said that they observe isolation from others whenever they felt sick, 250 (15.0%) said vaccination is other specific action they took, 621 (37.1%) said that they used antibiotics while 470 (28.1%) said that they used home remedy.

Perception of Traders towards Covid-19 Pandemic

Table 8. *Showing perception of traders towards covid-19 pandemic.*

Variable		Frequency	Percent
There are more lie than truth about covid-19 pandemic	Strongly agree	669	40.0
	Agree	416	24.9
	Undecided	251	15.0
	Strongly Disagree	233	13.9
	Disagree	61	3.7
	No response	41	2.5
	Total	1671	100.0
it is a stigmatized disease	Strongly agree	196	11.7
	Agree	578	34.6
	Undecided	389	23.3
	Strongly Disagree	359	21.5
	Disagree	71	4.2
	No response	78	4.7
	Total	1671	100.0
Covid-19 is the same thing as strong malaria	Strongly agree	338	20.2
	Agree	421	25.2
	Undecided	298	17.8
	Strongly Disagree	403	24.1
	Disagree	162	9.7
	No response	49	2.9
	Total	1671	100.0
It is a death sentence	Strongly agree	187	11.2
	Agree	283	16.9
	Undecided	270	16.2
	Strongly Disagree	535	32.0
	Disagree	307	18.4
	No response	89	5.3
	Total	1671	100.0
The virus started as a biological weapon	Strongly agree	262	15.7
	Agree	357	21.4
	Undecided	442	26.5
	Strongly Disagree	393	23.5
	Disagree	148	8.9
	No response	69	4.1
	Total	1671	100.0

Table 8 above shows that majority of 1085 (64.9%) agreed that there are more lie than truth about covid-19 pandemic, 294 (17.6%) disagreed while 251 (15.0%) were undecided; 774 (46.3%) agreed that covid-19 is a stigmatized disease, 430 (25.7%) disagreed while 389 (23.3%) were undecided; 759 (45.4%) agreed that Covid-19 is the same thing as strong malaria, 565 (33.8%) disagreed while 298 (17.8%) were

undecided; 470 (28.1%) agreed covid-19 is a death sentence, 842 (50.4%) disagreed with covid-19 been a death sentence, while 307 (18.4%) were undecided; 619 (37.1%) of the respondents agreed that the virus started as a biological weapon, 541 (32.4%) disagreed while 148 (8.9%) were undecided.

Table 9. *Showing the perception of traders towards covid-19 pandemic.*

Variable		Frequency	Percent
it is a disease of the elites or the rich	Strongly agree	300	18.0
	Agree	325	19.4
	Undecided	275	16.5
	Strongly Disagree	418	25.0
	Disagree	321	19.2
	No response	32	1.9
	Total	1671	100.0
only the elderly can be infected with covid-19	Strongly agree	287	17.2
	Agree	316	18.9
	Undecided	265	15.9
	Strongly Disagree	538	32.2
	Disagree	234	14.0
	No response	31	1.9
	Total	1671	100.0
Home grown remedy can cure covid-19	Strongly agree	288	17.2
	Agree	377	22.6
	Undecided	281	16.8
	Strongly Disagree	430	25.7
	Disagree	262	15.7
	No response	33	2.0
	Total	1671	100.0
Covid-19 is not real	Strongly agree	208	12.4
	Agree	166	9.9
	Undecided	352	21.1
	Strongly Disagree	588	35.2
	Disagree	214	12.8
	No response	143	8.6
	Total	1671	100.0
The number of reported cases are being doctored	Strongly agree	368	22.0
	Agree	479	28.7
	Undecided	273	16.3
	Strongly Disagree	273	16.3
	Disagree	235	14.1
	No response	43	2.6
	Total	1671	100.0

Table 9 above shows that 625 (37.4%) respondents agreed that covid-19 disease is the disease of the elites or the rich, 937 (44.2%) of the respondents disagreed that covid-19 disease is the disease of the elites or the rich while 275 (16.5%) were undecided; 603 (36.1%) respondents agreed that only the elderly can be infected with covid-19, 772 (46.2%) disagreed that only the elderly can be infected with covid-19 while 265 (15.9) were undecided; 665 (39.8%) agreed that home grown remedy is a cure for covid-19, 692 (41.4%) disagreed with home grown remedy been a cure for covid-19 while 281 (16.8%) were undecided; 374 (22,4%) respondents agreed with covid-19 not been real, 802 (48.0%) disagreed with covid-19 not been real while 352 (21.1%) were undecided; 847 (50.7%) agreed with the number of reported cases being doctored, 508 (30.4%) disagreed while 273 (16.3%) were undecided.

