



COVID19 AWARENESS AMONG THE RURAL MASS IN THE STATE OF TRIPURA, INDIA – AN EMPIRICAL ANALYSIS

Abhijit Sarkar^{1*}, Sandip Chakraborty², Surojit Sengupta³, Gourab Roy⁴,
Ratul Chakraborty⁵, Dipankar Pal⁶, Madhusudan Murasingh⁷, Subrata Majumder⁸

^{1,6}Associate Professor, Maharaja Bir Bikram College, Agartala, Tripura, India
^{2,3,4,5,7,8}Assistant Professor, Maharaja Bir Bikram College, Agartala, Tripura, India

* Corresponding Author

Article DOI: <https://doi.org/10.36713/epra9773>
DOI No: 10.36713/epra9773

ABSTRACT

The world has seen an unexpected and unforeseen health crisis, the deadliest of the century during the last year. Identified first in December 2019 in Wuhan of China, the deadly viral disease named Corona Virus Disease (COVID-19) has completely disrupted the normal life of the people of almost all the countries of the world. World Health Organization has no other alternative than declaring the corona virus outbreak as a public health emergency of international concern (PHEIC) on 30 January 2020 and later as a Pandemic on 11 March 2020. As there is no vaccine to protect against this COVID-19, adopting safety measures can only reduce the chances of getting infected. Awareness, precautions and testing are the only saviours. India with around 98.5 lakhs people already infected by this virus is second in the world with death toll reaching 1.42 lakhs. Tripura, the tiny north eastern state of India is also facing the shock. In this background, the present study aims at investigating the awareness level of the village people at Tripura and to assess the crisis and challenges they have confronted during the lockdown period.

KEY WORDS: COVID-19, pandemic, awareness, strategic-capacity

I. INTRODUCTION

The world, during the last year, has seen an unexpected and unforeseen health crisis, the deadliest of the century. Priority of all the affected nations is to check the spread of the viral disease named Corona Virus Disease (COVID-19) putting all other regular concerns to a halt. The frontline warriors, scientists, researchers and many others across the globe are fighting to have a hold over this virus and to save the people by inventing suitable vaccine. It is rightly said that since World War II, the world has never seen such a global crisis affecting each and every human being, inflicting pain on the prince and pauper alike. 'This is not really comparable to World War II which also brought untold economic misery to the world. This is because the crisis which followed World War II was the destruction of production facilities all over Western Europe which required massive infusion of American aid in the form of Marshall Plan. In case of COVID-19, just like the Great Depression, all the production units have not suffered any damage but they are locked down. As a result jobs were lost and people have a sudden loss of their income, causing a major drop of demand' (Raychaudhuri, 2020).

Corona Virus Disease (COVID-19) that was first identified in December 2019 in Wuhan of China has spread rapidly all over the world in almost all countries. World Health Organization (WHO) has declared the corona virus

outbreak 2019-2020 as a public health emergency of international concern (PHEIC) on 30 January 2020 and later as a Pandemic on 11 March 2020. WHO has prepared guidelines to fight corona virus by introducing eight pillars of support: a) country level coordination, planning and monitoring, b) risk communication and community engagement, c) surveillance, rapid response teams and case investigations, d) points of entry, e) national laboratories, f) infection prevention and control, g) case management, h) operational support and logistics. (World Health Organisation, 2020)

In an effort to mitigate the outbreak of COVID-19, many countries have imposed drastic lockdown, movement control or 'shelter in place' orders on their residents. The effectiveness of these mitigation measures is highly dependent on cooperation and compliance of all members of society. 'The knowledge, attitudes and practices people hold toward the disease play an integral role in determining a society's readiness to accept behavioural change measures from health authorities' (Azlan A.A. *et al*, 2020). India is no exception. Nation-wide lockdown was declared from midnight of 25th March 2020, as a preventive measure against the spread of COVID-19 pandemic. Later depending on the intensity of crisis and demand of the situation, this lockdown is followed by phase-wise unlock measures.



India, the second most populated country of the world, already passed through unpleasant phase of COVID-19 and is in the second place in the world in terms of total affected. Though there was a slight decline during the later days, but during the post Durga Puja & Navaratri period the daily affected graph is showing upward trend.

