Knowledge and Attitude of Oral and Maxillofacial Post Graduate on COVID 19: A Qualitative Research Study

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ABSTRACT

Introduction: The corona virus disease 2019- COVID-19 is a viral disease that is greatly infectious and has claimed many lives till date and is still persistent to consume lives. Research supports the view that good KAP level is linked with good administration of \the health practices. Hence in this study we evaluated the knowledge, attitudes, and practices (KAP) towards COVID-19 among oral and maxillofacial post graduate students.

Material and Methods: A prospective, web-based, cross-sectional study was done among 100 oral and maxillofacial post graduate students during October 2020 by a questionnaire using Google forms. p<0.05 was considered significant.

Results: On the whole, the oral and maxillofacial post graduate students' knowledge concerning COVID-19 was acceptable they have positive attitude and they trailed healthy preventive practices. No significant difference were found among sexes in knowledge and practice though attitude score was prompted by gender.

Conclusions: Maximum dental undergraduates had adequate knowledge levels, positive attitude towards COVID-19 and practices. Nevertheless there are some inconsistencies in the opinions of COVID-19. Sufficient training and counseling dental students through organized teaching techniques may help in aiding the publicin the need of hour.

Keywords- KAP study, Survey, COVID-19

INTRODUCTION

The corona virus disease 2019- COVID-19 is a viral disease that is greatly infectious and has taken many lives till date and the death toll is still rising. (1) It is expected to be

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affecting the respiratory system, and cause to the cascade of events and eventual death in few. (2). Due to its high infectivity and mortality index its treatment and prognosis is changing. (3) After the first case, and for the prevention of further spread of the pandemic India declared the lockdown on March 21, 2020. (4, 5) In spite of the lock down there has been an outpouring in the cases. This has led to an enormous burden on the health system in India as well as other countries. Several preventive measures were put out by WHO and many online training programs were given to the health care workers to efficiently prevent the spread and educate. (6) There is research supporting the view that good KAP level is connected with good administration of the health practices. Hence in this study we evaluated the knowledge, attitudes, and practices (KAP) towards COVID-19 among oral and maxillofacial post graduate students.

MATERIAL ANDMETHODS

We conducted a Cross sectional study among 100 oral and maxillofacial post graduate students of batch 2020 during October 2020. After taking the consent, questionnaire was given to the participants that was set from the previous questionnaire studies and recorded using Google Forms. (8-10) The study had 4 sections with questions related to the participants' demographics, knowledge, attitude, and practice. The scores were noted as 1 point for yes/ true answer and for no/ false/I don't know answers given 0 point. Later statistical analysis was performed after the data was composed and p< 0.05 was taken assignificant.

RESULTS

In the present study most of the participants were men. Almost equal distribution of the ages was seen among both the genders. (TABLE 1)Most of the members had good information about the manifestations of COVID-19. Moreover, majority of the members knew that early treatment can assist most patients with recuperating the disease. The vast majority of the members realized that not all people with COVID-19 progress to serious conditions. 80% of the members thought that children are at risk. 35% members considered pregnancy as one of the risk factor in COVID-19. Most of the students had right information about the transmission courses of the virus. Just 75% members agreed that public can wear medical masks to prevent the disease. 80% members accepted that COVID-19 can be is easily spread in the humid regions. Awareness about the anticipation and treatment was high among the participants, as majority agreed that COVID-19 spreads in gatherings. Moreover, 97% of members understood that positive patients need isolation and the contacts need quarantine for 2 weeks. (TABLE2)In the present study 92% corresponded that media play a role to updates on the COVID-19 virus. Only half of the participants agreed that "Janta Curfew" prevented the viral spread. 81% thought lockdown the key cities helped prevent spread. Only a third accepted that COVID-19 will be effectively controlled while 65% members didn't know. The vast majority of the participants agreed that travelling had worsened controlling COVID-19. 72% of the participants agreed using Aarogyasetu app to monitor COVID-19 updates. (TABLE 3)Practically all members agreed that during COVID-19 episode they extended the rate of washing hands. Similarly, a high level of members utilized hand sanitizer, washed their hands, kept a mask, and used tissue during sneezing. Keeping up social distance was the second most usual conduct seen among the participants. 84% of the participants favored readymade sanitizer over hand crafted one while 15% members utilized homemade sanitizer. 62% members put away helpline number to contact if there should be an occurrence of COVID-19 illness suspicion. 26% members felt that hot baths prevented the

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infection. Majority accepted that alcohol had no effect on infection control (TABLE4)In the present study no significant knowledge difference was seen between men and women. (P>0.05). Women had significant higher attitude levels than men. In addition, the difference in attitude score was significant (P<0.05). Though higher Practice score was seen among men slightly it was not significant (P>0.05). In the comparison among the age groups, knowledge was equally distributed in the 2 age groups. Higher attitude was seen in <20 age group, Practice score among >20 age group though the difference was not significant (P>0.05). (TABLE 5)

