ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

"Studies on awareness and protection of COVID-19: A study in Rural Village in Visakhapatnam District, Andhra Pradesh

Dr. Ch. Asha Kiran Raju[1], Prof. T. Sobha Sri[2]
[1]Post-Doctoral Fellow (ICSSR), [2]Professor, Department of Social Work
A.U College of Arts and Commerce,
Andhra University, Visakhapatnam – 530003, Andhra Pradesh, India
+91-9912796245 and +91-9848097091

Abstract

In early December 2019, a novel coronavirus disease 2019 (COVID19) caused by novel severe acute respiratory syndrome coronavirus 2 (SARSCoV2) occurred in Wuhan City, Hubei Province, China. On January 30, 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern. As of February 14, 2020, there were 49,053 laboratory-confirmed cases and 1,381 deaths worldwide. Due to the perceived risk of infection, many governments have implemented various control measures. We performed a literature review of publicly available information to summarize our knowledge of pathogens and current epidemics. This literature review addresses pathogens, etiology and immune responses, epidemiology, diagnosis, treatment and management of disease, and strategies for control and prevention. The current research focuses on information, lifestyle and defense against Covid-19.

1.0 Introduction

On December 31, 2019, the Chinese health authorities were warned in many cases of Esperton in the Infinite City of the Central CentralCentral, China. The case has been registered since December 8, 2019, and many patients worked on Hannam Seafood and worked in the local market, but other initial issues have affected this market **[01-03]**. On January 7, 2000, Roman Corona virus was originally confirmed by Roman Corona virus with 2019ncov was confirmed in the patient's sample jokes **[04-05]**. This pathogen later changed to a harsh acute respiratory syndrome in a part of the Co-Channel Research Group and the disease was called Coronavirus 2019 (Covid19). In 19736, as of January 30, 7736, 12,67 persons were found in China, and 82 identified cases were found in 18 countries. On the same day, the WHO declared the SARSCoV2 outbreak as a public health emergency of international concern (PHEIC). The purpose of this review is to summarize our current understanding of COVID-19, including its causative agents, disease pathogenesis, case diagnosis and treatment, and control and prevention strategies**[06]**.

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

Theory

The majority of people infected with the virus will experience mild to moderate respiratory illness and will recover without the need for special treatment. Some, however, will become critically ill and require medical attention. People over the age of 65, as well as those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, or cancer, are at a higher risk of developing serious illness. Anyone of any age can become seriously ill or die as a result of COVID-19.Being well informed about the disease and how the virus spreads is the best way to prevent and slow down transmission. Stay at least one metre apart from others, wear a properly fitted mask, and wash your hands or use an alcohol-based rub frequently to protect yourself and others from infection. When it's your turn, get vaccinated and follow local recommendations.When an infected person coughs, sneezes, speaks, sings, or breathes, the virus can spread in small liquid particles from their mouth or nose. These particles range in size from large respiratory droplets to tiny aerosols. If you feel ill, it is critical to practise respiratory etiquette, such as coughing into a flexed elbow, and to stay at home and self-isolate until you recover.

2.0 METHOD

The current review is enlightening study strategy. It includes a plainly characterized creative preparation, cautious investigation and translation of information accumulated and sensible detailing. To complete the exploration of this kind of assortment of information, for testing the speculation and for coming to guaranteed end results, it is important to pick the procedure and the appropriate instruments to the utilized. For this examination the survey had been considered as a reasonable apparatus for the assortment of information. Irregular respondents in Bheemli village were chosen basing on the progression savvy basic arbitrary examining strategy.

Objectives of the study

1. To compare the information and idea about their particular living in Bheemli villageof Visakhapatnam district
2. To compare the knowledge about epidemic diseases in Bheemli villageof Visakhapatnam district.

Hypothesis

There will be no significant difference between the residing and living style of respondents in Bheemli villageof Visakhapatnam district.

There will be no significant difference between the knowledge and idea about CPVID-19in Bheemli villageof Visakhapatnam district.

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

3.0 Results and discussion

3.1 Age wise classification

From the Fig 3.1 the graph is plotted against different age group peoples and percentage and no of peoples from the graph it is noted that the old aged people gets corona mostly in first wave compared to young and middle aged peoples. In this fig the blue color line indicates the no of house hold and red color indicates the percentage that effected mostly with COVID.

