

A Study to Assess The Knowledge Regarding Covid 19 among Adults of Urban and Rural Area of Surat, Gujarat

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Abstract

Corona virus disease 2019 (covid-19) is a contagious disease caused by severe acute respiratory syndrome corona virus 2. The first case was identified in Wuhan, china, in December 2019. It has since spread worldwide, leading to an ongoing pandemic. The virus that causes covid-19 spreads mainly when an infected person is in close contact with another person. Small droplets and aerosols containing the virus can spread from an infected person's nose and mouth as they breathe, cough, sneeze, sign or speak. Other people are infected if the virus gets into their mouth, nose or eyes. The virus may also spread via contaminated surfaces, although this is not thought to be the main route of transmission.

Keywords: Assess; knowledge; covid-19; adult.

INTRODUCTION

Corona viruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as middle east respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). A novel corona virus (covid-19) was identified in 2019 in Wuhan, china. This is a new corona virus that has not been previously identified in humans.¹

This cause provides a general introduction to covid-19 and emerging respiratory viruses and is intended for public health professionals, incident managers and personnel working for the united nations, international organization NGOs.² As the official disease name was established after material creation, any nation of n cov refers to covid 19, the infection diseases caused by the most recently discovered corona viruses.³ Research studies on the survivors of SARS from 2007 showed that mental health problems follow cardio respiratory difficulties as the second most reported comorbidity.⁴ 1 year later, some patient have SARS, as well as their care givers, reported a significant lowering in mental health problems patient not only experienced loss of the family members and colleagues but also experienced stigmatisation and due to media reporting felt a loss of anonymity. Due to quarantine, isolation or hospitalization these individuals could not be

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present at the time of death or attend funerals.⁵ several individuals described they felt the strain on their mental wellbeing because of quarantine and isolation. They also experienced an overwhelming fear for their health or spread the infection to their family members.

OBJECTIVE OF THE STUDY

- To assess the knowledge regarding of covid-19 among adult of urban and rural area.
- To compare the knowledge regarding of covid-19 among adults of urban and rural area.

Hypothesis

H₁: There is a significant difference in knowledge among adult of urban and rural area of Surat.

Research Methodology

In this study non experimental descriptive research design was used. Research population is adults rural of kharvasa and urban of singanpore. Adults of urban and rural are targeted population. The sample of study is adults of urban and rural (30 from urban and 30 from rural) and sample size 60. Researcher convenient sampling techniques. For the data collection knowledge score scale was used. Descriptive and inferential statics were used.

MATERIAL AND METHODS

Research Methodology

- The research methodology indicates the pattern of organizing the procedures for gathering the valid and reliable data for the problem under investigation.
- This chapter deals with description of methodology and different steps which are under taken for investigation. It includes research design, research approach, research setting, population and sample, sampling technique, development of tool description, data collection and plan for data analysis.

Research Approach

- A quantitative research design study was used to assess the knowledge regarding covid-19.

Research Design

- Non-experimental comparative research.

Variables

- **Dependent variables:** knowledge regarding covid-19 among the adults of urban and rural area of Surat.
- **Demographic variables:** Age, occupation, Education status, living area.

Research Setting

The study will be conducted in selected urban and rural area of Surat.

Research Population

In this study population consist adult who are living in urban and rural area of surat.

Sample

In research terms a sample is a group of people, object, or items that are taken from a larger population for measurement.

Sampling Technique

Sample-adult from selected urban and rural area. Sample technique- non probability convenient sampling technique.

Sample Size- 60

- 30 samples from urban area of surat district Gujarat.
- 30 samples from rural area of surat district Gujarat.

Selection Criteria Inclusion Criteria

- Adult: 20- 55 years.
- Adult who will be present at time of study Adult who can comprehend Gujarati.

Exclusion Critria

Those who are not willing to participate.

