

## An Investigation on the Level of Awareness and Knowledge among Public towards COVID 19 in Tamil Nadu

Dr. M. Meenakshi Saratha  
Associate Professor,  
Department of Commerce, CS & IT,  
Sri Krishna Adithya College of Arts and Science, Coimbatore, Tamilnadu, India.

Dr. V. Ramadevi  
Assistant Professor,  
Department of Management,  
Karpagam Academy of Higher Education, Coimbatore, Tamilnadu, India.

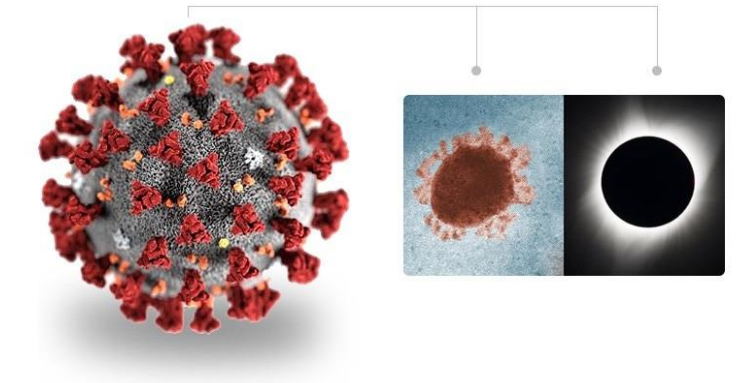
### Abstract

A novel coronavirus, 2019-nCoV, has been identified as the cause of an outbreak of respiratory illness that originated in Wuhan, China, and which has spread to several other countries around the world. The intensity of the disease is spreading across different countries. In this period, there is a research need to find out the awareness of the Coronavirus distheease, said as Covid 19. Hence the researcher has made an attempt to study about the level of awareness among the public, knowledge and precautionary steps taken against Covid-19 in Tamil Nadu. In this study the researcher used online Google form survey method to reach the respondents and percentage analysis is used to know the awareness level of respondents. The result of the study reveals that the public has got good awareness and knowledge about the covid 19.

**KeyWords:** Awareness, Covid 19, Respiratory illness, disease.

### I INTRODUCTION

There is a new public health crisis threatening the world with the emergence and spread of Corona virus. Coronaviruses are distributed broadly among mammals including humans and birds. It appears that bats are their ancestral hosts. They belong to the family Coronaviridae, the name of which is derived from the Latin corona meaning crown or halo-like appearance (as shown in fig. 1).



**Figure: 1 Corona virus**

Note: In the above Figure no.1, Notice the spike proteins on the visualisation of a coronavirus, left, and on the surface of the avian infectious bronchitis virus virion (left in inset collage). They create an effect resembling the solar corona (visible during a total eclipse) and give the family Coronaviridae its name. [Source Credits (from left): (1) CDC. (2) CDC/Fred Murphy; Sylvia Whitfield. (3) NASA/Aubrey Gemignani. Montage by ITGD Design Team/Vikas Vashisht]

Coronaviruses are enveloped positive sense RNA virus ranging from 60nm to 140nm in diameter with spike like projections on its surface giving it a crown like appearance under the electron microscope. Four corona viruses namely HKU1, NL63, 229E and OC43 have been in circulation in humans, and generally cause mild respiratory disease<sup>1</sup>. Whereas the other two major diseases namely severe acute respiratory syndrome coronavirus (SARS-CoV); and the Middle East Respiratory Syndrome coronavirus (MERS-CoV) can causes severe respiratory diseases. Most recently, China reported an outbreak of Novel Coronavirus on December 31, 2019, that has now reached other countries. The World Health Organization has declared this outbreak as a “Public Health Emergency of International Concern” (PHEIC) on 30th January 2020. It has the name coronavirus disease 2019, or COVID-19.

