Knowledge, Attitude and Responses of Intending Pilgrims During Covid-19 Pandemic: The Case of Osogbo, Osun State, Nigeria.

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Certification

This is to certify that Helen Ogho AKPOMEDAYE with matric number LCU/PG/001849 carried out this research work titled "Knowledge, Attitude and Responses of Intending Pilgrims During Covid-19 Pandemic: The Case of Osogbo, Osun State Nigeria" in the Department of Tourism and Hospitality Management, Faculty of Environment Design and Management, Lead City University, Ibadan, Oyo State, for the award of Master Degree (M.Sc.) in Tourism and Hospitality Management and that this has not been previously submitted.

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Dedication

This work is dedicated to the Almighty God, who gave me the strength to proceed till the completion of this work and my beloved husband for all his support.

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Thank you and God bless you.

Abstract

The study focused on Knowledge, Attitude, and Response of intending pilgrims during COVID-19 Pandemic using Osogbo, Osun state Nigeria. The study population comprises of intending pilgrims from Osogbo Metropolis and its environs, with a sample population size of one hundred and twenty (120) sample frame, randomly selected with non-probability (judge- mental) sampling technique. Descriptive survey research design was adopted for the study. Four research questions that bother about the objectives of the study (knowledge, attitude, and response of intending pilgrims during COVID-19 in the study area, Osun state) were raised at the beginning of the study. In attempts to answer these questions, four hypotheses were stated in null form. Also, twenty (20) types of research instruments (questionnaire) relating to the questions raised early on the study were constructed. The liker five-point scale, Strongly Agree (SA), Agree (A), Strongly Disagree (SD), Disagree (D) and Undecided (U) was used to enlist responses from the respondents. The Chi-Square/SPSS statistical method was used to analyze the stated hypotheses at 0.05 level of significances. The result from the analyzed hypotheses revealed that, the studied intending pilgrims in the study area had sufficient knowledge and source level of COVID-19 spreading faster during mass gathering. Their robust Knowledge about COVID-19 influence the intending pilgrims in the area of study to avoid religious gathering and attendance of religious events in the study area during the Pandemic. The study also found robust attitude and responses among the studied intending Pilgrims to the cancellation of religious Pilgrims events. To them, it was a welcome development as it reduces the spread of the virus. It was recommended among others, the continuous dissemination of information on prevention of spread of COVID -19 to all religious tourists to strengthen them in the fight against COVID - 19 Pandemic.

Keywords: Knowledge, Attitude, Pilgrims COVID-19 and Osogbo.

Word Count: 279

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Abbreviation

A

CAC

COVID- 19

D

DSS

HIV

AIDS

KAP

KAR

MERS-CoV

NCMM

NGOs

NPC

OCHC

OGSG

OSEC

PHAC

SA

SARS

SARS-CoV-2

SD

UAE

List of Acronyms

Meaning	
Agree	Nigeria Population Commission
Christ Apostolic Church	Oregon Commission on Historic Cemeteries
Corona Virus Disease- 19	Ogun State Government
Disagree	Online Sexual Exploitation of Children
Department of State Service	Public Health Agency of Canada
HCWs	Strongly Agree
Human Immunodeficiency syndrome	Severe acute respiratory syndrome
Acquired immunodeficiency syndrome	Severe acute respiratory syndrome coronavirus 2
Knowledge, Attitude, Pilgrims	Strongly Disagree
Knowledge, Attitude, Response	United Arab Emirate
Middle East respiratory Syndrome Coronavirus	
National Commission for Museums and Monuments	
Non-Governmental organization	

UD

UNESCO

UNWTO

WHO

Undecided

United Nations Educational Scientific and Cultural Organization

United Nations World Tourism Organization

World Health Organization

Chapter One

Introduction

1.1 Background to the Study

The World Health Organization (WHO) has declared COVID-19 a global pandemic emergency because of its widespread. Tourism, politics, and religion, across numerous countries suffered a great set back because of the wide spread of the Pandemic[1]. Governments have implemented social exclusion and lockdown measures in the absence of an effective treatment, despite the development of vaccines and the ongoing debate about it [2,3]. Interest in studying how religious practices and beliefs, as well as shifts in religious practices or beliefs, affect people's lives has increased recently COVID-19 has spread to 19 countries. In COVID-19, there is a great deal of variation[4]. Different religious/denominational groups within a single city, all subject to the same government regulations, have different prevalence rates for certain crimes like this. There appears to be a strong correlation between religious beliefs and socioeconomic status. Beliefs and practices may influence the spread of the disease[4]. Many religious practices and beliefs, such as pilgrimage, group prayer and religious instruction in places of worship, religious mealtimes at communal tables, religious weddings and holidays, and the circumcision of children, are risk factors for the spread of COVID-

19.

These behaviors may lead to the formation of infection foci. as follows:

It is possible to control the spread of disease through religious rituals and practices, that religious leaders can adopt [5]. Among the Islamic countries, Iran was one of the worst-hit because of religious ceremonies and gatherings that made the disease more likely to be spread. To promote the Shiite holy Shrines pilgrimage, the city of Qom recorded its first

COVID-related deaths [27]. COVID- 19 has spread to countries like Malaysia, Pakistan, and India as a result of religious leaders' facilitation of Muslim gatherings[6].The ultra-Orthodox Jewish population's death and disease rates from COVID- 19 were twice as high as the general population because, preventative measures were not followed because they conflicted with their religious beliefs [4]. Jerusalem's synagogue had to come up with a novel way of dealing with the coronavirus outbreak: virtual religious instruction and prayer sessions to better serve its members and keep the community together[5]. Since there have been fewer infections here than at other synagogues, the number of people infected with

COVID- 19 has been significantly lower.

Saudi Arabia hosts more than three million pilgrims every year during Hajj and Umrah (the smaller Islamic pilgrimage), making it the most representative country in terms of Islamic beliefs and practices[3]. At these gatherings, everyone is in close proximity to one another. Government and public health officials in Saudi Arabia have dealt swiftly with COVID — 19 outbreak crises because Islamic gatherings and events were considered threats to the epidemic's spread. For example, five-times daily mosque prayers, Friday prayers (which must be held in mosques), Islamic classes, ritual washing and kissing of the dead, and mourners gathering for several days at the home of the deceased could have hampered government efforts. Since the Saudi authorities are concerned about the spread

of the virus, they have taken precautionary measures such as lockdown, quarantine, isolation, and social exclusion. The first case was reported in the country, and the necessary measures were put in place as soon as possible. Schools and shopping malls were also shut down to prevent the spread of the diseases[7]. Acessto Mecca and Medina's holy mosques, as well as Hajj and Umrah visas, were prohibited during this time. Together with the country's Islamic

authorities, these plans were put into action.

Because it is difficult to separate religious variables from other influencing factors, there is

no existing instrument to quantify the impact on limiting the spread of disease in any community of adopting preventive measures in light of new religious rulings and religious practices. When it came to the pandemic, religious attitudes and activities were used to

gauge the impact of religious rituals on disease transmission in the population.

Over 100,000 cases in Africa have been documented, the disease has spread across the continent[8]. More than 10,000 confirmed cases have been found in Nigeria, Africa's second-highest country in terms of the number of cases. A thorough understanding of the transmission dynamics and human response to the outbreak is essential for a successful response. As the COVID- 19 epidemic spreads, health care workers (HCWs) are at greater risk of contracting the virus and transmitting it to patients and visitors. Disease outbreaks that continue unabated have been linked to healthcare facility failures in infection control [9, 10]. When there is an outbreak, this becomes even more apparent. Healthcare-associated infections affect more than 1.4 million people worldwide, two to

twenty times more than in underdeveloped countries than in developed ones. Patients, healthcare workers, and the general public are all at risk if proper infection prevention measures are not followed. The spread of COVID- 19 in hospitals is still under investigation, but It is possible that the disease, which has a mean reproduction number of 3.28., could play a significant role in healthcare-associated transmission in places like Nigeria, where the capacity to deal with the spread of the disease is considered to be moderate at best [11]. Over 800 Nigerian health care workers have fallen victim to the disease. Hospital workers' responses to infection control and prevention in the workplace are shaped by their own individual habits and practices. Those actions are influenced by a person's attitude, and practice in that area. This means that healthcare providers'infection control strategies and plans will be influenced by what they know, believe, and do to prevent COVID- 19. 42.9 percent of medical professionals in the Middle East said they weren't sure the conventional surgical mask would keep them safe from H1N1, 22.1 percent didn't think washing hands with soap and water would do the trick, and 27.3 percent said they weren't sure[12].

According to a recent survey, health care workers in China have adequate and proper knowledge, attitudes, and practices for the COVID- 19 Pandemic [13]. In another study from Uganda found lower levels of knowledge and practice than those found in Pakistan. And, similar levels of knowledge (93.2% and practice 88.5%), (69 percent and 74 percent)[14]. The response and management techniques for COVID- 19 have deteriorated in several locations, including Nigeria, as a result of inadequate HCW and isolation facility personal protective equipment, pollution and overcrowding [15]. A decrease in the number of COVID-19 infections can only be achieved by requiring healthcare workers to follow standard infection prevention procedures [16]. Setting congruent interventions are essential to ensuring

long-term behavioral change and improving practices when health care providers think about COVID-19 prevention. It is more dangerous for healthcare workers in Nigeria's most populous state, Kano, not to follow infection control guidelines. It is located in Nigeria's north-west geopolitical zone, Kano in Nigeria. It is expected to have a population of 13,065,294 in 2019, according to the 2006 National Population Census. Primary, secondary, and tertiary healthcare are provided by three levels of government. The private sector operates two tertiary facilities, 64 secondary facilities, and 1,241 primary healthcare facilities; the federal government provides tertiary health care. Many different types of healthcare professionals work in these facilities, but community health workers are by far the most prevalent. Pilgrimage is considered the first form of tourism[17,18]. Nations of all faiths have benefited from these discoveries, which have helped them broaden their perspectives on geography, culture, and civilization[19]. At the same time as pilgrimages change over time due to the influence of various religious, secular and natural influences

that interact in pilgrimage locations[18,20]. These places are characterized by a wide range of geographical features and time-varying dynamics, as was demonstrated vividly by the COVID-19 pandemic. The UNWTO estimates that 330 million people visit major pilgrimage sites each year, making religious tourism one of the fastest growing types of global tourism[21]. Promoting shrines, finding places to meet "oneself and God," renewing pilgrimage tours along pilgrimage routes, and creating new pilgrimage routes are all factors

that contribute to an increase in pilgrimages[22].

Religious visitors' behavior and attitudes at a religious site may be affected by their religious affiliation and religious inclination. The Wailing Wall in Jerusalem is used

differently by Christians and Jews. Jewish tourists were more likely to see the trip as a "heritage experience" than Christian tourists [23]. Participants who are more religious than Christians are more likely to view the location as apart of their heritage than those who are moderately or not religiously affiliated. Seventy-two percent of Christian pilgrims in Israel filled out a questionnaire about their interest in visiting other holy sites, with the majority of those pilgrims expressing a desire to experience culture and shopping. More than 254 million people have died as a result of the SARS-CoV-2 coronavirus epidemic[25]. Business, education, religion, culture, sports as well as social and psychological behavior will be affected for a long time[24]. There will be significant changes in our daily lives and in the global economy in the coming months due to the second wave of the COVID-19 epidemic. In the midst of the epidemic, it is impossible for us to know where we are and what our world will look like when it is over. Many shrines around the world experienced significant shifts in sacred space over a few days in early March. Plans to go on a pilgrimage in the coming weeks were thwarted. COVID-19's isolation, uncertainty, agony, and death claimed the lives of thousands. There is a wide variety here, including images of churches and shrines in Bethlehem, Bethlehem and Jerusalem, as well as the empty pilgrimage route to Santiago de Compostela, Lourdes and Masefield Cave in Lourdes. Hundreds of thousands of temples and shrines from all religions are also shown.

The respiratory virus family known as the Coronaviruses has been studied for more than 55 years (CoVs). A wide range of hosts and illnesses are also affected by these viruses, from the common cold to more serious conditions [26]. The source of a recent outbreak of respiratory illnesses in Wuhan, China, has been identified as an unknown bacterium. When the virus was discovered on 7 January 2020, it was given the name SARS-CoV-2[25] and renamed Coronavirus Disease 2019, (COVID-19) [25]. SARS-CoV-2 infection can

cause a variety of symptoms, including a dry cough, a high fever, shortness of breath, and exhaustion. The length of time the SARS-CoV-2 virus remains on surfaces is influenced by environmental factors[27].Higher pilgrim mortality and morbidity rates due to SARS-

CoV-2 outbreaks in hospitals have put astrain on the hospitality and tourism industries[24].

1.2 Statement of the Problem

When the COVID- 19 pandemic broke out, it had a devastating impact on religious tourism and significant religious ceremonies all over the world. Pilgrimage and festival celebrations, as well as religious services, have been canceled or postponed. Religious tourism has been on the decline for several decades due to conflicts, disputes, wars, and terrorism in various parts of the world. Some religious heritage areas have been left with impossible challenges to overcome or even survive because of these issues. Recovery from the COVID- 19 pandemic may be impossible without the cooperation of national governments, international agencies, and non-governmental organizations (NGOs). Many holy sites have remained open because of the contributions of pilgrims and religious visitors. Osogbo's COVID - 19 Pandemic is the focus of this study, which examines the

knowledge, attitudes and responses of incoming pilgrims.

1.3 Aim and Objectives of the Study

This study aims to investigate knowledge, altitude and responses to COVID- 19

pandemic among intending pilgrims in Osogbo, Osun State, Nigeria.

The study's specific objectives include to:

i. examines knowledge level and sources about COVID-19 among intending pilgrims.

ii. investigate the attitude and responses of intending pilgrims.

iii. examine the influence of traveling perception of intending pilgrims' response.

iv. investigate the intending pilgrims risk perception during religious events.

1.4 Research Questions

This study is driven to answers the following questions;

i. Does Knowledge Level and sources about COVID-19 influence Intending pilgrims' perception?

ii. As to what extent has COVID-19 affects intending pilgrims' attitude and response?

iii. Does COVID-19 influence traveling perception of intending pilgrim' response?

iv. Have COVID-19 influence the travel risk perception of intending pilgrims?

1.5 Hypotheses

In attempts to answer the stated research questions, the following null hypotheses were raised to guide the study.

H_{o1}: There is no significant association between Knowledge Level and sources about COVID-19 among intending pilgrims

H_{o2}: There is no significant association between attitude and response of intending

pilgrims

H_{O3}: There is no significant difference between traveling perception and intending pilgrims' response

H_{O4}: The is no significant relationship between COVID-19 incidence and travel risk perception of pilgrims going on religious events.

1.6 Significance of the Study

This study will be of great significance to both policy makers and religious institutions in general. Specifically,

a) the study will help the pilgrim board and its policies makers, it will provide the basis for effective policies for the pilgrim board survival during outbreak of any infectious diseases and also help them to adopt strategies to mitigate likely future occurrence.
b) to the religious institutions, mostly religious prayer tourists sit, it will provide an opportunity for diversification, and coping strategies now and in the near future.

1.7 Scope of the Study

In this study, the residents of Osogbo in Nigeria are used as a study area to assess the impact of COVID-19 on pilgrims planning to attend a religious event in Nigeria. As a result, it may not be possible to extrapolate the findings to other Nigerian states. With

an estimated population of more than 750,000, Osogbo has been chosen as the state's varied religious hub [27b].

1.8 Limitations of the Study

Many people still have misconceptions about how to prevent and manage infection. Only a small sample of the Osogbo pilgrim community was studied for KAR (knowledge, attitudes, and responses) during the COVID-19 epidemic.

1.9 Operational Definitions of Terms

Knowledge: Experiential or academic knowledge; the ability to comprehend a subject in both atheoretical and practical manner.

Attitude: how you feel or think about a subject.

Covid-19: A coronavirus-caused respiratory infection that can cause severe symptoms and even death in some cases in humans.

Pilgrims: travel to a holy site for religious purposes.

Prayer Mountains: are places where people can go away from the rest of the world and focus on their relationship with God.

Pandemic: Infectious disease that has spread widely over a country or the globe.

Pilgrimage: introspection into one's moral or spiritual beliefs.

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Chapter Two

Literature Review

2.0. Introduction

The purpose of this chapter was to conduct a literature review on the subject. The purpose of a literature review is to determine the importance of major contributions to a field of study and to give clues about any existing gaps that need to be filled.

2.1 Conceptual Issues

Tourism

Tourism is defined as human activity. Getting from point A to point B, which is transportation is critical (conveying visitors), the provision of protection, security, and convenience, in addition to the usual fare (food and beverages). It's possible to include amenities such as a swimming pool or tennis court in the list of optional features. Other examples include theaters or cinemas; historical attractions; an inviting atmosphere; and retail stores[28].

To many academics, the line between tourism and travel is difficult to draw. Since 1987, Researcher's argue, tourism has been widely accepted to describe both the act of people traveling away from home and the accompanying economy that has sprung up in response to that conduct. "travel and tourism industry" and "travel and tourism economy", is a distinction made by researchers[28]. Not all travel is tourism, but it does include a significant amount of the activity. It is his contention that the term "tourism" refers to the temporary, short-term movement of people to places outside of their normal surroundings, and that

technical definitions are developed within this broad concept for specific purposes, to include or exclude specific trips and movements; locations that are primarily determined by considerations of scope, duration, and travel time. Tourism's role in economic growth has been established at the highest possible level of recognition[29].

2.1.2 Religious Tourism

As a result of their long history and close ties to humanity, pilgrimages have long been considered the precursors of modern tourism. Religious tourism is a long-standing and well-known type of tourist activity. In addition to religious pilgrimages, humanitarian missions, conventions, and religious enclaves are all included in what is referred to as "religious tourism"[30].

Nigeria had religious tourism traditions long before it was called Nigeria,[31]. There is an exodus of people to religious sites for worship or ritual sacrifice. Religious tourism is a form of mass tourism as noted by numerous academics, who have made the same point[32].

2. 1.3 Prayer Mountain

Prayer Mountain is made up of the terms "Prayer" and "Mountain.". We use the term "prayer" to refer to our requests to God[33]. In Aramaic, "be a" means to ask Yahweh for something, and "petition" refers to this. Scholars of the Old Testament generally agree that the Hebrew word for "mount" or "mountain" is the best translation for the English word. Because of their sheer size and eerie presence, mountains are revered as the nexus between the heavenly and the terrestrial planes by many religions. In the Old Testament, Yahweh is clearly identified as the God of the Mountains (possibly El-Shad day). Mountain ranges have a built-in advantage. The transcendent, the ecstasy of God, in their religious

significance. In addition, they serve as a fitting symbol of God's majesty and constancy. God can be found in a variety of natural settings, including deserts, the sea, and mountains[34].

