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Research Article

KNOWLEDGE, ATTITUDE AND ANXIETY TOWARDS COVID- 19 AMONG GENERAL POPULATION

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ABSTRACT

A novel coronavirus disease later known as COVID-19 emerged in Wuhan, caused the most distressing instants in the life of all the people of the world, which is still emerging causing many unavoidable health hazards. The best way to prevent illness from corona virus is to avoid being exposed to the virus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness. This is a perfect time to conduct a survey for assessing knowledge, attitude and anxiety of general population because corona virus has affected everyone's life pattern; every person is facing a lot of problems in their life because of COVID-19. Objectives: This study aimed at assessing the knowledge, attitude and anxiety towards covid 19 among general population prevent the spread of COVID-19 by taking precaution or using preventive measures. Methodology: The research design was Survey descriptive research design and convenient sampling technique was used to select samples who met the inclusion criteria. The data was collected by using interview technique and analysis was done using descriptive statistics. Results: From the data analysis, the main findings of the study are 91.7% had good knowledge and 8.3% had excellent knowledge regarding COVID-19. In regard to attitude of general population towards covid 19 majority of the population 55% has a positive attitude towards hand washing, quarantine yourself if you are having fever and cough, social distancing, that COVID-19 lockdown etc. is essential to stop the virus spread can reduce the risk of infection. And in regard to anxiety 45% of general population had moderate anxiety, 43.4% of general population has mild anxiety and 5% had severe anxiety.

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INTRODUCTION

Hubei province of China (Holshue et al., 2020), a cluster of about 40 cases of pneumonia of unknown etiology was reported, some of the patients being vendors and dealers in the Hunan Seafood market there. World Health Organization (WHO) along with Chinese authorities started working together and the etiological agent was soon established to be a new virus and was named Novel Corona Virus (2019-nCoV). Meanwhile, on 11th January China announced its first COVID-19 related death of a 61-year-old man, exposed to the seafood market (HO, 2020a).

Period of few weeks, the infection spread across the globe in rapid pace (WHO, 2020b) Looking at the stretch of countries this outbreak spread to, WHO declared it a Public Health Emergency of International Concern on 30th January 2020 (WHO, 2020b, 2020c). Amidst the increasing deaths in China, the first death outside China was (of a Chinese man from Wuhan) reported in the Philippines on 2nd February. On 11th February, WHO announced a name for the new coronavirus disease: COVID-19 (WHO, 2020c) On the 11th of March, WHO declared COVID-19 - a pandemic as by then about 114 countries were affected Coronaviruses, so named due to the outer fringe of envelope proteins resembling crown ('corona' in Latin), are a family of enveloped RNA viruses (Burrell et al., 2017). They are generally pathogenic to mammals and birds and cause mild upper respiratory tract infections in humans. They occasionally can be transmitted to a larger human population and can cause severe respiratory illnesses exemplified by severe acute respiratory syndrome (SARS) and Middle-East Respiratory Syndrome (MERS) in 2003 and 2012 respectively.

The anxiety and concerns in society are globally affecting every individual to variable extents. Recent evidence suggests that individuals who are kept in isolation and quarantine experience significant distress in the form of anxiety, anger, confusion and post-traumatic stress symptoms (Brooks et al., 2020,) The knowledge and attitudes of the public are expected

Corresponding author:* **Tripti Singh Christian College of Nursing, Prayagraj, India to largely influence the degree of adherence to the personal protective measures and ultimately the clinical outcome. Hence, it is important to study these domains in the Indian population. The mental health issues are other major health concerns, which are expected to increase day by day during this epidemic.

Background of The Study

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available?

This is a perfect time to conduct a survey for assessing knowledge, attitude and anxiety of general population because corona virus has affected everyone's life pattern; every person is facing a lot of problems in their life because of COVID-19. Every individual has a different opinion regarding COVID-19 as well as they have different coping strategy for this disease. This disease is affecting not only the physical health but also the mental health of a person. So, it is necessary that every individual should have knowledge and awareness regarding COVID- 19 so that they can cope with their anxiety and can prevent the spread of COVID-19 by taking precaution or using preventive measures.

