

Knowledge and Practice on Covid-19 among General Public

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Abstract:- COVID-19 is associate communicable disease caused by severe acute respiratory syndrome coronavirus. It's currently a virulent disease unfold moving several countries globally. The aim of this study is to assess the knowledge and practices of COVID-19 among general public at the selected setting, Chennai. The main objective was to assess the knowledge and practice on COVID-19, correlate the knowledge with practice on COVID-19, and associate the knowledge and practice on COVID-19 with the demographic variables among the public. A Quantitative non-experimental analysis style was used to assess the knowledge and practice of COVID-19. Sixty individuals were chosen through the non-probability convenience sampling technique. The findings of the analysis disclosed that the majority (40%) of the samples had a high level of knowledge and 43.3% of them had a good practice, 33.3% of them had a moderate level of knowledge and 30% of them had moderate practice, whereas 26.7% of them had a low level of knowledge and 26.7% of them had poor practice on COVID 19.

Keywords:- COVID-19, Knowledge, Practice, Pandemic, General Public.

I. INTRODUCTION

“Emphasizing that whereas life is vital, resource is equally vital” a virulent disease is associate communicable disease that's passing quickly from person to person in several components of the globe. Coronaviruses or the novel coronavirus could be a massive family of viruses that causes respiratory disorder to additional severe diseases that are termed because the Middle East metabolism Syndrome (MERS-CoV) and Severe Acute metabolism Syndrome (SARS-CoV). The globe Health Organization declared as COVID-19 that emerged from Wuhan town, Hubei Province of China in Dec 2019 has caused new panic across the globe. Worldwide active cases were 38,532,773; deaths rate is 1,093,051 and the recovered cases were 28,957,379.

Coronavirus is that the speedy transmission from human to human-made the globe Health Organization (WHO) to declare this because the international public health emergency and referred to as it a worldwide pandemic. The period of time is a pair of to ten days and therefore the commonest symptoms of COVID-19 are fever, dry cough, and temporary state, and therefore the least symptoms body pains, nasal

congestion, headache, sore throat, diarrhoea, and loss of style or smell, rash on the skin, or discoloration of fingers or toes. Adults, older individuals, and people with underlying comorbidities like chronic respiratory organ illness, cardiovascular disease diabetes, and cancer are additional probably to develop serious malady. Promoting information and higher health-seeking behaviour among the general public is important to assess their current state of awareness and apply towards reducing the known gaps in information.

➤ *Background of the Study*

Worldwide total cases crossed 38.2 Million, recovered cases were 26.5 Million, and therefore the deaths were 1.09 Million. Young adults represent associate progressively massive proportion of U.S. COVID-19 cases. the best human casualty reported from the USA with 109121 deaths. The primary case of the COVID-19 pandemic in Asian nation was reported on January thirty, 2020. As of month, of May seventeen, 2020, the Ministry of Health and Family Welfare, Government of Asian nation has reported 90927 confirmed cases from thirty-three states with 2872 deaths. Centres for illness management associated interference (CDC) reports national ensemble forecast indicates an unsure trend in new COVID-19 cases reported over succeeding four weeks and predicts that 160,000 to 380,000 new cases can probably be reported throughout the week ending Gregorian calendar month thirty-one, 2020.

➤ *Need for the Study*

Despite rising in COVID-19 cases, Governments across the globe have undertaken curfew to limit the general public movement additionally provided consistent messages through numerous media is in a very bid to slow the virus transmission. Supported the review of live and case reports and up to this point statistics, the investigator found that folk's adherence towards preventive measures and awareness has begun to say no and still, there's a swift in apply and this is often a desire of the hour to extend widespread adoption of health care interventions. Hence the investigator felt the necessity to assess knowledge and practice on COVID- 19 among the public to provide intensive health promotion awareness that fosters attitudes among individuals to acknowledge and apply these measures properly.

➤ *Statement*

A study to assess the knowledge and practice on COVID-19 among general public at the selected setting, Chennai.

➤ *Objective*

1. To assess the knowledge and practice on COVID-19 among the general public.
2. To correlate the knowledge and practice on COVID-19 among the general public.
3. To associate the knowledge and practice on COVID-19 with the demographic variables among the general public.

➤ *Assumption*

- The general public might have some information of COVID nineteen.
- Publics have totally different assumptions concerning interference measures.
- Information concerning COVID – 19 varies from a personality's perception.

II. METHODOLOGY

The analysis approach was Quantitative-evaluative in nature. The study was conducted among sixty general public. The population of the study was the general public within the people of 21- 71years & higher in Chennai. A non-probability convenient sampling technique was utilized to choose the samples. The demographic variable was collected employing a structured form. The rating scale was applied to assess knowledge. A check list was applied to assess the practice. Demography, knowledge & practice questionnaire was collected via on-line employing a self-reported form, from sixty participants through a Google type. A survey link was sent to the respondents, via email and WhatsApp teams.

