



AN ASSESSMENT OF AWARENESS LEVELS OF COVID-19: GENDER PERSPECTIVE - A STUDY IN THE VILLAGES OF LN MANDAL IN SRIKAKULAM DISTRICT OF ANDHRA PRADESH IN INDIA

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Abstract

A pandemic can affect individual lives which involve around family, work and community. COVID-19 was recognized as Pandemic by World Health Organization. Awareness and knowledge of pandemic will minimize its impact and prevent the spread of disease. Awareness includes the knowledge about pandemic, how the coronavirus spreads, the symptoms, protective measures to prevent infection. 'The present study aimed to assess the awareness levels about COVID-19, symptoms of illness and preventive measures among the rural people with an objective to provide knowledge about the disease what might happen and what people must do and staying healthy while conducting survey. The main objective is to create self-awareness among rural people about COVID-19 and control the spread of the coronavirus. The study found that there is gender difference in the awareness levels of COVID-19 as a significant percentage of women respondents lacked critical knowledge about the pandemic despite wide publicity about the disease, were not changing routine plans. The research findings suggest the mobilization of weaker sections of women who need awareness about COVID-19.

Keywords: Awareness, Pandemic, World Health Organization, Preventive Measures.

1.1 Introduction

'Corona Virus Disease 2019' popularly known as 'COVID-19' was recognized as Pandemic in March 2020 by World Health Organization. Within the span of one year, millions of people are being infected, and lakhs of people were died all over the world due to the deadly disease of COVID-19. As of 11th March 2021, more than 118 million cases have been confirmed with more than 2.62 million deaths attributed to covid-19 making it one of the deadliest pandemics in history. In the state of Andhra Pradesh, the confirmed cases are 8,91,178 and deaths accounted for 7,179 still active cases are recorded at 1,158. The statistical data reveals the havoc situation of Pandemic COVID-19 and alerts the people to take precautionary steps to prevent the disease and stop the spread of disease further. Demography and socio-economic conditions of people greatly influence the awareness levels of the prevailing conditions in the society. COVID-19 pandemic, which is called for health emergency. The government have been taking various measures through press and media to create awareness about coronavirus and thereby tried to control its spread.

The origin of Coronavirus was identified in December 2019 in Wuhan China. and occurring worldwide by affecting a large number of people. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The incubation period for COVID-19 is estimated at between 2-14 days. At this stage, the virus can be transmitted when people who are infected flu like symptoms which ranges in clinical presentation from a mild upper respiratory illness to rapidly progressive pneumonia and multi-organ failure the symptoms are fever, cough, difficulty breathing, muscle pain and tiredness. More serious cases develop severe pneumonia, acute respiratory distress syndrome, sepsis and septic shock that can lead to death older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. (WHO).

1.2 Research Questions

The present study was based on the following research questions.

1. Are the socio-economic and demographic factors influence the awareness levels of pandemic?
2. Since the Government has declared the situation of Covid-19 as health emergency, there arise a question that, are the rural people aware about the seriousness of the pandemic?
3. Are the rural people taking precautionary measures to prevent the spread of Covid-19?
4. Is gender impacts the awareness levels about the pandemic?

1.3 Need of the Study

It is important to assess the knowledge, attitudes and behavior of the public towards important and prevalent infectious diseases. Such information provides baseline data for the prevention and control of these diseases. Hence the present study will focus on the awareness levels of COVID-19 among rural people in gender perspective.



1.4. Aim

The present study aimed to assess the awareness, knowledge about symptoms and preventive measures of Covid-19 among rural people with the objective of control the spread of coronavirus.

1.5 Objectives of the Study

More specifically the objectives of the present study are as follows.