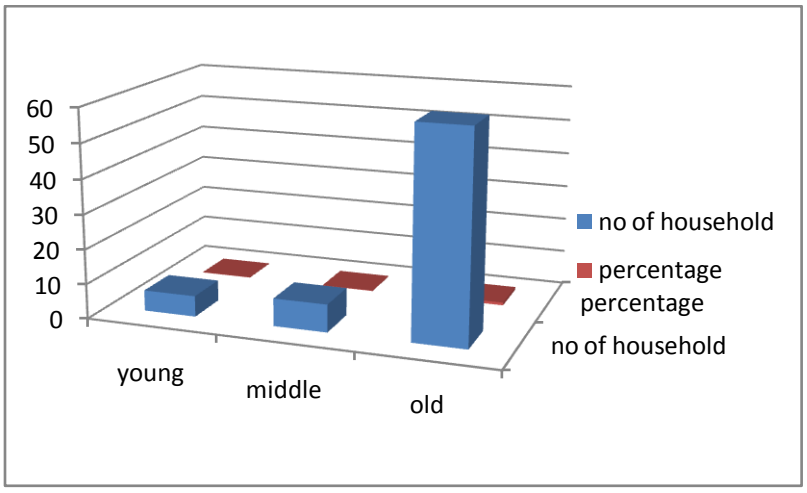

Fig. 3.1 Age wise classification

3.2 Sex of people

From the Fig. 3.2 the graph is plotted against gender of the people and % of the gender of the people who acquired the most and from the graph it is noted that the female gets covid mostly compared to male. In this graph red color indicates the percentage of female peoples and blue color indicates the percentage of male peoples.

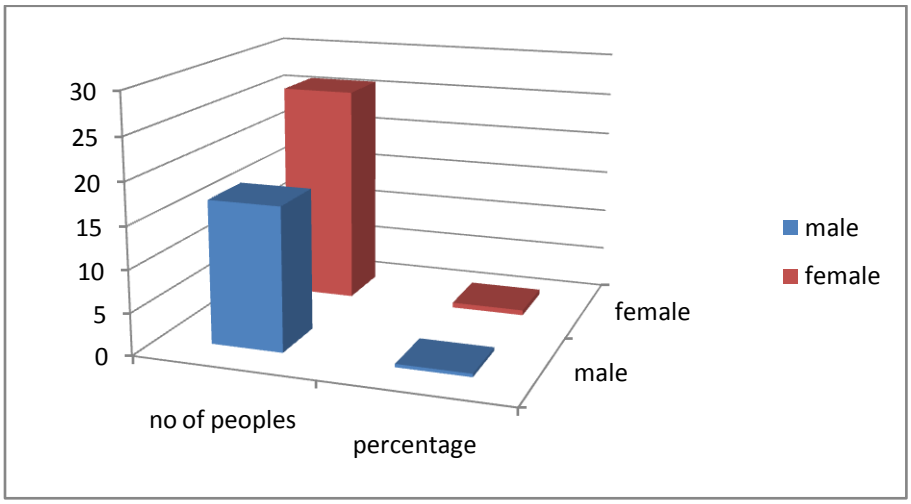

Fig. 3.2 types of peoples

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

3.0 Education level

From the Fig 3.3 the graph is plotted against Education level of the people and % of the people who are educated and acquired covid the most and from the graph it is noted that the persons who studied the degree educates gets covid mostly compared to primary and secondary educate peoples. In this fig the blue color line indicates the no of people and red color indicates the percentage that effected mostly with covid.

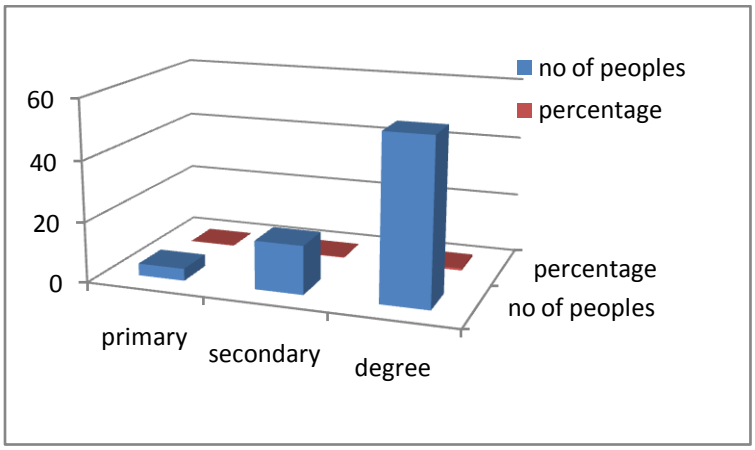

Fig. 3.3 Education levels

3.4 Occupation level

From the Fig. 3.4 the graph is plotted against occupation of the people and % of the people who are at work and acquired covid the most and from the graph it is noted that the persons who go for the work gets govt jobs peoples mostly compared to farming and private job. In this graph red color indicates the percentage of occupation levels and blue color indicates the no of peoples.

