Original Research Article

TO ASSESS THE PERCEIVED MYTHS AND MISCONCEPTIONS ABOUT NOVEL COVID-19 OUTBREAKS AMONG GENERAL POPULATION

ABSTRACT

Background: COVID-19 is a unique pulmonary ailment due to coronavirus 2, which produces serious extreme pulmonary illness. On March 11, 2020, WHO declared the SARS-CoV-2 incident a pandemic because of its deadly global spread. **Objectives:** 1.To assess the myths and misconceptions about Novel COVID-19 outbreaks among general population. 2. To associate the findings of myths and misconceptions about Novel COVID-19 outbreak with the selected demographic variable. **Material and methods:** The descriptive research paper was undertaken to assess the perceived myths and misconceptions about novel COVID-19 outbreaks among general population at Paloti, district wardha. Sampling technique was used Non – Probability Convenient. A total of 150 members of the general population who met the inclusion criteria were chosen for this study. To assess their perceived myths and misconceptions, a Likert Scale was constructed. **Results:** Findings of the study, 1.33% of general populations were disagreed, 10% were undecided, 50.67% of them were agreed and 38% of them were strongly agreed about myths related to Novel COIVD-19. Minimum perceived myths score was 19 and maximum perceived myths score was 48. Mean perceived myths score was 37.83±6.07 and mean percentage of myths score was 75.66±12.14.0.67% of general populations were disagreed, 2% were undecided, 29.33% of them were agreed and 68% of them were strongly agreed about misconceptions related to Novel COIVD-19.The minimum and highest misunderstanding scores were 18 and 49, respectively. The mean percentage of misunderstanding score was 83.179.09, while the mean misconception score was 41.584.54. There is no correlation between demographic factors and myths and misconceptions. **Conclusion:** According to the result of this study statistically interpreted that, studied myths and misconceptions related to novel COVID-19 is surprisingly low among the general population.

Keywords: COVID-19, Myths, Misconceptions, Novel, Respiratory, Pandemic.

COVID-19 is a unique pulmonary ailment due to coronavirus 2, which produces serious extreme pulmonary illness. On March 11, 2020, WHO declared the SARS-CoV-2 incident a pandemic because of its deadly global spread. [1]

As of January 30, 2020, the World Health Organization declared COVID-19 a worldwide health disaster, and on March 11, 2020, the outbreak was declared pandemic.[2]

One of the most significant measures for decreasing COVID-19 transmission has been identified as public involvement in health-protective activities, such as social distance and hygiene habits like social distancing to minimize the close contacts, hygiene protocols were taken i.e. washing hands, surfaces, or items that may have infectious respiratory droplets. Recognizing the cognitive and emotional variables that estimate involvement in these welfare activities might aid in the development of global health initiatives to motivate individuals to improve and maintain these habits.[3]

This COVID-19 pandemic has caused widespread fear, distrust, and panic throughout the world and apart from that media is providing the falsehoods and conspiracies concerning COVID-19 Once available, such propaganda can have long-term consequences, including decreased involvement in health-protective activities such as vaccination.[4]

The World Health Organization is battling not only the virus, but also the hackers and intrigue enthusiasts who spread disinformation and hamper the outbreak effort. However, there remain a considerable number of beliefs, myths and misconceptions that must be addressed. These misconceptions, myths and misunderstandings could be a significant impediment militating the achievement of the WHO organizational targets.[5]

Objectives

1. To assess the myths and misconceptions about Novel COVID-19 outbreaks.

2. To associate the findings of myths and misconceptions about Novel COVID-19 outbreak with the selected demographic variable.

Methodology

In the present study, descriptive research approach was used. Non-experimental cross-sectional design. Sampling technique-Non- probability convenient. Samples were selected from Wardha district. Population for study was general population. Sample Size was 150 sample.

