

ORIGINAL RESEARCH

A study to assess the level of knowledge, attitude and self-expressed practice regarding New variant of COVID-19 (Omicron BF.7) among young adults

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Abstract

Aim: A study to assess the level of knowledge, attitude and self-expressed practice regarding new variant of covid-19 (omicron bf.7) among young adults.

Material and methods: online cross-sectional questionnaire survey was conducted by us using Google Forms. The study included two hundred young individuals who were employed at varying levels of public and commercial sectors. The purpose of the questions was to assess the practises, attitudes, and levels of knowledge about the newly discovered virusOMICRON.

Results: Out of a total of 200 participant 67% were female and 33 % were male. Most of the participant were belong to 18-23 years of age 140(70%) followed by 24-30 years 44(22%) and 31-36 years 16(8%). More than half of the respondents 131(65.5%) fulfilled our set criteria of good level of knowledge followed by 68(34%) average and 1(0.5%) had poor knowledge about the omicron. 181(90.5%) participants had positive level of attitude and 19(9.5%)show average level of attitude. 167(83.5%) of participants had good level of practice followed by average level of practice 30(15%) and 3(1.5%) respectively.

Conclusion: We are able to draw the conclusion that the young adults suffer from a lack of understanding about the new variety ofOMICRON, despite the fact that favourable practises and attitudes were seen. As a result, the authorities need to take the appropriate actions to put the training on the new variants into effect.

Keywords: knowledge, attitude self-expressed practice, Omicron BF.7, young adults

Introduction

Coronavirus disease (COVID-19) is a severe acute respiratory illness that was first identified in a patient in Wuhan, Hubei Province of China in December 2019 [1]. The patient had symptoms that were similar to those of viral pneumonia. The infectious agent has been given the name severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), and it is a new kind of coronavirus that was at first tentatively referred to as a novel coronavirus (nCoV) [2]. Infections with this extremely infectious and zoonotic virus were first reported in a relatively small place, but they quickly spread to the majority of the world's regions, resulting in a worldwide health disaster. On March 12, 2020, the World Health Organisation (WHO) stated that the situation constituted a worldwide pandemic and issued a call for a concerted effort to combat the issue [3]. As of February 12, 2022, the regularly updated COVID-19 status dashboard showed a total of 40, 49,10,528 confirmed cases and 57, 83,776 fatalities worldwide caused by this devastating virus [4]. On January 27th, a case of COVID-19 was reported in Trissur, Kerala, in a 20-year-old woman who had a history of travelling to China [5]. This case was the first to be found in India. COVID-19 transmission in India was made easier by the quick mobility of individuals between cities and from the global epicentres, and as a result, infection began to spread to the main cities of India. In response to the rise in reported cases and in an effort to break the chain of transmission, the government has taken proactive measures including the suspension of foreign travel, the tracing of contacts, the containment of the outbreak, and the implementation of mitigating methods. However, in spite of the preventative measures that were taken, the incidence of the virus continued to climb in various regions of the nation, and the number of confirmed cases had reached 4,258,6544 as of February 12, 2022 [6].

The world has already been through two waves of the coronavirus when it was not even prepared for the first pandemic that it would face. In spite of the difficulty of the situation, the health care workers' heroic efforts to save lives have been very inspiring.[7] Despite the fact that there was a lack of initial training and the appropriate care of the illness, the medical professionals approached the task with a great deal of commitment. Even before the world has had a chance to recuperate from the two waves, a new form of the corona virus known as "OMICRON" has already begun taking its toll throughout the globe. There is a paucity of information available on the symptoms associated withOMICRON, as well as the treatment options for people suffering from this newly discovered virus. Inadequate information may have disastrous consequences, particularly when

it comes to matters pertaining to one's health.[8]Low- and middle-income nations are overloaded by the unprecedented challenge for their health care systems and social policies as they work towards the goal of universal health coverage [9]. Despite the widespread use of vaccines, new Omicron strains (such as Omicron sub-lineages) are appearing [10]. Therefore, compliance and commitment to non-pharmacological measures, such as hand cleanliness, the use of face masks, and social distance, will continue for some time in the future to avoid catching the SARS-CoV-2 infection. People's knowledge, attitudes, and practises (KAP) in relation to illnesses are a crucial factor in determining whether or not they comply with non-pharmacological control strategies [11].

