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A Study on Knowledge, Attitude and Practice Towards COVID 19 Among the Adults of Hassan District, Karnataka

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Abstract— Objective: ***To study the knowledge, attitude, and practice towards the covid 19 among the adults of Hassan district.***
Methods: A cross-sectional study was study was conducted within the Holenarsipura taluk, Hassan District, Karnataka state. Using a random sampling technique. The Correlation design was used to achieve the objectives. This survey conducted between June to August 18, 2021, in Karnataka. Data collection was done through Google Forms and forwarded to popular Indian social media platforms such as WATS app, tele gram and Facebook messenger and collected data. All statistical analyses were performed using IBM SPSS Statistics, version 25 and Microsoft Excel 2019. A Descriptive analysis was conducted to calculate the frequency (N) and percentage (%) of demographic information. And correlation analysis done to check the relationship between the variables.
Results: the knowledge level of selected sample, here we can see that out of total population 60 per cent were having good knowledge among them 63.3 per cent belongs to young adults followed by middle adults (30 %) and late adult (6.6 %) age groups. whereas 40 per cent of population indicate moderate knowledge among them 85.5 per cent belongs to young adults followed by middle adults (15%) and late adult (2.5%) age groups. And none of them showed poor knowledge. Age wise categorization level of attitude towards COVID 19. Among this group majority of people showed moderate attitude (83%) among them 73.4 per cent from young adults followed by middle adults (22.8%) and late adults (3.6%). And 15 per cent of people showed negative attitude among them majority were young adults (60%) followed by middle adults (33.4%) and late adults(6.7%). Only two per cent of people showed good attitude among them young (50%) and late adult (50%) age groups. Age wise categorization level of practice towards COVID 19. Among this group majority of people showed poor/bad practice (95%) among them 73.5 per cent from young adults followed by middle adults (24.2%) and late adults (5.2%). And four per cent of people showed moderate practice
Conclusions: In case of between knowledge and age along with occupation showed positively highly significant difference as well between knowledge and residence along with practice there is negatively significant difference observed at correlation is significant at the 0.01 level. Whereas in case of attitude and practice there is positively significant difference observed at correlation is significant at the 0.01 level. While there is positive as well negative significance difference between practice and residence as well practice and knowledge at correlation is significant at the 0.05 level.

Indexed Terms- knowledge, attitude, practice, COVID-19, Descriptive analysis and correlation analysis

I. INTRODUCTION

In December 2019, a pathogenic human coronavirus SARS-cov-2, coronavirus disease 2019[Covid-19], was recognized and has caused serious illness and numerous deaths. The ultimate scope and effect of this outbreak are unclear at present as the situation is rapidly evolving. [Sonam Maheshwari. et.al [2020].

Coronavirus disease 2019[Covid-19] is an infectious [2019-cov]. During the end of December 2019, the

initial cases of Covid-19 emerged in Wuhan city, Hubei province of China. [Aastha Singh. et.al [2020].

Coronavirus disease 2019[Covid-19] is defined as an illness caused by a novel coronavirus. Now called severe acute respiratory syndrome coronavirus [SARS-cov-2]; formerly called 2019-cov]. Covid-19 is an emerging respiratory infection that was first discovered in December 2019, in Wuhan city, Hubei province, China. [Mohammed.k.AL-Hanawi. et.al [2020].

The first case of corona virus COVID-19 disease in South Korea is announced on 20th of January 2020. The distance from South Korea to China in 2123 kilometers. South Korea is considered as the third infected country by the epidemic of corona virus after China and Italy. (Nadia AL-Rousan. et .al. 2020).

Corona virus (COVID-19) started spreading in December 2019 and was noticed in early January 2020. It started in China in mid-to late-January. Among the different types of confusion and information challenges, we need to recognize that COVID-19 is first and foremost a humanitarian challenge. As of 24 March, 2020, the virus has caused the death of over 16,600 people worldwide with more than 380,000 people are confirmed as infected by it, of which more than 10,000 are serious. As many as 184 out of 195 countries are affected. Solving the humanitarian challenge is the key priority through proper preventive measures to stop its spread, as well as curative measure to develop a vaccine. The impact of this public health emergency has affected countries and communities in terms of economic, socio-psychological issues, as well as international relations. (Jinling Hua.et.al.2020).