Sampling Criteria

Inclusion Criteria:-

The study comprises the general population, who are,

1. Those who are willing to participate and available at the time of data collection.

2. Those who are able to read or write Marathi or English.

Exclusion Criteria:-

1. Those who are mentally ill.
2. Those are diagnosed as high risk patients**.**
3. Health worker

DISCRIPTION OF TOOLS

The data gathering instrument was Likert Scale. This was created based on the study's objectives and a review of the literature. There are two sections to the instrument:

Section-1: Demographic variable (age, gender, ethnicity, jobs and education)

Section-2: Structured questionnaire regarding myths and misconceptions during Novel COVID-19 outbreaks.

Data Collection Procedure

The nature and goal of the study were communicated to the volunteers. Prior to being enrolled in the study, each participant signed a written permission form. They were reassured that the data would be kept confidential. The likert scale regarding myths and misconception about COVID-19 pandemic outbreaks was administered to all the general population. The data collection was completed in the allotted time. This study was conducted with approval from the "Institutional Ethics Committee" (IEC) of the "Datta Meghe Institute of Medical Sciences (Deemed to be University) Sawangi (Meghe), Wardha". After the data gathering process the investigator thanked all the participants for their cooperation.

Statistical methods

Sr. No	Data analysis	Method	Remark
1.	Descriptive statistics	Mean, Standard deviation, mean percentage	The distribution of the general population in terms of demographic variables
			Assessment of level of perceived myths and misconception about the Novel COVID-19 outbreaks among general population.
2.	Inferential statistics	Unpaired "t" test and one way ANOVA	Association of perception of myths and misconception about the Novel COVID-19 outbreaks among general population with their demographic variables

Results

Table 1: Assessment with level of perceived myths (n=150).

Level of perceived myths	Score Range	Level of perceived myths	
		No of general	Percentage

		population	
Strongly Disagree	0-20%	00	00.00
Disagree	21-40%	02	01.33
Undecided	41-60%	15	10.00
Agree	61-80%	76	50.67
Strongly Agree	81-100%	57	38.00
Minimum score		19	
Maximum score		48	
Mean perceived Myths score		37.83±6.07	
Mean % perceived Myths score		75.66±12.14	

The above table no. 1 shows that, 1.33 % of the general populations disagree, 10% were undecided, 50.67 % agreed and 38% strongly agreed regarding Novel COIVD-19 myths. Minimum perceived myths score was 19 and maximum perceived myths score was 48.
Mean perceived myths score was 37.83±6.07 and mean percentage of myths score was 75.66±12.14.

Table 2: Assessment with level of misconception (n=150)

Level of misconceptions	**Score Range**	**Level of Misconceptions**	
		No of general population	**Percentage**
Strongly Disagree	0-20%	000	0.000
Disagree	21-40%	001	0.067
Undedicated	41-60%	003	2.000
Agree	61-80%	044	29.33
Strongly Agree	81-100%	102	68.00
Minimum score		018	
Maximum score		049	
Mean perceived Myths score		41.58±4.54	
Mean % perceived Myths score		83.17±9.09	

The above table no. 2 shows that, Concerning Novel COVID-19 misconceptions, 0.67 % of the general population disagreed, 2 % were undecided, 29.33 % agreed and 68 % strongly agreed. Minimum misconception score was 18 and highest misconception score was 49.
Mean misconception score was 41.58±4.54 and mean percentage of misconception score was 83.17±9.09.

Discussion

In the present study, table no 1 show that 1.33% of general populations were disagreed, 10% were undedicated, 50.67% of them were agreed and 38% of them were strongly agreed about myths related to Novel COIVD-19. Minimum perceived myths score was 19 and maximum perceived myths score was 48. Mean perceived myths score was 37.83±6.07 and mean percentage of myths score was 75.66±12.14.

The above table no. 2 shows that, Concerning Novel COVID-19 misconceptions, 0.67 % of the general population disagreed, 2 % were undecided, 29.33 % agreed and 68 % strongly agreed. Minimum misconception score was 18 and highest misconception score was 49. Mean misconception score was 41.58±4.54 and mean percentage of misconception score was 83.17±9.09.