COVID 19 is transmitted by inhalation or contact with infected droplets and the incubation period ranges from 2 to 14 d. The symptoms are usually fever, cough, sore throat, breathlessness, fatigue, malaise among others. The disease is mild in most people; in some (usually the elderly and those with comorbidities), it may progress to pneumonia, acute respiratory distress syndrome (ARDS) and multi organ dysfunction. Treatment is essentially supportive; role of antiviral agents is yet to be established. Prevention entails home isolation of suspected cases and those with mild illnesses and strict infection control measures at hospitals that include contact and droplet precautions.

The global impact of this new epidemic is yet uncertain. Of the country’s most at risk of importing coronavirus cases, India stands at 23rd position amongst the top 30 countries at high risk from the spread of 2019-nCoV. Astonishingly, in the first week of March, a devastating number of new cases were reported globally, and COVID-19 emerged as a pandemic.

**Table : I**  
**Coronavirus status in India**

Sl. No	Name of State / UT	Total Confirmed cases (Including 65 foreign Nationals)	Cured/Discharged/Migrated	Death
1	Andhra Pradesh	161	1	1
2	Andaman and Nicobar Islands	10	0	0
3	Arunachal Pradesh	1	0	0
4	Assam	24	0	0
5	Bihar	30	0	1
6	Chandigarh	18	0	0
7	Chhattisgarh	9	3	0
8	Delhi	445	15	6

<sup>1</sup> Richman DD, Whitley RJ, Hayden FG. Clinical Virology, 4th ed. Washington: ASM Press; 2016.

Sl. No	Name of State / UT	Total Confirmed cases (Including 65 foreign Nationals)	Cured/Discharged/Migrated	Death
9	Goa	7	0	0
10	Gujarat	105	14	10
11	Haryana	49	24	0
12	Himachal Pradesh	6	1	1
13	Jammu and Kashmir	92	4	2
14	Jharkhand	2	0	0
15	Karnataka	144	12	4
16	Kerala	306	49	2
17	Ladakh	14	10	0
18	Madhya Pradesh	104	0	6
19	Maharashtra	490	42	24
20	Manipur	2	0	0
21	Mizoram	1	0	0
22	Odisha	20	0	0
23	Puducherry	5	1	0
24	Punjab	57	1	5
25	Rajasthan	200	21	0
26	Tamil Nadu	485	6	3
27	Telangana	269	32	7
28	Uttarakhand	22	2	0
28	Uttar Pradesh	227	19	2

Sl. No	Name of State / UT	Total Confirmed cases (Including 65 foreign Nationals)	Cured/Discharged/ Migrated	Death
29	West Bengal	69	10	3
Total number of confirmed cases in India		3374*	267	77
*States wise distribution is subject to further verification and reconciliation				

**Source: Ministry of Health and Family Welfare as on 04.04.2020**

It is clear from the table no. 1, as on the date of 04 March 2020, 3374 confirmed cases, 267 cured/ Discharged cases and around 77 deaths across 29 states had been reported. Out of 29 states, Tamil Nadu was highly affected by the spread of COVID 19 with 485 confirmed cases, 6 cured/discharged cases and 3 deaths.

In an advisory, issued on March 10, the Government has advised citizens to avoid non-essential travel abroad in view of the fact that the coronavirus has spread to over 100 countries now. The Indian government has announced a number of preventive measures to minimise the entry and spread of coronavirus. India's Prime Minister Narendra Modi has appealed to Indians to avoid mass gatherings and requested all citizens to observe a nation-wide curfew or janta curfew on 22 March from 7 am to 9 pm. People were urged to not leave the house on that day unless for emergencies. A 21-day lock-down across the country was imposed from 26 March to 14 April to curb the spread of the coronavirus pandemic. Indian community understands too little about this virus when viewed against the magnitude of its potential threat. This lack of knowledge is alarming and the public health agencies must respond aggressively. Hence it is a need of an hour to explore the level of knowledge, awareness and precautionary measures adopted by the public in Tamil Nadu towards Covid-19.

