

Need of Training among Educators to Roll Back During COVID-19: A descriptive Survey

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ABSTRACT

Because of the yearlong lockdown and closure of educational institutions, COVID-19 has impacted the school sector in a variety of ways. When educational institutions reopen after the lockdown, educational personnel might be one of the most helpful sources of Coronavirus disease (COVID-19) related health information for their young adult students. However, it is critical that they have sufficient and correct understanding about COVID-19 prevention. Before educational establishments reopen, knowledge of preventative strategies is critical to success. The goal of this research was to examine awareness among educators by evaluating their degree of knowledge, attitude, and behaviour, as well as their link with chosen socio-demographic characteristics. The participants in this research were education professionals from Rajasthan state, India, who worked in schools, colleges, and universities. A pre-tested, self-structured questionnaire on COVID-19 preventative measures and preparedness to witness a rollback was given as a Google Form. Participants and chosen socio-demographic characteristics were subjected to a detailed descriptive analysis to determine their knowledge, attitude, and practise. To determine the degree of knowledge, attitude, and practise, an item-by-item analysis was performed. At a 95% confidence interval of 12.42 ± 0.08 , the average knowledge value was determined to be 12.42 ± 0.08 . (12.40-12.070). In all 700 individuals, the average attitude score was 2.216 ± 0.385 at 95 percent confidence interval (2.064-2.367), while the average practise score was 1.67 ± 0.472 at 95 percent confidence interval (1.0712-1.627). Participants' knowledge of COVID-19 prevention was shown to be connected with their age, gender, and COVID-19 history; webinars attended by participants were also found to be correlated with their practise. This study found that participants' knowledge of symptoms in COVID-19 wave-1 was acceptable, but that knowledge of symptoms in COVID-19 wave-2 was inadequate. Some practises were unsatisfactory, but the attitude toward COVID 19 prevention was positive. Webinars reveal a link between knowledge and practise, leading to the conclusion that additional webinars, workshops, and training sessions will increase awareness at all levels in these participants.

KEYWORDS: COVID-19 wave -2, Education professionals, Knowledge, Attitude, Practice, India.

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INTRODUCTION

SARS-COV-2-caused Coronavirus Disease (COVID-19) has had a wide-ranging impact on people's life (Koolivand and Amini, 2020; Moradzadeh, 2020; Upadhyay et al., 2020a, b; Garg et al., 2020; Upadhyay et al., 2021). In December 2020, 8.5 percent of cases were detected among people under the age of 18, and this number is expected to rise in 2021. (Coronavirus Disease, 2020). With a population of over 1.3 billion people, India has emerged as the new COVID-19 hotspot (Pal and Yadav, 2020). To curb the spread of the pandemic, public locations such as educational institutions, workplaces, retail malls, amusement plazas, tourist attractions, and public transportation were temporarily shut down. However, when the recovery rate improved approaching June 2020, governments began to lift the lockdown and chose to reopen various public areas and activities in phases. With the emergence of COVID-19 mutants in early 2021, additional symptoms such as weariness, chills, diarrhoea, and vomiting have been observed, as well as the Post COVID-19 syndrome, which includes cardiac, renal, gastro-intestinal, endocrine, and neuropsychiatric sequelae (Yadav et al., 2021; Nalbandian, 2020). This time, the virus is affecting not just middle-aged and older adults, but also children and teenagers. Since early 2020, educational facilities have been closed to guarantee the safety of children and teenagers at all levels, from basic school to college and university. However, the Education Departments of several state governments are intending to reopen many educational institutions, recognizing the persistent danger of COVID-19 for more than a year and comprehending the necessity for education as a continuous process. After the reopening of schools and colleges in India, the most afflicted cases during the first phase of wave-2 were detected in a cohort of students and instructors (WHO, 2021).

OBJECTIVES OF THE STUDY

1. To assess awareness among education professionals by assessing the level of their knowledge, attitude, and

practice.