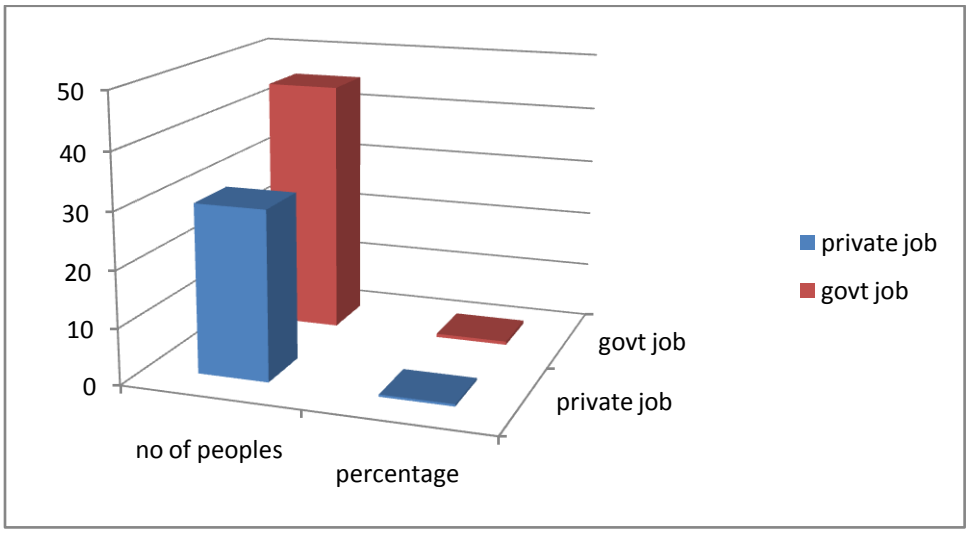

Fig. 3.4 occupation level

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

3.5 Food types

From the Fig 3.5 the graph is plotted against Type of Food habits people eat and % of the covid obtained for the people who are having veg and non-veg in their food habitat and from the graph it is noted that the persons who go both veg and non-veg food acquires covid mostly compared to the people having only veg. In this graph red color indicates the percentage of the people food levels and blue color indicates the no of peoples.

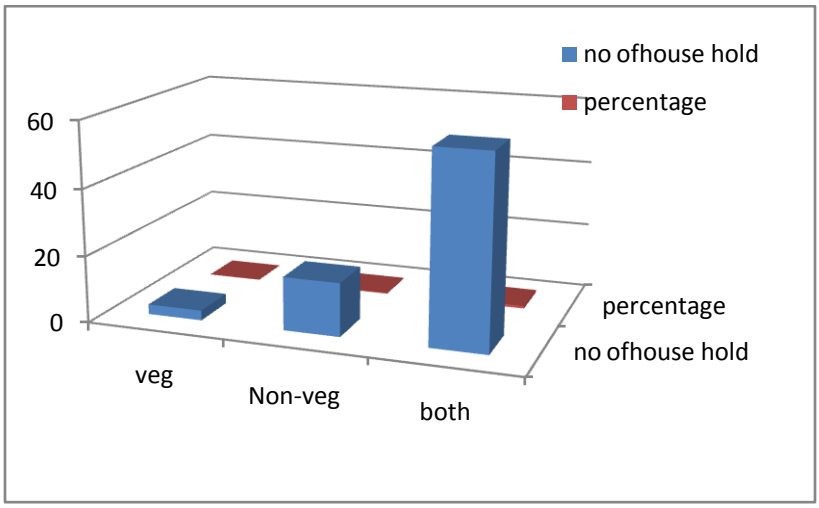

Fig. 3.5 types of food

3.6 sources of water

From the Fig 3.6 the graph is plotted against Type of water sources available for people and % of the covid obtained for the people for their water sources and from the graph it is noted that the persons who are using municipal water as their water sources acquires covid when compared to the people who are using mineral waterand bore well as their source.

