SCHOOL OF MEDICINE AND HEALTH SCIENCE

KNOWLEDGE AND PRACTICES OF COVID 19 PREVENTION MEASURES AMONG MARKETEERS IN KAMWALA MARKET

BY

LISA MUMBA

STUDENT ID: 17210281

BSc PUBLIC HEALTH

SUPERVISOR:
DR. FREDRICK CHITANGALA

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DECLARATION

Name of student and ID:

I declare that this proposal is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature: L.M Date: 05/10/2023

Supervisor Name:

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

School of Medicine and Health Sciences, Department of Public Health

Signature:  Date:3rd July,2023

Table of Contents

List of Tables

List of Figures

Abstract

This important feature of the COVID-19 pandemic-induced economic crisis has dire consequences for the Zambian economy. Given the uncertainty surrounding the duration of the crisis, and lack of relevant data, it is challenging to derive precise and reliable quantitative estimate of the impact of the crisis on productive capacities (MoF and MNDP, 2020).

The study explored Knowledge and practices Of Covid 19 prevention measures among marketers in Kamwala market.

Data collection was carried out over a period of a month using closed-ended questionnaires that will be handed to the participants. The sample comprised any trader or marketer who had a business in Kamwala market.

Analysis of the quantitative data collected was done through STATA version 15. STATA was used to make summaries of the social demographic data and the response of the participants on their knowledge and practices

As far as preparedness to fight against COVID-19 is concerned, our study showed that all the participants were aware of the need to avoid mass gatherings, avoid traveling to suspected areas, the use of face masks and hand sanitizers.

The present study found that the majority of the participants were aware of the ongoing COVID-19 outbreak. The overall awareness regarding disease signs and symptoms, potential sources of infection, and prevention recommendations were deemed high from the responses of the study.

To add on, 72% knew that people who are much more prone to COVID-19 or people at high risk are those who had any underlying health conditions like diabetes, high blood pressure, heart and lung diseases. Also established from the study is that COVID-19 is associated or is related to the respiratory system, which causes some difficulties in breathing (100%), with high temperatures (100%) accompanied by dry cough

CHAPTER ONE: INTRODUCTION

1.0 Overview

In this chapter, the researcher discusses the background of the study. This is followed by the purpose of the study, objectives of the study and the research questions. The significance of the study and delimitation of the study are the other things discussed in this section.

1.1 Background of the study

The coronavirus-2019 (COVID-19), which is also referred to as serious acute respiratory syndrome coronavirus-2 (SARS-CoV-2), was first reported in Wuhan, China, in December 2019 (Zhou P et al., 2020: Li Q et al., 2020). The World Health Organization (WHO) declared COVID-19 as a global pandemic on March 11, 2020, due to its continuous global spread (Abdelhafiz et al., 2020). COVID-19 is considered a zoonotic infectious disease that can spread amongst humans or animals to human (Zhou P et al., 2020); when transmitted by humans, it could lead to serious respiratory conditions (Abdelhafiz et al., 2020; Chandi et al., 2020). The key clinical signs and symptoms include fatigue, a fever of 39 degrees and above, dry cough, dyspnoea, fatigue, and myalgia, and in some severe cases, COVID-19 infection can cause kidney failure, severe pneumonia and acute respiratory syndrome, and even death (Abdelhafiz et al., 2020). COVID-19 confirmed global cases as of November 15, 2020 were 171,491,204, with 3,565,891 deaths and 34,772,744 recoveries (World Health Organization, 2021).

The COVID-19 pandemic, coupled with the resulting health and economic issues, is without a doubt Zambia's and the world's most pressing development challenge. As of April 6, 2021, the overall number of COVID-19 cases worldwide was over 132.48 million, with 2.87 million deaths, with the United States accounting for 24% of cases and 20% of deaths. Zambia had a small number of illnesses and deaths in the first half of 2020. However, in the second half of the year, this changed dramatically, with the number of cases rising from 1594 at the end of June 2020 to 20,727 by the conclusion of the year. By April 6, 2021, the number of cases had risen to 89, 009, continuing the rising trend. The number of deaths increased in a similar upward trend, rising from 24 at the end of June 2020 to 1,222 on April 6, 2021.

The government imposed several restrictions on 14 March 2020 as a precautionary measure to prevent the spread of the virus and limit its impact on the health and well-being of its citizens, including a ban on non-essential foreign travel, the suspension of tourist visas, mandatory

quarantine for travelers from high-risk countries, the closure of learning institutions, the wearing of masks, and the suspension of some governmental services. While these precautions were important to contain the virus and avoid a public health emergency, they come at a macroeconomic cost in the short and long term.

An interesting characteristic of the COVID-19 pandemic is that it appears to be a permanent, as opposed to a temporary, shock that reduces the steady-state level of real variables (such as output). In this regard, it differs from previous shocks that have buffeted the global economy in the past few decades (IIzetzki 2021). Some of the reasons why the pandemic is likely to have persistent effects include: the destruction of productive capacities due to supply chain disruptions; the fact that there is hysteresis in unemployment due to deterioration of workers skills during unemployment; and the time lag it takes for new firms to replace those forced to exit the market as a result of the pandemic (IIzetzki 2021).

Several studies have demonstrated that the main mode of transmission of COVID-19 is through respiratory droplets of an infected person when they sneeze or cough (Olum et al., 2020). Even though the spread of COVID-19 is at its peak in most European and American countries, it is still accelerating in most African countries (Olum et al., 2020).The high infection rate in sub-Saharan Africa can present a much difficult situation because of different comorbidities combined with poverty, poor healthcare services and limited access to health facilities (Akalu et al., 2020; (Olum et al., 2020; (IA, 2020). To control and prevent contracting and spreading COVID-19, people need to possess appropriate knowledge regarding the disease, have correct attitude and follow correct practices against the virus. A study conducted in Jimma town, Ethiopia in 2020, showed that a larger percentage of the participants knew the key clinical symptoms and mode of transmission of COVID-19 and that older people who have chronic illnesses were at high risk of developing a severe form of coronavirus-19 (Akalu et al., 2020). Another study in Africa noted a huge disparity in knowledge, attitude and practice towards the virus (Elnadi et al., 2021)]. Further studies conducted in SSA reported that residents were noncompliant with proposed health and safety measures recommended by the WHO and respective country health departments. This was due to ignorance and misinformation (Olum et al., 2020; IA, 2020). A scoping review of literature on KAP studies conducted in SSA towards COVID-19 is critical in order to develop tailored interventions. Therefore, it is anticipated that the results of this study will reveal research gaps to guide health experts in

decision-making in SSA, as well as develop policies and interventions tailored towards bridging the gap (Nwagbara et al., 2021).

