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Assessment of NCDC Covid 19 Safety Compliance among Market Women

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Abstract: The study examined the assessment of NCDC covid 19 safety compliance among market women. In order to carry out this study, specified research objectives were drawn from which null hypotheses were formulated and used for the study. The research design for this study is a survey design. The population of the study consisted of all the market women in Urua mbakara. Simple random sampling technique was used to select 383 respondents out of the population. The instrument used for data collection was questionnaire. The instrument was validated by experts in Test and Measurement. Crombach Alpha reliability technique was used for testing the reliability of the instrument. Data from completed questionnaires was subjected to percentage analysis. The finding showed and concludes that there is significant effect of covid-19 safety compliance has played a major role among market women in Akwa Ibom. Covid 19 safety compliance has help to prevent the spread of virus among market women in Akwa Ibom State and this is in form of the use of face mask among market women, physical distancing among market women, regular hand washing among market women, use of hand sanitizer among market women and compliance to vaccination among market women. The study recommended that market women should comply strictly to use of face mask because facemask are able to interrupt the particles and airborne viruses sufficiently, such that these pathogens do not reach the breathing zones of people nearby. Outside the hospital environment, the effectiveness of facemasks in containing the spread of airborne diseases in the general population has been diminished largely due to improper use and lack of user compliance.

INTRODUCTION

More than a decade ago scientists warmed that the high rate of interaction and consumption of wildlife, especially horseshoe bate in China was a time bomb that could potentially cause the reemergence of severe acute respiratory syndrome (SARS) viruses or the emergence of unknown viruses. This warning was unheeded, and consequently, a novel coronavirus, unheeded, and consequently, a novel coronavirus, SARS-Cov-z (formerly 2019 Cov, isolated on 7 January 2020) came to light, causing a contagious respiratory disease, coronavirus disease 2019 (Covid-19), named on 11th February by the world health organization.

Coronavirus disease 2019 (COVID 19) is a viral pneumonia with symptoms such as dry cough, fever, sore throat, dyspnea, body pain and diarrhea. This disease emerged in late December 2019 in Wuhan, in Hubei Province of China and within three months, it had spread globally, prompting the world health organization (WHO) to declare COVID-19 a threat to world health. SARS-Cov-z belongs to the family of coronaviridael of the order Nidovirales, large, positive single – stranded RNA viruses) which are important to human and animal viruses, in permanent circulation with four

members of this family causing respiratory infections (common cold) worldwide. Although the SARS (in 2020) and middle east respiratory syndrome coronavirus (MERS-Cov) (in 2012) epidemics were not globally dispersed COVID – 19, they seem to have caused more fatalities than COVID 19.

As of 10th April 2020, there was a total of 1,978,978 confirmed Covid -19 cases and 125, 196 deaths and cases have been reported in 213 countries areas or territories. The mortality rate of COVID 19 varies between counties, and the reason for this variability in mortality are still unclear. However, in some countries, age has been shown to impact mortality. The older the population the higher the mortality rate over, the current figures could be under estimating the morbidity and mortality rate of COVID 19, as it does not take into account asymptomadic patients.

Although COVID 19 affects individual of all ages, greater severity and mortality occur more among the aged population, that have other comorbidities such as hypertension, and other cardiovascular diseases, or diabetes, cancer and other immune compromising diseases. It has also been observed that COVID 19 seems to affect males more than females. Mean while, children tend to exhibit milder symptoms of COVID 19. However, the reason for this is not yet clear. The severe form of COVID 19 occurs in three phases – viral, pulmonary and final hyper-inflammatory phase, which can lead to sever acute respiratory distress syndrome (ARDS), impaired cordiac functions, and death. Thrombosis and coagulopathy is reported to complicate COVID 19. Patients suffering from a severe form of COVID 19 often need to be intubated and placed under a ventilator. The chance of survival following SARS-Cov-z infection for people greater or equal to 60 years is 95% in the absence of comorbid conditions, but this chance decreases considerably if the patient has underlying health condition.

