



Myths and Misconceptions about Novel COVID-19 Outbreaks among Wardha City General Population

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: COVID-19 is a unique pulmonary ailment due to coronavirus, producing extremely severe pulmonary illness. On March 11, 2020, WHO declared the SARS-CoV-2 incident a pandemic because of its deadly global spread.

Objectives: To assess the myths and misconceptions about Novel COVID-19 outbreaks among the general population and associate the findings of the Novel COVID-19 outbreak with the selected demographic variable.

Materials and Methods: This descriptive research paper was undertaken to assess the perceived myths and misconceptions about novel COVID-19 outbreaks among the general population at Paloti, district Wardha. The 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 have disagreed, 10% were undecided, 50.67% of them were agreed, and 38% of them were strongly agreed about myths related to Novel COVID-19. The Minimum perceived myths score was 19, and the maximum score was 48. The mean perceived myths score was 37.83±6.07, and the mean percentage of myths

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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 COVID-19. The minimum and highest misunderstanding scores were 18 and 49, respectively. The mean 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 this study, myths and misconceptions related to the novel COVID-19 are surprisingly low among the general population.

Keywords: COVID-19; myths; misconceptions; novel; respiratory; pandemic.

1. INTRODUCTION

COVID-19 is a unique pulmonary ailment due to coronavirus 2, producing extremely severe 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, the media is providing 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 the virus and the hackers and intrigue enthusiasts who spread disinformation and hamper the outbreak effort. However, a considerable number of beliefs, myths, and misconceptions must be addressed. These misconceptions, myths, and misunderstandings could be a significant impediment militating the achievement of the WHO organizational targets [5].

2. METHODOLOGY

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

2.1 Sampling Criteria

2.1.1 Inclusion criteria

The study comprises the general population, who are,

1. Those willing to participate and available at the time of data collection.
2. Those who can read or write Marathi or English.

2.1.2 Exclusion criteria

1. Those who have a mental health condition.
2. Those are diagnosed as high-risk patients.
3. Health worker

2.2 Objectives

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

2.3 Description of Tools

The data gathering instrument was the Likert Scale. This was created based on the study's objectives and a literature review. 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.

2.4 Data Collection Procedure

The nature and goal of the study were communicated to the participant. Before 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 misconceptions about COVID-19 pandemic outbreaks was administered to all the general population. The data collection was completed in the allotted time.

3. RESULTS

The above Table 1 shows that 1.33 % of the general population disagreed, 10% were undecided, 50.67 % agreed, and 38% strongly agreed regarding Novel COVID-19 myths. The Minimum perceived myths score was 19, and the maximum score was 48.

The mean perceived myths score was 37.83 ± 6.07 , and the mean percentage of myths score was 75.66 ± 12.14 .

The above Table 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. The minimum misconception score was 18, and the highest misconception score was 49.

The mean misconception score was 41.58 ± 4.54 , and the mean percentage of misconception score was 83.17 ± 9.09 .

4. DISCUSSION

In the present study, table no 1 shows that 1.33% of general populations disagreed with misconception, 10% were undecided, 50.67% agreed, and 38% strongly agreed about myths related to Novel COVID-19. The Minimum perceived myths score was 19, and the maximum score was 48. The mean perceived myths score was 37.83 ± 6.07 , and the mean percentage of myths score was 75.66 ± 12.14 .

The above Table 2 shows that, Concerning Novel COVID-19 misconceptions, 0.67 % of the general population disagreed, 2 % were undecided about misconception, 29.33 % agreed, and 68 % strongly agreed. The minimum misconception score was 18, and the highest misconception score was 49. The mean misconception score was 41.58 ± 4.54 , and the mean percentage of misconception score was 83.17 ± 9.09 .

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

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

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

Level of misconceptions	Score Range	Level of Misconceptions	
		No of the general population	Percentage
Strongly Disagree	0-20%	000	0.000
Disagree	21-40%	001	0.067
Undecided	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	

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 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].

Health care personnel are at highest risk from danger of infection of COVID 2019. In the SARS-CoV 2 outbreak of 2002, healthcare personnel accounted for 21% of those suffered. The doctor who first reported about the virus has died. Up to 10% of the reported cases in China and up to 9% of all cases in Italy have been among healthcare workers [8] In this pandemic, where healthcare workers are getting exposed to coronavirus and are, thus, being isolated/quarantined, there will be shortage of trained manpower. All hemodialysis units should have adequate staff who are willing to do dialysis of COVID-19-positive patients [9].

Many studies on various aspects of Covid-19 and its clinical implications were reported. Godhiwala et. al. reported about leukemoid reaction in a covid-19 patient [10-12].

4.1 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 and explain to the persons while providing health education.

4.2 Nursing Education

- Nurse educators must be strong leaders with excellent communication skills and 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.

4.3 Nursing Research

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

4.4 Nursing Administration

- Nursing administration should provide essential facilities and opportunities for all nursing staff to prepare themselves with excellent knowledge to deal with various aspects such as health education which helps to spread awareness and correct information regarding covid-19 and demystify 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 the accept of practice regarding management aspects

5. CONCLUSION

The research aimed to assess the general population's perceived myths and misconceptions regarding covid-19. The researcher intended to evaluate the level of knowledge and attitude towards covid-19 prevalence in the general population of the selected area. Objectives were set so that it was helpful for the researcher to reach the desired findings. The tools were distributed in two sections for the data collection, i.e., demographic variables and structured scale to assess the myths and misconceptions. A particular period has been allocated for each step. The study had done by separating the topic into five chapters and finally, researcher reached their findings. The result of this study shows that 1.33% of general populations disagreed, 10% were undecided, 50.67% of them were agreed, and 38% of them were strongly agreed about myths related to Novel COVID-19 and 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 COVID-19.

6. RECOMMENDATION

- A study to assess the perceived myths and misconceptions regarding Covid-19 among older adults.
- A similar study could be conducted on medical students.
- A study to assess the myths and misconceptions regarding Covid-19 among recovered covid-19 patients.
- This study can be replicated with a maximum sample 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.

CONSENT AND ETHICAL APPROVAL

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. As per international standard or

university standard, respondents' written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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