Material and methods

A cross-sectional study was conducted in the department of nursing, Government Institute of Medical Sciences, Greater Noida, U.P. A online cross-sectional questionnaire survey was conducted by us using Google Forms. The study included two hundred young individuals who were employed at varying levels of public and commercial sectors. The purpose of the questions was to assess the practises, attitudes, and levels of knowledge about the newly discovered virusOMICRON. The research was given the go-ahead after it passed its ethical review. Every single person who participated in the research project provided their written permission. We included participants of both sexes who were between the ages of 18 and 36 and who worked for the COVID management. We devised fifteen questions with the intention of evaluating the OMICRON's knowledge and awareness, self-expressed practise, and attitude. The demographic data and the answer data were gathered using IBM SPSS Statistics for Windows, version XX (IBM Corp., Armonk, N.Y., USA. Version 25.0), and then compared using the Chi-square test, with a significance level of P 0.05 being considered to indicate significance.

Results

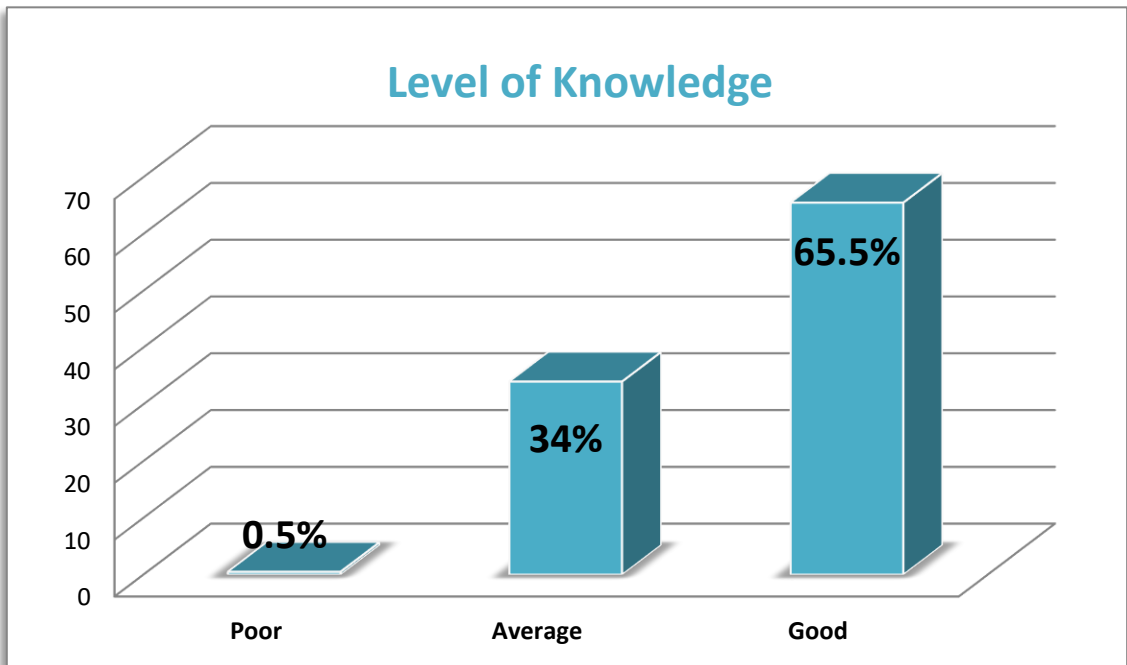
Table 1. Basic demographic profile of the patients

Gender	Number	Percentage
Female	134	67
Male	66	33
Age		
18-23	140	70
24-30	44	22
31-36	16	8
Education status		
diploma	16	8
12 th	101	50.5
graduate	44	22
postgraduate	39	19.5
Place of residence		
Urban	134	67
Rural	66	33
Occupational status		
Professional	60	30
Not working any where	130	65
Self employed	10	5
Previously infected with covid (any variants)		
Yes	48	24
no	142	71
Not aware	10	5
Vaccination status		
1ST Dose	8	4
2nd Dose	113	56.5
3rd Dose	74	37
Did not take any of the above vaccine for COVID	5	2.5