Moreover, in Akwa Ibom State the state government along with other states and nations of the world place order through NCDC so as to safe lives of the citizens. The mandatory once were the use of face mask, physical distance, regular washing of hand, used of sanitizer etc. these safety measures were checked in churches, schools, work place, and market, etc to access the level of compliance

Because COVID 19 is easily transmitted via droplets and can remain suspended in the air for some hours, transmission can occur through human interaction and contamination. Travelers from countries with reported cases have enabled the disease to rapidly spread COVID-19 to all continents, including African countries. People residing in Europe (especially from the united kingdom, France, Germany, Italy, Spain and the Netherlands) and the USA have been categorized as high risk. Hence, travelers from those countries are also regarded as high-risk people.

Since COVID-19 spread at a fast rate, individuals from vulnerable health systems and poor socioeconomic backgrounds are particularly at risk. The majority of countries in sub-Saharan Africa are face with prolonged health system vulnerabilities due to civil wars, post military autocratic delayed reforms, corruption, and the emigration of a physicians/health workers and other skilled professionals. Nigeria is a concerning example of a vulnerable heath system, and according to the health care system corruption, and rating among Anglophone west African countries by transparency international, Nigeria ranks the worst. The leadership of the Nigerian ministry of health changes with every change in political dispensation, with successive ruling party selecting health ministers without consideration of competency. The frequent change of health ministers, coupled with the looting of funds earmarked for reformation of Nigeria healthcare systems and government officials often engaging in medical tourism, only serves to make the situation worse.

Thus, there is a high burden of chronic disases such as diabetes mellitus, hypertension and so on among the population of Nigeria thereby predisposing the majority of them to COVID 19.

The reasons for the burden chronic disease from COVID-19 were that the populace especially market women refuses to comply with the directives. Nearly all of them were not using face mask, they did not observed physical distancing, nor regular washing of hands, even use of sanitizer to combat the deadly disease. It is from the above observation that prompt the researcher to investigate the role of NCDC Covid-19 safety compliance among market women in Akwa Ibom State.

MEANING AND CONCEPT OF COVID-19

On December 31, 2019, the China Health Authority alerted the World Health Organization (WHO) to several cases of pneumonia of unknown aetiology in Wuhan City in Hubei Province in central China. The cases had been reported since December 8, 2019, and many patients worked at or lived around the local Huanan Seafood Wholesale Market although other early cases had no exposure to this market. On January 7, a novel coronavirus, originally abbreviated as 2019-nCoV by WHO, was identified from the throat swab sample of a patient. This pathogen was later renamed as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the Coronavirus Study Group and the disease was named coronavirus disease 2019 (COVID-19) by the WHO. As of January 30, 7736 confirmed and 12,167 suspected cases had been reported in China and 82 confirmed cases had been detected in 18 other countries. In the same day, WHO declared the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern (PHEIC) Wizner (2018).

According to the National Health Commission of China, the mortality rate among confirmed cased in China was 2.1% as of February 4 and the mortality rate was 0.2% among cases outside China. Among patients admitted to hospitals, the mortality rate ranged between 11% and 15%. COVID-19 is moderately infectious with a relatively high mortality rate, but the information available in public reports and published literature is rapidly increasing. The aim of this review is to summarize the current understanding of COVID-19 including causative agent, pathogenesis of the disease, diagnosis and treatment of the cases, as well as control and prevention strategies Ran (2020).

The first human cases of COVID-19, the disease caused by the novel coronavirus causing COVID-19, subsequently named SARS-CoV-2 were first reported by officials in Wuhan City, China, in December 2019. Retrospective investigations by Chinese authorities have identified human cases with onset of symptoms in early December 2019. While some of the earliest known cases had a link to a wholesale food market in Wuhan, some did not. Many of the initial patients were either stall owners, market employees, or regular visitors to this market. Environmental samples taken from this market in December 2019 tested positive for SARS-CoV-2, further suggesting that the market in Wuhan City was the source of this outbreak or played a role in the initial amplification of the outbreak. The market was closed on 1 January 2020.

