



A STUDY OF AWARENESS, ATTITUDE AND PRACTICES TOWARDS COVID-19 PANDEMIC IN THE TEACHING COMMUNITY OF HIGHER EDUCATION

Community Medicine

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ABSTRACT

BACKGROUND: COVID-19 has been declared a pandemic by the World Health Organization. The unprecedented global health crisis we are facing is affecting all parts of society and changing lives and livelihoods. International efforts have been applied to prevent the spread of the virus through personal hygiene, masks and social distancing as prevention measures.

AIMS: To assess the Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community.

METHOD: An online survey consisting of self-rated questions related to Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community was carried out between December 2020 and January 2021. The main outcome measures were awareness, attitude and practices towards COVID-19 Pandemic in the Teaching Community.

RESULTS: 80 teaching community respondents participated in the survey. A significant and positive correlation was seen between attitude and their practices ($r=0.3110$, $p=0.0050$). A significant differences were observed between age groups with mean attitude and practice scores ($p<0.05$) and urban teaching community have significant and higher practice scores as compared to rural teaching community ($p<0.05$)

CONCLUSION: Results indicate there is an average level of awareness, attitude and practice towards COVID-19 Pandemic in the Teaching Community. But urban teaching community have good attitude and practices towards the COVID-19. It is important to monitor and address the rural teaching community about the awareness, attitude and practices towards COVID-19 Pandemic after the lockdown.

KEYWORDS

Awareness, attitude and practices; Covid-19, Coronavirus, pandemic

SUMMARY:

The teachers are important sub-group in the population. They serve to educate children. They are respected by the students, families and community. They essentially adhere to their teaching curriculum, their text books and transfer information to their students in a way they understand and shape their life. In doing so, they also update their knowledge by reading journals, books, browsing internet for more updated information. Hence they are sought after for credible information from one and all.

Today we have Covid disease among us, we know very little to quite lot about this disease. But how much of this information is useful to common man is well known to the teachers. Hence the teachers are equally frontline workers linking community on one side and healthcare staff on another side. The process of educating the people to protect themselves from Covid disease is paramount in the absence of the remedy. Any confusion, chaos in the source of information cannot win the heart of community and prove disaster.

Hence our study, targeting the teachers to elicit their views on Covid 19 disease, use close ended questionnaire. We were able to enlist 80 teachers and find that there are gaps in the knowledge at various age group. We also find differences in attitude and practices.

INTRODUCTION

COVID-19 is considered as a public health emergency of International concern world Health Organisation has declared this novel corona virus as a outbreak of global pandemic on March 11, 2020, due to its rapid spread on a global scale[1]. It has affected over 213 countries infecting millions across the globe and has affected the economy worldwide [2]. The pandemic COVID-19, an acute infectious viral disease caused by the novel coronavirus which started in the Wuhan province of China. International Committee Taxonomy of Viruses (ICTV) named it as SARS-Cov-2 in 2020 and the disease as COVID-19[3,4].

Common symptoms of Covid-19[5] include fevers dry coughing and fatigue leading to serious symptoms such as difficulty of breathing, chest pain, difficulty in talking and moving [6,7].

SARS-Cov-2 [8,9] can spread through human to human. It can be

transmitted through body fluid droplets from the mouth or nose which can spread when a person with Covid-19 cough sneezes and talks.

Studies on Knowledge/Awareness, Attitude and Practice (AAP) are helpful in collecting information on what is known believed and done by specific population. Research studies on such information are necessary because unclear information and negative attitude towards infectious diseases among the community [10] may lead to distress and panic[11]. Hence, research on AAP is necessary for understanding the public level of awareness about the awareness, attitude and practice [12] toward Covid-19. The present study aims at assessing the Awareness, Attitude and Practices towards Covid-19 pandemic in the teaching community [13,14].

India is faced with the challenges and threat by the growing pandemic of Covid-19, Government was very prompt in the enforcement of immediate lock-down. This was appreciated by the world Health Organisation as tough and timely and cluster containment to break the chain transmission as effective approach. The final success in the direction of controlling/preventing the Covid-19 depends on the people's adherence to the control measures initiated by the Government [15,16]. This in turn is affected by their knowledge/awareness, attitudes and practices (AAP) towards Covid-19. Studies of AAP can gather information on what is known believed and done by a specific population, such information is useful since unclear information and negative attitude towards infection diseases among the community may lead to distress and panic [17,18]. The teachers occupy a special position in the community, they are held in high esteem, are influential in bringing desirable behavioural changes related to Covid 19 disease. Hence our study aims to understand more of the teachers.

AIMS AND OBJECTIVES

The aim of the study was to assess the Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community.