With understanding that the COVID 19 pandemic has been a tragedy for Zambia, and gaps in literature of the knowledge and practices that people have adopted in this period is still lacking, the researcher of this study aims at bridging that gap by assessing the knowledge and practices that have been adopted by marketers to prevent the spread of COVID 19 in Lusaka's Kamwala Market.

1.2 Statement of the problem

This important feature of the COVID-19 pandemic-induced economic crisis has dire consequences for the Zambian economy. Given the uncertainty surrounding the duration of the crisis, and lack of relevant data, it is challenging to derive precise and reliable quantitative estimate of the impact of the crisis on productive capacities (MoF and MNDP, 2020). Therefore, the approach adopted in this paper is to infer the likely impact of the crisis on productive capacities of Zambia by: examining how it affects the utilization of existing firm capacities; and providing an analyses of how it affects the processes of capital accumulation, structural transformation and technological progress, which are key factors in creating new productive capacities (IIzetzki, 2021).

The overall research problem addressed in this study is that despite efforts put in by different stakeholders at different levels in Zambia to reduce the impact of the COVID 19, the virus still remains a threat to the livelihood of Zambians (Ministry of Health, 2020). Furthermore, there has been a substantial reduction in COVID 19 cases since mid - March that has made a few things go back to normal. It is beyond doubt that many have become reluctant to the aspect that the pandemic has reduced locally and thus have neglected some guidelines on how to conduct themselves during business hours.

Given the importance of knowledge of precautionary activities in curbing the spread of infectious diseases such as the novel COVID-19, it is important to research on people's health knowledge at this period of the pandemic. Richards (2017) reported that knowledge among ordinary people about how to eliminate risks of contracting Ebola virus led to a rapid drop in mid-2015 in the number of cases of infection. It is for this reason that the researcher aims at

assessing the knowledge and practices of COVID prevention measures among Marketeers of Kamwala market.

1.3 Justification of the study

This assessment will highlight the knowledge and practices of COVID 19 prevention which will indicate how well the government has implemented its laws to protect the people. With the findings from this study future interventions and policies should be developed in a 'person-centred' approach, targeting vulnerable subgroups, embracing them, and closing the gap of Knowledge and Practices of prevention toward COVID-19.

1.4 General objective:

- To assess Knowledge and practices Of Covid 19 prevention measures among marketers in Kamwala market.

1.4.1 Specific objectives:

- To assess the knowledge of COVID 19 among marketers in Kamwala market.
- To determine the practices of COVID 19 prevention among marketers in Kamwala market.
- To assess the relationship between socio-demographic characteristics of the marketers and them adopting COVID 19 prevention practices.

1.5 Research questions:

- What is the knowledge of COVID 19 among marketers in Kamwala market?
- What are the practices of COVID 19 prevention among marketers in Kamwala market?
- What relationship could exist between socio-demographic characteristics of the marketers and them adopting COVID 19 prevention practices?

1.6 Delimitation of the study

The study will be conducted in Lusaka district in Lusaka province; Trader/Marketers will be picked at random. Seeing that things are getting back to normal in terms of business, assessing the different types of traders on their knowledge and practices of COVID 19 prevention will be vital for the proposed study.

1.7 Chapter summary

This chapter started with the overview of the whole chapter and later gave the background of the study by highlighting how the world has been globally affected by the pandemic including Zambia. Overall the chapter presented data elaborating the problem and stating the need to conduct the study through evidence provided in the problem statement. The objective show was is to be assessed and the significance just shows why the study is important.

CHAPTER TWO: LITERATURE REVIEW

2.0 Overview

In this chapter the researcher reviewed the literature related to the topic under study. For a clearer picture, this section will reveal literature on knowledge of COVID 19, practices of COVID 19 prevention, and those that highlight possible relationships with Socio-demographic data.

2.1 Knowledge of COVID 19

In Nigeria, Olapegba et al., (2020) did a cross section study to assess the knowledge and perceptions of COVID 19. The study revealed that half of the respondents (46.94%) opined that COVID-19 is a biological weapon designed by the government of China‖ while 41.93% identified it as a severe illness transmitted to people from wild animals. Regarding knowledge about the most common perceived mode of transmission, almost all (94.10%) selected contact with droplets from an infected person/organism via breathing, sneezing, or coughing while a little above average (54.97%) picked touching contaminated objects or surfaces as a mean of transmitting and contacting the virus. Overall, the findings from this study indicated that a large proportion of the study participants are aware and knowledgeable about the COVID-19 and its presence in Nigeria. Results obtained from the research questions regarding knowledge of COVID-19 in terms of respondents' knowledge of the source of COVID-19, transmission of COVID-19, symptoms of COVID-19, preventive behavior toward COVID-19, fatality rate of the COVID-19 and what the major sources of information about COVID-19 among Nigerians are, were significantly high.

A study by Bhagavathula et al., (2020) identified significant knowledge gaps between doctors and other HCWs. For instance, approximately two-thirds of doctors and half of allied health workers thought that the origin of COVID-19 was bats (65.7% vs. 55.7%, $p < 0.05$). A high majority of the HCWs (85.6%) agreed that maintaining hand hygiene, covering the nose and mouth while coughing, and avoiding sick patients could help to prevent COVID-19 transmission. A majority of the doctors agreed that COVID-19 could lead to pneumonia, respiratory failure, and death (84%, $p <0.05$) and that supportive care is the only treatment option that is currently available (83.2%, $p < 0.05$) . However, the participants' knowledge about questions related to the mode of transmission and incubation period of COVID-19 was poor ($p < 0.05$). In comparison to Olapegba et al., 2020 this study particpants of the study in the UAE had lower knowledge on transmission of the COVID 19 various. Both the studies

discussed have shown that knowledge is high despite them being forcused in different areas of study.