Tripura, the small sylvian hilly state in the north-eastern wing of India, could manage to keep herself free from the grasp of COVID-19 quite successfully in the beginning of the pandemic by implementing necessary precautionary and preventive measures. But the scenario changed after the stranded people started to come back from other states and countries. In such a situation, at present the most essential and pertinent steps are to fight against the virus and to adopt the probable measures to stay away from the virus. In this background, the present study aims at investigating the awareness level of the rural people of Tripura and to assess the crisis and challenges they have confronted during the lockdown period.

II. SIGNIFICANCE OF THE STUDY

The unprecedented outbreak of pandemic of COVID-19 has caused an international crisis at various levels ranging from human's psychology to economic scenario. The COVID-19 has affected 213 countries and territories and 2 international conveyances. Since proper preventive and curative measures in the form of a vaccine or medication are currently unavailable or are still under research in lab throughout the world, the remedies devised to stop the spread of this virus are self-isolating, preventing public gatherings, closing educational institutions, closing borders and even measures reaching to complete lockdown to prevent the possible transmission of the virus.

The most general symptoms of COVID-19 are fever, dry cough, breathlessness, tiredness along with aches & pains, nasal congestion, sore throat or even diarrhoea. However, people may also get affected with no signs of these symptoms. People all over the country are instructed to strictly adhere to precautionary measures against COVID-19 as per the recommendations of World Health Organisation, Government of India and the US Centres for Disease Control and Prevention. The measures include a) washing hands regularly with soap and water, or with handrub (sanitizer) with at least 60% alcohol, b) restrict touching of face, mouth, eyes & nose to prevent contamination, c) wearing of mask compulsorily, d) covering face with a bent elbow or tissue when one coughs or sneezes, e) practicing social distancing of at least 1 metre away from other people, f) avoiding handshakes and hugs while greeting people, g) avoiding non-essential travel, h) disinfecting surfaces and things that are frequently touched, i) taking special care for children below 10 years, senior citizens & people suffering from other illness, etc. People's awareness on these precautions undoubtedly will assist to speed up the process of 'flattening the curve' (Herfurth H., 2020).

Therefore, more emphasis on public awareness needs to be implemented in order to be ready to stand against the pandemic. In this present study, awareness, attitude and practice survey is undertaken among the villagers at Tripura and the level of awareness and the knowledge are assessed regarding the prevention of COVID-19. In spite of initial

stagnation in the number of COVID-19 positive cases in Tripura due to imposition of strict restrictions, it is quite alarming that the number of confirmed cases has gone up at a rapid rate. This is due to mass positive cases in few BSF camps and also returning back of the state residents from different parts of India and abroad. With regard to the number of confirmed positive cases in the state, the statistics shows that in Tripura there is an upward growth from 3 positive cases on 1st May 2020 to 423 on 1st June 2020 and further to 33,012 on 11th December 2020 (midnight) with 355 active cases. The figure has gone up to 46,096 on 23rd May 2021 with a death toll of 460 when the state is trying to resist the second wave of Covid-19 and at a later stage on 1st November 2021, the number of affected people rose to 84,468 with a death toll of 813 people

(source: <https://www.covid19india.org/>).

The significance of this study is that this research tried to assess the level of awareness and knowledge of the villagers at Tripura about COVID-19 outbreak and the methods that should be followed in order to counter this virus and to set up recommendations which could be beneficial for the people in particular and the state in general. In this regard, it is important to assess the knowledge, attitudes and behaviour of the public towards this prevalent infectious disease. Hence, such studies provide baseline data for the prevention and control of this type of pandemic through which estimation of the impact of previous preventive efforts were made by the government in this regard.

III. OBJECTIVES OF THE STUDY

The objectives of this study are

1. To explore the awareness levels of people in the villages regarding COVID-19,
2. To investigate the ways taken up by the residents to withstand various challenges posed by COVID-19

IV. REVIEW OF RELEVANT LITERATURE

India reported its first COVID-19 case on January 30, 2020 and numbers began to rise from late March 2020, however at a low rate, which may be attributed to several government policies including stopping all international flights and implementing a nation-wide lockdown at an early stage of the pandemic. By early April 2020, India started facing threat of a serious outbreak 'due to deep challenges in practicing social distancing and access to water and soap for handwashing, with densely populated urban areas and a highly mobile population in some states' (Acharya R. et al., 2020). The lockdown announced by the government and later allowing some relaxations triggered 'rapid migrations from the cities to rural areas in some parts of the country among rising fears of fast spread of infections. The extension of the initial lockdown period poses further challenges to the already distressed population and to ensuring strict compliance with social distancing guidelines' (Acharya R. et al., 2020).