SARS-CoV-2 was identified in early January and its genetic sequence shared publicly on 11-12 January. The full genetic sequence of SARS-CoV-2 from the early human cases and the sequences of many other virus isolated from human cases from China and all over the world since then show that SARS-CoV-2 has an ecological origin in bat populations. All available evidence to date suggests that the virus has a natural animal origin and is not a manipulated or constructed virus. Many researchers have been able to look at the genomic features of SARS-CoV-2 and have found that evidence does not support that SARS-CoV-2 is a laboratory construct. If it were a constructed virus, its genomic sequence would show a mix of known elements. This is not the case.

Another coronavirus, SARS-CoV-1, the cause of the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, was also closely related to other coronaviruses isolated from bats. These close genetic relations of SARS-CoV-1, SARSCoV-2 and other coronaviruses, suggest that they all have their ecological origin in bat populations. Many of these coronaviruses can also infect several animal species. For example, SARS-CoV-1 infected civet cats and then humans, while the virus causing the Middle East Respiratory Syndrome (MERS-CoV) is found in dromedary camels, and has continued to infect humans since 2012. Chang (2020)

EFFECT OF FACE MASK AMONG MARKET WOMEN

Medical and non-medical face masks are used extensively by the general population in Asian countries, such as China, Singapore, South Korea, and Japan. Face mask wearing practice has been adopted since the 2003 SARS epidemic in addition to many other response measures and practices, including respiratory etiquette and hand hygiene to curtail the spread of Covid-19 among market women Chang (2020). In Europe, as of 1 April 2020, Lithuania, Austria, Czechia, Slovakia, and Bulgaria recommend the use of face masks for persons going out in public

Even if the facemasks are ill-fitting, they are still able to interrupt the particles and airborne viruses sufficiently, such that these pathogens do not reach the breathing zones of people nearby. Outside the hospital environment, the effectiveness of facemasks in containing the spread of airborne diseases in the general population has been diminished largely due to improper use and lack of user compliance. Lang (2020).

An Australian study showed that among the three methods used to handle an influenza pandemic – vaccination, isolation and mask-wearing – willingness to comply with mask-wearing was the lowest. Another Australian study found that while adherence to mask-wearing significantly reduced the risk for influenza-like infections, less than 50% of the participants in their study wore facemasks regularly.

In a study conducted in Singapore during the SARS outbreak, only 4% of the respondents had worn a facemask in the preceding three days. This highlights a need to uncover the determinants of mask-wearing, in order to identify the issues and overcome the barriers associated with mask-wearing compliance. The present literature review aims to evaluate these determinants and provide a framework for future interventions directed at increasing facemask usage as an effective public health measure to curb airborne infectious disease outbreaks.

A modified version of the HBM that has an additional component (i.e. cues to action) was proposed by Tang (2020) This five- component HBM was used to present the results of the present review. HBM allows the organised classification of the determinants of mask-wearing behaviour. At the same time, it is also able to show the interdependent relationship shared among its components. HBM provides a clear frame-work for planning interventions and has been widely used to explain other forms of preventive behaviour and plan prevention programmes.

EFFECT OF PHYSICAL DISTANCING COMPLIANCE AMONG MARKET WOMEN

According to (Mack, 2007), social distancing (also known as physical distancing) is designed to minimize interactions between people living in a wider community, in which individuals have tendencies to be infectious but have not yet been identified thus not yet isolated. Moreover, it is advised for individuals to be apart from one another for at least 6 feet (Centers for Disease Control and Prevention, 2020). Due to the disease's ability to be transmitted by respiratory droplets, a certain level of people proximity is required (Wilder-Smith & Freedman, 2020). Therefore, social distancing of people to not gather themselves in such areas will reduce transmission.

Between the phases of social distancing, it is strongly advised for people to avoid travelling to highly-populated areas due to risk of being infected (Desai & Patel, 2020). However, as people are still allowed to be situated in areas other than their house, if it is requisite to do so, regarding personal issues, prioritizing your hygiene is a necessity. To be more precise, it is crucial for everyone to follow basic suggestions of prioritizing personal hygiene including hand-washing whenever possible, using alcohol to clean substances that are touched, use surgical face masks rationally when exposed to high-risk areas (Feng 2020) and undergoing cough etiquette (Wolff, 2020).

