AWARENESS ABOUT THE SPREAD OF COVID -19:

A STUDY IN THE ADJOINING VILLAGES WITHIN MINAKHAN BLOCK

Study Conducted and Presented by

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Message from the Principal

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(NAAC ACCREDITED)

It gives me immense academic encouragement to introduce a study on the nature of awareness about COVID-19 by the villagers, mostly the students of a rural area like Minakhan, conducted and presented by the students and teachers of the department of Education, Bamanpukur Humayun Kabir Mahavidyalaya, at a time when Minakhan, along with the entire world was experiencing the endemic. No doubt, any information regarding the awareness level among the villagers was necessary for the administrators, health workers and also to the academicians. Prof Sumita Chatterjee of the Department of Education definitely deserves serious credit for the survey. Our students have also worked hard as their supervisor supervised. The study has also been an outcome of the skill enhancement strategies undertaken by the College under the CBCS. In a point, the study can be considered as a model of performance of social responsibility by the college. It is an extension of activities like, on line classes, on line evaluation, on line inter-collegiate classes and also the webinars organised by the college. I, on behalf of the College covey thanks to the students of the department of education, and also the teachers, specifically, Prof. Sumita Chatterjee for conducting this study and publish it for public at an appropriate time.

19.07.2020

[Dr. Subhash Biswas, Principal, BHK Mahavidyalaya]




Preface from the Coordinator Sumita Chatterjee

Awareness about the pandemic has multiple dimensions. It is not that rescheduling of work, and restructuring of curriculum have only been made, but also ideas have changed regarding lock down, social distancing etc, following the changed awareness pattern regarding Corona virus and its effect. One of the important areas have been to maintain isolation and necessary awareness about it.. However, amid the largest isolation exercise of 130 crore people in the world, the awareness about the pandemic in India has been rising. It is becoming increasingly crucial for people to have awareness and knowledge about COVID-19, how the virus spreads, and the reasoning behind measures like social distancing. Of course, it is also true that in times of great anxiety, various conspiracies theories tend to sprout up and, in response to health emergencies, several dubious ideas on medicine and treatment also come up.

Till date, the government has done a commendable job in testing, treating and tracing. But with people freely mingling, it must rethink whether this strategy alone will suffice. It must be complemented by an equally aggressive awareness blitz, since physical distancing has gone for a toss in public places in several cities and towns. In addition, movement of people in containment zones must be restricted. In other words, testing, tracing and treating must be accompanied by public campaigns,

removal of stigma and uncompromising enforcement of norms. Else, we will be left with no option but yet another lockdown.

The study is an endeavour to find out the nature of awareness among the rural people, mostly the students on whom the responsibility of ensuring awareness lie. We have done the work just to see the nature of awareness as well as to spread the message of practising scientific activity during the endemic. Our students, specially, Ratna, Sushmita, Tamasha, Ria and Rakesh have worked hard to complete the study and to minimise the dross rate of the questionnaire. I must convey my gratitude to our Principal, Dr. Subhash Biswas for his continuous inspiration, suggestion and encouragement. I convey my gratitude to all persons, who have helped us directly or indirectly without any hesitation. I have taken some technical help from Prasanta Kundu, Ankit Roy, and Abir, I also convey my indebtedness to them. Finally, if the work is treated as a ready reckoner of the Minakha Block and Bamanpukur Humayun Kabir Mahavidyalaya, I shall consider myself as a person who is committed to the society and to the performance of social responsibility.

Sumita Chaterjee

Sumita Chatterjee

Department of Education

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Introduction

Introduction

The coronavirus has forced all, particularly the leaders to consider a new future. Most are focusing on the near future, when state-imposed social distancing requirements lift. But, so far no signal is there. Better, we make studies to see how far the locality is prepared to maintain at least status-quo. We have to see how our area is maintaining link with the outside world and particularly the students are responding towards the new requirements, new normal etc.

Novel Corona Virus (COVID-19) has now become a global pandemic. It was initially detected in December 2019 in Wuhan, China. The first case of COVID-19 in India was reported on 30th January, 2020 in the state of Kerala. According to the latest data provided by the Johns Hopkins University, more than 9.39 million people are infected by the virus all around the world. Among these more than 481,000 people have died and more than 4.71 million cases have recovered. Most of the developed countries had the maximum number of infected cases during the month of April onwards while India was at the early stage of the outbreak and recorded a comparatively lower number of cases. Currently, the top 10 infected countries are the United States, Brazil, Russia, India, United Kingdom, Peru, Chile, Spain, Italy, and Iran. Now India has the largest number of confirmed cases in Asia. Ministry of Health and Family Welfare has confirmed 473,105 cases, 271696 recoveries and 14,894 deaths in the country. This viral infection is highly contagious and spreading among the people via respiratory droplets. People may even become infected by touching a contaminated surface. Medical researches and observations assert that an infected person may spread the virus most during the first three days after the start of symptoms. Moreover, the dangerous thing is that the infection may be asymptomatic in nature. Fever, dry coughs, shortness of breath, tiredness, and muscle pain are some common features of the corona virus that affects the lungs largely. Generally, 2-14 days with an average of 5 days are supposed to be the period of incubation of COVID-19. Till now, there is no vaccine for this virus and patients are only provided some supportive therapy. Consequently, the mortality rate is high for children and old age people having lesser immunity. Therefore, according to the guidelines of the World Health Organisation (WHO), maintaining social distancing and home isolation can reduce the transmission of the disease. Considering the global critical condition and rapid spread of the disease the Government of India decided a nationwide lockdown. Initially, on 22 March a14 -hour voluntary curfew was declared and after that a 3-week complete national lockdown was initiated. Again it was

extended till 31st May. Thereafter, the Government has announced some relaxations and finally from 1st June started to unlock the country in a phased manner. But in this connection, the Government divided the entire country into three zones like Red Zone or Hotspot (having a high number of positive cases), Orange Zone or non-hotspot (having fewer positive cases) and Green Zone (no positive cases) and permitted relaxation accordingly. Hotspot or containment Zones are always strictly monitored by the Government. All the educational institutions irrespective of zones still now are closed and all transport modes in the country, barring few essential services, are also stopped. Mainly the major cities- Mumbai, Delhi, Ahmedabad, Chennai, Pune, Indore, Hyderabad and Kolkata are affected badly and have 60% of total reported cases. Indian Council of Medical Research (ICMR) assures no community transmission in the country yet. During the lockdown, a religious meet in Delhi and the comeback of migrant labours from the cities to their native places spread the virus significantly in different parts of the country. The growth rate of infected cases is continuously increasing every day. At the same time, the economy breaks down and millions of people have lost their jobs. The Central Government and Reserve Bank of India have adopted some fiscal and monetary policy measures to curb the crisis. The finance minister has announced a Rs. 1.7 lakh crore relief package exclusively for informal sector labourers especially the daily wage earners, under the "Pradhan Mantri Garib Kalyan Yojana". In addition, several state governments separately have announced fiscal stimulus.

In West Bengal COVID-19 was confirmed on 17th March, 2020 in Kolkata. The Health and Family Welfare Department of Government of West Bengal has reported the data of 16,190 positive cases in which 5,039 are active cases, 626 deaths and 10,880 recoveries.4 In this critical situation State Government appeals all to contribute to state emergency relief funds and the Government has also announced two schemes like "Sneher Porosh" and "Prochesta" to help the migrant labourers and workers of unorganised sectors respectively. Moreover, the Government makes people aware to use mask and hand sanitizer or soap for proper hand hygiene through advertisement, announcement and banner. Ministry of Electronics and Information Technology has developed "Arogya Setu" app to build awareness among the people. Apart from that, different Non-Government Organisations (NGOs), educational institutions, individuals and other institutions help the poor section of the society by providing masks, sanitizers and essential food items.

The present study is divided into five sections. The first section presents the context of the study to the readers. The second section describes the primary data source. The socio-academic description of the respondents is discussed in this chapter. Apart from this, a description of the block i.e, Minakhan Block is also discussed in this chapter. The third chapter discusses the findings of questionnaire-based survey regarding the awareness of COVID-19.The fourth chapter explores the measures taken to combat the disease. The fifth chapter concludes the study with remarks.






Ch - 2

Methodology

Methodology

Methodology refers to a discussion of the underlying reasoning why particular methods were used. This discussion includes describing the theoretical concepts that inform the choice of methods to be applied, placing the choice of methods within the more general nature of academic work, and reviewing its relevance to examining the research problem. This discussion also includes a thorough review of the literature about methods other scholars have used to study the topic.

Methods Used In the Present Study:

Mailed Questionnaire method is used for the data collection in the study. 178 respondents are mailed the link to have the questionnaire and to answer. The student research assistants have helped the respondents whenever necessary.

Sampling Procedure :

Sampling is a process or technique of choosing a sub-group from a population to participate in the study; it is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected. There are two major sampling procedures in research. These include probability and non-probability sampling. In the current study a non-probability sampling procedure is followed. It has been both convenient and snow-ball type to respond immediately for the study.

Technique of Data Collection:

Quantitative data collection methods typically use standardized response categories. Surveys are the most common example. Respondents are asked to choose among responses that best characterize their perceptions, attitudes, knowledge or opinions. The advantage is that it efficiently measures the reaction of many people which facilitates statistical aggregation of the data, including making comparisons by subgroups.

By contrast, qualitative data collection methods typically produce detailed data about a much smaller number of people. Qualitative data can provide rich information through direct quotation and careful description of programs, events, people, interactions and observed behaviours. The advantage and disadvantage of such quotations and case studies is that they are collected as open-ended narratives.

We have prepared the mailed questionnaire setting as many as 15 questions. We prepared structured questionnaire because an unstructured schedule is not workable in such a work. On the other hand, in structured schedule respondents are likely to

respond quickly without leaving the mail aside. In fact, the dross rate has been nil for this mechanism.

Limitation of The Study:

We can't say that the study conducted by us is free from shortcomings. It would definitely been better if we could have collect information on the participation level of the respondents covering various social, economic and political activities as they are also likely to be the influencing factors for awareness among the respondents. We have followed a non- probability sampling technique that again does not ensure the representativeness of the sample. During the period of study, we found that in depth information couldn't be obtained due to technical constraint. As our time was limited we could not apply the case study method to make the study more meaningful. The analysis of tables has been done in preliminary level, so we have applied only percentage analysis. But it may be noted that we could not follow any well agreed method without any loopholes. With all limitations, I have tried only to expose the problem.

