

**Original Article****PREVALENCE OF COVID-19 STATUS AMONG THE PEOPLE OF DIFFERENT STRATA**Chowdhury ZMR<sup>1</sup>, Ahmed M<sup>2</sup>, Rahman MS<sup>3</sup>, Billah I<sup>4</sup>, Dola TA<sup>5</sup>, Sharmi A<sup>6</sup>, Haque MM<sup>7</sup>**Article History:**

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**Abstract:**

**Background:** Coronavirus disease (COVID-19) is an irresistible illness caused by the SARS-CoV-2 infection. Most individuals who drop wiped out with COVID-19 will involvement gentle to direct side effects and recoup without uncommon treatment. Some will become seriously ill and require medical attention. However, it is preventable through obeying some measures of personal hygiene.

**Methods:** This descriptive cross-sectional study was conducted to determine COVID-19 status among people of different strata in Uttara and Savar. A total of 1200 conveniently selected respondents were interviewed face-to-face using a semi-structured questionnaire.

**Results:** Mean age was 38.59 years with standard deviation  $\pm 14.117$  years. Majority (63.33%) were male. Among them 20.7% were housewives, 11.5% were students, 15.3% were businessmen and 9.3% were service holders. Most (98.6%) of the respondents mentioned to know about pandemic situation of COVID-19. Among the respondents 207 (17.3%) suffered from COVID-19. Among those who suffered from COVID-19 (207), 157 performed test for COVID-19 and was positive. The other 50 did not perform test and only assumed to be suffering from COVID-19 as they had symptoms. On the other hand, 993 respondents mentioned of not suffering from COVID-19. Among them, 803 had no symptom and 190 underwent COVID-19 test and were negative. Proportion of suffering from COVID-19 was found high among the doctors (64.1%), service holders (22.5%), students (21.7%) and teachers (21.1%).

**Keywords:**

COVID 19, Prevalence

**Conclusion:** Measures to be undertaken to create awareness among the people to abide by the health rules so that we can reduce the incidence of COVID 19.

*EWMCJ Vol. 12, No. 1&2, January 2024-July 2024: 80-87***Introduction:**

The ongoing outbreak of infection by severe acute respiratory syndrome-Coronavirus-2 (SARS-CoV-2), termed as COVID-19, aroused the attention of the entire world. The first infected case of coronavirus was reported on December 31, 2019, in Wuhan, China; within few weeks, infections spread across China and to other countries around the world.<sup>1</sup>

The coronavirus COVID-19 widespread is the characterizing worldwide wellbeing emergency of our

time and the most prominent challenge we have confronted since World War Two. Since its emergence in Asia 2019, the virus has spread to every continent except Antarctica. Cases are rising every day in Africa the Americas, and Europe. Nations are hustling to moderate the spread of the illness by testing and treating patients, carrying out contact following, restricting travel, quarantining citizens, and cancelling huge get-togethers such as wearing occasions, concerts, and schools. The widespread is moving like

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a wave—one that will however crash on those slightest able to manage. But COVID-19 is much more than a health crisis. By stressing every one of the countries it touches, it has the potential to create devastating social, economic and political crises that will leave deep scars.<sup>2</sup>

The first known infections from SARS-CoV-2 were discovered in Wuhan, China. The first source of viral transmission to people remains hazy, as does whether the infection got to be pathogenic some time recently or after the spillover occasion. Amid the beginning flare-up in Wuhan, China, different names were utilized for the infection; a few names utilized by distinctive sources included “the coronavirus” or “Wuhan coronavirus.”<sup>3,4</sup>

In January 2020, the World Health Organization recommended “2019 novel coronavirus” (2019-nCov)<sup>5</sup> as the provisional name for the virus. This was in accordance with WHO’s 2015 guidance against using geographical locations, animal species, or groups of people in disease and virus names.<sup>6</sup>

The infection can spread from a sick person’s mouth or nose in little fluid particles when they hack, wheeze, talk, sing or breathe. These particles extend from bigger respiratory beads to littler pressurized canned products.