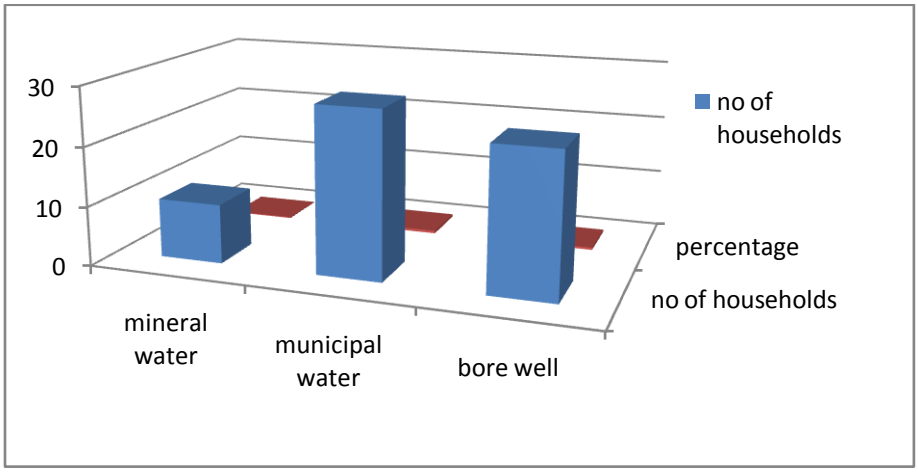

Fig. 3.6 sources of water

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

3.7 hear about COVID

From the Fig. 3.7 the graph is plotted against no of peoples and percentage of people and hears about covid. From this graph the peoples hear about covid mostly lockdown compare to phone calls, T.V. advertisement and municipal announcement.in this graph red color indicates the percentage of the peoples and blue color indicates the no of peoples**[07-08]**.

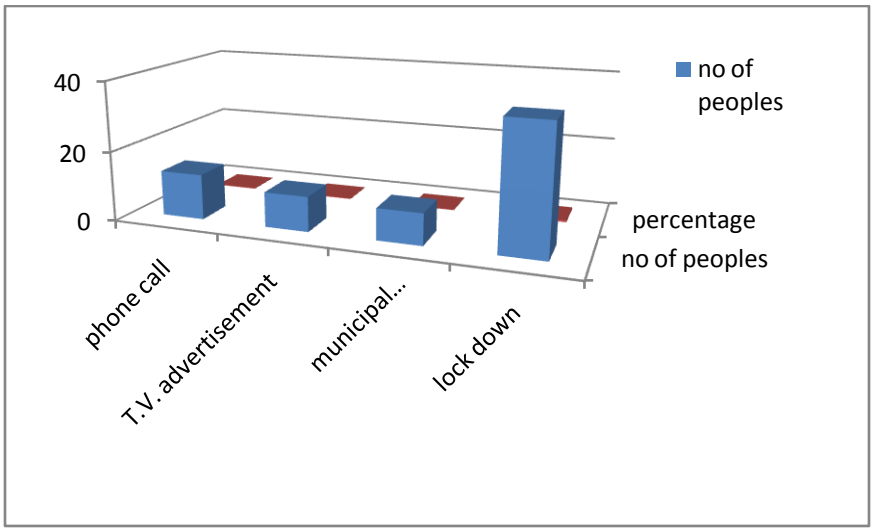

Fig. 3.7 hear about COVID

3.8 Necessary Precautions

From the Fig 3.8 the graph is plotted against no of rangesof the people and % of the peoples from this graphs peoples mostly used steam for to avoid covid compare to mask sanitizer and social distance. In this graph red color indicates the percentage of the peoples and blue color indicates the no of ranges.