**Statement of the Problem:**

COVID-19 is spread by human-to-human transmission through droplet, fecal-oral, and direct contact and has an incubation period of 2-14 days. To date, no antiviral treatment or vaccine has been explicitly recommended for COVID-19. India has witnessed a spike in the number of coronavirus cases recently. The Government of India has also taken several other measures to control the risk of novel Coronavirus infection spreading to India. Therefore, applying preventive measures to control COVID-19 infection is the most critical intervention. The WHO also initiated several online training sessions and materials on COVID-19 in various languages to strengthen preventive strategies, including raising awareness among public in preparedness activities. Hence the researcher has made an attempt to study about the level of awareness among the public, knowledge and precautionary steps taken against Covid-19 in Tamil Nadu.

**II OBJECTIVES OF THE STUDY:**

The main objectives of the study were:

1. To know the level of awareness towards coronavirus.
2. To examine respondents attitude towards precautionary steps taken against covid19.
3. To reveal their level of knowledge about covid19.
4. To offer suggestions based on the findings of the study.

### **Review of Literature:**

**Khalid M. Almutairi, PhD et.al** in their study aimed to measure the level of awareness of faculty members, staff and students in a female Saudi Arabian university community towards Middle East respiratory syndrome coronavirus (MERS-CoV) following an outbreak. A self-administered questionnaire containing knowledge questions was distributed and completed by the 1541 participants. The overall knowledge score was 43.2%. It was only significantly higher in participants from the health colleges (50.6%). The majority (78.9%) of the respondents recognized the typical symptoms of MERS-CoV but only 67.1% knew the recommended preventive hygiene practices. Awareness of disease epidemiology, severity, fatality rate and treatment was very low. The knowledge of health care workers/ students of the recommended precautions that should be applied when dealing with patients was poor (55.5%). Significant improvement in educational programmes for both the health care and non-health care professionals is warranted, particularly in crowded educational institutions or workplaces.

**Maha Al-Mohaisen** his study is about new cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) were reported in Gulf countries in 2014, and to date, it has reportedly infected 837 people and killed 291 globally. Awareness of an individual's knowledge and being able to predict his or her behavior is crucial when evaluating clinical preparedness for pandemics with a highly pathogenic virus. The aim of this study was to identify awareness, attitudes, and practices related to MERS-CoV among the public in Saudi Arabia. A cross-sectional study of 1147 adult subjects recruited from various shopping malls in Riyadh was conducted. All the subjects were interviewed using a questionnaire that tested their knowledge, attitudes, and use of precautionary measures in relation to the MERS-CoV pandemic. The majority of the participants showed high levels of concern and had utilized precautionary measures. After adjusting for other variables, gender was the only significant predictor of the level of concern ( $P < .001$ ), while knowledge was the significant predictor of both the level of concern and precaution ( $P < .001$ ). High concern translated into a higher compliance with precautionary recommendations. Frequent communication between health care providers and the public is recommended to help dispel myths about the disease and to empower the public with the information needed to help the Saudi government in containing the disease outbreak.

**Marzieh Nemati et.al.**, The world is affected by the Corona Virus Disease 2019 (COVID-19). Because of their direct contact with patients, health workers, especially nurses, play critical roles in the prevention of the COVID-19 outbreak through proper care and preventive procedures. This study aimed to measure the awareness level of nurses in Shiraz, Iran, during the current COVID-19 outbreak. A self-administered questionnaire containing knowledge questions was distributed to 85 participants to complete. More than half of the nurses (56.5%) had good knowledge about sources, transmission, symptoms, signs, prognosis, treatment, and mortality rate of COVID-19. The sources of information for the nurses were the World Health Organization and the Ministry of Health (55.29%), social applications (48.23%), and media (42.35%). The major conclusion of the study was Nurses had almost good knowledge of COVID-19. However, the WHO and the Ministry of Health still must provide more information for the medical staff for better control of the infectious disease.