On January 30, 2020, the World Wellbeing Organization (WHO) announced the novel coronavirus flare-up a open wellbeing crisis of worldwide concern, which was the 6th statement of its kind in WHO history.<sup>7,8</sup> Surprisingly, during the first week of March 2020, devastating numbers of new cases were reported globally, and the WHO declared the COVID-19 outbreak a “pandemic” on March 11.<sup>9,10</sup>

Regarding COVID-19 spread preventive measures include: (i) Maintain a safe distance from others (at least 1 meter), (ii) Wear a mask in public, (iii) Choose open, well-ventilated spaces over closed ones. Open a window if indoors, (iv) Clean your hands often. Use soap and water, or an alcohol-based hand rub (v) Get vaccinated when it’s your turn. Follow local guidance about vaccination (vi) Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze and (vii) Stay home if you feel unwell.<sup>11</sup>

COVID-19 vaccines have come to billions of individuals around the world, the prove is overpowering that no matter which one you take, the antibodies offer life-saving assurance against an illness that has

slaughtered millions. The widespread is distant from over, and they are our best wagered of remaining secure. There are a few COVID-19 antibodies approved for utilize by WHO (given Crisis Utilize Posting). The first mass vaccination program started in early December 2020.

Despite having knowledge on modes of spread, management and preventive measures of COVID-19 we see thousands of deaths and millions of newly diagnosed cases of the disease every day. This is not desirable. The best way is to prevent the disease. We have to obey the guidelines for the prevention. We should follow these till the pandemic ends.

**Methods:** This was a descriptive cross-sectional study conducted in the Department of Community Medicine of East West Medical College, Turag, Dhaka-1711, Bangladesh. Data were collected from East West Medical College and Hospital and areas of Uttara surrounding East West Medical College under Dhaka North City Corporation and Savar Kalma Village from September 2021 to January 2022. Convenience sampling technique was adopted. A total of 1200 respondents were included in the study.

#### **Inclusion Criteria-**

People aged 14 years and above were the study population in the study; Both male and female participant residing in the study areas. Participants who provided informed consent were included in the study.

#### **Exclusion Criteria-**

Who were institutionalized including people residing in hospitals, hostels and other such institutions; Severely ill persons.

One semi-structured questionnaire was used as the data collection instrument. Relevant data were collected through face-to-face interview. Collected data were checked, cleaned and edited to find any inconsistency, entered into computer and analyzed with SPSS software. Data were presented in tables and graphs.

**Ethical Considerations:** The survey was conducted by maintaining all possible ethical considerations. Informed consent was obtained from all participants prior to collection of survey data. The participation was voluntary. Before data collection, informed consent of the study subject was obtained. Detailed study related information was explained. The information was dealt

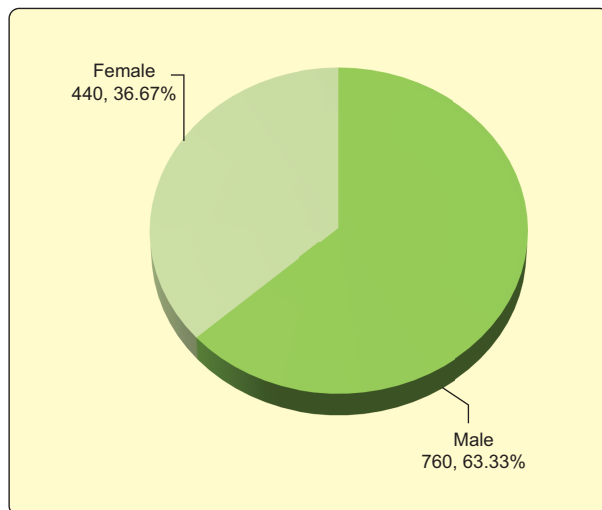
with highest confidentiality and used only for this study.