Out of a total of 200 participant 67% were female and 33 % were male. Most of the participant were belong to 18-23 years of age 140(70%) followed by 24-30 years 44(22%) and 31-36 years 16(8%). Most of the participant were 12th pass 101(50.5%) followed by graduate , postgraduate and diploma holder 44(22%),39(19.5%) and 16(8%) respectively. 134(67%) participants were belong to urban area and reaming from the rural area. 113(56.5%) participants were take the 2nd dose of vaccine.(Table 1)

Table 2. Level of Knowledge

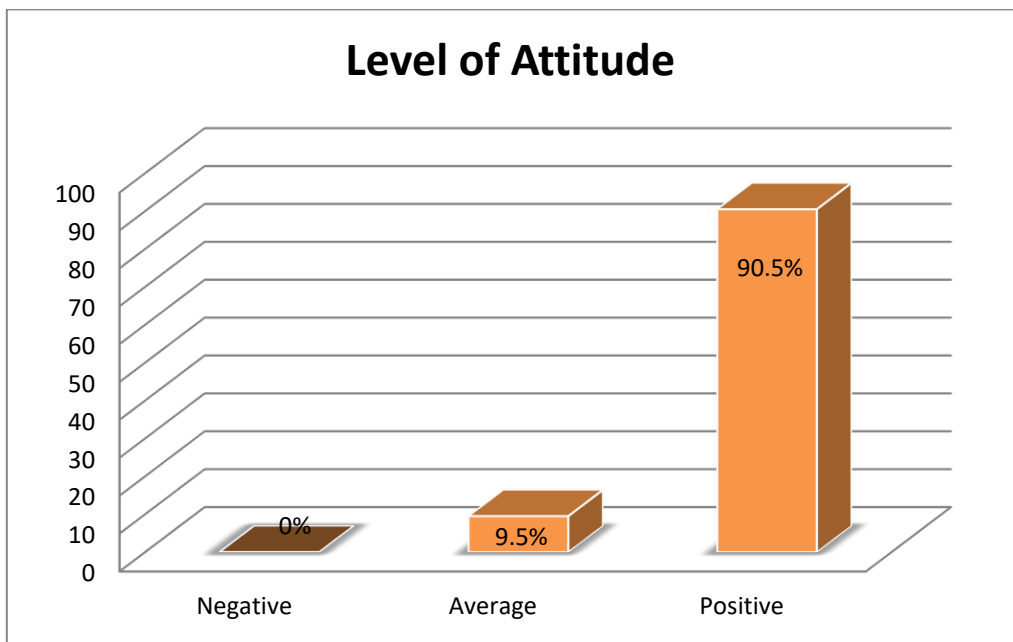
Level of Knowledge	F	%
Poor	1	0.5
Average	68	34
Good	131	65.5
Total	200	100



More than half of the respondents 131(65.5%) fulfilled our set criteria of good level of knowledge followed by 68(34%) average and 1(0.5%) had poor knowledge about the omicron.(Table 2)

Table 3. Level of Attitude

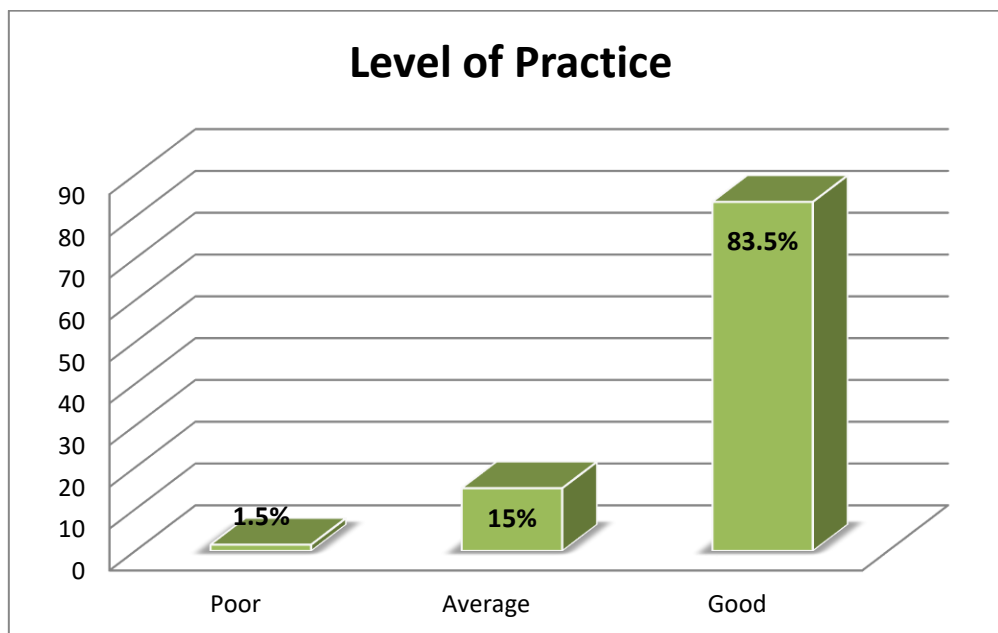
Level of Attitude	F	%
Negative	0	0
Average	19	9.5
Positive	181	90.5
Total	200	100