OBJECTIVES

1. To assess the Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community
2. To assess the levels of Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community

3. To correlate the Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community

MATERIALS AND METHODS

Participants And Procedure

An online survey consisting of self-rated questions related to Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community of higher education was carried out between December 2020 and January 2021. For recruit the Teaching Community, the snowball sampling was used through personal contacts and social media platforms like Facebook and Whatsapp. The informed consent was provided to every respondents and the data was collected anonymously.

Questionnaire

The self-prepared questionnaire contains/consisted of four parts includes basic demographic data, Awareness related, Attitude related and Practices related questions towards COVID-19 Pandemic in the Teaching Community of higher education.

Demographic Data

The demographic data included questions on gender, age, educational qualifications, marital status, location of residence, types of faculty, teaching experience and types of affiliation of colleges of higher education.

Awareness Assessment

Awareness towards COVID-19 Pandemic in the Teaching Community of higher education was assessed using twelve questions with Yes and No responses. For each question the weight is given like the score 1 is given for yes and 0 was given for No. The overall scores of the questionnaire are calculated and categorized as Low level (\geq Mean-SD), mil Average level ($>$ Mean-SD, $<$ Mean+SD) and High level (\geq Mean+SD). The test and retest reliability was assessed and found to be 0.8974.

Attitude Assessment

Attitude towards COVID-19 Pandemic in the Teaching Community of higher education was assessed using five questions with Yes and No responses. For each question the weight is given like the score 1 is given for yes and 0 was given for No. The overall scores of the questionnaire are calculated and categorized as Low level (\geq Mean-SD), mil Average level ($>$ Mean-SD, $<$ Mean+SD) and High level (\geq Mean+SD). The test and retest reliability was assessed and found to be 0.8701.

Practice Assessment

A practice towards COVID-19 Pandemic in the Teaching Community of higher education was assessed using six questions with Yes and No responses. For each question the weight is given like the score 1 is given for yes and 0 was given for No. The overall scores of the questionnaire are calculated and categorized as Low level (\geq Mean-SD), mil Average level ($>$ Mean-SD, $<$ Mean+SD) and High level (\geq Mean+SD). The test and retest reliability was assessed and found to be 0.8701.

Statistical Analysis

After data collection, the Data were subjected statistical analysis. The socio-demographic characteristics and the percentage of participants self-reported were presented as descriptive statistics including Mean+SD for numerical characteristics and frequency and percentages for categorical characteristics. Karl Pearson's correlation coefficient, r , was used to evaluate the relationship between Awareness, Attitude and Practices towards COVID-19 Pandemic in the Teaching Community. The independent t and one way ANOVA was carried out to assess the difference between demographic characteristics with Awareness, Attitude and Practices scores towards COVID-19 Pandemic. A statistical significance was set at 5% level of significance ($p < 0.05$).

RESULTS

In total, 80 Teaching Community as participants, including 44 males and 36 females, completed the survey. Most of the respondents were belongs to 25-30 years and above 50 years of age groups. Among all the respondents, maximum of respondents have postgraduate degree only (62.50%), 55 (68.75%) are married and from urban location 59 (73.75%). Surprisingly science faculty respondents showed more interest in participation i.e. 60 (75.00%), equally they have similar in

experience and working both affiliated and autonomous colleges. The detailed sample characteristics are summarised in Table 1.

The item wise responses of respondents are presented in the table 2. It depicts clearly, more than 50% of respondent are aware about the clinical symptoms of COVID-19, the common cold, stuffy nose, runny nose, and sneezing are less common in persons infected with the COVID-19 virus, currently is no effective cure for COVID-2019, but early symptomatic and supportive treatment can help most patients recover from the infection, all persons with COVID-2019 will develop to severe cases, Persons with COVID-2019 cannot infect the virus to others when a fever is not present, COVID-19 virus spreads via respiratory droplets of infected individuals, Isolation and treatment of people who are infected with the COVID-19 virus are effective ways to reduce the spread of the virus. Further, the respondents are good attitude towards, the COVID-19 will finally be successfully controlled (67.50%), India win the battle against the COVID-19 virus (78.75%), wear a mask in a crowd (97.50%), comply with Covid behaviour (68.75%) and a common person can guess corona illness (56.25%). Similarly, almost respondents have good practice towards worn a mask when leaving home (86.25%), practice Social distancing, Masking, Hand wash (98.75%), practice hand hygiene more often (93.75%) and report early to your doctor when you guess having COVID (78.75%)

The table 3 and figure 1 depicts levels and (mean \pm SD) of awareness, attitude and practice scores of teaching community. It clearly showing that, 49(61.25%), 52(65.00), 37(46.25) of respondents have average level of awareness, level of attitude and level of practice respectively. But only 16(20.00%), 20(25.00%) and 22(27.50%) of respondents have high level of awareness, level of attitude and level of practice respectively. The correlation between awareness and attitude ($r=0.1460$, $p=0.1960$) and awareness and attitude ($r=0.1210$, $p=0.2870$) is found to be positive and not statistically significant. But, the between attitude and practice ($r=0.3110$, $p=0.0050$) is found to be positive and statistically significant. It means that, the attitude and practice scores towards COVID-19 Pandemic in the Teaching Community are dependent on each other.

