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A Sociological Study of Post COVID Health Awareness Among University Going Girl Students

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ABSTRACT: *India is one of the most populated countries in the world did face several challenges. Majority of its population lives in unplanned cities, slums, villages and remote area. People of remote areas, villages and hills rely more on taboos, myths, and misconceptions about diseases, bacteria and virus which in turn affects the health, their health care facilities and vaccination also. Poor health literacy and lack of health infrastructure further aggravates the problem, making the pandemic situation hard to control. The COVID-19 crisis is one of the multidimensional, have impacts across physical, emotional, economical, social, and psychological well being. On one hand awareness of people play a crucial role in breaking the chain of infection transmission, thus helps to manage, prevent and control the pandemic such as COVID-19 but on the other hand lack of awareness can increase the risk of contracting the virus. Messages, phone calls, hospitals guidelines, experts' views, government orders have been used to disseminate COIVD-19 related information, positively affecting the awareness level of the people. COVID-19 has multidimensional impact on people and well atmosphere. It has radical impact on the awareness of people about their health and hygiene.*

KEY WORDS: *COVID-19, SARS, lockdown, social distancing, coronavirus, awareness, health awareness, Yoga, vaccination.*

I. COVID-19 AND ITS ORIGIN

COVID-19 was started from China in December 2019, but in a short span of time, it covered almost all over the world. On January 11, 2020, China declared first death due to COVID-19, who was exposed to the seafood market. On February 11, 2020, WHO announced this coronavirus disease as COVID-19 (WHO, 2020c) and pandemic on March 11, 2020, after reaching the virus infection to 114 countries across the world. COVID-19 and SARS coronavirus are similar. Because it was becoming a big threat to human civilization as consequences, online awareness programs were initiated and conducted worldwide by WHO. COVID-19 disease is one of the highly infectious diseases caused by a (novel) identified corona virus. It primarily spreads through the respiratory tract by droplets (coughing, sneezing), respiratory secretions, and contact. People become infected with COVID-19 by touching the contaminated objects or surfaces with COVID 19, then touching their eyes, nose or mouth. COVID-19 infection has an incubation period of 1-14 days, mostly 3-7 days 97.5% of patients express symptoms within 10-11 days. People who are older or who have existing chronic medical conditions, such as hypertension, compromised lung function, chronic obstructive pulmonary disease or diabetes, cancer, or who have compromised immune systems may be at higher risk of serious illness. COVID-19 infected patients may have mild to moderate respiratory symptoms (cough, sore throat, nasal congestion, malaise, fever, difficulty in breathing), and can recover without any specific medical management.

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But few experience severe symptoms (severe respiratory distress, low oxygen saturation, altered mental status, persistent hypotension, etc.) and lead to mortality. Because of its highly contagious character, it has affected a large population, the total number of deaths caused due to this virus has exceeded that caused by any of its predecessors.

II. INDIA AND COVID-19

The Government of India confirmed the first case on 30 January 2020 in the Kerala. India has responded promptly to manage the pandemic and the concerned ministries, especially the Ministry of Home Affairs and Ministry of Health and Family Welfare, have taken several measures to control COVID-19. Honourable Prime Minister announced a nationwide lockdown for the first time on March 22, 2020 and continued in several phases upto January 2022. All transport, manufacturing, hotel industry, education sector, service industry and so forth were closed immediately, people were left to remain as to where they were at the time of lockdown announcement. During lockdown people started working from home, school and colleges classes were running online, a large number of people shifted on a digital platform. Honourable Prime Minister also announced a relief package of Rs. 20 Lakh crore to provide immediate assistance to the COVID affected families. Lockdown, in the context of the COVID19 pandemic was used for varying limits on movement, function, and activities of communities related to non-essential activities, and allowed the services of essential supplies, grocery stores, pharmacies, and banks to continue to serve the people. This led to a break in the global supply chains and thus, affected the global economy brutally. To prevent the infection socially, the lockdown was imposed globally, which resulted in the halt of all economic and social activity in society. COVID-19 created very disaster effects not only in India but around glove. People were getting panicked, emotionally unsecured, depressed and in a stage of confusion, unaware about facilities provided by the government, regarding reliable news sources, symptoms of COVID-19 and its prevention with the cure.

A series of guidelines, press releases, orders and directives, manuals, and advisories were issued by the government at the central, state, and local levels regarding the COVID-19 symptoms and preventive methods for sensitizing the masses at large. The Uttar Pradesh government launched Integrated COVID Control & Command Centres (ICCCC) in all the districts of the state and district administrations were instructed to run a public address system at public places in their respective districts to create awareness about COVID-19.

