



# AWARENESS STATUS OF COVID-19 PANDEMIC AMONG ADOLESCENTS AND RURAL ADULTS

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## ABSTRACT

**Background:** Covid-19 pandemic affected people globally by physically, mentally, economically, socially, educationally and so on, and it increased too much social and health care burden. Many people have to lose their lives due to coronavirus disease. Still people are suffering from this pandemic. Government and non-government agencies continuously organizing awareness development programmes to make the people aware and keep them secure from it. But, effectiveness of such programmes need to explore to make it more effective to all people. **Purpose:** With the goal to find out the Covid-19 awareness status among adolescents living in urban or semi urban areas and adults living in rural areas of Madhya Pradesh along with its association with age, education, and family income the present study had been designed. **Methods:** Awareness status about Covid-19 pandemic of all randomly selected 200 participants including 102 adults and 98 adolescents male (N=100) and female (N=100) were screened using self-designed 17 items Covid-19 awareness screening. To analyse Mean, SD, t-value and correlations of obtained data SPSS (20.0) was used. **Result:** Finding of this study suggested no significant difference on Covid-19 awareness between male (M±SD=9.55±3.328) and female (M±SD=8.94±2.658) of all age group. However, adults (M±SD=11.17±2.398) were significantly differ from adolescents (M±SD=7.23±2.171) on their awareness. Apart from this, the people who were vaccinated for Covid-19 (M±SD=10.61±2.893), were also significantly differ from those who were not vaccinated (M±SD=8.63±2.879). Awareness score were significantly correlated with age, years of education, and family monthly income. **Conclusion:** Awareness is too much important to make changes in human behaviour and so to fight against Covid-19 disease. Regular awareness programs are definitely helpful to make the people aware but, need to reach to entire people beyond the geographical, social, economic, educational, and age boundaries.

**KEYWORDS:** Pandemic. Coronavirus disease, gender, education level.

## INTRODUCTION:

Awareness can be described as 'a state wherein a subject is aware of some information when that information is directly available to bring to bear in the direction of a wide range of behavioral action (Chalmer, 1997). Awareness to disease make a person to implement available measures to protect himself from it. As it is well known and researched that the changed form of SARS-Cov-2 virus also known as novel coronavirus (nCoV) later named coronavirus disease or Covid-19 by World Health Organization, widely spread or transmitted worldwide emerging from Wuhan city of China during last month of 2019. Most infected people with the virus experienced mild to moderate respiratory illness and recovered without requiring special treatment. But, many infected people became seriously ill and required special treatment and/or died with experience of various symptoms. The common symptoms that were noticed in Covid-19 are fever, cough, shortness of breath, pneumonia or breathing difficulties, body pain, tiredness, poor feeding, loss of taste or smell, and even diarrhea, and vomiting in children etc. (Ren et al. 2020). More casualties were seen with elders and with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer.

According to report of WHO Coronavirus (Covid-19) Dashboard, till 5th November 2021, there were 24,84,67,363 confirmed cases of Covid-19 including 50,27,183 of deaths globally, and in India the deaths were 4,61,057 cases till 8th November 2021 as reported (mohfw.gov.in). Covid-19 pandemic affected psycho-socially the people enormously. It increased panic, anxiety, obsessive behaviors, hoarding, paranoia, depression, and PTSD among many people, and even, burnout, anxiety, fear of transmitting infection, feeling of incompatibility, depression, increased substance-dependence and PTSD among frontline healthcare workers (Dubey et al. 2020). It also impacted psycho-socially the children as being quarantined in home, school closure, lack of outdoor activity, and aberrant dietary and sleeping habits that lead disrupt usual lifestyle, monotony, distress, impatience, annoyance, and varied neuropsychiatric manifestations etc. (Ghosh et al. 2020).