Table 10 above shows that majority 806 (48.2%) of the respondents agreed that taking hot drinks and hot fomentation can kill the virus, 517 (30.9%) disagreed while 303 (18.1%) were undecided; 662 (39.6%) agreed that there are Covid-19 vaccine mixtures, 460 (27.5%) while 513 (30.7%) were undecided; 551 (33.0%) agreed that the disease cannot affect the village people, 677 (40.4%) disagreed that the disease cannot affect the village people while 387 (23.2%) were undecided; 812 (48.6%) agreed that the stigma associated with Covid-19 is different from that of HIV, 422 (25.3%) disagreed while 400 (23.9%) were undecided; 567 (33.9%) of the respondents agreed that those who recovered from the disease can still spread it, 714 (42.7%) disagreed while 339 (20.3%) were undecided.

Table 10. *Showing the perception of traders towards covid-19 pandemic.*

	Strongly agree	329	19.7
	Agree	477	28.5
	Undecided	303	18.1
Taking hot drinks and hot fomentation can kill the virus	Strongly Disagree	370	22.2
	Disagree	147	8.8
	No response	45	2.7
	Total	1671	100.0
	Strongly agree	254	15.2
	Agree	408	24.4
	Undecided	513	30.7
There are Covid-19 vaccine mixtures	Strongly Disagree	331	19.8
	Disagree	129	7.8
	No response	36	2.2
	Total	1671	100.0
	Strongly agree	269	16.1
	Agree	282	16.9
	Undecided	387	23.2
The disease cannot affect the village people	Strongly Disagree	527	31.5
	Disagree	150	8.9
	No response	56	3.4
	Total	1671	100.0
	Strongly agree	246	14.7
	Agree	566	33.9
	Undecided	400	23.9
The stigma associated with Covid-19 is different from that of HIV	Strongly Disagree	292	17.6
	Disagree	130	7.7
	System	37	2.2
	Total	1671	100.0
	Strongly agree	268	16.0
	Agree	299	17.9
	Undecided	339	20.3
Those who recovered from the disease can still spread it	Strongly Disagree	493	29.5
	Disagree	221	13.2
	System	51	3.1
	Total	1671	100.0

Table 11. *Showing the perception of traders towards covid-19 pandemic.*

Variable		**Frequency**	**Percent**
	Strongly agree	386	23.1
	Agree	501	30.0
	Undecided	368	22.1
It is self-efficacious in controlling	Strongly Disagree	239	14.3
	Disagree	101	6.0
	System	76	4.5
	Total	1671	100.0
	Strongly agree	598	35.8
	Agree	554	33.2
	Undecided	248	14.8
Wearing face mask can protect one from infection	Strongly Disagree	157	9.4
	Disagree	62	3.7
	No response	52	3.1
	Total	1671	100.0
	Strongly agree	457	27.3
	Agree	547	32.7
	Undecided	290	17.5
Seriousness of Covid-19 in patient differs	Strongly Disagree	208	12.4
	Disagree	106	6.3
	No response	63	3.8
	Total	1671	100.0
	Strongly agree	639	38.2
	Agree	321	19.2
	Undecided	294	17.6
Government is making politics/money with the disease	Strongly Disagree	282	16.9
	Disagree	86	5.2
	No Response	49	2.9
	Total	1671	100.0

Variable		Frequency	Percent
The disease affects only those that travelled abroad	Strongly agree	321	19.2
	Agree	295	17.7
	Undecided	313	18.7
	Strongly Disagree	507	30.3
	Disagree	185	11.1
	System	50	3.0
	Total	1671	100.0

Table 11 above shows that majority 887 (58.1%) of the respondents agreed that covid-19 is self-efficacious to control, 340 (20.3%) disagreed while 368 (22.1) were undecided; 1152 (69.0%) agreed that wearing of face mask can protect one from infection, 219 (13.1%) disagreed while 248 (14.8%) were undecided; 1004 (60.0%) agreed that seriousness of covid-19 in patients differs, 314 (18.8%) disagreed while 290 (17.5%) were undecided; 960 (57.4%) agreed that government is making politics/money with the disease, 368 (22.0%) disagreed while 294 (17.6%) were undecided; 616 (36.9%) agreed that the disease affects only those that travelled abroad, 692 (41.4%) disagreed while 313 (18.7%) were undecided.

