Knowledge, Attitude and Practices towards COVID-19

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ABSTRACT:
COVID-19 is an emerging respiratory infection that belongs to the larger family of ribonucleic acid (RNA) viruses, leading to infections, from the common cold, to more serious diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The main symptoms of COVID-19 have been identified as fever, dry cough, fatigue, myalgia, shortness of breath, and dyspnoea. The
knowledge, attitudes and practices (KAP) toward COVID-19 play an integral role in determining a society’s readiness to accept behavioural change measures from health authorities. This study was conducted in general population of the local cities i.e. Faisalabad and Islamabad. All the data was collected on a predefined proforma. A total of 120 people was included. Out of 120, eighty-five were males and thirty-five were females. The mean age of the people included in the study was 34.56±2.34 years. Out of 120, ninety people knew about the COVID-19 recent epidemic, thirty were unaware about the disease. Most of the people knew about the symptoms i.e. fever or difficulty breathing, dry cough or tiredness. Most participants knew that people who had contact with an infected person should be immediately isolated for a period of 14 days. Out of 120 people, seventy-two people were seen wearing a proper mask. Rest of the people were not wearing the surgical masks. Most of them told that, they are using hand-sanitizers and taking all kind of preventive measures to combat this situation.

Keywords: Knowledge, Attitude, Practices, COVID-19.

INTRODUCTION:
Coronavirus disease 2019 (COVID-19) is defined as an illness caused by a novel coronavirus, now called Severe
Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV). COVID-19 is an emerging respiratory infection that was first discovered in December 2019, in Wuhan city, Hubei Province, China. SARS-CoV-2 belongs to the larger family of ribonucleic acid (RNA) viruses, leading to infections, from the common cold, to more serious diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The main symptoms of COVID-19 have been identified as fever, dry cough, fatigue, myalgia, shortness of breath, and dyspnoea (1).

The SARS-CoV-2 belongs to the wide-ranging family of virus, coronavirus containing positive-sense single stranded RNA, and genetically close to bat coronavirus. Family of these viruses is known for developing human sickness including common cold to more severe diseases such as Sever Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). Persons infected with the virus need 2 to 14 days of incubation period to develop symptoms and 97.5% of patients express symptoms within 11.5 days. SARS-CoV-2 virus is predominantly spread between persons via respirational droplets from coughs and sneezes. Studies demonstrated that this virus is live on copper for 4 to 18 hours, on cardboard for 24 to 55 hours, on plastics for 72 to 100 hours, stainless steels for 72 to 90 hours and in
aerosol for three hours although the detection rates varies between surface materials types. The virus also been isolated from human faeces, however, spread through it is being investigated. Airborne characterizes of COVID-19 virus are not expressed yet. Infections can be prevented as per recommendations including repeated hand washing with soaps or alcohol based sanitizers, maintain social distances from others, covering coughs and sneezes to protect others, and avoiding hands away from mouth, nose, and eyes (2, 3).

The knowledge, attitudes and practices (KAP) toward COVID-19 play an integral role in determining a society’s readiness to accept behavioural change measures from health authorities. KAP studies provide baseline information to determine the type of intervention that may be required to change misconceptions about the virus. Assessing the KAP related to COVID19 among the general public would be helpful to provide better insight to address poor knowledge about the disease and the development of preventive strategies and health promotion programs. Among the lessons learned from the SARS outbreak is that knowledge and attitudes are associated with levels of panic and emotion which could further complicate measures to contain the spread of the disease.
MATERIAL AND METHODS:
This study was conducted in general population of the local cities i.e. Faisalabad and Islamabad. As there was no general lockdown in these areas, so data was collected from different offices and shops. All the SOPs were followed by the researchers. People were asked different questions about disease, its symptoms, and preventive measures. All the data was collected on a predefined proforma. The data was entered and analyzed in SPSS Version 25.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:
A total of 120 people was included. Out of 120, eighty-five were males and thirty-five were females.

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Gender</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>85</td>
<td>70.83%</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>35</td>
<td>29.17%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120</td>
<td>100%</td>
</tr>
</tbody>
</table>

The mean age of the people included in the study was 34.56±2.34 years, mean age of males was 36.67±1.89 and females was 33.16±2.01 years.

Out of 120, ninety people knew about the COVID-19 recent epidemic, thirty were unaware about the disease.
These ninety people knew about the disease from mainstream media, social media, and WhatsApp. Two people told that they have their close relatives as Covid positive patients. Most of the people knew about the symptoms i.e. fever or difficulty breathing, dry cough or tiredness. Most participants knew that people who had contact with an infected person should be immediately isolated for a period of 14 days. Out of 120 people, seventy-two people were seen wearing a proper mask. Rest of the people were not wearing the surgical masks. Most of them told that, they are using hand-sanitizers and taking all kind of preventive measures to combat this situation.

**DISCUSSION:**

COVID-19 is a relatively new virus that has had devastating effects within the short time since it was first detected in December 2019. To date, there has been limited published data on population knowledge, attitudes and practices toward COVID-19, specifically in Pakistan. The novelty of this disease, along with its uncertainties, make it critical for health authorities to plan appropriate strategies to prepare and manage the public. It is therefore of utmost importance that the knowledge, attitudes and practices of the population be studied to guide these efforts. COVID-19 is an emerging infectious disease that poses a significant threat to public health. Given the serious threats imposed by
COVID-19 and the absence of a COVID-19 vaccine, preventive measures play an essential role in reducing infection rates and controlling the spread of the disease. This indicates the necessity of public adherence to preventive and control measures, which is affected by their knowledge, attitudes, and practices (KAP) (4, 5). Social and physical distancing measures aim to slow the spread of disease by stopping chains of transmission of COVID-19 and preventing new ones from appearing. These measures secure physical distance between people (of at least one metre), and reduce contact with contaminated surfaces, while encouraging and sustaining virtual social connection within families and communities. Measures for the general public include introducing flexible work arrangements such as teleworking, distance learning, reducing and avoiding crowding, closure of non-essential facilities and services, shielding and protection for vulnerable groups, local or national movement restrictions and staying-at-home measures, and coordinated reorganization of health care and social services networks to protect hospitals. The measures are used in conjunction with individual protective measures against COVID-19 such as frequent hand washing and cough etiquette (5, 6). WHO has described four levels of COVID-19 transmission. These are countries or local areas with: 1. No cases reported. 2. Sporadic cases. 3. Clusters of cases (grouped in place and time), or 4. Community
transmission. Countries may wish to specify which measures are to be taken at each level and review the situation regularly. A package of measures may be applied at local, regional or national level and adjusted as needed, considering aspects such as culture, living environments, terrain and access to needed resources. Essential services should remain operational and governments should put in place social and economic policies to limit the longer term economic impact, support community resilience and enable rapid recovery.

Most importantly, the ultimate aim is to ‘walk back’ community transmission to clusters, sporadic cases, and down to no cases at all, and to begin gradually lifting social measures as soon as it is safe to do so. Guidance for lifting measures is being developed (7, 8).

REFERENCES: