

“KNOWLEDGE, ATTITUDES AND PRACTICE TOWARDS COVID-19 AMONG THE RURAL AND URBAN STUDENTS IN GADAG AND DHARWAD DISTRICT -A QUICK WEBINAR CROSS- SECTIONAL STUDY”.

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ABSTRACT

Global Pandemic has hit the sphere of infectious diseases, a worldwide outbreak may be a worst-case scenario. A novel corona virus virus originated from the Wuhan province in China during the December 2019, which posed an international public health emergency and had acquired the position of an awfully high-risk infectious virus and it is declared as Global Pandemic by World Health Organization. This novel corona virus, has expanded its roots to 195 countries with more than 10 million cases across the world recorded as corona virus positive. Worldwide researchers, Doctors, Scientists and various health agencies are all at once doing their best to reduce the spread of this virus and avoid as much as possible contagion situation to be faced, which otherwise would threaten the lives of many people at large. This study aims to understand the knowledge, attitudes and practices of COVID-19 in the elect the information regarding the awareness of “Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students in Gadag District and Dharwad District -A quick Webinar cross- sectional study”. The objectives of the main study is to identify the the students are aware of the Pandemic Situation, to know weather the students are aware of Precautions to be taken at this epidemic time and to identify the Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students. The study shows that the COVID-19 knowledge level was significantly different among Rural and Urban Students Group. The study also reveals that urban and rural residents held a moderate level of COVID-19 knowledge and practice and showed a positive attitude toward the disease. The students of Rural have less knowledge and awareness about COVID-19 pandemic Disease, it is because of Lack of Proper education, Technological facilities, Proper

networking. It is necessary to develop relevant education programs targeting the general population in rural to improve COVID-19-related knowledge, attitudes and practices, particularly for rural and also for undereducated residents. Where as the Urban students associated with a higher practice score; COVID-19 knowledge was significantly associated with residents' attitude toward preventive measures that can also prevent COVID-19 infection.

Key Words: COVID-19, Pandemic, Awareness, Rural & Urban and Students.

INTRODUCTION

The novel Coronavirus (2019-nCoV, officially known as SARS-CoV-2 or COVID-19) was first reported at the time of December 2019, as a cluster of acute respiratory illness in Wuhan, Hubei Province, China, from where it is spread rapidly to over 198 countries. It was declared as a global pandemic by World Health Organization on 12th of March 2020. The outbreak of coronavirus in India was officially announced to be in month of February 19, 2020. However, previously suspected cases of coronavirus have been reported in Indian country. As of 26th of March 2020, over half a million cases of COVID have been confirmed and reported with a death toll of over 23,000 patients affected by this Global Pandemic. In order to introduce and install effective control measures, having knowledge about basic hygiene principles and modes of disease transmission, and measures has taken by each and every country as guild lines given by World Health Organization. Many countries adopted Lock Down/ Shut Down methods to have control over this epidemic. Health authorities in all countries have made substantial efforts to control the disease through various measures. Public education is considered as one of the most effective and important measures that can help control the diseases, as has been the case regarding SARS The main goal of the present study was to measure the level of knowledge, attitude, and practice concerning COVID-19. The objectives of the main study is to identify the the students are aware of the Pandemic Situation, to know weather the students are aware of Precautions to be taken at this epidemic time and to identify the Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students. The study shows that the COVID-19 knowledge level was significantly different among Rural and Urban Students Group of Gadag District and Dharwad District -A quick Webinar cross- sectional study”.

RESEARCH DESIGN

The government of India and health authorities will achieve good results in getting people to be transparent about reporting of COVID-19 symptoms if they run campaigns that address the social stigma associated with the disease. With so much social stigma associated with COVID-19, the message and awareness about the Pandemic has reached both at Rural and Urban communities. How far this has achieved? So, current study is to elect the Information about the COVID-19 pandemic awesomeness of Rural and Urban students who are perusing Under Graduate Degree.

OBJECTIVES:

The main objectives are as follows:

1. To identify the the students are aware of the Pandemic Situation.

2. To know weather the students are aware of Precautions to be taken at this epidemic time.
3. To identify the Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students.

HYPOTHESIS:

1. Rural students have minimum information regarding the COVID-19 epidemic disease.
2. Urban students have knowledge and awareness regarding the COVID-19 Pandemic Situation.