The word "mountain" is a metaphor for strength. According to the New Testament, Jesus makes it crystal clear that God's worship was not restricted to a single mountain in the Old Testament (John 4: 2-24). According to Hebrew religious texts,a mountain cannot be made sacred. Nature, man-made structures, or a combination of all three can be used to create Prayer Mountains[35].

Private places for prayer such as Prayer Mountains are ideal for those seeking to pray about God's word in the last days with "seasoned prayers led in Holy Spirit guided prayers"[36].

A Prayer Mountain, in the eyes of the Catholic Church, can be anyplace where a person is able to pray to God[36]. A selfless experience that isn't focused on the blessings that can be gained from prayers, but rather an experience that involves energy, heart and quietness is what our generation believes the mountaintop experience [37]. There are many who believe their prayers will be heard only if they make it to the mountains to pray[38]. Mounts that are volcanic in origin bring essential nutrients from deep within the earth to the surface during periods of activity both past and current. Mountaintop erosion has created fertile soil that farmers can now use to grow crops. It is possible to contemplate and appreciate God and nature while hiking in the mountains. Prayer MOs mains help those who are physically able to climb the mountain by highlighting the importance of letting go of the things that weigh them down in favor of bringing only the necessities. An example of this is the coal found in the Prayer Mountains of Appalachia in the United States.

Coal mining on the mountain's crest has resulted in mountaintop removal, and some religious Appalachian residents have formed organizations to combat it (ilovemountain.org).

Many people believe in the healing and miraculous properties of Prayer Mountains. Dallas, Texas's Prayer Mountain is a place where people go to experience healing through the power of prayer[39]. Prayer rooms, chapels, retreat centers, and even a place to stay are all available at the Osanri Choi Ja-sil Memorial Fasting Prayer Mountain in South Korea. Transportation and cafeterias are also available[40]. Many different Prayer Mountains are now being promoted around the world via the internet in this century. In order to ensure the safety and compliance of those who wish to attend, several of them have provided guest guidelines. Osanri, Osanri and Antipolo are three other notable Prayer Mountains in the Philippines, Korea, and the Philippines respectively. In Nigeria's South Western region, Mount is the most common place for Prayer Mountains. The Carmel Prayer Mountain in Ifewara has just been completed and is now open to the public. It was inspired by an identical Prayer Mountain in South Korea and other similar Nigerian structures, such as the Mount Carmel Prayer Mountain built by Osun State's Pastor[41]. Nigeria's Baba Abiye Prayer Mountain can be found in Ede. Ikoyi Prayer Mountain, Oke-Maria Pilgrimage Center, and Breakthrough Prayer Mountain. Babalola International Miracle Camp and OriOke Taborah Miracle Camp are located in Ikeji Arakeji and Ilorin, respectively. Other locations include Ojoo's Ori-Oke Aanu, Ibadan's Ori-Oke Ajaka, and Ondo's Ori-Oke Pele. Similar to other Prayer Mountains, religious tourists are expected to adhere to the mountain's rules [60].

The death of a pilgrim in Ondo, Nigeria, shows that Prayer Mountains in Nigeria have a bad reputation. However, police determined that John Doe's death was due to natural causes, pending autopsy results[41]. The widespread desecration of previously revered holy sites by so-called God-men and sincere worshipers who practice ritualism and occultism. People are lured into isolated places where they're subjected to terrible things under the pretense of a miracle. There are more people with questionable motives and sincere intentions than there are people with good intentions[38]. The mountains are still revered by Christians as a place of adoration. As a result, pilgrimages to holy sites around the world are linked to theology. Sugarloaf Mountain's Christ of Corcovado extends out his arms in blessing over Rio de Janeiro, Brazil, in the new world. A popular pilgrimage destination for American Catholics is Holy Hill in Wisconsin. Snowmass Abbey (Colorado) and (Oregon) Mount Angel[34].

2.1.4. Pilgrimage

Numerous religions require pilgrims to visit holy sites, and this is a major reason for people to embark on journeys [42]. Religion must be seen as a collection of beliefs, cultural systems, and world views in order to be fully comprehended. Only a few of the world's many religions include: Buddhism, Hinduism, Judaism, Baha'i, Jainism, Rastafari, Sikhism, and Taoism. This demographic group is a major source of religious tourism in the world, accounting for about 60 percent of the world's population. Christianity is one of the three major religions in the world[43]. Islam and Hinduism are the two religions that have attracted the most pilgrims to their holy sites with 33%, 21%, and 14% of the world's population, respectively. Christians make up 31.5% of the world's religious population. A quarter of the population is Muslim[44]. Hinduism, on the other hand, accounts for 15% of the

population. Pilgrimage and religion are inseparable[45,46]. Pilgrimage isn't just about the destination, but also the journey to get there. It is necessary to seek out a place or state that symbolizes an important ideal in order to embark on a pilgrimage. In contrast to the concept of "tourist," a "pilgrim" is defined solely by the motivation and destination of the traveler. It has been said that a pilgrimage is a physical journey in search of truth and a spiritual quest for sacred or holy things. Because they travel for spiritual reasons only, pilgrims are those who are driven by an intense spiritual desire. Pilgrims and religious tourists can be distinguished from each other by their behavior.

One of the oldest forms of travel is religious, and the coronavirus pandemic presents a new threat to that industry[47],[48]. Although the pandemic has put both tourism and events at risk, the majority of academic studies focus only on tourism[49,50]. Social distancing measures were put in place to prevent the spread of the virus in a country like Saudi Arabia, which hosts "very obviously worldwide religious meetings." As a result of the pandemic, events (and related industries) have an opportunity to redefine themselves[51].

Governments around the world implemented restrictions to curb the spread of the disease. Governments in some of the worst-hit countries have ordered long periods of self-isolation and/or lockdown. Countries like China, Italy, Spain, and Ecuador have the highest rates of infection, patients, and deaths[52.] These changes have had a devastating impact on the standard of living for citizens in low-income countries like Latin America. People are becoming increasingly concerned about the disease's transmission, evolution, and immunity to afflicted individuals, as well as the lack of a vaccine to combat it [53]. When there was SARS, these concerns were sparked by the perception of danger cues. MERS- CoV, or the Middle East Respiratory Syndrome Coronavirus[54]. Dread of COVID-19 Scale was developed based on current scientific literature, given the serious worldwide

threat and impact of the COVID- 19 pandemic on several elements of human survival, health, well- being, and development (FCV- 19S). Several countries, including Iran, have used this scale

in the past[55],[56].

2.1.5 Impacts of Covid19 on Religious Tourism

All of these measures have been put in place in some countries by the United Nations World Tourism Organization (UNWTO)[57]. As a result, international travel was virtually halted in April and May of 2020. Inbound visitor arrivals fell by 74%, or nearly 1 billion trips, from January to December 2020. Because of COVID preparations, arrivals decreased by 84% in January and February of 2020.

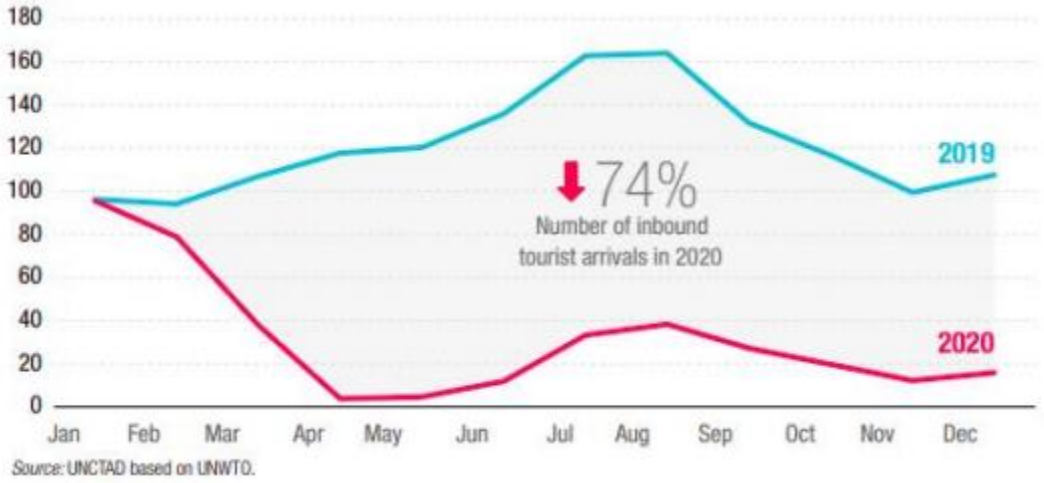

Figure2.1: International arrivals in Thousands (Source)[57]:

Affected areas include Oceania, North Africa, the Middle East and South Asia. Most spared are parts of North and Western Europe, as well as the Caribbean and Central America. This demonstrates that developing countries have suffered the most as a result of this. Tourist arrivals in developing countries have decreased by an average of 60 to 80 percent[57].

2.1.6 Possible scenarios for 2021

The three scenarios are projections for 2021[58].

1. The first scenario is a reduction in tourist arrivals as observed in 2020. Reductions averaged 74 per cent with considerable variation between countries. This average reduction is close to the 75 per cent reduction in UNWTO's pessimistic scenario.

2. The second scenario is a reduction in arrivals averaging 63 per cent, which the UNWTO sees as an optimistic outcome in 2021.

3. The third scenario takes into account varying rates of vaccination and assumes a 75 per cent reduction in countries with low vaccination rates, and a 37 per cent reduction in countries with relatively high vaccination rates.

2.1.7 Covid-19 and Crisis Management

Table 1 | Scenarios

	Description	Average reduction compared to 2019 levels
1	Reduction in arrivals as in 2020	↓ 74%
2	Partial recovery	↓ 63%
3	Uneven vaccination	↓ 75% low ↔ ↓ 37% high vaccination share

As part of crisis management, it is necessary to take into account, analyze, comprehend, and finally control incidents. For the purpose of formulating plans to minimize their negative effects, which can harm a destination's reputation[59]. Crisis management solutions aim to "contribute (to) a faster and more efficient recovery for any destination following a catastrophe". First, the dynamic crisis management strategy should be broken down into two stages. Gathering data to determine the level of danger is the first step in conducting a crisis assessment. We also use the phrase "identifying and analyzing environmental risks and issues"[60]. Step two is crisis management, which involves developing effective operational responses in the event of an emergency resulting from the risks discovered during risk assessment. Creating a post-crisis marketing strategy is an important consideration in the recovery process. Incorporating the lessons learned into a company's crisis management strategy is crucial. Problem or risk-specific response methods are used at this level. The word "assessment" has been added. Additionally, this stage includeshow the risk has evolved and how stakeholders' views have changed. All three levels of stakeholders must have a close working relationship Because of the tourism industry's

vulnerability and volatility preemptive and dynamic crisis management plans are essential[61,62].

Even if a crisis management strategy is well-thought out, long-term planning remains unreliable due to the unpredictable nature of the future. Tourism and community support are critical to recovery in the wake of a disaster therefore, a destination's ability to recover depends on these factors[63].

2.1.8 COVID-19 Challenges for Religious Tourism

Until now, little has been known about the effect of COVID- 19 on religious tourists' patterns of sacred site attendance at sacred sites like the Sikh temple in Agra. In this issue of the International Journal of Religious Tourism and Pilgrimage, an effort is made to address this issue in some way. Pilgrims, spiritual seekers, and tourists alike have long sought to visit religious and ceremonial sites around the world. There has been little impact on the growing importance of religious pilgrimage as hostilities have intensified around the world. Recently, a wide range of religious, spiritual, and even nonreligious motives have emerged for making a pilgrimage. There should be no issues with the COVID- 19 due to the resiliency of religious tourism. The countries and communities that welcome religious tourists see it as a way to promote cultural exchange, regional development, economic growth, and environmental improvement. Increasing consumerism and hedonistic behavior in modern society have influenced religious tourism in many ways. In some cases, pilgrimage has remained essentially unchanged for millennia. The complicated

and uncomfortable relationship between pure pilgrimage and religious travel as part of the secular tourism business. Researchers hope to gain a better understanding of pilgrims, unintentional religious tourists, and historical or cultural tourists by applying these

models[88].

Motivational influences extend from domestic to international in a complex interplay of globalized motives. Having a wide range of traveler motivations contributes to the travel and tourism industry's resilience and robustness[64].Tourists are motivated to travel, regardless of the difficulties or risks involved, by religious tourism and pilgrimage. Maslow and Herzberg's theories on content theory and process theory were used to support their investigation of religious tourism and pilgrimage. There is a belief that people who are devout and can overcome the perceived risks, problems, worries, and uneasiness will always visit holy sites, fearful shrines, and religious sites. Some researchers have looked at

the challenges and perceived risks of religious tourism[65].

Covid- 19 is a global pandemic that's having governments in countries like the United States and the United Kingdom scrambling for control. Today's travel and tourism industry is experiencing its toughest economic test since the September 11th terrorist attacks. COVID- 19 has significant ramifications for the religious tourism industry, affecting a variety of related industries such as hotels, transportation, travel agents, tour guides, restaurants, and retail. The COVID- 19 epidemic, a new biological conflict with significant ramifications for religious tourism, is plaguing people all over the world. Businesses that rely on religious visitors face a socioeconomic calamity due to the closure of major religious tourism and pilgrimage destinations. There has

been a significant drop in the number of people entering and exiting countries across the globe during the summer vacation period numbers of tourists. In the future, religious tourism will face many challenges. As a result of this, some countries that are struggling economically will see an increase in unemployment. Recent conflicts and terrorist attacks on holy sites have had an impact on religious tourism. Despite the constantly shifting political, cultural, and traditional landscapes, some argue that religious tourism and pilgrimage have recovered and maintained a role in society[66]. Religious tourism will never be the same after COVID-19 due to the impossibility of a similar exponential increase in the number of people visiting holy sites. Religious tourism and pilgrimage area subject that needs to be examined in terms of how new techniques are developed to aid the growth of key stakeholders. The future goals and objectives of a post-COVID-19 world require an understanding of heterogeneity and a framework for bringing together all stakeholders. This calamitous event has decimated the livelihoods of many people. As a result, religious organizations must maintain their efforts to bring the community together while the COVID-19 restrictions are in place and then step up their efforts once the restrictions are lifted.

2.1.9 Covid -19's Effect on Large-Scale Gatherings

Infectious diseases can have a negative impact on tourism, as previously discussed[67,68]. Studies show a direct link between the spread of infectious diseases and a drop in the number of visitors from abroad. Compared to previous infectious diseases, COVID-19 is expected to have a significant economic impact on the tourism industry. There are many countries and religious sites that depend heavily on foreign tourists for their economic and social development. More people in Europe

and the United States have died from COVID- 19 this year than were killed by both SARS and MERS in Europe and the United States. For a time, this prompted the cancellation of a number of religious and festival-related Mass Gatherings (MG). Coronavirus will have a major impact on large-scale events in 2020. The World Health Organization (WHO) and other experts face a major challenge in finding a cure for COVID- 19. To control the spread of coronavirus in large-scale events like the Summer Solstice, organizers will face challenges[69]. Religious pilgrims at the annual Mass Gathering can help disseminate COVID- 19 around the world. Managing the dangers of religious tourism planners and other event organizers is clearly laid out by the World Health

Organization (WHO).

a. integration with national infectious disease emergency response plans and planning. b. command and control arrangements that allow for rapid information exchange and

efficient situational analysis and decision making.

c. if attendees are required to be screened for COVID- 19 symptoms, for example, will this

be done when they arrive at the event?

d. disease surveillance and detection: how will the disease be detected and diagnosed in

participants?

e. the method and location used to isolate and treat the sick participants, etc.

f. if a participant is deemed ineligible to participate, who will make the final decision?

When will it be time to go back and reevaluate or rework the strategies?

A significant portion of the global economy is supported by religious tourism, particularly in countries like Italy, the United Arab Emirates (UAE), Israel, Egypt, Turkey, Nepal, Jordan, Spain, Iran, and Bosnia and Herzegovina. It is the influx of religious tourists that drives the economic development of these countries, supporting a wide range of businesses and creating jobs for the local population. While religious tourism is on the rise in many states, it will continue to play an important role for economic growth worldwide for some timetocome[70].There has been a noticeable impact on global travel from religious tourism and pilgrimage since its inception. There has been an increase in religious tourism as a result of improved infrastructure that allows people from all over the world to more easily visit religious sites such as holy shrines and sacred shrines. Religious sites now attract a wide variety of tourists interested in culture, history, heritage, architecture, and a slew of other aspects of tourism in addition to religious pilgrims and their accompanying followers. Although

religious tourism still holds a prominent position in the industry in many places, travelers with multiple purposes use a wide variety of modes of transportation, and thus

come into contact with a wide range of other types of tourism.

2.1.10. The Future of Religious Pilgrimage

Religious tourism and pilgrimage are at risk due to the current COVID-19 pandemic, and this puts a lot of pressure on those involved, who maybe tempted to lose sight of the deeper reasons that draw people to holy sites. There is currently a lot of focus on the virus's financial and materialistic impact. Contrary to popular belief, religious institutions should prioritize their visitors' spiritual, social, and personal development over their physical needs. There is a great deal of interest in both pilgrimage and religious tourism. As COVID-19 approaches, the industry will be confronted with a number of new challenges. Short-term solutions to the economic downturn and long-term solutions for ensuring the safety of religious pilgrimages and other large-scale events that are part of religious tourism have received the majority of the attention (MG). COVID-19 prevention, detection, monitoring, and management efforts are now being coordinated with religious events, festivals, and pilgrimage organizers to help combat the virus. Because of this, a lot of effort is being invested in limiting and decreasing the virus. There are many organizations and faith communities that are focused on the here and now, but there are also many others that are looking to the future with anticipation. Several papers in this collection demonstrate that new forms of worship are emerging. To combat the virus at religious gatherings, organizations like the Centers for Disease Control and Prevention provided (extremely detailed) guidelines. But many religious organizations have demonstrated innovation and creativity in their practices and activities. In many of the most revered shrines and religious sites around the world, it is now possible to pray virtually (or to have others

pray on your behalf). This begs the question of how such practices will shape and influence religious tourism and pilgrimage in the future.