There has been a long history of fear of pandemic outbreaks. The discussion has not focused on whether there will be an outbreak, but when new outbreaks will happen (Stöhr & Esveld, 2004). The events leading to influenza pandemics are recurring biological phenomena and cannot realistically be prevented. Pandemics seem to occur at 10–50-year intervals as a result of the emergence of new virus subtypes from virus re-assortment (Potter, 2001). As the global population increases and we need to live closer to animals, it is likely that the transfer of new viruses to the human population will occur even more frequently. All our society can do is take preventive measures so that we are able to act quickly once we suspect an outbreak. We should also make an effort to learn from the consequences of pandemic outbreaks to prepare our societies for if—and, more likely, when—this happens again.

As we are in the middle of a pandemic outbreak, it is very difficult to estimate its long-term effects. Although society has been hit by several pandemics in the past, it is difficult to estimate the long-term economic, behavioral, or societal consequences as these aspects have not been studied to a great

extent in the past. The limited studies that do exist indicate that the major historical pandemics of the last millennium have typically been associated with subsequent low returns on assets (Jorda, Singh, & Taylor, 2020). For a period after a pandemic, we tend to become less interested in investing and more interested in saving our capital, resulting in reduced economic growth. Given the current situation, in which saving capital means negative returns, it is not at all certain that we will be as conservative as we have been in the past. Behavioral changes related to pandemic outbreaks seem to be connected with personal protection (Funk, Gilad, Watkins, & Jansen, 2009), such as the use of face masks, rather than general behavior changes. Our lives, as humans in a modern society, seem to be more centered around convenience than around worrying about what might happen in the future.

On a societal level, we seem to be completely unprepared for large-scale of outbreaks. Our societies are more open than ever; we rely on the importing of important products, such as food, energy, and medical equipment, rather than sourcing them from close to where they are needed; and there are limited efforts to prepare for pandemic outbreaks. The guiding principle of our society seems to be efficiency and economic gain rather than safety. This may change after the current outbreak. It is also important to point out that the principles (eg. openness and global trade) on which society is based have lifted a large number of countries around the globe out of poverty and produced well-developed economies. It is not unlikely that our societies will back-off some of them leading to more poverty in the world.

The COVID-19 pandemic outbreak has forced many businesses to close, leading to an unprecedented disruption of commerce in most industry sectors. Retailers and brands face many short-term challenges, such as those related to health and safety, the supply chain, the workforce, cash flow, consumer demand, sales, and marketing. However, successfully navigating these challenges will not guarantee a promising future, or any future at all. This is because once we get through this pandemic, we will emerge in a very different world compared to the one before the outbreak. Many markets, especially in the fields of tourism and hospitality, no longer exist. All organizational functions are intended to prioritize and optimize spending or postpone tasks that will not bring value in the current environment. Companies, especially start-up s, have implemented an indefinite hiring freeze. At the same time, online communication, online entertainment, and online shopping are seeing unprecedented growth.

The marketing strategy, as well as the marketing policy of an online store on a website, could attract users if it is presented and operated in an easy way to approach (Katawetawaraks & Wang,). Because consumers may be embarrassed when making an online purchase due to the lack of professional assistance from the employees or lack of social interaction with the sellers, so the consulting staffs play an important role in supporting the experience of online shoppers (Katawetawaraks & Wang,). In Vietnam, many businesses, especially e-commerce sites, indeed put diversified promotions into service to encourage customers to shop online during the COVID-19 pandemic, such as Shopee, Tiki, Lazada (Vân,). In addition, this study also wants to emphasize further marketing policies related to supporting customers to return goods in particular, as well as the after-purchase care policy in general during the COVID-19 outbreak, so this issue was referred to by the authors during the measurement survey.