**Results:**

**Table I**  
*Distribution of the respondents by age*

Age group	Frequency	Percent	Statistics
11-30 years	415	34.6	Mean: 38.59
31-45 years	443	36.9	Median: 36.50
46-60 years	254	21.2	Mode: 40
61-75 year	79	6.6	SD: ±14.117
76-90 years	9	.8	Minimum: 14
			Maximum: 85
Total	1200	100.0	

Table I shows among the total 1200 respondents, majority [443 (36.9%)] were in the age group 31-45 years. This group was followed by the group 11-30 years, in which there were 415 (34.6%) respondents. About one fifth [254 (21.2%)] had age 46-60 years. Mean age was 38.59 years with standard deviation ±14.117 years. Minimum and maximum ages were 14 and 85 years respectively.



**Figure 1:** *Distribution of the respondents by sex*

Figure I opines sex distribution of the respondents. Majority [760 (63.33%)] were male and the rest 440 (36.67%) were female.

**Table II**  
*Distribution of the respondents by occupation*

Occupation	Frequency	Percent
Service	111	9.3
Business	183	15.3
Student	138	11.5
House wife	248	20.7
Doctor	39	3.3
Teacher	38	3.2
Rickshaw puller	69	5.8
Security guard	48	4.0
Worker	247	20.6
Others	79	6.6
Total	1200	100.0

Table II reveals among them 248 (20.7%) were housewives, 247 (20.6%) were workers, 183 (15.5%) were businessmen, 138 (11.5%) were students, 111 (9.3%) were service holders, 69 (5.8%) were rickshaw pullers, 48 (4.0%) were security guards, 39 (3.3%) were doctors, 38 (3.2%) were teachers and 79 (6.6%) were engaged in other occupations among whom were police / RAB, engineers, religious leaders, health workers, tailors, barbers, carpenters and retired persons having small frequencies.

**Table-III**  
*Distribution of the respondents by knowing about pandemic situation of COVID-19*

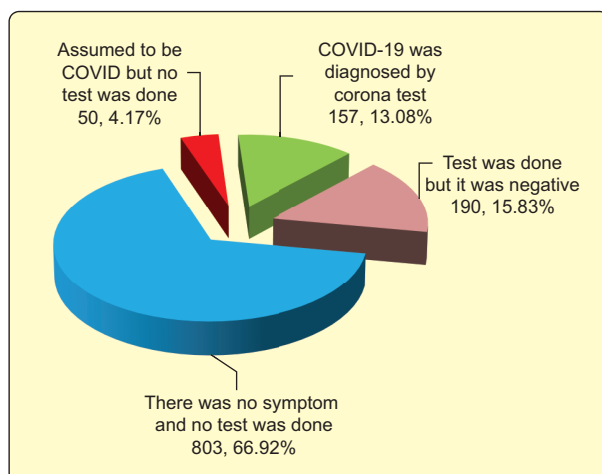
Know about pandemic situation of covid 19?	Frequency	Percent
Yes	1183	98.6
No	17	1.4
Total	1200	100.0

Most [1183 (98.6%)] of the respondents mentioned to know about pandemic situation of COVID-19. The remaining 17 (1.4%) respondents said of not knowing (Table III).

**Table-IV**  
*Distribution of the respondents by suffering from COVID-19*

Suffered from covid 19	Frequency	Percent
Yes	207	17.3
No	993	82.8
Total	1200	100.0

Table IV opines that among the total 1200 respondents 207 (17.3%) suffered from COVID-19 and the rest 993 (82.8%) did not suffer.



**Figure 2:** Distribution of the respondents by suffering from COVID-19 and performing test

Figure II reveals respondents' suffering from COVID-19 and performing test for COVID-19. Among the total 1200 respondents 207 mentioned that they suffered from COVID-19. Among these 207, 157 (13.08% of 1200) performed test for COVID-19 and was positive. The other 50 (4.17% of 1200) did not perform test and only assumed to be suffering from COVID-19 as they had symptoms. On the other hand, 993 respondents mentioned of not suffering from COVID-19. Among them, 803 (66.92% of 1200) had not any symptom and 190 (15.83% of 1200) underwent COVID-19 test and were negative.