Attitude of Traders towards covid-19 Pandemic

Table 12 above shows that majority 1300 (77.8%) agreed that they practice social and physical distancing, 169 (10.1%) disagreed while167 (10.0%) were undecided; 1361 (81.4%) agreed that they wear face mask when going out in recent times; 1322 (79.1%) agreed that they avoided going to social events with large number of people or crowded places, 125 (7.5%) disagreed while 141 (8.1%) were undecided; 1251 (74.8%) agreed that they avoided shaking hands with people, 174 (10.4%) disagreed while 146 (8.7%) were undecided; 1249 (74.7%) agreed that they practiced washing of hands after sneezing, coughing, nose blowing etc., 248 (14.8%) disagreed while 134 (8.1%) were undecided.

Table 12. *Showing attitude of traders towards covid-19 pandemic.*

Variable		Frequency	Percent
I practice social and physical distancing	Strongly agree	640	38.3
	Agree	660	39.5
	Undecided	167	10.0
	Strongly Disagree	92	5.5
	Disagree	77	4.6
	No response	35	2.1
	Total	1671	100.0
I wear face mask when going out in recent times	Strongly agree	468	28.0
	Agree	893	53.4
	Undecided	141	8.4
	Strongly Disagree	58	3.5
	Disagree	67	4.0
	No response	44	2.6
	Total	1671	100.0
I avoid going to social events with large number of people or crowded places	Strongly agree	558	33.4
	Agree	764	45.7
	Undecided	137	8.2
	Strongly Disagree	62	3.7
	Disagree	112	6.7
	No response	38	2.3
	Total	1671	100.0
I also avoid shaking hands with people	Strongly agree	500	29.9
	Agree	751	44.9
	Undecided	146	8.7
	Strongly Disagree	111	6.6
	Disagree	116	6.9
	No response	47	2.8
	Total	1671	100.0
I practice washing of hands after sneezing, coughing, nose blowing etc.	Strongly agree	525	31.4
	Agree	724	43.3
	Undecided	134	8.1
	Strongly Disagree	139	8.3
	Disagree	109	6.5
	No response	40	2.4
	Total	1671	100.0

Table 13 above shows that majority 893 (53.4%) of the respondents agreed that they take herbs first thing in the morning, 464 (27.8%) disagreed while 274 (16.4%) were undecided; 642 (38.4%) agreed that they do hot fomentation

when they gets back from market, 628 (37.6%) disagreed while 350 (20.9%) were undecided; 749 (44.7%) agreed that they avoided going to hospitals nowadays, 639 (38.2%) disagreed while 235 (14.1%) were undecided; 631 (37.8%) agreed that they don't visit hairdresser or barber nowadays, 729 (43.6%) disagreed while 259 (15.6%) of the respondents were undecided.

Suggestions for the prevention of Covid-19 Pandemic

Table 13. *Showing attitude of traders towards covid-19 pandemic.*

Variable		Frequency	Percent
	Strongly agree	308	18.4
	Agree	585	35.0
	Undecided	274	16.4
I take herbs first thing in the morning	Strongly Disagree	252	15.1
	Disagree	212	12.7
	No response	40	2.4
	Total	1671	100.0
	Strongly agree	356	21.3
	Agree	286	17.1
	Undecided	350	20.9
I do hot fomentation when back from market	Strongly Disagree	280	16.8
	Disagree	348	20.8
	No response	51	3.1
	Total	1671	100.0
	Strongly agree	271	16.2
	Agree	478	28.5
	Undecided	235	14.1
I avoid going to hospitals nowadays	Strongly Disagree	307	18.4
	Disagree	332	19.9
	No response	48	2.9
	Total	1671	100.0
	Strongly agree	281	16.8
	Agree	350	20.9
	Undecided	259	15.6
I don't visit hairdresser or barber nowadays	Strongly Disagree	456	27.3
	Disagree	273	16.3
	No response	52	3.1
	Total	1671	100.0

