

Awareness, Attitude and Practices towards COVID-19 among People of Bihar during Lockdown 1.0: A Cross-Sectional Study

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ABSTRACT

The whole world is confronting with emerging pandemic Covid-19 infectious disease, prior to India this pandemic has been apocalyptic impact across the world since first case was detected in Wuhan City of China. In order to control the rapid spread of this infectious disease, unprecedented public health measures such as sanitation, social distancing and lockdown is adopted in country. Compliances of these public health measures absolutely depend on people's awareness, attitude and practices (AAP) towards Covid-19. This study is an attempt to survey the people of Bihar and to understand their awareness level, attitude and practices towards covid-19 during lockdown 1.0 (the initial phase of covid-19 outbreak). In this study researcher conducted an online survey via author's networks with people of Bihar, India among different age group people mostly young people which comprises largest population of India, sampled from an existing prospective cohort study with a total sample size of 250 (n=250). The online survey questionnaire (AAP) was developed by the researcher on three dimensions i.e., Awareness (associated with clinical symptoms, transmission routes and precautionary measures), Attitude (question associated with had confidence that India will successfully win the fight against covid-19, falling stress or bore and how they view the situation) and Practices (question regarding following social distancing & government guidelines and where they spending most of their time) which comprising 10, 4, and 3 questions of Awareness, Attitude and practices, respectively. Baseline was conducted from March 29 to April 14 2020; subsequent iterations of the survey are planned

to be conducted on a monthly basis. Among the total participants n=250 60.8% were male, 89.6% belong to age group 17-35, 73.2% were never married, 54.8% held master degree & above, 54% were students and 38.4% currently living in city. The overall correct response rate on awareness question is 80.2%. There is no statistically significant difference found among participants' awareness level on the basis of their demographic characteristics. The majority of 78% respondents had confidence that India can win the battle against covid-19, 53.6% participant stated that they are not feeling stress as 96% respondents view this pandemic situation as a challenge. 99.6% respondents admitted that they are following social distancing and government guidelines. 34% respondents spending their most of time with family while 22%, 16.4%, 12%, 5.2%, 10.4% respondents spending most of their time on work from home, health and hygiene, social networking sites, turned on their old hobbies and other respectively. Most of people had sanguine attitude and using pertinent practices towards covid-19. Health and family welfare organizations are working towards covid-19 awareness and appropriate behavior for reducing the spread of infection. As we did not find adequate sample representation of population aged: below 16 and 60+; therefore we should be careful while generalizing the findings of this study to the above mentioned age group of people.

Keywords: Pandemic, Public health measures, Awareness, Attitude, Practices, Covid-19, Bihar.

INTRODUCTION

The globe has faced many epidemics in the history of human civilization such as H1N1, H5N1, avian influenza, Ebola, SARS, Zika and Nipah and successfully overcome from it with research (Maurya, et al.2019). In the last two decades Covid-19 is the third outbreak as an epidemic after witnessing severe acute respiratory syndrome (SARS) in 2003 and Middle East respiratory syndrome coronavirus (MERS CoV) in 2012 (Zhong, et al. 2003,Ramadan & Sahib, 2019, Chatterjee, et al. 2020). This outbreak of corona virus disease caused by the virus, which was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), owing to its genetic similarities with the SARS virus(Chatterjee, et al. 2020) began in Wuhan, China in December 2019. In order to identify the expected reason concern with the wild animal market, the Chinese Government has banned wild animal business on January 21, 2020 as well as the Government of the People's Republic of China imposed a lockdown at Wuhan On January 23, 2020, to quarantine and prevent the spread of the disease. Seeing the drastic problem/ challenge The World Health Organization (WHO) declared the corona virus disease (COVID-19) event as the Public Health Emergency of International Concern on January 30, 2020. This emerging epidemic infectious disease rapidly spread world-wide and turned into a pandemic issue. WHO and the Global Research Collaboration for Infectious Disease Preparedness called a two-day meeting at WHO Headquarters in Geneva on February 11-12, 2020, where major research funders and scientists from across the world come together on discussed "to assess the current level of knowledge about the new COVID-19 disease, identify gaps, and work together to accelerate and fund priority research needed to help stop this outbreak and prepare for any future outbreaks"²⁰ as well as it has also identified 16 laboratories across the world for diagnosis of confirmed cases of novel coronavirus. In the South-East Asia Region,