1. To study the socio-economic and demographic conditions of the rural people with a view to examine whether these factors impact the awareness levels of pandemic Covid-19.
2. To examine whether the respondents know about the symptoms of Coronavirus infection.
3. To analyse the knowledge of the respondents about the ways to help them to stay healthy and reduce the spread of virus.
4. To examine are the respondents find reliable information about Covid-19 during pandemic
5. Critically analyze whether there is any gender difference in the awareness levels of pandemic Covid-19 among the rural people.

1.6 Research Methodology

Multistage Random sampling method was used for the purpose of the present study.

Stage-I: Selection of Region

Andhra Pradesh state is divided into Coastal Andhra and Rayalaseema. Coastal Andhra is further divided into Coastal Andhra and North Coastal Andhra. Among these two, North coastal Andhra Pradesh is selected for the present study.

Stage-II: Selection of District

There are 3 Districts in North Coastal Andhra Pradesh. Viz, Srikakulam, Vizianagaram and Visakhapatnam districts. Among these three districts, Srikakulam District is selected for the purpose of the present study.

Stage-III: Selection of Division

Srikakulam district consists of 38 mandals. Revenue division wise the mandals in Srikakulam District are divided into 3 divisions. Viz.1)Srikakulam Division consists of 13 mandals 2) Palakonda Division consists of 13 mandals and 3) Tekkali mandal consists of 12 mandals. Among them, Srikakulam Division is selected for the purpose of the present study.

Stage-IV: Selection of Mandal

Srikakulam Division consists of 13 mandals viz. Srikakulam, Gara, Polaki, Narasannapeta, Amadalavalasa, Sarubujjili, Bujra, Ponduru, Echerla, Laveru, Ranasthalam, G.Sigadam and LN Peta. Among these mandals LN Peta Mandal is selected for the purpose of the present study.

Stage-V: Selection of Villages

LN Peta Mandal consists of 10 villages viz., Borrapeta, Bottadasingi, Chintalabadavanja, Chorlangi, Dabbapadu, Dhanukuvada, Gottipalli, Karakavalasa, Kommuvalasa and Kavilam. Among these 10 villages, 5 villages are selected for the purpose of the present study.

Stage-VI: Selection of Sampling

The sampling consists of 250 respondents living in the selected villages of LN Peta Mandal of Srikakulam district in the state of Andhra Pradesh.

The survey included the perception of the origin and existence of the COVID-19 virus, its mode of transmission, preventive and control measures. The data obtained from respondents was analyzed by descriptive statistics.

2.1 Review of Literature

Reviewing the earlier research studies will help the researchers to understand the research problem in different dimensions. In this context the studies relating to awareness and knowledge of people about Pandemic COVID-19 were reviewed.

Ashish Kumar Singh, Bharti Agrawal, and Prayas Sharma (August 2020) in their work on “COVID-19: Assessment of knowledge and awareness in Indian society” stated that COVID-19 has become a global pandemic by infecting people of almost all the world. Human civilizations are facing threat for their survival and livelihood. No country is getting any substantial relief and solution from this pandemic rather to convince their citizens to make aware and taking precaution by changing their living style.

Rina Tripathi, Saad S. Alqahtani (August 2020) “Awareness and Preparedness of COVID-19 Outbreak Among Healthcare Workers and Other Residents of South-West Saudi Arabia: A Cross-Sectional Survey”, explained that globally, extraordinary



measures are being adopted to combat the formidable spread of the ongoing outbreak. Under such conditions, people's adherence to preventive measures is greatly affected by their awareness of the disease. The study concluded that as the global threat of COVID-19 continues to emerge, it is critical to improve the awareness and preparedness of the targeted community members, especially the less educated ones. Educational interventions are urgently needed to reach the targeted residents beyond borders and further measures are warranted. The outcome of the study highlighted a growing need for the adoption of innovative local strategies to improve awareness in general population related to COVID-19 and its preventative practices in order to meet its elimination goals.