SCOPE OF THE STUDY:

The present study elect the information regarding the awareness of “Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students in Gadag District and Dharwad District - A quick Webinar cross- sectional study”.

This observational cross-sectional study was carried out in April 2020 in urban and rural areas of Gadag District and Dharwad District.

- Gadag city from Urban Field Practice Area and One Village by name Saunshi from Rural Field Practice area were selected by simple random sampling.
- It was decided to include a minimum of 30 participants (UG students) each from rural and urban area. (Age 18 and above).
- A Google survey form was given to the students through what’s app link , questionnaire was used to collect responses
- Due to the current epidemic situation and Lockdown, participants and the researchers could not able to reach face to face. In this regard we collected data by sharing the Online Google Questionnaires Form to collect the data. The link of the Form is:

<https://docs.google.com/forms/d/1eh7gEeRn1hR63p06efT1VqD4h6fehYFFLtGMmtsa9jw/edit>

PRIMARY DATA:

Primary data is obtained from original sources by researcher. It is not a published source of data. It has to be created. In the study primary data is obtained by survey technique method. In the questioning or survey method well informed and desirable person are questioned by the personal interview. The survey technique is intended to secure one or more items of information from a sample of respondents of a larger group. As data is gathered by asking question to person who were thought to have desired information is called questionnaire technique also.

SECONADRY DATA:

Secondary data are readily available for processing. It saves time. It is a cheaper source of data. Cost of information is low. It may not give higher accuracy, reliability.

Sources of secondary data are Government publications, newspapers, magazines, trade journals and the Google research papers etc.

PROCEDURE:

1. Formulation of research design.
2. Tool Used.
3. Construction of the questionnaire.
4. Selection of the sample.
5. Compilation, analysis, interpretation of the data and statistical analysis of selected data.

FORMULATION OF RESEARCH DESIGN:

As the study aimed at obtaining information regarding the “Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students in Gadag District and Dharwad District -A quick Webinar cross- sectional study”.

TOOL USED:

A Google survey form was given to the students. The tool used for collecting data was Questionnaire.

CONSTRUCTION OF THE QUESTIONNAIRE:

Questionnaire was used as a tool to collect the necessary information, “A questionnaire consist of a number of online questions are given to the students in the form of linked through Google survey form to be filled”.

SELECTION OF SAMPLE:

Since the study was based on the Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students in Gadag District-A quick Webinar cross- sectional study, 50 UG students from Rural and Urban were selected of which 25 were from Rural back ground and 25 were Urban back ground. They were selected for the survey to collect the needful and relevant information by purposive sampling method.

COMPILATION, ANALYSIS, INTERPRETATION OF THE DATA AND STATISTICAL ANALYSIS OF SELECTED DATA:

The data collected from the survey is presented in % table for each question. The result obtained was compiled, analyzed, and interpreted. The above tabulated results and discussions are presented in the results and discussions. Few tables were also statistically tabulated.

RESULTS AND DISCUSSION

The awareness about the Global Novel COVID-19 Pandemic has changed the whole world. To be sustain from this awareness is very important like, how the Corona Virus spread, its origin, symptoms, care, vaccination, remedies, precautions and prevention. With this regard this study has taken to elect the information about the awareness of COVID-19 among Rural and Urban students. Thus, the collected data was analyzed and tabulated results are discussed as under.

Table-1
Area of the Respondents

SL.NO.	Area	No of Respondents	%
1	Rural	30	50%
2	Urban	30	50%
	Total	60	100%

The above table shows that 50% of the respondents belongs to Rural and 50% of the respondents belongs to Urban Area. As the study is to elect the information of Knowledge, Attitudes and Practice towards COVID-19 among Rural and Urban students.

Table-2
Symptom of Novel Corona Virus

SL.NO.	Responses	Rural	%	Urban	%
1	Cough	01	3.33	02	6.67
2	Fever	-	-	01	3.33
3	Shortness of Breath	05	16.67	01	3.33
4	All the above	24	80	26	86.67
	Total	30	100	30	100

Table II gives the data regarding the symptoms of Corona Virus Disease. It was observed that 86.67% of the urban students expressed that Cough, Fever and Shortness of Breathing are all the symptoms of Corona Virus Disease. Whereas 6.67% of the respondents expressed only cough is the symptoms. And 3.33 % respectively believe fever and shortness of breathing is the main cause respectively.