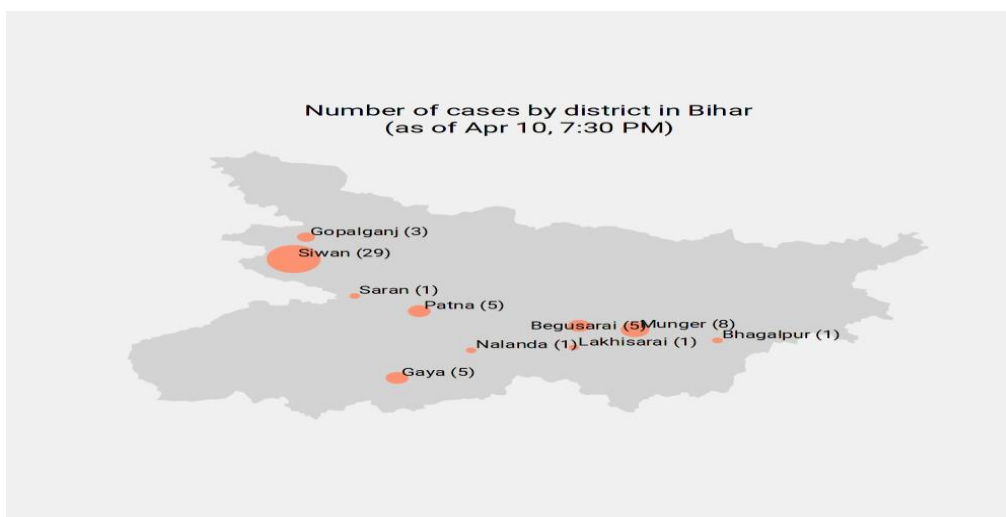
two laboratories in Thailand - NIH Nonthaburi and Armed Forces Research Institute of Medical Science Bangkok, and one in India - ICMR-NIV, have been identified for referral testing²¹ along with interim guidance documents for laboratory diagnosis.

In India the first case of Covid-19 detected in Kerala on 30th January 2020, originating from China Therefore international borders and airport entry screening has been started, suspension of existing visas from china and people who returned from covid-19 affected countries asked to go to isolation or quarantine.

In the mid of the month of February almost 29 countries were hit with increasing cases of n covid-19 which raise the chances to affect the world. In reactive, many countries ensure public health measures to control the transmission of COVID-19 virus. Now we can have a chronological review upon the effective steps taken by the Ministry of Health and Family Welfare, Government of India to combat the new Covid-19 outbreak in China. On 11 January 2020, MoHFW¹¹ released 'Travel advisory to travellers visiting China' ' as till that time 41 confirmed cases, one of which has died and only China travel related cases have been reported in Thailand & Japan (one each country). The clinical symptoms and signs were identified – Fever with difficulty in breathing and mode of transmission was unclear at that time but there was little evidence of significant human to human transmission which occurred between close contacts through respiratory routes. WHO stated the risk of global spread is low and matter of precaution by the travellers to china are also advised to follow simple health measures such as monitor their health closely, observe personal hygiene, practice frequently hand washing with soap, follow respiratory etiquettes (cover your mouth while coughing & sneezing), avoid close contact with people having symptoms of illness (such as runny nose, fever etc) and live animals, consumption of raw or uncooked meats. Avoid travel to farms, live

animal markets, or where animals are slaughtered. If you have respiratory symptoms wear a mask or if you are having a travel history to china and you feel sick inform the nearest health facility. By seeing the increasing cases of nCovid-19 in china and travel related cases are also being reported in many countries, the Ministry of Health and Family Welfare released revised travel advisory to travellers visiting china on 25 January advised to refrain from non essential travel to China. In addition to this existing visas were suspended from 5 February for any foreign national travelling from China and travellers are advised to undergo quarantine on return with issuing 24x7 helpline no. for any queries related with health. On 26 Feb consolidate travel advisory released saying that Indian citizens are further advised to refrain from non essential travel to Singapore, Republic of Korea, Islamic Republic of Iran, Italy and people coming from these countries or those who have travel record to these countries may be quarantine on arrival to India but also stated that those having compel reason to visit these countries should follow simple public health measures which portray failure to recognize the seriousness this disease. From 10th march 2020 India asked for

certificate of having tested negative for Covid-19 from the authorized by health authorizes of these countries as well as all incoming international passengers returning to India and those who returned from international visit after 15th Feb were advised to undergo self imposed quarantine for 14 days as all existing visa stand suspended till 15th April which come into effect from 13 March which was sign to have catastrophic crisis. On 13 March in the view of the Covid-19 Govt. imposed restriction on International passengers traffic through land check post located at Indo- Bangladesh, Indo- Nepal, Indo- Bhutan, Indo- Myanmar border were sealed from 15th March and Indo-Pakistan border from 16th March. In this sequence On 20 March Prime Minister of India Narendra Modi appealed to citizens for one day voluntary Janta Curfew on 22 March from 07:00 hrs to 21:00 hrs and this day was observed as the first trial of lockdown for 14 hours. Further On 24th March, The Prime Minister ordered a nationwide lockdown for 21 days, affecting the entire 1.3 billion population of India. While this time MoHFW keeps concern about mental health and well being of people at all levels.



Source: livemint.com

The fight against COVID-19 is still continuing in India. As of 10th April, the Ministry of Health and Family Welfare has confirmed 6,761 cases, 516 recoveries, 206

deaths across from 25 union states and 7 union territories of India. For guarantee the final success over ongoing Covid-19 is largely depends on people's compliances to

these essential health measures, which is directly or indirectly affected by their attitude, awareness and practices or behavior associated with behavioral mental or emotional reactions, level of panic among people which can play important role to prevent the spread of this infectious disease. Bihar (union state of India) is densely populated state of India therefore an immediate attempt taken by the investigators to understand awareness, attitude and practice the residents of Bihar towards Covid-19 for epidemic management benefits.