2.2 Theoretical Framework

As a result of the Covid- 19 uncertainty and human behavior, we can explain how pilgrims manage their travel risk and perceptions. Covid- 19 epidemics have been studied by some authors, who looked at the role of pathogens in this context[71]. A parasite-stress theory on human sociality predicts personality traits by emphasizing infection risks associated with interactions with con specifics. The risk of human-to-human transmission is referred to as the travel risk and management perception[72,73] . There is a correlation between the openness of people and the risk of infection. Human-to-human transmission is more likely to occur because of the increased contact between members of a group. People who grow up in a parasite-infested environment are less receptive to strangers, less curious, and less exploratory, according to this theory, which lowers their risk of infection. Rather than focusing solely on cultural differences, this theory also emphasizes cultural differences across space, such as between different human populations. This study examines the impact of the Covid- 19 epidemic on travel risk and management perceptions by applying the pathogen-stress theory.

2.2.1 Pathogen-Stress Theory

There is a body of research and ideas about how humans deal with their problem and the implications for shaping human behavior and solving societal issues. Here are some

of the findings that shed light on how people's personalities have been shaped by dealing with

pathogen stress.

2.2.2 Pathogen-avoidance and Psychological Responses

The behavioral immune system (BIS) literature provides the most comprehensive body of

research on pathogen-avoidance and other psychological responses to infectious disease threats[74]. Unlike work examining the consequences of infection, and unlike perspectives emphasizing responses to putative domain-general threats (e.g., threatening perceptions of control), this framework focuses on sensory and motivational systems functionally specialized for avoiding infection[75].

The behavioral immune system exhibits input specificity (e.g., toward features connoting risk, such as lesions and bodily fluids, and transmitting behaviors, such as coughs and sneezes), because certain aspects of the physical and social environment provide more

information about infection risk than others[76].

Certain reactions aid in the prevention process, and these mechanisms also exhibit output

specificity (e.g., avoidance-oriented emotions such as disgust and anxiety)[77].

For one thing, the threat of infection is often ambiguous, and the costs of avoiding it are usually small compared to the costs of being infected. Because of this, the behavioral immune system has a tendency to overgeneralize features that are similar to symptoms of infection (e.g., facial disfigurements). The activation of some (but not all)

behavioral immune processes varies by individual and situation, with activation increasing in response

to verbal, visual, or olfactory pathogen cues[78,79].

A rapidly expanding literature has revealed the implications of these aspects of the behavioral immune system for phenomena ranging from political ideology to intergroup relations, and to psychopathology[80,81]. In spite of this, pandemics may benefit more from the behavioral immune system framework than previously thought[82]. This concern is based on a brief review of the psychological literature. Around 30 papers and preprints have applied behavioral immune logic to studies of COVID-19 as of November 2020 (9 months into the COVID-19 pandemic)[83,84]. Understanding the evolutionary psychology of

pathogen avoidance can help researchers better understand responses to COVID-19 by: (i) identifying which, and when, aspects of this framework are relevant; and (ii) improving the

precision of study designs.

According to intuition, human behavior in pandemics should incorporate pathogen - avoidance strategies. Many inputs to these mechanisms are indeed involved in the spread of COVID-19,including direct (e.g., fluids expelled from the body) and indirect indicators of transmission likelihood (e.g., prior contact between objects and people who may be infected with disease). The current pandemic should activate mechanisms described in the literature on the behavioral immune system if these cues are detected. Certain pathogen- avoidance mechanisms' outputs are the same. Anti-COVID-19 public health campaigns and the behavioral immune system, for example, emphasize avoiding physical contact with people and the objects they touch[85]. Numerous strategies exist for

avoiding confrontation. It has been found that people in areas of the world with higher infectious disease burdens tend to be less open to new experiences and innovations, and they are also more influenced

by traditional beliefs.

2.2.3. Events and Societies

Events are a part of every society because they are a reflection of human needs and wants. As a result, the number of events has increased over the centuries as society has evolved[86, 87]. Authenticity, innovation, an openness to external influences, and rituals are all necessary for the long-term sustainability of events. As one of the most important types of events, community events should be mentioned, as they contribute the most to the development of social capital in the local community, as well as between locals and tourists[88,89]. Event- induced positive feelings and a sense of belonging with a particular place and people are the primary reasons for this. Events can be used to achieve a wide range of social outcomes, including community cohesion, educational development, support for families, and

regional development. Beyond the positive social impacts of events, are also to be considered. A number of destinations rely heavily on the tourism industry for their

economic well-being.

2.2.4. Intergenerational Continuity or Heritage

Heritage, and more broadly culture, is passed down from generation to generation, either within the family circle, where members are strong believers and enforcers of cultural artifacts such as religion, language, food, and so on, or outside the family circle, where it

may be passed down through community engagement; brotherhood; societies; heritage camps, and so on[90]. If both the inner and exterior family circles contribute to the preservation of a legacy or culture, intrinsic motivation (person active proactive involvement) is also required. There is a link between active participation in anything and the formation of a deep bond with that object[91]. The advantages of intergenerational transmission are numerous. The formation of social capital, which includes a sense of belonging, loyalty, and networking; and, equally important, a continuity from one generation to the next, as indicated by the authenticity of particular practices, are among them respectively[92]. Since loyalty to a product, service, destination, organization, event, and so on is part of the heritage package, intergenerational transmission has certain economic implications[92,93]. Heritage or culture transmission could be viewed as a social and economic sustainability mechanism. This tool is much more critical for operations that rely on the delivery of information. This is true, for example, in the tourism business in

areas with a bad reputation[94].

2.3.5 Creative Destruction

As a result of increased tourism, communities and their histories may be irreparably damaged (commodification). This process is referred to as "creative destruction," which means that something must be destroyed in order for something better or at least as good

to be created[95]. Using the example of travel, Poor destination management has contributed to negative environmental, economic and social issues as a result of this phenomenon. As a result of this, locals have come to appreciate the importance of their cultural heritage and

have developed social capital in order to fight a common enemy, tourists. Due to the fact that COVID- 19 has effectively halted the tourism industry and restricted the delivery of some rituals, which are an important part of human life, heritage and culture, this pandemic falls under the creative destruction framework. And at the same time a chance for the rest of the world to rediscover its own unique identity Because of this, ambidextrous

management and creative destruction are closely linked[96].

2.2.6Ambidextrous Theoretical Framework

The foundation of this investigation is based on contrasting ideas: On the other hand, cultural heritage is viewed as a means of preserving and transmitting a society's values, beliefs, and traditions for future generations. On the other hand, a society's long-term economic and social sustainability and improvement is viewed as a necessary evil that requires (creative) destruction. This research is naturally ambidextrous. In fact, ambidextrous management is a method of management that involves combining two or

more thinking and acting in ways that are at odds with one another[97].

The practice of building and destroying, as a result of the pandemic, the lockdown was seen as a positive thing by many people as a nod to the Roman god Janus, who had two faces and could look in opposite directions at the same time, and whom has been associated in the creation of the world[98]. Ambidextrous management has been linked to a number of positive outcomes in the tourism industry, including sustainability, innovation, increased productivity, increased employee engagement, increased social capital

creation, and, of course, increased customer loyalty. It's also important to point out that Tourism and related

industries are naturally ambidextrous[99].

2.3 Pilgrimage in Nigeria: An Overview

A pilgrimage is a trip to a sacred place. A pilgrimage is the best option if you're looking for along-term spiritual journey. Annual pilgrimages to Mecca or Jerusalem are now easier for Nigerians of both Christian and Muslim faiths thanks to the efforts of the federal and state governments. A constitutional amendment prohibits the use of public funds for religious travel to pay for religious travel of any kind, regardless of where the pilgrimage takes place. Religious adherents of both faiths are expected to perform this duty, but it is not a requirement.

Private Nigerian pilgrimages to Saudi Arabia and Israel for Christian pilgrims were unknown prior to 1975. In the same year, the Yakubu Gowon military government established a Muslim Pilgrims Board, which shifted the political landscape in Nigeria. Shehu Shagari's uprising began five years later.

The government established a Christian Pilgrims Board to ensure that the two dominant religions, Islam and Christianity, received equal treatment. The allocation of public funds and other resources for the promotion of Muslim and Christian pilgrims to holy sites in Saudi Arabia, Israel, and Rome was set in motion by these two dates.

2.3.1 The Osogbo Sacred Grove and Shrine is an example of a Religious Destination Site.

The Osun Osogbo Sacred Grove and Shrine has been the subject of numerous books and articles. A few people have looked into it from a festival or tourism perspective. Located in the city of Oshogbo in the state of Osun, Nigeria, the Osun Osogbo sacred grove and shrine is a religious tourism site of distinction in Southwestern Nigeria. There were two World Heritage Sites established in 2005: the sacred forest and its shrine.

Because it was here, in about 1670 A.D., that Oba Gbadewoolu Larooye and Olutimehin the great elephant hunter first established Osogbo after migrating from Ipole Omu, the grove has historical significance. Diverse individuals, including animals that came into contact with the grove, have their own interpretations of what the site means. To the Osogbo people, the grove is a symbol of Osogbo society's evolution from prehistoric times to the present day, for example as a result, the grove serves as a matrix from which Osogbo Society was born, resulting in the Osogbo Society of today. What this means in plain English is that the roots of Osogbo town run deep into the forest, which is home to many different landmarks and features.

Many people's lives depend on the Osun River. The Osogbo people's spiritual and physical well-being is influenced by all of these. The following are examples of the above-mentioned landmarks are important to the people of Osogbo and their culture. When it comes to important items, Oba Larooye's sacred stone stool in the first palace is perhaps the most significant. The next stop is the Osun shrine, where the Yeye Osun can seek guidance from the god. There's now an Ogboni House in its place, which is dedicated to the worship of earth deities (Onile). The Ogboni Secret Society holds its meetings here.

Many believe that Ataoja's political authority is rooted in these two holy locations. Alternatively, the grove can be thought of as a school for aspiring clergy and devout believers alike. The Ogboni, herbal medicine, and divination through the Ife oracle system are all initiations into the grove's various cults.

In other words, the grove is a place of worship where people come to renew themselves, offer gifts, redeem pledges, or consult Osun goddess and other deities on a weekly basis (actually, every five days). As far as some people are concerned, there are more than 200 species of medicinal plants in the Osun Osogbo sacred grove. Because of the slave trade in Brazil and the Antilles (Cuba, Trinidad and Tobago), it has become a symbol of identity for the entire Yoruba community, as well as those who practice Ife divination in Nigeria, West Africa, and the African Diaspora in the United States. 64 Fishing, poaching, hunting,

felling trees, and other negative activities are considered sacrilegious and forbidden by customary laws and religious sanctions in the grove. According to Decree 77 of 1979, the Osun Osogbo Sacred Grove was designated as a National Monument in 1965. Thereby the Grove came under close scrutiny by The National Commission for Environmental Protection. Monuments and Museums (NCMM). Grove became the second World Heritage Site in Nigeria and the first in the South-Western geopolitical region of Nigeria to be inscribed by UNESCO on July 15, 2005 in Durban, South Africa (National Commission for Museums and Monuments, 2004).

While the Grove has faded from view in recent years, it still serves as an important reminder of Osogbo's ancient history. It is a place where worshipers can commune with their deities and seek divine guidance. As a matter of fact, the Grove's activities attest to the belief that the equilibrium between humans and nature has remained clear evidence of traditional wisdom of man (National Commission for Museums and Monuments, 2004). Furthermore, all of Yoruba traditional religious' activities and values have been elevated from a local to international level by the Grove and city of Osogbo. Tradition, idea, and belief have a direct and tangible connection to the Osun Osogbo grove. Art, oral history, and information and documentary that have universal significance have emerged from Osogbo, proving this to be true. The annual Osun Osogbo festival, for example, has a clear and direct connection to the grove. As a National Monument in 1965, the OsunOsogbo Sacred Grove was handed over to the Nigerian government by Decree 77 of 1979, which declared it to be under its guardianship. National Commission for Museums and Monuments, as a result, kept an eye on the Grove (NCMM). The Grove was inscribed as Nigeria's second World Heritage Site by UNESCO on July 15, 2005, in Durban, South Africa, and as the first of its kind in Nigeria's South-Western geopolitical region[99b]. All declared sites and monuments in

Nigeria are owned by the Federal and State Governments, while the communities have only

cultural rights. Since 1965, when it was designated a National Monument, the OsunOsogbo Sacred Grove has maintained its legal status; an extension of this designation was made in 1992. Osun Osogbo Sacred Grove is managed by three distinct organizations. Non-Government Organizations such as the Osogbo Cultural Heritage Council (OCHC), Osun Grove Support Group (OGSG), and the National Commission for Museums and Monuments, Osogbo[99b]

2.4 Pilgrims' Knowledge and Attitude during Hajj:

One of Islam's five pillars, the annual pilgrimage to Mecca, Saudi Arabia, should be made by every financially and physically capable Muslim. Every year, around two million people from all over the world travel to Saudi Arabia to perform the Hajj pilgrimage. As a result of overcrowding, co morbidities among pilgrims, and adverse weather conditions, participation is severely restricted. Especially with regard to infectious diseases such as COVID-19[100]. Umrah, also known as the "Lesser Hajj," can be completed at anytime by Muslims. It is not required, but it is an extremely important religious act [101].Many researchers were inspired by the discovery of SARS-CoV-2 in China's Hubei region in December 2019 to develop reliable and valid methods for determining its knowledge, attitude, and practice (KAP) among various communities [102]. In 188 countries, Covid-19 was responsible for more than 9 million confirmed cases and 469,239 deaths. In March 2020 according to the John Hopkins University Coronavirus Resource Center's numbers (John Hopkins University, 2020). In Saudi Arabia, the only country that hosts the Hajj and Umrah pilgrimages, more than 1300 people have died from COVID-19[103]. When it comes to security, authorities in Saudi Arabia have taken more proactive measures than ever

before. These include suspending the Umrah pilgrimage and limiting the 2020 Hajj pilgrimage to only Saudi residents with strict guidelines on social distancing rules and the use of facemasks and proper hand hygiene[104].

An investigation into the knowledge, attitudes, and practices of Hajj pilgrims about. In the past, there has been little research on respiratory tract infection prevention, but an in-depth questionnaire research in 2020 used an established and verified approach[105]. The study's goal was to determine the validity and reliability of the KAP questionnaire for the prevention of respiratory tract infections in Hajj pilgrims. Researchers devised the KAP questionnaire to gauge how well Malaysian Hajj pilgrims understood the importance of preventing respiratory tract infections. Additional research in community settings could be used as a model for effective prevention and control strategies during the current Covid19 pandemic, the authors conclude.

2.5 Review of Previous Empirical Works

In Muslim-majority Northern Nigeria, few people were aware of COVID-19. Regionally, the findings of this research, indicate that the study was unique in that it focused on the degree of community acceptance and likely Hajj pilgrimage restrictions and Muslim congregational prayer prohibitions must be adhered to by all Muslims[106].

When it comes to understanding COVID-19's transmission and prevention, the authors conclude that educating the general public is the best method. An Overview of COVID-19 and Religious Tourism, undertook the project titled Impacts and Implications[107]. The rapid spread of COVID-19 and the travel bans imposed by several countries were cited by the authors as contributing factors in this outbreak[108]. History shows that during public health crises, such as the Ebola virus epidemic or the global HIV/AIDS epidemic, religion has both threatened and improved public health [109]

For the sake of stimulating future tourism, the authors also propose innovative forms of travel, such as "smart" travel. Religion, particularly religious communities and their spaces, and religious beliefs/disbeliefs about COVID-19 itself, has been a major factor in the spread of COVID-19 around the world[110]. This "complex of culturally prescribed practices" that

relies on "supernatural powers" constitutes religion[111]. More than half of the 991 adults surveyed by Fisher and colleagues in April 2020 said they were willing to take the COVID-19 vaccine, while the remaining 42.4 percent said they were either unsure or had no intention of getting vaccinated[112]. Individual and collective ritual practices, beliefs, and actions may be performed in the context of religious communities and institutions[113]. Religion has a significant impact on public health issues like epidemics and pandemics because it is a social determinant of health[114]. There has been along-standing relationship between religion and infectious diseases. People's collective beliefs and theological frameworks have been shaped by religious communities throughout history, and this has been especially true during times of pandemic or epidemic outbreak[115]. It has also been found that some religious practices and rituals have been known to pose a risk for infection and put members of the religious community at greater risk of contracting infectious diseases. If religious leaders are enlisted in health education and vaccination campaigns, they will have a powerful voice in the minds of their followers[116]. Many religious institutions have collaborated with the scientific and government sectors to develop new measures of religious commitment and ritual through social networks, TV channels, or live streaming during the early stages of COVID-19[117]. Religious leaders have effectively implemented these new innovative measures following public health information because some religious believers tend to have more faith in religious leaders than in science or public If there are no medical alternatives to COVID-19 vaccine, the British Board of Scholars and Imams, a national board of Muslim, and other professional scholars, stated that the vaccine is religiously permissible eventhough it contains haram ingredients or gelatin that Muslim people are obligated to avoid[118]. Religious apprehension about vaccination (e.g., false claims about vaccine permissibility or "infidel vaccine") is all too common.