While coming to the rural students, 80% of the rural students expressed that Cough, Fever and Shortness of Breathing are all the symptoms of Corona Virus Disease. Whereas 16.67% of the respondents expressed only shortness of breathing is the main cause. And 3.33 % of the respondents believe cough is the symptom of the disease. It clearly shows that the basic information regarding Corona Virus spreading symptoms are known by both rural and urban students.

Table-3
Clinical Trials

SL.NO.	Clinical Trials	Rural	%	Urban	%
1	Solidarity	02	6.67	01	3.33
2	Plasma Therapy	25	83.33	28	93.33

3	Hydroxychloroquine	03	10	01	3.33
4	All the Above	-	-	-	-
	Total	30	100	30	100

It is observed from the above table III that about 93.33% of the Urban students aware of clinical trials in which blood is transferred from recovered Covid-19 patients. And 83.33% of Rural students know that clinical trials in which blood is transferred from recovered Covid-19 patients. Only small amount of respondents express Solidarity and Hydroxychloroquine are the treatment for the COVID-19 disease.

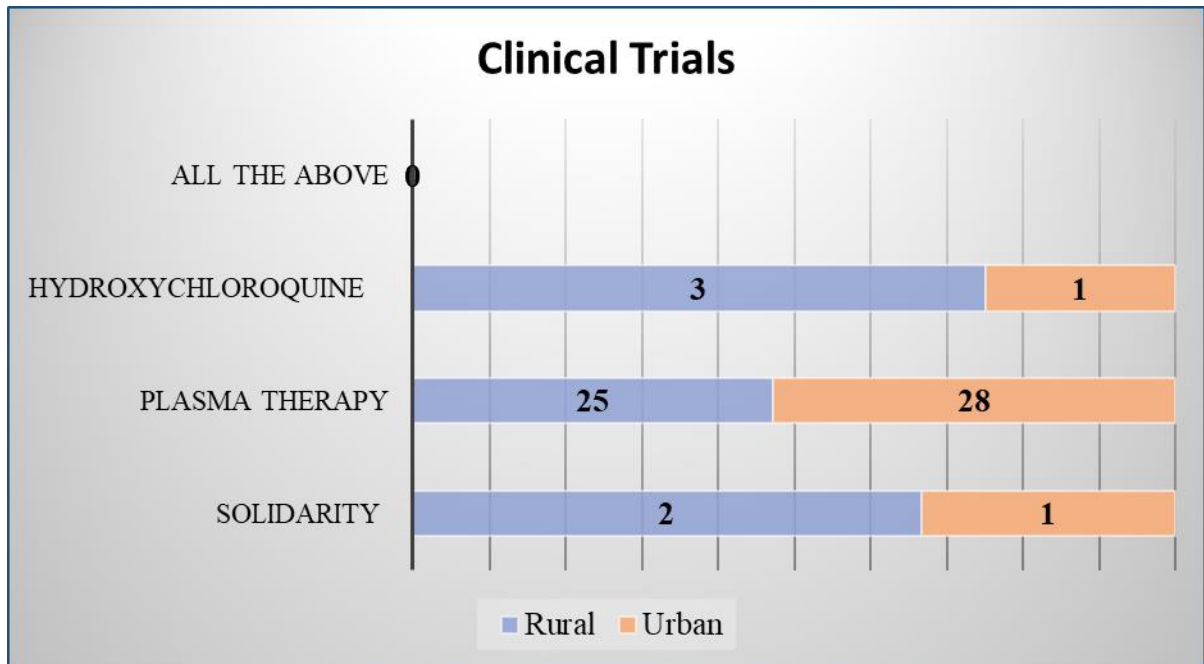


Fig: 1- Clinical Trials

Table-4

Category of Affected Area in to ZoneNames

SL.NO.	Zone Names	Rural	%	Urban	%
1	Red Zone	05	16.67	-	-
2	Green Zone	02	6.67	01	3.33
3	Orange Zone	05	16.67	-	-
4	All	18	60	29	96.27
	Total	30	100	30	100

In the above table, majority of the student’s i.e, 96.27% believe the Government of India has distinguished the affected area of COVID-19 in to Red, Green and Orange Zone. But whereas only 60% of Rural students aware of this category of Area by Indian Government. This shows that urban students are aware of Government actions taken during the Pandemic situation.