Alaa Abu Zaid, Muna Barakat, Rajaa A(2020).in their study “A multifaceted review journal in the field of pharmacy Knowledge and awareness of community toward COVID-19 in Jordan: A cross-sectional study” explained that the behavior of the general public in Jordan will likely have an important effect on the how the coronavirus disease 2019 (COVID-19) epidemic spreads. Human behavior is influenced by people’s knowledge and awareness. The study focused on determine the knowledge and awareness of COVID-19 among the general public in Jordan.COVID-19 can be effectively transmitted among humans and has high pandemic potential. In addition to COVID19’s high transmission capacity, the extent and intensity of global travel can further increase and accelerate its spread around the world. So, in order to control the spread of the disease, knowledge and awareness of the virus should be disseminated among the public from official sources, including WHO. Reliable and authoritative information will be vital in preventing and suppressing this disease. The study measured the knowledge and awareness of this disease within the Jordanian community. Which will help lessen unnecessary anxiety, contribute to the efforts to reduce transmission of the virus, and ultimately, therefore, help to save lives.

Divya Agarwal, Anil k Gupta (2020) in their study on “Cross-Sectional Study on the Role of Public Awareness in Preventing the spread of Covid-19 outbreak in India” explained that WHO has recommended personal hygiene (respiratory hygiene, using face masks, washing hands with warm water and soap, use of alcohol-based hand sanitizers, avoid touching mouth, eyes & nose, cleanliness), social distancing and careful handling of purchased products as an effective preventive measure for COVID-19 disease. The growing pandemic of COVID-19 disease requires social distancing and personal hygiene measures to protect public health. But this message is not clear and well understood among people. The study determined the awareness, knowledge and attitude about COVID-19 and relate the behaviour of Indian society, especially when the country is restarting all its economic activities, after the complete lockdown. The study concluded that there is a need to extend the knowledge base among individuals to enhance their active participation in the prevention mechanisms with respect to the spread of the pandemic. There is a need to elaborate the Indian socio-cultural aspects, so that society starts appreciating and voluntarily following social distancing. This should improve the adaptability of people with livelihood resilience to let them protect themselves not only from the present pandemic but also from all other unforeseen infections, and to provide care to patients.

Jammal HM,Alqudah NM Khader Y (2020) in their study on “Awareness, Perceptions, and Attitude Regarding Coronavirus Disease 2019 (COVID-19) Among Ophthalmologists in Jordan: Cross-Sectional Online Survey” discussed that , COVID-19 pandemic is a serious public health concern, and the role of health care workers is essential in preventing spread. The study objective is to investigate awareness, perception, and attitude towards COVID-19 and infection control measures among ophthalmologists in Jordan. Most ophthalmologists were aware of COVID-19 symptoms and ways to identify patients at risk of having the disease, correctly reported modes of transmission and were aware of measures for preventing COVID-19 transmission in the ophthalmic setup. Social media was the commonest source of information on COVID-19 not provided with instructions on infection control plan to reduce transmission of COVID-19. Most ophthalmologists thought that the virus could be detected in tears, and thought that red eye as a symptom of COVID-19.The study concluded that ophthalmologists in Jordan were aware of the epidemiology of COVID-19 and related infection preventive measures. Knowledge was lacking regarding ocular aspects of the disease. Training on infection prevention needs to be improved. Access to guidelines from international ophthalmological organizations should be promoted and seeking updated literature from peer-reviewed journals needs to be encouraged.

Priya, Mayur S Sherkhane (June 2020) in their study “Awareness of coronavirus disease (COVID-19) pandemic among interns of a tertiary care hospital Prachi” assessed the level of awareness of coronavirus disease (COVID-19) among interns of a tertiary care hospital with the objective to assess awareness of coronavirus (COVID-19) among interns of a tertiary care hospital. The study shows a holistic picture of awareness in response to the outbreak of COVID-19. During this timely period, various studies have been published exploring the epidemiology, causes, clinical manifestation and diagnosis, prevention, and control of the novel coronavirus. However, studies in awareness domain mainly among frontline workers help to minimize the impact of the outbreak. The basic awareness regarding COVID-19 among the study participants was appreciable, though few misconceptions noted on a lesser note. There is a need for improvement in understanding of epidemiology, transmission, treatment, and methods of control and prevention by strengthening all channels of communication. Conducting periodic webinars for educational intervention must be given a consideration which could be a useful and safe tool to create more awareness. As the global threat of COVID-19 continues to emerge, greater attempts through educational campaigns are needed to intensify the awareness program and thus help in combating the disease.