Among 248 house wives, 21 (8.5%) were tested to be COVID positive, 28 (11.3%) were negative by the test. On the other hand, 188 (75.8%) were free from any sign or symptom and did not do corona test. Nearly

**Table-V**  
Distribution of the respondents by occupation and COVID-19 status

Occupation	COVID-19 status				Total
	COVID-19 diagnosed by test	Test was done but it was negative	Assumed to be COVID but no test was done	There was no symptom and no test was done	
House wife	21 (8.5%)	28 (11.3%)	11 (4.4%)	188 (75.8%)	248 (100.0%)
Business	21 (11.5%)	23 (12.6%)	10 (5.5%)	129 (70.5%)	183 (100.0%)
Student	30 (21.7%)	42 (30.4%)	3 (2.2%)	63 (45.7%)	138 (100.0%)
Service	25 (22.5%)	23 (20.7%)	0 (0.0%)	63 (56.8%)	111 (100.0%)
Doctor	25 (64.1%)	3 (7.7%)	4 (10.3%)	7 (17.9%)	39 (100.0%)
Teacher	8 (21.1%)	7 (18.4%)	3 (7.9%)	20 (52.6%)	38 (100.0%)
Worker	17 (6.9%)	37 (15.0%)	9 (3.6%)	184 (74.5%)	247 (100.0%)
Rickshaw puller	1 (1.4%)	10 (14.5%)	3 (4.3%)	55 (79.7%)	69 (100.0%)
Security guard	0 (0.0%)	8 (16.7%)	0 (0.0%)	40 (83.3%)	48 (100.0%)
Others	9 (11.4%)	9 (11.4%)	7 (8.9%)	54 (68.4%)	79 (100.0%)
Total	157 (13.1%)	190 (15.8%)	50 (4.2%)	803 (66.9%)	1200 (100.0%)

**Table-VI**  
Distribution of the respondents by occupation and using face mask whenever stay outside

Occupation	Use face mask whenever stay outside			Total
	Always	Occasionally	Not at all	
Service	82 (73.9%)	22 (19.8%)	7 (6.3%)	111 (100.0%)
Business	92 (50.3%)	62 (33.9%)	29 (15.8%)	183 (100.0%)
Student	109 (79.0%)	27 (19.6%)	2 (1.4%)	138 (100.0%)
House wife	137 (55.2%)	87 (35.1%)	24 (9.7%)	248 (100.0%)
Doctor	37 (94.9%)	2 (5.1%)	0 (0.0%)	39 (100.0%)
Teacher	22 (57.9%)	14 (36.8%)	2 (5.3%)	38 (100.0%)
Rickshaw puller	16 (23.2%)	31 (44.9%)	22 (31.9%)	69 (100.0%)
Security guard	22 (45.8%)	18 (37.5%)	8 (16.7%)	48 (100.0%)
Worker	98 (39.7%)	102 (41.3%)	47 (19.0%)	247 (100.0%)
Others	42 (53.2%)	19 (24.1%)	18 (22.8%)	79 (100.0%)
Total	657 (54.8%)	384 (32.0%)	159 (13.3%)	1200 (100.0%)

**Table-VII***Distribution of the respondents by occupation and using sanitizer or soap and water for cleaning hands*

Occupation	Use sanitizer or soap and water for cleaning hands			Total
	Always	Occasionally	Not at all	
Service	75 (67.6%)	32 (28.8%)	4 (3.6%)	111 (100.0%)
Business	101 (55.2%)	56 (30.6%)	26 (14.2%)	183 (100.0%)
Student	100 (72.5%)	30 (21.7%)	8 (5.8%)	138 (100.0%)
House wife	147 (59.3%)	83 (33.5%)	18 (7.3%)	248 (100.0%)
Doctor	35 (89.7%)	4 (10.3%)	0 (0.0%)	39 (100.0%)
Teacher	27 (71.1%)	11 (28.9%)	0 (0.0%)	38 (100.0%)
Rickshaw puller	21 (30.4%)	28 (40.6%)	20 (29.0%)	69 (100.0%)
Security guard	16 (33.3%)	25 (52.1%)	7 (14.6%)	48 (100.0%)
Worker	83 (33.6%)	112 (45.3%)	52 (21.1%)	247 (100.0%)
Others	42 (53.2%)	19 (24.1%)	18 (22.8%)	79 (100.0%)
Total	647 (53.9%)	400 (33.3%)	153 (12.8%)	1200 (100.0%)