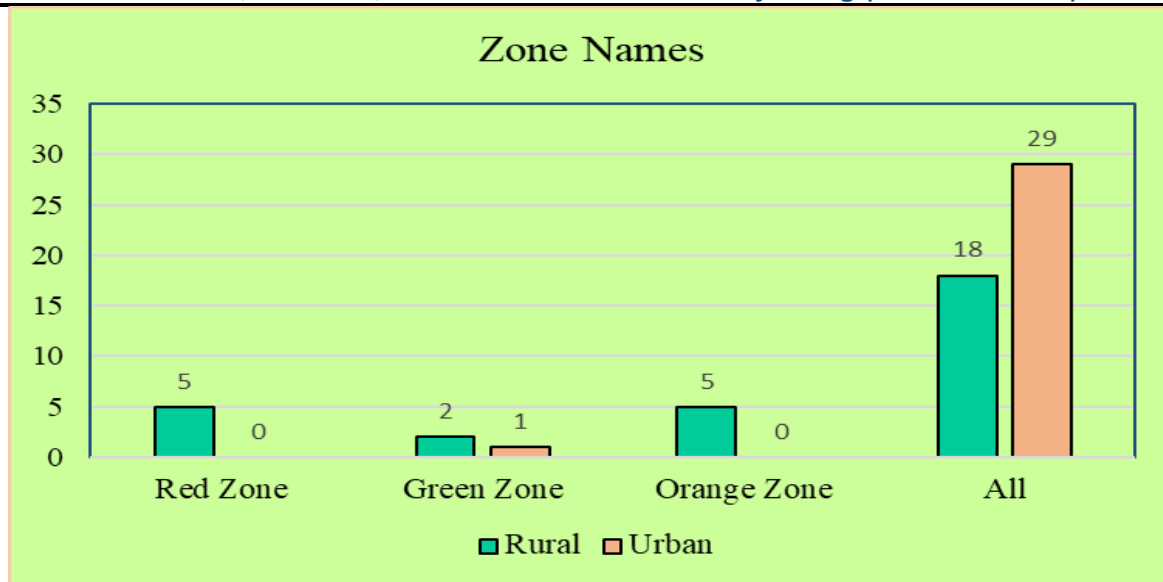


Fig: 2- Zone Names

Table-5

Related to Corona Virus

SL.NO	Related to Corona Virus	Rural	%	Urban	%	F-Test
1	SARS	19	63.33	16	53.33	1.85
2	MERS	01	3.33	02	6.67	
3	A+B	08	26.67	10	33.33	
	ABOVE ALL	02	6.67	02	6.67	
	Total	30	100	30	100	

Table V reveals that 63.33% and 53.33 % of the Rural and Urban students believe that SARS is related to Corona Virus, 26.67% of Rural and 33.33% of Urban students expressed both SARS and MERS are related to Corona Virus, 3.33% of Rural and 6.67% urban students expressed MERS is related to Corona Virus and 6.67% rural and Urban students says all the above are related to Corona Virus.

Calculated value of F is less than the tabulated value, it is not significant. Hence H_0 may be accepted and conclude that the difference in the variances of two samples is not significant at 5% level of significance which implies that the two population variances are homogeneous or the sample have been drawn from the population having same variances. F_{tab} greater than F_{cal} . Which means H_0 is Accepted i.e., Rural and Urban data have equal variation.

Table-6

Official Name Declared

SL.NO.	Official Name Declared	Rural	%	Urban	%	F_{tab}
1	Govt. of China	06	20	01	3.33	1.85
2	Govt. of India	05	16.67	01	3.33	
3	IMA	02	6.67	01	3.33	

4	WHO	17	56.67	27	90
	Total	30	100	30	100

Table VII exhibits that, 90% of the Urban students aware of the Official Name COVID-19 is declared by World Health Organization, where as only 56.67% of the rural students accepted the same and some of the students openioned that Govt. Of China, Govt. Of India and IMA declared the name as COVID_19.

By the application of $F_{tab} = 1085$ for 29df. Since F_{tab} is smaller than F_{cal} which reject H_0 i. e, accept alternative Hypothesis. That is variance in Rural data is lesser than the Variance in Urban Data.

