ORIGINAL RESEARCH PAPER
Volume - 9 | Issue - 7 | July - 2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

KNOWLEDGE AND AWARENESS AMONG GENERAL MASS REGARDING COVID19

Community Medicine

Dr. Devika Singh Senior Resident, Department of Dentistry, IGIMS, Patna.
Netra Prassan* M.B.B.S student, B.P.K.I.H.S, Dharan, Nepal. *Corresponding Author
Dr. Nimmi Singh Associate Professor, Department of Dentistry, IGIMS, Patna.
Dr. Bibhuti P Sinha Professor and Head, Regional Institute of Opthalmology, IGIMS, Patna.

ABSTRACT

Aim- To assess the knowledge and awareness of the mass population regarding Covid 19.
Material And Method- A questionnaire was prepared using Google forms which were circulated among general mass. The responses were then tabulated and statistically analysed.
Results- A total of 261 responses were received. It was noticed that majority of the participants were literate and gained their knowledge about Covid 19 from social media, majority of the population were aware of the Covid 19 Pandemic and were taking effective measures to avoid getting infected with Covid 19.

KEYWORDS

INTRODUCTION

On 31st December 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China.[1] On 7th January 2020, Chinese authorities identified a new strain of Coronavirus as the causative agent for the disease. The virus has been renamed by WHO as SARS-CoV-2 and the disease caused by it as COVID-19.[2] The disease since its first detection in China has now spread to over 200 countries/territories, with reports of local transmission happening in more than 160 of these countries/territories. As per WHO (as of 1 st April, 2020), there has been a total of 823626 confirmed cases and 40598 deaths due to COVID-19 worldwide. In India, as on 2 nd April, 2020, 1965 confirmed cases (including 51 foreign nationals) and 50 deaths reported from 29 States/UTs. Large number of cases has been reported from Delhi, Karnataka, Kerala, Maharashtra, Rajasthan, Tamil Nadu, Telangana and Uttar Pradesh. COVID-19 was declared a pandemic by WHO on 11th March, 2020. While earlier the focus of spread was centered on China, it has now shifted to Europe and North America. WHO has advised countries to take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact. In India also, clusters have appeared in multiple States, particularly Kerala, Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Punjab, Karnataka, Telangana and UT of Ladakh. 211 districts are now reporting COVID-19 cases and the risk of further spread remains very high. Coronaviruses belong to a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, bats, etc. Rarely, animal corona viruses may evolve and jump species to infect people and then spread between people as witnessed during the outbreak of Severe Acute Respiratory Syndrome (SARS, 2003) and Middle East Respiratory Syndrome (MERS, 2014). The etiologic agent responsible for current outbreak of SARS-CoV-2 is a novel coronavirus closely related to SARS-Coronavirus. In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions (directly through droplets from coughing or sneezing, or indirectly through contaminated objects or surfaces as well as close contacts). Nosocomial transmission has been described as an important driver in the epidemiology of SARS and MERS and has also been documented in COVID-19. Current estimates of the incubation period of COVID range from 2-14 days, and these estimates will be refined as more data become available. Most common symptoms include fever, fatigue, dry cough and breathing difficulty. Upper respiratory tract symptoms like sore throat, rhinorrhoea, and gastrointestinal symptoms like diarrhoea and nausea/ vomiting are seen in about 20% of cases. Due to paucity of scientific literature based on community based studies, the available data on host factors is skewed towards cases requiring hospitalization. As per analysis of the biggest cohort reported by Chinese CDC, about 81% of the cases are mild, 14% require hospitalization and 5% require ventilator and critical care management. The deaths reported are mainly among elderly population particularly those with co-morbidities. At the time of writing this document, many of the crucial epidemiological information particularly source of infection, mode of transmission, period of infectivity, etc. are still under investigation.[2]

AIM AND OBJECTIVES

1. To assess the knowledge of the mass population about Covid 19 Pandemic
2. To judge the awareness of the Indian population towards Covid 19 Pandemic
3. To assess if the mass population are taking any preventive measures so as to minimize the risk of contacting Corona virus.

MATERIAL AND METHODS

In the light of the latest pandemic, a cross sectional study was conducted among the general population of diverse age groups and socio economic status with the aim of assessing the awareness and practices among the subjects regarding COVID-19. After surveying various related questionnaires, a form was created using Google Forms and distributed to be filled out (Annexure 1). The subjects were informed about the anonymous nature of the study being conducted and 2 days were given to whoever wanted to voluntarily respond. 261 responses were collected during this time following which statistical analysis of the collected data was done.