**Table VIII***Distribution of the respondents by occupation and covering mouth and nose with a tissue paper or bent elbow during sneezing or coughing*

Occupation	Cover mouth and nose with a tissue paper or bent elbow during sneezing or coughing			Total
	Always	Occasionally	Not at all	
Service	60 (54.1%)	37 (33.3%)	14 (12.6%)	111 (100.0%)
Business	75 (41.0%)	73 (39.9%)	35 (19.1%)	183 (100.0%)
Student	98 (71.0%)	32 (23.2%)	8 (5.8%)	138 (100.0%)
House wife	108 (43.5%)	95 (38.3%)	45 (18.1%)	248 (100.0%)
Doctor	31 (79.5%)	5 (12.8%)	3 (7.7%)	39 (100.0%)
Teacher	26 (68.4%)	8 (21.1%)	4 (10.5%)	38 (100.0%)
Rickshaw puller	17 (24.6%)	37 (53.6%)	15 (21.7%)	69 (100.0%)
Security guard	15 (31.3%)	26 (54.2%)	7 (14.6%)	48 (100.0%)
Worker	58 (23.5%)	112 (45.3%)	77 (31.2%)	247 (100.0%)
Others	39 (49.4%)	18 (22.8%)	22 (27.8%)	79 (100.0%)
Total	527 (43.9%)	443 (36.9%)	230 (19.2%)	1200 (100.0%)

**Table-IX***Distribution of the respondents by occupation and shaking hands with friends, relatives or office staffs*

Occupation	Shake hands with friends, relatives or office staffs			Total
	Always	Occasionally	Not at all	
Service	13 (11.7%)	45 (40.5%)	53 (47.7%)	111 (100.0%)
Business	47 (25.7%)	76 (41.5%)	60 (32.8%)	183 (100.0%)
Student	20 (14.5%)	56 (40.6%)	62 (44.9%)	138 (100.0%)
House wife	18 (7.3%)	67 (27.0%)	163 (65.7%)	248 (100.0%)
Doctor	2 (5.1%)	18 (46.2%)	19 (48.7%)	39 (100.0%)
Teacher	10 (26.3%)	14 (36.8%)	14 (36.8%)	38 (100.0%)
Rickshaw puller	22 (31.9%)	11 (15.9%)	36 (52.2%)	69 (100.0%)
Security guard	9 (18.8%)	24 (50.0%)	15 (31.3%)	48 (100.0%)
Worker	63 (25.5%)	89 (36.0%)	95 (38.5%)	247 (100.0%)
Others	21 (26.6%)	30 (38.0%)	28 (35.4%)	79 (100.0%)
Total	225 (18.8%)	430 (35.8%)	545 (45.4%)	1200 (100.0%)

**Table-X**  
*Distribution of the respondents by occupation and hugging closest one*

Occupation	Hug closest one			Total
	Always	Occasionally	Not at all	
Service	8 (7.2%)	49 (44.1%)	54 (48.6%)	111 (100.0%)
Business	41 (22.4%)	73 (39.9%)	69 (37.7%)	183 (100.0%)
Student	22 (15.9%)	56 (40.6%)	60 (43.5%)	138 (100.0%)
House wife	24 (9.7%)	79 (31.9%)	145 (58.5%)	248 (100.0%)
Doctor	3 (7.7%)	25 (64.1%)	11 (28.2%)	39 (100.0%)
Teacher	10 (26.3%)	15 (39.5%)	13 (34.2%)	38 (100.0%)
Rickshaw puller	21 (30.4%)	20 (29.0%)	28 (40.6%)	69 (100.0%)
Security guard	9 (18.8%)	25 (52.1%)	14 (29.2%)	48 (100.0%)
Worker	65 (26.3%)	86 (34.8%)	96 (38.9%)	247 (100.0%)
Others	20 (25.3%)	23 (29.1%)	36 (45.6%)	79 (100.0%)
Total	223 (18.6%)	451 (37.6%)	526 (43.8%)	1200 (100.0%)