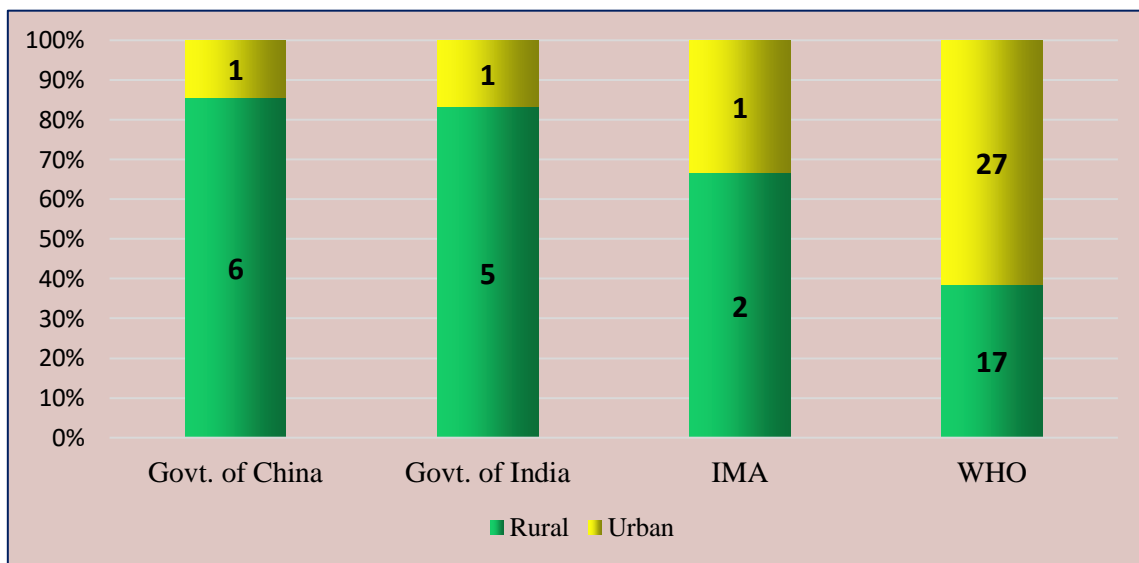


Fig: 3- Official Name Declared

Table-7
Duration of Hand Wash

SL.NO.	Duration	Rural	%	Urban	%
1	At least 1 hour	01	3.33	01	3.33
2	At least 20 seconds	28	93.33	27	90
3	At least 40 seconds	01	3.33	01	3.33
4	At least 50 seconds	-		01	3.33
	Total	30	100	30	100

In this table both urban and rural students expressed that standard duration of Hand wash declared by the World Health Organization is At least 20 seconds. It shows that both the students are aware if this basic information.

SUMMERY AND CONCLUSION

The present study elect the information regarding the awareness of “Knowledge, attitudes and Practice towards COVID-19 among the Rural and Urban students in Gadag District and Dharwad District - A quick Webinar cross- sectional study”.

It clearly shows that the basic information regarding Corona Virus spreading symptoms are known by both rural and urban students. It is observed from the above table III that about 93.33% of the Urban students aware of clinical trials in which blood is transferred from recovered Covid-19 patients. And 83.33% of rural students know that clinical trials in which blood are retransferred from recovered Covid-19 patients. Only small amount of respondents express Solidarity and Hydroxychloroquine are the treatment for the COVID-19 disease.

Calculated value of F is less than the tabulated value, it is not significant. Hence H_0 may be accepted and conclude that the difference in the variances of two samples is not significant at 5% level of significance which implies that the two population variances are homogeneous or the sample have been drawn from the population having same variances. F_{tab} greater than F_{cal} . Which means H_0 is Accepted i.e., Rural and Urban data have equal variation.

By the application of $F_{tab} = 1085$ for 29df. Since F_{tab} is smaller than F_{cal} which reject H_0 i. e, accept alternative Hypothesis.

The study shows that the COVID-19 knowledge level was significantly different among Rural and Urban Students Group. The study also reveals that urban and rural residents held a moderate level of COVID-19 knowledge and practice and showed a positive attitude toward the disease. The students of Rural have less knowledge and awareness about COVID-19 pandemic Disease; it is because of Lack of Proper education, Technological facilities, proper networking. It is necessary to develop relevant education programs targeting the general population in rural to improve COVID-19-related knowledge, attitudes and practices, particularly for rural and also for undereducated residents.

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