The results of a survey study on COVID-19 awareness assessment amongst Indian population revealed that a considerable percentage of individuals learned about the pandemic through social media and news and were aware of the mode of spread of the virus and also steps to be taken to prevent it from spreading. But considerable percentage of



people was also not fully aware regarding the age groups this virus will be affecting (Pandey S. *et al.*, 2020).

In a study in Malayasia on awareness & knowledge on COVID-19, it is found that most participants knew that people who had contact with an infected person should be immediately isolated for a period of 14 days (99.1%). Even so, there was noticeable confusion among participants regarding transmission of the virus. Only 43.3% of participants answered correctly when asked if the virus was airborne and just 35.7% answered correctly when asked if eating and touching wild animals could result in infection. Knowledge scores were significantly different across genders, age groups, regions, occupation groups and income categories. The wearing of face masks was found to be significantly associated with gender, age group, region, occupation and income group. The findings suggest that Malaysians have an acceptable level of knowledge on COVID-19 and are generally positive in their outlook on overcoming the pandemic (Azlan A.A. *et al.*, 2020).

V. DATA SOURCES & METHODOLOGY

The study is based on primary data. The universe of the study constitutes three Gram Panchayets (G.P.), *i.e.*,

Anandanagar G.P., Paschim Anandanagar G.P. and Maloynagar G.P., located at a radius of around ten kilometres with Agartala, the state capital at the centre. The study is based on the empirical survey of the respondents in these panchayets. The unit of study is the 400 adult individuals through the use of random sampling method. Respondents are interviewed through structured questionnaire. The primary data was analysed with the help of statistical tool SPSS 23.0. Simple percentage distribution and cross tabulation are used for analysing the data. Apart from the above techniques, two indices have been constructed namely, Awareness Index and Strategic Capacity Index.

Awareness index: To assess the awareness level of COVID 19 a composite index has been constructed on the basis of the domains namely possible ways of spreading COVID 19, clinical symptoms of COVID 19 and preventive ways of COVID 19. Apart from this, few questions asked were i) who are the more prone to corona virus, ii) do you think that a person without any symptom may also carry this virus, iii) do you think that COVID 19 is treatable iv) how many days of isolation are needed? The following weights has been given to different variables under different domains.

Ways of Spreading	Weight
Cough droplets	Yes=3, No=0
Through water	Yes=0, No=1
Through air	Yes=0, No=1
Quarantine areas	Yes=1, No=0
Handshaking	Yes=1, No=0
Public gathering	Yes=1, No=0
Hugging	Yes=1, No=0
Sharing food items	Yes=1, No=0
Sharing clothes	Yes=1, No=0
Symptoms	
Fever	Yes=1, No=0
Fatigue	Yes=1, No=0
Cough	Yes=1, No=0
Body ache	Yes=1, No=0
Breathlessness	Yes=1, No=0
Preventive ways	
No contact with the infected person	Yes=1, No=0
No contact with the person who has recent travel history	Yes=1, No=0
Wearing mask	Yes=3, No=0
Washing hands with soaps/handwash/hand sanitizer	Yes=3, No=0
Maintaining distance	Yes=1, No=0
Avoid crowding place	Yes=1, No=0
Vulnerable group	
Children	Yes=1, No=0
Older	Yes=1, No=0
People with chronic illness	Yes=1, No=0
Covid 19 is treatable	Yes=1, No=0
Isolation Days	14 days or more=1, less than 14=0



The weights are given arbitrarily keeping in mind the importance of the variables. The scores are then categorized into three categories low (less than 17), medium (17-22) and high (23 or more).

Strategic Capacity Index: To assess the strategic capacity a capacity index (weighted sum) has been constructed with the domain preventive ways of COVID 19. The weights are given arbitrarily keeping in mind the importance of the variables. The scores are then categorized into two categories low (less than 6) and high (6 or more).