MATERIAL AND METHOD

The present online cross-sectional study was conducted from March 29 to April 14, 2020 the two week times just after first lock week of lockdown in India, which commenced from March 24. Due to lockdown it was not possible to do community based sampling in Bihar, therefore we decided to collect the data via online i.e. telegram, WhatsApp, Facebook, messenger, mail etc., based on authors' network with people of Bihar who currently

residents at inside or outside of the state. A self developed questionnaire (Awareness, Attitude and Practices among people of Bihar towards Covid-19) was used to collect the information from the participants. The participants under the study were explained all about study to get their consent through questionnaire which comprises a brief description on the background of the study, purpose, procedures, declaration of confidentiality for personal data and identity and instructions for filling the questionnaire as well as the link of Google form of online questionnaire. The questionnaire was distributed via online to people living in different localities in Bihar, people from age group 16 and above who understood and filled the questions properly.

Measures:

The questionnaire developed by the investigators on three dimensions: Awareness, Attitude, Practices with the respect of different demographic variables such as gender, age- group, marital status, education, occupation, place of recent residents (metropolitan/ city/town/village).

Table-1 Questionnaire on Awareness, Attitude and Practices among People of Bihar towards Covid-19

Questions	Options (for respondents)
Awareness (correct response rate of total sample in %)	
Aw1 The main clinical characteristics of Covid-19 are fever, tiredness, difficulty in breathing. (96.4)	True, False, I don't know
Aw2 There is a symptomatic difference between a person infected with covid-19 and affected with seasonal flu like the common cold, running nose.(58.8)	True, False, I don't know
Aw3 In the absence of effective cure for Covid-19, precautionary measures, early detection and supportive treatment are helpful for recovering from covid disease.(92.8)	True, False, I don't know
Aw4 People who are old and have chronic illness are more likely to be severe cases rather than another person infected with Covid-19. (72.8)	True, False, I don't know
Aw5 Eating and contacting wild animals may be the cause of infection of Covid19 virus. (74.4)	True, False, I don't know
Aw6 The virus of covid-19 spread via respiratory droplets and setting direct contact with infected individuals. (87.6)	True, False, I don't know
Aw7 Ordinary residents can wear general medical masks to prevent the infection by the covid-19 virus. (74.8)	True, False, I don't know
Aw8 For precautionary measures of Covid-19 people should avoid going to crowded places. (98.4)	True, False, I don't know
Aw9 Give isolation treatment of people who have infectious disease covid-19 are effective ways to prevent the spread of virus.(96.8)	True, False, I don't know
Aw10 People who have contacted an infected person with Covid-19 virus should be kept in isolation at their respective place for a general observation period-14 days.(98)	True, False, I don't know
Attitude	
A1 Do you agree that covid-19 will finally be successfully controlled in India with less harm?	Agree, Disagree, I can't Say
A2 Do you have confidence that India can win the battle against the covid-19 virus?	Yes, No, May be
A3 During this lockdown are you falling in stress & bore?	Yes, No, May be
A4 Most of you would not get the covid-19 virus but all of you would get the mental stress. So how do you view the situation?	As a Challenger, As victim (in threat)
Practices	
P1 In recent days are you following social distancing & government guidelines?	Yes, No, May be
P2 In recent days have you supported 'Janta Curfew' and feel this initiative will be helpful to prevent from Covid-19.	Yes, No, May be
P3 During this lockdown where you spending most of your time?	Health & Hygiene, social networking sites, wok from home, turn on old hobbies, with family, other

Dimension 1, “Awareness” consists of 10 questions (Table-1) to assess the awareness towards covid-19 among the people. 4 questions associated with Clinical Symptoms (Aw1–Aw4), 2 questions associated with Transmission Routes (Aw5–Aw6), 4 questions associated with Precautionary and Prevention measures (Aw7–Aw10). These questions were responded to on a true/ false basis with the additional option “I don’t know”. A correct answer (true) was rewarded with 1 Point and incorrect or unknown answer assigned with ‘0’ point. The total awareness score ranged 0 to 10, with a higher score indicating better awareness of Covid-19. The Cronbach’s alpha coefficient of the awareness questionnaire was 0.67 suggesting admissible internal consistency for 10 questions.

Attitude towards covid-19 were assessed by 4 questions (A1–A4 Table-1) regarding their opinion on successful control and fight of Covid-19 and their

psychological status during lockdown. Practices of participants were assessed by 3 questions (P1–P3) comprising such behaviour like following social distancing & government guidelines; and where they spend most of their time.

Statistical Analysis of Data:

The information gathered by this online cross-sectional survey were tabulated, analyzed and interpreted statistically. Frequencies of awareness, attitude and practices of participants towards covid-19 were described in respect of their demographic variables. Score obtained on ‘awareness towards covid-19’ by different participants with reference to their demographic characteristics were compared with independent sample t-test, one way analysis of variance (ANOVA) to identify the difference among participants’ awareness level of participants according to their demographic characteristics. The statistical software SPSS version-20 was used for data analysis.