EFFECT OF REGULAR WASHING OF HAND AMONG MARKET WOMEN

Handwashing with soap, when done correctly, is critical in the fight against COVID -19, but 3 billion people have no ready access to a place to wash their hands with soap at home . WHO released interim guidance on 1 April 2020, recommending to all Member States to make hand hygiene facilities in front of public and private commercial buildings as well as at all transport hubs obligatory. In particular people in densely populated settings will benefit from improved hand hygiene infrastructure at home and in public places Wizner (2018).

Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic. One of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings, is investing in core public health infrastructure, including water and

sanitation systems. Good WASH and waste management practices, that are consistently applied, serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools, and other public spaces. Chang (2020)

Studies have also showed that repeated handwashing can minimize the risk of viral transmission. Viruses that cause respiratory infection can survive on surfaces for extended periods. Through contacts with these surfaces the virus can be transmitted to human skin, therefore keeping good hand hygiene helps to kill the virus since it is more inactivated from human skin than surfaces. The effectiveness of hand hygiene in the prevention of respiratory infections was observed during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2002–2004 . A similar result has also been observed during outbreaks of influenza-like illness, that hand hygiene combined with facemasks reduced the rate of influenza-like illness [17, 18]. The effectiveness of hand hygiene was not limited in the prevention of SARS and influenza-like illness, but is also effective in preventing COVID-19 Lang (2020).

In addition to different COVID-19 prevention measures, it is crucial for people to have adequate knowledge and attitude for the successful control over COVID-19. For example, in China, awareness among the public has helped achieve the successful control of the disease. Hence, the golden approach to tackle COVID-19 relies on applying appropriate prevention measures. This in turn requires having adequate knowledge to influence peoples' attitude and practices. The majority of market women may not be aware of prevention measures due to various unknown reasons. Since they have frequent close interactions with others, protecting market women helps to protect the community against COVID-19. Successfully accomplishing this goal requires assessment of the current knowledge, attitude, and the prevention practices applied by market women. Chung (2020)

Although market women are especially vulnerable to the virus due to the nature of their work, they have not been among the groups that have been studied by investigators examining knowledge, attitude and hand hygiene practices during the COVID-19 pandemic among other target groups. Thus, this study aimed to determine the COVID-19 knowledge, attitude and frequent hand hygiene practices among market women.

Proper hand washing is the essential measure to prevent the transmission of SARS-CoV-2. Hands should be washed with soap and water for at least 40–60 s; if soap and water are not available, a 62%–71% alcohol-based hand disinfectant can also be used.

VACCINATION COMPLIANCE AMONG MARKET WOMEN

There is broad agreement within the global scientific community that the most effective way to defeat the COVID-19 pandemic is through the mass vaccination of populations around the world. The development of vaccines for COVID-19 has been a powerful demonstration of how substantial public funding, intense focus, and unprecedented levels of scientific collaboration can help spur innovation to address global public needs in a very short time. However, the approval and rollout of vaccines does not herald the immediate end of the health crisis, as attaining herd immunity will require the vaccination of a very substantial proportion of population, and is therefore a major challenge (OECD, 2021).

To succeed in the global effort to immunise billions of people as rapidly as possible, governments need to give priority to addressing issues of trust – trust both in vaccines, and in the institutions responsible for the vaccination endeavour. They need to promote confidence among the public in the effectiveness and safety of the vaccines, as well as in the capacity of governments to manage the logistical challenges competently.

Despite an initial "rally around the flag" effect seen early in the pandemic, many countries are observing increasing levels of distrust in government capacity to handle the crisis and implement coherent policies. This has resulted in declining compliance with public health-related rules, and increasing scepticism about long-term economic recovery. More broadly, the pandemic has triggered widespread disinformation that has undermined both understanding and acceptance of science and public policy (de Figueredo 2020), and this extends to the issue of vaccine acceptance. Despite

widespread recognition that COVID-19 is a critical issue to people all around the globe, many remain unwilling to be vaccinated. However, in February 2021, an average of 76% of the population across 11 OECD countries indicated willingness to be vaccinated, an increase from only 66% in December 2020 (Ipsos, 2021).