Ch - 3
The Context of the Study

The Context of the Study

The study is done at a time when the entire world was under the threat of COVID-19. From capital to the remotest corner of the country went under the spell. All machineries, from governmental organisations, to non-government civil society, from charitable trust to market, all became trembled following the increasing spectrum of Carona Virus and its deadly impact on the citizens. In fact, Corona has touched every corner of life, from different dimensions to different perspectives. There are few persons who are not scared about Carona. A number of myths as well as reality are there and a few have developed as the time passes on. Of course, slight differences are there in the rural areas than the urban areas. The rural people appear to be more straight-forward than their urban counterpart. They have somewhat different ideas regarding the impact of the virus. It is in this context the study is planned and done with the help of the rural respondents.

The study is done in a context when people were not ready for social distancing. A many of them had no idea about social distancing. But from WHO to local medical authority Social distancing is prescribed as a must and it is considered as a privilege. Similarly, importance is given on hand washing. It is prescribed that people should make it a habit to wash their hands every now and then. It is expected that people should use hand sanitizer to protect their hands and parts of body from similar others through sanitizer.

The directives, prescriptions and expectations of the authorities' right from the WHO to the local authorities also present a number of questions. Firstly, to maintain social distancing one must have good house with sufficient space to practice it. Secondly, hand washing appears to be a privilege. It means one must have access to clean running water for use of hand washing. Thirdly, hand sanitizers are a privilege. It means one has the money to buy them. Finally, lockdowns are also a privilege. It means that one can afford to be at home. Who are practicing social distancing and have imposed a lockdown on themselves is very lucky to have the means because many people won't be able to do this.

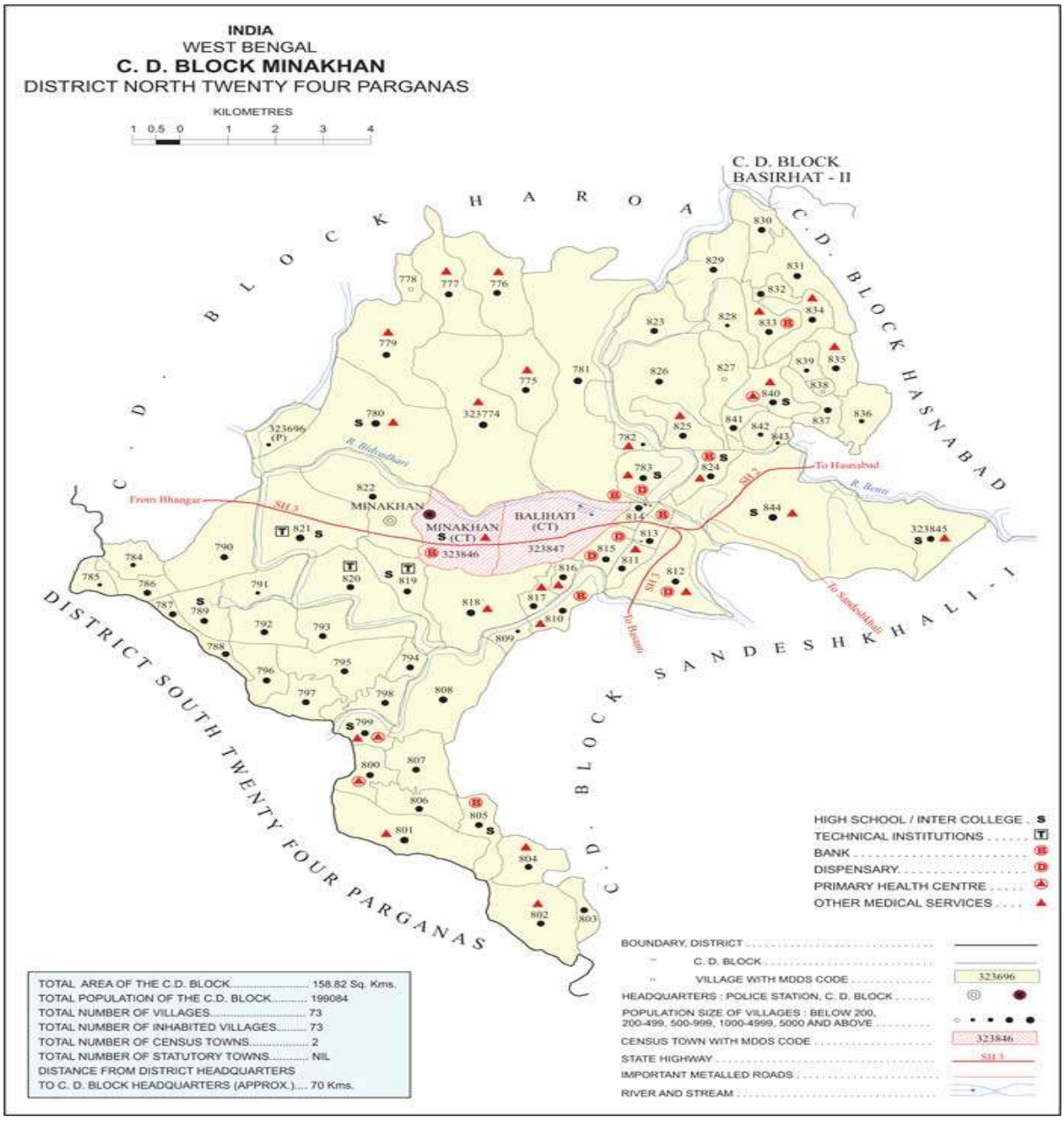
Naturally, the context of studying the impact or incidences of Carona on the rural people is very large and complex. While, there are few persons who are lucky enough to have big houses for maintain social distance, majority of the people cannot afford it. The issue of home quarantine is unthinkable to a many rural families as different rooms, toilets etc, for the patient is unthinkable. A number of villages have little or no running water in its true form. In those villages hand washing again use of sanitiser is definitely a

privilege not a usual practise. Bamanpukur, Minakhan and the adjoining villages are not of that type where sufficient running water is there for 24 hours. People have to buy fresh water for drinking and other important activities. Hand sanitiser is not easily affordable thing for the inhabitants. It is not available in the local market, not people have enough money to purchase hand sanitiser. Average number of members in a household and the rooms available, particularly the toilets are not so in a number that home quarantine can be practised. In fact, social distancing is an unaffordable issue. The village market, neighbourhoods etc, are built in such a fashion that social distancing is very difficult in its appropriate form. Rural people are not so privileged as to maintain what WHO or local authorities expect. It is in this context we undertook the study to see how the rural people maintain the directives. It was an intention to see how the directives are percolated. How far social media is helpful for the rural people and how rural people get benefitted from social media. We wanted to see whether people maintain positive attitudes towards the directives regarding Carona. Our final intention was to unearth the role of the rural students, specially the college students during the endemic. Our attention was there to find out the degree of positive scientific attitude among the students and to percolate those among the villagers. That is why we undertook the study among the students living in the rural areas and engaged them as the good advisors to the rural people. Throughout the study we have maintained this and hope that it can be replicated in other cases like, study on environmental degradation, disaster management etc,

Ch - 4

The Socio-Academic Description of the Respondents

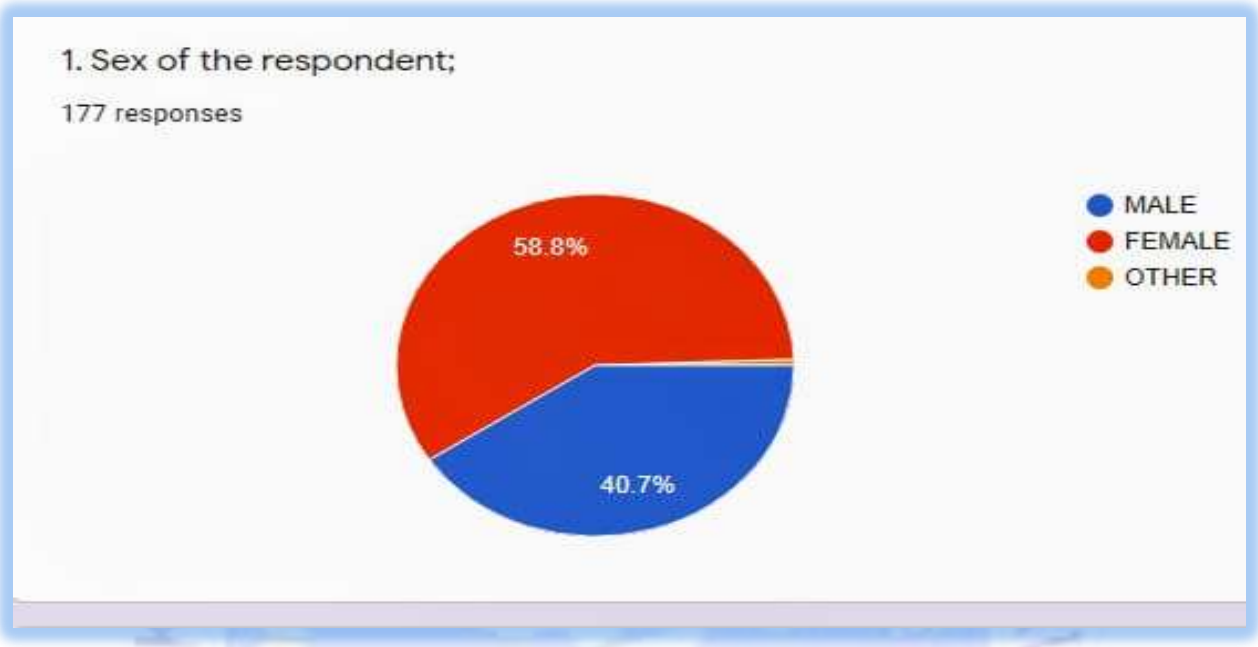
The study is done at Minakhan and adjoining villages. The area is important for more than one reason. Firstly it is the centreplace of different other adjoining blocks like Sandeshkhali, Bhangar, Haroa nd Canning. Minakhan is at the centre and linked with all of them.



Minakhan is a community development Block area. It is adjacent to Sandeshkhali, Haroa, Bhangar, Canning-I and Canning – II. There are 73 inhabited villages in Minakhan. More or less 199084 people live in Minakhan. Malancha, Bamanpukur are known to be the census towns in the block. Though there is no statutory town in the block, the block is well connected to the district head quarters and administrative places. Students at the college come from different areas of the block as well as from adjoining blocks. Students comprise different composition from the points of sex, caste, religion,locality etc, and thus a good sample for conducting such a study as one is undertaken by us.