Table-2 Demographic Variables and awareness score of participants according to their demographic characteristics

Demographic Variables	Frequencies (%)	Awareness score (mean ± SD)	t / F value	Sig	P
Gender Male	152 (60.8)	8.03 ± 1.17	.219	.827	>0.05
Female	92 (39.2)	8.00 ± 1.14			
Age group Below 16*	2 (.8)	7.50 ± 2.12	.459	.060	>0.05
17-35	224 (89.6)	8.02 ± 1.18			
36-59	23 (9.2)	8.13 ± .81			
60 & above*	1*(.4)	07 ± 1.16			
Marital Status Married	67 (26.8)	8.12 ± 1.02	.819	.378	>0.05
Never married	183 (73.2)	7.98 ± 1.20			
Education Highschool & below 10+2	4 (1.6)	7.50 ± 1.9	1.35	.259	>0.05
Bachelor's degree	16 (6.4)	8.44 ± 1.03			
Master degree & above	93 (37.2)	7.90 ± 1.20			
Occupation Physical labour	12 (4.8)	7.75 ± 1.6	.531	.52	>0.05
Unemployed	14 (5.6)	8.21 ± .89			
Students	135 (54)	8.02 ± 1.26			
Mental labour	86 (34.4)	8.05 ± .95			
Other*	3 (1.2)	7.33 ± .57			
Place of current residence Rural	78 (31.2)	7.91 ± 1.27	.746	.218	>0.05
Town	59 (23.6)	8 ± 1.09			
City	96 (38.4)	8.06 ± 1.15			
Metropolis	17 (6.8)	8.35 ± .86			

*Other: participants have mentioned themselves as housewives

*below 16 & above 60: we didn’t found adequate no. of participants

RESULT AND DISCUSSION

Total 268 participants filled the questionnaire after filtration of incomplete and blank form; we selected 250 participants finally as a sample of the study. The average age of sample 26 years (Standard Deviation SD: .328, Range 17-

35). Among these sample 60.8% (152) were male & 39.2% (98) were female, 26.8% (67) were married and 73.2 % (183) were never married, 54.8%(137) participants held master degree & above and 37.2% (93) held bachelor degree; 54% (135) were engaged in study (students) and 34.4% (86) were

associated with mental labour; 38.4%(96) people currently residents in city where as 31.2%(78) and 23.6%(59) were living in rural and town area respectively. Other demographic details are shown in Table-2.

The correct response rate of 10 questions on Awareness dimension of Questionnaire lies between 58.8 % - 98.4% (Table-1). The mean of awareness score was

8.02 ;(SD 1.16 and range 0-10) denoting 80.2% (8.02/10*100) correct response rate on awareness test towards covid-19. Therefore 80% awareness in the initial phase of pandemic is appreciable and also suggests to Health Education bodies for improving the knowledge among people with authentic sources of information.

Table-3 Frequencies of attitude dimension according to demographic characteristics

