Original Article

A STUDY TO ASSESS ATTITUDE REGARDING MISCONCEPTIONS OF COVID-19 AMONG NURSING STUDENTS AT SELECTED NURSING COLLEGE OF JAMMU PROVINCE MISS RAIKA ALTAF¹, MISS SUMAN VASHIST²

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ABSTRACT:

Introduction: Corona viruses are a group of viruses belonging to the family of corona viridae, which infects both humans and animals. Human corona viruses can cause mild disease similar to a common cold, while others cause more severe disease such as MERS (Middle East Respiratory Syndrome) and SARS (Severe Acute Respiratory Syndrome). A new corona virus that previously has not been identified in humans emerged in Wuhan, China in December 2019. Signs and symptoms include respiratory symptoms and include fever, cough, and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and sometimes death. The outbreak of COVID-19 pandemic has created negative effect on humanity continuous holding on to some misconceptions about the reality of the virus among people may create, further problems for human kind. This study has documented some of the most common misconceptions about COVID-19 pandemic which include; it's the disease of wealthy people. Hot weather will destroy the disease. Taking local herbs will destroy it. Holding breath for 10 seconds or more without coughing means you are free from COVID-19, etc.

Materials and Methods: Non-experimental approach was adopted to assess attitude regarding misconceptions of COVID-19 among nursing students at selected nursing college of Jammu Province. The present study was conducted to assess the attitude regarding misconceptions of COVID-19 among nursing students. The reliability and feasibility of tool was done during the month of February, 2021. The main data collection was carried out in March 2021.Random sampling technique was used for selection of samples. The sample was taken from nursing students studying in Rajiv Gandhi College of Nursing, Jammu. Total 100 samples were taken .A tool was developed which consist of likert scale to assess attitude regarding misconceptions of COVID-19 among nursing students. Before the data collection the researcher explains the purpose of study, clarify the queries and took verbal consent from subjects. The gathered data was analyzed by calculating percentage, frequency and SD, T-test, chi-square was used to assess, compare, association of attitude regarding misconceptions of COVID-19.

Result: The mean score was 95.91, median score was 97, standard deviation score was 10.41 and the neutral attitude score was 93%.

Conclusion: Assessment of attitude regarding misconceptions of COVID-19 among nursing students study revealed that 2% respondents had positive attitude, 5% respondents had negative attitude while 93% respondents had neutral attitude. The study revealed that there is no significant association between the socio-demographic status and attitude regarding misconceptions of COVID-19.

Key words: Attitude, Pandemic, Coronaviridae.

Corona virus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, the capital of china's Hubei province, and has since spread globally, resulting in the ongoing 2019-2021 corona virus pandemic. Common symptoms include fever, cough and shortness of breath. Other symptoms may include

fatigue, muscle pain, diarrhea, sore throat, loss of smell and abdominal pain. The time from exposure to onset of symptoms is typically around 5 days but may range from 2 to 14 days. While the majority of cases result in mild symptoms, some progress to viral pneumonia and multi-organ failure. As of February 21, 2021 about 111 million cases have been reported throughout the world, resulting in about 2.45 million deaths and 62.4 million

people have recovered throughout the world. As in India about 11 million cases have been reported, resulting in about 156 thousand deaths, 10.7 million people have recovered.