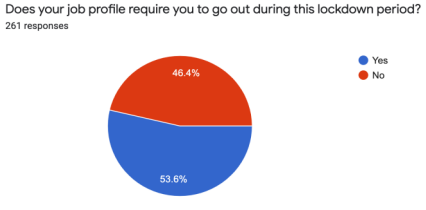
INCLUSION CRITERIA

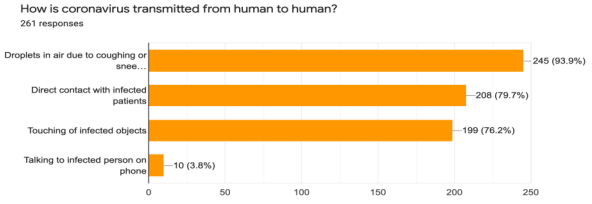
1.People within the 15-80 years age bracket
2.All socioeconomic groups

EXCLUSION CRITERIA

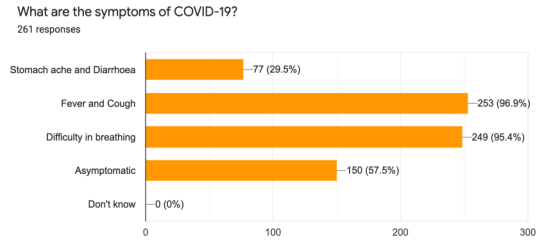
1. People not willing to participate
2. Unable to fill form on their own

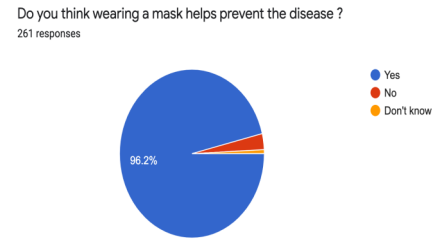
RESULT AND DISCUSSION

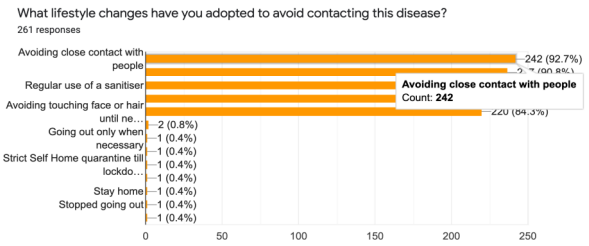


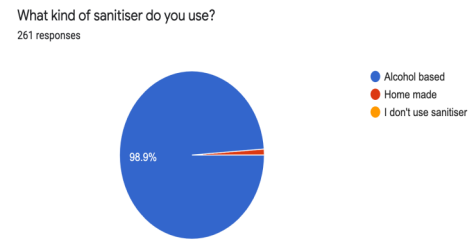


PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr









This is a descriptive cross sectional study conducted with the help of Google Forms from 7th May 2020-14th May 2020.A total of 261 responses were recieved from subjects ranging from unemployed to students from various educational fields along with professionals ranging from lowest to the highest socio-economic background. The age range of the subjects varied from 15 to 80 years of age with the maximum number of subjects belonging to 20-50 years of age. Out of this subject range , 58.2% were males and 41.8% were females. 47.9% subjects had a post graduations degree.,36.4% were graduates , 7.7% were intermediate pass and the remaining were either educated upto matriculation or uneducated. This data shows that majority of the respondents belonged to the educated class which created a bias in the study against the lesser educated population 154 subjects belonged to the upper income group while 69 were in the middle and 38 in the lower socioeconomic groups respectively. 36.4% of the total responders belonged to the salaried class. 29.5% were self employed , 32.2% were students and the remaining were unemployed, 53.6% said that their job profile required them to go outside their homes to work while the remaining 46.4% did not require to do so.

In order to assess the awareness regarding COVID-19 a set of 9 questions were asked and the responses were as follows: Majority of the subjects,i.e., 79.3% got their information from social media sites followed by 64.8% from television and radio, 59.4% from newspapers, 54.4% from official websites and 53.6% from friends and family. It can be inferred from the above collected data that majority of the subjects got their information from social media sites whereas a relatively lower percenatge of the respondents got their information from official websites.

Upon being asked where the first case of COVID-19 came up in the world, 99.6% selected the correct option Wuhan while 0.4% selected Beijing. In the question asking where the first case of COVID-19 was reported in India, 87.7% selected Kerela, 9.2% selected Rajasthan and remaining as Assam and Uttar Pradesh. 93.9% knew that the virus gets transmitted from human to human via droplets in the air formed due to coughing or sneezing. 79.9% said that transmission may also occur by direct contact with infected patients while 76.2% said that it could occur by touching of infected objects.and 3.8% said that the disease could be contracted by talking to infected person over phone Majority of the subjects were aware of the mode of transmission and only a minimal percentage of respondents selected the incorrect option, this could be attributed to the fact that there avvast number of participants were educated and belonged to the class of people who used social media regularly.

96.9% said that the major symptoms of the disease are fever and cough while 95.4% selected difficulty in breathing. 57.5% selected asymptomatic and 29.5% selected stomach ache and diarrhoea.. On the question assessing the awareness about the mortality rate of the disease 204 respondents selected around 3% while remaining chose the incorrect options. One of the remarkable finding in our study was that 96.2% were aware that wearing a mask can help prevent the disease and 94.3% of the total subjects were aware about the government directives regarding quarantine

Next question was who should be quarantined and 95.8% were aware that people who have come in contact with infected patients and 90% said those with recent travel history should be quarantined. What was note worthy was that 27.6 % were aware that doctors and nurses on duty should also be quarantined which has reflected well in the society in the atitude of the masses towards health care workers during COVID period.