The changing variants of Covid-19 were also reported and affected people as different waves. In India, nationwide the impact of second wave of Covid-19 were seen more than its first wave, and it was expected to come third wave in this year 2021 without predicting the accurate time. However, it is expected to avoid to enter to third wave through adopting strong measures (Sinha, 2021). For this, India is prepared and continuously trying to control through vaccination programmer in large scale, and regular awareness campaign. Till 8th November 2021, India completed 1,08,47,23,042 vaccination against Covid-19 (mohfw.gov.in). Regular awareness program is being run by Govt. and Non-Govt. agencies through different social media to fight Covid-19 pandemic. Though, how much effective is the campaign to enhance awareness level against Covid-19 is still a matter of scrutiny, and research wise also a thrust area throughout the world. However, Jaber et al. (2021) reported average or adequate awareness level against Covid-19 in more than half of the Jordanian (56.8%) and Iraqi

participants (53.2%) based on their cross-sectional study conducted during 19th to 22nd March 2020 on 3167 participants including 1599 Jordians and 1568 Iraqi participants. Another study conducted by Tripathi R et al. (2020) reported high proportion of health care workers and other residents of South-West Saudi Arabia had good awareness of COVID-19 (98.7%) as a deadly, contagious, and life-threatening disease (99.6%), and they were familiar with the associated symptoms and common causes of COVID-19 along with common preventive measures like hand hygiene, social distancing etc.

With the goal to find out the Covid-19 awareness status among adolescents living in urban or semi urban areas and adults living in rural areas of Madhya Pradesh along with its association with age, education, and family income the present study had been designed. Because of Covid-19 pandemic affected in large scale throughout the world population living in any region and almost all government and non-government agencies tried to support people including developing awareness to protect themselves. This study will somehow project the effect of government or other involved agencies efforts regarding awareness development of Covid-19 and will be helpful to make future plan to fight against such pandemics.

## METHODS AND MATERIALS:

### Sample:

The present study consisted 200 sample in which 98 were adolescents living in urban or semi-urban areas and 102 were adults living in rural areas of some districts of Madhya Pradesh, India. Out of 98 adolescents 50 were male and 48 were female with age range of 12 years to 19 years and mean age of 15.98±2.494 and 14.41±2.20 years (p<0.01) respectively. Out of adult sample 50 were male (M±SD=29.24±8.433) and 52 were female (M±SD=27.67±7.11) with the range of 20 years to 60 years. All sample were selected randomly who otherwise fulfill the inclusion criteria and secure their consent.

### Tools:

To collect the required and relevant data from all sample two self-designed tools were used.

1. Demographic and clinical data sheet:- This sheet included information like name, age gender, education level, parents or self-occupation, living background, monthly family income, covid-19 victim or death in close relation etc.
2. Covid-19 pandemic awareness screening:- Prior to finalizing this screening tools it consisted 25 items that were sent to five expert like doctors, professors, social workers to short out the most relevant items suitable to screen the awareness of Covid-19 pandemic. Finally, most suitable 17 items based on experts' agreement were selected and put on part 'A' section. All items consists four alternative answers in which only one answer is correct. Each cor-

rect answer denotes one score and maximum possible score is 17. Moreover, some queries had been put regarding vaccination, Covid-19 conviction etc. in part 'B' section. The tools are mentioned with this article at the end.

**PROCEDURE:**

To conduct the study to targeted randomly selected sample that consisted 200 participants including 102 adults and 98 adolescents with both male and female, all were administered demographic data sheet and Covid-19 pandemic awareness screening who fulfilled the inclusion criteria. The data were analyzed using SPSS (20.0 version) with appropriate statistics i.e. descriptive or inferential statistics and Pearson's coefficient of correlation to find out the result. The results are being described and discussed next in the following tables.

**RESULT AND DISCUSSION:**

The present study has been conducted with the purpose to explore the status of awareness to Covid-19 pandemic among adolescents living in urban or semi

urban areas, and adults living in rural areas. To describe the age, years of education and monthly family income of the sample Mean, SD and t-test was applied, and result has been shown in table 01. It shows that of all 200 participants' age, years of education and monthly family income are 12 to 60 years ( $M \pm SD = 21.96 \pm 8.815$ ), 1 to 17 years ( $M \pm SD = 8.45 \pm 3.275$ ), and Rs. 300 to 80000 ( $M \pm SD = 15343 \pm 14306.215$ ) respectively. A significant difference of adults and adolescents group were found in their age ( $p < 0.01$ ), years of education ( $p < 0.05$ ), and monthly family income ( $p < 0.01$ ). No significant difference were found in age of adult male and adult female, and in years of education of adolescent male and adolescent female. But, significant difference were in years of education of adult male and female ( $p < 0.01$ ), in monthly family income of adult male and female ( $p < 0.01$ ) and adolescent male and female ( $p < 0.05$ ), and in age of adolescent male and female ( $p < 0.01$ ). These differences might come due to difference in the characteristics of both sample i.e. different living background, differences in opportunities or support to get education or to earn or becoming jobless due to effect of Covid-19 pandemic.