Demographic Variables	A1: covid-19 will successfully controlled with less harm N (%) {from total n= 250}			A2:confidence that India can combat covid-19 N (%) {from total n= 250}			A3: falling in stress or bore N (%) {from total n= 250}			A4: view the situation N (%) {from total n= 250}	
	Agree	Disagree	I don't know	Yes	No	Maybe	Yes	No	May be	As a challenger	As a victim
Gender: Male	105 (42)	29 (11.6)	18 (7.2)	117 (46.8)	08 (3.2)	27 (10.8)	41 (16.4)	79 (31.6)	32 (12.8)	147 (58.8)	05 (2)
Female	66 (26.4)	17 (6.8)	15 (6)	78 (31.2)	01 (0.4)	19 (7.6)	31 (12.4)	55 (22)	12 (4.8)	93 (37.2)	05 (2)
Age group: Below 16*	02 (0.8)	00 (00)	00 (00)	02 (0.8)	00 (00)	00 (00)	01 (0.4)	01 (0.4)	00 (00)	02 (0.8)	00 (00)
17-35	154 (61.6)	39 (15.6)	31 (12.4)	174 (69.6)	06 (2.4)	44 (17.6)	68 (27.2)	116 (46.4)	40 (16)	215 (86)	09 (3.6)
36-59	14 (5.6)	07 (2.8)	02 (0.8)	18 (7.2)	03 (1.2)	02 (0.8)	03 (1.2)	16 (6.4)	04 (1.6)	22 (8.8)	01 (0.4)
60 & above*	01 (0.4)	00 (00)	00 (00)	01 (0.4)	00 (00)	00 (00)	00 (00)	01 (0.4)	00 (00)	01 (0.4)	00 (00)
Marital Status: Married	48 (19.2)	10 (4)	09 (3.6)	53 (21.2)	04 (1.6)	10 (4)	18 (7.2)	41 (16.4)	08 (3.2)	64 (25.6)	03 (1.2)
Never married	123 (49.2)	36 (14.4)	24 (9.6)	142 (56.8)	05 (2)	36 (14.4)	54 (21.6)	93 (37.2)	36 (14.4)	176 (70.4)	07 (2.8)
Education Highschool & below 10+2	04 (1.6)	00 (00)	00 (00)	03 (1.2)	01 (0.4)	00 (00)	02 (0.8)	01 (0.4)	01 (0.4)	04 (1.6)	00 (00)
Bachelor's degree	13 (5.2)	02 (0.8)	01 (0.4)	14 (5.6)	01 (0.4)	01 (0.4)	03 (1.2)	10 (4)	03 (1.2)	15 (6)	01 (0.4)
Master degree & above	64 (25.6)	16 (6.4)	13 (5.2)	68 (27.2)	03 (1.2)	22 (8.8)	34 (13.6)	45 (18)	14 (5.6)	92 (36.8)	01 (0.4)
Occupation: Physical labour	90 (36)	28 (11.2)	19 (7.6)	110 (44)	04 (1.6)	23 (9.2)	33 (13.2)	78 (31.2)	26 (10.4)	129 (51.6)	08 (3.2)
Unemployed	11 (4.4)	01 (0.4)	00 (00)	10 (4)	01 (0.4)	01 (0.4)	05 (2)	05 (2)	02 (0.8)	12 (4.8)	00 (00)
Students	07 (2.8)	04 (1.6)	03 (1.2)	07 (2.8)	00 (00)	07 (2.8)	06 (2.4)	05 (2)	03 (1.2)	14 (5.6)	00 (00)
Mental labour	95 (38)	23 (9.2)	17 (6.8)	101 (40.4)	04 (1.6)	30 (12)	42 (16.8)	70 (28)	23 (9.2)	129 (51.6)	06 (2.4)
Other*	55 (22)	18 (7.2)	13 (5.2)	74 (28.4)	04 (1.6)	08 (3.2)	19 (7.6)	52 (20.8)	15 (6)	82 (32.8)	04 (1.6)
Current residence: Rural	03 (1.2)	00 (00)	00 (00)	03 (1.2)	00 (00)	00 (00)	00 (00)	02 (0.8)	01 (0.4)	03 (1.2)	00 (00)
Town	52 (20.8)	19 (7.6)	07 (2.8)	60 (24)	02 (0.8)	16 (6.4)	23 (9.2)	43 (17.2)	12 (4.8)	74 (29.6)	04 (1.6)
City Metropolis	43 (17.2)	08 (3.2)	08 (3.2)	46 (18.4)	03 (1.2)	10 (4)	12 (4.8)	34 (13.6)	13 (5.2)	59 (23.6)	00 (00)
	60 (24)	19 (7.6)	17 (6.8)	73 (29.2)	04 (1.6)	19 (7.6)	34 (13.6)	45 (18)	17 (6.8)	92 (36.8)	04 (1.6)
	16 (6.4)	00 (00)	01 (0.4)	16 (6.4)	00 (00)	01 (0.4)	03 (1.2)	12 (4.8)	02 (0.8)	15 (6)	02 (0.8)

*Other: participants have mentioned themselves as housewives

*below 16 & above 60: we didn't found adequate no. of participants

The data gathered from 250 (n=250) participants was analyzed on awareness score according to their demographic variables (Shown in Table-2), Hypothesized that there is no significant difference between awareness score and demographic characteristics (i.e. gender, age-group, marital status, education, occupation and place of current residence) of

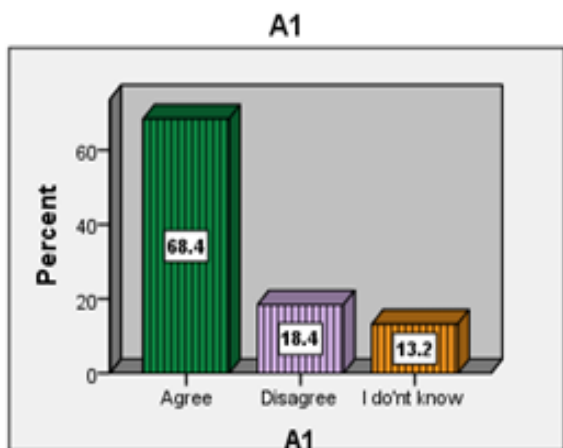
participants [null hypothesis]. The calculated t-value for awareness score on the basis of gender is .219 on 248 df sign value: .827; which is not less than at .05 level of significance therefore null hypothesis is not rejected at 0.05 level of significance and concluded that there is no difference between male and female on their awareness towards covid-19. Similarly on the basis of marital status (t value.819 on sign value .378) age group (F-value .459 sign value .06) education (F value 1.35 sign value .259) occupation (F-value .531 sign value .52) place of residence (F-value .786 sign value .218) not statistically significant at .05 level of significance (Shown in Table-2) which reveals that awareness score of participants were not affected by their demographic variables therefore null hypothesis will remain not rejected and resulted that demographic characteristics are not plays statistically significant role in awareness of people towards covid-19.