Table No-1 : Distribution of the respondent on the basis of their sex

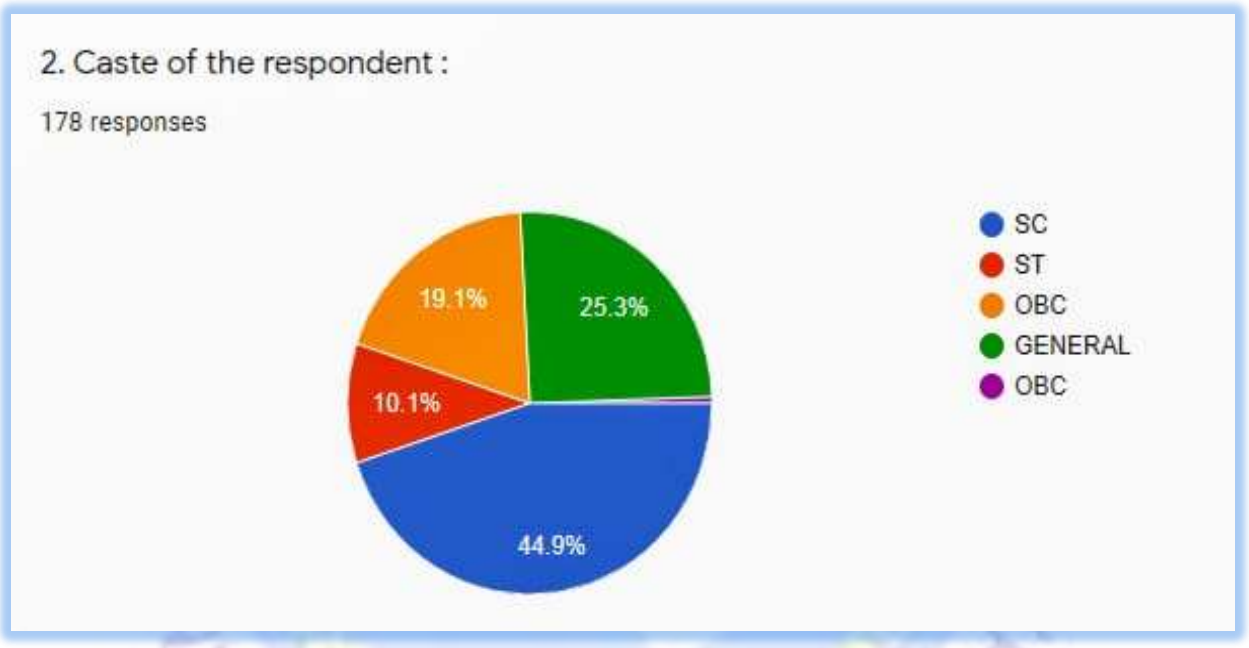
Sex of the respondent	F of the respondents	% of the respondents
Male	74	42
Female	104	58
Others	0	0
Total	178	100



Discussion : The table shows that we have actually taken information from 74 male and 104 female respondents. The 42% male respondent and 52% female respondent are undertaken as the respondent. The male female ratio of the locality is almost equal and the differences at our sample are actually for the response of the female in time. A few male respondents could not send their response in time. However, the sample size and the proportion are more or less reliable to conduct such study in a period of endemic in a rural area.

Table No-2 : Distribution of the respondent on the basis of their Caste

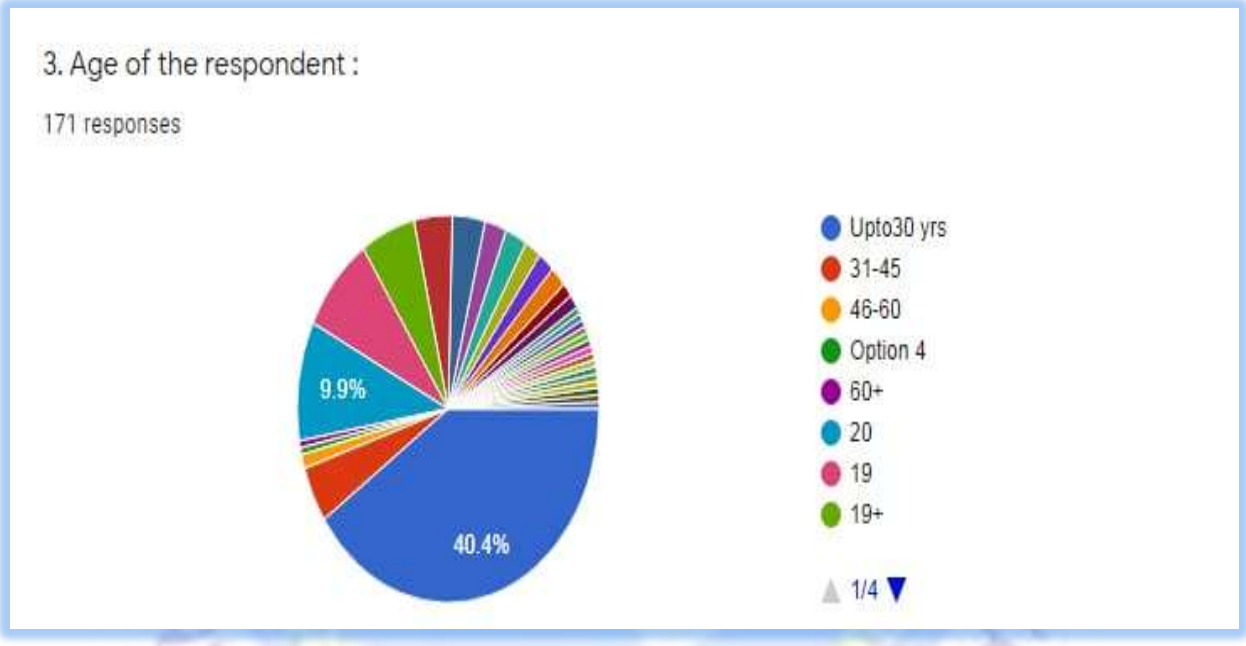
Caste of the respondent	F of the respondents	% of the respondents
Scheduled Caste	80	45
Scheduled Tribe	18	10
OBC	35	20
General	45	25
Total	178	100



Discussion : Table-2 describes the caste composition of the respondents and the sampling frame. It is found that 45% of the respondents belong to the scheduled caste group . 10% belong to the scheduled tribe group. 20% are other backward community. They are mostly the minorities of the area.25% respondents are from general category. The distribution shows the diversity of caste groups in the area. The distribution is also similar to that of the population of the area. Though as such no sampling was done as the situation was not so that we could make any random sample, but the respondent pattern shows more or less representative type.

Table No-3 : Distribution of the respondent on the basis of their Age

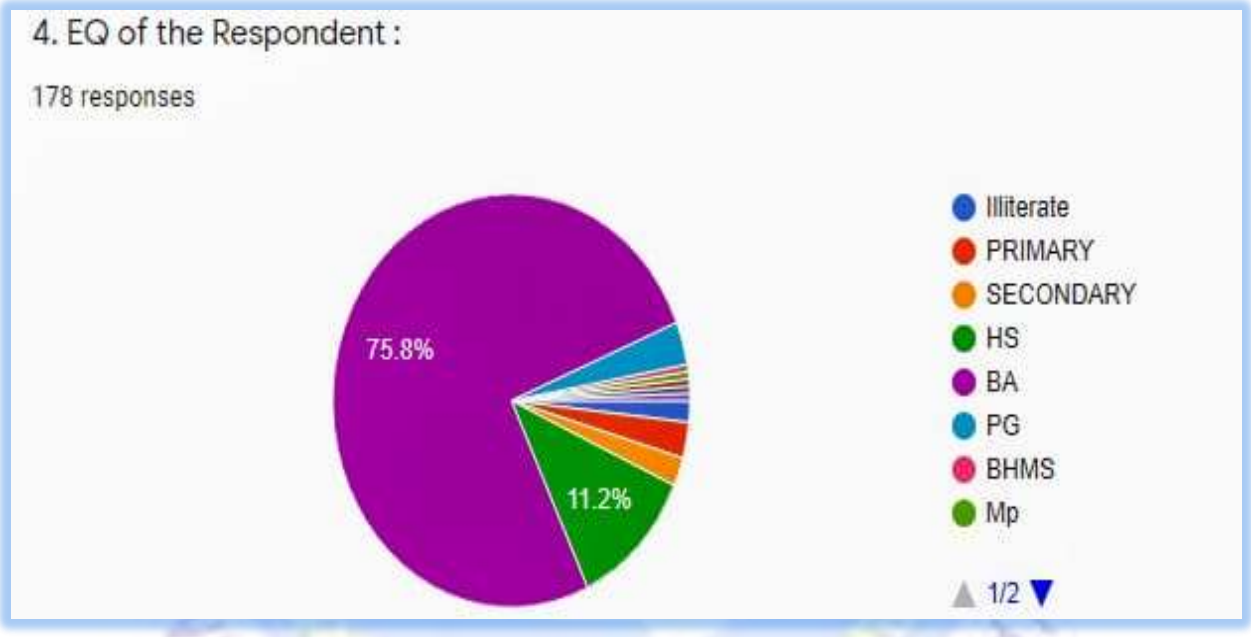
Age of the respondent	f of the respondents	% of the respondents
Upto 30 yrs	167	94
31- 45 yrs	8	4
46- 60 yrs	2	1
60 + yrs	1	1
Total	178	100



Discussion : In table -3 we have represented the age group of the respondents. Though we had an intention to have respondents from each age group, ultimately the majority of the respondents belong to the upto 30 years categories. This is due to the fact respondents from this age group could response through goggle form. As the area is backward, most of the inhabitants are not fit to handle goggle form, specially any mailed questionnaire. That is why our respondents are mostly the students and they are the young children of the locality.