The study concluded that Awareness of acquiring and transmitting coronavirus was found to be adequate, except for the curability aspects. Thus, it is the need of the hour to have timely updates about the disease and newer guidelines to restraint the ongoing pandemic of COVID-19.

Ahmed Subeh Alshrari (September 2020) in their study on “Awareness of COVID-19 among the General Population of the Northern Border Region of Saudi Arabia” stated that the pandemic Coronavirus Disease-19 (COVID-19) is an international apprehension, and there exists no effective treatment for it. Therefore, educating people about the necessary information regarding COVID-19 has become an essential tool to fight against COVID-19. The study evaluated the awareness of COVID-19 among the general people of the Northern Border Region of Saudi Arabia (NBRSA). The study has been revealed that the general public of the NBRSA has a passable knowledge of the specific information about the COVID-19. However, the public is not satisfactorily aware of the complications associated with COVID-19. Accordingly, COVID-19 related education programs should be conducted regularly to increase the awareness of the general public of the NBRSA for COVID-19.

Huifang Xu', Maria Jose Gonzalez Mendez (Oct.2020) in their study on “ Knowledge, Awareness, and Attitudes Relating to the COVID-19 Pandemic Among Different Populations in Central China: Cross-Sectional Survey” discussed that The COVID-19 pandemic has threatened the health systems of many countries worldwide. Several studies have suggested that the pandemic affects not only physical health but also all aspects of society. A lot of information has been reported about the disease since the beginning of the outbreak. For that reason, it is essential to investigate the attitudes and level of knowledge and awareness that different populations had regarding COVID-19 during the critical period of the outbreak. The study aimed to assess the knowledge and awareness of and attitudes toward the COVID-19 pandemic among different populations in Central China during the critical period of the outbreak. A cross-sectional web-based survey was conducted in Central China from February to March 2020. The study participants included three different populations: medical workers, students, and those with other occupations. The study, collected information on the following four aspects: sociodemographic information, knowledge related to COVID-19, awareness of COVID-19, and attitude toward COVID-19. The study concluded that all three groups reported an adequate background knowledge about COVID-19 but medical workers showed a slightly advanced knowledge in their responses to professional questions. Most of the participants were highly concerned about COVID-19 during the critical period of the outbreak. The majority of respondents declared that the village/city lockdown policy had a significant impact on their daily life but most of them held an optimistic attitude toward the control of COVID-19.

Michael S Wolf, Marina Serper (July 2020) in their work on “Awareness, attitudes and actions related to Covid-19 among adults with chronic conditions at the onset of the US Outbreak” explained that the evolving outbreak of coronavirus disease 2019 (COVID-19) is requiring social distancing and other measures to protect public health. However, messaging has been inconsistent and unclear. To determine COVID-19 awareness, knowledge, attitudes and related behaviours among US adults who are more vulnerable to complications of infection because of age and comorbid conditions. The study concluded that many adults with comorbid conditions lacked critical knowledge about COVID-19 and despite concern, were not changing routines or plans. Noted disparities suggest that greater health efforts may be needed to mobilize the most vulnerable communities.