In the United States, Ali, et al., (2020), conducted an online survey to assess the knowledge beliefs and practives of COVID 19. The survey used secondary data (literature) to capture what they intended to. The study looked at assessing also how similar studies had used social media to recruit study particcpants for COVID 19 research. Indeed, the relatively diverse and well-distributed geographic distribution across the sample was facilitated by using advertisements on social media in the current study and suggest another key strength of the specific use of the platform to obtain national samples on COVID-19 or potentially other rapidly evolving health crises. A further strength for the study was social media advertisement campaign was observed to provide was the ability to effectively monitor and intervene on observed gender biases to enhance the representative of the study sample. In summary the study found the with adverts of COVID 19 on social media increased the knowledge and particpation in online corona virus studies (Ali, et al., 2020).

2.2 Practices of Prevention towards COVID 19

Khasawneh et al., (2020), carried out a research to assess the knowledge, attitudes and precations of COVID 19 among medical students and they discovered that regular hand washing, paying more attention to personal hygiene, and staying at home were the three most adopted strategies by the students to protect themselves from becoming infected (>80.0%). Furthermore, more than 70.0% of the students avoided social kissing, attending public gatherings and using public transport for commuting. Also, an equal proportion has followed social distancing procedures and advised people to take precautionary instructions seriously and implement them. Avoiding eating at restaurants, using disinfectants, and avoiding social hand shaking ranked in the third place after previous measures where they were adopted by more than 65.0% of the students. Getting sufficient sleep, personal health monitoring, and cleaning mobile phones and their screens were seen as less important measures and were adopted by >50.0% of the students, although, students in the last three (clinical) years were reported disinfecting their mobile phones (24.0%) more than students in their first three (academic) years of study (18.0%). Only 9.7% of the students thought of wearing a protective mask as an important measure to prevent coronavirus infection. They also identified a statistically significant relationship between the students view on wearing a protective mask and their year (level) of study. For example, the percentage of students that reported never

wearing a mask as a precautionary measure against COVID-19 was higher among students in the first three (academic) years (64.3%) in comparison to their counterparts in the last three (clinical) years of study (56.1%).

According to Gharpure, et al., (2020) participants in their study had limited knowledge of safe preparation of cleaning and disinfectant solutions. Overall, 23% responded that only room temperature water should be used for preparation of dilute bleach solutions, 35% that bleach should not be mixed with vinegar, and 58% that bleach should not be mixed with ammonia. In comparison, a higher percentage of respondents had knowledge about use of recommended personal protective equipment: 64% responded that eye protection was recommended for use of some cleaners and disinfectants, and 71% responded that gloves were recommended for use. Similarly, 68% responded that handwashing was recommended after using cleaners and disinfectants and 73% that adequate ventilation was recommended when using these products. Regarding safe storage of cleaners, disinfectants, and hand sanitizers, 79% of respondents said that cleaners and disinfectants should be kept out of the reach of children, and 54% that hand sanitizers should be kept out of the reach of children.

2.3 Association of Socio-demographics and COVID 19 Knowledge and prevention practices.

Khasawneh et al., (2020), in their descriptive study done on medical students, identified a statistically significant relationship between the use of disinfectants and the year (level) of study of students. Students in the last three (clinical) years were more likely to use disinfectants (72.8%) compared to students in the first three (academic) years of study (66.1%) as a protective measure against getting infected. The relationship between disinfecting mobile phones and academic-clinical year levels was statistically significant ($P < 0.05$). Furthermore, Khasawneh et al., (2020), identified a statistically significant relationship between the students view on wearing a protective mask and their year (level) of study. For example, the percentage of students that reported never wearing a mask as a precautionary measure against COVID-19 was higher among students in the first three (academic) years (64.3%) in comparison to their counterparts in the last three (clinical) years of study (56.1%).

According to Saeed et al., (2021), who carried out a cross - sectrional study, using an online survey using "google forms" platform, the knowledge level score (out of 15) showed a significant association across socio-demographic characteristics such as gender, age, education levels, marital status, and employment status ($p < 0.005$). The practice level score (out of 26)

also showed a significant association between gender and age-groups ($p < 0.005$) while there was no significant association between marital status (($p = 0.061$), educational ($p = 0.385$) and employment ($p = 0.084$) with the practice of the participants (Saeed et al., 2021).

Furthermore the results by Saeed et al., (2021) indicated that females had a higher mean score of knowledge (13.19±1.70) and practice (21.85±2.61) than males, aged group of participants above 50-years-old having the highest score of knowledge (14.11±0.87) and practice (22.50±2.32) compared with other age groups. Moreover, widows and divorced women's knowledge (13.37±1.32) were higher than singles and married participants; however, there were no significant differences in practice. The mean score of knowledge (13.26±1.51) and practice (21.75 ±2.77) of participants with high education degrees were better than participants with lower educational degrees. Employed respondents showed a higher-level score of knowledge (13.12±1.61) than non-employed and students' participants. While there were no significant differences in employment status in practice, neither education levels nor employment status had any significant differences in practice (Saeed et al., 2021).

2.4 Theoretical Framework

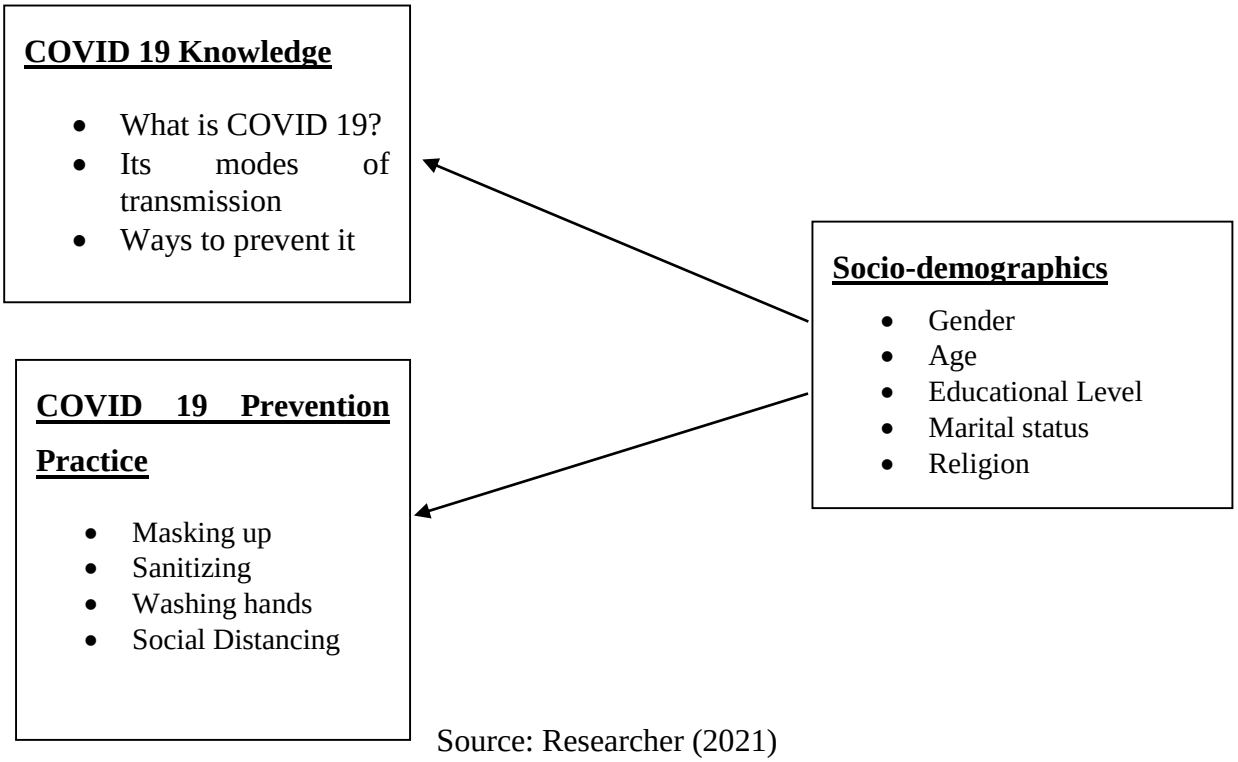
2.4.1Theory of reasoned action/Planned behaviour;