The outbreak of COVID-19 pandemic in the world has created negative effects on humanity. Continuous holding on to some misconceptions about the reality of the virus among people may create further problems for humankind. Some of the most common misconceptions about COVID-19 pandemic among few people both male and female are; "It is white people disease", "It is an imported disease", "It is the disease of wealthy people ", "Environment will destroy the disease (i.e. hot weather)", "maintaining physical distancing practice is unnecessary", "taking hot drinks (local gins) will destroy it", "taking local herbs will destroy it", "wearing of face mask is not necessary", etc. Moreover, it has been reported that many people believed that, "exposing yourself to sun or to temperatures higher than 25° c will prevent the virus", "the ability of hold your breath for 10 seconds or more without coughing or feeling discomfort means you are free from COVID-19 or any other lung disease", "COVID-19 virus cannot be transmitted in areas with hot and humid climates", "religious chants can kill the virus", "if I am young and healthy; I do not need to follow precautionary steps or physical distancing", etc¹. Similarly, "some people believed that COVID-19 is not real", other "believed that it is indeed real but cannot affect the poor or those who do not travel beyond the country", "some sorts of alcoholic substance could cure the virus or prevent from getting infected", "COVID-19 cannot survive in a region around the equator as the temperature would kill it", the most frequent response on misconceptions about COVID-19 is that, "the virus was created in the laboratory" and people also believed that COVID-19 was, "a biological weapon designed by the Chinese government" and "consuming garlic, ginger and herbal mixture as preventive measure against COVID-19"4.

Moreover, it might be the most difficult thing to address if people continued spreading rumors about the COVID-19 and not cooperating with the government officials¹. Apparently no single method could address all the misconceptions regarding health issue in society⁵.

The first reports or cases of COVID-19 was from Wuhan, a city in the Hubei Province of China, at the end of 2019, more than 80,797 COVID-19 cases have been reported in China; these include all laboratory -confirmed cases as well as clinical diagnosed cases in the Hubei Province. A joint World Health Organization (WHO)-China fact-finding mission estimated that the epidemic in China peaked between late January and early February 2020⁶. The majority of reports have been from Hubei and surrounding Provinces, but numerous cases have been reported in other provinces and municipalities throughout China^{7,8}. Increasing number of cases also have been reported in other countries across all continents except Antarctica, and the rate of new cases outside of China has outpaced the rate in China. These cases initially occurred mainly among travelers from China and those who have/had contact with travelers from China 9,10. As the Corona virus reaches more than 100 countries and the WHO declares nCoV as a global pandemic.

OBJECTIVES

- 1 To assess the attitude regarding misconception of COVID-19 among nursing students at selected nursing college of Jammu province.
- 2 To find out the association of attitude with their selected socio-demographic variables.
- 3 To develop an information booklet regarding misconceptions of COVID- 19 among nursing students at selected nursing college of Jammu province.

MATERIALAND METHODS

A study to assess the attitude regarding misconceptions of COVID-19 among nursing students at selected nursing college of Jammu province. Randomized sampling technique was used. The sample was taken from nursing students studying in Rajiv Gandhi College of Nursing, Jammu. Total 100 samples were taken. A tool was developed which consist of 5 pointed likert scale to assess attitude regarding misconceptions of COVID-19 among nursing students. The content validity of the tool was established by 6 experts in the field of nursing. The reliability of the tool tested by Karl Pearson's co-relation co-efficient obtained was 0.741. Hence the tool was considered reliable. Ethical clearance to conduct the study was obtained from institutional committee of Rajiv Gandhi College of

Nursing Jammu. The permission for data collection was obtained from the concerned authority; the investigator assured the anonymity to the study participants and their consent was obtained. The data has been collected from 100 nursing students, using Likert scale prepared in English in the month of March. The data collection was terminated by thanking all participants for their full cooperation. The data collected complied for data analysis.

RESULTS

Frequency and percentage distribution of selected demographic variables.

Sample Characteristics:

Subjects were selected from the nursing students, Rajiv Gandhi College of Nursing, Jammu. A randomized sampling technique was used to select the sample i.e. 100 subjects. Subject's characteristics include age, gender, religion, course and area of living.

The distribution of subjects according to the subject's characteristics is explained in frequency and percentage and presented in (table no. 1)

Table no. 1:-Frequency and percentage distribution of subjects according to their sociodemographic characteristics.