Exodus Akwa, Maingi John Muthini (April 2020) in their work on “Assessing the Perceptions and Awareness of COVID-19 (Coronavirus) in Cameroon” stated that, COVID-19 has become a global threat to the human population. The virus which originated from China in December, 2019 has swept across continents in the world. Cameroon has been one of the countries with a high infectious rate. Lack of awareness play a major role in the rise of COVID-19 cases. Studies have shown that there exists a strong correlation between the perception of a disease and a ready compliance to health recommendations. It focused on the awareness and perceptions by the general population of Cameroon on the existence and spread of COVID-19. The study suggested that there's more need for public sensitization of the virus especially its method of transmission, control and prevention.

To sum up, the earlier reviews of the studies relating to the awareness levels of COVID-19 revealed that no country are getting any substantial relief and solution from this pandemic rather to convince their citizens to make aware and taking precaution by changing their living style. (Ashik kumar Singh, August, 2020). Highlighted a growing need for the adoption of innovative local strategies to improve awareness in general population related to COVID-19 and its preventative practices in order to meet its elimination goals. (Rina Tripathi, August 2020). In order to control the spread of the disease, knowledge and awareness of the virus should be disseminated among the public from official sources, including WHO. (Alaa Abu Zaid 2020). there is a need to extend the knowledge base among individuals to enhance their active participation in the prevention mechanisms with respect to the spread of the pandemic. There is a need to elaborate the Indian socio-cultural aspects, so that society starts appreciating and voluntarily following social distancing. This should improve the adaptability of people with livelihood resilience to let them protect themselves not only from the present pandemic but also from all other unforeseen infections, and to provide care to patients (Divya Agarwal, Anil k Gupta 2020) . Knowledge was lacking regarding ocular aspects of the disease. Training on infection prevention needs to be improved.



Access to guidelines from international ophthalmological organizations should be promoted and seeking updated literature from peer-reviewed journals needs to be encouraged.

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From the above studies it can be understood that awareness and knowledge play a major role in preventing the deadly disease of COVID-19. It was found that the studies relating to awareness levels of COVID-19 in India are very less. More specifically in relation to gender differences. Hence the present study made an attempt to examine the awareness levels of COVID-19 in rural areas by focusing on gender differences in the selected villages in LM Mandal of Srikakulam District in Andhra Pradesh.

3. Analytical Representation

I Socio-Economic status of the respondents

A family's socio-economic status i.e. household income, earners' educational status and occupation has a wide impact on an individual/family's health, educational attainment, diet, lifestyle, etc., in relation to others. Hence for the purpose of the present study, an attempt was made to understand the socio-economic status of the respondents who belong to the tribal community, with a view to understand their living conditions.

Table-2.1 (a) & 2.1 (b) give the details of the educational status of the parents of the respondents. The data reveals that out of 545 respondents, majority of the parents of the respondents are illiterates both fathers as well as mothers i.e., 53% and 78% respectively. Though a considerable percent of them are educated, they had completed primary education only i.e., 32% and 16% respectively. Only an insignificant percent of them had completed secondary education i.e., 9% and 4% respectively. It can be understood that despite of the special provisions of the Indian Constitution and continuous efforts of the government for uplifting the Scheduled Tribes for decades, still the second generation of the tribals (parents) are remained as illiterates. At least they are encouraging the third generation to get education by sending their children including girls, to schools and colleges though they are far away from their places which may be due to the awareness created by the government officials / volunteers about the existing government schemes for education.

Generally, the tribals who are considered as marginalized group and socially stigmatized are from bottom of the economic hierarchy. **Table-2.3** gives the details of the annual income of the parents of the respondents. It was found that out of 545 respondents, majority of the respondents are from lower income group (93%) whose annual income is below Rs. 1,00,000/-. Only an insignificant percent of the families earns Rs. 1,00,000/- 4,00,000/- per annum. (5%). The data reveals that the tribal families are living in a very low economic status and their family income is not at all sufficient to meet their family requirements.