The corona virus or COVID is a large family of virus that causes illnesses ranging from the common cold acute respiratory syndromes but the virus that has killed over 3000 people in china and elsewhere is a novel strain and not seen before. Common symptoms of the novel coronavirus strain include respiratory symptoms such as fever, cough and shortness of breath. The WHO declares the corona virus epidemic as a global health emergency.

### **STUDY PERIOD AND AREA:**

This study was undertaken during the period of 21 day nationwide lock down in India during March 25, 2020 to April 14, 2020. Hence online Google form survey method was carried out through email and

other social media without any geographic barrier. However, because it was confined to convenience sampling and also covered a few respondents in places like Chennai, Madurai and Coimbatore (friends and acquaintances), it is presumed that almost all the respondents are of Tamil Nadu origin.

**Research Design:** This study is descriptive and analytical in nature.

**Sources of Data:** The present study is based on both primary and secondary data. For collecting primary data the well structured questionnaire was framed. Researcher has used recent techniques i.e. Google forms & Emails for collecting the responses which is freely available on Google. It is very helpful for the researcher to distribute and collect the responses in a specific format and saving the researchers valuable time. Secondary data have been collected from various books, news, journals, magazines and internet.

**Sample Size:**

A well structured questionnaire containing 21 survey questions, covering socio demographic profile, Awareness, knowledge towards sign and symptoms, precautionary measures towards COVID 19, was framed and collected through Online Google form using mail ids and other social networks. Around 127 responses were received between March 17<sup>th</sup> 2020 and 27<sup>th</sup> March 2020. Out of which, 9 responses were incomplete. Therefore 118 responses were selected as a sample size for the study.

**Tools Used for the study:**

The data collected was analyzed through common statistical tools like Simple Percentages analysis was used.

**Limitations of the study:**

1. Due to time constraint, the sample size is limited to 118
2. Respondent may fail to express their opinions and beliefs.
3. There may be a bias in collecting the data.

**III ANALYSIS AND INTERPRETATION:**

**Table: 2**  
**Socio-Demographic profile of the respondents**

Socio- Demographic Status		No. of Respondents	Percentage
AGE	Less Than 25	47	39.8
	25-34	22	18.6
	35-44	29	24.6
	45-54	13	11.0
	55-64	7	5.9
	<b>Total</b>	<b>118</b>	<b>100.0</b>
GENDER	Female	64	54.2
	Male	54	45.8
	<b>Total</b>	<b>118</b>	<b>100.0</b>
EDUCATION	Bachelor Degree	47	39.8
	Diploma	4	3.4
	Masters Degree	55	46.6
	Others	12	10.2
	<b>Total</b>	<b>118</b>	<b>100.0</b>
MARITAL STATUS	Married	63	53.4

	Unmarried	54	45.8
	Divorced	1	0.8
	<b>Total</b>	<b>118</b>	<b>100.0</b>
<b>OCCUPATION</b>	Doctors/ Medicinal Practioner	1	.8
	Educationalist	33	28.0
	Government Employees	6	5.1
	Private Employees	32	27.1
	Businessmen	9	7.6
	Others	37	31.4
	<b>Total</b>	<b>118</b>	<b>100.0</b>

*Source: Online Survey*

**Interpretation:**

The above table no 2 reveals that

**Age:** About 39.8% of the respondents belong to the age limit below 25 years, 24% belong to 35-44 years of age category, 18.6% belong to 26-34 years of age category, 11% belong to 45-54 years of age category and 5.9% belong to 55-64 years of age category.

**Gender:** About 54.2% of respondents were female and 45.8% were male.

**Education:** About 46.6% belong to Masters Degree, 39.8% of respondents belong to Bachelor Degree, 3.4% belong to Diploma category and 10.2% belong to others category.

**Marital Status:** About 53.4% of respondents belong to married category, 45.8% belong to unmarried category and 0.8% of respondents belong to divorced category.