Table 4: Frequencies on Practices dimension according to demographic variables

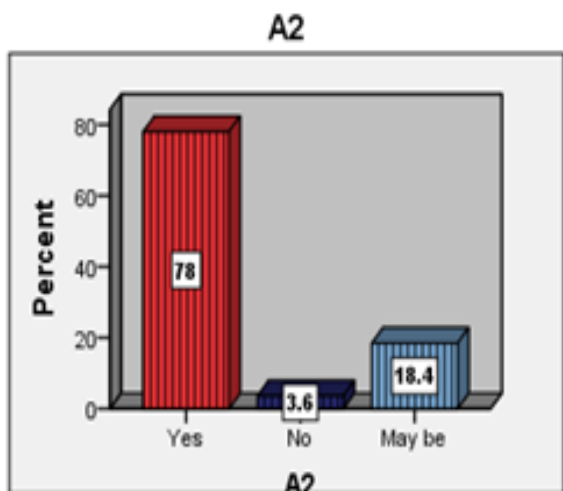
Demographic Variables	P1: following social distancing and government guidelines N (%) {from total n= 250}			P2 supported Janta curfew and feel good initiative N(%) {from total n= 250}			P3 spending most of my time N (%) {from total n= 250}					
	Yes	No	May be	Yes	No	May be	Health & Hygiene	Social sites	Work from home	Turn on old hobby	With family	Other
Gender : Male	151 (60.4)	00 (00)	01 (0.4)	148 (59.2)	02 (0.8)	02 (0.8)	27 (10.8)	18 (7.2)	40 (16)	04 (1.6)	49 (19.6)	14 (5.6)
Female	98 (39.2)	00 (00)	00 (00)	96 (38.4)	01 (0.4)	01 (0.4)	14 (5.6)	12 (4.8)	15 (6)	09 (3.6)	36 (14.4)	12 (4.8)
Age group: Below 16*	02 (0.8)	00 (00)	00 (00)	02 (0.8)	00 (00)	00 (00)	01 (0.4)	00 (00)	00 (00)	00 (00)	01 (0.4)	00 (00)
17-35	223 (89.2)	00 (00)	01 (0.4)	218 (87.2)	03 (1.2)	03 (1.2)	33 (13.2)	29 (11.6)	47 (18.8)	13 (5.2)	78 (31.2)	24 (9.6)
36-59	23 (9.2)	00 (00)	00 (00)	23 (9.2)	00 (00)	00 (00)	07 (2.8)	01 (0.4)	08 (3.2)	00 (00)	05 (2)	02 (0.8)
60 & above*	01 (0.4)	00 (00)	00 (00)	01 (0.4)	00 (00)	00 (00)	00 (00)	00 (00)	00 (00)	00 (00)	01 (0.4)	00 (00)
Marital Status: Married	67 (26.8)	00 (00)	00 (00)	66 (26.4)	01 (0.4)	00 (00)	12 (4.8)	03 (1.2)	22 (8.8)	03 (1.2)	20 (8)	07 (2.8)
Never married	182 (72.8)	00 (00)	01 (0.4)	178 (71.2)	02 (0.8)	03 (1.2)	29 (11.6)	27 (10.8)	33 (13.2)	10 (4)	65 (26)	19 (7.6)
Edu: High school &below	04 (1.6)	00 (00)	00 (00)	04 (1.6)	00 (00)	00 (00)	00 (00)	00 (00)	01 (0.4)	00 (00)	03 (1.2)	00 (00)
10+2	16 (6.4)	00 (00)	00 (00)	14 (5.6)	01 (0.4)	01 (0.4)	08 (3.2)	02 (0.8)	01 (0.4)	00 (00)	04 (1.6)	01 (0.4)
Bachelor's degree	93 (37.2)	00 (00)	00 (00)	93 (37.2)	00 (00)	00 (00)	12 (4.8)	13 (5.2)	15 (6)	06 (2.4)	39 (15.6)	08 (3.2)
Master degree & above	136 (54.4)	00 (00)	01 (0.4)	133 (53.2)	02 (0.8)	02 (0.8)	21 (8.4)	15 (6)	38 (15.2)	07 (2.8)	39 (15.6)	17 (6.8)
Occupation : Physical labour	12 (4.8)	00 (00)	00 (00)	12 (4.8)	00 (00)	00 (00)	05 (2)	01 (0.4)	01 (0.4)	00 (00)	05 (2)	00 (00)
Unemployed	14 (5.6)	00 (00)	00 (00)	14 (5.6)	00 (00)	00 (00)	02 (0.8)	02 (0.8)	01 (0.4)	00 (00)	05 (2)	04 (1.6)
Students	134 (53.6)	00 (00)	01 (0.4)	131 (52.4)	02 (0.8)	02 (0.8)	21 (8.4)	20 (8)	23 (9.2)	06 (2.4)	49 (19.6)	16 (6.4)
Mental labour	86 (34.4)	00 (00)	00 (00)	84 (33.6)	01 (0.4)	01 (0.4)	12 (4.8)	07 (2.8)	30 (12)	07 (2.8)	24 (9.6)	06 (2.4)
Other	03 (1.2)	00 (00)	00 (00)	03 (1.2)	00 (00)	00 (00)	01 (0.4)	00 (00)	00 (00)	00 (00)	02 (0.8)	00 (00)
Current residence: Rural	77 (30.8)	00 (00)	01 (0.4)	74 (29.6)	02 (0.8)	02 (0.8)	16 (6.4)	05 (2)	20 (8)	01 (0.4)	31 (12.4)	05 (2)
Town	59 (23.6)	00 (00)	00 (00)	59 (23.6)	00 (00)	00 (00)	10 (4)	06 (2.4)	08 (3.2)	02 (0.8)	28 (11.2)	05 (2)
City	96 (38.4)	00 (00)	00 (00)	94 (37.6)	01 (0.4)	01 (0.4)	13 (5.2)	17 (6.8)	20 (8)	08 (3.2)	24 (9.6)	14 (5.6)
Metropolis	17 (6.8)	00 (00)	00 (00)	17 (6.8)	00 (00)	00 (00)	02 (0.8)	02 (0.8)	07 (2.8)	02 (0.8)	02 (0.8)	02 (0.8)