Preventive ways	Weight
No contact with the infected person	Yes=1, No=0
No contact with the person who has recent travel history	Yes=1, No=0
Wearing Musk	Yes=3, No=0
Washing hands with soaps/handwash/hand sanitizer	Yes=3, No=0
Maintaining Distance	Yes=1, No=0
Avoid crowding Place	Yes=1, No=0

VI. FINDINGS & DISCUSSION

1. Awareness levels of people in the villages

In order to attain the specific objectives of the study, considering the non-response rate as 10 percent, 450 villagers with 150 villagers from each village was targeted. Finally, 136 villagers from Anandanagar village, 144 villagers from Paschim Anandanagar village and 120 villagers from

Maloyanagar village have been interviewed. 400 villagers were interviewed through structured questionnaire from three gram panchayets.

In all the three gram panchayets, percentage of male respondents is higher compared to females (Table 1). The respondents are mostly above the age of 35 years.

Table 1: Gender, Age & Caste classifications of respondents of three gram panchayets (in percentages)

Background Characteristics	Anandanagar	Paschim Anandanagar	Maloyanagar
<i>Gender of the Respondent</i>			
Male	70.6	66.7	53.3
Female	29.4	33.3	46.7
<i>Age of the Respondent</i>			
35 or less	17.6	0.0	20.0
More than 35	82.4	100.0	80.0
<i>Caste of the Respondent</i>			
General	47.1	72.2	60.0
SC/ST	52.9	27.8	40.0

Source: Compiled by researchers from primary data

In Anandanagar panchayets, 52.9 percent of the respondents are from Scheduled Caste (SC) & Scheduled

Tribe (ST) caste. In the other two panchayets, respondents are mostly comprised of General category people.

Table 2: Household size and Family type of the respondents (in percentages)

Background Characteristics	Anandanagar	Paschim Anandanagar	Maloyanagar
<i>Household Size</i>			
5 or less	70.6	66.7	73.3
more than 5	29.4	33.3	26.7
<i>Family Type</i>			
Joint	35.3	38.9	46.7
Nuclear	64.7	61.1	53.3

Source: Compiled by researchers from primary data



The household size of more than 66 percent of the respondents (Table 2). The families are also mostly nuclear in all the three villages is less than or equal to five members

Table 3: Highest level of Education and Occupation of the respondents (in percentages)

Background Characteristics	Anandanagar	Paschim Anandanagar	Malohnagar
<i>Household's highest level of Education</i>			
Illiterate	11.8	5.6	0.0
Primary	11.8	16.7	13.3
Up to Secondary	23.5	27.8	40.0
Above Secondary	53.9	50.0	46.7
<i>Occupation of the Respondent</i>			
Unemployed	23.5	22.2	40.0
Government Service	11.8	11.1	20.0
Business	22.1	25.6	12.2
Others	42.6	41.1	27.8

Source: Compiled by researchers from primary data

It was perceived that rather than educational qualification of the respondents, the highest point of education attained by any family member would be more effective in analysing the awareness level of the family members (Table 3). Around 50 percent of the respondent's family members are found to have completed their study more than Secondary level. It was also found that out of this, a significant number of them have acquired graduation and post-graduate degrees. But on the other hand, it was disheartening to found few of the families are illiterate in the study area.

With regard to the occupation of the respondents, it was found that majority of the respondents *i.e.* 40 percent of them were unemployment in Malohnagar, 23.5 percent in Anandanagar and another 22.2 percent in Paschim Anandanagar. This was followed by 20 percent of the

respondents who were into the government service at Malohnagar, 11.8 percent at Anandanagar and 11.1 at Paschim Anandanagar. Business as an occupation of the respondents constituted 12.2 percent of the respondents at Malohnagar, 22.1 percent at Anandanagar and 25.6 percent at Paschim Anandanagar. The remaining 27.8 percent of respondents' occupation at Malohnagar comes under any other occupation which includes farming, daily wage earner, petty traders, *etc.* to mention some. Percentage of respondents engaged in such activities is found to be 42.6 and 41.1 in Anandanagar and Paschim Anandanagar respectively.