**TABLE 3:  
 KNOWLEDGE TOWARDS COVID-19**

<b>Knowledge towards covid-19</b>	<b>No. of Respondents</b>	<b>Percentage</b>
It is a virus	78	66.1
A disease due to immune deficiency	6	5.1
An inherited disease	1	.8
An inherited disease and can spread from one person to another	32	27.1
No idea	1	0.8
<b>Total</b>	<b>118</b>	<b>100</b>

The above table no 3 reveals that 66.1% of respondents know that Covid 19 is a virus, 5.1 % of respondents know that it is a disease due to immune deficiency, 0.8 % know that it is an inherited disease, 27.1% know that it is an inherited disease and can spread from one person to another and 0.8% do not have any idea on Covid 19.

**TABLE 4:  
 ORIGIN OF COVID-19**

<b>Origin</b>	<b>No. of Respondents</b>	<b>Percentage</b>
Animal	63	53.4
Humans	55	46.6
<b>Total</b>	<b>118</b>	<b>100</b>

The above table no 4 reveals that 53.4% of respondents were aware that Covid 19 comes from Animals and 46.6% were aware that it comes from Humans.

**TABLE 5:  
AWARENESS TOWARDS OUTBREAK OF COVID 19**

Awareness	No. of Respondents	Percentage
YES	102	86.4
SOMEWHAT	14	11.9
NO	1	.8
Total	117	99.2

The above reveals that 87.2% of respondents were aware of the outbreak of corona virus, 12% were somewhat aware and 0.9% was not aware of the outbreak of corona virus.

**TABLE 6:  
SOURCES OF AWARENESS TOWARDS COVID 19**

Sources of Awareness	No. of Respondents	Percentage
Friends and Family members	4	3.4
Newspaper	17	14.4
Announcements in radio and television shows	32	27.1
Social networking	59	50.0
Mobile caller tunes	2	1.7
Awareness campaign by various schools and colleges	3	2.5
Hospital posters and cutouts	1	.8
<b>Total</b>	<b>118</b>	<b>100.0</b>

It is clear from the table 6, that 3.4% of respondents opine that friends and family members were the sources of awareness of coronavirus, 14.4 % feel that it was newspaper, for 27.1% it was announcements in radio and television shows, for 50% it was social networking, 1.7% it was mobile caller tunes, 2.5 % opine it was an awareness campaign by various schools and colleges and 0.8% opine that hospital posters and cutout was the source of creating awareness of coronavirus.

**TABLE 7  
SYMPTOMS AWARENESS TOWARDS COVID 19**

Symptoms Awareness	No. of Respondents	Percentage
YES	98	83.1
NOT SURE	16	13.6
NO	4	3.4
Total	118	100.0

Table 7 reveals that 83.1% of respondents were aware of the symptoms of Covid 19, 13.6% were not aware and 3.4% of respondents were not aware of the symptoms of Covid 19.

**TABLE 8  
SIGNS AND SYMPTOMS OF COVID 19**

Signs and Symptoms of COVID 19	No. of Respondents	Percentage
Fever , cough and cold	77	65.3
Muscle pain	1	0.8
Shortness of breath	7	5.9
It could lead to death directly	1	.8



All the above symptoms	32	27.1
Total	118	100

Table no 8 discloses that 65.8% of respondents were aware that Fever, cough and cold were the main symptoms of Covid 19, 6% were aware that shortness of breath, 0.9% were aware that it could lead to death directly, 27.4% of respondents were aware that all the above were the symptoms and signs of Covid 19.

**TABLE 9**  
**TIME DURATION TAKEN FOR SYMPTOM APPEARANCE**

Time Duration	No. of Respondents	Percentage
IMMEDIATE REACTION	4	3.4
TAKE 2-14 DAYS	104	88.1
NOT SURE	10	8.5
Total	118	100.0

Table 9 shows that the 3.4% of respondents were aware that the reaction is immediate, 88.1% were aware that it takes 2-14 days and 8.5% of respondents feel that they are not sure on the time period.