Two closely associated theories – The Theory of Reasoned Action and the Theory of Planned Behaviour – suggest that a person's health behaviour is determined by their intention to perform behaviour (Madden et al, 1992). A person's intention to perform behaviour (behavioural intention) is predicted by 1) a person's attitude toward the behaviour, and 2) subjective norms regarding the behaviour. Subjective norms are the result of social and environmental surroundings and a person's perceived control over the behaviour (Madden et al, 1992). Generally, positive attitude and positive subjective norms result in greater perceived control and increase the likelihood of intentions governing changes in behaviour. This study will adopt this theory to help understand in context to this theory attached. There are so many things within the marketeers' environment that may shape their understanding of the knowledge and certain prevention practices for the COVID 19 pandemic, thus this theory helps the researcher understand that the two outcomes of interest are shaped by individual and environmental factors.

2.5 Conceptual Framework

A conceptual framework assists a researcher to organize their thinking and complete an investigation successfully. It explains the relationship among interlinked concepts. It explains the possible connection between the variables and answers the why questions. A conceptual framework is a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation (Kombo and Tromp, 2014).

Figure 1 Conceptual framework



Source: Researcher (2021)

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlined the methods which were used, data collection tools and the techniques used to collect, and analyse and present qualitative data. Research methodology is an approach and a set of supporting methods and guidelines used as a framework for doing design research. Research methods refer to techniques and procedures used to explore and produce evidence on social reality.

3.2 Study Design

According to Cooper and Schindler (2006), research design is the strategy for the study and the plan by which the strategy is to be carried out specifying the methods and the procedure for the data collection, measurement, and analysis of data. This study adopted a cross sectional descriptive research design using a quantitative approach. This is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals, (Kombo and Tromp, 2006). This type of design is also useful when collecting information about people's attitudes, opinions, and habits. This, therefore, is within the focus of this proposed study.

3.3 Study Population

The population is a group of potential participants to whom the researcher wants to generalise the results of the study. The research population consists of individuals, groups, organisations, human products and events (Welman and Mitchell, 2007). In the current proposed study, the target population consisted of marketers in Kamwala Market. According to Polit and Beck (2008), the target population was entire population in which the researcher was interested and to which he or she would generalise the study results. Therefore, this study included marketers who traded in Kamwala market regardless of their type of trade and business setup. In addition, it included marketers who had shops and those without (street vendors).

3.4 Sample Size and Sampling Technique

The sample comprised of any trader or marketer who had their business in Kamwala market. Furthermore, the study used a simple random sampling technique to capture the participants for the study.

The sample size for the population was determined with the use of the following quantitative parameters:

P = 0.5

Z – Score at 95% confidence level = 1.96

Desired Confidence Interval = ±0.1

Standard Error of Proportion = 0.1/1.96 = 0.05

Since the proposed proportion estimates lies in a 95% confidence interval, and the estimated proportion is 0.5 the sample size was calculated with the following formula;

$$n = \frac{Z^2 P(1-P)}{S.E^2}$$

$$n = \frac{1.96^2.(0.5)(0.5)}{0.05^2}$$

n = **384**

3.5 Data Collection

Data collection was carried out over a period of a month using closed ended questionnaires that were handed to the participants.

3.6 Data analysis

Data analysis is the reduction and accumulation of data to manageable size, developing summaries, looking for patterns and applying statistical techniques (Cooper and Schindler, 2006). Analysis of the quantitative data collected was done through STATA version 15. STATA was used to make summaries of the social demographic data and the response of the participants on their knowledge and practices. Furthermore, the socio-demographic data was further analysed to determine if they were a relationship with the outcomes of knowledge and prevention practices of COVID 19. The themes were only selected if they are repeated by at least three respondents.

3.7 Ethical Considerations

To ensure that ethics are upheld, the researcher endeavoured to do the following:

(i) Ensured that permission was obtained to conduct research in the institution under study;

(ii) Ensured that respondents were given informed consent;

(iii) Ensured that no harm was caused to respondents by asking them to participate without coercion; and

(iv) Ensured confidentiality and anonymity – Disclosure of names of the participants was purely optional. This was done to protect the rights of participation of the respondents.

The researcher also ensured that Ministry of Health guidelines were adhered to in the midst of the covid-19 pandemic by avoiding close interaction with the respondents.

3.8 Chapter Summary

This chapter had looked at the different methods that were used when conducting the research, the study population, sample size, data collection instruments and data analysis methods that were used.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents data analysis done in STATA 15 and Excel (MS Office 2016) statistical packages using descriptive and inferential statistics facilities therein. The results are presented in frequency tables and various chart types for different variables.

SECTION A

4.1 Demographics

This section displays results on the social-demographic profile of respondents.

4.1.1 Gender Distribution

Figure 4.1.1 shows the gender of the respondents sampled for the study.