The Spring Festival on January 25, 2020 has become an unprecedented and unforgettable memory to all Chinese who was urged to stay indoors for all the holiday and for many weeks after due to the outbreak of a novel viral disease. The virus is highly homologous to the corona virus that caused an outbreak of severe acute respiratory syndrome (SARS) in 2003; thus, it was named SARS-COV-2 by the World Health Organization (WHO) on February 11,2020, and the associated disease was named CoV Disease-19 (COVID-19). The epidemic started in Wuhan, China, and quickly spread throughout the entire country and to near 50 others all over the world. As of March 2, 2020, the virus has resulted in over 80,000 confirmed cases of COVID-19 is "public enemy number 1" and potentially more powerful than terrorism. (Philip N.P. et.al. 2020).

II. MATERIALS AND METHODS

This study was conducted within the Holenarsipura taluk, Hassan District, Karnataka state. A total of 100 adults were selected by using random sampling technique. Study tools were converted into Google forms in Kannada language for better understanding. The Correlation design was used to achieve the objectives. This survey conducted between June to August 18, 2021, in Hassan district. Data collection was done through Google Forms and forwarded to popular Indian social media platforms such as WATS app, tele gram and Facebook messenger and collected data.

To achieve the objective the following tools were selected to achieve the objectives. A structured questionnaire by using Likert Scale questionnaire method structured a questionnaire which consists of two parts: demographic details and KAP study. The survey contained content in both Kannada and English languages. Translation from English to Kannada was done using translation approach, Demographic variables included sex (male, female, or transgender), age (17–30, 30–40,40-60 or >60 years), marital status (single or married), education level (<senior secondary, senior secondary, graduate, ≥ postgraduate), occupation (unskilled, skilled, student and unemployed, self-employed [includes homemakers], and professional), geographic location (different district of Karnataka), and place of residence (urban or rural).

THE KNOWLEDGE SECTION consisted of 16 questions regarding clinical symptoms, prevention, and control of disease. Each question has three options (yes/no/don't know). A correct answer was given 2 point and an incorrect answer was given 0 point, don't know carry 1 mark. The overall knowledge scores ranged from 0 to 32. Individuals scoring scores were brought under /No Knowledge.

THE ATTITUDE SECTION consisted of 20 questions comprising questions assessing viewpoint on social distancing, control of COVID-19, and lockdown to prevent the spread of COVID-19. Each question has three options (yes/no/don't know). A correct answer was given 2 point and an incorrect answer was given 0 point, don't know carry 1 mark. 16 questions have normal scoring and 4 questions in reverse scoring form.

THE PRACTICE SECTION consisted of 18 questions the idea of grocery, stocking, preventive measures during the lockdown, and relationship with family and friends. Each question has three options (yes/no/don't know). A correct answer was given 2 point and an incorrect answer was given 0 point, don't know carry 1 mark.

STATISTICAL ANALYSIS: All statistical analyses were performed using IBM SPSS Statistics, version 25 and Microsoft Excel 2019. A Descriptive analysis was conducted to calculate the frequency (*N*) and percentage (%) of demographic information. And correlation analysis done to check the relationship between the variables.

III. TABLES AND RESULTS

TABLE 1 Age wise demographic profile of selected Sample.

TABLE 1: AGE WISE DEMOGRAPHIC PROFILE OF SELECTED SAMPLE.