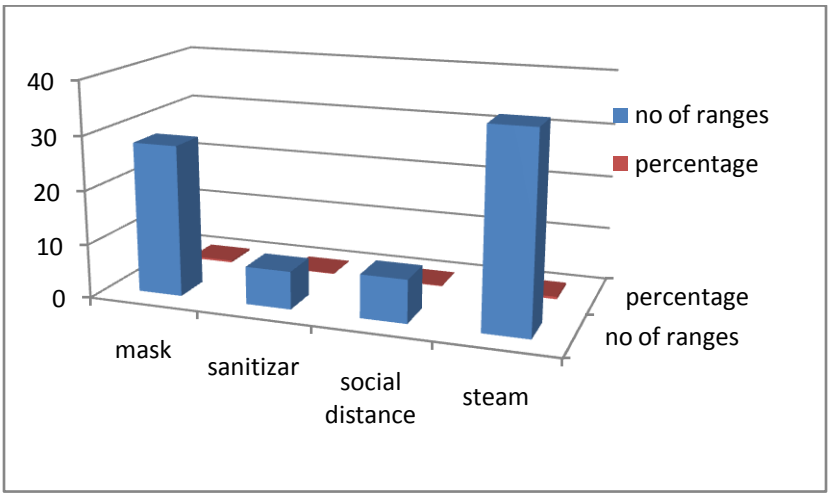

Fig. 3.8 house surroundings

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

3.9 COVID medication

From the fig. 3.9 shows the factors of treatments and affected no of peoples from this fig mostly high percentage peoples are mostly home isolation or self-isolation will preferred compared to medication, hospital admitted and candle lighting. In this graph red color indicates the percentage of people used different medication and blue color indicates the no of peoples.

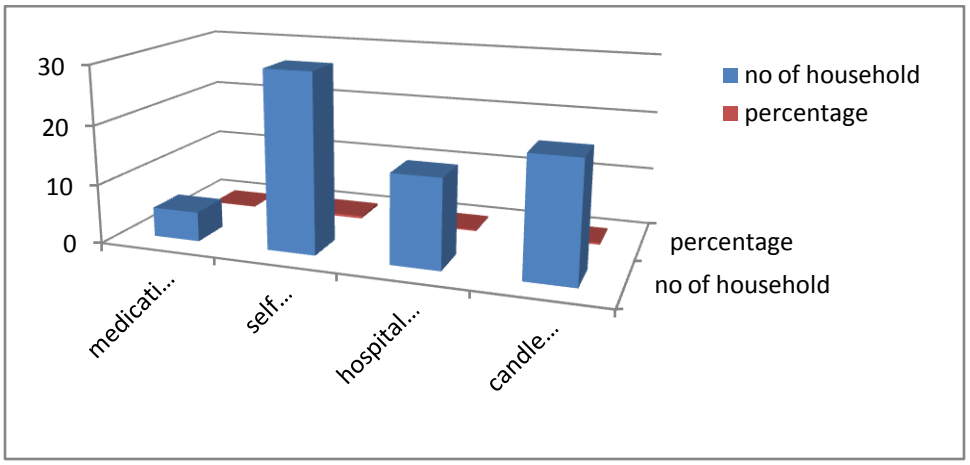

Fig. 1.9 factors of typhoid

3.10 dangerous variant

From the fig. 3.10 shows the types of different variant and no of peoples and percentage from the fig shows flew virus and delta variants are mostly dangerous in covid compare to delta plus and omicron. In this graph red color indicates the percentage of the people's and blue color indicates the no of peoples**[09-10]**.