Approximately 52.2% of Chinese respondents in March 2020. While the remaining

respondents said they would wait until the vaccine's safety has been verified and confirmed. More than half of the survey respondents in Saudi Arabia (55.3 percent, 1,715 out of 3,101) were hesitant to accept the COVID-19 vaccination, compared to the surveys conducted in the United States and China[119]. Pope Francis' endorsement of the COVID-19 vaccine, the Catholic Church declared it "morally acceptable" to receive it, even though it was developed using cell lines. Religious practices and beliefs have been shown in previous research to have a positive impact on psychological well-being by reducing psychological stress and helping people cope with trauma, not only during COVID-19 but also during many other unprecedented times like Pandemic and disasters[120]. To date, with the COVID-19 pandemic, we've seen how restrictions on social gatherings have forced religious institutions (such as churches and mosques) to alter or stop religious rituals (such as pilgrimages and funerals). Religious freedom and liberties in neoliberal secular states are at issue in the latter instance. As a result, COVID-19 can have a greater impact on one's physical, mental, social, and emotional health if one's religious identity or belonging intersects with other marginalized identities (e.g., women, people of color, socioeconomic status).When it comes to public health crises like HIV/AIDS and other infectious diseases, religion has played a significant role[121]. There are religious groups who have defied government quarantine rules (e.g., evangelical Christians) while others have abided by them. Some religious groups have also continued to hold large services, which have helped to spread COVID-19 even further in the community and beyond[122]. In particular within an interdisciplinary framework, the complex dynamics between religion and infectious diseases have been largely overlooked and understudied [123]. In such cases, religion is positioned as a deceptive evil from which true faith and trust in God will protect us from the virus and, more broadly, science. True believers should be spiritually vaccinated. In South Korea,

Trinidad, the United States, and other countries, such trends have been observed. Religious

freedom and liberties in neoliberal secular states are at issue in the latter instance[124]. As a result, COVID-19 can have a greater impact on one's physical, mental, social, and emotional health if one's religious identity or belonging intersects with other marginalized identities (e.g., women, people of color, socioeconomic status)[125]. Considering that we are currently in the COVID-19 era, discussing the role of religion in the context of COVID-19 is both timely and critical. A systematic review of the early COVID-19 pandemic's impact on religious communities has been published for the first time. Many religious gatherings and practices have accelerated the spread of COVID-19 and put people around the world at risk. There is no doubt about it. As a result, religion has played a critical role in helping people cope with the stress and trauma of the COVID-19 crisis while also helping to mitigate the infection and its effects[126]. Intersectoral collaboration to combat COVID-19 has been facilitated by religious organizations, according to our findings on mitigation and adaptation. When dealing with public health crises, collaboration with religious sectors is critical. This shows how effective religious leaders can be in communicating public health messages. Overall, despite the negative effects of some religious groups on COVID-19, religious communities have served as a critical source for managing and controlling COVID-19 in multiple regions of the world while collaborating with other sectors of the society[127]. The first COVID-19 vaccine from Pfizer began rolling out in December 2020,primarily in high-income countries, giving the global population hope that the pandemic would finally be under control. It has been widely reported that vaccine hesitancy, defined as a "delay in acceptance or refusal of vaccination despite the availability of vaccination services," has been a major obstacle to community immunity around the world[128]. There has been along history of vaccinations being criticized for a variety of religious, scientific, and political reason. These quotes from religious leaders show how to both promote vaccination against

COVID-19 and debunk myths about the vaccine's safety. So, working with religious

scholars and leaders could be an effective strategy in the event that vaccine hesitancy is linked to certain religious beliefs. Relief Services, the Catholic Agency for Overseas Development, and other international faith-based organizations responded to this crisis by developing and disseminating a new protocol in November 2014, with the help of religious leaders, specifically Muslim and Christian burial rituals, which successfully controlled the epidemic by cutting cases in half (6,383 new causative cases were reported) ...

The HIV/AIDS epidemic has a similar effect on religion. However, some religious groups have viewed HIV/AIDS as a punishment for homosexuality and/or adultery, leading to social stigmatization of those living with the virus. For those with HIV/AIDS, religion has been found to have a positive impact on their psychological well-being, such as reducing anxiety and depression and improving their quality of life [127]. In addition, for the last three decades, religion has been a major provider of HIV prevention, education, care, and support services. When it comes to aiding those living with HIV in Sub-Saharan Africa, for example, faith-based organizations are one of the largest providers. Many religious groups, including the Episcopal and Catholic Churches, began working with public health officials in the late 1980s to provide HIV/AIDS care and raise awareness. All in all, previous epidemics have shown that religion can be a double-edged sword when it comes to public health crises. Intersectional and Religion as a Social Determinants of Health.

Social determinants of health, according to the Public Health Agency of Canada (PHAC), include things like income and social status, social support networks, education, working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, gender, and culture. In the Public Health Agency

of Canada's (PHAC's) 2016 report on social support networks, religion does not appear to be included in the list of social determinants of health. COVID-19's spread and containment can be attributed to religion, which may also improve the health of religious populations.

This is obviously when it comes to public health issues, religion should be taken into consideration because it is a significant social determinant of health. During public health crises like the COVID-19 pandemic, there are certain groups of people that may need additional attention, such as women, people of color, low-income families/individuals, or individuals who are at the intersection of these social identities (e.g., low-income, women of color). People's health can be negatively affected when social factors that affect their health are intertwined with each other. During COVID-19, marginalized religious individuals were exposed to religious stereotypes and stigma, which in turn impacted their psychological health and added an additional layer of trauma to those who were already traumatized[129]. Some Muslim communities in North America, for example, maybe at the intersection of racial and religious minorities because of this. COVID-19 has been linked to minorities in seven of the 10 epidemiological studies on the disease's outbreak and transmission, as demonstrated in our review. CoVid-19 outbreaks and transmission were reported more frequently in minority faith communities around the world in the media. To put it another way, public health during the COVID-19 pandemic should address religion as a social determinant to health. To sum it up, during the early stages of the COVID-19 era, religious groups have both accelerated and mitigated the spread of COVID-19. While religious communities have made great strides to assist their members in dealing with and responding to COVID-19, there are lessons to be learned from their efforts to prevent further religious outbreaks and spread[129]. In light of the fact that the pandemic has not yet been eradicated, it is imperative that religious gatherings and public health guidelines can be reconciled and a mutual understanding established. The COVID-19 crisis necessitates a collaborative and pragmatic approach among religious communities, science, and the government. Religion's varied roles in the early stages of the COVID-19 pandemic were

summarized in this literature review. COVID-19 is limited in scope because it only focuses

on religious roles in the early stages of COVID-19, as the last literature search was completed in July 2020. It is necessary to conduct a follow-up systematic review to examine the role of COVID-19 in religion activities[130].

2.6 Synthesis of Gaps Identified

As part of the COVID-19 research project, researchers used pre-defined search parameters to locate government and international agency papers as well as press briefings, preprints, and newspaper articles on religious events in the travel and hospitality sector. Few of these papers are based on empirical research conducted in a diverse population, like the one that was used in the study. It is hoped that the study's findings can be used to determine how the demographics of the travel and tourism industry are shifting. We can learn more about the impact of COVID-19 on religious sites through research like this.

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Chapter Three

Methodology

The methods, steps, and procedures used to empirically achieve the study's goals are discussed in this chapter. This section explains the research design, population study, sources of information, sample size, sampling technique, research instrument, and data analysis methodology.

3.1 The Study Area

Osogbo and its environs serve as the subject of this investigation. Osogbo is located in Nigeria's southwestern region. Despite being one of Nigeria's smallest states in terms of landmass, it is home to an estimated 750,000 people [27b]. Nigeria's diverse religious landscape was taken into consideration when selecting the study area.

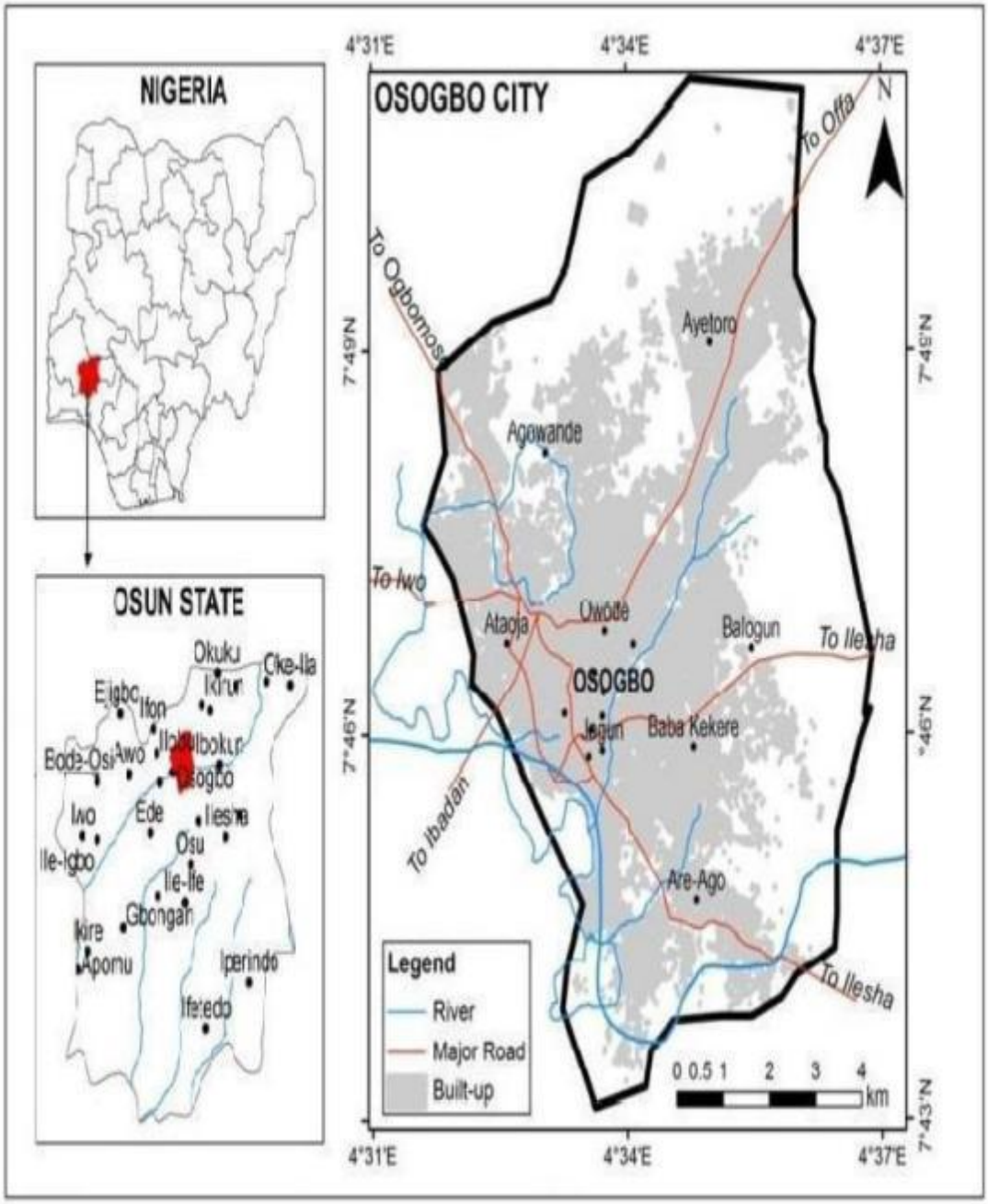

Figure 3.1 Study Area Map. Source [135]

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Oke-Ikoyi and Oke-Maria In Osun State, Nigeria, there are two well-known mountains: Ikoyi and Otan Ayegbaju. Christians have long flocked to these Prayer Mountains in search of miracles, fasting, prayer, and meditation. Programs on these Prayer Mountains like many in Nigeria include intense prayers, meditations, and fasting that take place throughout the month. A mountain in EroOmo'sAbalyaIbeta village, the spiritual retreat Oke-Ikoyi is home to the well-known Oke-Ikoyi spiritual resort. Ikoyi's territory is comprised of hills, dense forest, and a variety of vegetation. From Ori-Oke Ikoyi Mountain, you can see avast expanse of Ikoyi's palm fruit tree plantation.

Ori-Oke Ikoyi, which is 4 kilometers from Ikire, has a tropical climate with warm temperatures and low humidity[132]. Ikoyi, Osun State, is located in the Isokan Local Government area of Osun State Nigeria at 7-18 N4117. Mount Ikoyi, or Oke-Ikoyi, is one of the numerous Prayer Mountains in Osun State's Ikoyi. CAC Ori-Okekoyi is its official designation. Mososi Mountain, meant "Don't throw dirty things on here," and Oke-Ikoyi mountain was previously known as Mososi Mountain. The mountain's highest point was reached by drying cassava and/or yam flakes. It was revered for its alleged presence by locals as a haven for the dead. Efforts were made to worship, but they lacked panache. When Pastor IsaacAyo Babalola, Pastor Babajide, Oba Akinyele, and Ogunola came to the mountain in 1935, they demanded that the Christ Apostolic Church (C.A.C) be given the mountain because the forefathers already knew about Christ and because Pastor Babalola already came to the mountain frequently for prayers and stayed for days at a time. The Christ Apostolic Church is in charge of running Oke-Ikoyi, a popular spiritual retreat. Ori-Oke Ikoyi broadcasts twice a day and once a month. Even though it's stated that the daily schedule runs from 11:00 am until 4:00 pm and from 11:00 pm until 4:00 am,the hours on Sundays are actually 9:00 am until 12:00 pm and 9:00 pm until 12:00 a.m. On the last three

days of every month is the monthly program[131]. Ori-Oke Ikoyi is just 4 kilometers away from Ikire, Osun State.

As opposed to that, **Oke-Maria** is found in the northern part of Osun State, about 37 kilometers from the city of Osogbo, in the town of OtanAyegbaju in the Boluwaduro Local Government Council Area of Osun State the state's capital, located at 7" 57 0" North, 4 48 07" East on the globe. Olan's 100-kilometer-long landmass is mostly made up of hills vegetation and gullies caused by erosion in the mountains[133.] ·As well as the Otin river (Odo Otin),a river believed to originate from the town, the people of the town are also very proud of their hills,which they believe may have served as a form of defense[134].

OtanAyegbaju, has a height of 1609 ft. Farmers in OtanAyegbaju can grow a wide variety of food items, such as cassava, beans, millet, fruits, coco yams and vegetables because of the tropical climate. Additionally, they cultivate cocoa, palm oil, and kolanut. The hills of Otan Ayegbaju have a warm climate with low humidity, and the Otan-Ayahuasca is no exception[135].During the dry season, this helps to keep the temperature more moderate. The only industry in Otan Ayegbaju is the use of small milling machines to grind pepper, corn, and cassava into "Gerri," a common Nigerian staple food. Because it is not profitable, Olan's Quarry industry is in decline[136].Oral tradition has it that OtanAyegbaju was founded around 800 years ago by some of the direct descendants of Yoruba mythological founding father Odudua. To the best of our knowledge, the founders of Otan-Ayegbaju migrated from Otanile in Iesaland to Otan-Ayegbaju. The town of Otan is a culturally diverse one. Tribal groups, mostly from Serbia and Oyo, dominate the landscape, the Owa of Otan-Ayegbaju was the Oduduwa's 26th child, making him Oduduwa's youngest son. A foreign power never conquered this town, despite the numerous Yoruba inter-tribal wars that took

place there. Attempts to subdue Otan Ayegbaju have all ended in defeat at the border[137].

It of the opinion that Oke-Maria put Otan Ayegbaju on the international map[138]. Mountain is often referred to as "Oke" in Yoruba Language while Maria is the name of Mary in Greek and Latin[139]. Therefore Oke-Maria can literally be translated as Mountain of Mary. Oke-Maria is officially known as Oke-Maria Pilgrimage Centre and also referred to as Marian Mountain. Oke-Maria is for prayer and evangelization. The testimonies that Miss C. O. Outyelled was instrumental to the establishment of Oke-Maria, and is owned by the Catholic Diocese of Osogbo and is managed by a resident chaplain/director assigned in October 2014[140]. Before this time, it was managed by St. Nicolas Catholic Church, Oke-Omi, Otan Ayegbaju. The annual pilgrimage to this shrine has lasted close to forty years. Oke-Mario draws faithful from all denominations and is continually gaining worldwide attention every year. The climate of the area is tropical with warm temperature and low humidity. Oke-Maria has a pilgrimage programme that is held bi-annually on the second Saturday and Sunday of February and recently another in the last weekend of June called "Midyear Pilgrimage to Oke-Maria" During this period every year Catholics, non-Catholic Christians and non-Christians go on an annual pilgrimage on the mountain to meet, pray together, seek God's intervention in their problems with a view to finding solutions to it.

Oke Maria is a hill with several histories in Oka town idakka South West Local Government Ondo State, another report shows there is Oke-Maria in Tede[141]. Alisha Local Government of Oyo State and another report shows there is Otoe-Maria Pilgrimage in Eleta, Ibadan: Oke-Maria that is relevant to this study is the one located in OtanAyegbju, Osun State. Oke-Maria (also referred to as Marian Mountain) draws faithful from all denominations and is continually gaining worldwide attention every year. The pilgrimage Centre was under the old Oyo Diocese when Osun State was incorporated in Oyo State[140].Prayer Mountain site was purportedly stated through God's

vision and the first pilgrimage there was in December of 1980 and since then thousands

of pilgrims come every year bringing food, mats, mattresses and praytogether[133]. The programme Kicks off at Saint Nicolas Catholic Church, Otan Ayegbaju where the opening prayer is held and possession starts there to the Marian ground. The first pilgrimage commenced in 1980 in the second weekend of February with the ceremony which started with a short prayer and announcement on the programme of the day at St. Nicholas Catholic, Oke Omi.

This was followed by a solemn procession from the church to the Oke-Maria through the town which is about 4km the pilgrims from various parishes lined up in fours drumming, singing, clapping their hands and dancing energetically to the Marian Hill after which there was a short break for the Pilgrims to have their night meal[48]. The service then starts with either the recitation of the Rosary or Station of the Cross followed by Penitential Service. Confession, Eucharistic Adoration, Healing Service and Anointing of all pilgrims with Olive Oil This is followed by praise worship and dancing to the Lord. However, the first pilgrimage to Otan-Ayegbaju took place on 8 December 1979, the solemnity of Immaculate Conception of Blessed Virgin Mary. The first pilgrimage was more or less an only women affair except for the children of Mary and Joseph society who also participated actively. The pilgrimage soon became a diocesan activity when it won the acceptance of the priests, the religious and the entire faithful of the then old Oyo diocese. Until 1984 when the date of the pilgrimage was shifted to February it was held on the 8 of December. At the initial stage the pilgrimage was a day programme comprising mainly the praying of the rosary and praise worship, however, since 1984, the annual pilgrimage has been a two days programme, and the activities have become more elaborate[119].

Oke-Maria is recognized by the Osun State Government and the United Nations Education. Scientific and Cultural Organization (UNESCO) as one

of the world Spiritual International Heritage Tourist Centre like that of Lourdes and Fatima in France and Portugal respectively UNESCO visited the Oke-Maria Pilgrimage Centre in 2008[142].

3.2 Research Design

This study focuses on the impact of COVID-19 on intending pilgrims over Osogbo. Owing to the spread of the population of these inhabitants, descriptive survey design was adopted. This is to allow for codification of responses into numerical data so as to permit description of the responses.

3.3 Population of the Study

The target population for this study was inclusive of the religious tourists in Osogbo and members of the host community around Oke- Ikoyi, Ikoyi and Oke- Maria, Otan Ayegbaju in Osun State, southwest Nigeria.

3.4 Sample Size and Sampling Technique

A total number of one hundred and twenty (120) respondents been the returned Questionnaires were used for the study. Stratified sampling technique was adopted for the study because it possesses the characteristic that can serve the purpose of the study.

3.5 Research Instrument

Questionnaire was used as the instrument for data collection. The questionnaire was divided into two sections; section 'A' contained the personal data of respondents; while section 'B' presented questions that sought respondents view on Knowledge, attitude,

and Responses to COVID-19 pandemic among intending pilgrims in Osogbo, Osun state. Also, the questionnaire adopted Likert five points scale of Strongly Agree (SA), Agree(A), Undecided (UD), Disagree (D), and strongly disagree (SD).

