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# "A Cross Sectional Study to Assess the Knowledge, Attitude And Preventive Measures towards Covid-19 among People Residing in Rural Area of Kheda District."

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## Abstract

**Background of Study:**Corona virus is a family of viruses that can cause illness such as the common SARS and Middle East Respiratory Syndrome [MERS]. COVID-19 is highly contagious with a certain mortality rate. It was classified as class-B infectious disease managed as class-A infectious disease by China in January 2020.[1]Corona virus spread from person to person through respiratory droplets. Elderly people with underlying disease are more likely to be infected with the virus and develop severe disease.[2]Children and infants are also at high risk. This disease caused respiratory infection like, flu with main clinical symptoms such as dry cough, fever and tiredness.[3]More than 220 countries and territories affected by the pandemic, the highest rates of infection and death have been recorded in the USA, India, and Brazil.[4]

**Objectives :**( 1) To assess the level of knowledge regarding COVID- 19 pandemic among rural population of Kheda district. (2) To assess the level of attitude regarding COVID-19pandemic among rural population of Kheda district. (3) To assess the practice regarding preventing him/herself and spread of COVID-19 infection among rural population of Kheda district. (4) To find out significant association between knowledge, attitude and preventive measures with demographic variables.

**Methodology:** Research design: Non experimental research, cross sectional research design with quantitative research approach was used for research study. The researcher used non probability random sampling technique for

selecting the 150 samples. The tool used in the study were: structure demographic questionnaires, structure knowledge questionnaires structured preventive measures questionnaires and 5-point Likert scale rating for assessment of attitude of People towards Covid-19. Validity of tool was assessed by 7 experts. Assessment of the tool was ascertained by the chi-square formula.

**Results:** The study revealed that the, there are only Religion and Marital status from knowledge and preventive measures are significant from the demographic variables, other demographic variables are not significant with knowledge, attitude and preventive measures. From the data there are 4% person having Poor, 59%person having moderate and 37%person having good knowledge of COVID-19; for Attitude 0.66% person having poor, 19.33% person having Moderate, and 80% person having good attitude towards Corona virus; and for preventive measures 5.33%person having poor and 94.66%person having good practice towards corona virus.

**Keywords:** Knowledge, Attitude, preventive measures, COVID-19.

**Introduction**: COVID 19 is communicable disease caused by a newly discovered corona virus. The "severe acute respiratory syndrome Corona virus-2 (SARS-COV-2)" is a newly discovered ribonucleic acid corona virus isolated and identified from patient with unexplained pneumonia in Wuhan, China in December 2019.Before it was named by the International Committee of Viral Classification on February 12, 2020, it was called 2019-nCoV. SARS-CoV-2 mainly causes respiratory and digestive tract symptoms.[1]

WHO declare theCOVID-19 outbreak a pandemic in March2020.It spread globally and resulting in the ongoing 2019-20COVID-19 Pandemic. Although COVID-19 has already shown some similarities to recent corona virus outbreaks, there are differences and we will learn much more as we deal with this one.[1]WHO changed status of COVID-19 emergency from public health international emergency to pandemic concern on 30 January 2020 and in 11March 2020 WHO changed status of COVID-19emergency from public health international emergency to pandemic.[5]

The knowledge, attitude and preventive measures studies play an important role in assessing the societal readiness to accept behavioral changes; moreover, they also determine baseline information to assess the attitude and knowledge of the people regarding the situation. This study aims to assess knowledge, awareness and behavior of society about COVID-19 and acknowledge the people what are the importance of taking prevention and awareness of COVID 19.[6]

**Methodology:**

**Research Approach:** -Quantitative research approach

**Research Design:** -Non- experimental cross-sectional research design

**Sampling method:** -Random sampling technique

**Study population:** -General population of rural area of Kheda district (Age group: 20-60year)

**Study Setting**: Rural area of Kheda district

**Study Size**: - 150 samples from rural population of Kheda district.

**Results:** With regards to age 50(33.33%) of rural population are belongs to 20-30 years, 36(24%) of rural population are belongs to 31-40 years, 31(20.66%) of rural population are belongs to 41-50 years, and 33(22%) of rural population belongs to above 50 years. With regards to gender 76(50.6%) of rural population are male and 74(49.3%) of population are female.