The self-reported form was developed by the authors, in line with the rules of the community of COVID-19, by the guidance of World Health Organization. On the primary page of the web form, respondents were enlightened concerning the background and objectives of the study. Respondents were enlightened that they were unengaged to withdraw at any time, while not giving a reason, and every one info and opinions provided would be anonymous and confidential. Respondents living in Chennai, aged twenty-one years to older, understood the content of the form and united to participate within the study and they were instructed to complete the form. on-line consent was obtained before proceeding with the form.

The form consisted of three primary sections. The first primary section assessed socio-demographic characteristics from respondents' including age, gender, instructional level, occupation, monthly financial gain, legal status, social unit size, dietary pattern, previous information on COVID-19, and sources of obtained info.

The second section assessed participants' information of COVID-19. This section includes twenty-five things in terms of modes of transmission, clinical symptoms, treatment, risk teams, isolation, prevention, and management.

The third section of the form assessed the respondents' practices. This section consisted of 20 statements related to practices .

➤ *Independent variables*

Socio-demographic variables including age, gender, instructional level, occupation, monthly financial gain, legal status, social unit size, dietary pattern, previous information on COVID-19, and sources of knowledge.

➤ *Dependent variables*

Respondents were asked to retort to information things as either true or false or not sure. correct answers were allotted a score of one and Incorrect or not sure responses got a score of zero. The score for knowledge ranged from zero to twenty-five. With scores indicating a high, moderate, and low level of knowledge on COVID-19. Things were evaluated for internal reliability; the constant was 0.70.

In the section on practices, respondents were asked to retort "always, sometimes, never." A score of three, two, and one assigned accordingly. The full score ranged from zero to twenty, with the scores indicating good practices, moderate practice, and poor practice.

III. DATA ANALYSIS

This study utilized primarily descriptive and inferential statistics for information analysis. Descriptive analysis was applied to tabulate the frequency and percentage of demographic variables. Pearson correlation was exercised to assess the relationship between knowledge and practice. A Chi-square test was utilized to assess the knowledge and practice with demographic variables. SPSS software was utilized to analyze the data.

➤ *Ethical Concerns*

Informed Consent was obtained from the participants and also the confidentiality and privacy of the samples were maintained throughout the study.

IV. RESULT

The majority (50%) of the samples were between the age group of 31- 40 years. Participants 60% were female and 83.3% were married, 86.7% were graduates, 36.7% were employed in private jobs and 56.7% of the samples got Rs.20001 & above, 70% of the sample's household size includes 3-5 people and 96.7% were non-vegetarians, whereas 76.6% of them had previous knowledge and out of that 66.7% of them had obtained information through mass media.

➤ *Assessment Of Knowledge On Covid-19*

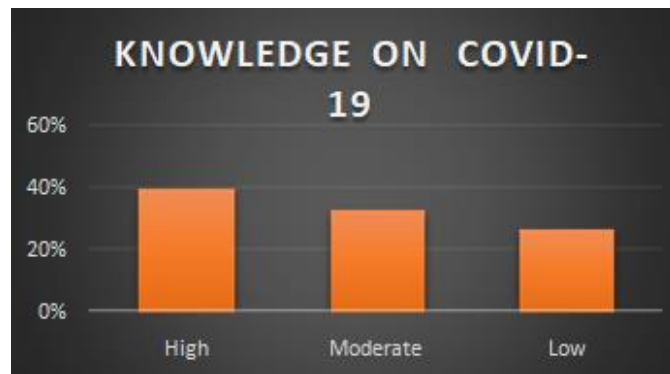


Figure 1: Knowledge On Covid -19

Figure one showed that majority (40%) of the samples had a high level of data, 33.3% of them had a moderate level of data and 26.7% of them had an occasional level of data on COVID - 19.

➤ *Assessment Of Practice On Covid-19*

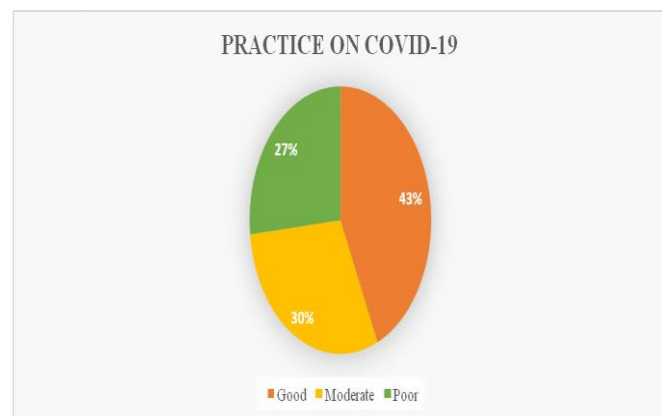


Figure: 2 Practice On Covid-19

Figure two showed that Majority (43.3%) of the samples had a good practice, 30% of them had moderate practice and 26.7% of them had poor practice on COVID-19.