2. To find the relationship of knowledge, attitude, and practice with selected sociodemographic variables.

SIGNIFICANCE OF THE STUDY

If proper information and procedures are not followed in schools, colleges, and institutions, the virus may spread across the community (M.P., 2021). Given the present circumstances, all educational professionals must be informed of and follow the safety rules for avoiding the virus's transmission in order to fulfill the goal of safe classroom instruction. When education professionals are trained with enough information about preventative techniques, they will not only be able to decrease the spread of virus when reopening, but they will also be able to pass this knowledge on to their young children, helping to flatten the community's quick curve (WHO, 2020; M.P. 2021). Because there are few studies that focus on education professionals' awareness, this survey was designed specifically for them.

METHODS

(Study design, sample, settings, collection of data and analysis)

Study Design: It was a descriptive cross-sectional research. Before beginning the survey, participants signed a permission form. The survey was scheduled to take place from April 22nd through May 30th, 2021. The poll had a 72.2 percent response rate.

Tool: Education professionals were given access to a self-structured, pre-tested Google form that served as a questionnaire. Cronbach's alpha, which was discovered to be 0.8, was used to measure the tool's dependability. A self-structured, expert-validated measure was created with 16 knowledge-based questions, 5 attitude-based items, and 5 practice-based items linked to COVID-19 prevention at educational establishments and among students. The questionnaire was created using WHO, CDC, and MoHFW, India criteria for COVID-19 prevention among school kids, as well as UGC norms (WHO, 2021; CDC, 2021;

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UGC, 2020). The distribution of replies was shown by age group, gender, and educational level. Other variables were established based on COVID -19 positive statuses in the past and attendance at COVID-19 prevention webinars. Before beginning the research, the institutional ethics committee gave its approval. All participants gave their consent before using the survey instrument.

Sample: The sample size of 700 education professionals was estimated using the Cochran formula ($Z^2 \times pq/e^2$) with a 95% confidence interval. To reach all participants, a suitable sampling procedure was used. E-mails with the google form survey-based questionnaire were distributed to 1000 education experts. A pilot study of 80 School teachers was conducted before the main research. The study's goal, as well as how participants would participate, were explained to them. Finally, 700 educational experts, including middle

school, high school, senior secondary school, university, and other educators, provided electronic replies. Graduate, postgraduate, doctoral, and post-doctoral students were among those who took part in the study. Educational experts working in various roles at connected institutions met the inclusion requirements. Participants who worked in the area of medical education were not allowed to participate.

Settings of the study: M.P. (INDIA)

Statistical technique: The data was collated in an excel file, and descriptive statistics were calculated using SPSS 16. To determine the relationship between knowledge, attitude, and practise and socio-demographic variable groups and other groups of factors, a Chi-square test was used. The link between factors and the participants' knowledge, attitude, and practise was further examined using regression analysis in SPSS.

RESULT

Table 1: Percentage frequency of Demographic characteristics of participants

Demographic group	Subgroup	Frequency	Percentage (%)
Age group	21-30	305	43.57
	31-40	359	51.28
	41-50	26	3.17
	51-60	10	1.42
Gender	Male	340	48.6
	Female	360	51.4
Education	Graduate	256	36.5
	Postgraduate	380	54.3
	Doctorate	64	9.2
History of COVID -19	Yes	597	85.2
	No	103	14.8
Attended webinar	Yes	536	76.5
	No	164	23.5

Interpretation: Table 1 indicates that there were a total of 700 participants. The majority of the participants (51.28%) were between the ages of 31 and 40 (n = 359), 51.4% Females (n = 360). The majority of participants (n = 380) were postgraduates

(54.3%). The majority of the participants (76.5%) (n = 536) listened to webinars on COVID-19 prevention. The majority of the individuals (85.2%) had been diagnosed with COVID-19 before (n=597).