Age	Se	%	
	Female	Male	
20-22	21	30	51
>22	16	33	49
TOTAL	37	63	100

 TABLE 1: Distribution of age/ sex among the participants

TABLE 2: The findings of the knowledge questionnaire

The Queries	True	False	don't	
			know	
1. Clinical symptoms include fatigue, fever, dry cough &myalgia.	97	2	1	
2. Only symptomatic treatment is given for the disease.	98	1	1	
3. Only in few the disease is fatal	93	5	2	
4. Consuming animals may not lead to COVID.	56	24	20	
5. Asymptomatic patients can also transmit.	92	5	3	
6. COVID-19 virus is airborne.	95	2	3	
7. Everyone can wear the medical masks	75	15	10	
8. Children and infants are at risk	80	18	2	
9. Mass gatherings are to be avoided to prevent spread	98	1	1	
10. Isolation of the positive patients is advised	97	2	1	
11. Two week quarantine is advised	97	2	1	
12. Pregnancy is seen as risk factor in Covid 19	35	33	32	
13. the clinical syndrome in COVID-19 infection is Severe pneumonia	81	8	11	
14. COVID-19 can spread through non-vegetarian food	9	76	15	

15. COVID 19 virus can not be transmitted in hot and humid regions.	8	80	12
16. vaccines against pneumonia may treat COVID	2	74	24
17. Tab HYDROXYCHLOROQUINE is advised for COVID	32	45	23

TABLE 3: The findings of the attitude questionnaire

The Queries	True	False	Don't	
			know	
1. Does mass Media provide the updates of COVID-19 virus?	92	5	3	
2. Has "Janta Curfew" prevented the spread?	55	37	11	
3. Has the Lockdown of key cities in progress of the spread?	81	16	3	
4. Can the COVID-19 virus be controlled?	35	25	40	
5. Unnecessary travelling during the outbreak has helped india	22	76	2	
tocontrol COVID-19.				
6. Was the Aarogyasetu app effective in tracking the cases of	72	15	13	
COVID?				

TABLE 4: The findings of the practice questionnaire

Questions	Yes	No
1. Did the frequency of washing hands increased post COVID?	98	2
2. Did hand sanitizer usage increased after COVID?	97	3
3. Have you started using mask more often ?	98	2
4. Are you applying hand sanitizer after COVID in India?	94	6
5. Have you stored the helpline number in case of to contact?	62	38
6. Did you maintain social distance?	95	5
7. Did you cover cough and sneeze?	98	2
8. Did you avoid unnecessary travel during the outbreak?	98	2
9. Did you avoid mass gatherings during the outbreak?	97	3
10. Did you use homemade sanitizer over readymade?	16	84
11. Do you think Taking Hot bath can prevent COVID-19	26	74
disease?		
12. Do you think Drinking alcohol can prevent COVID-19?	12	88

TABLE 5: Evaluation of Knowledge, attitude and practice score among the ages and sexes

Variable	Knowledge			Attitude			Practice		
S									
	Mean+SD	t	Р	Mean+SD	t	Р	Mean+SD	t	Р
		value	value		value	value		valu	value
								e	
Gender									
Male	<u>13.77+1.88</u>			<u>3.23+1.531</u>			<u>10.07+1.01</u>		
Female		0.151	0.881		2.361	0.021		1.061	0.291

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	13.74+1.91			3.90+1.131			10.28+0.81		
Age <u><20</u> >20	13.791+1.851	0.181	0.861	3.661+1.431	1.201	0.231	10.131+0.81	0.201	0.851
>20	13.721+1.951			3.321+1.401			10.171+1.01		

DISCUSSION

In the current study, the knowledge, attitude, and practice of the oral and maxillofacial post graduate students to COVID-19 were measured. We found that, during the COVID-19 pandemic, majority (95%) of the members had comprehensive knowledge of COVID-19. 98% of the students agreed a symptomatic treatment for from the COVID-19 was adequate. Several treatment modalities have been advised in the studies of Chen et al., Wang et al., and Stebbing et al., like antivirals and immunoglobulins (11-13). It is noteworthy that one third thought Hydroxychloroquine can't prevent the disease (31%). In the current survey no critical dissimilarity was found in mean knowledge scores among the ages or the sexes. Though attitude was different between the sexes. Practice score was greater among men. This observation is in agreement with the study of Maheshwari S et al. (10) In our study we found that adequate COVID-19 knowledge scores, positive attitude, and adequate practice were found among the undergraduates. Only two variables were assessed in the present study gender and age. Further studies with various other variables is suggested. Our investigation displays that the outcomes are positive towards KAP. However, this survey was performed among oral and maxillofacial post graduate students and not overall public. From our study it can be suggested that hand hygiene is to be followed and unnecessary gatherings/ travel be avoided. With the participation of all the disease can be prevented.

CONCLUSION

Maximum oral and maxillofacial post graduate students had adequate knowledge levels, positive attitude towards COVID-19 and practices. Nevertheless there are some inconsistencies in the opinions of COVID- 19. Sufficient training and counseling oral and maxillofacial post graduate students through organized teaching techniques may help in aiding the public in the need of hour.

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