Not surprisingly, trust in the safety of vaccines has also been seriously tested by recent reports of rare, but serious, adverse events with a probable causal link to the Oxford/AstraZeneca vaccine. Both the safety signal, and the different responses of regulators around the world, are likely to have undermined public confidence. That said, there is also evidence to suggest that as more people are vaccinated, more will be inclined to accept vaccination. While this may to some degree indicate a gradual dissipation of initial fears about the safety of novel vaccines (recent events notwithstanding), it may also reflect that being vaccinated gradually becomes normative, and is increasingly accepted as the path out of restriction and confinement (Bish 2011)

Since the beginning of the COVID crisis, governments have had to make quick decisions and implement many unplanned measures to protect communities at risk. In the first months, the widespread use of direct awards as an exceptional measure to procure goods, services and works has drawn attention to potential integrity risks, most notably fraud and corruption, that could seriously weaken the effectiveness of government action if not correctly mitigated. The need to protect public health and ensure public service continuity has rendered public procurement a key priority for governments in developing their responses to the COVID-19 crisis.**11** The health emergency has prompted governments to make massive investments in R&D, and commit immense sums to the procurement of vaccines, treatments and diagnostics, both at the multilateral level (through the WHO ACT-Accelerator) and domestically. The effect of vaccination will help the public to combat spread of the virus in public and private place across the country (Gagneur 2018)

METHOD

This work adopted the survey research design. The population comprised of market women in Urua Mbakara in Ikot Ekpene of Akwa Ibom State. Out of this population, a sample of 383 respondents was selected through the stratified random sampling techniques. A questionnaire was used to obtain data on the independent and dependent variables presented in both sections A and B of the questionnaire. While section A measured the demographic data of the respondents such as name, gender, age, educational qualification and marital status, section B measured the independent variables. The content validity of the instrument was determined by experts in test and measurement who marched the items of the instruments with the research questions in order to determine whether or not the instruments measured what they were supposed to measure. The reliability was determined through experts in test and measurement and statistics were given the instrument for rating in respect of the consistency with the research objectives. Items in which at least two experts agreed upon were regarded as suitable, the reliability coefficients was 0.85 and was considered substantially high enough to justify the use of the instrument. The exercise is expected to last for two weeks. The data collected were analyzed using simple percentage analysis.

ANALYSIS

Table 1: Distribution of Respondents by sex

Sex	No. of Respondents	% of Respondents
MALE	194	50.65
FEMALE	183	47.78
Total	**383**	**100**

Table 1 shows that one hundred ninety four (194) respondents representing 50.65% of the sample population were male while one hundred and eighty three (183) respondents representing 47.78% of the population were female.

Table 2: Age Distribution

Age	No. of respondents	% of Percentage
20 – 25	106	27.67
26 – 30	77	20.10
31 – 35	56	14.62
36 – 40	88	22.97
41 – Above	56	14.62
Total	**383**	**100**

Table 2 shows that hundred and six (106) respondents representing 27.67% of the sample were between the age bracket of 20 – 25 years, seventy seven (77) respondents each representing 20.10% were between the age bracket of 26 – 30 years, fifty six of the respondents representing 14.62% were 17% were 31 – 35 years respectively, also eighty eight (88) respondents representing 22.97% of the sample were between the age limit of 36 – 40 years and fifty six (56) respondents representing 14.62% were within the age limit of 41 and above years.

Table3: Marital Status Distribution

Status	No. of Respondents	% of Respondents
Single	158	41.25
Married	134	34.98
Divorced	55	14.36
Widow/Widowers	36	9.39
Total	**383**	**100**

Table 3 above shows that one hundred and fifty eight (158) respondents representing 41.25% of the sample were single, one hundred thirty four (134) respondents representing 34.98% of the sample were married, only fifty five (55) respondents representing 14.36% of the sample were divorced as well as only thirty six (36) respondents representing 9.39%

Table 4: Educational Qualification Distribution

Qualification respondents	No. of Respondents	% of Respondents
WAEC/NECO	162	42.29
OND	101	26.37
HND/BSC	53	13.83
MSC	21	5.48
PHD	46	12.01
Total	**383**	**100**

Table 4 shows that one hundred and sixty two (162) respondents representing 42.29% of the sample were WAEC/NECO holders, one hundred and one (101) respondents representing 26.37% were OND/NCE certificate holders; fifty three (53) respondents representing 13.83% were holders of HND/BSC certificates holders, while twenty one (21) respondents representing 5.48% were MSC certificate holders and only forty six (46) respondents representing 12.01% of the population were PHD holders.