5% [11 (4.4%)] were having symptoms but they did not do corona test. Among 183 businessmen, 21 (11.5%) were tested to be corona positive, 23 (12.6%) were negative by the test. On the other hand, 129 (70.5%) were free from any sign or symptom and did not do corona test and 10 (5.5%) were having symptoms but they did not do corona test. Among the doctors 64.1% were positive and 10.3% had symptoms but did not do test (Table V).

Table VI reveals the respondents' habit of using facemask according to their occupation. Proportion of always using facemask is highest among the doctors (94.9%), then service holders (73.9%) and students (79.0%). On the other hand, it is low among the rickshaw pullers (23.2%) and workers (39.7%).

Habit of hand washing with sanitizer or soap and water always is highest among the doctors (89.7%). The proportion is 72.5% among the students, 71.1% among the teachers, 67.6% among the service holders, 59.3% among the house wives and 55.2% among the businessmen. It is less among the security guards (33.3), rickshaw pullers (30.4%) and workers (33.6%) (Table VII).

Covering mouth and nose with a tissue paper or bent elbow during sneezing or coughing is one of the suggested practices to prevent COVID-10. Proportion of practicing it always is 79.5% among the doctors, 71.0% among the students, 68.4% among the teachers and 54.1% among the service holders.

Proportion of practicing it is less among the workers (23.5%), rickshaw pullers (24.6%) and security guard (31.3%) (Table VIII).

Table IX opines respondents' practice of shaking hands with friends, relatives or office staffs. Among the house wives 65.7% never shake hand. Habit of never shaking hand is 52.2% among the rickshaw pullers, 48.7% among the doctors and 47.7% among the service holders. Some of the respondents occasionally shake hands with friends, relatives or office staffs. This proportion is 46.2% among doctors, 41.5% among the businessmen, 40.6% among students and 40.5% among service holders.

Abstaining from hugging closest one is advised to prevent COVID-19. Majority (64.1%) of the doctors and security guards (52.1%) hug closest one occasionally. Among the house wives 58.5% and 48.6% of the service holders never do it (Table X)

#### **Discussion:**

This descriptive cross-sectional study was conducted to determine COVID-19 status among people of different strata. A total of 1200 respondents were interviewed face-to-face using a semi-structured questionnaire. Convenience sampling technic was adopted. Among the total 1200 respondents, majority [443 (36.9%)] were in the age group 31-45 years. Mean age was 38.59 years with standard deviation  $\pm 14.117$  years. Majority (63.33%) were male and the rest 36.67% were female. One similar study conducted

by Ismail Hosen showed that out of 10,067 participants, 56.1% were males. This dissimilarity may be due to the fact that non-probability convenience sampling was adopted in this study.<sup>12</sup>

Regarding occupation it was seen that, 20.7% were housewives, 11.5% were students, 10.9% were businessmen and 9.3% were service holders. In a similar study it was seen that 13.1% were house wives, 22.7% were workers, 26.4% were Rickshaw puller and 25.6% were shop keepers.<sup>13</sup>

Most [1183 (98.6%)] of the respondents mentioned to know about pandemic situation of COVID-19. The remaining 17 (1.4%) respondents said of not knowing. In a study in rural and semi-rural areas of the Menoua Division, Cameroon it was seen that 98.6% were aware of the world emergency state due to Coronavirus. A total of 434 participants of which male majority (sex ratio 1.07) were included in this study. However, nearly 91.14% were not aware of the clinical symptoms of the disease.<sup>14</sup>

Among the total 1200 respondents 207 (17.3%) suffered from COVID-19 and the rest 993 (82.8%) did not suffer.

Regarding frequency of attack with COVID-19, 188 (90.8%) mentioned to be suffered for once, 18 (8.7%) mentioned twice and only one respondent (0.5%) said of suffering from COVID-19 for three times.