MATERIALS AND METHODOLOGY

Problem Statement

A survey to assess the knowledge, attitude and anxiety towards COVID-19 among general population in selected districts of Uttar Pradesh

Objectives

To assess the knowledge, attitude and anxiety towards COVID-19 among general population

RESEARCH DESIGN

Survey Descriptive research design

Variables

Research variable – Knowledge, Attitude & Anxiety

Setting of the study

Selected District of Uttar Pradesh.

POPULATION Target population

The target populations consist of general population.

Accessible Population

The general population of selected Districts in Uttar Pradesh

Sampling Technique

The subjects were selected by using non-probability convenience sampling technique.

SAMPLE SIZE: - In this present study, 60 sample were taken.

Criteria for Sample Selection

In sampling criteria, the researcher specifies the characteristics of the population under study by detailing the inclusion and exclusion criteria.

Inclusion Criteria

Inclusion criteria are characteristics that each sample element must process to be included in the sample. In the present study the inclusion criteria are: -

- General population in selected district of Uttar Pradesh is included.
- General population who are willing to participate.

Exclusion Criteria

Exclusion criteria mean characteristics that eliminate the potential subject from the study. In the present study exclusion are:-

• Anyone who are undergoing treatment for COVID-19.

METHOD FOR DATA ANALYSIS

Section A: Distribution of subjects according to sociodemographic variables using frequency and percentage

Majority of the general population 66.7% belongs to the age group of 18-30 years

76.4% are graduates

51.6% of general population belongs to male group

33.4% of general population have family income of Rs.10001-20000/-

55% of general population belongs to the nuclear family Majority 48.4% of general population have 6-10 or >10 members in the family

55% of general population belongs to the urban community Majority 75% of general population belongs to the group where primary health center is present.

75% of general population belongs to the group of teachers.

Section B: Findings Related to Overall Knowledge of General Population Regarding Covid-19

91.7% of general population had good knowledge, 8.3% of general population had excellent knowledge and none had poor knowledge.

Section C: Findings Related to Attitude of General Population towards Covid-19

Majority 61.7% of general population strongly agrees that hand washing can reduce the risk of infection.

Majority 55% of general population strongly agrees that quarantine yourself if you are having fever and cough etc.

Majority 51.7% of general population strongly agrees that isolate a person to stop the spread of the infection.

Majority 53.4% of general population strongly agrees that social distancing is essential to stop the virus spread.

Majority 33.3% of general population agrees regarding of travelling during this time across the country.

41.6% of general population agrees that patient cured with corona virus should not be allowed to stay with community at this time.

Majority 35% of general population strongly agrees that there is no treatment to prevent corona virus.

40% of general population agrees that COVID-19 lockdown is essential to break the chain of corona virus.

45% of general population strongly agrees that health workers are at risk of infection of corona virus.

43.4% of general population strongly agrees that corona virus is contagious.

Section D: Findings Related to Anxiety of General Population towards Covid-19

45% of general population had moderate anxiety, 43.4% had mild anxiety, 5% had severe anxiety and only 6.6% of general population has no anxiety regarding COVID-19.

RESULTS

The findings of the study are 91.7% had good knowledge and 8.3% had excellent knowledge regarding COVID-19. In regard to attitude of general population towards covid 19 majority of the population 55% has a positive attitude towards hand washing, quarantine yourself if you are having fever and cough, social distancing, that COVID-19 lockdown etc. is essential to stop the virus spread can reduce the risk of infection. And in regard to anxiety 45% of general population had moderate anxiety, 43.4% of general population has mild anxiety and 5% had severe anxiety. Majority 55% of general population strongly agrees that etc.

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