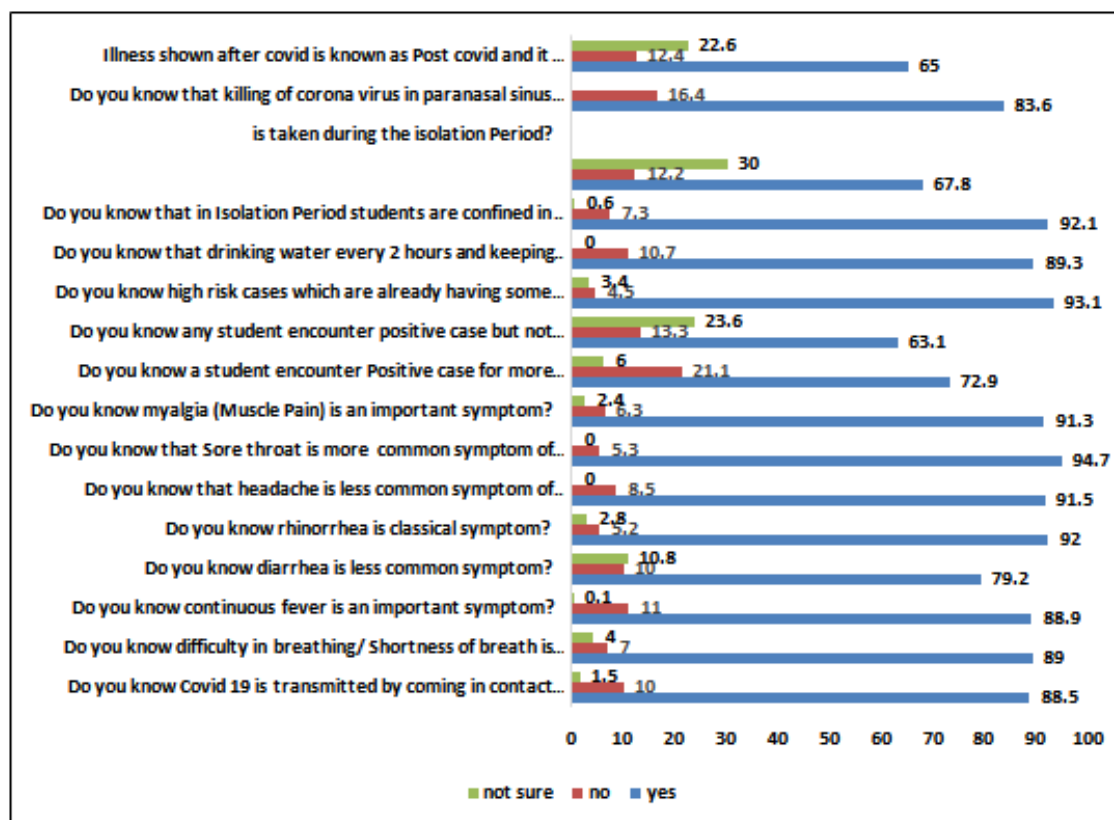


Figure 1: Knowledge Assessment: Item-wise response for knowledge questionnaire

Interpretation: In all 700 individuals, the average knowledge value score was determined to be 17.42 ± 0.08 , with a 95% CI (17.40-17.070). When we looked at the Mean Knowledge score for different items, we found that it was higher for fever, dyspnea, and other symptoms, but low for treatment guidelines at home, diarrhoea, post-acute COVID-19 symptoms, myalgia, body ache, headache, and chills, which were all common symptoms in COVID-19 wave-2. the association between socio demographic variables and participant

knowledge level is linked to age, gender, and webinars. The association between knowledge as a dependent variable and age, gender, education, COVID-19 history, and webinar attendance was predicted using regression analysis. The results demonstrate that webinars have a large logical influence on knowledge, with 34.337 times at a 95% confidence level.