With regards of education 19(12.66%) of rural population are illiterate, 49(32.66%) of rural population are $10^{th}$ pass. 47(31.33%) of rural population are $12^{th}$ pass, and 55(36.66%) of rural population are graduate, post graduate and diploma. With regards of occupation 49(32.66%) of rural population is doing private job, 17(11.33%) of rural population is doing government job, 29(19.33%) of population is doing business, and 55(36.66%) of rural population are unemployed.

Family income of 34(68%) of rural population is below 5000, 48(32%) of rural population is 5001-10,000, 38(25.33%) of rural population is 10001-15000, and 30(20%) of rural population is above 15000.With regards of religion 110(73.33%) of rural population are Hindu, 22(14.66%) of rural population are Muslim, 18(12%) of rural population are Christian.

With regards of marital status 42(28%) of rural population are unmarried, 107(71.33%) of population are married and 1(0.66%) of rural population is divorced. With regards of types of family 101(67.33%) of rural population has joint family, and 94(62.66%) of rural population has nuclear family.

With regards of total no. family members 7(4.66%) of rural population has 2 or less family members, 72(48%) of rural population has 3-4 family members, 43(28.66%) of rural population has 5-6 family members, 18(12%) of rural population has 6-7 family members, and 10(6.66%) of rural population has 7 or more family members.

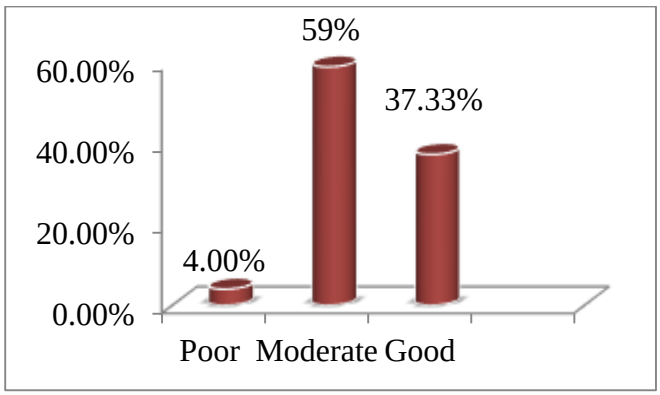
With regards of source of information 39(26%) of rural population are taking from television, 56(37.33%) of population are taking from social media, 28(18.66%) of rural population are taking from family members, and 27(18%) of rural population are taking from newspaper.

**Table 1: Frequency and percentage distribution of Demographic Data:**

| Sr. no | Variables | Categories | Frequencies | % |
|---|---|---|---|---|
| 1 | Age group | 20-30<br>31-40<br>41-50<br>50 up | 50<br>36<br>31<br>33 | 33.33%<br>24%<br>20.66%<br>22% |
| 2 | Gender | Female<br>Male | 76<br>74 | 50.6%<br>49.3% |