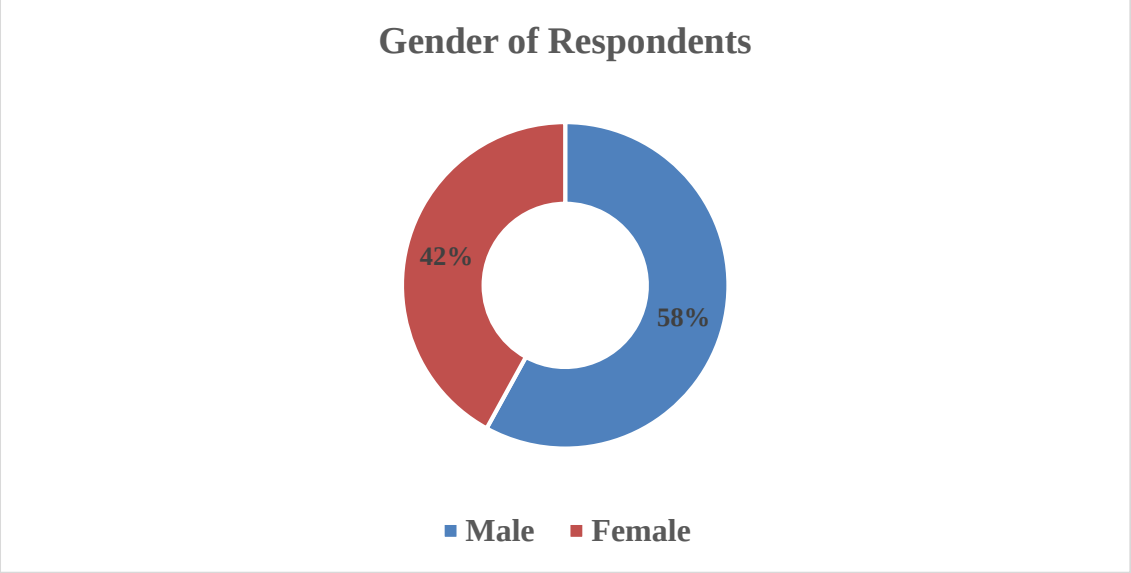


Figure 4.1.1: Gender of Respondents

Figure 4.1.1 shows that 58% (n=223) of the respondent who made up the majority were males, while 42% (n=161) were females.

4.1.2 Age of Respondents

Figure 4.1.2 shows the age group distribution of the study's respondents.

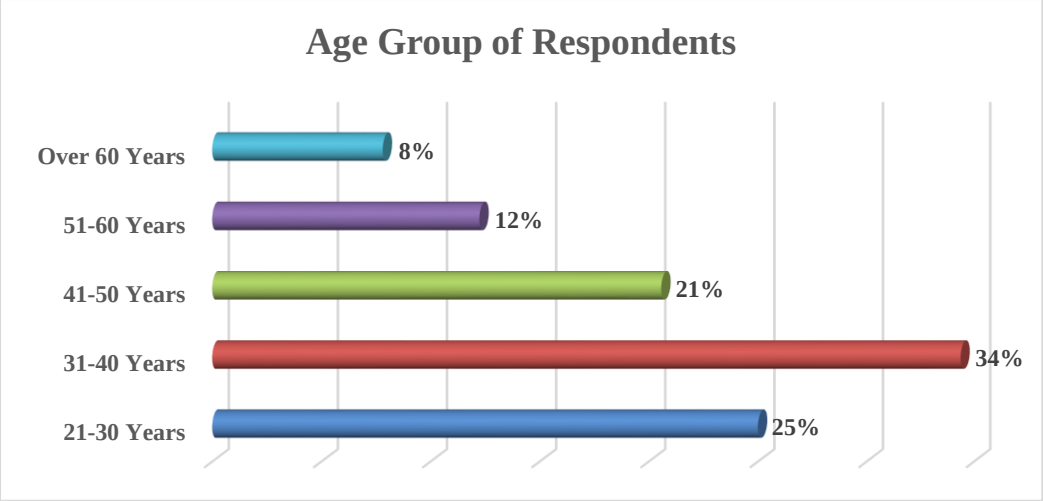


Figure 4.1.2: Age Group of Respondents

The figure 4.1.2 shows that 25% (n=96) of the respondents were in the age group between 21 and 30 years, 34% (n=132) who made the majority were in the age group of 31-40 years, 21% (n=79) were in the age group of 41-50 years, 12% (n=47) were in the age group 51-60 years and those above 60 years were represented by 8% (n=30).

4.1.3 Highest Level of Education Attained

Table 4.1.3 indicates the highest level of education attained by the study's respondents.

Table 4.1.3 Highest Level of Education Attained

Respondent Education Level		
	Frequency	**Percentage**
Grade 12 certificate	202	53%
Certificate for course	94	24%
Diploma	57	15%
Degree	30	8%
Post Graduate	1	0%
Total	**384**	**100%**

Table 4.1.3 shows that 52% (n=202) of the respondents who made the majority had attained an education level of up to grade 12 certificate level, 24% (n=94) attained an education level of certificate of a course, 15% (57) had attained an education level of up to diploma level, 8% (n=30) attained an education level of up to degree level, while 1% (n=1) of the respondents was a post graduate holder.

4.1.4 Respondents' Marital Status

Table 4.1.4 show the marital status of the study's respondents.

Table 4.1.4 Respondent's Marital Status

Marital Status		
	Percent	**Frequency**
Single	40%	154
Married	60%	230
Total	**100%**	**384**

Table 4.1.4 shows that 60% (n=230) of the respondents who made the majority were married, while 40% (n=154) of the respondents were single.

