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Integrated study to assess the awareness regarding corona virus and its prevention among MGNREGA workers

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Abstract

Introduction: Coronavirus is a large family of viruses that cause respiratory illnesses ranging from common cold to very serious illnesses such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Symptoms have been reported in four patients NCoV includes the onset of fever, cough and difficulty breathing. Various studies have caused staff to become less aware of the corona virus and its protection. In this study, the distribution of the booklet among MGNREGA workers is an attempt to improve information about the corona virus and its prevention.

Material and Methods: Survey study approach and non experimental research design was used. Total 100 MGNREGA workers working in village and residing in sathana kalan, nagaur were selected by purposive sampling technique. Data collection by structured knowledge questionnaire and analysed by using descriptive and inferential statistics.

Result: Findings from this study indicate that the awareness level showed that the majority (52%) of the sample had an average, followed by 48% that had a low level of understanding about corona virus and its protection. The total \pm SD awareness level is 14.42 ± 2.923 and means an awareness of 72.10%. But, age and personality variables and educational status indicate a high correlation with the level of awareness about corona virus and its prevention.

Conclusion: Awareness of MGNREGA workers regarding corona virus and its prevention has been above average in terms of causes and management of corona virus but in relation to symptoms and prevention of corona virus has been found to be below average.

Keywords: Information, MGNREGA staff, COVID-19, MERS CoV, SARS CoV, wuhan city, information brochure

Introduction

Stay home and stay safe. Stay physically fit. Exercise. Eat healthy food. Do not smoke. WHO In December 2019, the outbreak of the novel coronavirus virus (COVID-19) in China spread around the world. With each passing day, more cases of Coronavirus infection (COVID-2019) and unfortunately the fear of the 2019 corona virus (Co9) -nCoV) become a pandemic have come true.

India suits COVID-19 epidemic; The entire community is at high risk of being infected with the virus. The virus that causes COVID -19 was initially called 2019-nCoV and then called syndrome coronavirus 2 (SARS-CoV-2). It is a new disease that was discovered in 2019 that was not previously diagnosed in humans. Notably, acute respiratory syndrome-coronavirus (SARS-CoV) and Middle East respiratory syndrome-coronavirus (MERS-CoV) are known to affect humans. An outbreak of respiratory disease caused by these viruses appears to have originated in animals before passing to other human hosts. MERS-CoV was found to be transmitted from Arabian camels to humans, and SARS-CoV was transmitted from civet cats to humans. The Sars-CoV-2 appears to have come from members and the first reports of cases came from Wuhan, China's Hubei Province, suggesting that it could be distributed to the live animal market. The virus then spread outside Hubei and, subsequently, worldwide through human transmission. Few countries have now reported public distribution.

The WHO is closely monitoring the situation since the first trial and has been working with partners to ensure a high level of preparedness should the new virus be found to be sufficient to cause a population outbreak. Some viruses are able to cause human-to-human transmission under the condition of intimacy, as it does in families, but not enough to cause serious community outbreaks.

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Nursing Lecturer, Department of Medical Surgical Nursing, Sewai Nursing College, Didwana, Rajasthan, India The World Health Organization (WHO) identified coronavirus as a pandemic in March. 11, 2020.

Statement of problem

Integrated study to assess the awareness regarding corona virus and its prevention among the fulfillment of the works in MGNREGA.

Material and methods

In this study, The design was adopted as a force of nature. In many fields of nursing there is a need to get a clear picture or description of this item before a specific diagnosis is made. The population had a sathana kalan in a village in Nagaur. A sample size of 100 MGNREGA workers was selected using objective samples. The questionnaire of the building was approved by the data collection investigator. The structured information information tool works by experts. Tool reliability was performed using the Karl Pearson formula (Collaboration, Efficiency).

Result

Analysis and interpretation of data collected of 100 MGNREGA workers working in the village of Nagaur to explore awareness about corona virus and its prevention. It was found that the average awareness level for MGNREGA workers was above average and the error rate and SD for awareness were found to be 14.42 ± 2.923 . However, many

variables such as gender, marital status, religion, income, age, occupation, and work experience, were not found to be significant correlations with the level of corona virus awareness and its protective status beyond age and education.

Table No. 1 indicates that the majority (52%) of the sample had a high prevalence, followed by 48% rather than an average awareness of corona virus and its prevention.

Table 1: Frequency and percentage distribution of the level of awareness regarding corona virus and its prevention. (N=100)

Level of Awareness	Frequency	Percentage
Below Average	48	48%
Above Average	52	52%

Table No. 2 shows that the awareness rate of MGNREGA workers according to various aspects of the corona virus and its inhibition was highest (83%) regarding the causes of the corona virus' by 2.49 and SD of \pm 0.44, followed by 72% about 'corona virus infection' with 3.60 and SD of \pm 1.054, 71.67% about 'corona virus risk' with 2.15 and SD of \pm 0.821, 69.17% about 'virus infection' corona 'mean 4.15 and SD of and 1.192 and lowest (67.67%) in relation to' corona virus symptoms' with 2.03 and SD of \pm 0.758. The overall Awareness score had a mean \pm SD of 14.42 \pm 2.923 and a mean of 72.10% awareness.

Table 2: Aspects wise mean awareness score regarding corona virus and its prevention. (N=100)

Awareness Aspects	Maximum	Mean	±S.D.	Mean %
Causes of corona virus	3	2.49	0.674	83.00%
Symptoms of corona virus	3	2.03	0.758	67.67%
Risk of corona virus	3	2.15	0.821	71.67%
Management of corona virus	5	3.60	1.054	72.00%
Prevention of corona virus	6	4.15	1.192	69.17%
Overall	20	14.42	2.923	72.10%

Discussion

Until now there are neither effective drugs nor vaccinations available, so public health interventions such as physical disturbances and hygiene measures on one hand and isolation after targeted testing and quarantine on the other hand are available.

Comprehensive measures to reduce the person-to-person transmission of COVID-19 have been implemented to control the current outbreak. Special attention and efforts to protect or reduce transmission should be implemented in susceptible populations that include children, health care providers, and elderly people.

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