181(90.5%) participants had positive level of attitude and 19(9.5%)show average level of attitude.(Table 3)

Table 4. Level of Practice

Level of Practice	F	%
Poor	3	1.5
Average	30	15
Good	167	83.5
Total	200	100



167(83.5%) of participants had good level of practice followed by average and poor level of practice 30(15%) and 3(1.5%) respectively.(Table 4)

Discussion

COVID-19 is responsible for the loss of many lives around the globe. Even before the globe had fully recovered from the effects of Corona, the variation of OMICRON had already begun to instill terror in the general population.[12] In order to provide an accurate assessment of the situation, it is necessary to conduct a thorough analysis of the mental readiness of the medical staff who will be responsible for the responsibility of rescuing the patients. As a result, one of our goals was to determine the KAP about OMICRON among the employees working in health care. According to our research, there is a lack of awareness about the OMICRON. On the other hand, we saw a positive attitude and practises that were effective for infection control. The prior treatment of the coronavirus provided the foundation for these discoveries. As a consequence of this, we had a hard time comparing the outcomes. We observed that there was a considerably bigger number of participants in the middle age, which may be attributed to the concern of increasing mortality among the older age groups.[13,14] Around 131 (65.5%) and 181 (90.5%) of the participants reported having strong knowledge and a positive attitude, respectively, whereas 83.5% of the participants reported having good practise. Higher education, secondary education, monastic education, and education outside of the official system were all criteria that were connected with having a strong level of knowledge. Education levels both high and low, as well as the presence of students, were significant variables for a positive mood. Farmers, on the other hand, were much less likely to report having a cheerful attitude. It was shown that people with a higher degree, those working in private organisations, and business employees all had a substantial association with good practises. On the other hand, both age and pupils were linked to questionable behaviours.

This is a smaller percentage when compared to previous publications that have been published in the area [15], although it is consistent with other research [16]. The low scores on both the knowledge and attitude questions are significant because they suggest a knowledge and attitude gap connected to COVID-19. In spite of the high vaccine coverage, continuing to practise public health actions directed towards COVID-19 will be necessary until the pandemic is gone [17]. The vast majority of individuals had inaccurate beliefs on the COVID-19 transmission. These include contacting dry surfaces with bare hands or having filthy hands, both of which will not transfer COVID-19. In a similar vein, not washing one's hands often enough was not a major factor in the prevention of transmission.

According to the findings of this research, an individual's degree of education is a strong indicator of their level of knowledge. It was shown that participants with diplomas, degrees, master's degrees, or higher degrees were related with having a good grasp of COVID-19. These results are consistent with those found in previous articles that have been published [18]. A considerable number of sociodemographic characteristics, such as schooling and working in private organisations and firms, were among the many that had a major impact on

excellent practises. This conclusion was consistent with the findings obtained in a number of other investigations that were later published [19].

Conclusion

We are able to draw the conclusion that the young adults suffer from a lack of understanding about the new variety ofOMICRON, despite the fact that favourable practises and attitudes were seen. As a result, the authorities need to take the appropriate actions to put the training on the new variants into effect.

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