As mentioned earlier, the respondents were interviewed on COVID-19 through structured questionnaire. 100 percent of the respondents answered in positive when asked whether they have heard about COVID-19.

Table 4: Sources of hearing about COVID-19 (in percentages)

Source	Anandanagar	Paschim Anandanagar	Malohnagar	Three panchayets
News Paper	41.2	38.9	40.0	40.0
TV	52.9	61.1	40.0	40.0
Family members, friends	17.6	5.6	20.0	14.0
Social Media	17.6	22.2	20.0	20.0
Govt. awareness Programme	Nil	Nil	13.3	4.0

Source: Compiled by researchers from primary data

Around forty percent of the respondents of all villages taken together revealed that they had learnt about the virus from newspapers and television channels. In each panchayet most people learnt about the virus from television channels. Interestingly, when at present people are too active in social media, yet only 17.6 percent, 22.2 percent and 20.0 percent of the respondents from Anandanagar, Paschim Anandanagar and Malohnagar respectively had learnt about

this virus from social media like WhatsApp, facebook, *etc.* No one in two panchayets expressed government awareness programmes as source of hearing about COVID-19 (Table 4).

Knowledge about sources of infection (Table 5) was considered important parameter to know about the awareness of the people to stay safe. It is found that people did not have the information on all the probable sources of infection.

**Table 5: Awareness about sources of infection (in percentages)**

Source	Anandanagar	Paschim Anandanagar	Malohnagar	All
Cough Droplets	76.5	88.9	53.3	74
Through Water	11.8	22.2	6.7	14
Through Air	Nil	Nil	6.7	2
Quarantine Areas	Nil	Nil	Nil	Nil
Handshaking	70.6	66.7	73.3	70
Public Gathering	64.7	55.6	46.7	56
Hugging	29.4	27.8	13.3	24
Sharing Food Items	5.9	27.8	6.7	14
Sharing Clothes	5.9	22.2	13.3	14
Others	5.9	Nil	Nil	2

Source: Compiled by researchers from primary data

All the respondents taken together, more than 70 percent knew that cough droplets and handshaking can spread the viral infection. 56 percent respondent had revealed that they knew about public gatherings is a source of infection. 76.5 percent of the respondents of Anandanagar G.P., 88.9 percent of the respondents of Paschim Anandanagar G.P. and only 53.3 percent of Malohnagar G.P. were found to have the knowledge that cough droplets can spread the infection. But it

is quite disappointing that the other crucial infection sources like hugging, free movement in quarantine areas, sharing food items, sharing clothes, etc. are not mentioned by the respondents to that extent.

Respondents were asked about the symptoms that could indicate a person to be COVID-19 infected. Table 6 shows the outcome.

Table 6: Awareness about symptoms of infection (in percentages)

	Anandanagar	Paschim Anandanagar	Malohnagar	All
Fever	88.2	88.9	80.0	86
Fatigue	23.5	38.9	13.3	26
Cough	76.5	94.4	60.0	78
Body Ache	5.9	44.4	13.3	22
Breathlessness	52.9	38.9	66.7	52

Source: Compiled by researchers from primary data

86 percent of total respondents expressed that fever is an important symptom, whereas 78 percent indicated cough as a symptom. 52 percent knew about symptom of breathlessness. Very few respondents had information that

fatigueness and body aches are also vital symptoms of infection. A significant portion of respondents pointed out that they are hearing these symptoms for the first time.

Table 7: Awareness Index of COVID-19

Awareness level			
Panchayet	Low	Medium	High
Anandanagar	41.2	41.2	17.6
Paschim Anandanagar	16.7	61.1	22.2
Malohnagar	33.3	60.0	6.7
All	30.0	54.0	16.0

Source: Compiled by researchers from primary data

To investigate the awareness level of COVID-19 among the respondents (Table 7) the *Awareness Index* was used. It was found that as much as 22.2 percent of the respondents from Paschim Anandanagar were very much aware about the pandemic of COVID-19. 17.6 percent of Anandanagar's respondents have quite a high knowledge of

the virus, whereas only 6.7 percent of the respondents at Malohnagar are found to be some extent aware of this deadly infectious virus.