Variables	Opts	Percentage(%)	Frequency(f)		
	op.s	Teresitings(70)	110440103(1)		
Age (in yrs)	18-20 years	47%	47		
	21-22 years	48%	48		
	23-24 years	4%	4		
	Above 25 years	1%	1		
Gender	Male	25%	25		
	Female	75%	75		
Religion	Hindu	52%	52		
	Muslim	43%	43		
	Sikh	5%	5		
	Christian	0%	0		
Course	B.Sc nursing	72%	72		
	GNM	17%	17		
	FMPHW	10%	10		
	Medical assistant	1%	1		
Area of	Rural Area	58%	58		
Living	Urban Area	42%	42		

Table No 2: Descriptive Statistics table obtain range of score, mean, median, standard Deviation and Mean percentage.

Descripti ve Statistics	Mea n	Median	S.D.	Maximum	Minimum	Range	Mean %
ATTITU DE Score	95.9 1	97	10.41	122	68	54	63.94

Maximum=150 Minimum=30

Figure No 1:- Diagram showing descriptive statistics

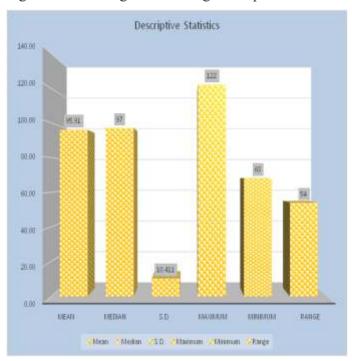


Table No 3:- Table Showing Level of Scores

CRITERIA MEASURE OF ATTITUDE SCORE				
Level of Scores N= 100	Percentage	Frequency		
NEGATIVE ATTITUDE.(111 -150)	5%	5		
NEUTRAL ATTITUDE.(71 -110)	93%	93		
POSITIVE ATTITUDE.(30 -70)	2%	2		

Maximum =150 Minimum=30

Figure No 2: Diagram showing Level of Scores

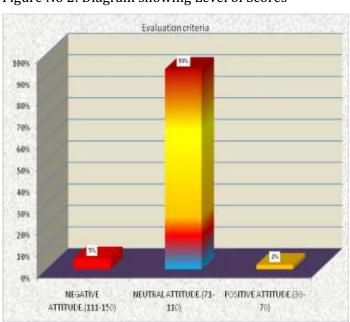
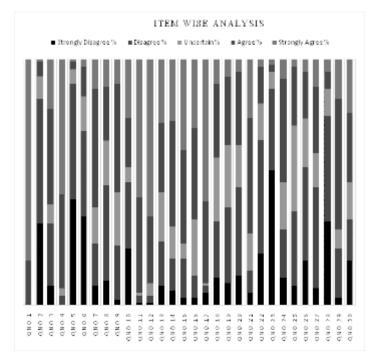


Table No 4: Item wise analysis (Table Showing Response in frequency percentage of Subjects according to each question)