(N=100)

DEMOGRAPHIC PROFILE	YOUNG ADULTS	MIDDLE ADULTS	LATE ADULTS	TOTAL
AGE	71(71.0)	24(20.0)	5(5.0)	100
RESIDENCE				
URBAN	18(51.4)	14(40.0)	3(8.5)	35(35.0)
RURAL	53(81.5)	10(15.3)	2(3.0)	65(65.0)
GENDER				
FEMALE	50(79.3)	11(17.4)	2(3.1)	63(63.0)
MALE	21(56.7)	13(35.1)	3(8.1)	37(37.0)
MARTITALSTATUS				
UNMARRIED	57(95.0)	3(5.0)	0	60(60.0)
MARRIED	14(35.0)	21(52.5)	5(12.5)	40(40.0)
EDUCATION LEVEL				
NOT EDUCATED	2(40.0)	3(60.0)	0	5(5.0)
HIGH SCHOOL	9(56.3)	6(66.6)	1(6.25)	16(16.0)
DEGREE	50(74.6)	14(20.8)	3(4.47)	67(67.0)
POSTGRADUATE	10(83.3)	1(8.33)	1(8.3)	12(12.0)
OCCUPATION				
STUDENT	46(95.8)	2(4.16)	-	48(48.0)
UNEMPLOYED	2(66.6)	1(33.3)	-	3(3.0)
LABOUR /OTHERS	13(40.62)	15(46.8)	4(12.5)	32(32.0)
HOUSEWIFE	10(58.8)	6(35.2)	1(5.8)	17(17.0)

Figures in parenthesis indicate the percentages

The demographic profile of selected sample covered under the study is presented in the Table 1. It depicts different variables *viz.*, gender, residence, marital status, educational level and occupation.

The total sample size is 100 out of it 71 per cent were belong to young adult age group, 20 per cent were belongs to middle adults age group and only 5five per cent were belong to late adults group.

In case of residence category 35 per cent were belong to urban residence and 65 per cent were belong to rural residence. Among this group in urban residence 51.4 per cent were belonging to young adult age group, 40 per cent were belonging to middle adults age group. Where as in rural residence 81.5 per cent were belong to young adult's age group, followed by 15.3 per cent

fall under middle adult age group and only three per cent were belong to late adult age group.
Among the total population 63 per cent were female and 37 per cent were male in female category 79.3 per cent were fall under young adult age group and 17.4 per cent were middle age group followed by 3.1 per cent from late age group. In case of male category56.7 were found in young age group followed by (35.1%) middle adult age group and (8.1 %) late adult age group.

In case of marital status 60 per cent people were unmarried and 40 per cent people were married .as majority of 95 per cent of unmarried were belong to young adult age group while majority of married (52.5%) were belongs to middle adult age group.

Among the total population education of selected sample as follows 67 per cent were obtained degree followed by high school level (16%), postgraduate (12%) and only five per cent were identified as not attained education.

In case of occupation 48 per cent of people were student only and 32 per cent of people belong to labour or other works and 17 per cent where housewife's only three per cent were unemployed.

Table 2 express the knowledge level of selected sample, here we can see that out of total population 60 per cent were having good knowledge among them 63.3 per cent belongs to young adults followed by middle adults (30 %) and late adult (6.6 %) age groups. whereas 40 per cent of population indicate moderate knowledge among them 85.5 per cent belongs to young adults followed by middle adults (15%) and late adult (2.5%) age groups. And none of them showed poor knowledge.

Here in this table 3, we can observe age wise categorization level of attitude towards COVID 19. Among this group majority of people showed moderate attitude (83%) among them 73.4 per cent from young adults followed by middle adults (22.8%) and late adults (3.6%). And 15 per cent of people showed negative attitude among them majority were young adults (60%) followed by middle adults (33.4%) and late adults (6.7%). Only two per cent of people showed good attitude among them young (50%) and late adult (50%) age groups.

Here in this table 4, we can observe age wise categorization level of practice towards COVID 19. Among this group majority of people showed poor/bad practice (95%) among them 73.5 per cent from young adults followed by middle adults (24.2%) and late adults (5.2%). And four per cent of people showed moderate practice among them majority were young adults (75 %) followed by middle adults (25%). Only one per cent of people showed good attitude by young adult age group.

Here in table 5, we can observe correlation between the variables, the independent variables such as age, socio economic status, gender, education occupation and dependent variable such as knowledge, attitude and practice. As we look at the significance difference among the variables here, we can see that there is highly significant difference between age along with residence, knowledge and occupation at correlation is significant at the 0.01 level this indicates level of knowledge dependents on age residence and occupation of a person.