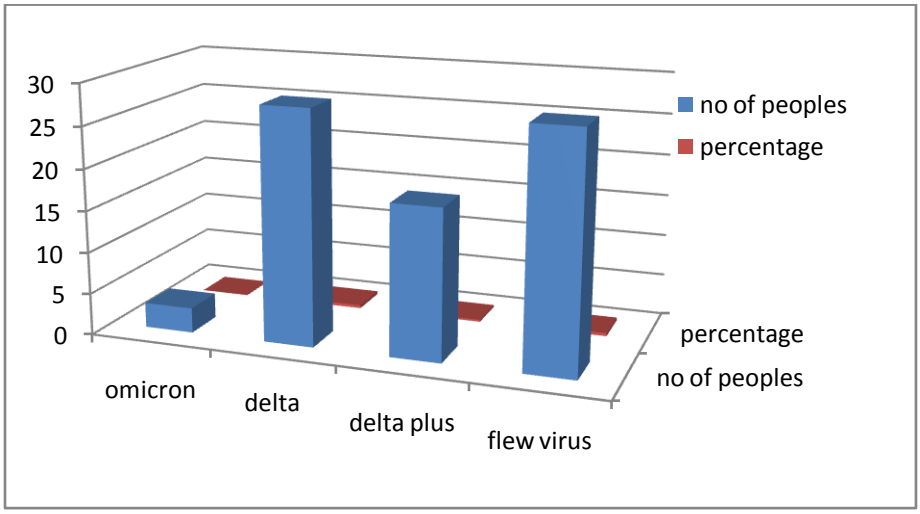

Fig. 3.10 diseases handling

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

Table 1.1 ANOVA single factors for typhoid

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
sl no	30	465	15.5	77.5
age	30	74	2.466667	0.671264
sex	30	43	1.433333	0.254023
Education	30	74	2.466667	0.533333
Occupation	30	75	2.5	0.258621
drinking water	30	62	2.066667	1.167816
Food	30	76	2.533333	0.464368
COVID	30	68	2.266667	1.71954
precautions	30	79	2.633333	1.205747
medication	30	70	2.333333	0.91954
types of variant	30	77	2.566667	0.943678

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	4766.806	10	476.6806	61.22855	3.32E-68	1.860438
Within Groups	2483.5	319	7.785266			
Total	7250.306	329				

Conclusion

The current COVID 19 pandemic is plainly a worldwide general wellbeing concern. Information on microbes, how they taint cells and cause illness, and the clinical qualities of the sickness is progressing quickly. Fast contaminations require nations all over the planet to focus on illness reconnaissance frameworks and extend their status and reaction activities, including laying out quick reaction groups and upgrading the capacities of public research facility frameworks. The Bheemli village people are highly knowledgeable about COVID-19. The awareness and prevention measures are in advance stage in Bheemli village.

Acknowledgements

The author is thankful to the Department of Social Work and Andhra University for providing all the facilities and also expresses deep sense of gratitude to ICSSR PDF fellowship for carrying out this research work with full financial support.

ISSN- 2394-5125 VOL 7, ISSUE 07, 2020

References

1. HarapanHarapan, NaoyaItoh, Amanda Yufika, WiraWinardi, SynatKeam, HayphengTe, Dewi Megawati, ZinatulHayati, Abram L.WagnerlMudatsirMudatsir, "Coronavirus disease 2019 (COVID-19): A literature review", Journal of Infection and Public Health, Volume 13, Issue 5, May 2020, Pages 667-673
2. D.S. Hui, I.A. E, T.A. Madani, F. Ntoumi, R. Kock, O. Dar, et al.The continuing 2019-nCoV epidemic threat of novel coronaviruses to global health – the latest 2019 novel coronavirus outbreak in Wuhan, ChinaInt J Infect Dis, 91 (2020), pp. 264-266
3. WHO: coronavirus disease 2019 (COVID-19) situation report – 23World Health Organization, Geneva, Switzerland (2020)
4. N. Chen, M. Zhou, X. Dong, J. Qu, F. Gong, Y. Han, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive studyLancet (2020)
5. H. Lu, C.W. Stratton, Y.W. Tang Outbreak of pneumonia of unknown etiology in Wuhan China: the mystery and the miracle J Med Virol (2020)
6. C. Burrell, C. Howard, F. Murphy Fenner and White's medical virology (5th ed.), Academic Press, United States (2016)
7. Yang, Li, Shasha Liu, Jinyan Liu, Zhixin Zhang, Xiaochun Wan, Bo Huang, Youhai Chen, and Yi Zhang. "COVID-19: immunopathogenesis and Immunotherapeutics." Signal transduction and targeted therapy 5, no. 1 (2020): 1-8.
8. Le, T. Thanh, Zacharias Andreadakis, Arun Kumar, R. Gómez Román, StigTollefsen, Melanie Saville, and Stephen Mayhew. "The COVID-19 vaccine development landscape." Nat Rev Drug Discov 19, no. 5 (2020): 305-306.
9. Yuki, Koichi, Miho Fujiogi, and Sophia Koutsogiannaki. "COVID-19 pathophysiology: A review." Clinical immunology 215 (2020): 108427.
10. Fauci, Anthony S., H. Clifford Lane, and Robert R. Redfield."Covid-19—navigating the uncharted." New England Journal of Medicine 382, no. 13 (2020): 1268-1269.
11. Velavan, Thirumalaisamy P., and Christian G. Meyer."The COVID- 19 epidemic." Tropical medicine & international health 25, no. 3 (2020): 278.
12. Daniel, Sir John. "Education and the COVID-19 pandemic." Prospects 49, no. 1 (2020): 91-96.