Practice assessment: All 700 individuals had poor average practice, with a value of 2.67 ± 0.472 at 95% CI (2.0712-2.627)

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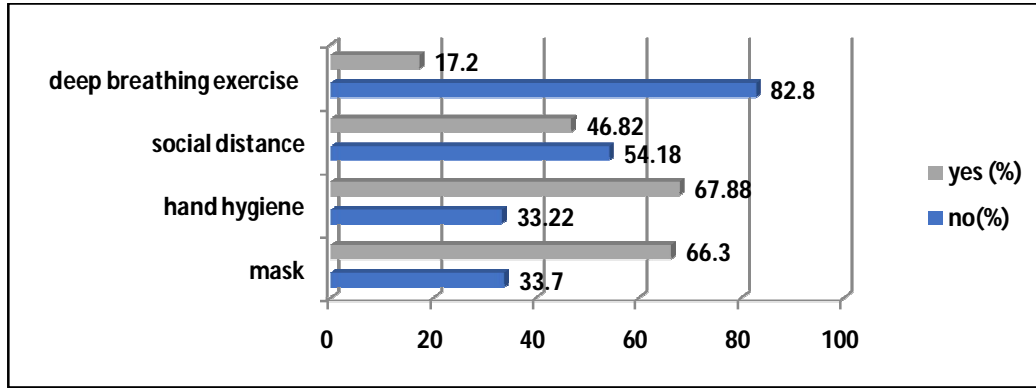


Figure 2: Participants response for practice questionnaires

Interpretation: Hand cleanliness, wearing a double mask at work on a regular basis, keeping social distance, and doing frequent deep breathing exercises were found to be the most common among the 67.8% of participants. There is link between socio

demographic variables and practice is related to the number of webinars attended.

Attitude Assessment: All 700 individuals had an average attitude score of 2.216 ± 0.385 , with a 95% CI (2.064 -2.367).

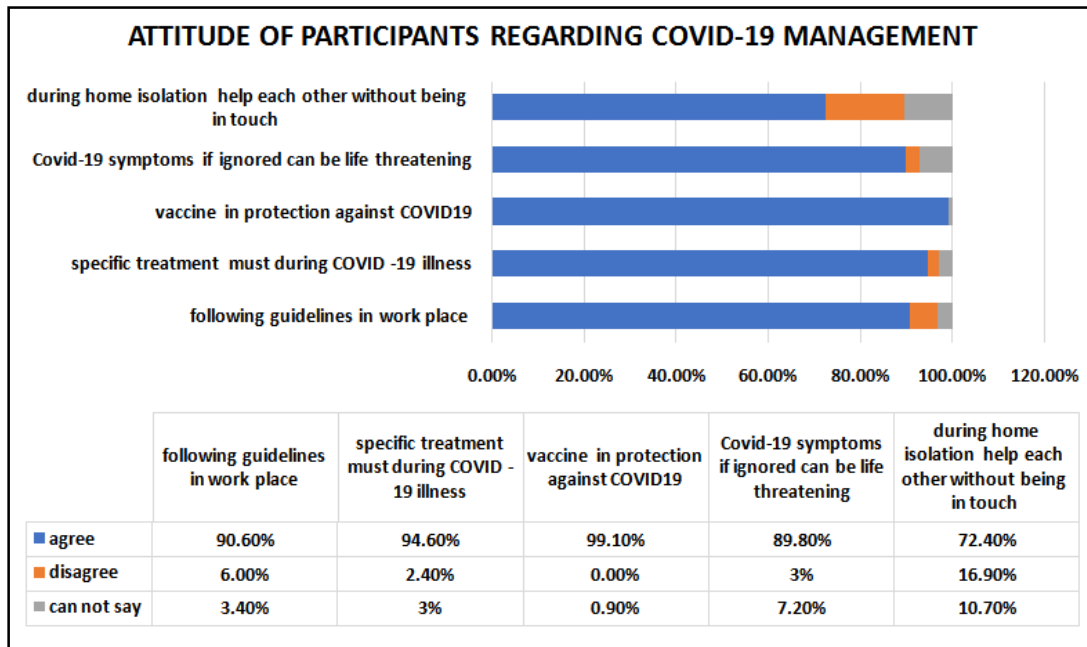


Figure 3: Item-wise attitude questionnaire response among participants.