Table No-4 : Distribution of the respondent on the basis of their Educational Qualification

Educational Qualification of the respondent	F of the respondents	% of the respondents
Illiterate	3	2
Primary	5	3
Secondary	4	3
Higher Secondary	20	11
Graduate	140	79
Post-Graduate	6	2
Total	178	100

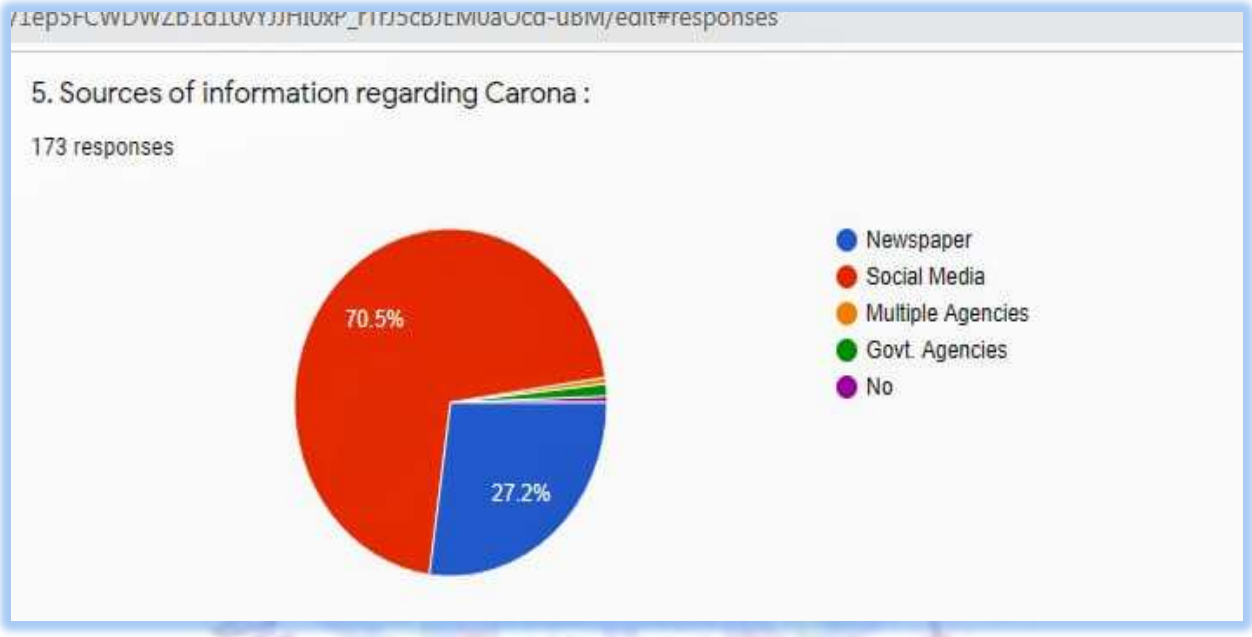


Discussion : The educational standard of the respondents show that most of them are college students. A few of the respondents are illiterate and primary level educated. 10%of the respondents are higher secondary standard and one or two per cent have completed graduation .The educational standard is also representative type as most of the young boys and girls are nowadays completed their higher secondary education. This is in commensuration with the educational standard among the young boys and girls of the locality.

Ch - 5
The Findings Regarding the Awareness about Covid-19

Table No-5 : Distribution of the respondent on the basis of their source of information regarding Corona Virus and COVID-19

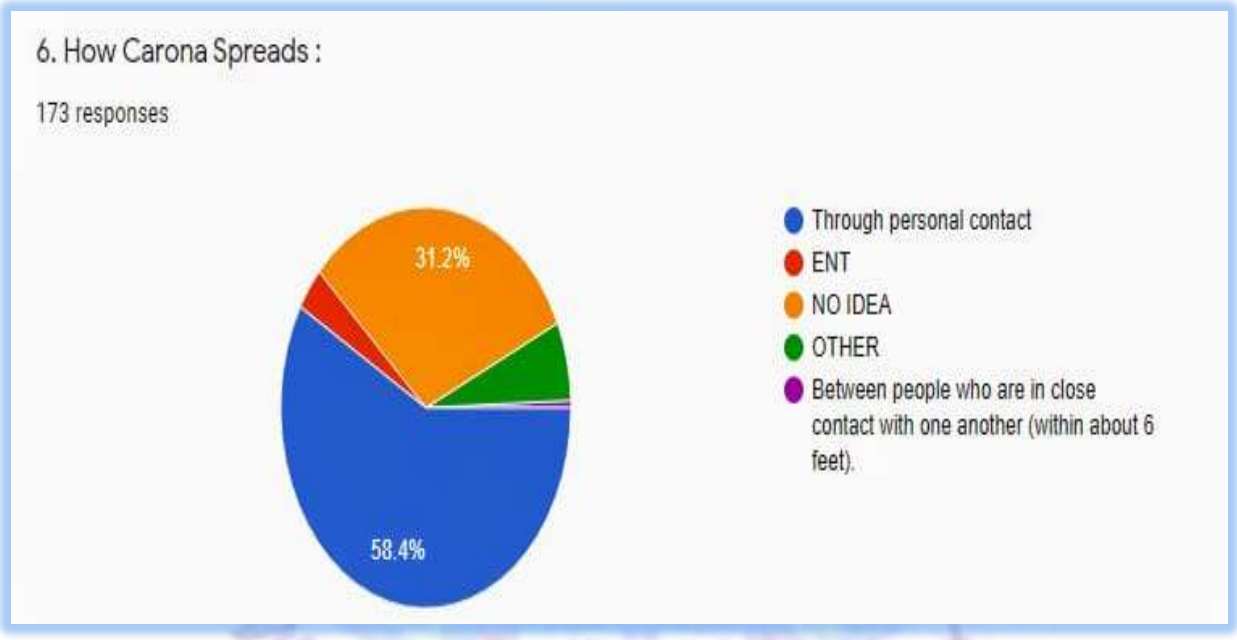
Primary source of information of the respondent	f of the respondents	% of the respondents
Newspaper	48	27
Social Media, T.V	126	71
Multiple Agencies	1	1
Govt. Agencies	2	1
No information	1	0
Total	178	100



Discussion : It is found that most of the respondents have received all information regarding COVID-19 from social media. Social media includes all channels found operative in cell phone. The respondents have received information from different apps, from you tube and similar other ways. A few of the respondents have said that they gathered information from newspaper. As it is a rural area, only a tiny number has multiple agencies for information. Of course, it is a matter to be recorded that villagers wait less for government agencies for information. A few have expressed their indifference towards governmental agencies reasons known to them. It is a matter of interest to see that rural people are also coming forward to utilise the social media, particularly in situations of emergency like COVID-19.

Table No-6 : Distribution of the respondent on the basis of their knowledge about spreading of Carona Virus .

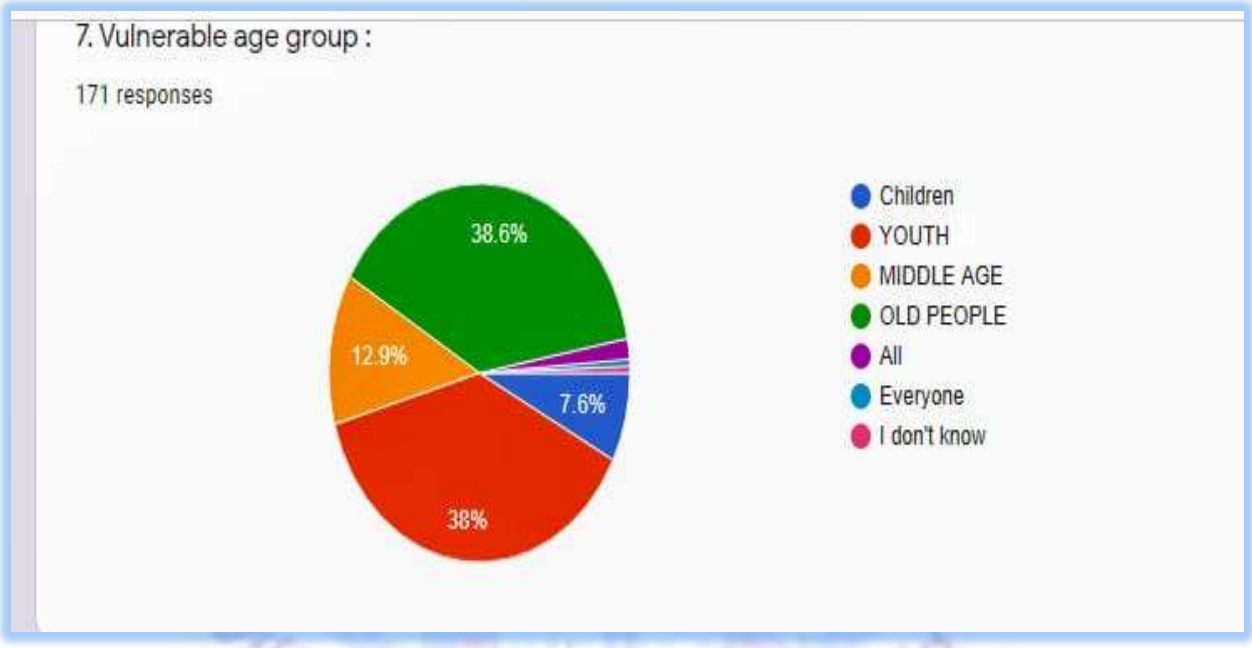
Ways of spreading Carona Virus	f of the respondents	% of the respondents
Through personal contact	106	60
Through ENT	6	2
No idea	54	30
Other ways of spreading virus	22	8
Total	178	100



Discussion : In case of the epidemic , it is very necessary to know the respondents awareness level regarding the contiguity of the virus. The question was asked to know the respondents' viewpoint regarding the major ways of spreading the virus. Though majority of the respondents (60%) have said that personal contact is the main way of spreading virus, it is similarly worrisome to learn that 54% of the respondents could not have proper ideas regarding the spread of the virus. Of course, the period was not old enough, people were asked at an early period and that has helped us to have policies and techniques to percolate the message that one must remain aware about personal contact to keep oneself away from the virus.