*Other: participants have mentioned themselves as housewives

*below 16 & above 60: we didn't found adequate no. of participants

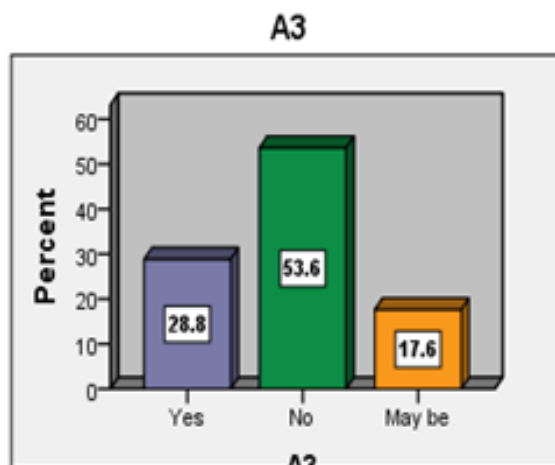


The response on attitude towards covid-19 as shown in figure A1 depicts that majority of participants (68.4%) agreed on covid-19 will successfully controlled in India with less harm whereas 18.4% of the respondents disagreed on India will successfully come up from covid-19 virus and 13.2% respondents had no idea about what the situation will be as many of participants witnessed this kind of pandemic issue at first time. Attitude towards covid-19 according to their demographic characteristics has shown in Table-3.

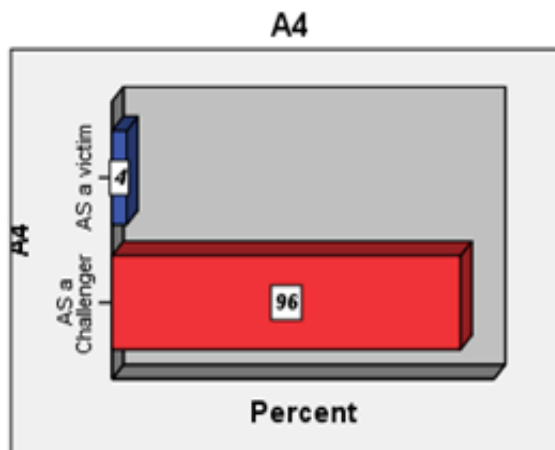


The data shown in figure A2 reveals that majority of 78% respondents have shown their confidence that India can win battle against covid-19, while only 3.6% of respondents had no confidence to combat covid-19 and 18.4% of respondents were not able to show their confidence positively as this was the initial phase of covid-19 in India, therefore it was too early to predict

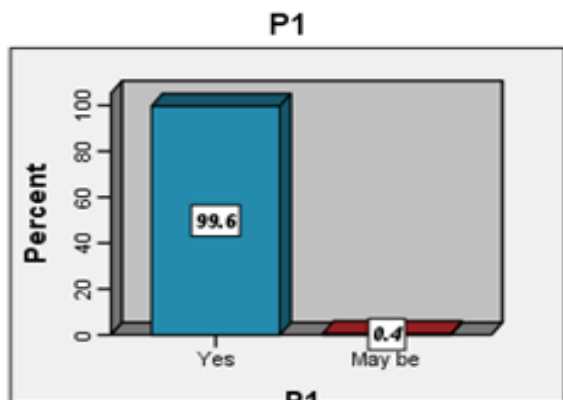
about this uncertain situation of the covid-19 disease.



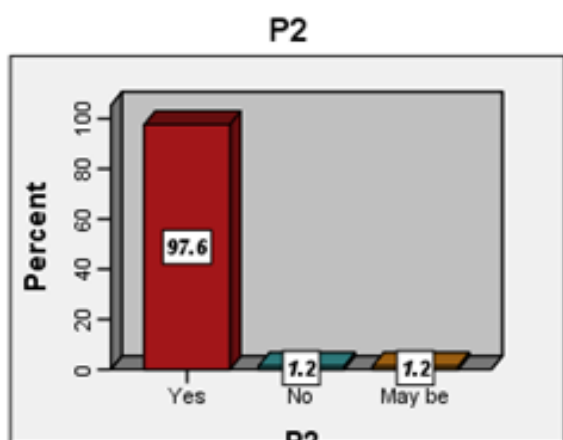
The data shown in figure A3 (regarding attitude towards covid-19) depicts that most of respondents about 53.6% stated that they are not falling in stress or bore during this lockdown which is good sign for psychological well being of people as the data collected in initial phase of lockdown that is why people get some spare time for themselves. While 28.8% respondent admitted that they are suffering from stress & bore because lockdown affects their livelihood and quality time of lives.