Government of India, state Governments and local administration was trying their best to offer technical guidance and solving public queries, to mitigate their fear, social discrimination and stigma regarding COVID-19. Government was also making aware of the people by disseminating information through various reliable sources and providing medical facilities and trying to reduce the losses due to coronavirus. Many celebrities, sportsperson, media persons, politicians, other responsible citizens were trying to aware and change the attitude of the public, to take self and families protection and motivating them to avail medical facilities by cooperating with medical personnel, which ultimately leads to reducing coronavirus infection in society (Anderson et al. (2020).

India is one of the biggest vaccine producers with many made in India vaccine, played an important role in the fight against COVID in India as well world also. India's vaccination efforts have made the global fight against COVID-19 stronger. In India free vaccination drive which began in January 2021 for doctors, healthcare and front line workers soon became universal and free for all eligible citizens. Today India's vaccination drive is the biggest vaccine drive in the world with more than 180 crore doses. According Prime Minister this form protective shield for our citizens against COVID-19. Prime Minister said-India's vaccination drive is science driven and people-powered and country is in a much better position to fight this deadly pandemic but people must following all precautions (The Times of India March, 2022).

III. COVID-19 AND AWARENESS

It is observed from different studies on national and international level that with vaccination and awareness among people / masses are the most successful instruments to fight against COVID-19. Several

studies have been conducted on COVID-19, most of them focused on symptoms and/or prevention based on urban respondents and there is limited investigation on health awareness and preventive behaviour during COVID-19 pandemic among youth. To control the spread of infection is considered to be the adoption of preventive practices such as public awareness and preventive behaviour, awareness of the benefits of using mask, and awareness of the need of a rapid diagnosis.

Awareness creation to the health care workers and the public play a crucial role in breaking the chain of infection transmission, thus helps to manage, prevent and control the pandemic illness. The information by social media on an increase in the toll of incidence creates severe stress and it is a frightening time for the public.

This research aims to know the awareness level about the COVID-19, general awareness about coronavirus, their symptoms for infection and prevention among university going girl students. There is very little research in India covering the above factors, so this study is crucial for planning and adopting the preventive measures by public and government officials during this pandemic. Hence, this study will help in future to design necessary strategies in Indian society to fight against viruses.

IV. REVIEW OF THE LITERATURE

A number of studies have been conducted by academicians, researchers, media organizations and research organizations. Some of these studies are-

Robinson Ssebuufu (2020) examined the awareness, knowledge, attitude, and practice towards measures for prevention of the spread of COVID-19 in Uganda and found that a health worker was positively significantly associated with awareness knowledge, attitude, and practice. Varshney (2020) has analyzed the psychological impact of Covid-19 in India and found that there was a significant psychological impact of COVID-19 on the respondents, especially, in the younger age, female gender, and people who had multiple physical diseases. Arina Anis Azlan (2020) has examined knowledge, attitudes, and practices towards the COVID-19 in Malaysia and study found that successful control on COVID-19 in Malaysia was because of the positive attitude of people and the Malaysian government efforts to handle the virus. Yohannes Kebede (2020) has pointed out that the COVID-19 risk communication and public education must be focused on generating appropriate knowledge rather than recommending self-care practices, especially in high-risk category people. Junling Gao (2020) has shown a relationship between the mental health problems and social media of Chines participants during the virus outbreak. The study confirmed a positive and statistically significant association between mental health problems and social media exposure. Iman A. Bashetia (2020) examined awareness level and source of information to manage the coronavirus of pharmacy students in Jordan and study found that that pharmacists were more aware then students, and level of awareness was positively associated with the age and number of attending educational workshops.

Daniel Kwasi Ahorsu (2020) developed a 7-item scale to assess fear of the COVID-19. Iranian were asked for the interview to check the validity and reliability of the scale, and the scale was rechecked with a psychometric test. The study found that this scale has robust psychometric properties to assess the fear of individuals.

After reviewing the previous studies, it was observed that many researchers are exploring different dimensions of the virus on society including psychological, awareness, source of information, symptoms people attitude, and scale development of measuring the fear of the virus. Therefore, the current study is exploring one of the awareness aspects of COVID-19 in India especially university going girl students.

V. STATEMENT OF THE PROBLEM

COVID-19 is one of the serious pandemics which effected not only the relations, interaction and behaviour pattern of people but it radically affected the awareness of them about their health and hygiene, surroundings and medical facilities. The whole world faced a unique crisis first time in human history. Existing world order is also reshaping and India is ready to play its wider role in new world order. The whole world

including India is fighting with this epidemic. To control this pandemic our government took several steps such as social and physical distancing, COVID guidelines and COVID appropriate behaviour, vaccination. But it is observed that awareness among the people about COVID is one of the most important instruments to fight and control the COVID-19 pandemic. Is there any change in behaviour of the people in post COVID scenario. In post-COVID scenario what are the major changes in the awareness of people about their health and hygiene? How they behave in post-COVID scenario? How they prepare themselves to save from COVID?