SECTION B:

4.2.1 Knowledge of COVID 19

Table 4.2.1 shows summary of respondent's responses on their Knowledge of COVID 19

Table 4.2.1 Knowledge of COVID 19

	Questions on COVID Knowledge	**Yes**		**No**	
		Frequency	**Percent**	**Frequency**	**Percent**
1	Do you know that COVID 19 is an infectious disease?	**327**	**85%**	**57**	**15%**
2	Do you know that COVID 19 is a zoonotic pathogen virus which can spread from animals to humans through contact?	**199**	**52%**	**185**	**48%**
3	Do you know that COVID 19 could spread through cough and sneezes, or from touching an object that has been Contaminated with the virus?	**351**	**91%**	**33**	**9%**
4	Do you know that there is a risk if you recently travelled from an area with an ongoing spread of COVID-19 as determined by WHO?	**301**	**78%**	**83**	**22%**
5	Do you know that you are at risk if you had close contact with someone who has COVID-19 virus, such as a classmate	**367**	**96%**	**17**	**4%**

6	Do you know that you are at risk if you had close contact with someone who had COVID-19 virus such as teachers and anyone who has been taking care of the infected person	**384**	**100%**	**0**	**0%**
7	Do you know that there are risks to anyone who has chronical underlying healthy conditions like diabetes, high blood pressure, heart and lung diseases?	**277**	**72%**	**107**	**28%**
8	Do you know this symptom of COVID-19 – Fever?	**384**	**100%**	**0**	**0%**
9	Do you know this symptom of COVID-19 – Cough?	**371**	**97%**	**13**	**3%**
10	Do you know this symptom of COVID-19 – - Difficulty in Breathing?	**384**	**100%**	**0**	**0%**
11	Do you know this symptom of COVID-19 – Tiredness	**300**	**78%**	**84**	**22%**
12	Do you know this symptom of COVID-19 – Running Nose?	**280**	**73%**	**104**	**27%**
13	Do You know this symptom of COVID-19 – Sore Throat?	**245**	**64%**	**139**	**36%**

Table 4.2.1 above summarizes responses from responses on their knowledge of COVID 19. The responses are summarized in terms of the frequencies of their responses to each of the respective question that was asked to them.

When asked on whether the respondent knew that COVID 19 was an infectious disease 85% (n=327) of the respondent said they knew that COVID 19 was an infectious disease and only 15% of the respondents said they did not know that COVID 19 was an infectious disease.

Relating to the question whether the respondent knew that COVID 19 was a zoonotic pathogen virus which can be spread from animals to human through contact, 52% (n=199) of the respondents said they did know and 48% (n=185) of the respondent said they did not know that COVID 19 could be spread through animals.

On the question on if the respondent knew COVID 19 could be spread through cough and sneezes, or from touching an object that has been contaminated with the virus 91% (n=351) said they knew and 9% (n=33) said they didn't know.

78% (n=301) of the respondents said they knew that a person was at risk if they recently travelled from an area with an ongoing spread of COVID 19 as determined by WHO and 22% (n=83) did not know that a person was at risk.

The question relating to being at risk if someone has been in close contact with someone who has COVID 19 virus, 96% (n=367) of the respondents said "Yes" they knew and only 4% (n=170 said they did not know.

Additionally, a question relating if the respondent knew that someone was at risk if they had a close contact with someone who had COVID 19 virus such as teachers and anyone who has been taking care of an infected person, all the respondents responded by saying they were aware and all consented with a "Yes" to the question representing 100% (n=384).

In responding to the question asking the respondent whether they were aware that there were risks to anyone who had chronic underlying healthy conditions like diabetes, high blood pressure, heart and lung disease, 72% (n=277) of they respondents said they were aware and 28% (n=107) of the respondent said they did not know if there was risk.

Responses relating to Knowledge of the Symptoms of COVID 19

When the respondents asked if they knew that fever was one of the symptoms of COVID 19, 100% (n=384) implying all the respondents said they were aware that fever was one of the symptoms of COVID 19.

97% (n=371) of the respondents' said cough was one of the symptoms of COVID 19 and 3% (n=13) represented those who did not know that cough was a symptom of COVID 19.

In answering whether the respondent knew that difficulty in breathing was one of the symptoms of COVID 19, all the respondents represented by 100% (n=384) said they were aware that difficulty in breathing was a symptom of COVID 19.

Adding on, 78% (n=300) respondents said they knew tiredness was another symptom of COVID 19 while 22% (n=84) said they were not aware.

On whether having a running nose was a symptom of COVID 19, 73% (n=300) said they were aware and 27% (n=104) were not aware.

Finally in summarizing the responses on knowledge of the symptoms of COVID 19, 64% (n=245) of the respondents said they were aware that sore throat was a symptom of COVID 19 and 36% (n=139) were not aware that sore throat was a symptom of COVID 19.

SECTION C:

4.3.1 Knowledge on the Preventive Practices for COVID 19

Table 4.3.1. shows summary of respondent's responses on their knowledge of preventive measures of COVID 19

Table 4.3.1. Knowledge of preventive measures of COVID 19

	Prevention Practice Questions				
		Yes		**No**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
1	Wearing mask while working	**380**	**99%**	**4**	**1%**
2	Customers wearing masks as you attend to them	**384**	**100%**	**0**	**0%**
3	Washing hands frequently with soaps/Sanitizing	**200**	**52%**	**184**	**48%**
4	Do not touch your face, eyes, and nose when hands are dirty	**272**	**71%**	**112**	**29%**
5	Do not go out if you are feeling sick or having any symptoms	**328**	**85%**	**56**	**15%**