Table 14. *Showing suggestions for the prevention of covid-19 pandemic.*

Variable		Frequency	Percent
	Hand wash	400	23.9
	Wearing of face mask	939	56.2
Individual	Social distancing	126	7.5
	Use of alcohol based hand sanitizer	190	11.4
	No response	16	1.0
	Total	1671	100.0
	Social distance	437	26.2
	Keeping Hygienic environment	621	37.2
Family	Frequent washing of hands	233	13.9
	Use of alcohol based hand sanitizer	289	17.3
	Use of antiseptic to wipe surfaces that are prone to the virus	91	5.4
	Total	1671	100.0
	Wearing of face mask	506	30.3
	Observation of social distancing	423	25.3
Society	Restriction of public gathering and functions	334	20.0
	Attitudinal change towards the disease	408	24.4
	Total	1671	100.0
	Provision of palliatives and incentives to the citizenry	1231	73.7
	Provision of necessary facilities	162	9.7
Government	Fumigation of public spaces	137	8.2
	Building of more facilities for isolation centres	98	5.9
	Provision of up to date information on the disease	43	2.6
	Total	1671	100.0

Table 14 above shows that 400 (23.9%) of the respondents suggested hand washing for individuals, 939 (56.2%) suggested wearing of face mask, 126 (7.5%) suggested social distancing while 190 (11.4%) suggested using of alcohol based hand sanitizer; 437 (26.2%) suggested practicing social distancing within the family, 621 (37.2%) suggested keeping

of hygienic environment, 233 (13.9%) suggested frequent hand washing, 289 (17.3%) suggested the use of alcohol based hand sanitizer while 91 (5.4%) suggested that using of antiseptic to wipe surfaces that are prone to the virus; 506 (30.3%) of the respondents suggested wearing of facemask within the society, 423 (25.3%) suggested observation of social and physical distancing, 334 (20.0%) suggested that there should be restriction of public gathering and functions while 408 (24.4%) suggested that there should be attitudinal change towards the disease/pandemic; 1231 (73.7%) suggested that government should provide incentives in form of money and other palliative measures, 162 (9.7%) suggested that government should provide more medical facilities and infrastructure, 137 (8.2%) suggested that government should fumigates all the public space, 98 (5.9%) suggested that government should build more facilities for isolation centers while 43 (2.6%) suggested that government provide more up to date information on the disease.

Testing for Hypothesis

1. There is no significant association between respondents gender and knowledge of covid-19

Table 15. *Showing the association between respondents gender and Knowledge of Covid-19*

gender * infected Cross tabulation				
		Infected		**Total**
		Yes	**No**	
gender	Male	523	409	932
	Female	386	307	693
Total		909	716	1625

Table 16. *Showing the association between respondents gender and Knowledge of Covid-19*

Chi-Square Tests				
	Value	**Df**	**Asymptotic Significance (2-sided)**	**Exact Sig. (2-sided)**	**Exact Sig. (1-sided)**
Pearson Chi-Square	.028[a]	1	.867		
Continuity Correction[b]	.014	1	.907		
Likelihood Ratio	.028	1	.867		
Fisher's Exact Test				.880	.453
Linear-by-Linear Association	.028	1	.867		
N of Valid Cases	1625				

Symmetric Measures					
		Value	**Asymptotic Standard Error[a]**	**Approximate T[b]**	**Approximate Significance**
Interval by Interval	Pearson's R	.004	.025	.167	.867[c]
Ordinal by Ordinal	Spearman Correlation	.004	.025	.167	.867[c]
N of Valid Cases		1625			

Table 17. *Showing the association between respondent's attitude and perception towards of Covid-19.*

Social events * Death sentence Cross tabulation							
		Death sentence					
		Strongly agree	**Agree**	**Undecided**	**Strongly Disagree**	**Disagree**	**Strongly disagree**
Social events	Strongly agree	117	88	66	204		536
	Agree	51	152	105	227	536	723
	Undecided	10	23	57	34	723	134
	Strongly Disagree	6	7	14	24	134	62
	Disagree	3	12	24	35	62	110
Total		187	282	266	524	306	1565