3.6 Validity of the Instrument

In order to ensure validity of the data generated, care was taken to make sure that the contents or questions contained in the questionnaire were appropriate and exhaustive. Also, the measuring instrument was given to experts in the field and the project supervisor for them to critically examine it and thereafter corrections were affected following their suggestions.

3.7 Reliability of the Instrument

A pilot test was carried out before the actual data collection with the questionnaire to ascertain the reliability of the qualitative instrument and test for correctness and clarity of items in the questionnaire.

3.8. Method of Data Administration and Collection

The researcher administered the questionnaires with the help of two research assistants. The respondents filled and returned the measuring instrument immediately for analysis.

3.9 Method of Data Analysis

The descriptive statistics of percentages and frequency counts were used for analysis of the collected data, while the inferential statistics of chi-square (SPSS) was used for testing the hypotheses at 95% level of confident interval or 0.05 level of significance.

The chi-square statistics is given as

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

Where χ^2 = Chi-square

O = Observed frequency

E =Expected frequency.

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Chapter Four

4.0 Results and Discussion of Findings

4.1 Ethnography of the Study Area

Subsistence agriculture is practiced by members ofthe Ikoyi community in addition to any other professions they may have. A wide range of crops are grown and harvested, from cocoa beans to bananas and palm fruits. Yam and cassava are grown in Otan-agricultural Ayegbaju sector. Snails, poultry, and goats are all examples of livestock that are raised for food. An additional tourism resource is Agro-tourism, which can be developed in the Akyol and Olan Ayegbaju communities through sustainable agriculture.

During the Oke-Maria pilgrimage, most people get around Otan Ayegbaju by driving their own cars or hiring the services of commercial drivers. Express Union is the name of the road transport workers' union. Otan Ayegbaju. Motorists, commercial drivers, and motorcycle riders all play a significant role in getting around Ikoyi. It is common for motorcycle riders to transport one or two passengers to the Ikoyi mountain from the Ikoyi-Ikire Road, depending on the passengers' desire to share the ride

It is the belief of the young people of Otan Ayegbaju that the Rocky Mountains that surround Olan provide them with foolproofprotection from attack, as they can be seen from every angle. Other mountains, such as Lukotun and Olua, are used for Otan Ayegbaju security. People believe that the founding fathers schom, after whom the rocks were named, have vanished beneath the surface of the earth. While Christians pray in these mountains, the African Traditional religion community also offers supplications to their forefathers,

who they believe provide security for the town's indigenous population. Otan Ayegbaju is said to have been defeated by no army during inter-tribal wars. In light of the fact that both prayer and supplication

It is in this state that you will find all three Nigerian security agencies: Nigerian Police Force (NPF), Civil Defense Corps (CDC) (MOPOL), as well as the state's Department of State Services (DSS) (DSS) At the Oke-Maria pilgrimage, "Vigilante," "Hariba," another local security organizations are available for protection.

There are "Mountain Rules", safety and security precaution. In order to ensure that religious tourists enjoy their time on the Prayer Mountain, it is recommended that they strictly adhere to the rules that have been laid out. Tourists are advised not to do as they are told because the Prayer Mountain is considered holy ground. Yoruba's from Osun State and the neighboring Yoruba-speaking states populate the area around Oke-Ikoyi in Ikoyi, Osun State. Yoruba's from Oyo and Ijebu populate the area around Oke-Maria in OtanAyegbaju town.[8]explains that Otan was named Otan Koto, or "Otanisa valley," by the founders.

Rocky Mountains encircle the historic town, providing breathtaking views from above. Those who live in the area believe that the mountain serves a variety of purposes beyond simply beautifying their town. Muslims and Christians live in Ikoyi and Olan Ayesha, respectively, as well as the populace's traditionalists. Traders, food vendors, farmers, bus drivers and motorcycle riders, hunters (known as Ode in Yoruba language), and students are just some of the people who make up the diverse group of people who work in the transportation industry. At Oke-Maria, many faithful would display their goods that do not include religious sacramental, such as bags, shoes, chains and restaurants that would keep visitors at the Prayer Mountain for a longer period of time. Commercial activity is heightened during this time of year, as traders from across the country come to the hilly town to conduct business.

Stalls are needed in the market. Both Oke-Ikoyi and Oke-Maria have open markets to meet the needs of pilgrims and religious tourists visiting the Prayer Mountains. Also, on Oke-Maria, there is the Mater Dei Store, which carries religious items like Sacraments and

Prayer Books in addition to soft drinks and recharge cards. Saint Nicolas Catholic Church has a Farmer's Market in the area. Otan-Ayegbaju Otan Ayegbaju Shopping Complex and Bolawaduro Local Government Shopping Complex are also available. While on Oke-Ikoyi, people visit the stalls to buy religious items like plastic containers of water or olive oil as well as other items such as cooked food and fruits. On Oke Ikoyi's mountains, traders' profit from the faithful's thirst for alcoholic beverages, anointing oil, handkerchiefs, and other goods[73].Near the Ori-Oke Ikoyi mountain, there are pharmacies and a hospital. The Oke-Ikoyi community has a nearby nurse who can be called upon in the event of an emergency. Pilgrims can take advantage of the mountain's facilities. Other social infrastructures include the Lsokan Local Government, a number of churches, secondary and primary schools, as well as a number of other facilities. Among Otan-social Ayegbaju institutions are the Osun State Electoral Commission (OSEC), the Osun State College of Education Part-Time Study Center, and the Osun Judiciary District Customary Court. University of the National Open University Central Mosque, Boluwaduro Local Government, and Secondary and Primary Schools. Hospital Management Board and a variety of denominational churches are among the organizations represented.

Despite the fact that the Christ Apostolic Church CAC is in charge of the Oke-Ikoyi, the local community, spearheaded by BaleEn Omo, makes a significant contribution to decision-making in relation to the Oke-Ikoyi. She's tucked away in the shadows. This pilgrimage center is also supported by the Catholic Diocese of Ourgo Oke-Maria Developmental Committee and Saint Nicholas Catholic Church, Quan Ayegbaju. To ensure the long-term viability of Prayer Mountains, it is important to note that both the local community and traditional rulers in the Prayer Mountain community are involved. About 14 other notable mountains surround Ori-Oke Ikoyi, some of which are used for prayer.

This includes Higher Mountain of Deborah, a religious site in Ikoyi. The state of Osun.

Visitor attractions include cultural festivals, the Rainforest Ecosystem's landscape, the healing powers of Oda Babalola near Ori-Oke Ikoyi moomain, and the Ero-Oma Home of Bale as well as Football Viewing Centers showing national and international matches. In this area, the organic farming practiced by the community members practicing agriculture can also be developed into agro-tourist. Otan-Oke Ayegbaju Maria, on the other hand, is a noteworthy mountain. Olea Hill, in Otan-Ayegbaju, is significant to adherents of the African Traditional Religion. Landscape of the Rainforest Ecosystem is one of the other tourist attractions. This isOdoOun (Otin River). Otayi Hill, Kosu Hill, Ola Shrine, and Igbo Olua are all notable landmarks inOtanAyegbaju. The Akelete Stream, the Alaremu Stream, and Lukotun Hill Lyalode is my name. There are two streams: Edan Stream and Akole Stream. Akiololo Stream and Gbede Stream. In the 'Arosoyastrear' library there is a cemetery, a palace of the king, and an open market. ÎleOlooye, Oroki Stream. In addition to OtanAyegbaju Day and Ile Ejumu, there are many other festivals.

Other tourist attractions in Ikoyi and Otan Ayegbaju should be included in the Study Area so that religious tourists can explore these areas at their leisure. Otan Ayegbaju Day, which occurs once a year,features a slew of events. All these activities include a traditional dance competition, an exhibition of culture, a quiz and debate for the pupils of primary schools as well as the traditional chiefs and monarchs paying their respects to the palace project COVID-19 Pandemic: Intent Pilgrims' Knowledge, Attitudes, and Responses are the focus of this study (A of Osogbo, Nigeria). At the start of the research, four questions were posed. Four hypotheses were put forth in an effort to find answers to these questions. In light of this, data from the field was gathered in order to answer the questions posed at the beginning of the study. Using the research questions and hypotheses as a guide, the findings

are summarized and discussed in this section.

4.2.1 Demographic Data Analysis

Table 4.1: Gender of the Respondents

Variables Sex: (n = 120)	Frequency	Percentage (%)
Male	70	58
Female	50	42

Sex:

Table 4.1 Shows the gender of the Respondents'. Seventy (70) respondents representing the majority (58%) were male, while fifty (50) respondents representing (42%) were female. This implies that there are more males' tourists that visit the Prayer Mountains under the area of study to female.

Table 4.2: Marital Status of the Respondents

Variables Marital Status: (n = 120)	Frequency	Percentage (%)
Single	10	8.0
Married	101	84.7
Divorced	4	2.7

Widowed	5	4.6

Marital Status:

Table 4.2 shows that majority of the respondents are married representing (84.7%), while Ten (10) of the respondents are single representing 8%. This implies that 101 respondents

who are married have the highest distribution, showing that most respondents in study are married. This could be as a result of the nature of religious tourism to Prayer Mountains requiring days at a time in which married couples have the time to make the journey. The Divorce and widowed respondents are Four (4) and Five (5) representing 2.7% and 4.6% respectively.

Table 4.3: Religious Status of the Respondents

Variables Religion: (n =120)	Frequency	Percentage (%)
Islam	48	40.0
Christianity	66	54.7
Traditional	6	5.3
Others	0	0

Religious:

Table 4.3 shows that majority of the studied sample practiced Christianity, that is Sixty-six (66) of the respondents were Christian, representing (54.7%), while the respondents that practice Islamic religions were Forty -Eight (48) representing 40% from the studied sample population. The respondents that are African Traditional Religious in this study were Six (6) representing 5.3%. The implication for majority of the respondents that visit the praying tourist sits were Christians, this could be a result of their believes regarding Prayer Mountains as sacred grounds where God answers prayers.

Table 4.4: Age Demography of the Respondents

Variables Sex: (n = 120)	Frequency	Percentage (%)
≤ 25	3	2.7
26-35	20	16.7
36-45	50	41.3
> 46	47	39.3

Age:

Table 4.4 shows that majority of the studied sample population fall within the age range of between 36 years to 45 years of age, representing (41.3%) of the total studied sample respondents that was fifty (50). (39.3%) of the respondents fall within the age range of above 46 years. Less than 25years and 26 – 35 years represent 2.7% and 16.7% respectively. This implies that majority of intending pilgrims in this study fall within the age bracket of 36 to 45 years of age, this could be as a result of the nature of some of the Prayer Mountains that favors the young who have physical capacity to climb the rocky terrain.

Table 4.5: Educational level of the Respondents

Variables Educational Level: (n =120)	Frequency	Percentage (%)
Primary	25	20.7
Secondary	65	54.0
Tertiary	3	2.7
None	27	22.6

Educational Status:

Table 4.5 shows that majority of the respondents representing (54%) have secondary Education, on the hand (20.7%) of the studied sample population have primary school Education. However, (2.7%) and (22.6%) have tertiary and none Educational certificate. The Sixty -five (65) of the respondents with secondary Educational that represents the highest distribution of (54%). This could be as a result of economic difficulty this is ongoing in the Country.

Income:

However, 54.7% of the pilgrims were found to earn a household income of less than 500,000 per annum. It is expected that intending pilgrimage, level of education, marital status and income per annum, would influence their perception on knowledge, attitude

and responses during COVID-19.

4.2.0 Presentation of Data

Knowledge Level and Source of COVID19 Information

Table 4.2.1: Coronavirus spreads faster during mass gathering

Variable	Frequency	Percentage (%)
Strongly Agree	40	33.3
Agree	25	20.8
Strongly Disagree	30	25.0
Undecided	20	16.7
Disagree	5	4.2
Total	120	100

Source: Field Survey, 2022

The table 4.2.1, shows that forty (40) of the respondents representing (33.3%) of the respondents strongly agreed that Coronavirus spreads faster during mass gathering, while twenty-five (25) of the respondents representing (20.8%) Agree that Coronavirus spreads faster during mass gathering. Thirty (30) representing (25%) strongly disagree that Coronavirus spreads faster during mass gathering. While Twenty (20) of the respondents representing (16.7%) were not able to decide if Coronavirus spreads faster during mass gathering. On the other hand, five (5) of the respondents representing (4.2%) disagreed with the Research instrument question number one.

Table 4.2.2: Coronavirus is more susceptible to older ones

Variable	Frequency	Percentage (%)
Strongly Agree	40	33.3
Agree	35	29.2
Strongly Disagree	15	12.5
Undecided	18	15.0
Disagree	12	10.0
Total	120	100

Source: Field Survey, 2022

The table 4.2.2 showed that forty (40) of the respondents representing (33.3%) strongly agreed to the statement **"Coronavirus is more susceptible to older ones",** while 35 of the respondents representing **(**29.2%) agreed to the above question. On the other hand, fifteen (15) of the respondents representing (12.5%) strongly disagreed that Coronavirus is more susceptible to older ones, eighteen (18) of the respondents

representing (15%) were undecided about Coronavirus being more susceptible among the older ones, and 10% representing (20) of the respondents disagreed about COVID - 19 being more susceptible among the older ones.

Table 4.2.3: Travel restriction have reduced COVID -19 spread in Osogbo

Variable	Frequency	Percentage (%)
Strongly Agree	72	60
Agree	34	28.3
Strongly Disagree	7	5.8
Undecided	3	2.5
Disagree	4	3.3
Total	120	100

Source: Field Survey, 2022

The table 4.2.3 shows that 60% respondents strongly agreed, to the Research instrument "Travel restriction have reduced COVID- 19 spread in the area of study". Which represents 70 of the respondents. On the other hand, thirty- four (34) of the respondents, representing 28.3% agreed, to the same question. Also, seven (7) of the respondents, representing 5.8% strongly disagreed that Travel restriction will reduce COVID- 19 spread in the area of study. However, three (3) of the respondents representing 2.5% were undecided, while 3.3% also disagreed with the statement.

Table 4.2.4: Direct contact with infected person increases the risk of contracting COVID 19

Variable	Frequency	Percentage (%)
Strongly Agree	42	35.0
Agree	30	25.0
Strongly Disagree	25	20.8
Undecided	15	12.5
Disagree	8	6.7
Total	120	100

Source: Field Survey, 2022

Table4.2.4 shows that 35% of the respondents strongly agreed to the Research instrument, **Direct contact with infected person increases the risk of contractingCOVID-19.** Also, thirty (30) of the respondents representing 25% agreed to above research question. However, the respondents that strongly disagree and disagree with the above research question are 25 and 8, representing 20.8% and 6.7% respectively. On the other hand, fifteen (15) of the respondents representing 12.5% were not able to make up their mind if direct

contact with infected person will increase the risk of contracting COVID-19.

Table 4.2.5: Social distancing is effective

Variable	Frequency	Percentage (%)
Strongly Agree	60	50.0
Agree	20	16.7
Strongly Disagree	15	12.5
Undecided	10	8.3
Disagree	15	12.5
Total	120	100

Source: Field Survey, 2022

The table 4.2.5 showed that sixty (60) of the respondents strongly agreed to the research question 50% of the respondents, representing (50%) strongly agreed, to the question "**Social distancing is effective and it will reduce the spread of COVID-19".** Also, twenty (20) of the respondents representing 16.7% agreed to the above research question. Fifteen and fifteen respondents representing 12.5% each strongly disagree and disagree with the above research question. Ten of the respondents representing (8.3%) were undecided on the above research question.

Attitude and Response of COVID19 by Intending Pilgrims

Table 4.2.6: Cancelling of Pilgrimage events was a good idea to reduce the spread of COVID -19

Variable	Frequency	Percentage (%)
Strongly Agree	70	58.3
Agree	20	16.7
Strongly Disagree	7	5.8
Undecided	13	10.8
Disagree	10	8.3
Total	120	100

Source: Field Survey, 2022

The table 4.2.6, shows that 58.3% of the respondents strongly agreed, 16.7% agreed, 5.8% strongly disagreed, 10.8% were undecided while 8.3% disagreed with the statement,

Table 4.2.7: Pilgrims perception on cancellation of Religious events if COVID-19 continues

Variable	Frequency	Percentage (%)
Strongly Agree	10	8.3
Agree	15	12.5
Strongly Disagree	50	41.7
Undecided	15	12.5
Disagree	30	25.0
Total	120	100

Source: Field Survey, 2022

The table 4.2.7 shows the responses to the question "**If the epidemic of COVID 19continues, do you think religious events should be cancelled this year'',** 8.3% of the respondents strongly agreed, 12.5% agreed, 41.7% strongly disagreed, 12.5% were undecided while 25% disagreed with the statement.

Table 4.2.8: Regular use of facemask in a congested place reduces the spread of coronavirus

Variable	Frequency	Percentage (%)
Strongly Agree	45	37.5
Agree	25	20.8
Strongly Disagree	20	16.7
Undecided	17	14.2
Disagree	13	10.8
Total	120	100

Source: Field Survey, 2022

The table 4.2.8,shows that 37.5% ofthe respondents strongly agreed to the statement **"Regular use of facemask in a congested place reduces the spread of coronavirus",**20.8% agreed, 16.7% strongly disagreed, 14.2% were undecided while 10.8% disagreed with the above statement.

Table 4.2.9: Pilgrims perception on Lockdown restriction placed by government

Variable	Frequency	Percentage (%)
Strongly Agree	55	45.8
Agree	26	21.7
Strongly Disagree	12	10.0
Undecided	15	12.5
Disagree	12	10.0
Total	120	100

Source: Field Survey, 2022

The table4.2.9 shows that 45.8% of the respondents strongly agreed to the statement **"Do you believe lockdown restriction was a partisan decision placed by the Government",** 21.7% agreed, 10% strongly disagreed, 12.5% were undecided while 10% disagreed with the above statement.