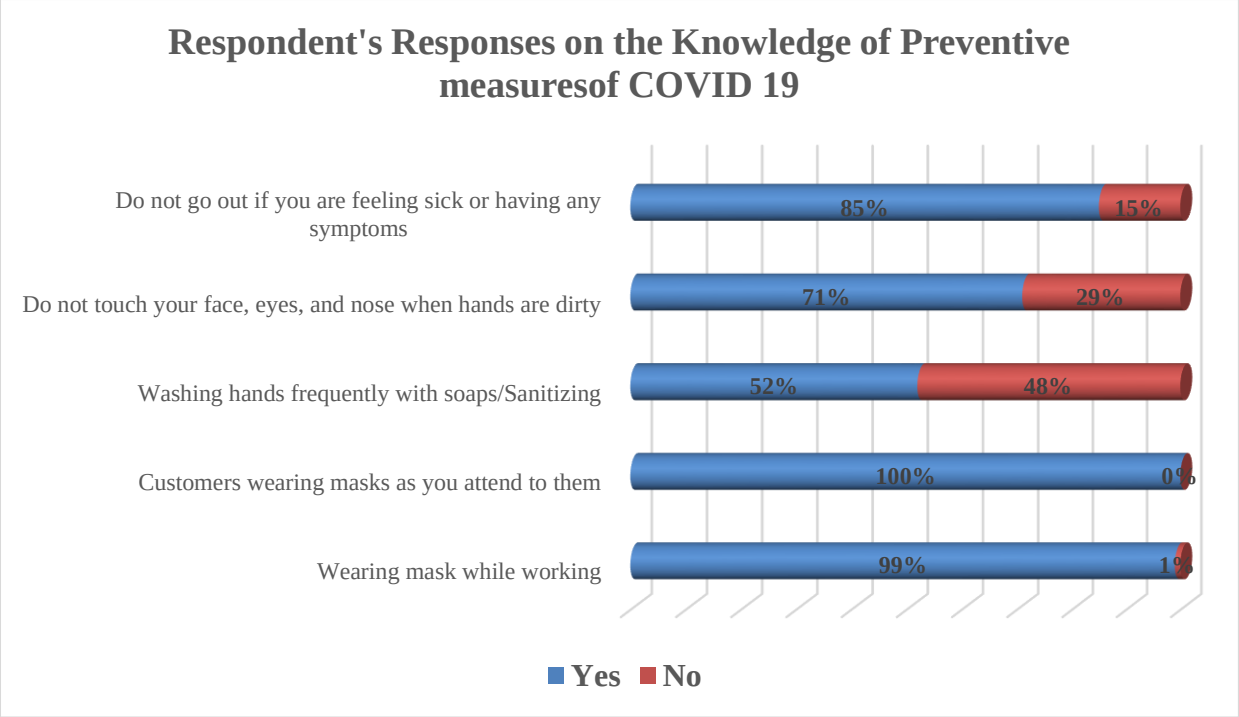


Figure 4.3.1: Respondents' responses on the Knowledge of preventive measures of Covid 19

Figure 4.3.1 summarizes responses of respondents to the preventive measures that they know against COVID 19.

The first set of question asked on the respondent knowledge on the preventive measures of COVID 19 was whether the respondent knew that a person needed to wear a mask while working in order to prevent COVID 19, 99% (n=380) of the responses affirmed with a "Yes" as they were knowledge on the need of one to wear a mask while working and only 1% (n=4) of the respondents were not knowledgeable

Another question asked was on the need of wearing a mast while attending to customers as one of the means of preventing the spread of COVID 19, all the respondents representing 100% (n=384) said theyknew that one needed to wear a mask when attending to customers.

On the need of one washing hands frequently with soap and sanitizing as the mean of preventing COVID 19, 52% (n=200) said they did know that it was a mean of preventing the spread of COVID 19. 48% (n=184) said they did not know

Additionally, 71% (272) said a person was not supposed to touch face, eyes and nose when hands are dirty and 29% (n=1120 of the respondents said they were not aware of the preventive measure.

Finally relating to the last question of a person not going out when feeling sick or having any symptoms, 85% (n=328) said they were aware and 15% (n=56) of the respondents said they were not aware.

CHAPTER FIVE: DISCUSSION OF FINDINGS

From the demographic data, the participants were primarily in the average of (31-40 years, with the majority of respondents being males represented by 58% of the total sample size of the study and had at least a grade 12 certificate as level of education attained (53%). 60% of the respondents were married representing the majority.

The main responses from the respondent's knowledge of COVID 19 shows that only 85% of the respondents knew that COVID 19 was an infectious disease, Though the percent of knowledge seems high, it can be considered that in relation to the fatality and widespread of the pandemic this percentage is quite low than the awareness that should be across the general public. This could have been because of the medium of information used in sensitizing the general public as to whether all the methods used to disseminate information reaches the intended population. Since most of the respondents are business people and are rarely idle to listen to radio or TV could be one of the reasons that can contributed to not having a high percentage of knowledge. Therefore, how the COVID message is disseminated and channels used can affect the number of people reached and also the accuracy of information reaching the general public.

These finding are consistent with the findings of Ruwidah Bonyan (2020) who found out not everyone is willing to receive COVID 19 related information presented through media platforms. From his study, he established that 50% of busy participants do not have enough time to read or receive more information, this is generally seen as a contributor to knowledge gap among the general public where COVID 19 is awareness is concerned.

Relating the study found out that most of the respondents (91%) knew that COVID 19 could be spread through cough and sneezes, or from touching an object that has been contaminated.

The majority of participants stated that they knew that COVID 19 could be spread by traveling to suspected areas or areas with ongoing spread of COVID19 as represented by 78% of the responses, and 96% attested to their knowledge on how COVID can be spread being close with someone who has COVID 19 virus.

To add on, 72% knew that people who are much prone to COVID 19 or people at high risk are those who had any underlying health conditions like diabetes, high blood5 pressure, heart and lung diseases. Also established from the study is that COVID 19 is associated or is related to

the respiratory system, which causes some difficulties in breathing (100%), with high temperatures (100%) accompanied by dry cough. A similar level of awareness was reported in recent studies by Zhong BL and Luo W (2020). This may be attributed to continuous practice of raising awareness about COVID-19 in communities about health issues by healthcare organizations and Saudi health extension workers, which has been effectively implemented in recent days (Saudi CDC, 2020).

On average (52%) of respondents understood the need of washing their hands using soap or sanitizing multiple times a day. However, it could be assumed from the study that a considerable percentage (48%) of the participants do not find the protective measures necessary or did not rather familiarize themselves with washing of hands or had knowledge on the need to wash hand or sanitize the hands.

The present study found that the majority of the participants were aware of the ongoing COVID-19 outbreak. The overall awareness regarding disease signs and symptoms, potential sources of infection, and prevention recommendations were deemed high from the responses of the study. Similar findings were obtained in many other studies conducted in the past years that also examined the awareness during outbreaks of other infectious diseases (Almutairi K, 2015).

As far as preparedness to fight against COVID-19 is concerned, our study showed that all the participants were aware of the need to avoiding mass gathering, avoiding traveling to suspected areas, the use of face masks and hand sanitizers. The greatest challenge in most developing countries while avoiding places with COVID 19 during lock down, has been the challenge of accessing food during this period, the majority of the people who participated in our study are business people and their businesses are heavily affected by pandemics.

According to the study therefore, a large number of people need to be practicing social distancing, and chances of contracting the infection might increase especially in densely populated business environments. This is genuinely desirable and precautionary in a situation like COVID-19, as coming closer to or violating social distancing is risky. Perhaps this preparedness is a reflection of steps taken by government authorities, as Zambia can control the spread of COVID-19 in Southern Africa region. When the whole world is struggling to control COVID-19 spreading.