Table 18. *Showing the association between respondent's attitude and perception towards of Covid-19.*

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	202.406[a]	16	.000
Likelihood Ratio	189.515	16	.000
Linear-by-Linear Association	30.368	1	.000
N of Valid Cases	1565		

Table 19. *Showing the association between respondent's attitude and perception towards of Covid-19.*

Symmetric Measures					
		Value	**Asymptotic Standard Error[a]**	**Approximate T[b]**	**Approximate Significance**
Interval by Interval	Pearson's R	.139	.023	5.563	.000[c]
Ordinal by Ordinal	Spearman Correlation	.132	.024	5.281	.000[c]
N of Valid Cases		1565			

There is no significant association between respondent's gender and knowledge of covid-19. From the output above, Chi-square table shows X^2 (0.028, df=1, 0.028<0.05). This simply mean association between gender and knowledge of covid-19 was significant. Therefore, null hypothesis is rejected.

2. There is no significant association between respondent's attitude and perception towards covid-19.

There is no significant association between respondent's attitude and perception towards covid 19. From the output above, Chi-square table shows X^2 (202.40, df=16, 0.1.32>0.05). This simply mean association between respondent's attitude and knowledge of covid -19 was not significant. Therefore, hypothesis is null.

3. There is no significant association between respondent's socio-demographic characteristics and attitude of traders towards covid-19

Table 20. *Showing the association between respondent's socio-demography and attitudes towards of Covid-19.*

gender * Washing of hands Cross tabulation							
Count							
		Washing of hands					
		Strongly agree	**Agree**	**Undecided**	**Strongly Disagree**	**Disagree**	**Total**
gender	Male	280	408	86	86	67	927
	Female	247	318	48	53	34	700
Total		527	726	134	139	101	1627

Table 21. *Showing the association between respondent's socio-demography and attitudes towards of Covid-19.*

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	13.746	5	.017
Likelihood Ratio	14.606	5	.012
Linear-by-Linear Association	3.395	1	.065
N of Valid Cases	1627		

Table 22. *Showing the association between respondent's socio-demography and attitudes towards of Covid-19.*

Symmetric Measures					
		Value	**Asymptotic Standard Errora**	**Approximate Tb**	**Approximate Significance**
Interval by Interval	Pearson's R	-.046	.028	-1.844	.065[c]
Ordinal by Ordinal	Spearman Correlation	-.074	.025	-3.002	.003[c]
N of Valid Cases		1627			

There is no significant association between respondent's socio-demographic characteristics and attitude of traders towards covid19. From the output above, Chi-square table shows X^2 (13.746, df=5, -0.1.32 <0.05). This simply mean association between respondent's socio-demographic characteristics and attitude towards Covid -19 was not significant. Therefore, hypothesis is null.

4. Discussion of Findings

The study showed that 416 (24.9%) of the respondents were from Bodija market; 499 (29.9%) of the respondents were between the age of 20-29years; majority 938 (56.1%) were male; 781 (67.7%) were Yoruba; 1166 (69.8%) were Christian; 747 (44.7%) had secondary education while 841 (50.3%) were single, majority 732 (63.5%) of the respondents were in a monogamous marriage; 336 (20.1%) choose not to state the number of children they have while 681 (40.7%) of the respondents refuse to state their business endeavor this is similar to the results from the study carried out in the North Central part of Nigeria by [11] with results stating that majority of the study population were male 59.6% (351), 80.6% (475) were between ages 18–39 years.

The study further revealed that 1588 (95.0%) of the respondents said that they have heard about Covid-19 pandemic, 730 (43.7%) heard from Radio; 1173 (70.2%) have heard about the pandemic for more than 6 months; 1386 (82.9%) are not aware of someone who has covid-19 while 1582 (94.7%) those who said yes did not have close relationship with the victim of covid-19 which accepts the study of [12] which said that most respondents (61.6%, n=885/1437) had satisfactory knowledge of the disease.