Interpretation: Figure 3 shows that an average of 89.3 percent of participants had a positive attitude toward the management severity of the illness, the vaccination, following preventative instructions, taking particular therapy, and supporting others during the

isolation time for COVID-19 prevention and management. At the 0.05 level of significance, the relationship between socio demographic variables and attitude was investigated. There is no correlation between socio demographic variables and participants' attitudes.

DISCUSSION

If educators are aware of the COVID-19 preventive measures, they may pass that information on to their pupils, and a large demographic group can flatten the curve of quickly growing instances. The average degree of knowledge among participants indicates that appropriate understanding of symptoms connected to wave 1 is present. The highest amount of accurate information is connected to symptom areas such as fever and respiratory difficulties. This pattern of knowledge level is consistent with other studies on KAP in India (Modi et al., 2020; Nair et al., 2021), whereas the percentage of incorrect answers ranged from 60 to 66 percent in wave 2 of COVID-19, with body ache, fatigue symptoms, dry cough, diarrhoea, and vomiting being the most common. Treatment recommendations for home management of covid19 patients were similarly lacking in knowledge. 63 percent of participants knew that if a positive case occurs after less than 15 minutes of contact at a distance of more than 1 metre, testing is not necessary, indicating that other individuals lacked factual knowledge. Only 65% of participants were aware of the post-COVID-19 syndrome, suggesting that they may not follow proper treatment recommendations after testing negative for COVID-19, thereby increasing morbidity and death associated with post-COVID-19 issues (Figure 1). 67 percent of participants were aware of the treatment path used throughout the illness, which aids in patient confidence in their rights, since malpractices have been recorded in many places where the incorrect treatment path is taken, putting lives at danger, particularly in distant rural locations. The webinar revealed a substantial association between knowledge level and socio-demographic characteristics such as age and gender. As a result, additional webinars may be held to raise awareness among this demographic about wave 2 symptoms, covid-19 prevention among schoolchildren, what to do if someone comes into touch with a positive case, COVID-19 care at home, and determining the necessity for a hospital referral.

Only 67.8% of participants washed their hands frequently for 20 seconds every two hours or after coming into touch with contaminated surfaces. In busy locations, the double mask was seldom used. According to participant comments, 58.2 percent of participants observed social distancing practises insufficiently due to a lack of marks at stores and workplaces. Only by raising knowledge of the significance of deep breathing exercise and yoga, which were least done by 17.2 percent of participants, can deep breathing exercise be made more widely available. Workshops may be developed to show handwashing skills, the teacher's position in the institution, how to maintain social distance at work, and the necessity and practises of mask wearing. Yoga days might be scheduled on a regular basis to help people build the habit of doing yoga in order to combat this terrible respiratory illness and maintain excellent mental health throughout the pandemic.

The community members' attitude toward the danger of the illness, vaccination, following standards, and aiding isolated cases at home without being in direct touch was good, indicating that they have begun to think favourably about COVID-19 prevention rather than breaking restrictions. There was no association between participant knowledge and practise, indicating that hands-on skills, training, or a workshop should be provided. New policy creation is required to monitor adherence to preventative activities. Handwashing is one of the most fundamental concepts of disinfection, and the general public should be aware of its importance beyond only preventing COVID-19. As a result, communities will be better equipped to handle future difficulties.

CONCLUSION

In the current COVID-19 situation, understanding of wave -2 symptoms is insufficient, which may cause a delay in consultation and increase severity. Appropriate information must be distributed via all available media, including webinars, online training, symposiums, films, and conferences. Workplace practises of adequate social separation must be improved by the

development of tight policy and engineering measures. It is widely believed that online training demonstrating fundamental infection-prevention abilities will equip the whole public for COVID-19 prevention. Before restarting educational institutions following a lockdown, educators should be well-prepared to deal with the issues of managing pupils during pandemics.

Limitation

Survey was limited to a small sample; it can be done among large population.

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Conflict of interest

No conflict of interest found among authors.

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