VI. IMPORTANCE OF STUDY

Education influences the knowledge and understanding of disease and health protecting behaviour has a positive implication on sound knowledge of COVID. In our county, we have a very huge dense population without well-established medical facilities, which is a matter of concern. Large numbers of people are illiterate, isolated, migrants, live remotely and are below the poverty line, struggling hard for their daily needs. Lack of awareness can increase the risk of contracting the virus leading to psychological disorders like anxiety and depression as an aftermath. Therefore, a moderate to high level of awareness can reduce the chances of contracting the virus and thus can be helpful in preventing psychological suffering and morbidity.

This research is important in a number of ways- First of all India is a young nation as most of the population of India is young, and are considered more vulnerable to the disease due to activeness of this section; therefore, the present work contributes to filling this void by gauging the level of awareness among university going girl students regarding the COVID-19 symptoms and preventive measures. Secondly, there are many socio-economic factors that can affect the level of awareness and prevention measures taken by the girl students. Therefore, it is imperative to find out the level of awareness related to symptoms and ways to prevent the pandemic (COVID-19).

VII. RESEARCH QUESTIONS

The major research question of the study was to study the awareness of COVID-19 pandemic among university going girl students.

The other research questions are as follows-

- What are the major instruments to fight against COVID-19 used by the university going girl students?
- How much awareness of COVID-19 pandemic is there among university going girl students?

VIII. RESEARCH METHODOLOGY ANDRESEARCH DESIGN

This study was based on primary data which was collected from structured questionnaire. Secondary data was also used to fulfill the needs of the study of the selected population was girl students of Dr. B.R.A. University Agra. The collected sample size was 60 who were asked to the questionnaire across the university and instructed the same on the first page of questionnaire before answering. This study considered 60 respondents. This study used a convenience sampling technique, and time period of the data collection was from 20th February 20th March 2022.

IX. FINDINGS OF THE STUDY

The major findings based on primary data collection through questionnaire are shown in tables as follows:

Educational Profile of the Respondents

S. No.	Educational Profile	Frequency	Percentage
1.	Graduation	40	66.66
2.	Post-Graduation	18	30.00
3.	Research Fellow	2	3.33
4.	Professional Courses	-	-
5.	Total	60	100

COVID-19 Stands For

T. No	COVID-19 Stands For	Frequency	Percentage
1.	Corona 19	6	10.00
2.	Corona Virus 19	4	6.66
3.	Corona virus Disease 19	48	80
4.	Can Not Say Anything	1	1.66
5.	Total	59	100

COVID-19 is cases by a

S.No.	COVID-19 is a	Frequency	Percentage
1.	Bacterial Disease	1	1.66
2.	Fungal Disease	2	3.33
3.	Virus Disease	54	90.00
4.	Can Not Say Anything	3	5.00
5.	Total	60	100

Shaking Hands with Friends

S.No.	**Shaking Hands with Friends**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Always	45	75.00	2	3.33
2.	Frequently	8	13.33	8	13.33
3.	Occasionally	4	6.66	18	30.00
4.	Never	1	1.66	30	50.00
5.	Cannot Say anything	2	3.33	2	3.33
6.	Total	60	100	60	100

Do You Use of Mask When You Go Outside?

S.No.	Use of Mask	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Always	-	-	30	50.00
2.	Frequently	-	-	21	35.00
3.	Occasionally	04	6.66	8	13.33
4.	Never	56	93.33	-	-
5.	Cannot Say anything	-	-	1	1.66
6.	Total	60	100	60	100

Use of Sanitizer

S.No.	**Use of Sanitizer**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Always	1	1.66	38	63.33
2.	Frequently	4	4.66	5	8.33
3.	Occasionally	5	8.33	15	25.00
4.	Never	38	63.33	-	-
5.	Cannot Say anything	2	3.33	2	3.33
6.	Total	60	100	60	100

Practicing Social / Physical Distancing

S.No.	Practicing Social / Physical Distancing	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Always	-	-	40	66.66
2.	Frequently	1	1.66	2	3.33

3.	Occasionally	17	28.33	16	26.66
4.	Never	40	66.66	-	-
5.	Cannot Say anything	2	3.33	2	3.33
6.	Total	60	100.00	60	100

Physical Exercise, Yoga, Aerobics

S.No.	**Physical Exercise, Yoga, Aerobics**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Daily	13	21.66	25	41.66
2.	Every Alternative Day	15	25.00	20	33.33
3.	Twice in a Week	20	33.33	8	13.33
4.	Once in a Week	8	13.33	6	10
5.	Never	4	6.66	1	1.66
6.	Total	60	100.00	60	100

If You do Physical Exercise, Yoga, Aerobics etc, How Much Time You Give in a Day?