Socio-Economic Status of The Respondents

Socio-economic factors play a crucial role in determining the attitudes and behavioural aspects of individuals. **Table-1** presents the distribution of the respondents based on their socio-economic status. It was found that majority of the respondents are belonged to Backward Class (82%). The respondents belonged to Other Castes estimated to a very low percentage i.e., 14%. The respondents belonged to socially disadvantaged group are a very insignificant percent. (3%). The data reveals that the selected area for the present investigation is predominantly dominated by Backward class people.

Table-1
Distribution of the respondents based on socio-economic status of the respondents

Sl.No.	Category	Frequency	Percentage
1	SC / ST	7	2.8%
2	BC	207	82.8%
3	OC	35	14.0%
4	Minorities	1	0.4%
	Total	250	100

Table-2 presents the distribution of the respondents based on occupation of the household. It was found that majority of the households are mainly occupied with farming (38%) and daily wage work (24%), followed by petty traders (20%). Interestingly it was found that private employees and government employees are insignificant. The data reveals that majority of the respondents are working in the unorganized sector.

Table-2
Distribution of the respondents based on occupation of the household

Sl.No.	Occupation of the Household	Frequency	Percentage
1	Farming	94	37.6%
2	Dailywage work	60	24.0%
3	Vegetable/fruit vendors	3	1.2%
4	Petty trader (pan shop, provisions shop, repair shops etc)	49	19.6%
5	Private employee	27	10.8%
6	Govt. employee	17	6.8%
	professional work	0	0%
	Total	250	100

Table-3 presents distribution of the respondents based on family income. It was found that majority of the respondents are earning only Rs.2,00,000 per annum (65%). Only a less percentage of them are earning above Rs.3,00,000/- (8%). The data reveals that majority of the respondents are earning only a minimum level of income which is just sufficient to meet their basic needs.

Table-3
Distribution of the respondents based on family income of the respondents

Sl.No.	Family income	Frequency	Percentage
1	Less than Rs.50,000	35	14.0%
2	Rs.50,000-2,00,000	162	64.8%
3	Rs.2,00,000-3,00,000	33	13.2%
4	Rs. Above3,00,000	20	8.0%
	Total	250	100

Majority of the respondents are living in nuclear families (86%) The data reveals that even in rural areas people prefer to live as nuclear families rather than living with joint families. The size of the family consists of 4 members in 52% of the families followed by three members in 21% of the families. Table-4 & 5 depicts the data.



Table-4
Details of type of family of the respondents

Table with 4 columns: SL.No., Type of family, Frequency, Percentage. Rows include Nuclear family (214, 85.6%), Joint family (36, 14.4%), and Total (250, 100%).

Table-5
Size of the family of the respondents

Table with 4 columns: SL.No., Size of the family, Frequency, Percentage. Rows include Two (13, 5.2%), Three (52, 20.8%), Four (131, 52.4%), Five (30, 8.0%), Above 6 (20, 13.6%), and Total (250, 100%).

Interestingly it was found that out of four members in the families only two members are educated 52%. The number of educated members more than one or three are less (20% and 18% respectively). The families with four educated members are very insignificant percentage (2%). Table-6 presents the data. From the data it can be understood that in majority of the families not all members are educated. It may be due to rural back ground and low economic status.

Table-6
Number of educate members in the family of the respondents

Table with 4 columns: SL.No., No.of educated members In the family, Frequency, Percentage. Rows include One (49, 19.6%), Two (131, 52.4%), Three (44, 17.6%), Four (21, 8.4%), Five (5, 2.0%), and Total (250, 100%).

COVID-19 pandemic is declared as health emergency all over the world. The Central Government of India as well as State Government of Andhra Pradesh have been taking initiatives to prevent the pandemic and creating awareness among people through press and mass media. The ways to spread the disease and symptoms of illness are given vast publicity among people in order to educate them to take precautionary steps to prevent COVID-19.