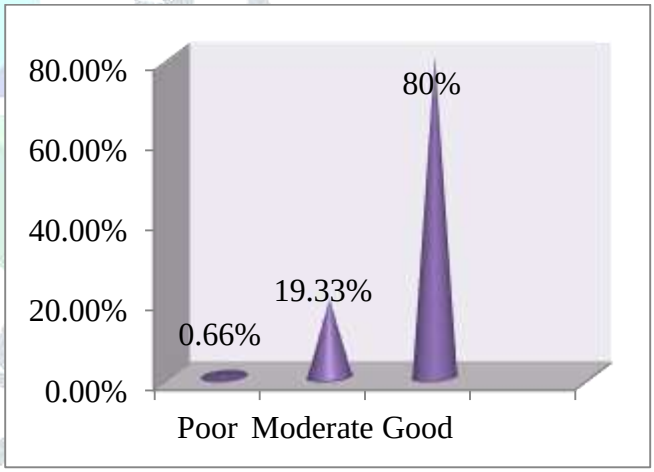
| | | | | |
|---|---|---|---|---|
| | | Other | 0 | 0 |
| 3 | Education | Illiterate | 19 | 12.66% |
| | | 10th pass | 49 | 32.66% |
| | | 12th pass | 47 | 31.33% |
| | | Graduate, Post graduate, Diploma | 55 | 36.66% |
| 4 | Occupation | Privet job | 49 | 32.66% |
| | | Gov. job | 17 | 11.33% |
| | | Business | 29 | 19.33% |
| | | Unemployed | 55 | 36.66% |
| 5 | Family monthly income | Below 5000 | 34 | 68% |
| | | 5001-10,000 | 48 | 32% |
| | | 10001-15000 | 38 | 25.33% |
| | | Above15000 | 30 | 20% |
| 6 | Religion | Hindu | 110 | 73.33% |
| | | Muslim | 22 | 14.66% |
| | | Christian | 18 | 12% |
| | | Other | 0 | 0 |
| 7 | Marital status | Unmarried | 42 | 28% |
| | | Married | 107 | 71.33% |
| | | Divorced | 1 | 0.66% |
| 8 | Type of family | Joint Family | 101 | 67.33% |
| | | Nuclear Family | 94 | 62.66% |
| 9 | Total No. of members | 2 or less | 7 | 4.66% |
| | | 3-4 | 72 | 48% |
| | | 5-6 | 43 | 28.66% |
| | | 6-7 | 18 | 12% |
| | | 7 or more | 10 | 6.66% |
| 10 | Source of information | Television | 39 | 26% |
| | | Social media | 56 | 37.33% |
| | | Family members | 28 | 18.66% |
| | | News paper | 27 | 18% |

**Percentage distribution of rural population according to level of knowledge, attitude and preventive measures regarding COVID-19.**



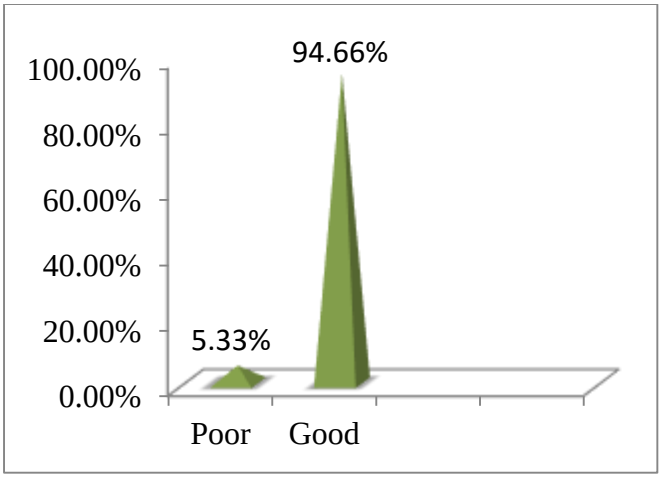

**Percentage distribution according to level of Knowledge**

The above graph shows 6(4%) of rural population had poor knowledge, 88(59%) of rural population had moderate level of knowledge, and 56(37%) of rural population had good knowledge.




**Graph 12: percentage distribution according to level of Attitude**

The above graph shows 1(0.66%) of rural population had poor attitude, 29(19.33%) of rural population had moderate level of attitude, and 120(80%) of rural population had good attitude.




**Percentage distribution according to level of preventive measures**

The above graph shows 8(5.33%) of rural population had poor preventive measures, and 142(94.66) of rural population had good preventive measures.

**Conclusion:**

The analysis and interpretation of data collected from 150 samples, on assessment of Knowledge, Attitude and preventive measures towards COVID-19 among rural area of Kheda district. The chi-square test was used to analyze the data. After analyze the data the study revealed that the, there are only Religion and Marital status from knowledge and preventive measures are significant from the demographic variables, other demographic variables are not significant with knowledge, attitude and preventive measures. from the data there are 4% person having Poor, 59%person having moderate and 37%person having good knowledge of COVID-19; for Attitude 0.66% person having poor, 19.33% person having Moderate, and 80% person having good attitude towards Corona virus; and for preventive measures 5.33%person having poor and 94.66%person having good practice towards corona virus.

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