TABLE: 1:- CORRELATION OF KNOWLEDGE AND PRACTICE ON COVID-19

S.NO	VARIABLES	CORRELATION COEFFICIENT VALUE
1.	Knowledge	r = 0.451
2.	Practice	p = 0.01**S

* p<0.05, **p<0.01, ***p<0.001 S - Significant NS - Not Significant

There was a positive correlation between knowledge and practice, r = 0. 451 at the level of 0.01.

➤ *Association Of The Knowledge And Practice On Covid-19 With The Demographic Variables:*

The study findings showed that there was a statistically significant association between knowledge with education and marital status at p<0.001 level. It exposed that

educational level and marital status had influenced the knowledge of COVID-19.

There was no statistically significant association between knowledge with demographic variables like age, gender, occupation, monthly financial gain, social unit size, dietary pattern, previous information and sources of knowledge.

There was a statistically significant association between practice with age at p<0.01 level and former information at p<0.001 level. It displayed that age and former information had influenced the practice of COVID19. There was no statistically significant association between practice with demographic variables like gender, occupation, monthly financial gain, social unit size, dietary pattern, and sources of knowledge.

V. DISCUSSION

COVID-19 is a rising communicable disease that has had a big threat to the public health. The absence of a COVID-19 immunogen, preventive measures playing an important role in reducing infection. This means the need of public awareness for prevention of COVID19, by information and day to day practices. Thus, this study was aimed to assess the knowledge and practice of COVID-19.

❖ *The findings of the study based on objectives were mentioned*

➤ *The first objective was to assess the information and observe on COVID19*

Our finding indicates that 40% had a high level of knowledge and 43.3% of the samples had a good practice. The above finding supported by, Balvir Singh Tomar et al. conducted a study among the Indian community was information, angle & observe towards COVID-19 was assessed. Among 7978 participants, the information, attitude, and observe score was eighty.64%, 97.33%, and 93.8% consecutively (4). The bulk of the Indian population incontestable preceded sensible information, positive angle, and sensible observe concerning the COVID-19 pandemic (4).

We found that those who had good knowledge that influenced to keep them safety and well-practiced during COVID 19 pandemic. These results have come because of their educational status (degree - 86.7%) and the age (31 – 40 yrs.). People might have known about the disease & its transmission and prevention through television, newspaper and social media.

➤ *The second objective was to correlate the knowledge and practice on COVID19*

The correlation between knowledge and practice exposed that there was a positive correlational statistic existing between knowledge and practice r = 0.451 at p<0.01 level of significance. It showed that the participants high level of knowledge had influenced in sensible and safe practices on COVID-19 pandemic.

The above study findings have supported by, Balvir Singh Tomar et al. conducted a study among the Indian community wherever information, angle & observe assessed towards COVID-19. There was a positive correlation between knowledge-attitude, knowledge-practice, and angle observe with the strongest relation known between observe and angle. Categorical by Pearson's correlation, the information score correlation with angle ($r=0.023$; $p<0.01$) and observe ($r=0.019$; $p<0.01$). Moreover, the observe score was completely correlate with angle ($r=0.361$; $p=0.03$) (4).

➤ *The third objective was to associate the knowledge and practice with the demographic variables.*

The study findings showed that there was a statistically significant association between knowledge with education and marital status at $p<0.001$ level. It displayed that educational level and marital status had influenced the information of COVID-19. There was a significant association between practice with age at $p<0.01$ level and previous knowledge at $p<0.001$ level. It unconcealed that age and former information had influenced the knowledge of COVID-19.

There was no statistically significant association between knowledge with demographic variables like age, gender, occupation, monthly financial gain, social unit size, dietary pattern, previous information and sources of knowledge. There was no statistically significant association between practice with demographic variables like gender, occupation, monthly financial gain, social unit size, dietary pattern, and sources of knowledge.

❖ *Limitations*

There were no limitations round-faced by the investigator throughout the study.

VI. CONCLUSION

This study was used to investigate the knowledge and practice of the COVID-19 outbreak, among the general population of Chennai, Tamil Nadu. Our findings suggested that 40% of the samples had good knowledge and 43.3% of them had good practices toward COVID-19. Around 60% of the respondents were unaware about the diseases.

Knowledge of the disease is considered the first stepping stone to come out from the diseases. Because Knowing the causes, transmission and sources of disease increases the awareness of the spread of communicable diseases, and of the preventive measures to slow down the transmission. So, we are pleased to suggest that the health education to be given by effectively using of social medias, newspaper and distributing pamphlets.

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