About suffering from COVID-19 and performing test for COVID-19 it was seen that 207 respondents mentioned that they suffered from COVID-19. Among these 207, 157 (13.08% of 1200) performed test for COVID-19 and was positive. The other 50 (4.17% of 1200) did not perform test and only assumed to be suffering from COVID-19 as they had symptoms. On the other hand, 993 respondents mentioned of not suffering from COVID-19. Among them, 803 (66.92% of 1200) had not any symptom and 190 (15.83% of 1200) underwent COVID-19 test and were negative.

Among the total 1200 respondents 657 (54.8%) respondents mentioned that they always use facemask whenever stay outside. On the other hand, 384 (32.0%) used occasionally and the rest 159 (13.3%) do not use facemask at all. Although the government of Bangladesh made the use of masks mandatory in public settings during COVID-19, individuals have been reluctant to follow. One study was conducted to know how many people used face masks in public settings during COVID-19. This study

was conducted in several public settings in Shahbag, an urban sub-district of Dhaka; and Sirajdikhan, a rural sub-district of Munshiganj in Bangladesh on November 2020. A total of 4011 people were identified from the video-graphic data captured from 20 public places for monitoring the use of masks. More than two-thirds of those observed had no face masks or did not utilize them properly. People in urban regions (43%) used mask more in an appropriate manner than those in rural areas (26%). Females wore masks comparatively more than males (53% vs. 35%, p-value <0.001).<sup>15</sup>

Regarding use of sanitizer or soap and water for cleaning hands, 647 (53.9%) mentioned of using always, 400 (33.3%) said occasionally and 153 (12.8%) said that they do not use sanitizer or soap and water for cleaning hands. About respondents' practice of covering mouth and nose with a tissue paper or bent elbow during sneezing or coughing it was seen that 527 (43.9%) mentioned 'always', 443 (36.9%) mentioned occasionally and 230 (19.2%) mentioned of not practicing it. About one fifth (18.8%) of the respondents said that they shake hands with friends, relatives or office staffs always, 430 (35.8%) said occasionally and the rest 545 (45.4%) mentioned 'not at all'. Regarding hugging close one, 223 (18.6%) mentioned 'always', 451 (37.6%) mentioned 'occasionally and 526 (43.8%) mention 'not at all'.

Among 248 house wives, 21 (8.5%) were tested to be corona positive, 28 (11.3%) were negative by the test. On the other hand, 188 (75.8%) were free from any sign or symptom and did not do corona test. Nearly 5% [11 (4.4%)] were having symptoms but they did not do corona test. Among 183 businessmen, 21 (11.5%) were tested to be corona positive, 23 (12.6%) were negative by the test. On the other hand, 129 (70.5%) were free from any sign or symptom and did not do corona test and 10 (5.5%) were having symptoms but they did not do corona test. Among the doctors 64.1% were positive and 10.3% had symptoms but did not do test. Many of the respondents had symptoms of COVID-19 but they did not go for test. If they were found to be positive by test it was obvious that most of them would keep themselves in isolation in order to keep their close persons safe.

### **Conclusion:**

The ongoing outbreak of infection by severe acute respiratory syndrome-Coronavirus-2 (SARS-CoV-2), termed as COVID-19, aroused the attention of the

entire world. The whole world is facing the adverse effects and challenges due to this emerging disease. As it is a viral disease, no satisfactory effective measure is yet available to cure it. So, management is directed to preventing the disease mainly. For prevention, adequate knowledge and application of the preventive measures is of utmost importance. Subjects of this study have knowledge about signs and symptoms, modes of transmission and prevention of COVID-19. But regarding practices of preventive measures there are some lacking. Many of them do not use mask, do not practice hand washing, shaking hands with their friends and colleagues and hugging close ones. Despite having knowledge, they are reluctant in following the rules of prevention. This is not desirable. The same picture we observe in cases with different rural and urban community in different studies. Measures to be undertaken to create awareness among the people to abide by the health rules so that we remain free from the disease for good.

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