Further, the mean awareness scores towards COVID-19 Pandemic in the Teaching Community is similar in all demographic characteristics and not significant ($p > 0.05$). Similarly findings were observed for attitude scores, except age groups. In age groups the significant and higher mean attitude scores in middle age groups as compared to lower and higher age groups ($F=5.5170$, $p=0.0020$). However, for practice scores, mean practice scores towards COVID-19 Pandemic in the Teaching Community is similar in all demographic characteristics, except age groups and locality. In age groups the significant and higher mean attitude scores in middle age groups as compared to lower and higher age groups ($F=4.1810$, $p=0.0090$) and urban teaching community have significant and higher practice scores s compared to rural teaching community ($t=-2.4590$, $p=0.0160$).

Table 1 Demographic Profile Of Teaching Community

Demographic profile	No (%)
Sex	
Male	44 (55.00)
Female	36 (45.00)
Age groups	
25-30 Years	25 (31.25)
30-40 Years	19 (23.75)
40-50 Years	16 (20.00)
Above 50 Years	20 (25.00)
Qualifications	
Postgraduate	50 (62.50)
Postgraduate with others	30 (37.50)
Marital status	
Married	55 (68.75)
Unmarried	25 (31.25)
Location of residence	
Rural	21 (26.25)
Urban	59 (73.75)
Type of Faculty	
Arts	7 (8.75)
Commerce	13 (16.25)
Science	60 (75.00)

Teaching Experience	
1-10yrs	39 (48.75)
11+yrs	41 (51.25)
College Affiliated	
Affiliated	43 (53.75)
Autonomous	37 (46.25)
Total	80 (100.00)

Table 2 Items Related To Awareness, Attitude And Practice Wise Responses Of Teaching Community

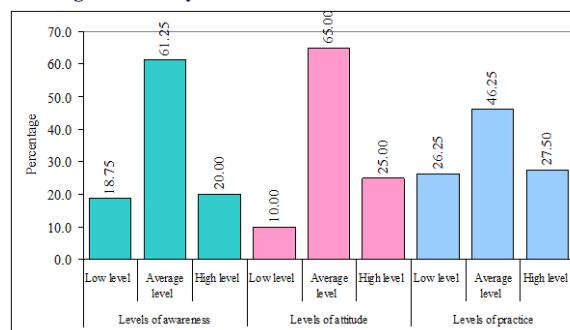
Items	Yes Response (%)
Awareness	
The main clinical symptoms of COVID-19 are fever, fatigue, dry cough, and myalgia.	73 (91.25)
Unlike the common cold, stuffy nose, runny nose, and sneezing are less common in persons infected with the COVID-19 virus.	46 (57.50)
There currently is no effective cure for COVID-2019, but early symptomatic and supportive treatment can help most patients recover from the infection.	74 (92.50)
Not all persons with COVID-2019 will develop to severe cases. Only those who are elderly, have chronic illnesses, and are obese are more likely to be severe cases.	66 (82.50)
Eating or contacting wild animals would result in the infection by the COVID-19	17 (21.25)
Persons with COVID-2019 cannot infect the virus to others when a fever is not present	20 (25.00)
The COVID-19 virus spreads via respiratory droplets of infected individuals	72 (90.00)
Ordinary residents can wear general medical masks to prevent the infection by the COVID-19 virus	70 (87.50)
It is not necessary for children and young adults to take measures to prevent the infection by the COVID-19 virus	16 (20.00)
To prevent the infection by COVID-19, individuals should avoid going to crowded places such as train stations and avoid taking public transportations	77 (96.25)
Isolation and treatment of people who are infected with the COVID-19 virus are effective ways to reduce the spread of the virus.	75 (93.75)
People who have contact with someone infected with the COVID-19 virus should be immediately isolated in a proper place. In general, the observation period is 14 days	78 (97.50)
Attitude	
Do you agree that COVID-19 will finally be successfully controlled	54 (67.50)
Do you agree that India win the battle against the COVID-19 virus?	63 (78.75)
Do you agree to wear a mask in a crowd?	78 (97.50)
Do you agree to comply with Covid behavior?	55 (68.75)
Do you agree that a common person can guess corona illness?	45 (56.25)
Practice	
In recent days, have you worn a mask when leaving home?	69 (86.25)
Does your work need you to move out of house?	74 (92.50)
Do you practice Social distancing, Masking, Hand wash?	79 (98.75)
In recent days, have you gone to any crowded place?	32 (40.00)
Do you practice hand hygiene more often?	75 (93.75)
Do you report early to your doctor when you guess having Covid?	63 (78.75)