2. Ways adopted by the respondents to withstand various challenges posed by COVID-19

The *second objective* was to investigate the ways taken up by the residents to withstand various challenges posed by COVID-19. Staying away from and fighting with COVID-19 is really a challenge. World Health Organization (WHO, 2020) issued some 'Advice for public' to protect oneself and others from the spread of Corona in line of which Ministry of Health & Family Affairs, Government of India also issued certain preventive measures (Ministry of Health & Family Welfare, 2020). In addition to that Government of

India introduced *Aarogya Setu* app, a tracking app to spread awareness of COVID-19 and to connect essential COVID-19 - related health services to the people of India. Now, the question is how far the people of study areas are practicing these instructions in order to withstand the challenges posed by COVID-19.

Though the incidence of COVID-19, at the time of the survey, was lower compared to other parts of the state of Tripura, yet respondents and their families are found to practice the instructions to a large extent as put forward by WHO and Government of India.

Table 8: Strategies adopted to withstand challenges from COVID-19 (in percentages)

Measures	Anandanagar	Paschim Anandanagar	Maloyanagar	All
No contact with the infected person	35.3	33.3	20.0	30.0
No contact with the person who has recent travel history	17.6	50.0	33.3	34.0
Wearing Mask	47.1	50.0	53.3	50.0
Washing hands/face with soaps/handwash/hand sanitizer	52.9	38.0	60.9	50.0
Maintaining Distance	47.1	55.6	53.3	52.0
Avoid crowding Place	23.5	33.3	26.7	28.0

Source: Compiled by researchers from primary data

The respondents were found to adopt the strategies as declared by the Ministry of Health (Table 8). Only about 50 percent of the respondents in all the panchayets taken together were wearing masks and washing hands/face regularly with soaps/handwash/hand sanitizer. This was quite contradictory to their awareness level as reported by them. Respondents were of the opinion that avoiding crowded places and maintaining social distance are essential, but sometimes they could not manage to abide by these instructions as they have to come out of their home for work or for purchasing goods from the market. They were not engaged in those types of work that they can perform staying at home. They had to take risk, but before entering home they wash their clothes with soap, take bath and keeps shoes/sandals outside. People did not get in contact with infected person or who has travel history as they are quarantined for fourteen days by the administration and health department.

However, it was found that people have misconception regarding asymptomatic infected person. They had no idea that such infected person can carry and spread corona virus. Only 29.4 percent respondents in Anandanagar, 27.8 percent in Paschim Anandanagar and 33.3 percent in Maloyanagar revealed that they know about such carrier.

A big challenge for all the parents is to keep their children and elderly members of their family in the confines of their homes, thereby ensuring that they do not infect themselves or others with the virus. There is clear instruction from the government and medical research bodies to keep the children below 10 years and aged people above 65-years strictly inside their home. In addition, those people who are already suffering from high blood pressure, diabetes or lung-related diseases are asked to keep themselves confined within their residence. In this context, an enquiry was made from the respondents that whether they are protecting their children, aged and ill people of their families.

Table 9: Protecting vulnerable group members (in percentage)

Vulnerable Groups	Anandanagar	Paschim Anandanagar	Maloyanagar	All panchayets
Children	76.5	77.8	73.3	76
Older	94.1	83.3	73.3	84
Person with Chronic illness	17.6	38.9	13.3	24

Source: Compiled by researchers from primary data

From table 9, it can be seen that 76 percent of the total respondents took certain steps to protect their children. With regard to the care of the older people, 84 percent of the respondents admitted that yes, they were very much aware of this. Another 24 percent of the respondents have reported that they were well versed with information with regard to taking

proper care and attention with full social support to the persons with chronic illness.

The next attempt was to know from the respondents the strategic capacity with regard to withstand the challenges of COVID-19. For this very purpose, a *Strategic Capacity*



Index was formulated and the details of the same have already been discussed in Methodology.

Table 10: Proportion of High Strategic capacity with covid 19 (only two categories high and low)

Village	Percentage
Anandanagar	29.4
Paschim Anandanagar	22.2
Malohnagar	20.0
All panchayets	24.0

Source: Compiled by researchers from primary data

Table 10 reveals the high strategic capacity to deal with COVID-19. Here for this it can be seen that Anandanagar Panchayet has the highest strategic capacity of 29.4 percent of the respondents. This was followed by Paschim Anandanagar Panchayet and Malohnagar Panchayet constituting 22.2 percent and 20.0 percent of the respondents respectively. And when it comes to all the three panchayets, the high strategic capacity recorded at 24.0 percent.