Furthermore, it was shown that 1447 (86.6%) of the respondents said that Covid-19 can be transmitted from person to person through droplets or direct contact, 913 (54.6%) said that human can become infected with a coronavirus of animal source this accept the study conducted by [13] with results showing that 886 participants, the other modes of transmissions mentioned included–breathing infected air (77.4%), animal-to-human (52.0%), animal to animal (20.4%), human to human (88.6%), environment to human (71.4%), contact with infected surfaces or objects (85%), contact with saliva, nasal secretions, excreta, feces, and fomites of an infected person (75.4%) and contact with live animal markets (34.3%); 1267 (75.8%) said that it is an infectious disease caused by a newly discovered corona virus; 890 (53.3%) said that Ebola is a type of coronavirus; 1351 (80.8%) said that Covid-19 primarily attacks the Lungs; 1384 (82.8%) said that Covid-19 was first discovered in Wuhan city in china; 1310 (78.4%) said that incubation period of Covid-19 is 2-14days while 855 (51.2%) said that teenagers

and children can get infected with covid-19.

The study also shown that 1465 (87.7%) of the respondents said that running nose, cough and difficulty in breathing are signs and symptoms of covid-19; 1439 (86.1%) said that fever, headache and body pain and tiredness are signs and symptoms of covid-19; 1174 (70.2%) said that diarrhea and abdominal pains are signs and symptoms of covid-19; 1269 (75.9%) said that recent loss of smell and taste and sore throat are signs and symptoms of covid-19 while 1084 (65.0%) said that some people do not show signs of covid-19 yet they can spread it which is in consonance [14] with stating that the clinical spectrum of coronavirus infection is quite broad, ranging from a simple cold to severe pneumonia. Clinically, COVID-19 initially presents as a flu-like syndrome.

It was further revealed that 1085 (64.9%) respondents agreed that there are more lie than truth about covid-19 pandemic; 774 (46.3%) agreed that covid-19 is a stigmatized disease; 759 (45.4%) agreed that Covid-19 is the same thing as strong malaria; 842 (50.4%) disagreed with covid-19 been a death sentence while 619 (37.1%) of the respondents agreed that the virus started as a biological weapon; that majority 937 (44.2%) of the respondents disagreed that covid-19 disease of the elites or the rich; 772 (46.2%) disagreed that only the elderly can be infected with covid-19; 692 (41.4%) disagreed with home grown remedy been a cure for covid-19; 802 (48.0%) disagreed with covid-19 not been real while 847 (50.7%) disagreed with the number of reported cases being doctored; 806 (48.2%) of the respondents agreed that taking hot drinks and hot fomentation can kill the virus; 662 (39.6%) agreed that there are Covid-19 vaccine mixtures; 677 (40.4%) disagreed that the disease cannot affect the village people; 812 (48.6%) agreed that the stigma associated with Covid-19 is different from that of HIV while 714 (42.7%) disagreed with the notion that Those who recovered from the disease can still spread it.

The results also revealed that 1300 (77.8%) agreed that they practice social and physical distancing; 1361 (81.4%) agreed that they wear face mask when going out in recent times; 1322 (79.1%) agreed that they avoided going to social events with large number of people or crowded places; 1251 (74.8%) agreed that they avoided shaking hands with people while 1249 (74.7%) agreed that they practiced washing of hands after sneezing, coughing, nose blowing etc.; 893 (53.4%) of the respondents agreed that they take herbs first thing in the morning; 642 (38.4%) agreed that they do hot fomentation when they gets back from market; 749 (44.7%) agreed that they avoided going to hospitals nowadays while 729 (43.6%) disagreed that they don't visit hairdresser or barber nowadays.

Finally, the study showed that 939 (56.2%) of the respondents suggested wearing of face mask by individual, 621 (37.2%) suggested keeping of hygienic environment by family, 506 (30.3%) suggested wearing of facemask within the society while 1231 (73.7%) suggested that government should provide incentives in form of money and other palliative measures which is not too different from [15] with 886 respondents agreed with these preventive measures: use of face mask (84%), coughing into one's hands (22.8%), coughing into one's elbows (67.38%), regular hand washing (89%), use of hand sanitizers (89.62%), travel restrictions to high-risk areas (72.3%) and avoiding touching one's face with hands (69%).