**TABLE 10**  
**TRANSMISSION OF COVID 19**

Transmission of COVID 19	No. of Respondents	Percentage
Droplets after sneezing	22	18.6
Use of objects used by an infected person	5	4.2
Touching and shaking hands with an infected person	28	23.7
Transmitted through pet animals	0	0
ll the above	58	49.2
Not sure	5	4.2
Total	118	100.0

The above table no 10 shows that 18.6% of the respondents were aware that the disease is transmitted through the droplets after sneezing, 4.2% were aware that usage of objects used by an infected person is another source, 23.7% were aware that touching and shaking hands with an infected person is a source of transmitting the disease, 49.2% of respondents were aware that all the above sources transmits the disease and 4.2% of respondents were not aware of the sources.

**TABLE 11**  
**COMMON CAUSES FOR THE SPREAD OF COVID 19**

Common causes for the spread of covid 19	No. of Respondents	Percentage
Over crowding	95	80.5
Delay in diagnosis	9	7.6
Poor infection control practices	14	11.9
Total	118	100.0

Table no 11 shows that 80.5% of respondents were aware that overcrowding was the common cause for the spread of coronavirus, 7.6% were aware that Delay in diagnosis and 11.9% of respondents were aware that Poor infection control practices was the common cause for the spread of coronavirus.

**TABLE 12**  
**KNOWLEDGE TOWARDS WEARING OF THE FACE MASK**

Knowledge towards wearing of Face Mask	No. of Respondents	Percentage
People taking care of someone who is (or might be) infected with coronavirus.	30	25.4
who have coughing or sneezing	50	42.4
People have coronavirus or have been tested for coronavirus.	22	18.6
Health care provider	16	13.6
Total	118	100.0

The above table no. 11 shows that 25.4% of respondents were aware that People taking care of someone who is (or might be) infected with coronavirus should wear the face mask, 42.4% were aware that people who have coughing or sneezing should wear face mask, 18.6% were aware that the People who have coronavirus or have been tested for coronavirus should wear and 13.6 % of respondents were aware that Health care provider should wear face mask.

**TABLE 13**  
**TYPE OF FACE MASK TO BE USED**

Type of Mask	No. Of Respondents	Percentage
N95 MASK	44	37.3
SURGICAL MASK	15	12.7
RESUABLE MASK	8	6.8
ANY MASK	12	10.2
NOT REQUIRED	5	4.2
USAGE OF MASK	34	28.8
Total	118	100.0

The table no. 13 above shows that 37.3% of respondents were aware that N95 mask is better for controlling the spread of covid 19, 12.7% feel surgical mask is better, 6.8% feel that Reusable mask is better, 10.2% feel that any type of mask is better, 4.2% opines that masks are not required and 28.8% of respondents feel that usage of masks depends on the situation and guidelines.

**Table: 14**  
**Knowledge Level towards COVID 19**

Spread of COVID 19	Yes I know	Not sure	Don't Know
COVID 19 is thought to be originated from bats	177	96	11
Covid19 is transmitted through air, contact, fecal-oral routes	249	54	7
Headache, fever, cough, sore throat and flu are symptoms of COVID 19	318	22	1
The incubation period of COVID 19 (2-14 days)	294	38	1
COVID -19 leads to pneumonia, respiratory failure and death	282	40	4
Supportive care is the current treatment for COVID 19	201	50	2
Preventive Measures	Yes I know	Not sure	Don't Know
Clean your hands often Avoid touching your eyes, nose, and mouth with unwashed hands.	342	8	0
Keep distance between yourself and other people	345	6	0
Wear mask	249	48	11

Stay home when you are sick	339	6	2
Throw used tissues in the trash.	321	16	3
Clean and disinfect frequently touched objects and surfaces	321	14	4
Avoid unnecessary travel	327	14	2
Monitor your symptoms	315	18	4
Follow travel guidelines	282	34	7
Maintain healthy habits	339	6	2

Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The typical Indian weather condition is certainly a deterrent to COVID 19	180	136	96	26	4
Indian have a practice of taking Anti-viral food and health drinks will boost their immunity to fight against COVID - 19	200	172	66	22	2
Most of the viral infections can be avoided by adopting our traditional method of living.	305	140	51	6	2
Fully boiled non-vegetarian food habits were followed which avoids transmission of disease from animals.	245	112	81	20	1

It is clear from the above table that major of the respondents have high knowledge towards the spread and preventive measures of COVID 19. The inference from the above table was, the respondents possess high knowledge towards the symptoms, incubation period of virus, causes and transmission of COVID 19. It is also clear from the study, respondents have more knowledge about maintaining social distance; Cleaning hands often, self quarantine, wearing mask avoiding unnecessary travel and monitoring their symptoms are the preventive measures against the spread of COVID 19.

**Table: 15**  
**Steps to be taken if they got sick**

Steps to be taken if got sick	No. Of Respondents	Percentage
Stay home except to get medical care	48	40.7
Call ahead before visiting your doctor	22	18.6
Seeking experts help through Toll Free number 1095	48	40.7
Total	118	100.0

The above table shows that, 40.7% of the respondents aware to stay at home except to get medical care, again 40.7% of them aware to seek experts help through Toll Free number 1095 and rest of the 18.6 % of them aware to call ahead before visiting their doctor if they found sick due to COVID 19.

**Table: 16**  
**Opinion towards spread of covid-19 in India**

It is understood from the above table16, that major of the respondents strongly agree the opinion statement towards “Most of the viral infections can be avoided by adopting our traditional method of living”, “Fully boiled non-vegetarian food habits were followed which avoids transmission of disease

from animals”. It is inferred that respondents have strong opinion that Indian food habits , traditional method of living, anti- viral intakes and weather condition are the barriers to the spread of COVID 19 in India compared to other countries.

### Results and Discussions:

Following were the findings of the study:

- Majority 39.8% of the respondents belong to the age limit below 25 years.
- About 54.2% of respondents were female
- About 46.6% belong to Masters Degree
- About 53.4% of respondents belong to married category,
- 28% belong to educationalist category and 31.4% belong to other category of occupational status.
- 66.1% of respondents know that COVID 19 is a virus
- 53.4% of respondents were aware that COVID 19 comes from Animals.
- 87.2% of respondents were aware of the outbreak of corona virus.
- 50% of respondents feel that social networking is the source which created the awareness of coronavirus.
- 83.1% of respondents were aware of the symptoms of COVID 19.
- 65.8% of respondents were aware that fever, cough and cold were the main symptoms of COVID 19
- 88.1% were aware that it takes a time period of 2-14 days for the appearance of the symptoms of corona virus.
- 49.2% of respondents were aware that the sources like droplets after sneezing, use of objects used by an infected person, touching and shaking hands with an infected person and transmitted through pet animals transmits the disease.
- 80.5% of respondents were aware that overcrowding was the common cause for the spread of coronavirus.
- 42.4% were aware that people who have coughing or sneezing should wear face mask.
- 37.3% of respondents were aware that N95 mask is better for controlling the spread of COVID 19.
- It is clear from the study, that majority of the respondents have high knowledge towards the spread and preventive measures of COVID 19.
- It is found that 40.7% of the respondents aware to stay at home except to get medical care if they found sick.
- It is inferred from the study, that major respondents have strong opinion towards Indian food habits , traditional method of living, anit- viral intakes and weather condition are the barriers for the spread of COVID 19 in India when compared to other countries

### IV CONCLUSION

Even though COVID 19 epidemic has caused public panic, most of the respondents had almost good awareness and knowledge towards the spread of COVID 19 in India. As the global threat of COVID-19 continues to emerge, Indian government should take collaborative efforts coordinated by World Health organization and ministry of Health for the better control of the infectious disease. Such efforts should focus on educating and training the public about their role to be played in limiting the spread of the disease through media resources instantly.

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