VII. CONCLUDING REMARKS

On the basis of the empirical research undertaken out of 400 respondents in three village panchayets at Tripura, most of the respondents had a good knowledge with regard to COVID-19. It is the duty of all the villagers to stand together to fight against this deadly virus and to break the chain. It has, therefore, become necessary for every member of the society to be aware of the serious harm the virus is posing to mankind. It is evident from this investigation that the threat of this virus was well-known by the villagers, but unfortunately few of the respondents in spite of having the knowledge of this pandemic were still reluctant to follow the healthy habits like putting on the mask, hand hygiene, social distancing, etc. Hence, this is high time to wake up and take appropriate action. The step should envisage not only how to keep oneself safe but also to resist the spread of this virus. If appropriate steps are not taken in this regard or if it is delayed, then it will be too costly, challenging and late to save mankind. This micro-level empirical study could be set as an example in this direction which is the need of the hour.

Limitation of the study: As the study is undertaken during lockdown period strictly maintaining government regulations, all sections of people could not be reached. There is also a possibility of respondents expressing socially desirable responses, very much in the line as expected from them.

REFERENCES

- Acharya R. et al. (2020), COVID-19-related knowledge, attitudes, and practices among adolescents and young people in Bihar and Uttar Pradesh, India. *Popul Counc.* 1-6.
- Azlan A.A. et al (2020), Public knowledge, attitudes and practices towards COVID-19: A cross-sectional study in Malaysia, Downloaded from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0233668>, Accessed on 25.6.2020.
- Herfurth H. (2020), What exactly does it mean to 'flatten the curve'? UAB expert defines coronavirus terminology for everyday life. Downloaded from

- <https://www.uab.edu/news/youcanuse/item/11268-what-exactly-does-it-mean-to-flatten-the-curve-uab-expert-defines-coronavirus-terminology-for-everyday-life>, Accessed on 26.06.2020
- <https://www.covid19india.org/>, Accessed on 23.05.2021
- Kapur M. (2020), A hard lockdown may reduce India's coronavirus cases by 40% - only if social distancing continues, Downloaded from <https://qz.com/india/1842004/continued-lockdown-is-indias-best-bet-against-coronavirus/>, Accessed on 25.06.2020
- Ministry of Health & Family Welfare, Directorate General of Health Services, Government of India (2020), Guidelines on preventive measures to contain spread of COVID-19 in workplace settings, Available from <https://www.mohfw.gov.in/pdf/GuidelinesonpreventivemeasurescontainingspreadofCOVID19inworkplacesettings.pdf>, Accessed on 24.05.2020.
- Pandey S. Et al (2020), Corona Virus (COVID-19) Awareness Assessment - A Survey Study amongst the Indian Population, *Journal of Clinical and Medical Research*, Volume 2(4), Downloaded from [https://doi.org/10.37191/Mapsci-2582-4333-2\(3\)-042](https://doi.org/10.37191/Mapsci-2582-4333-2(3)-042), Accessed on 25.6.2020
- Raychaudhuri A. (2020), COVID-19 Pandemic Crisis and the Way Forward for India, COVID-19 Challenges for the Indian Economy: Trade and Foreign Policy Effects, Engineering Export Promotion Council of India (EEPC), New Delhi.
- The Center For Disease Dynamics, Economics & Policy (2020), Downloaded from <https://cddep.org/digest/media-coverage/>, Accessed on 25.06.2020
- World Health Organisation (2020), COVID-19 Information - SMS Message Library, Downloaded from https://www.who.int/docs/default-source/coronaviruse/sms-messages-covid-19.pdf?sfvrsn=893ede4_2&download=true, Accessed on 27.06.2020
- World Health Organisation (2020), Covid-19 Strategic Preparedness and Response Plan, Operational Planning Guidelines to Support Country Preparedness and Response, Downloaded from <https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>, Accessed on 26.06.2020