According to a research study, the mean score of myths for the whole study group was 7.17 + 3.27, which was important in terms of qualifications, with post-graduate degree holders scoring lower (p = 0.007). A post hoc analysis reveals a statistically significant difference in educational level between secondary education and graduation (P = 0.01).[6]

According to one of the researchers, the total size of the public's COVID-19 misunderstanding was assessed to be 56.9 % in their investigation. COVID-19 typically impacts senior citizens, and COVID-19 can be easily acquired aboard a plane, got 44.3 % and 36.3 % "agree" answers from all participants, respectively. In response to the questions of whether receiving packages from foreigners, and whether wearing a face mask is sufficient to avoid COVID19, 30.5 % and 41.7 % of the respondents, respectively, answered in disagreement. When asked if drinking a warm cup of tea or coffee destroys the coronavirus, "yes" was answered by 39.5 percent of those polled.[7]

Nursing implications

Nursing service

- This study's information will benefit nurses in all settings; including hospitals and communities, as well as individuals learning about covid-19.
- The information of this study will assist nursing workers in learning about some of the general population's perceived myths and misconceptions regarding covid-19, as well as in explaining the persons while providing health education.

Nursing education

- Nurse educators must be strong leaders with excellent communication skills, as well as possess extensive theoretical and clinical knowledge. She must always be up to date on current events, new diseases, and so on.

- For example, during a pandemic, nurses must be well-versed in covid-19.So that, as an educator, the nurse may enhance the knowledge and attitude of peripheral level health personnel, as well as students and persons, regarding covid-19; otherwise, the infodemic may have negative repercussions on an individual's health in all aspects.
- She should concentrate on nurses and multipurpose health workers in the community to educate the population about covid-19. It can be used as a training module to educate people.
- Nursing students might develop an awareness effort to inform people about the covid-19.

Nursing research

- On the findings of the present study future research can be conducted regarding Assess the perceived myths and misconceptions regarding covid-19 among general population. Nursing study will aid in understanding the role of nurses in improving the general population's awareness and attitude on covid-19.

Nursing administration

- Nursing administration should provide essential facilities and opportunities for all nursing staff to prepare completely themselves with excellent knowledge to deal with various aspects such as health education which help to spread awareness and correct information regarding covid-19 and also demystifying the misconceptions.
- Nursing administration should encourage and various types of health educational camps in the community as well as in the hospital, which will encourage people to acceptance of practice regarding management aspects

Recommendation

- A study to assess the perceived myths and misconceptions regarding Covid-19among elderly people.
- A similar study could be conducted on the medical students.
- A study to assess the myths and misconceptions regarding Covid-19 among recovered covid-19 patients.
- Replication of this study can be conducted with maximum samples size at different settings to validate and generalize the result.
- Evaluate the awareness program on covid-19 among the general population.
- A comparative study can be conducted regarding covid-19 among medical and non-medical students.
- A study to assess the factors of myths and misconceptions among covid-19.

Conclusion

The research aimed to assess the perceived myths and misconceptions regarding covid-19 among general population. The researcher intended to evaluate the level knowledge and attitude towards covid-19 prevalence in the general population of selected area. Objectives were set so that it was helpful for the researcher to reach the desire findings. For the data

collection, the tools were distributed in two sections i.e. demographic variables and structured scale to assess the myths and misconceptions. A particular time period has been allocated for each step. The study had done by separating the topic into 5 chapters and finally researcher reached into their findings. The result of this study shows that, 1.33% of general populations were disagreed, 10% were undedicated, 50.67% of them were agreed and 38% of them were strongly agreed about myths related to Novel COIVD-19 and0.67% of general populations were disagreed, 2% were undedicated, 29.33% of them were agreed and 68% of them were strongly agreed about misconceptions related to Novel COIVD-19.

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