Table 4.2.10: Compulsory coronavirus testing and vaccination is necessary before partaking in a Religious event

Variable	Frequency	Percentage (%)
Strongly Agree	41	34.2
Agree	31	25.8
Strongly Disagree	23	19.2
Undecided	14	11.6
Disagree	11	9.2
Total	120	100

Source: Field Survey, 2022

The table 4.10 shows that 34.2% strongly agreed to the statement "**Compulsory coronavirus testing and vaccination is necessary before partaking in a Religious event",** 25.8% agreed, 19.2% strongly disagreed, 11.7% were undecided while 9.2% also disagreed with the statement

Covid'19 Influence of Traveling Perception of Intending Pilgrims

Table 4.2.11: Avoiding physical contact with body of infected persons influences my decision in considering travelling for a religious event

Variable	Frequency	Percentage (%)
Strongly Agree	60	50.0
Agree	30	25.0
Strongly Disagree	10	8.3
Undecided	15	12.5
Disagree	5	4.2
Total	120	100

Source: Field Survey, 2022

The table4.2.11 shows that 50% strongly agreed, 25% agreed, 8.3% strongly disagreed, 12.5% were undecided while 4.2% also disagreed with the statement. **"Avoiding physical contact with body of infected persons influences my decision in considering travelling for a religious event".**

Table 4.2.12: Poor Health care facilities to treat COVID 19 suspected patients influences my decision in considering travelling for a religious event

Variable	Frequency	Percentage (%)
Strongly Agree	30	25.0
Agree	48	40.0
Strongly Disagree	22	18.3
Undecided	15	12.5
Disagree	5	4.2
Total	120	100

Source: Field Survey, 2022

Table 4.2.12. Shows that 25% of the respondents strongly agreed, 40% agreed, 18.3% strongly disagreed, 12.5% were undecided while 4.2% disagreed with the above statement "**Poor Health care facilities to treat COVID 19 suspected patients influences my decision in considering travelling for a religious event".**

Table 4.2.13: Increasing daily incidence of COVID 19 cases influences my decision in considering travelling for a religious event

Variable	Frequency	Percentage (%)
Strongly Agree	70	58.3
Agree	25	20.8
Strongly Disagree	5	4.1
Undecided	7	5.8
Disagree	13	10.8
Total	120	100

Source: Field Survey, 2022

The table4.2.13 shows that seventy (70) of the respondents representing (58.3%) of the respondents strongly agreed that "**Increasing daily incidence of COVID 19 cases influences my decision in considering travelling for a religious event in the study area".** While twenty-five (25) of the respondents, representing (20.8%) agreed to the above statement. Five (5) of the respondent representing (4.1%) strongly disagreed to the statement. Seven (7) of the respondents representing (5.8%) were undecided while (10.8%) representing thirteen (13) of the respondents disagreed with the above statement.

Table 4.2.14: Increasing daily death cases associated with COVID 19 influences my decision in considering travelling for a religious event

Variable	Frequency	Percentage (%)
Strongly Agree	38	31.7
Agree	32	26.7
Strongly Disagree	17	14.2
Undecided	15	12.5
Disagree	18	15
Total	120	100

Source: Field Survey, 2022

The table 4.2.14 shows that 31.7% of the respondents strongly agreed, 26.7% agreed, 14.2% strongly disagreed, 12.5% were undecided while 15% disagreed with the above statement, "**Increasing daily death cases associated with COVID 19 influences my decision in considering travelling for a religious event".**

Table 4.3.15: Lack of proper contact tracing by religious institution hosting this event influences my decision in considering travelling for a religious event

Variable	Frequency	Percentage (%)
Strongly Agree	55	45.8
Agree	23	19.2
Strongly Disagree	17	14.2
Undecided	12	10.0
Disagree	13	10.8
Total	120	100

Source: Field Survey, 2022

The table 4.2.15, shows that 45.8% of the respondents strongly agreed, 19.2% agreed, 14.2% strongly disagreed, 10% were undecided while 10.8% disagreed with the statement

Covid'19 Influence on Travel Risk Perception of Intending Pilgrims

Table 4.2.16: Low population of vaccinated person increases the risk of contracting COVID- 19

Variable	Frequency	Percentage (%)
Strongly Agree	75	62.5
Agree	25	20.8
Strongly Disagree	5	4.2
Undecided	10	8.3
Disagree	5	4.2
Total	120	100

Source: Field Survey, 2022

The table 4.2.16 shows that 62.5% of the respondents strongly agreed, 20.8% agreed, 4.2% strongly disagreed, 8.3% were undecided while 4.2% disagreed with the statement, **"Low population of vaccinated person increases the risk of contracting COVID- 19".**

Table 4.2.17: Rate of fear of contacting COVID 19 and endanger my family and colleagues influences my travel risk perception

Variable	Frequency	Percentage (%)
Strongly Agree	56	46.7
Agree	30	25.0
Strongly Disagree	15	12.5
Undecided	6	5.0
Disagree	13	10.8
Total	120	100

Source: Field Survey, 2022

The table4.2.17 reveals that 46.7% of the respondents strongly agreed to the above statement in table (4.3.17), 25% agreed, 12.5% strongly disagreed, 5% were undecided while 10.8% equally disagreed with the statement.

Table 4.2.18: Risk and penalty of breaking lockdown curfew influences my travel risk perception

Variable	Frequency	Percentage (%)
Strongly Agree	54	45.0
Agree	33	27.5
Strongly Disagree	10	8.3
Undecided	11	9.2
Disagree	12	10.0
Total	120	100

Source: Field Survey, 2022

The table 4.2.18 shows that 45% of the table 4.3.18 statement strongly agreed, 27.5% agreed, 8.3% strongly disagreed, 9.2% were undecided while 10% disagreed with the statement, "**Risk and penalty of breaking lockdown curfew influences my travel risk perception**".

Table 4.2.19: Inadequate integration with national emergency planning and response plans for infectious diseases influences my travel risk perception

Variable	Frequency	Percentage (%)
Strongly Agree	80	66.7
Agree	20	16.7
Strongly Disagree	5	4.2
Undecided	10	8.3
Disagree	5	4.2
Total	120	100

Source: Field Survey, 2022

The table 4.2.19 reveals that 66.7% of the respondents strongly agreed to the statement in table (4.3.19), 25% agreed, 12.5% strongly disagreed, 5% were undecided while 10.8% equally disagreed with the statement, "**Inadequate integration with national emergency planning and response plans for infectious diseases influences mine travel risk perception".**

Table 4.2.20: Fear of compliance to intervention measures among intending pilgrims

Variable	Frequency	Percentage (%)
Strongly Agree	60	50.0
Agree	40	33.3
Strongly Disagree	5	4.2
Undecided	5	4.2
Disagree	10	8.3
Total	120	100

Source: Field Survey, 2022

The table 4.2.20 shows that 50% respondents strongly agreed, 27.5% agreed, 8.3% strongly disagreed, 9.2% were undecided while 10% disagreed with the statement

4.3 Discussion of Results

Hypothesis 1:

Ho: There is no significant difference between knowledge level source of COVID-19 Pandemic and intending pilgrim 'perception of attending religious event, the case of Osogbo.

Hi: There is significant difference between knowledge level source of COVID –19 Pandemic and intending pilgrim's perception of attending religious event, the case of Osogbo.

Test: **Chi- Square SPSS/ RStudio Software.**

Variable: Does knowledge level sources about COVID-19 influence intending pilgrims' perception of attending religious event?

Table 4.3.1 shows the summary of the five items in the research instrument (questionnaire) used to enlist response from the respondents as regards the above variable.

VARIABLE	Q_1	Q_2	Q_3	Q_4	Q_5	**TOTAL**
S. A	40	40	72	42	60	254
A	25	35	34	30	20	144
SD	30	15	7	25	15	92
UD	20	18	3	15	10	66
D	5	12	4	8	15	44
TOTAL	**120**	**120**	**120**	**120**	**120**	**600**

Q1 (Coronavirus spreads faster during Mass gathering?) * Q4 (Direct physical contact with the body of infected persons increase the risk of contracting Coronavirus?) Cross tabulation

			Q4 (Direct physical contact with the body of infected persons increase the risk of contracting Coronavirus?)					Total
			A	D	S.A	S.D	U.D	
Q1 (Coronavirus spreads faster during Mass gathering?)	A	Count	8	4	2	7	4	25
		Expected Count	6.3	1.7	8.8	5.2	3.1	25.0
		% of Total	6.7%	3.3%	1.7%	5.8%	3.3%	20.8%
	D	Count	0	0	1	2	2	5
		Expected Count	1.3	.3	1.8	1.0	.6	5.0
		% of Total	0.0%	0.0%	0.8%	1.7%	1.7%	4.2%
	S. A	Count	2	0	33	3	2	40
		Expected Count	10.0	2.7	14.0	8.3	5.0	40.0
		% of Total	1.7%	0.0%	27.5%	2.5%	1.7%	33.3%
	S. D	Count	14	4	4	4	4	30
		Expected Count	7.5	2.0	10.5	6.3	3.8	30.0
		% of Total	11.7%	3.3%	3.3%	3.3%	3.3%	25.0%
	U. D	Count	6	0	2	9	3	20
		Expected Count	5.0	1.3	7.0	4.2	2.5	20.0
		% of Total	5.0%	0.0%	1.7%	7.5%	2.5%	16.7%
		Count	30	8	42	25	15	120
		Expected Count	30.0	8.0	42.0	25.0	15.0	120.0
		% of Total Count	25.0%	6.7%	35.0%	20.8%	12.5%	100.0%

Total	% of Total	%					

Source: Field Survey, 2022

Result: Table 4.3.2. Shows the chi-square relationship between the respondent of Coronavirus spreads faster during Mass gathering (Q_1) and Direct physical contact with the body of infected persons increase the risk of contracting Coronavirus (Q_4)

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	78.998[a]	16	.000
Likelihood Ratio	82.045	16	.000
N of Valid Cases	120		

a. 13 cells (52.0%) have expected count less than 5. The minimum expected count is .33.

Chi-Square RStudio Analysis for Table 4.3.1 and Hypothesis 1.

```
R Console
> getwd()
[1] "C:/Users/user/Documents"
> data=read.csv('tab1.csv')
> head(data)
  Q1 Q2 Q3 Q4 Q5
1 40 40 72 42 60
2 25 35 34 30 20
3 30 15  7 25 15
4 20 18  3 15 10
5  5 12  4  8 15
> chisq.test(data)

        Pearson's Chi-squared test

data:  data
X-squared = 64.159, df = 16, p-value = 1.027e-07
```

This study assesses the Knowledge, attitude and responses of intending pilgrims during COVID-19: (A case of Osogbo, Osun State Nigeria). The researcher earlier in the study raised four (4) research questions, in attempts to answer the questions, twenty (20) research instruments (questionnaire) was constructed, five questions each relating to each one of the raised four research questions. The researcher adopted Likert five points scale of Strongly Agree (SA), Agree (A), Undecided (UD), Disagree (D) and Strongly disagree (SD), to enlist responses from the one hundred and twenty (120) respondents that formed the sample population of this study.

Table 4.3.1, shows the respondents responses to five of the research instruments that bother about the knowledge and sources level of intending pilgrims to Osogbo during the COVID -19 Pandemic. Overwhelming majority of the respondents (254) representing (42.33%) strongly agreed Coronavirus spreads faster during mass gathering, indicating that the respondents had good knowledge and sources of COVID -19 pandemic. On the other hand, one hundred and forty-four (144) respondents representing (24 %) also agreed to the five research instruments enlisting responses about knowledge and sources level of COVID -19, which also implies a good knowledge and sources level of COVID -19 among the intending pilgrims over Osogbo. The respondents that did not believed Coronavirus spreads faster during mass gathering or Travel restriction reduces COVID -19 spreads in Osogbo were ninety-two (92) re-presenting (15.33%) of the total 600 respondents that response to the five items that sought the respondents view of knowledge and sources level of COVID -19 Pandemic. However, sixty-six (66) of the respondents re-presenting (11%) were notable to decide any of the items that sought the respondent's knowledge and sources level of COVID -19 will actually spread COVID -19 in Osogbo.

Table 4.3.2 Shows the Chi – Square/SPSS /RStudio Statistical analysis of table 4.3.1. For reliability and accuracy of our findings, a statistical test of significance of Knowledge level and source of COVID-19 information was conducted as required by Hypothesis 1.

Decision Rule: The chi-square value is 78.998 while the p-value is .000 which is significant at 0.05 alpha levels. Hence, H_0 is rejected and H_i is accepted. Therefore, there is a significant difference between the respondents of Coronavirus spreads faster during Mass gathering (Q_1) and Direct physical contact with the body of infected persons increase the risk of contracting Coronavirus (Q_4).

Both SPSS andR-Studio for Table 4.3.1 and Hypothesis 1 is 0.000 which is less than the alpha value 0.05, therefore, we reject the H_0, and accept the H_i .This implies that the intending religious tourists to Osogbo during COVID -19 Pandemic had good knowledge and source level of COVID – 19 information, which have significant impact of the intending pilgrims to Osogbo during the COVID -19 pandemic. The finding is in corroboration with some authors in the literature. They highlighted in their survey on health care workers' knowledge, attitude, and practices on COVID-19 in China, their findings revealed that the majority (78%) had sufficient Knowledge and followed correct practices regarding COVID -19. Also, a similar study of this project work from Pakistan, and noted comparable levels of knowledge and practice on the studied sample population (93.2% and 88.7%) respectively[9,10].

Hypothesis2:

Ho: There is no significant difference between COVID'19 and intending pilgrims attitude and response via attending religious event, the case of Osogbo.

Hi: There is significant difference between COVID'19 and intending pilgrims attitude and response via attending religious event, the case of Osogbo.

Test: Chi- Square SPSS/ RStudio Software.

Variable: Does COVID'19 affect the attitude and response of intending religious pilgrims to Osogbo?

Table 4.3.3 shows the summary of the five items in the research instrument (questionnaire, $(Q_6 - Q_{10})$ used to enlist response from the respondents as regards the variable: "Does COVID'19 affect the attitude and response of intending religious pilgrims to Osogbo"?

Variables	Q_6	Q_7	Q_8	Q_9	Q_{10}	**TOTAL**
S. A	70	10	45	55	41	221
A	20	15	25	26	31	117
SD	7	50	20	12	23	112
U	13	15	17	15	14	74
D	10	30	13	12	11	76

TOTAL	**120**	**120**	**120**	**120**	**120**	**600**

Source: Field Survey, 2022

Q6 (Cancelling of Pilgrimage events was a good idea to reduce the spread of COVID19?) * Q7 (If the epidemic of COVID 19 continues, do you thing religious events should be cancelled this year?)

Cross tabulation

			Q7 (If the epidemic of COVID 19 continues, do you thing religious events should be cancelled this year?)					Total
			A	D	S.A	S.D	U.D	
Q6 (Cancelling of Pilgrimage events was a good idea to reduce the spread of COVID19?)	A	Count	1	8	2	7	2	20
		Expected Count	2.5	5.0	1.7	8.3	2.5	20.0
		% of Total	0.8%	6.7%	1.7%	5.8%	1.7%	16.7%
	D	Count	0	0	0	10	0	10
		Expected Count	1.3	2.5	.8	4.2	1.3	10.0
		% of Total	0.0%	0.0%	0.0%	8.3%	0.0%	8.3%
	S.A	Count	13	21	5	19	12	70
		Expected Count	8.8	17.5	5.8	29.2	8.8	70.0
		% of Total	10.8%	17.5%	4.2%	15.8%	10.0%	58.3%
	S.D	Count	1	1	2	2	1	7
		Expected Count	.9	1.8	.6	2.9	.9	7.0
		% of Total	0.8%	0.8%	1.7%	1.7%	0.8%	5.8%
	U.D	Count	0	0	1	12	0	13
		Expected Count	1.6	3.3	1.1	5.4	1.6	13.0

	Count	0.0%	0.0%	0.8%	10.0%	0.0%	10.8 %
	% of Total	15	30	10	50	15	120
	Count Expected	15.0	30.0	10.0	50.0	15.0	120.0
	Count	12.5%	25.0%	8.3%	41.7%	12.5%	100.0 %
	% of Total						
Total							

Result: Table 4. 3.4 Shows the chi-square/SPSS relationship between Q_6(Cancelling of Pilgrimage events was a good idea to reduce the spread of COVID'19?) and Q_7 (If the epidemic of COVID' 19 continues, do you think religious events should be cancelled this year?)

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	43.308[a]	16	.000
Likelihood Ratio	50.060	16	.000
N of Valid Cases	120		

a. 17 cells (68.0%) have expected count less than 5. The minimum expected count is .58.

Chi-Square RStudio Analysis for Table 4.3.2 and Hypothesis 2.

R Console

```
> data=read.csv('tab1.csv')
> head(data)
  Q6 Q7 Q8 Q9 Q10
1 70 10 45 55  41
2 20 15 25 26  31
3  7 50 20 12  23
4 13 15 17 15  14
5 10 30 13 12  11
> chisq.test(data)

        Pearson's Chi-squared test

data:  data
X-squared = 119.42, df = 16, p-value < 2.2e-16
```

This study assesses the Knowledge, attitude and responses of intending pilgrims during COVID-19: (A case of Osogbo, Osun State Nigeria). The researcher earlier in the study raised four (4) research questions, in attempts to answer the questions, twenty (20) research instruments (questionnaire) was constructed, five questions each relating to each one of the raised four research questions. The researcher adopted Likert five points scale of Strongly Agree (SA), Agree (A), Undecided (UD), Disagree (D) and Strongly disagree (SD), to enlist responses from the one hundred and twenty (120) respondents that formed the sample population of this study. The second objective/ Research question for the study are: Does COVID - 19 Pandemic affects the attitude and response of the intending pilgrims to Osogbo?

Table 4.3.2 above shows the respondents responses to the above research instruments that bother about attitude and responses level of the intending pilgrims to Osogbo during the COVID'19 Pandemic. Overwhelming majority of the respondents (221)

Representing (36.83%) strongly agreed to the statement cancelling of pilgrimage events was a good idea to reduce the spread of COVID - 19 Pandemic, indicating that the respondents had good attitude and response level of COVID - 19 pandemic. On the other hand, one hundred and seventeen (117) respondents representing (19.5 %) also agreed to the five research instruments enlisting responses from the intending pilgrims to Osogbo about their attitude and responses level of COVID - 19 Pandemic. This also implies a good attitude and responses level of the intending pilgrims over Osogbo about the COVID - 19 Pandemic. The respondents that did not believed cancellation of pilgrimage events was a good idea to reduce the spread of COVID - 19 , or regular use of facemask in a congested place will reduces the spread of COVID - 19 were (112) representing (18.7%) of the total 600 respondents that responses to the five items that sought the respondents view of attitude and responses level of COVID - 19 Pandemic.

However, seventy-four (74) of the respondents representing (12.33%) were not able to

decide if any of the items that sought the respondents view about attitude and responses level of COVID'19 will actually spreads in Osogbo via attending religious events.