S.No.	**How Much Time You Give in a Day?**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	10-15 Minute	21	35.00	13	21.66
2.	30 Minute	23	38.33	30	50
3.	One hour	10	16.66	13	21.66
4.	More than one hour	2	3.33	3	5.00
5.	N. A.	4	6.66	1	1.66
6.	Total	60	100.00	60	100

Types of Physical Exercise, Yoga and Meditation You Do

S.No.	**Types of Physical Exercise and Yoga You Do**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Walking / Running	32	53.33	30	50
2.	Aerobics	16	26.66	8	13.33
3.	Yoga	2	3.33	20	33.33
4.	Go to Jim	6	10.00	1	1.66
5.	N.A.	4	6.66	1	1.66
6.	Total	60	100.00	60	100

Wash Your Hands Before and After Meal

S.No.	**Wash Your Hands Before and After Meal**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Always	38	63.33	49	81.66
2.	Frequently	18	30.00	8	13.33
3.	Occasionally	3	5.00	2	3.33
4.	Never	-	-	-	-
5.	Cannot Say anything	1	1.66	1	1.66
6.	Total	60	100	60	100

Do / Did You Sanitize Fruits, Vegetables and other Things Brought from Market?

S.No.	**Wash Your Hands Before and After Meal**	Pre-COVID-19		Post-COVID-19	
		Frequency	Percentage	Frequency	Percentage
1.	Always	6	10.00	31	51.66
2.	Frequently	4	6.66	11	18.33

3.	Occasionally	19	31.66	16	26.66
4.	Never	25	41.66	-	-
5.	Cannot Say anything	6	10.00	2	3.33
6.	Total	60	100.00	60	100

COVID-19 COVID Vaccination

S.No.	**COVID-19 Vaccination**	Frequency	Percentage
1.	Ist Dose	3	5.00
2.	Both Doses	55	91.66
3.	Precautionary / Booster Dose	1	1.33
4.	No	1	1.33
5.	Total	40	100

X. INTERPRETATION OF RESULTS

It is clear from the above tables that the respondents (university going girl students) have adequate awareness of COVID-19 outbreak and its preventive measures. Out of total respondents 80% of them answered that it a virus spread pandemic and this virus spreads from one person to another. 95% of the respondents answered that the disease (pandemic) is caused by a virus. Respondents understood the importance of social and physical distancing and other preventive measures prescribed by the government for corona virus. People were following and practicing guidelines issued by government and other authorities and practicing COVID appropriate behaviour.

The comparison of awareness between pre-COVID and post-COVID as the tables show that in post-COVID period awareness among university going girl students about COVID-19 differs from pre-COVID period. In post-COVID phase health awareness such as doing physical exercises and Yoga, walking, aerobics, meditation and taking healthy diet, sanitizing and washing hands before and after meals and sanitizing fruits and vegetables before consumption is differing from pre-COVID scenario. Sacking hands with friends in pre-COVID period, 75% of the respondents were always used to shack hands but in post-COVID phase it falls to 3.33%. Use of mask while going outside in pre-COVID period a few respondents used to mask always but in post-COVID phase more than 95% of the respondents were using mask. In pre-COVID period a few respondents used to maintain social and physical distancing but in post-COVID period more than 95% of the respondents were maintaining social and physical distancing. In regards with health fitness, respondents were more and more aware in post-COVID period, though in pre-COVID period though respondents were engaged in physical exercises, Yoga, meditation yet in post-COVID phase there was a trend to busy in physical exercises, Yoga, meditation, aerobics. In post-COVID phase frequency to going GYM decreased. In regards to sanitizing fruits, vegetables, and food packets purchased from market most of the respondents used to sanitize these items. A few respondents 3.33% did not respond this questions, they said can not say anything. More than 90% of the respondents have taken both doses of COVID vaccine and a few have taken precautionary / booster dose of vaccine.

XI. SUMMARY & CONCLUSION

COVID-19 pandemic not only affected the socioeconomic relations among the people but it boosted health infrastructure, health awareness among the people of India. In post-COVID scenario people are much aware and sensitive about their health and hygiene. They are following COVID-19 protocol and practicing COVID appropriate behaviour. Yoga, physical exercise, meditation, jogging are the regular activities in the life of the people specially youth. They are much careful about their fitness and health sensitive. At the place of hand sacking with friends 'Namaste' is becoming common and popular among youth. It is observed from the study that university going girl students are well aware about the virus, its common symptoms and prevention, government guidelines, testing and medical facilities about COVID-19. They are getting information from

trusted sources of information and having confidence to defeat pandemic. Preventive measures are majorly adopting by them such as maintain social distancing, bearing mask, using sensitization, and most importantly having vaccine.

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