RESEACRH QUESTIONS

Research Question One

What is the level of usage of face mask among market women in Akwa Ibom State.

Table 1: percentage analysis of level of usage of face mask among market women in Akwa Ibom State

Extent	Frequency	Percentage
Very high extent	122	31.85
High extent	77	20.10

Low extent	96	25.06
Very low extent	88	22.97
Total	383	100

The above table 1present the percentage analysis of level of usage of face mask among market women in Akwa Ibom State, the table show that there is very high level of usage of face mask among market women in Akwa Ibom State. Therefore, the result causes the research question to be significant.

Research Question Two

What is the practices of physical distancing compliance among market women in Akwa Ibom State.

Table 2: percentage analysis of practices of physical distancing compliance among market women in Akwa Ibom State

Extent	Frequency	Percentage
Very high extent	137	35.77
High extent	89	23.23
Low extent	78	20.36
Very low extent	79	20.62
Total	383	100

The above table 2 present the percentage analysis of practices of physical distancing compliance among market women in Akwa Ibom State, the table shows that the is high practices of physical distancing compliance among market women in Akwa Ibom State. Therefore, the result causes the research question to be significant.

Research Question Three

What is the level of regular washing of hand compliance among market women in Akwa Ibom State.

Table 3: percentage analysis of the level of regular washing of hand compliance among market women in Akwa Ibom State

Extent	Frequency	Percentage
Very high extent	129	33.68
High extent	77	20.10
Low extent	82	21.40
Very low extent	95	24.80
Total	383	100

The above table 3 present the percentage analysis of the level of regular washing of hand compliance among market women in Akwa Ibom State, the table show that the is high the level of regular washing of hand compliance among market women in Akwa Ibom State. Therefore, the result causes the research question to be significant.

CONCLUSION

In view of the foregoing presentation, it can be observed that covid-19 safety compliance has played a major role among market women in Akwa Ibom. Covid 19 safety compliance has help to prevent the spread of virus among market women in Akwa Ibom State and this is in form of the use of face mask among market women, physical distancing among market women, regular hand washing among market women, use of hand sanitizer among market women and compliance to vaccination among market women. In other words, government should take action in handling the situation of Covid 19 pandemic as it is the major challenge faced by small and medium scale enterprises. It is advisable for market women in other part of the world to comply strictly to this measures, as it will help to curtail the spread of Covid 19 virus.

RECOMMENDATIONS

The following recommendations were made based on the findings of the study which if implemented will go a long way in reducing the spread of Covid 19 virus.

(i) Market women should comply strictly to use of face mask because facemask are able to interrupt the particles and airborne viruses sufficiently, such that these pathogens do not reach the breathing zones of people nearby. Outside the hospital environment, the effectiveness of facemasks in containing the spread of airborne diseases in the general population has been diminished largely due to improper use and lack of user compliance.

(ii) Market women should adhered to physical distancing. Social distancing (also known as physical distancing) is designed to minimize interactions between people living in a wider community, in which individuals have tendencies to avoid contact with those that are infected.

(iii) Market women should wash their hands regularly. Handwashing with soap, when done correctly, is critical in the fight against COVID -19, it is important to always wash your hands with soap as it will help to reduce the spread of the virus.

(iv) Market women should always use hand sanitizer. Hand sanitizer serves as disinfectant, which will help to prevent others from contacting the virus.

(v) Market women should comply with vaccination. The development of vaccines for COVID-19 has been a powerful demonstration of how substantial public funding, intense focus, and unprecedented levels of scientific collaboration can help spur innovation to address global public needs in a very short time.

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