In this context the present study tried to assess the awareness levels of COVID-19 among rural population of Srikakulam district. For this purpose, the questionnaire was adopted from Louay Labban, Nasser Thallaj and Abear Labban, Departments of Pharmacy, Radiology, Syria. Table-7 gives the details of awareness levels of the respondents living in the villages of Srikakulam mandal in Visakhapatnam District. The data reveals that majority of the respondents aware that COVID-19 is caused by a virus (95%), its incubation period is 5-14 days (95%), it is transmitted by infected persons (96%), through cold and cough (95%) transmitted by droplets in air (96%) on surfaces (100%). Majority people know that COVID-19 can be prevented by wearing masks (95%). Majority of the respondents are aware that COVID-19 can be prevented by vaccine (85%), having good immune system (87%) and can be prevented by balanced nutrition (83%). Mortality rate is higher in elderly people (82%).

It was found that only fifty percent above are ware that Vitamin C and Vitamin D are important in COVID 19 treatment (56% & 44% respectively) and patient needs ventilator to survive (55%). Interestingly it came to understand that 42% of the respondents are not known that COVID-19 will have the symptoms of gastrointestinal symptoms (53%) or muscle pain (41%) and has upper respiratory and lower respiratory symptoms (47%). A significant percentage of the respondents are unaware of COVID 19



transmitted by exhalation (43%). Interestingly it was found that a significant percentage of the respondents do not know COVID 19 can be prevented by washing hands for 20 seconds (37%). From the data it can be understood that a significant percentage of the respondents do not know the symptoms of COVID-19 and the preventive treatment which indicates that the rural people need awareness campaigns regarding COVID-19.

II Awareness levels of COVID-19

Table-7
Details of Awareness levels of COVID-19

Sl. No	Questions	Yes		No		don't Know	
		F	%	F	%	F	%
1	COVID 19 is caused by a virus	237	94.8%	8	3.2%	5	2.0%
2	Incubation period of COVID 19 is 5–14 days	237	94.8%	13	5.2%	0	0
3	COVID 19 is transmitted by infected persons	241	96.4%	4	1.6%	5	2.0%
4	COVID 19 is transmitted by droplets in air	243	97.2%	4	1.6%	3	0.4%
5	COVID 19 is transmitted by droplets on surfaces	249	99.6%	0	0	3	0.4%
6	COVID 19 is transmitted by cough and sneeze	234	93.6%	10	4.0%	6	2.4%
7	COVID 19 is transmitted by exhalation	115	46.0%	107	42.8%	28	11.2%
8	COVID 19 has upper respiratory and lower respiratory symptoms	84	33.6%	118	47.2%	48	19.2%
9	COVID 19 has gastrointestinal symptoms	47	18.8%	133	53.2%	70	28.0%
10	COVID 19 has Fever and muscle pain	103	41.2%	104	41.6%	43	17.2%
11	COVID 19 mortality rate is higher in elderly	205	82.0%	18	7.2%	27	10.8%
Awareness about Preventive Measures							
		F	%	F	%	F	%
12	COVID 19 can be prevented by wearing mask	238	95.2%	7	2.8%	5	2.0%
13	COVID 19 can be prevented by washing hands for 20 seconds	117	46.8%	41	16.4%	92	36.8%
14	COVID 19 can be prevented by having good immune system	217	86.8%	20	8.0%	13	5.2%
15	COVID 19 can be prevented by balanced nutrition	207	82.8%	20	8.0%	23	9.2%
16	COVID 19 can be prevented by Vaccine	213	85.2%	12	4.8%	25	10.0%
17	No drug treatment available for COVID 19	221	88.4%	17	6.8%	12	4.8%
18	COVID 19 patient needs ventilator to survive	138	55.2%	23	9.2%	89	35.6%
19	Vitamin C is important in COVID 19 treatment	140	56%	60	24%	50	20%
20	Vitamin D is important in COVID 19 treatment	24	9.6%	111	44.4%	115	46%

(questions adopted from Louay Labban,, Nasser Thallaj and Abear Labban ,Departments of Pharmacy, Radiology, Syria, Archives of Medicine ISSN 1989-5216 Vol.12 No.2:8)