The next set of questions were about practices that people were adopting in order to combat the risk of getting infecting with Covid-19. The first question was what lifestyle changes they had adopted and multiple options were given and good overall response was received . 92.7% of the subjects said they avoid close contact with people, 90.8% of the subjects said they washed their hand multiple times a day for more than 20 seconds., 89.7% said they used sanitizer regularly, 95 % wore a mask while going out84.3% said they avoid touching their face or hand until necessary. On being asked how many times did they wash their hands, majority of respondents, i.e, 58.4% washed their hands more than 6 times a day, 27.9% said 4-6 times a day while the rest 13.7% washed their hands less that 4 times a day. 98.1% of the respondents said they take precautions while purchasing goods from outside. When asked about the method of sanitisation followed after home from outside, 84% washed their hands with soap and water, 74% used only sanitiser and 71.4% said they took a bath while a few gave other replies like washing clothes and sanitising the products bought.

98.9% of the participants were aware that an alcohol based sanitiser should be used over other kinds which is a very noticable habit modifcation that people have adopted during this COVID pandemic. Last but most important question was if people were going to follow these changed social practices even after the lockdown gets lifted to which 88.9% said that they would while the rest were not sure if they would. India has just 0.8 doctors per 1000 population as against Italy's 4.1, China's 1.8, Spain's 4.1, Iran's 1.1 and the USA's 2.6.[3] India has just 0.7 hospital beds per 1000 population as against Italy's 3.4, Spain's 3, Iran's 1.5 and the USA's 2.9. In the wake of a tsunami of COVID-19 cases requiring hospitalisation, this manpower and infrastructure are going to prove inadequate. There is some hope in India that the avalanche will not come. This hope stems from two silver linings: the weather and the age demographic of the population. There is some evidence that the COVID-19 virus is weather and humidity sensitive. The spread of outbreaks of COVID-19 suggest a preference for cooler and drier climates.[4] India's summer temperatures average 32–40°C with a humidity range of 50%–70% across the country. If COVID-19 actually is weather and humidity sensitive, it would slow down the spread of the virus in India. Only 6% of India's population is above 65 years of age compared with Italy's 22%, Spain's 18% and the USA's 16%. With

case fatality rates for COVID-19 significantly lower among younger populations, this augurs well for India. As the COVID-19 story of death and economic destruction unspools over the next few months, Indians will be hoping that the two silver linings deliver some respite[5]

Before the 21-day lockdown imposed from 25 March, mathematical modelling put the number of expected cases in India between 300 million and 500 million by July end, with a peak somewhere in April and/or May of 100 million cases, with 10 million (10%) requiring hospitalization, 5 million recovering, 5 million needing critical care and 1 to 2.5 million deaths. After the lockdown, these numbers are estimated to come down by about 80%, with 1 million needing critical care, including ventilator support.[6] India has just 20 000 ventilators. *That is a 98% shortfall*. The government response has been to make 40 000 more by June. Even into late March, India had an abnormally low testing rate of 18 per million population (South Korea 6931, Italy 5268, UK 1469, USA 1280).[7] While there are several reasons for this, it is clear that this strategy is unsustainable and that testing rates will have to be raised dramatically. Keeping in mind the status of the healthcare infrastructure available in India and the high rate of infectivity of the virus, it is very important for the people of India to realize the importance of awareness and prevention of Coronavirus Disease.

SUMMARY AND CONCLUSION

From our study we could conclude that education appears to have a direct correlation with the level of awareness as majority of respondents were educated but some misconceptions are still prevelant which needs to be addressed. Since majority of the participants said that they were getting their information from social media, there can be a little bias towards the higher educated group of participants. To be able to understand and judge people's awareness and knowledge better, a more extensive door to door survey is be needed .

Financial Support And Sponsorship- Nil.
Conflicts Of Interest-There are no conflicts of interest.

REFERENCES

1. https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/?mod=article_inline
2. Containment Plan Novel Coronavirus Disease 2019. Ministry of Health & Family Welfare Government of India
3 Physicians (per 1,000 people). (n.d.)Available: https://data.worldbank.org/indicator/SH.MED.PHYS.ZS
4 Gray R Will warm weather really kill off Covid-19? 2020. Available: https://www.bbc.com/future/article/20200323-coronavirus-will-hot-weather-kill-covid-19
5 Kamath S, Kamath R, Salins P.COVID-19 pandemic in India: challenges and silver linings. *Postgraduate Medical Journal* Published Online First: 16 April 2020. doi: 10.1136/postgradmedj-2020-137780
6 Laxminarayan R. What India needs to fight the virus, 2020. Available: https://www.nytimes.com/2020/03/27/opinion/india-coronavirus-lockdown.html [Accessed 27 Mar 2020].
7 With just 18 tests per million of population, why India's low testing rate for coronavirus is worrying, 2020.Available: https://www.news18.com/news/india/with-just-18-tests-per-million-of-population-why-indias-low-testing-rate-for -coronavirus-is-worrying-2552845.html [Accessed 27 Mar 2020]