Generally, the COVID-19 pandemic has had a significant negative impact on many aspects of life around the world which requires more effort to improve the public response toward this disaster. Similar to other disasters, the COVID-19 pandemic could generate anxiety, fear, and depression between the public (Lee E, 2019). Thus, continuously providing the public with important response strategies and information about this pandemic could reduce the symptoms of anxiety and improve the level of public preparedness toward this pandemic (Park JY, 2019). In contrast, long exposure to news about the pandemic-related events will be associated with more stress symptoms (North CS, 2019). Therefore, the media and governments should focus on providing peoples with the appropriate information about the disease and practical response strategies rather than the pandemic-related events which will induce psychological influences and shock. Moreover, government or concerned authorities should develop a channel where the public can freely access and learned about the COVID-19 issues. In this way, we can assure the validity and accuracy of the information that public received about COVID-19 and reduce the stressful, uncontrolled, and confused information from the multimedia.

6.1 Study Limitations

The study only focussed on marketeer in only one market of Lusaka, this therefore only considered at the factors experienced in one market as such making inferences to other markets outside Lusaka may be biased. Further study therefore can focus on cross section survey to help collect data that can be applicable to other similar case studies.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

The COVID-19 pandemic has had global negative impacts on social, economic, political, and health statuses of affected countries. To lessen the negative effects of this pandemic, further comprehensive improvement in public awareness about COVID-19 should be considered. Improving public awareness should be spearheaded by reliable health and governmental sectors. Social media, awareness campaigns, and television are very helpful platforms that should be adopted by decision makers in each country to raise community awareness and preventive attitudes toward COVID-19. Interestingly, the collaboration between the ministry of health and residents of every country plays a critical role in containing the COVID-19 pandemic. Because ministries of health tend to take action as outbreaks worsen, we expect a further improvement in the level of awareness as the number of COVID-19 cases announced increases.

The following recommendations were generated from the findings of the study.

1. There is need of continuing sensitizing the general public about COVID 19
2. Much focus by government and private sectors should be in coming up/continuing disseminating of information relating to preventive measures of COVID 19.
3. There is need of diversifying the channels through which COVID 19 related programs are delivered to the general public.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE

SCHOOL OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF PUBLIC HEALTH

RESEARCH TOPIC:

Knowledge and Practices of COVID 19 Prevention Measures Among Marketeers In Kamwala Market.

SECTION A: Socio-demographic characteristics

1. Gender:
   a.) Male
   b.) Female

2. Age:
   a.) 21 – 30 years
   b.) 31 – 40 years
   c.) 41 – 50 years
   d.) 51 – 60 years
   e.) Over 60 years

3. Highest education qualification:
   a.) Grade 12 certificate
   b.) Certificate for course
   c.) Diploma
   d.) Degree
   e.) Post Graduate

4. Current marital status:

a.) Single

b.) Married

c.) Staying Together

d.) Widowed

5. What is your religion:

a.) Christian

b.) Hinduism

c.) Islam

d.) Non believer

SECTION B: Knowledge of COVID 19

	Knowledge Questions	**Yes**	**No**
1.	Do you know that COVID 19 is an infectious disease?		
2.	Do you know that COVID 19 is a zoonotic pathogen virus which can spread from animals to humans through contact?		
3.	Do you know that COVID 19 could spread through cough and sneezes, or from touching an object that has been Contaminated with the virus?		
4.	Do you know that there is a risk if you recently traveled from an area with an ongoing spread of COVID-19 as determined by WHO?		
5.	Do you know that you are at risk if you had close contact with someone who has COVID-19 virus, such as a classmate?		
6.	Do you know that you are at risk if you had close contact with someone who had COVID-19 virus such as teachers and anyone who has been taking care of the infected person?		
7.	Do you know that there are risks to anyone who has chronical underlying healthy conditions like diabetes, high blood pressure, heart and lung diseases?		
8.	Do you know this symptom of COVID-19 – Fever?		

9.	Do you know this symptom of COVID-19 – Cough?		
10.	Do you know this symptom of COVID-19 – -Difficulty in Breathing?		
11.	Do you know this symptom of COVID-19 – Tiredness		
12.	Do you know this symptom of COVID-19 – Running Nose?		
13.	Do You know this symptom of COVID-19 – Sore Throat?		

SECTION C: Prevention Practices for COVID 19

	Prevention Practice Questions	**Yes**	**No**
1.	Wearing mask while working		
2.	Customers wearing masks as you attend to them		
3.	Washing hands frequently with soaps/Sanitizing		
4.	Do not touch your face, eyes, and nose when hands are dirty		
5.	Do not go out if you are feeling sick or having any symptoms		

APPENDIX 2: CONSENT FORM

SCHOOL OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF PUBLIC HEALTH

RESEARCH TOPIC:

Knowledge and Practices of COVID 19 Prevention Measures Among Marketeers In Kamwala Market.

Dear participant,

My name is ....., a final year student enrolled in the Bachelor of Science degree in Public Health at the University of Lusaka. In partial fulfilment for the award of a degree, I am required to carry out a research project.

You have therefore been selected to participate in this study and I wish to inform you that participation in this study is voluntary and you can to withdraw at any stage if you so wish. All the information provided will be kept confidential. You will receive no benefit from the study or any monetary gain.

Participant's signature…… …. Date……

Investigator's signature…… Date……

Contact person for any queries:

University of Lusaka, Department of Public Health, P.O Box 36711, Lusaka.

Cell: .....(RESEARCHER)

APPENDIX 3: RESEARCH PROJECT PROPOSAL BUDGET TEMPLATE

Project Activities

Personnel	**Description**	**Amount**
Principal investigator expenses	Miscellaneous	K750
Other personnel expenses	Secretarial	-
Administration costs	Project management	K750
	Personnel total	**K1,500**

Other Project Activities	**Description**	**Amount**
Media	Bundles for google forms	**K250**
Data collection	Questionnaire printing	**K1000**
Publishing costs	Printing & binding	**K750**
	Grand total	**K2,000**

APPENDIX 4: PROPOSED SCHEDULE OF RESEARCH ACTIVITIES

Activities	**Apr'21**	**May'21**	**Aug'21**	**Sep'21**	**Oct'21**	**Nov'21**	**Dec'21**
Proposal writing							
Collection of primary data							
Analysis of data							
Writing of the report – chapter Four							
Writing of the report – chapter Five							
Consolidating Chapters							
1st Draft Submission of Full Report							
Final Submission of Full Report							

Activity done

Activity pending