III Preventive measures taken by the respondents

Table- 8
Are you and your family members are following the preventive measures given below

Sl. No	Preventive measures	Yes		No	
		F	%	F	%
1	Wearing mask whenever going out	250	100%	0	0
2	Washing hands with sanitizer	242	96.8%	8	3.2%
3	Avoiding going out unnecessarily	98	39.2%	152	60.8%
4	Avoiding mass gatherings like public meetings, ceremonies, or occasions	89	35.6%	161	64.4%
5	Avoiding crowded places like markets, religious places etc.	73	29.2%	177	70.8%
6.	Is your family undergoing Health checkups for cold, cough and fever	46	18.4%	204	81.6%
7.	Do you have hospital facility in your village?	212	84.8%	38	15.2%
8.	Do you know Asha'sworkers (health staff) are visiting your village?	2	0.8%	248	99.2%
9	Do you know about COVID hospital near by your village?	173	69.2%	77	30.8%
10.	Are your family members following the COVID-19 news in TVs or newspapers?	245	98.0%	5	2.0%



The study tried to know what the preventive measures that the respondents have been taking. The data reveals that the respondents and their family members are following the COVID-19 news in TVs and newspapers. (98%) It was found that almost all the respondents are wearing masks whenever they are going out. (100%) though they do not know that wearing mask can be prevented the transmission of COVID-19 (5%). Majority of them are washing their hands with sanitizer (97%). A good percentage of them know that COVID hospital was near by their village.(69%).

Interestingly it was found that majority of family members of the respondents are not undergone for health checkups for cold, cough and fever. (82%). And not avoiding crowded places like markets and religious places (71%) avoiding mass gatherings like public meetings, ceremonies, or occasions (64%) and going out unnecessarily (62%). The data reveals that though the government has been taking various steps to educate the people about COVID-19 still a significant percentage of them are not taking adequate preventive measures to protect themselves from the infected disease of COVID-19. Hence there is a need for creating awareness among rural people about the spread of infectious disease. Otherwise, it may be turned up into the second wave if the people are careless and neglected about personal care of wearing masks and using sanitizers and avoiding crowded areas.

Gender differences can be reflected in all aspects including awareness levels especially in rural areas where most of the women are illiterates. In the present study it was found that a significant percentage of women respondents do not know about awareness matters of COVID-19. (31%) despite of wide publicity about the disease which must be focused to create awareness among them. (Table-9)

Table-9
IV. Gender differences in awareness levels of COVID-19

Table with 6 columns: Sl. No, Do you know about awareness matters of COVID-19, Yes (count and percentage), No (count and percentage). Rows include Male, Female, and Total.

4. Summary and Conclusion

The present study reveals that in the selected area for the present investigation is predominantly dominated by Backward class people. It was found that most of the respondents are working in the unorganized sector. The majority of the respondents are earning only a minimum level of income which is just sufficient to meet their basic needs . The data reveals that even in rural areas people prefer to live as nuclear families rather than living with joint families. From the data it can be understood that in majority of the families not all members are educated. It may be due to rural background and low economic status. From the data it can be understood that a significant percentage of the respondents do not know the symptoms of COVID-19 and the preventive treatment which indicates that the rural people need more awareness campaigns regarding COVID-19. The data reveals that though the government has been taking various steps to educate the people about COVID-19 still a significant percentage of them are not taking adequate preventive measures to protect themselves from the deadly disease of COVID-19. Hence there is a need for creating awareness among rural people about the spread of infectious disease. Otherwise, it may be turned up into the second wave if the people are careless and neglected about personal care of wearing masks and using sanitizers and avoiding crowded areas. There is gender difference in the awareness levels of COVID-19 as a significant percentage of women respondents do not know about awareness matters of COVID-19 despite of wide publicity about the disease which must be focused to create awareness among them.

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