Table No-7 : Distribution of the respondent on the basis of their knowledge about the vulnerable groups of Carona Virus

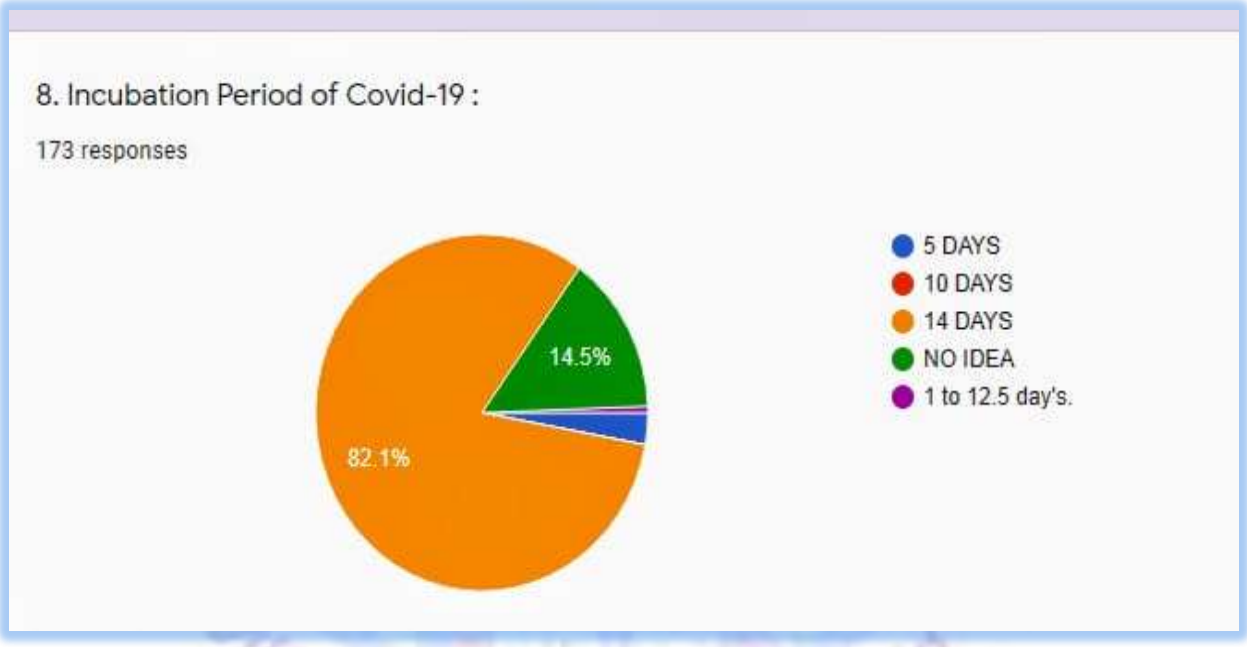
Vulnerable groups of Carona Virus	f of the respondents	% of the respondents
Children	13	7
Young boys and girls	72	40
Middle aged people	22	12
Old People	67	38
All People	4	3
Total	178	100



Discussion : We have tried to find out whether the respondents are aware about the fact that the grown up people , particularly those who have recent histories of hospitalisation following diseases like asthma, high blood pressure, high sugar problem etc, are more susceptible to COBID-19. The answer from the respondents was not clear. In fact, they were in confusion and have little information. That is why a good number of respondents have refrained from answering the question in the exact form. Another reason may be that they were afraid of all ages which appeared vulnerable, particularly in the rural areas.

Table No-8 : Distribution of the respondent on the basis of their knowledge regarding the incubation period of Carona

Incubation period of Carona	f of the respondents	% of the respondents
5 Days	5	3
10 Days	0	0
14 Days	142	80
No Idea	31	17
Total	178	100



Discussion : The respondents were asked about the incubation days for Carona patients. Most of the respondents have however followed the information that 14 days are internationally prescribed days for the patients. They have to remain under observation and treatment for those days. It was also mentioned that after 14 days a patient becomes fit for plasma donation. For the rural people, the information was necessary to maintain home quarantine, safe home etc, for the purpose.

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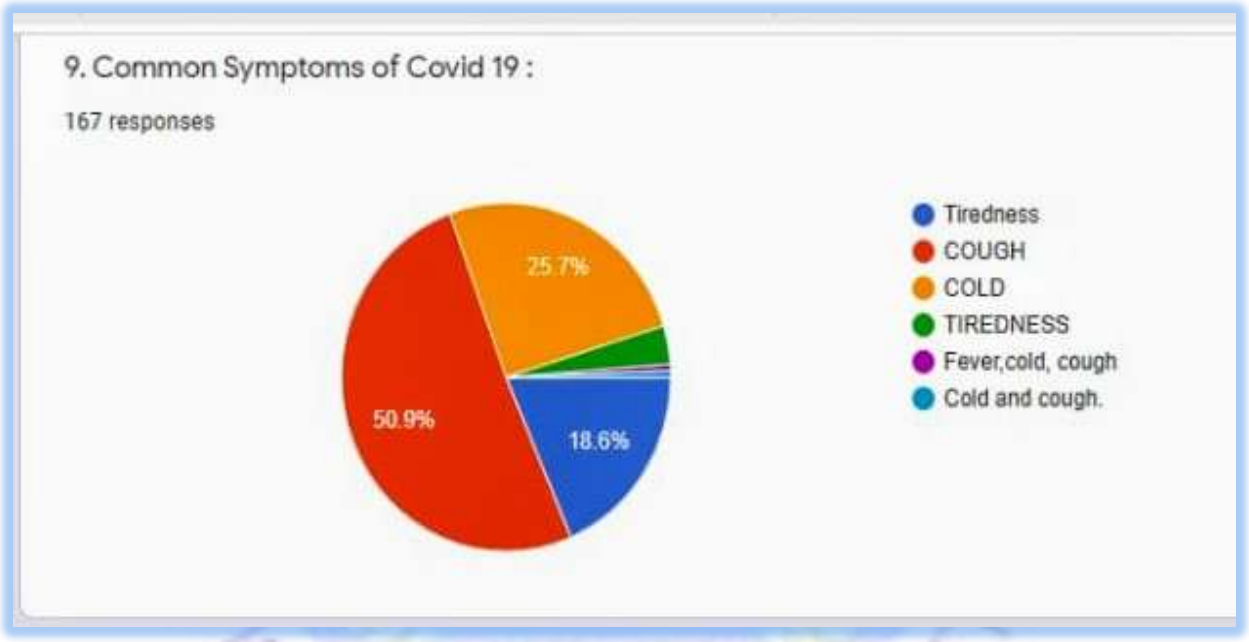
Table No-9 : Distribution of the respondent on the basis of their knowledge regarding the primary symptoms of Carona

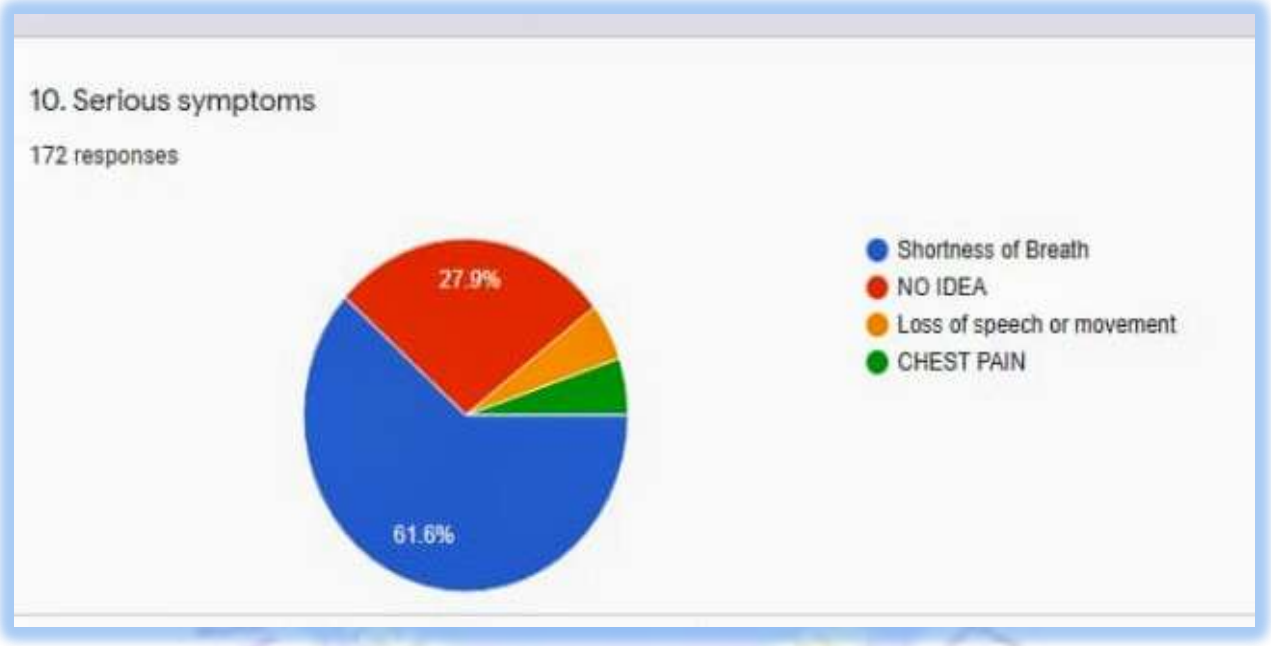
primary symptoms of Carona	f of the respondents	% of the respondents
Tiredness	40	22
Cough and Cold	130	73
Fever	1	1
All symptoms	1	1
No Idea	6	3
Total	178	100



Discussion : Respondents were asked to response regarding the preliminary or minor symptoms of Carona disease. Almost all respondents have said that cough and cold are the basic symptom of the disease. One must be careful if cough and cold continues for long time at a stretch. Of course, tiredness or breath shortness is another common symptom. Important thing is that the rural respondents have tried to search the primary symptoms of carona and naturally they undertook the next step whenever they found the prevalence of the common symptoms.