Similarly, we can see that there is significant difference between genders along with socio economic status as well with the occupation at correlation is significant at the 0.05 level. Whereas we can see negatively significant difference between education and occupation at correlation is significant at the 0.05 level. Similarly, there is significant difference between gender along with socio economic status and psychological wellbeing at correlation is significant at the 0.05 level.

Whereas there is negative significance difference between residence along with age knowledge and occupation at correlation is significant at the 0.01 level and positively significant between residence and practice at correlation is significant at the 0.05 level.

In case of between knowledge and age along with occupation showed positively highly significant difference as well between knowledge and residence along with practice there is negatively significant difference observed at correlation is significant at the 0.01 level. Whereas in case of attitude and practice

there is positively significant difference observed at correlation is significant at the 0.01 level. While there is positive as well negative significance difference between practice and residence as well practice and knowledge at correlation is significant at the 0.05 level.

TABLE 2: AGEWISE CATEGORIZATION OF LEVEL OF KNOWLEDGE TOWARDS COVID 19. (N=100)				
Knowledge Level	Young Adults	Middle Adults	Late Adults	TOTAL
Poor Knowledge	-	-	-	-
Moderate Knowledge	33(85.5)	6(15.0)	1(2.5)	40(40.0)
Good Knowledge	38(63.3)	18(30.0)	4(6.6)	60(60.0)

Figures in parenthesis indicate percentages

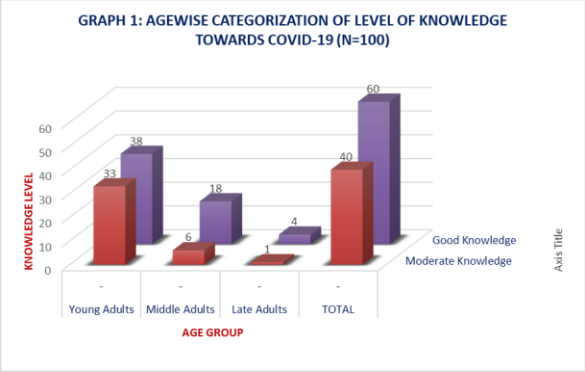

TABLE 3: AGEWISE CATEGORIZATION OF LEVEL OF ATTITUDE TOWARDS COVID 19 (N=100)				
Attitude Level	Young Adults	Middle Adults	Late Adults	Total
Poor/Negative Attitude	9(60.0)	5(33.4)	1(6.7)	15(15.0)
Moderate Attitude	61(73.4)	19(22.8)	3(3.6)	83(83.0)
Good Attitude	1(50.0)	0	1(50.0)	2(2.0)

Figures in parenthesis indicate percentages

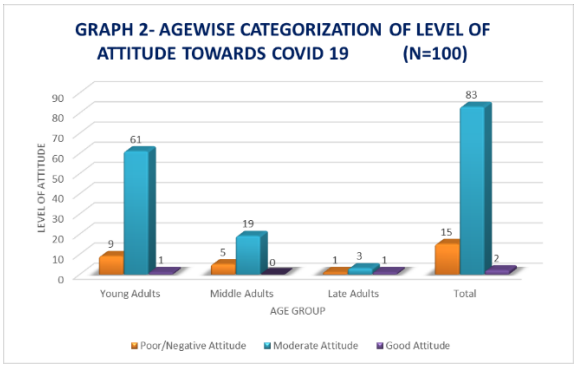

TABLE 4: AGEWISE CATEGORIZATION OF LEVEL OF PRACTICE DURING COVID 19 (N=100)				
Practice Level About Covid	Young Adults	Middle Adults	Late Adults	Total
Poor/ Bad Practice	67(70.5)	23(24.2)	5(5.2)	95(95.0)
Moderate Practice	3(75.0)	1(25.0)	-	4(4.0)
Good Practice	1(100.0)	-	-	1(1.0)