Table 4.3.2 shows the Chi – Square /SPSS/RStudio Statistical analysis. For reliability and accuracy of our findings, a statistical test of significance of attitude and responses level of COVID-19 information was conducted as required by Hypothesis 2. The calculated chi-square values are obtained from the calculations contained in Table 4.3.2above.

Decision Rule: If the calculated Chi- Square p -value is less than the given alpha value, the null hypothesis (**Ho**) is rejected, the alternative hypothesis (**Hi**) is accepted. Since the chi-square p-values are 0.000 which is less than the given alpha 0.05,therefore the null hypothesis (**Ho)**is rejected**, and** accept the alternative hypothesis (**Hi**). This implies that the intending religious tourists to Osogbo during COVID'19 Pandemic had good attitude and responses level of COVID'19 information, which have significant impact of intending pilgrims to Osogbo during the COVID '19 pandemic. These findings are in contract with the study who reported from his studies that "Iran was one of the worst -hit Countries in the Islamic region because of their attitude, religious ceremonies, and gatherings, which facilitated the spread of the COVID' 19 pandemic"[103]. Also, in contract with the findings of this study, which reported that COVID -19 incidence and Death rates in the Ultra- orthodox Jewish community were twice as high as the general population because they interfered with their religious directives[113]. Our findings are in corroboration with the authors who carried out study regarding Health care workers attitude and practice toward COVID -19 in Pakistani, the author(s) reported they had sufficient attitude (88.5%) and practice (74%).[100].

Hypothesis 3:

Ho: There is no relationship between COVID'19 Pandemic and traveling perception of **the** intending religious pilgrim's, the case of Osogbo.

Hi: There is relationship between COVID- 9 Pandemic and traveling perception of the intending religious pilgrim's, the case of Osogbo

Test: **Chi- Square SPSS/ RStudio Software.**

Variable: Does COVID'19 influence traveling perception of intending pilgrim's via attending religious event in the area of study?

Table 4.3.5 Shows the summary of the five items in the research instrument (questionnaire) used to enlist response from the respondents as regards the above variable.

VARIABLE	Q_{11}	Q_{12}	Q_{13}	Q_{14}	Q_{15}	TOTAL
S. A	60	30	70	38	45	253
A	30	48	25	32	23	158
SD	10	22	5	17	17	71
UD	15	15	7	15	12	64
D	5	5	13	18	13	54

TOTAL	**120**	**120**	**120**	**120**	**120**	**600**

Source: Field Survey, 2022

Q11(Avoiding physical contact influence my decision not to travel for religious) Q14 (Daily death cases associated with COVID-19 influences my travelling decision). Cross tabulation

			Q14 (Increasing daily death cases associated with COVID19 influences my decision in considering travelling for a religious event?)					Total
			A	D	S.A	S.D	U.D	
Q11 (Avoiding physical contact with body of infected persons influences my decision in considering travelling for a religious event?)	A	Count	9	7	4	5	5	30
		Expected Count	8.0	4.8	9.5	4.3	3.5	30.0
		% of Total	7.5%	5.8%	3.3%	4.2%	4.2%	25.0%
	D	Count	2	1	0	1	1	5
		Expected Count	1.3	.8	1.6	.7	.6	5.0
		% of Total	1.7%	0.8%	0.0%	0.8%	0.8%	4.2%
	S.A	Count	15	6	33	2	4	60
		Expected Count	16.0	9.5	19.0	8.5	7.0	60.0
		% of Total	12.5%	5.0%	27.5%	1.7%	3.3%	50.0%
	S.D	Count	1	4	1	3	1	10
		Expected Count	2.7	1.6	3.2	1.4	1.2	10.0
		% of Total	0.8%	3.3%	0.8%	2.5%	0.8%	8.3%
	U.D	Count	5	1	0	6	3	15
		Expected Count	4.0	2.4	4.8	2.1	1.8	15.0
		% of Total	4.2%	0.8%	0.0%	5.0%	2.5%	12.5%
		Count	32	19	38	17	14	120
		Expected Count	32.0	19.0	38.0	17.0	14.0	120.0
		% of Total	26.7%	15.8%	31.7%	14.2%	11.7%	100.0%

% of Total						
Total						

Result: Table 4. 3.6 Shows the chi-square/SPSS relationship between Q11 (Avoiding physical contact with body of infected persons influences my decision in considering travelling for a religious event?) and Q14 (Increasing daily death cases associated with COVID19 influences my decision in considering travelling for a religious event in the area of study?

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	47.225[a]	16	.000
Likelihood Ratio	51.931	16	.000
N of Valid Cases	120		

a. 18 cells (72.0%) have expected count less than 5. The minimum expected count is .58.

Chi -Square/ RStudio analysis of table 4.3.5 and Hypothesis 3

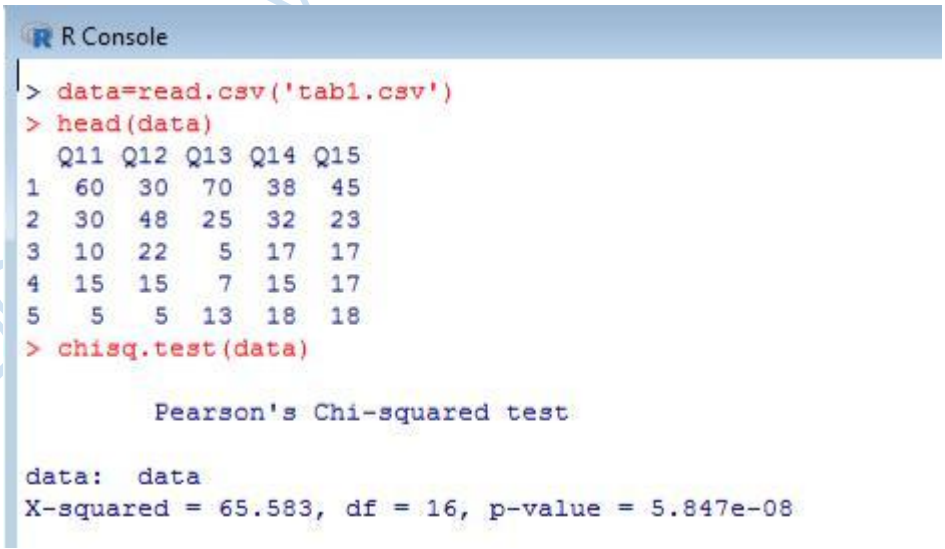

Table 4.3.5 shows the respondents responses to the research question number three (3) "COVID'19 influence of traveling perception of intending pilgrims to area of study for religious event during the Pandemic". Five research instruments (questionnaire) were constructed and distributed to one hundred and twenty (120) respondents that formed the sample population for this study, some of the items on the questionnaire like, "Avoiding physical contact with body of infected persons influences my decision in considering traveling for a religious event during the Pandemic in the study area". Majority of the respondents that strongly agreed to the above questions were two hundred and fifty- three (253), representing (42.17%), which implies that COVID-19 influences traveling perception of intending religious tourists to the area of study during the Pandemic. Also, one hundred and fifty-eight (158) of the respondents, representing (26.33%) agreed "Avoiding physical contact with body of infected persons influences my decision in considering traveling for a religious event during the Pandemic in the study area". However, seventy- one (71) of the respondents representing (11.83%) strongly disagreed on the items on the research instrument number three that bother about "COVID-19 influence of traveling perception of intending pilgrims to area of study for religious event during the Pandemic". The respondents were on the opinion none of the testing items in research number three can prevent them from traveling for religious event in the area of studding during the COVID-19 Pandemic. On the other hand, sixty -four (64) of the respondents representing (10.67%) were notable to decide if the testing items on research question number three we prevent intending pilgrims to the area of study during COVID-19 Pandemic. While fifty- four (54) of the respondents representing (9%) disagreed that COVID-19 will influences religious tourists to the area of study during the Pandemic.

Table 4.3.6 shows the Chi – Square/SPSS/RStudio Statistical analysis. For reliability and accuracy of our findings, a statistical test of significance of COVID-19 influence of traveling perception of intending pilgrims to the area of study was conducted as required by Hypothesis 3.

Decision Rule: If the calculated Chi- Square p -value is less than the given alpha value, the null hypothesis (**Ho**) is rejected else, the alternative hypothesis (**Hi**) is accepted. Since the chi-square p- values are 0.000 which is less than the given alpha 0.05, therefore the null hypothesis (**Ho)**is rejected**,** then the alternative hypothesis (**Hi**) is accepted. This implies that COVID'19 Pandemic influence the intending religious tourists toOsogbo,not to attend any religious events in the areas of study. The findings of this study correlate some Authors in the literature. "They reported that for the religious tourism business, COVID -19 has important consequences, which have affected various associated industries such as Hotels and transportation; travel brokers; tour guides; as well as retail". They continue by saying all around the world, people are suffering from the epidemic, which is a new outbreak conflict that has enormous consequences for the religious tourism sector[72,81].

Hypothesis 4:

Ho: There is no relationship between COVID'19 Pandemic and traveling risk perception of the intending religious pilgrim's, the case of Osogbo.

Hi: There is relationship between COVID- 9 Pandemic and traveling risk perception of the intending religious pilgrim's, the case of Osogbo

Test: **Chi- Square SPSS/ RStudio Software.**

Variable: Does COVID'19 act as travel risk perception on the intending Pilgrim's via attending religious event in the area of study?

Table 4.3.7 Shows the summary of the five items in the research instrument (questionnaire) used to enlist response from the respondents as regards the above variable.

VARIABLE	Q_{16}	Q_{17}	Q_{18}	Q_{19}	Q_{20}	TOTAL
S. A	75	56	54	80	60	325
A	25	30	33	20	40	148
SD	5	15	10	5	5	40
UD	10	6	11	10	5	42
D	5	13	12	5	10	45

TOTAL	**120**	**120**	**120**	**120**	**120**	**600**

Source: Field Survey, 2022

Q17 (Rate of fear of getting COVID 19 and endangering my family and colleagues influences my travel risk perception?) * Q18 (Risk and penalty of breaking Lockdown Curfew influences my travel risk perception?) Crosstabulation

			Q18 (Risk and penalty of breaking Lockdown Curfew influences my travel risk perception?)					Total
			A	D	S.A	S.D	U.D	
Q17 (Rate of fear of getting COVID 19 and endangering my family and colleagues influences my travel risk perception?)	A	Count	10	4	14	1	1	30
		Expected Count	8.5	2.8	13.5	2.5	2.8	30.0
		% of Total	8.3%	3.3%	11.7%	0.8%	0.8%	25.0 %
	D	Count	1	1	3	7	1	13
		Expected Count	3.7	1.2	5.9	1.1	1.2	13.0
		% of Total	0.8%	0.8%	2.5%	5.8%	0.8%	10.8 %
	S.A	Count	17	2	30	0	7	56
		Expected Count	15.9	5.1	25.2	4.7	5.1	56.0
		% of Total	14.2%	1.7%	25.0%	0.0%	5.8%	46.7 %
	S.D	Count	4	3	7	1	0	15
		Expected Count	4.3	1.4	6.8	1.3	1.4	15.0
		% of						

		Total	3.3%	2.5%	5.8%	0.8%	0.0%	12.5 %
		Count	2	1	0	1	2	6
		Expected Count	1.7	.6	2.7	.5	.6	6.0
	U.D	% of Total	1.7%	0.8%	0.0%	0.8%	1.7%	5.0 %
		Total Count	34	11	54	10	11	120
		Expected Count	34.0	11.0	54.0	10.0	11.0	120.0
Total		% of Total	28.3%	9.2%	45.0%	8.3%	9.2%	100.0 %

Result: Table 4.3.8. Shows the chi-square/SPSS/RStudio relationship between the respondents of Q_{17} (Rate of fear of contracting COVID' 19 and endangering my family and colleagues influences my travel risk perception?) and Q_{18} (Risk and penalty of breaking Lockdown Curfew influences my travel risk perception?)

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	57.651[a]	16	.000
Likelihood Ratio	48.250	16	.000
N of Valid Cases	120		

a. 17 cells (68.0%) have expected count less than 5. The minimum expected count is .50.

Chi -Square/ RStudio analysis of table 4.3.7 and Hypothesis 4

```
R Console
> data=read.csv('tab1.csv')
> head(data)
  Q16 Q17 Q18 Q19 Q20
1  75  56  54  80  60
2  25  30  33  20  40
3   5  15  10   5   5
4  10   6  11  10   5
5   5  13  12   5  10
> chisq.test(data)

        Pearson's Chi-squared test

data:  data
X-squared = 36.291, df = 16, p-value = 0.002636
```

Table 4.3.7 Shows the respondents responses to the research questions number four (4) "Does COVID-19 act as travel risk perception on the intending pilgrims on the area of study for religious event during the Pandemic"? Five research instruments (questionnaire) were constructed and distributed to one hundred and twenty (120) respondents that formed the sample population for this study, some of the items on the questionnaire as follows; " Low population of vaccinated person increases the risk of contracting COVID -19", Rate of fear of contacting COVID-19 and endanger my family and colleagues influences my traveling risk perception, Risk of breaking lockdown curfew influences my traveling risk perception". Majority of the respondents that strongly agreed to the above questions were three hundred and twenty- five (325), representing (54.17%), which implies that low population of vaccinated person and the fear of contacting COVID-19 and endanger family members and friends' influences traveling risk of intending religious tourists to the area of study during the Pandemic. Also, one hundred and forty-eight (148) of the respondents, representing (24.67%) agreed to the above mention measuring instrument in research question four. However, forty (40) of the respondents representing (6.67%) strongly disagreed on the items on the research instrument number four that bother about "COVID-19 influence of traveling risk perception of intending pilgrims to area of study for religious event during the Pandemic". The respondents were on the opinion that none of the testing items in research number four can prevent them from traveling for religious event in the area of study, during the COVID-19 Pandemic. On the other hand, forty- two (42) of the respondents representing (7%) were notable to decide if the testing items on research question number four will prevent intending pilgrims to the area of study during COVID-19 Pandemic. While forty- five (45) of the respondents representing (9%) disagreed that COVID-19 will influences religious tourists to the area of study during the Pandemic.

Table 4.3.7 shows the Chi – Square/SPSS/RStudio Statistical analysis. For reliability and accuracy of our findings, a statistical test of significance of COVID-19 influence of traveling risk perception of intending pilgrims to the area of study was conducted as required by Hypothesis 4. The calculated chi-square p- values are 0.000 and 0.002 obtained from the calculations contained in Table above.

Decision Rule: If the calculated Chi- Square p -value is less than the given alpha value, the null hypothesis (**Ho**) is rejected else, the alternative hypothesis (**Hi**) is accepted. Since the chi-square calculated values are 0.00 which is less than the given alpha value which is 0.05, the null hypothesis (**Ho)**is rejected**,** and the alternative hypothesis (**Hi)** is accepted**.** This implies that COVID-19 influences traveling risk perception of intending religious tourists to Osogbo state during the COVID-19 Pandemic.

These study findings are in submission with the concept of Pathogen -Steer theory on pilgrim's travel risk management and perception due to COVID -19 uncertainties in relation to human behaviors. However, studies explored the influence of Pathogen threat in the context of COVID -19 Pandemic, they reported personality traits are predicted by a parasite- Stress theory of human sociality that highlights the infection risks related to the interaction with Conspecifics'. That the travels risk management perception is refer to the risk of human – to- human transmission. That the infection risks were connected to the openness of human contact[75,77].

4.4. Analysis of the Socio- Demography of the Respondents.

Table 4.4.1: Socio Demography of the Respondents of gender perception toward covid'19 making impact on intending pilgrims attending religious event, the case of Osogbo.

Variables Sex: (n = 120)	Frequency	Percentage (%)
Male	70	58
Female	50	42

Gender* Perception of covid'19 making impact on intending pilgrim Crosstabulation

			Perception of covid'19 made impact on intending pilgrim					Total
			A	D	S.A	S.D	U.D	
R	Female	Count	2	2	15	16	15	50
		Expected Count	10.4	2.1	16.7	12.5	8.3	50.0
		% within Gender	4.0%	4.0%	30.0%	32.0%	30.0%	100.0%
		% within Perception on covid'19 made impact intending pilgrim	8.0%	40.0%	37.5%	53.3%	75.0%	41.7%
		% of Total	1.7%	1.7%	12.5%	13.3%	12.5%	41.7%
	Male	Count	23	3	25	14	5	70
		Expected Count	14.6	2.9	23.3	17.5	11.7	70.0
		% within Gender	32.9%	4.3%	35.7%	20.0%	7.1%	100.0%
		% within Perception of covid'19 made impact on intending pilgrim	92.0%	60.0%	62.5%	46.7%	25.0%	58.3%
		% of Total	19.2%	2.5%	20.8%	11.7%	4.2%	58.3%
	Total	Count	25	5	40	30	20	120
		Expected Count	25.0	5.0	40.0	30.0	20.0	120.0
		% within Gender	20.8%	4.2%	33.3%	25.0%	16.7%	100.0%

		Expected Count						
		% within Gender	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% within Perception of covid'19 made impact on intending pilgrim	20.8%	4.2%	33.3%	25.0%	16.7%	100.0%
T	Total	% of Total						

Hypothesis 1

H_0: There is no significant differences between Gender perception of COVID – 19 Pandemic and intending pilgrims attending religious event over Osogbo.

H_1: There is significant differences between Gender perception of COVID – 19 Pandemic and intending pilgrims attending religious event over Osogbo.

Test: Chi-Square/SPSS

Variables: Gender Perception of covid'19 making impact on intending pilgrims attending religious event, the case of Osogbo.

Result: Table 4.4.2 shows the chi-square/SPSS relationship between the respondents of gender perception towards covid'19 making impact on intending pilgrimage attending religious event, the case of Osogbo cross tabulation.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.773[a]	4	.000
Likelihood Ratio	25.464	4	.000
N of Valid Cases	120		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 2.08.

Decision Rule: When the Chi-Square p- value is less than the given alpha value, you reject the H_0 and accept the H_i. The given alpha for this hypothesis 1 is 0.05 level of confident interval, and the Pearson Chi -Square value is. ooo which is less than alpha which is 0.05. Hence, H_0 is rejected and H_i is accepted. Therefore, there is a significant differences between genders perception of covid'19 making impact on intending pilgrims attending religious event, the case of Osogbo. That is, there are more males' religious tourists that visit the Prayer Mountains in the areas of study to females.

Table 4. 4.3: Religious Demography of Respondents on tourists Travel Restriction to high risk Pilgrims events reducing the spread of COVID-19, the case of Osogbo.