Table No-10 : Distribution of the respondent on the basis of their knowledge regarding the Serious symptoms of Carona

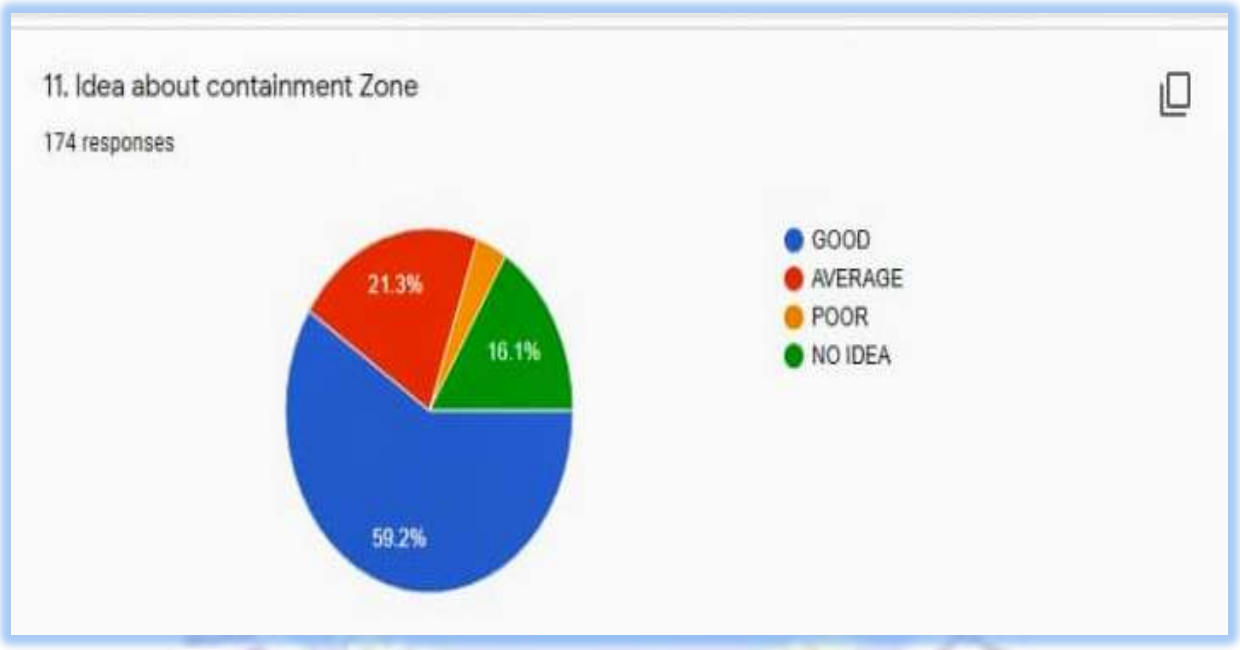
Serious symptoms of Carona	f of the respondents	% of the respondents
Shortness in breathing	105	59
Cough and Cold	7	4
Loss of Speech	9	5
Chest pain	9	5
No Idea	48	27
Total	178	100



Discussion : Respondents were asked to response regarding the major symptoms of Carona disease. Almost all respondents have said that shortness of breath is the basic symptom of the disease. One must be careful if shortness of breath continues for long time at a stretch. Of course, loss of movement, loss of taste etc, are also the basic symptom. Important thing is that the rural respondents have tried to search the serious symptoms of carona and naturally they undertook the next step whenever they found the prevalence of the common symptoms. Of course, as news or communication were less, 28% respondents did not give any opinion confidently and they were still searching for further information regarding the actual symptoms of Carona, the asymptomatic characteristics of the disease and the necessary task in cases of asymptomatic signs become doubtful to the patients and to others.

Table No-11: Distribution of the respondent on the basis of their knowledge regarding the Containment Zone.

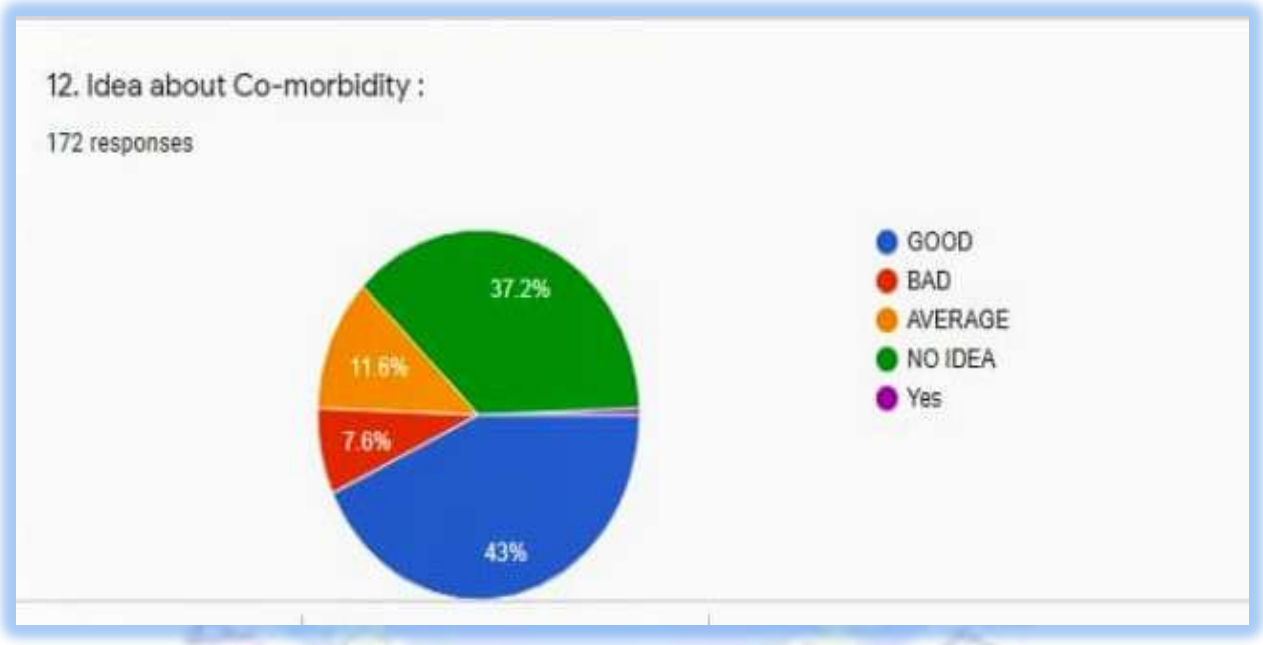
knowledge regarding the Containment Zone.	f of the respondents	% of the respondents
Good Idea	102	57
Average Idea	36	20
Poor Idea	18	10
No Idea	22	13
Total	178	100



Discussion : We have tried to find out whether the respondents have idea about the containment zone. Specifically, whether the respondents are aware about the do's and don'ts in the containment zone. Though it was a first time experience or knowledge about the containment zone during endemic under specific rules and regulations, 57% of the respondents have given good response. 36% have average idea as they know that the lock down rules are very much applicable in the containment zone and nobody without proper reason can move inside or outside the containment zone. Of course, more than 16% have poor idea or no idea regarding containment zone during the epidemic.

Table No-12 : Distribution of the respondent on the basis of their knowledge regarding Co-morbidity.

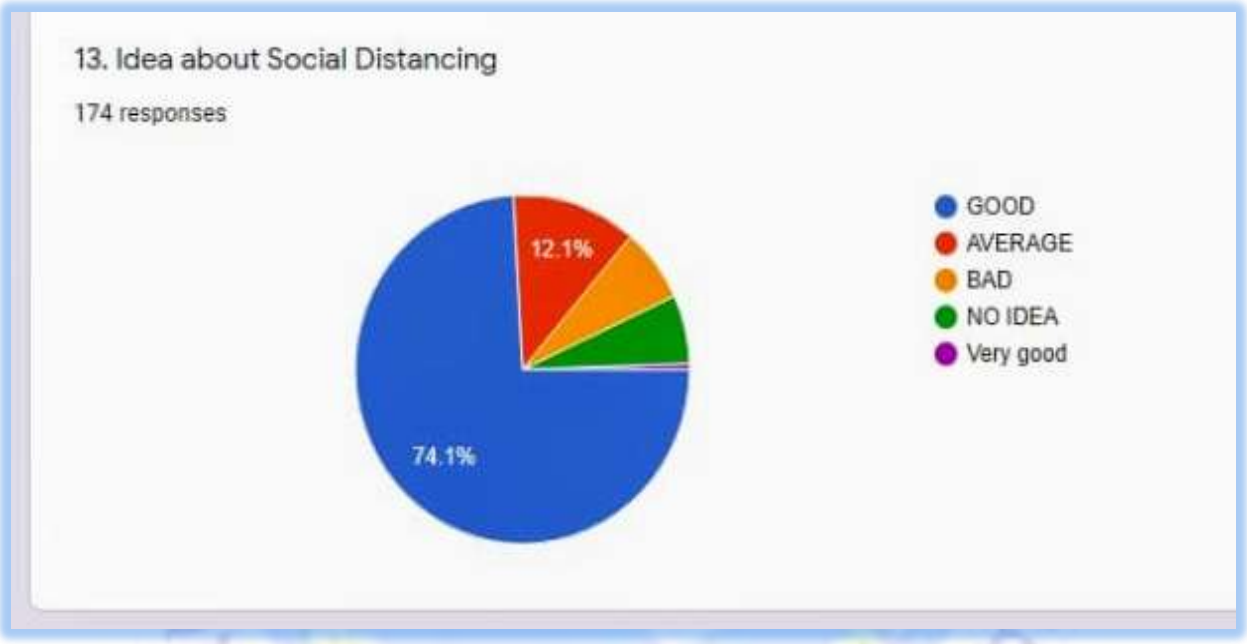
their knowledge regarding Co-morbidity.	f of the respondents	% of the respondents
Good Idea	74	42
Average Idea	19	11
Poor Idea	13	7
No Idea	72	40
Total	178	100



Discussion : We have tried to find out whether the respondents have idea about co-morbidity. Specifically, whether the respondents are aware about the diseases which could be the reason for death rather than corona and the presence of those diseases make the matter more fatal. Though it was a first time experience or knowledge about co-morbidity is new, 42% of the respondents have given good response. 11% have average idea as they have simply heard about the matter from this or that source, but could not know properly about co-morbidity. Of course, maximum respondents 47% have poor idea or no idea regarding comorbidity during the epidemic. The information is very serious as the degree of disease becomes higher if the issue of comorbidity remains unknown.

Table No-13 : Distribution of the respondent on the basis of their knowledge regarding Social Distancing.