Table 3 Levels And (mean \pm Sd) Of Awareness, Attitude And Practice Scores Of Teaching Community

Levels	No (%)	Mean \pm Sd
Awareness		
Low level (\geq Mean-SD)	15(18.75)	53.89 \pm 8.83
Average level ($>$ Mean-SD, $<$ Mean+SD)	49(61.25)	71.60 \pm 4.14
High level (\geq Mean+SD)	16(20.00)	85.42 \pm 4.81
Total	80(100.00)	71.04 \pm 11.25

Attitude		
Low level (\geq Mean-SD)	8(10.00)	37.50 \pm 7.07
Average level ($>$ Mean-SD, $<$ Mean+SD)	52(65.00)	68.85 \pm 10.78
High level (\geq Mean+SD)	20(25.00)	100.00 \pm 0.00
Total	80(100.00)	73.50 \pm 20.07
Practice		
Low level (\geq Mean-SD)	21(26.25)	59.52 \pm 9.96
Average level ($>$ Mean-SD, $<$ Mean+SD)	37(46.25)	83.33 \pm 0.00
High level (\geq Mean+SD)	22(27.50)	100.00 \pm 0.00
Total	80(100.00)	81.67 \pm 15.82

Figure 1: Levels Of Awareness, Attitude And Practice Scores Of Teaching Community



DISCUSSIONS:

Every community has teachers. The teachers usually keep update with their knowledge. Besides the students, community members seek the help of teachers in clearing their doubts as and when they arise. The Covid 19 pandemic is one such occasion. Hence our study of the teachers in our area. Studies on knowledge/awareness, attitude and practices (AAP) were conducted during Covid-19 pandemic among various sections of population in countries like US, UK, Italy, Jordan and China during 2020. The studies have revealed that the level of AAP was positive in general and optimistic. The results of the present study indicate that there is an average level of awareness, attitude and practice towards Covid-19 [19] pandemic in the teaching community. However, the study has revealed urban teaching community have good attitude and practices towards Covid-19. Hence, there is need for monitoring and addressing the rural teaching community about the awareness, attitude and practice towards Covid-19 [20] pandemic after the lockdown. It is suggested that a global public health programme strategy to increase knowledge should be conducted to help in controlling the spread of the disease. Training programme enhance the knowledge and boost confidence. This is crucial in public health emergencies [20].

The treatment of Covid-19 is largely managed by allopathic system [6] of medicine. There is no specific medicine for treating the infection. Trials have been going on through the Ayurvedic system of medicine for immunity boosting prevention and cure of the disease. Some of the immunity boosting measures recommended by the Ministry of AYUSH [5] as self care during Covid-19 crisis include drinking hot water throughout the day, daily practice of Yogasana, Pranayam and meditation for at least 30 minutes [10]. Other ingestion includes the use of certain spices like haldi (turmeric), jeera (cumin), dhaniya (coriander) and lahsun (garlic) during cooking. Immunity boosting measures include eating Chavanprash drinking golden milk (turmeric powder in milk), herbal tea (Kadha) made from Tulsi (basil) dalcini (cinnamon) Kalimirichi (black pepper) shunti (dry ginger) munakka (raisin) [20].

Corona virus has brought chaos to lives and economics around the world. India has been facing the biggest health emergency since the country gained independence. Hence, it is necessary to encourage public to adopt precautionary behaviour for containment strategies. Knowledge/Awareness, attitude and practice is foreground for public cooperation and it is the backbone for implementing any health policy. Government policy makers in India have worked well in targeting grass-root population having low level of education and non-professional workers and they have managed proactively the concept of "Social-Distancing" in Covid-19. Information on knowledge/awareness, attitude and practice is vital for understanding the public's level of awareness about AAP towards Covid-19. India with a strong

health system measures and cooperation with public health policy makers is capable of fighting back this covid-19 pandemic with optimistic control and empowered knowledge.

CONCLUSIONS

Results indicate there is an average level of awareness, attitude and practice towards COVID-19 Pandemic in the Teaching Community. But urban teaching community have good attitude and practices towards the COVID-19. It is important to monitor and address the rural teaching community about the awareness, attitude and practices towards COVID-19 Pandemic after the lockdown

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