Variables Sex: (n = 120)	Frequency	Percentage (%)
Islam	48	40
Christianity	66	54.7
Traditional	6	5.3
Others	0	0

Religion * Travel Restriction to high risk Pilgrims religious events have reduce the spread of COVID-19 in Osogbo Crosstabulation

			Travel Restriction to high risk Pilgrims events have reduce the spread of COVID-19 in Osogbo?					**Total**
			A	D	S.A	S.D	U.D	
Religion	Christianity	Count	22	0	41	3	0	66
		Expected Count	18.7	2.2	39.1	3.9	2.2	66.0
	Islam	Count	12	3	26	3	4	48
		Expected Count	13.6	1.6	28.4	2.8	1.6	48.0

Traditional	Count	0	1	4	1	0	6
	Expected Count	1.7	.2	3.6	.4	.2	6.0
Total	Count	34	4	71	7	4	120
	Expected Count	34.0	4.0	71.0	7.0	4.0	120.0

Hypothesis 2

H_0: There is no relationship between intending pilgrims travel ban on attending religious events and spread of COVID - 19 Pandemic, the case of Osogbo.

H_i: There is relationship between intending pilgrims travel ban on attending religious events and spread of COVID - 19 Pandemic, the case of Osogbo.

Test: Chi-Square

Variables: Religion & Travel Restriction to high risk Pilgrims events have reduce the spread of COVID19 in Osogbo

Result: Table 4.4.4 Shows the Chi-Square/SPSS relationship between the respondents on Religion Travel Restriction to high risk Pilgrim events have reduce the spread of COVID'19 in Osogbo cross tabulation.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	16.862[a]	8	.032
Likelihood Ratio	19.844	8	.011
N of Valid Cases	120		

a. 11 cells (73.3%) have expected count less than 5. The minimum expected count is .20.

Decision Rule: When the chi-square p- value is less than the given alpha value, you reject the H_0 and accept the H_I. The given alpha for this hypothesis is 0.05 level of confident interval, and the Pearson Chi -Square value is .032 which is less than alpha which is 0.05. Hence, H_0 is rejected and H_i is accepted. Therefore, there is relationship between intending pilgrims travel ban on attending religious events and spread of COVID - 19 Pandemic, the case of Osogbo.

Table 4.4.5: Socio Demography of Respondents of Coronavirus is more susceptible to older ones.

Variables Sex: (n = 120)	Frequency	Percentage (%)
≤ 25	3	2.7
26-35	20	16.7
36-45	50	41.3
> 46	47	39.3

Hypothesis 3

H_0: There is no relationship between Coronavirus and being susceptible to older ones

H_i: There is relationship between Coronavirus and being susceptible to older ones

Test: Chi-Square

Variables: Age &Coronavirus (COVID-19) is more susceptible to older ones

Result: Table 4.4.6 shows the Chi-Square/SPSS relationship between the respondents Age towards the spread of Covid'19 being more susceptiveto older ones

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)

Pearson Chi-Square	11.412[a]	12	.494
Likelihood Ratio	15.055	12	.238
N of Valid Cases	120		

a. 9 cells (45.0%) have expected count less than 5. The minimum expected count is .30.

Decision Rule: When the chi-square p- value is less than the given alpha value, you reject the H_0 and accept the H_I. The given alpha for this hypothesis is 0.05 level of confident interval, and the Pearson Chi -Square value is .494 which is greater than alpha which is 0.05. Hence, H_0 is accepted and H_i is rejected. Therefore, there is no relationship between Coronavirus and being susceptible to older ones.

Table 4.4.7: Socio Demography of the Respondents on Education towards Covid'19 Affecting Level of Attitude, Response and Knowledge of the Intending Religious Pilgrims over Osogbo.

Variables Sex: (n = 120)	Frequency	Percentage (%)
Primary	25	20.7
Secondary	65	54
Tertiary	3	2.7

Education (what's your highest level of education) * Does covid'19 affect the level of education towards attitude, response and knowledge Crosstabulation

			Does Educational level affect your attitude, knowledge, and response toward covid'19?		Total
			NO	YES	
Education(what's your highest	None	Count	0	27	27
		Expected Count	6.3	20.7	27.0
		% of Total	0.0%	22.5%	22.5%
	Primary	Count	25	0	25
		Expected Count	5.8	19.2	25.0
		% of Total	20.8%	0.0%	20.8%
	Secondary	Count	0	65	65
		Expected Count	15.2	49.8	65.0
		% of Total	0.0%	54.2%	54.2%
		Count	3	0	3
			.7	2.3	3.0

level of education)		Expected Count	2.5%	0.0%	2.5%
	Tertiary	% of Total	28	92	120
		Count	28.0	92.0	120.0
		Expected Count	23.3%	76.7%	100.0%
		% of Total			
Total					

Hypothesis 4

H_0: Respondents level of Education have no relationship between their attitude, knowledge, Response, and contracting COVID-19.

H_i: Respondents level of Education have relationship between their attitude, knowledge, Response, and contracting COVID-19.

Test: Chi-Square/SPSS

Variables: Does Covid'19 affect the level of education towards attitude, response and Knowledge?

Result: Table 4.4.8 Shows the chi-square relationship between the respondent Educational level towards Covid'19 affecting their attitude, response and knowledge.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	120.000[a]	3	.000
Likelihood Ratio	130.385	3	.000
N of Valid Cases	120		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is .70.

Decision Rule: When the chi-square p- value is less than the given alpha value, you reject the H_0 and accept the H_I. The given alpha for this hypothesis is 0.05 level of confident interval, and the Pearson Chi -Square value is .000 which is less than alpha which is 0.05. Hence, H_0 is ejected and H_i is accepted. Therefore, Respondents level of Education have relationship between their attitude, knowledge, response and contracting COVID- 19.

Binary Logistic Linear Regression of covid'19 having effect on the respondent's level of education via their Attitude, Knowledge and Response of attending religious event, the case of Osogbo.

Logistic Regression

Dependent Variable Encoding

Original Value	Internal Value
NO	0
YES	1

Categorical Variables Coding's

		Frequency	Parameter coding		
			(1)	(2)	(3)
Education (what's your highest level of education)	None	27	1.000	.000	.000
	Primary	25	.000	1.000	.000
	Secondary	65	.000	.000	1.000
	Tertiary	3	.000	.000	.000
Response	NO	87	1.000		
	YES	33	.000		
Knowledge	NO	77	1.000		
	YES	43	.000		
Attitude	NO	89	1.000		
	YES	31	.000		

	Observed		Predicted		
			Does covid'19 affect the level of education towards attitude, response and knowledge		Percentage Correct
			NO	YES	
Step 0	Does covid'19 affect the level of education towards attitude, response and knowledge	NO	0	28	.0
		YES	0	92	100.0
	Overall Percentage				76.7

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)

Step Constant	1.190	.216	30.378	1	.000	3.286

	Observed		Predicted		
			Does covid'19 affect the level of education towards attitude, response and knowledge		Percentage Correct
			NO	YES	
Step 1	Does covid'19 affect the level of education towards attitude, response and knowledge	NO	0	28	.0
		YES	0	92	100.0
	Overall Percentage				76.7

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	Attitude (1)	-1.237	.481	6.612	1	.010	.290	.113	. 0.745
	Response (1)	.163	.543	.090	1	.764	1.177	.406	
	Knowledge (1)	-.019	.474	.002	1	.968	.981	.388	3
	Constant	1.551	.349	19.712	1	.000	4.714		

a. Variable(s) entered on step 1: Attitude, Response, Knowledge

The Binary Logistic Regression cut value 0.5. The predicted probability is of the membership yes which was 92 of the 120 respondents. The relationship between the respondents' Educational level and their attitude, knowledge and response toward COVID-19 Pandemic impacting on their religious pilgrims over Osogbo has strong relationship .764 and .968 respectively. Therefore, the respondents' level of Education influences their attitude, knowledge, and response of attending religious events during the Pandemic, the case of Osogbo, Osun State Nigeria.

Endnotes

[143]Ikoyi 2015Ori-Oke *Programs*. Ori Oke Ikoyi established 1936. 2015, http://www.ikoyimountain.org/program.html

[144]The Nation Online. *Committee shielded rocky hills*. Created 17th January 2014, http://www: the nationonlineng/net/communities-shielded-rocky-hills-communities- Accessed 9th September, 2015.

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Chapter Five

Conclusion

5.1 Summary of Findings

This study investigated Knowledge, Attitude and Response of intending pilgrims during COVID - 19 Pandemic: (A case of Osogbo, Osun state Nigeria).

Chapter one focused on introduction which contained background of the study, statement of the problem, aim and objective of the study, scope of the study, significance of the study, limitation of the study, and conceptual clarifications of operational terms.

This study aims to investigate knowledge, altitude and responses to COVID- 19 pandemic among intending pilgrims in Osogbo, Osun State, Nigeria.

The study specific objectives include to:

Examine knowledge level and sources about COVID- 19 among intending pilgrims.

Investigate the attitude and responses of intending pilgrims.

Examine the influence of traveling perception of intending pilgrims' response.

Investigate the intending pilgrims risk perception of attending religious events during the Pandemic.

This study is driven to answer the following questions;

Does Knowledge Level and sources about COVID- 19 influence Intending pilgrims' perception?

. As to what extent has COVID-19 affects intending pilgrims' attitude and response?

Does COVID-19 influence traveling perception of intending pilgrim' response?

. Have COVID-19 influence the travel risk perception of intending pilgrims?

Chapter two was on review of related existing literature and conceptual frameworks. Many concepts were reviewed in the literature as well as empirical studies on religious tourism. Chapter three focused on the methodology adopted for the study; these includes, study area, Research design, population of the study, sample size/ sampling technique, source of data,

research instrument, method of data collection, validity of research instrument, and method of data analysis.

Chapter four is divided into two parts, part A, bio- data of the respondents, and part Analysis of the research instrument (questionnaire) and testing of the stated hypotheses. Simple percentage was used to analyzed the items on the research instrument and Chi-Squares statistical method was used to test the stated hypotheses at 95% level of confident Interval.

Chapter five gives the summary of the findings, conclusion, and recommendation.

The intending pilgrims to Osogbo during the COVID - 19 Pandemic, form the sample population of the study.

The first objective of the study was to investigate the intending pilgrims, their Knowledge and sources level of COVID- 19 Pandemic via attendance of religious events.

The study established that the intending pilgrims over Osogbo had good knowledge and sources of COVID- 19 Pandemic

The second objective was on their attitude and responses of COVID - 19 Pandemic via attending religious gathering. The study also revealed the intending pilgrims investigated has a robust attitude and good responses to the measures the Government put in place to reduce the spread of COVID- 19 Pandemic.

The third objective was to examine the intending pilgrims' factors that could have influences their traveling perception.

It was also established among other factors poor health care facilities to treat COVID- 19 suspected patients were a major factor that influences their traveling perception to stay

away from religious events during the Pandemic.

The fourth study objective was to investigate what constitute their travel risk perception via attending religious events during the Pandemic.

The study revealed among others, risk and penalty of breaking lockdown curfew, and low level of vaccinated persons were among others that constitutes their travel risk perception of the religious tourists during the COVID-19 Pandemic.

5.2 Conclusion

Based on the findings of the study, the following conclusions were made;

The intending pilgrims had a good knowledge and sources level of COVID-19 spreading faster during mass gathering

Their good responses to traveling restriction by the Government via religious gathering reduces the spread of the virus

Their good knowledge and sources level of being infected if had direct contact with infected person also help them to stay away from religious gathering during the COVID-19 Pandemic.

The intending pilgrims studied, also had positive attitude and responses to cancellation of pilgrimage events, to them it was a welcome development as it reduces the spread of the virus.

The finding also revealed of the respondent's good attitude and responses in the use of facemasks regularly mostly in a congested places, because it helps to reduce the spread of COVID-19.

The study also revealed that the intending pilgrims stay away from religious events during the COVID-19 Pandemic because of low level of vaccination of persons.

Poor Health care facilities to treat COVID-19 suspected patients in the area of study was relieved among other findings that influences their traveling perception for religious events during the Pandemic.

Avoiding physical contacts with body of infected persons also influences their decision not to travel for religious event during the Pandemic as established by the study.

The study also established lack of proper contact tracing by religious institution hosting events during the COVID-19 Pandemic, was also a major factor that influences their decision not to attend any religious event.

5.3 Recommendation(s)

Based on the findings of the study, the following recommendation were made by the researcher:

1.That religious leaders should continue the dissemination of information on prevention of spread of COVID -19 to all religious tourists, this will be strengthening the fight against COVID-19 Pandemic.

2.That the general public should be educated on cultural norms and practices of religious activities in order to better their knowledge of COVID-19 and its transmission and prevention.

3.The study also recommends that external factors such as COVID-19 was not supposed to impact so negatively on the secular dimension of the religious pilgrims, because their prayer can be mitigated with the use of online resources.

4.It is also,recommended for the religious leaders that control (prayer tourists' sites) to put in place online resources, where religious tourists will be able to practices their religious events without coming together in a time of external factor such as COVID-19 Pandemic. This recommendation corroborate the report, "to counter the coronavirus outbreak, a Synagogue in Jerusalem set up virtual religious instruction and prayer sessions to better serve its members and keep the community together, as a result, the number of people infected with COVID-19 at this Synagogue has been significantly lower than the number of people infected at other Synagogue"[5].

5.4. Suggestion for further study

This Study investigates Knowledge, Attitude and response of the intending pilgrims over Osogbo during the Covid'19 pandemic. The researchers were not able to cover more variables

such as covid'19 impact on socioeconomic of the host tourist community and it implication to the community development.

Therefore, I am suggesting for future study on Covid'19 impact on socio-economic of the host tourist community and its implication to the community's development (using some selected state in southwest Nigeria)

5.5 Contribution to Knowledge

Due to global concern over the COVID-19 epidemic, many investigations have been conducted in its short duration. Some research studied COVID-19's impact on event planning, tourism, and economic growth.

Almost none of these studies have conducted empirical research on Knowledge, Attitude, and Response of intending pilgrims in the study area during the COVID -19 Pandemic. Since none of the research examined the objectives of this study's in the area of study, hence, this study filled knowledge gaps.

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Knowledge, Attitude and Responses of Intending Pilgrims During COVID- 19 Pandemic: The Case of Osogbo, Nigeria.

SN [_____]

Name/Initials [_____]

Date [_____]

A. Demographic Characteristics

1. Gender Male [ ] Female [ ]

2. What is your marital status? Single [ ] Married [ ] Divorced [ ]

3. What is your religious faith? Islam [ ] Christianity [ ] Traditional [ ]

Other specify……..

4. What is your highest educational attainment? Primary [ ] Secondary [ ] [ ] None [ ]

5. Which age Category do you belong? < 25 [ ] 26-35[ ] 36-45 [ ]

widowed

]

Tertiary

> 46 [ ]

Section B: Knowledge Level and Source of COVID-19 Information.

1. Coronavirus spreads faster during Mass gathering? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]
2. Coronavirus (COVID-19) is more susceptible to older ones? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]
3. Travel Restriction to high risk Pilgrim events have reduce the spread of COVID19 in Osogbo? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]
4. Direct physical contact with the body of infected persons increase the risk of contracting Coronavirus? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ]Disagree [ ]
5. Social distancing as a mitigation scheme in curtailing the spread is effective in pilgrim events? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

Section C: Attitude and Response of COVID-19 by Intending Pilgrims

6. Cancelling of Pilgrimage events was a good idea to reduce the spread of COVID19? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

7. If the epidemic of COVID 19 continues, do you thing religious events should be cancelled this year? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

8. Using facemasks regularly in congested places reduces the spread of coronavirus?

Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

9. Do you believe lockdown restriction was a partisan decision placed by the government? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

10. Compulsory COVID19 testing and vaccination is necessary before partaking in a Religious event? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

Section D: COVID-19 Influence of Traveling Perception of Intending Pilgrims

11. Avoiding physical contact with body of infected persons influences my decision in considering travelling for a religious event? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

12. Poor Health care facilities to treat COVID19 suspected patients influences my decision in considering travelling for a religious event? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

13. Increasing daily incidence of COVID19 cases influences my decision in considering travelling for a religious event? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

14. Increasing daily death cases associated with COVID19 influences my decision in considering travelling for a religious event? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

15. Lack of proper contact tracing by religious institution hosting these events influences my decision in considering travelling for a religious event? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

Section E: COVID-19 Influence on Travel Risk Perception of Intending Pilgrims

16. Low Population of Vaccinated increases the risk of contracting COVD19? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

17. Rate of fear of getting COVID 19 and endangering my family and colleagues influences my travel risk perception? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

18. Risk and penalty of breaking Lockdown Curfew influences my travel risk perception? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

19. Inadequate integration with national emergency planning and response plans for infectious diseases influences my travel risk perception? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

20. Fear of compliance to intervention measures among intending pilgrims influences my travel risk perception? Strongly Agree [ ] Agree [ ] Strongly Disagree [ ] Disagree [ ]

EBIENDELE HELEN OGHO

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(Nee Akpomedaye)

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Sex Female

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Nationality: Nigerian

Local Government Area: Ughelli North LGA

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E-mails: helynogho@yahoo.com

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Cell Phone Number: 08034916702

Numbers and Ages of Children: Ebiendele Oseremhen Catherine (8yrs)

Educational institutions Attended with Dates:

INSTITUTIONS ATTENTED	**DATES**
National Open University of Nigeria	2014-2019
National Institute for Hosp.& Tourism Kano	2006-2007

Federal polytechnic, Bauchi	2000- 2001
Federal polytechnic, Bauchi	1996-1998
Government Day Secondary School	1996-1984
Army Children Secondary School Maiduguri	1983-1985
Army Children Secondary School Pokisturn	1986-1988

Academic qualifications obtained with dates and Class of Degrees:

QUALIFICATIONS	DEGREES
BS.C Hotel and catering management	2019
PGD Hospitality management	2010
Higher National Diploma	2001
National Diploma	1998
G.C.E. "0" level	1994
Primary Leaving Certificate	1998

WORK EXPERIENCE

Tati Hotel, Jos	1997
Peggy Hotel, Warri Receptionist	1999
National Institute for Hosp.& Tourism (NYSC)	2002
National Institute for Hosp. & Tourism Osogbo	2003-date

RECENT CONFERENCES SEMINARS AND WORKSHOPS

Ebiendele Helen, 0. (2015). Visitor Accommodation and management. Being a paper presented at the workshop training for protocol officer/passage officer organized by NIHOTOUR at Brymor Hotel, Osun State on July 27" to 1" August 2015.

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PUBLICATIONS

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Adekitan K. Gbade, Ejike Kate and Ebiendele Helen.

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