5. Conclusion

In conclusion, since the respondents had poor perception and attitude towards the Covid-19 pandemic, they are therefore advised to belief that Covid-19 is real and no home grown remedy can cure it. They should wear face mask all the time and engage in social distancing while the government should sensitize the populace about the danger that the pandemic pose to the health of the general populace and they should provide vaccines for the populace. There is also needs to provide palliatives in order to cushion the economic effects of the pandemic.

References

[1] Hassan, I. (March 26, 2020). The other COVID-19 pandemic: Fake news. Available online at https://africanarguments.org/2020/03/26/the-other-covid-19-pandemic-fake-news/ http://www.frontiersin.org, 2020).

[2] Abati, R. (April 7, 2020). Corona Blues. Available online at http://saharareporters.com/2020/04/07/corona-blues-reuben-abati http://www.Amboss.com.

[3] Olapegba, P. O., Ayandele, O., Kolawole, S. O., Oguntayo, R., Gandi, J. C., Dangiwa, A. L.,… Iorfa, S. K. (2020, April 12). COVID-19 Knowledge and Perceptions in Nigeria. https://doi.org/10.31234/osf.io/j356x.

[4] World Health Organization. (WHO, 11 March, 2020). WHO Director-General's opening remarks at the media briefing on COVID-19—11 March 2020. Geneva, Switzerland: World Health Organization; 2020. Available online at https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

[5] Leppin, A. & Aro, A. R. (2009). Risk perception related to SARS and avian influenza: theoretical foundations of current behavioral research. International Journal of Behavioral Medicine, 16 (1), 7–29. doi: 10.1007/s12529-008-9002-8.

[6] Bhagavathula AS, Aldhaleei WA, Rahmani J, Mahabadi MA, Bandari DK Knowledge and Perceptions of COVID-19 Among Health Care Workers: Cross-Sectional Study JMIR Public Health Surveill 2020; 6 (2): e19160 DOI: 10.2196/19160 PMID: 32320381 PMCID: 7193987Serwaa, Lamptey, Appiah, Senkyire, Jude and Ameyaw (2020).

[7] Wadood, M. d & Mamun, ASMA & Rafi, M. d & Islam, M. d & Mohd, Suhaili & Lai, Lee & Hossain, Golam. (2020). Knowledge, attitude, practice and perception regarding COVID-19 among students in Bangladesh: Survey in Rajshahi University. 10.1101/2020.04.21.20074757.

[8] Masters, K. (2012). *Nursing theories: a framework for professional practice.* Sudbury, MA: Jones & Bartlett Learning.

[9] Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

[10] Fishbein, M. & Ajzen, Icek. (1975). Belief, attitude, intention and behaviour: An introduction to theory and research.

[11] Rine Christopher Reuben, Margaret M. A. Danladi, Dauda Akwai Saleh and Patricia Ene Ejembi (2020) Knowledge, Attitudes and Practices Towards COVID-19: An Epidemiological Survey in North-Central Nigeria: Springer Journal of Community Health https://doi.org/10.1007/s10900-020-00881-1.

[12] Hager E, Odetokun I. A, Bolarinwa O, Zainab A, Okechukwu O, Al-Mustapha A. I (2020) Knowledge, attitude, and perceptions towards the 2019 Coronavirus Pandemic: A bi national survey in Africa. PLoS ONE 15 (7): e0236918. https://doi.org/10.1371/journal.pone.0236918.

[13] Habib M. A, Dayyab F. M, Iliyasu G, Habib A. G (2021) Knowledge, attitude and practice survey of COVID-19 pandemic in Northern Nigeria. PLoS ONE 16 (1): e0245176. https://doi.org/10.1371/ journal.pone.0245176.

[14] Lima C. (2020). Information about the new coronavirus disease (COVID-19). *Radiologia- brasileira*, *53* (2), v–vi. https://doi.org/10.1590/0100-3984.2020.53.2e1.

[15] Taylor S, Asmundson GJG (2021) Negative attitudes about facemasks during the COVID-19 pandemic: The dual importance of perceived ineffectiveness and psychological reactance. PLoS ONE 16 (2): e0246317. https://doi.org/10.1371/journal.pone.0246317.