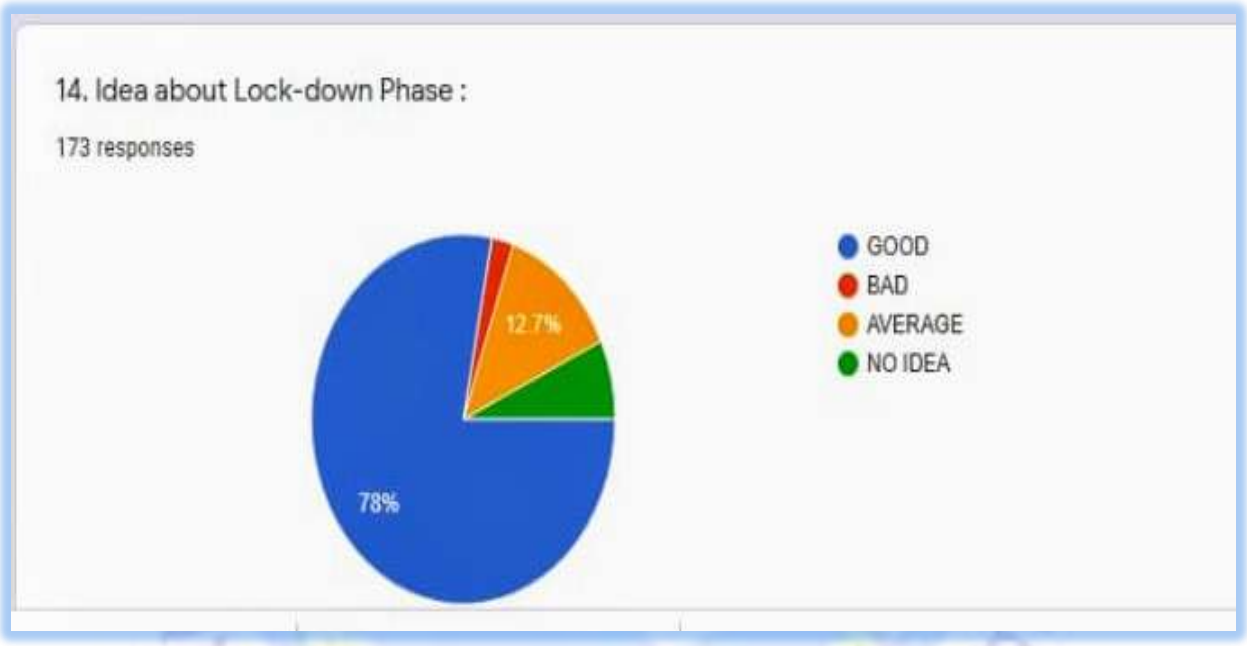
knowledge regarding Social Distancing.	f of the respondents	% of the respondents
Good Idea	129	72
Average Idea	20	11
Poor Idea	12	7
No Idea	17	10
Total	178	100



Discussion : Social distancing is the first word in tackling corona disease. People has to know a few things regarding social distancing like how much minimum distance to be maintained while gathering for necessary activities, what will be the dress code in social distancing etc. Our study shows that the respondents are more or less aware about social distancing (72%). Only those who are not literate enough and those who are not mixing with others over social media or similar devices have no idea about social distancing as prescribed by the government and other agencies.

Table No-14 : Distribution of the respondent on the basis of their knowledge regarding Lock-Down.

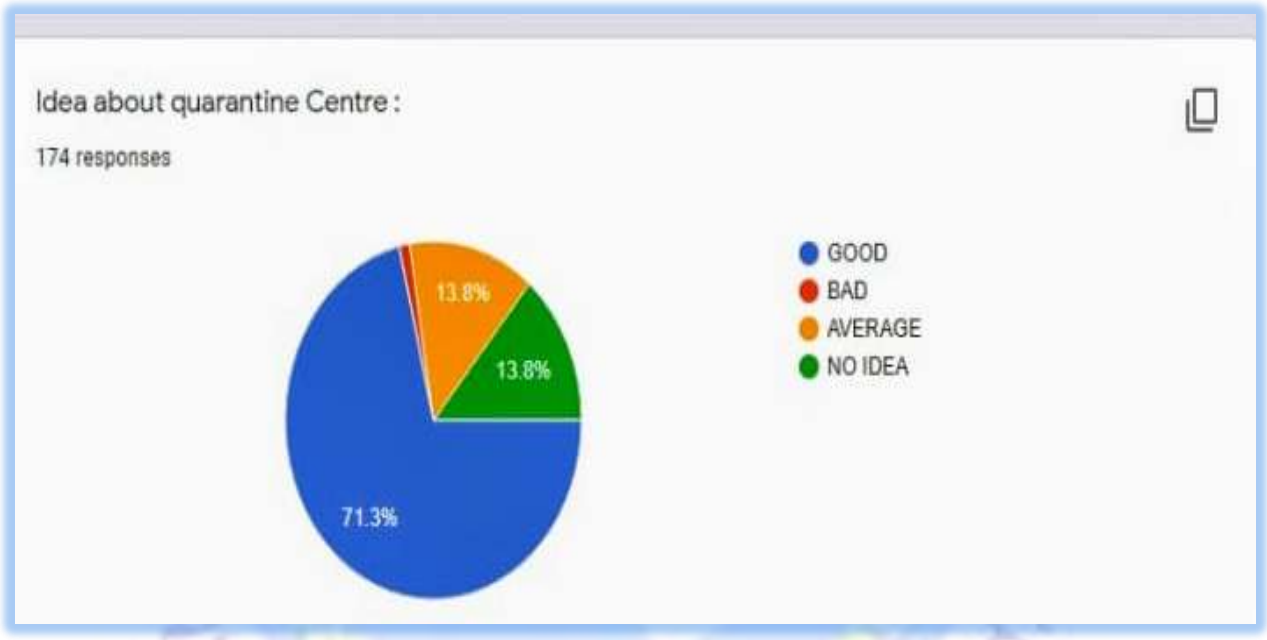
knowledge regarding Lock down	f of the respondents	% of the respondents
Good Idea	135	76
Average Idea	21	12
Poor Idea	4	2
No Idea	18	10
Total	178	100



Discussion : Respondents were asked to comment about lock down and to share their knowledge regarding lock down. Majority of the respondents are aware about lock down and they have knowledge regarding lock down. They were following the orders passed by the appropriate authority regarding lock down. As it is known that tackling of endemic is impossible unless people follow the lock down with question, the rural masses have shown sufficient awareness and respect for lock down during endemic.

Table No-15 : Distribution of the respondent on the basis of their knowledge regarding Quarantine Centre.

knowledge regarding Quarantine Centre.	f of the respondents	% of the respondents
Good Idea	130	73
Average Idea	23	13
Poor Idea	2	1.0
No Idea	23	13
Total	178	100



Discussion : Quarantine is an essential part of remedies in times of endemic. Different types of quarantine are practiced during the period. Of course, the hospitalised quarantine is generally informed. Home quarantine, safe home etc, are also the similar remedies as prescribed by the appropriate authority. Our respondents are found quite aware about the quarantine, incubation period etc. More or less 80% has good or average idea about quarantine system. Of course, none of the respondent has preferred quarantine than general home situation and talked about isolation and loneliness apart from the indifference by the care giver in the quarantine centres.

Ch - 6

The Measures to Combate the Epidemic

From the study as well as from the relevant literature and public information we have found certain very common measures necessary to combat the endemic. These can be categorised as under;

1.<u>We must wash our hands frequently</u> . Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. The reason behind the activity is also very clear**.** Washing our hands with soap and water or using alcohol-based hand rub kills viruses that may be on our hands.

2.<u>We must maintain social distancing</u> .Maintain at least 1 metre (3 feet) distance between ourselves and anyone who is coughing or sneezing. The reason behind the activity is also very clear**.** When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If we are too close, we can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

3.<u>We must avoid touching eyes, nose and mouth</u>. The reason behind the activity is also self-explanatory and necessary for all. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to our eyes, nose or mouth. From there, the virus can enter our body and can make us sick.

4.<u>We must practice respiratory hygiene</u>. Make sure that we, and the people around us, follow good respiratory hygiene. This means covering our mouth and nose with our bent elbow or tissue when we cough or sneeze. Then dispose of the used tissue immediately. The reason behind the activity is also very clear**.** Droplets spread virus. By following good respiratory hygiene we protect the people around us from viruses such as cold, flu and COVID-19.

5.<u>If we have fever, cough and difficulty breathing, we must seek medical care early</u>. We have to stay home if we feel unwell. If we have a fever, cough and difficulty breathing, we must seek medical attention and call in advance. We have to follow the directions of our local health authority. National and local authorities have the most up to date information on the situation in our area. Calling in advance will allow our health care provider to quickly direct us to the right health facility. This will also protect us and help prevent spread of viruses and other infections.

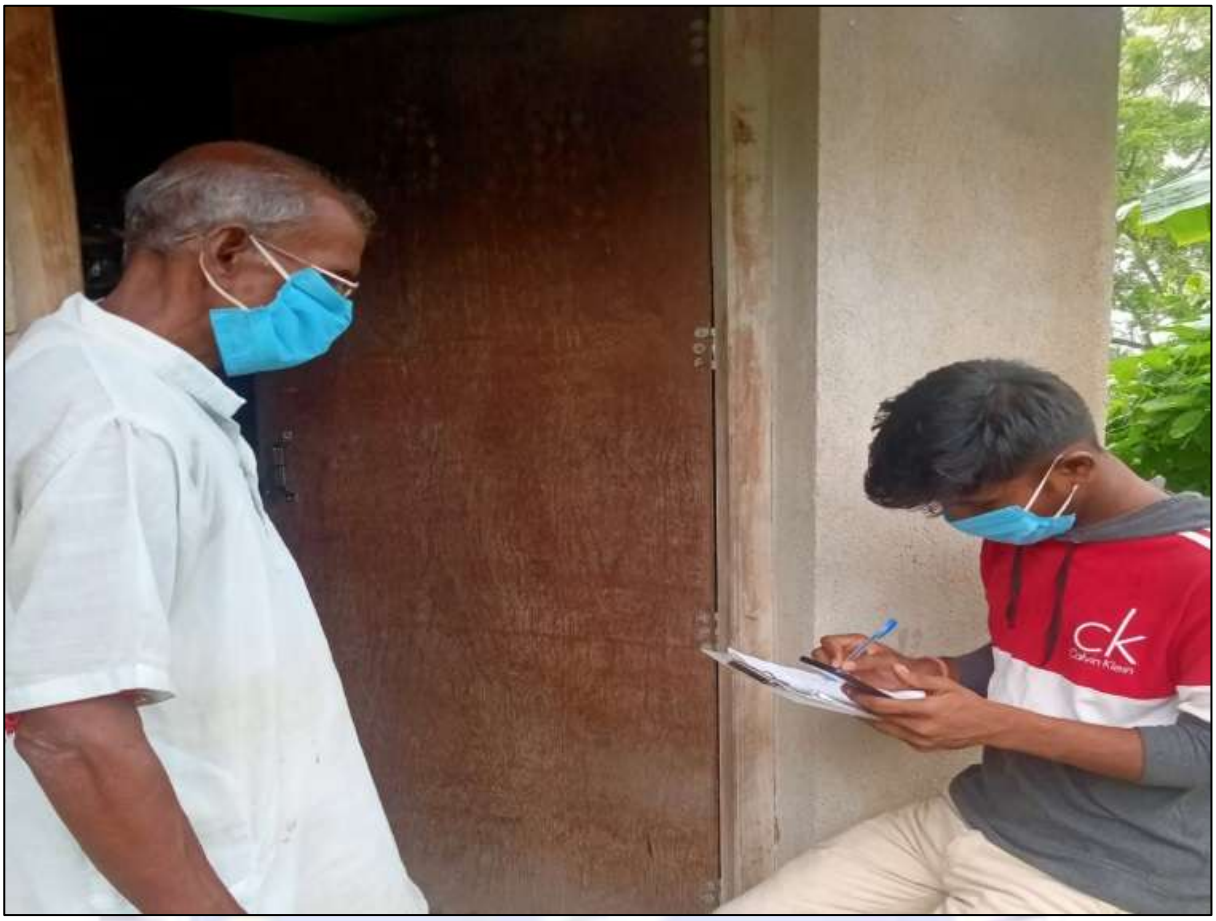
6.<u>We must stay informed and follow advice given by our healthcare provider</u>. Finally, it is necessary to stay informed on the latest developments about COVID-19. It is also necessary to follow the advice given by our healthcare provider, our national and