RESULT

The finding study reveals that out of 30 adults of urban, 21 (70%) Adults were belongs to the age group of 20 to 30 years, 05 (16%) were age group of 30 to 40 years, 04 (13%) were age group of 18 to 20 years. The sex of adults was 15 (50%) male and 15 (50%) female. The majority of adults 23 (76%) were belongs to Hindu community, 5 (16%) were belongs to Muslim community, 02 (06%) were belongs to

Christian. The adults belongs from 30 (100%) of urban area. The majority of adults 20 (66%) were staying in joint family and 10 (33%) were staying in nuclear family. Education of adults in urban 18 (60%) had higher secondary education, 8 (26%) had graduation, 4 (13%) had primary education. The occupation of adult 15 (50%) having job, 09 (30%) adults females was house wife's, 04 (13%) adults was having daily wedges, 02 (06%) adult doing any other type of work. 13 (43%) adults were having monthly income above 15000 Rs, 08 (26%) were having 10000 to 15000 Rs, 7 (23%) were having less than 5000 Rs, 02 (06%) were having 5000 to 10000 Rs. The finding study reveals that out of 30 adults of rural, 15 (50%) Adults were belongs to the age group of 20 to 30 years, 02 (6%) were age group of 30 to 40 years, 13(43%) were age group of 18 to 20 years. The sex of adults was 16(53%) male and 14 (46%) female. The majority of adults 23 (76%) were belongs to Hindu community, 6 (20%) were belongs to Muslim community, 01(03%) were belongs to Christian. The adults belongs from 30 (100%) of rural area. The majority of adults 17 (56%) were staying in joint family and 13 (43%) were staying in nuclear family. Education of adults in rural 19 (63%) had higher secondary education, 1 (3%) had no formal education, 7 (23%) had primary education. The occupation of adult 11 (36%) having job, 09 (30%) adults females was house wife's, 09 (30%) adults was having daily wedges, 01 (03%) adult doing any other type of work. 17 (56%) adults were having monthly income less than 5000 Rs, 13 (43%) were having 5000 to 10000 Rs. 17 in this study urban majority of the adult 22 (73%) had good knowledge, 8(26%) had average knowledge. Majority of the rural adults 26(86%) had average knowledge, 3(10%) had poor knowledge, 1(3%) had good knowledge. In this present study calculated paid *t* test value 6.34 is greater than the tabulated value 0.10 H_0 is accepted. There is a significant difference regarding covid-19 knowledge among adults of urban and rural. The mean difference between urban and rural was 3.16, the median difference between urban and rural was 0, the mode difference between urban and rural was 4, the standard deviation difference between urban and rural was 13.44 and range difference between urban and rural was 3.

Limitation of the study

1. The study was limited to adults of urban (siganpore) and rural (kharvasa) community area.

2. The study was limited to 60 samples (30 urban and 30 rural).
3. Selected of sample were used for the study.

RECOMMENDATIONS

On the basis of the findings of the study it is recommended that,

1. A similar study can be conducted in large sample and in different setting.
2. A comparative study can be carried out to assess the covid-19 knowledge among adults of urban and rural area surat Gujarat.
3. A similar study can carried out on 30 urban and 30 rural adults.
4. Appropriate tool can be identifying the adults knowledge during covid-19 pandemic.

CONCLUSION

Based on finding of the study, the conclusion to be noted that:

- Adults of urban were having more knowledge compare to rural area.
- There is significant difference regarding covid-19 knowledge adults of urban and rural.

REFERENCES

1. Chen N, Zhou M, Dong X, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. *The Lancet* (London, England) 2020; 395(10223):507-513. doi: 10.1016/S0140-6736(20) 30211-7. [PMC free article]
2. Update on covid-19 outbreak in Henan province as of 24:00 on 29 February. (2020). Retrieved May 10, 2020, from <https://wsjkw.henan.gov.cn /2020/03-01/1315208.html>.
3. Coronavirus disease (COVID-19) Situation Report-103. (2020). Retrieved May 10, 2020, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.
4. Announcement by the national health commission. (2020). Retrieved May 10, 2020, from <https://www.nhc.gov.cn/jkj/s7916/202001/44a3b8245e8049d2837a4f27529cd386.shtml>.
5. Health education manual of coronavirus disease. (2020). Retrieved May 10, 2020, from <https://www.nhc.gov.cn/xcs/s3578/202002/b01ffd9cabfa41c5835d2774f3d038bb>.