The data shown figure A4 (regarding attitude towards covid-19) there is high majority 96% of respondents who reported that they view the situation 'as a challenger' and ready to fight against covid-19 virus whereas 4% respondents view the situation 'as a threat' as there are possibilities of being affected from covid-19 virus.

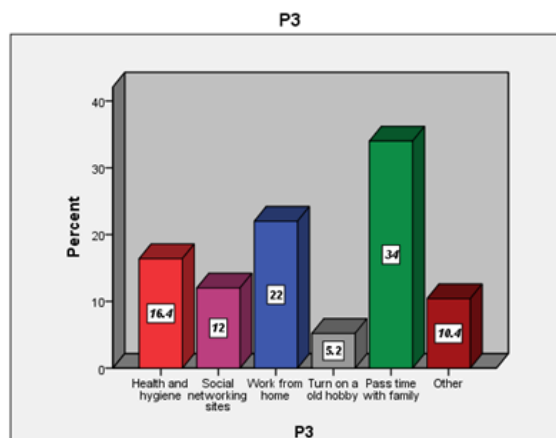


The data shown in figure P1 (regarding practices towards covid-19) most of all respondents (99.6%) stated that they were following social distancing and government guidelines as precautionary measures to prevent from covid-19 virus where as 0.4% respondents stated that they may be using precautionary health measures properly as directed by WHO and Gov. of India. Practices towards covid-19 according to their demographic variables are discussed in Table-4.



The data shown in figure P2 (regarding Practices towards covid-19) majority of respondents (97.6%) admitted that they supported Janta Curfew (On March 22; first day of lockdown for 14 hrs: 7am-9pm IST) called by our Prime Minister Shri Narendra Modi, and they also agreed that this was initially good step to prevent from the virus, while 1.2% respondents stated that may be these kind of step would be helpful for prevention measures. As well as 1.2% respondents disagreed or denied that these step (curfew) or only lockdown is not permanent solution of the pandemic

situation and government should work to tackle the situation effectively.



The data shown in figure P3 (regarding practices towards covid-19) respondents shared about their behaviour that where they spending most of their time during lockdown. 34% respondents said that they are spending most of time with family, 22% respondents doing work from home, 16.4% respondents spending most of time on maintaining health and hygiene as needful, 12% using social networking sites, 10.4% respondents opted the option ‘other’ and mentioned that they are studying & preparing themselves for their career or employment, 5.2% respondents turn on their old hobbies during this lockdown.

CONCLUSION

The COVID-19 pandemic has highly influenced the awareness, attitude and practices for the survival of humans. We are still fighting against COVID-19 and for the final success people should compliance with all public health measures which ultimately depends on people’s awareness, attitude and practices towards COVID-19. Findings of the study suggested that attitude towards COVID-19 were sanguine, it could be the result of great awareness among people about the clinical symptoms, transmission route and precautionary measures of COVID-19 infectious disease. And this optimistic attitude of people also influence the practices towards COVID-19 positively, as most of the people are following social distancing and other guidelines given by the government. But it

is worth mentioning that 18.4% people who had no confidence that COVID-19 will successfully combat with less harm, and 28.8% people admitted that they are having stress or bore; this uncertainty resulted in people started following all appropriate prevention measures strictly.

The awareness towards COVID-19 among people was 80% which is appreciable at initial phase of infectivity, rest of 20% results due to access of inauthentic source of information created confusion among people which hopefully will get improvised in near future. Findings of this study also suggested that people were highly aware of precautionary measures to control the infection, but there was some dilemma among people regarding eating and contacting wild animals may be the cause of the COVID-19 disease, as it was the expected reason for transmission of infection, therefore government has released an advisory to ban the wild animal markets and slaughterhouses as well as people were not highly aware about the clinical symptoms of COVID-19 and didn't recognize that how these clinical symptoms are different from seasonal flu. Although we didn't find any statistical significant difference among people on awareness towards COVID-19 in relation to their demographic variable, females in proportion of their representation were more aware, having more optimistic attitudes (not falling in stress) and practicing appropriate preventive manners to reduce the spread of infection in comparison to males.

We didn't find any adequate representation of people associated with the age group below 16 & above 60. As this was an online survey and limited people of these age groups use gadgets or the internet, therefore we must take caution while generalizing the findings of this study. In this study, the majority of sample representation was from male, 17-35 age group, never married, associated with mental labour, hold masters & above degree and students who were highly aware, having positive attitude and using appropriate

practices in addition they also make other people aware regarding health care measures. The majority of participants in our study mentioned that they spend their time with family and maintaining health and hygiene which is needful to combat COVID-19. Overall we can say that proper use of these prevention practices convey the good awareness and positive attitude among people to defeat COVID-19 in future.

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Conflict of interest: Both authors declare that there is no conflict of interest.

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