local public health authority or our employer on how to protect ourselves and others from COVID-19.

The overarching aim of the Strategic Preparedness and Response Plan for COVID-19*(1)* is to control COVID-19 by suppressing transmission of the virus and preventing associated illness and death. To the best of our understanding, the virus is primarily spread through contact and respiratory droplets. Under some circumstances airborne transmission may occur (such as when aerosol generating procedures are conducted in health care settings or potentially, in indoor crowded poorly ventilated settings elsewhere). More studies are urgently needed to investigate such instances and assess their actual significance for transmission of COVID-19.

To prevent transmission, WHO recommends a comprehensive set of measures including:

- Identify suspect cases as quickly as possible, test, and isolate all cases (infected people) in appropriate facilities;
- Identify and quarantine all close contacts of infected people and test those who develop symptoms so that they can be isolated if they are infected and require care;
- Use fabric masks in specific situations, for example, in public places where there is community transmission and where other prevention measures, such as physical distancing, are not possible;
- Use of contact and droplet precautions by health workers caring for suspected and confirmed COVID-19 patients, and use of airborne precautions when aerosol generating procedures are performed;
- Continuous use of a medical mask by health workers and caregivers working in all clinical areas, during all routine activities throughout the entire shift;
- At all times, practice frequent hand hygiene, physical distancing from others when possible, and respiratory etiquette; avoid crowded places, close-contact settings and confined and enclosed spaces with poor ventilation; wear fabric masks when in closed, overcrowded spaces to protect others; and ensure good environmental ventilation in all closed settings and appropriate environmental cleaning and disinfection.



Ch - 7
Conclusions & Remarks

It is true that COVID has been a treat, a lesson, a challenge and also a suggestion to evolve oneself for a social set up which is unprecedented. From the health perspective, Government of India as well as different state Governments have taken certain necessary steps to ensure that people are prepared well to face the challenge and threat posed by the growing pandemic of COVID-19 and the Corona Virus. With active support of the people of India, the country has been able to contain the spread of the Virus in our country. The most important factor in preventing the spread of the Virus locally is to empower the citizens with the right information and taking precautions as per the advisories being issued by Ministry of Health & Family Welfare.

The first advisory, i.e, how does Carona transmit states that when a person suffering from this disease sneezes or coughs, a lot of droplets spread in the air or fall on the ground and nearby surfaces. If another person is nearby and inhales the droplets or touches these surfaces and then touches his face, eyes or mouth, he can get the infection. The chances are more if one is within a distance of less than 1 meter from the infected person.

The second advisory i.e, what happens to a person who develops the disease explains that majority of the people (80%) will require no treatment as such and will recover on their own. A small proportion requires hospitalisation and other serious medications.

The third advisory deals with the vulnerable age-group of the disease. The question is what is the age group in which this disease spreads? Does it occur in children as well? The answer states that this disease is known to occur in all age groups. It can spread to children as well through the other person suffering from the disease in the household. The infection is generally mild in children. Older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) are at a high risk to develop serious illness.

The fourth advisory of the MoHFW deals with how long does the Corona Virus survive over the surfaces or objects. The answer is that it is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other Corona Viruses. Studies suggest that Corona Viruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment). If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

The fifth advisory is directly related with the treatment of the disease. The question is whether there is any treatment for Corona Virus Infection .The answer states as on date there is no specific treatment for Corona Virus infection. Treatment for Corona Virus infection consists of symptomatic treatment. Since it is a viral infection, so in more than 80% of the cases it recovers within few days. A small proportion may need admission in hospital/ICU if they are having symptoms of severe disease.

The sixth advisory discusses whether there are any specific medications available to treat Corona Virus infection. The response of the Ministry is that as of now there is no specific anti-viral medication available to treat the symptoms of the infection however majority of the people recover without any problem just like in any other viral illness. Some drugs which have been used for other Corona Virus infections are being tried in very sick patients.

The seventh advisory deals with how one can protect oneself and his/her family members. The advisory states that it is necessary to clean hands with an alcohol-based hand rub or wash them with soap and water after coming from outside or after visiting a patient with Corona Virus infection. Maintaining of at least 1 meter (3 feet) distance between oneself and anyone who is coughing or sneezing is a necessary precaution. Avoid touching eyes, nose and mouth. Make sure that one, and the people around the person, following good respiratory hygiene. This means covering one's mouth and nose with the bent elbow or tissue when one cough or sneeze. Then dispose of the used tissue immediately. Stay home if one feels unwell. If one has a fever, cough and difficulty in breathing, it is necessary to seek medical attention.

The eighth advisory says a few words regarding mask wearing and who should wear mask. It is argued that persons having no symptoms are not to use mask. Medical masks should not be used by healthy persons who are not having any symptoms because it creates a false sense of security that can lead to neglecting other essential measures such as washing of hands. In such situation, more effective steps are: Who should wear mask? Wash hands frequently with soap and water for 20 seconds. An alcohol based hand sanitizer with 70% alcohol must be used for 20 seconds. If hands are dirty or soiled, do not use alcohol based hand sanitizer, but wash hands preferably with soap and water. While coughing or sneezing cover nose and mouth with handkerchief, paper tissue. If handkerchief or tissue paper is not available, cough into the flexed elbow. Dispose off tissue immediately after use and wash hands. Refrain from touching face,

mouth, nose and eyes. Stay at least a meter away from those coughing or sneezing. Monitor your body temperature.

The question thus is when and who should use medical masks (apart from health care worker).The advisory states that when a person develops cough or fever may use mask. Use of medical three layer masks when ill, will prevent chance of infection from spreading to others. However, one also need to wash one's hands frequently to avoid spreading infection to others ,while visiting a healthcare facility and when one is caring for an ill person. Close family contacts of such suspect/confirmed cases undergoing home care should also use triple layer medical mask.

Advisory is also there regarding the role of hand sanitizers. It is stated that hand sanitizers are to be used when o9ne is caring for the patients infected with Corona Virus. In general, washing hands frequently with soap and water for 20 seconds is the recommended option. If hands are dirty or soiled then alcohol based hand sanitizer not to be used, but to be washed hands preferably with soap and water.

Questions are also there to know about the role of specific foods/drinks in the treatment of Corona Virus infection. But, there is no specific recommendation on this. However one can continue to take his/her regular diet which includes fruits, vegetables etc. to stay healthy.

Questions are there to know whether there is any vaccine available for the treatment of Corona Virus infection. It is stated that as of now, there is no vaccine available for the treatment of Covid-19 infection.

Finally it was asked to know whether we are well equipped to deal with the Corona Virus crisis .

It is understood that the Ministry of Health and Family Welfare has taken adequate steps in this direction to equip the designated healthcare facilities to take care of the infected Corona Virus patients. The relevant SOPs for isolation and home quarantine, sample testing, laboratory facilities and discharge of the admitted patients are well available in the public domain on the website of Ministry of Health and Family Welfare (MoHFW).

One can help by following good personal hygiene, hand washing and cough etiquettes. One can also avoid/restrict unnecessary travel, participation in public gatherings and can ensure a reasonable social distancing. This can contribute greatly in breaking the chain of active transmission.

The Helpline Number for Corona Virus is +91-11-23978046 Toll Free No: 1075

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Mailed Questionnaire

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Affiliated to West Bengal State University and sanctioned under 2(f) and 12(B) of the UGC Act.
(NAAC ACCREDITED)

Online Mailed Questionnaire regarding COVID-19. Strictly confidential. to be used for academic purposes. Department of Education

1. Sex of the respondent; Male /Female / Other
2. Caste of the respondent : SC /ST/ OBC A /OBC-B / Gen
3. Age of the respondent : Upto30 yrs / 31-45 / 46-60 / 60+
4. EQ of the Respondent:Illiterate /Primary/ Secondary / H.S / Graduate /PG
5. Sources of information regarding Carona : TV / Newspaper / Social Media / Neighbour-Relative /Govt. Agencies / Multiple Agencies
6. How Carona Spreads :Personal contact / ENT/ No idea /other ways
7. Vulnerable age group : Children / Youth / Middle Age / Old People
8. Incubation Period of Covid-19 : 5days / 10 days / 14 days / No Idea
9. Common Symptoms of Covid 19 :1 symptom /2 symptom/ 3 symptoms / No Idea [Fever, Dry Cough, Tiredness]

10. Serious symptoms : 1 symptom /2 symptom/ 3 symptoms / No Idea [Shortness of Breath, Chest Pain , Loss of speech or movement]
11. Idea about containment Zone : Good / Average / Poor / No idea
12. Idea about Co-morbidity : Good / Average / Poor / No idea
13. Idea about Social Distancing : Good / Average / Poor / No idea
14. Idea about Lock-down Phase : Good / Average / Poor / No idea
15. Idea about quarantine Centre : Good / Average / Poor / No idea




Participants List

Participants List : We sincerely convey our thanks to the participants who has given their opinion on line amidst of the endemics.

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