Figures in parenthesis indicate percentages

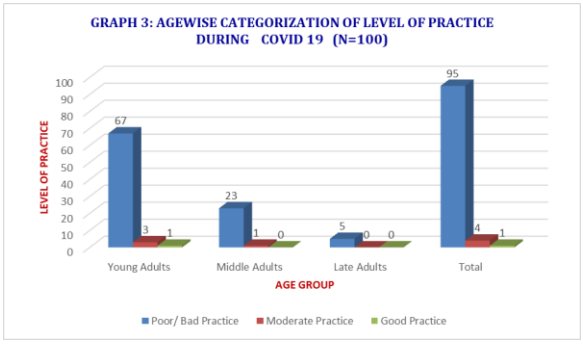

TABLE 5: CORRELATION BETWEEN THE VARIABLES N=100

	AGE	EDUCATION	GENDER	RESIDENCE	KNOWLEDGE	ATTITUDE	PRACTICE	OCCUPATION
AGE	1	-.194	.182	-.316**	.326**	-.119	.000	.592**
EDUCATION	-.194	1	.084	-.177	.067	.115	-.114	-.216*
GENDER	.182	.084	1	-.089	.034	.021	-.004	.006
RESIDENCE	-.316**	-.177	-.089	1	-.287**	.028	.231*	-.326**
KNOWLEDGE	.326**	.067	.034	-.287**	1	-.171	-.221*	.270**
ATTITUDE	-.119	.115	.021	.028	-.171	1	.395**	-.106
PRACTICE	.000	-.114	-.004	.231*	-.221*	.395**	1	-.074
OCCUPATION	.592**	-.216*	.006	-.326**	.270**	-.106	-.074	1

Correlation is significant at the 0.01 level (2-tailed).**

Correlation is significant at the 0.05 level (2-tailed).*

DISCUSSION

The emergence of COVID-19 from the city of Wuhan, China in December 2019 and its rapid global spread across over 215 countries and territories has become one of the largest pandemics in recent times with several devastating and significant public health challenges (WHO 2020). This study on knowledge, attitude and practice towards COVID 19 and psychological wellbeing among adults.so in present study the total sample size is 100 out of it 71 per cent were belong to young adult age group, 20 per cent were belongs to middle adults age group and only 5five per cent were belong to late adults' group. In case of residence category 35 per cent were belong to urban residence and 65 per cent were belong to rural residence. Among the total population 63 per cent were female and 37 per cent were male. Among the total population education of selected sample as follows 67 per cent were obtained degree followed by high school level (16%), postgraduate (12%)and only five per cent were identified as not attained education. In case of marital status 60 per cent people were unmarried and 40 per cent people were married.(table 1)

Knowledge level of selected sample, here we can see that out of total population 60 per cent were having good knowledge. Whereas 40 per cent of population indicate moderate knowledge. . And none of them showed poor knowledge (table 2).

Categorization level of attitude towards COVID 19. Among this group majority of people showed moderate attitude (83%) And 15 per cent of people showed negative attitude. Only two per cent of people showed good attitude (table 3). Level of practice towards COVID 19. Among this group majority of people showed poor/bad practice (95%). And four per cent of people showed moderate practice (table 4).

Daniel Gebretsadik et.al [2021] conducted study on Knowledge, Attitude and Practice Toward COVID-19 Pandemic Among Population Visiting Dessie Health Center for COVID-19 Screening, Northeast Ethiopia. Out of the total study participants 61.5% were males, 52.6% of them were aged between 30 and 49 years and 85.2% of them were living in urban areas. The magnitude of poor knowledge and poor practice. the results concluded was 187 (48.7%) and 160 (41.7%), respectively. Poor knowledge had statistically significant association with Illiteracy and having no

contact history Statistically significant association existed between poor practice and parameters which addressed educational status, travel history, and poor knowledge level of study participants. In case of table 5, between knowledge and age along with occupation showed positively highly significant difference as well between knowledge and residence along with practice there is negatively significant difference observed at correlation is significant at the 0.01 level. In case of attitude and practice there is positively significant difference observed at correlation is significant at the 0.01 level. While there is positive as well negative significance difference between practice and residence as well practice and knowledge at correlation is significant at the 0.05 level.

CONCLUSION

The findings of the study suggest that good COVID-19 knowledge is associated with higher education level Low income and low education population have the least awareness and knowledge level. There is significance difference find out between knowledge, attitude, practice along with respective age, residence education level, occupation of the person.

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