	T	T	T	1	T	1
Area>	Statement	Strongly Disagree %	Disagree %	Uncertain %	Agree%	Strongly Agree %
	First case of COVID-19 was found in china.	0	1	0	17	82
	Only a dry cough is a symptom of COVID-19.	33	51	9	6	1
	Corona virus transmits through air.	8	25	8	39	20
	Older persons and person with pre-existing medical conditions are at high risk to develop serious illness.	0	4	3	38	55
	Religion chants can kill the virus.		47	6	3	1
	Consuming non-veg food will promote COVID-19.	36	35	14	12	3
	Drinking warm water will kill COVID-19.	8	17	15	48	12
	High temperature will kill COVID-19.	10	39	18	22	11
	Intake of vitamin C will help in eliminating COVID-19.	2	22	22	44	10
	COVID-19 is transmitted through urine and feases.	23	27	6	20	24
	Face masks prevent us from getting COVID-19.	1	3	1	39	56
	COVID-19 is a communicable disease.	1	3	5	27	64
Œ	Holding your breath for 10 seconds or more without coughing or feeling discomfort means you are free from COVID-19 or any other lung disease.	8	18	20	28	26
TTUE	COVID-19 is caused by severe acute respiratory syndrome corona virus-2.	6	13	13	43	25
PART - B-ATTITUDE	Social media is also responsible for increasing stress among people regarding COVID-19 myths.	3	16	6	38	37
B	Arogya setu app is effective against COVID-19.	3	9	23	37	28
Ė	Hand washing is effective against COVID -19.	5	3	1	33	58
PAR	Anti-malarial drugs are effective against prevention of COVID-19.	11	23	26	30	10
	Taking local herbs will destroy COVID -19.	9	31	25	28	7
	Eating frozen foods and ice creams spreads the corona virus.	12	36	17	30	5
	Consuming garlic, ginger, turmeric & herbal mixtures as preventive measures against COVID - 19.	5	9	15	47	24
	Corona virus can be transmitted through mosquito bites and houseflies.	21	46	15	15	3
	5G mobile network spreads COVID-19.	55	33	7	3	2
	Thermal scanners can detect COVID-19. Corona virus cannot survive in a region around the equator as the temperature would kill it.			19	42	8
				35	24	3
	Drinking ethanol, methanol or bleach prevents or cures COVID-19.	18	38	20	19	5
	Spraying bleach or disinfectants into our body will protect us against COVID-19.	7	41	14	27	11
	Catching the corona virus means we will have it for lifetime.	34	43	11	7	5

Figure No 3: Showing Item wise analysis



DISCUSSION

This chapter discusses the main findings of the research study and reviews that in relation to the findings from the result of the present study. The purpose of the study was to assess the attitude regarding misconceptions of COVID-19 among nursing students at selected nursing college in Jammu province. In order to achieve the objectives of the study descriptive research design was adopted, random sampling was used to select the sample. Data was collected from 100 nursing students.

In this section the investigator interpretively discuss the result of the study. It is in the discussion, the researcher ties together all the loose ends of the study. The findings of the present study have been discussed in nursing students with the objectives of the research and literature review.

A descriptive study was conducted on 100 samples to assess attitude regarding the misconceptions of COVID-19 among nursing students. The data was collected by using Likert type scale for assessment of attitude regarding misconceptions of COVID-19 among nursing student. The present study reveals overall mean score of attitude was 95.91, Median score 97. Hence 2% of the respondents have a positive attitude and 93% respondents had neutral attitude and 5% respondents have negative attitude regarding

misconception of COVID19.

On the basis of 100 nursing student's answers, we can't say whether their attitude regarding misconceptions of COVID-19 was permissive or rejecting, as they were in average choosing the neutral attitude, "I can't decide", option, anyhow, The nursing students believe in prevention of misconceptions of COVID-19 and were prepared to talk about it.

The result of the study was not similar finding of the present study found in consistent with the study conducted by Murtala Bindawa Isah, Mahmud Abdulsalam et.al. Conducted a cross-sectional survey of 722 respondents using an electronic Questionnaires through the whatsapp madia platform. According to this study, a significant correlation (p<0.05) exists between the average knowledge score of the respondents and their level of education (tb=0.16). Among the respondents, 83% held atleast one misconception related to COVID-19. In the present study, among all the respondents only 2% doesn't have misconceptions regarding COVID-19 and 93% have at least one misconception regarding COVID-19.

LIMITATIONS OF THE STUDY

The present study has its own limitations like any other study. The following are the limitations of the study:

- 1. The sample of study was taken from nursing college. Therefore, caution should be applied in the generalization of findings of the study.
- 2. The researchers confined her study only to those who are nursing students.

SOURCE OF FINDING

The study entitled; A study to assess attitude regarding misconceptions of COVID-19 among nursing students at selected nursing college of Jammu province is a self funded research work of Miss Raika Altaf B.Sc (N) 4th year, Rajiv Gandhi College of Nursing Jammu.

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