**Table 01: Showing description of age, years of education, and monthly family income**

Variable	Group	N	Range	Mean	SD	t-value	Significance level	
Total sample	Age	200	12y-60y	21.96	8.815	-	-	
	Years of education	200	1y-17y	8.45	3.275	-	-	
	Monthly family income	200	300-80000	15343	14306.215	-	-	
Developmental Stage	Age	Adults	102	20y-60y	28.44	7.788	16.051**	P<0.01
		Adolescents	98	12y-19y	15.21	2.471		
	Years of education	Adults	102	1y-17y	8.91	3.786	2.027*	P<0.05
		Adolescents	98	3y-12y	7.97	2.576		
	Monthly family income	Adults	102	300-80000	19084.31	18535.19	3.906**	P<0.01
		Adolescents	98	1000-40000	11448.97	5668.00		
Adults Gender	Age	Adult Male	50	20y-60y	29.24	8.433	1.016	NS
		Adult Female	52	20y-45y	27.67	7.111		
	Years of education	Adult Male	50	1y-17y	10.82	3.884	5.271**	P<0.01
		Adult Female	52	2y-13y	7.07	2.626		
Adolescents Gender	Monthly family income	Adult Male	50	1000-80000	31700	17311.374	9.043**	P<0.01
		Adult Female	52	300-30000	6953.84	9293.587		
	Age	Adolescent Male	50	12y-19y	15.98	2.494	3.284**	P<0.01
		Adolescent Female	48	12y-19y	14.41	2.200		
		Adolescent Male	50	3y-12y	7.82	2.568		
	Years of education	Adolescent Female	48	3y-12y	8.14	2.601	0.624	NS
		Adolescent Male	50	1000-18000	10300	3960.261		
	Monthly family income	Adolescent Female	48	3000-40000	12645.83	6861.826	2.083*	P<0.05
Adolescent Male		50	3000-40000	12645.83	6861.826			

\*Significance at 0.05 level, \*\*Significance at 0.01 level, NS – Not significant

To describe and making inferences of Covid-19 awareness status of the sample Mean, SD and t-test was applied. The result regarding awareness status of Covid-19 has been shown in table 02. The finding on awareness status of Covid-19 pandemic of the participants reveals no significant differences between any groups of male and female i.e. all male – all female, adult male - adult female, and adolescent male – adolescent female. This finding is similar to previous finding reported by Jaber et al. (2021) which also found no significant difference Covid-19 awareness level between male and female participants. This indicates that despite variations either in age, years of education, or monthly family income, both male and female are equally aware about Covid-19 pandemic. However, significant difference was found between adults and adolescents participants ( $p < 0.01$ ) on their Covid-19 awareness screening. It indicates that awareness level on Covid-19 of adults ( $M \pm SD = 11.17 \pm 2.398$ ) and adolescents ( $M \pm SD = 7.23 \pm 2.171$ ) are differ to each other and adults are more aware about Covid-19

pandemic than adolescents. Probably, adults were more vulnerable and are more enough matured to understand the pandemic situation than adolescent that make them to be more conscious to Covid-19. Further, significant difference was found between the participants who got vaccination ( $M \pm SD = 10.61 \pm 2.983$ ) and who did not get vaccination ( $M \pm SD = 8.63 \pm 2.879$ ) for reducing the vulnerability from Covid-19 pandemic ( $p < 0.01$ ). It indicates that those people were more aware about Covid-19 pandemic, were more concern to be vaccinated themselves than others. No significant difference were found in awareness between such participants whom someone close relative were victim or demise due to Covid-19 pandemic and were not victim or demise from it. Similarly, no significant difference in awareness was found between Covid-19 victims and not victims participants. This result might be the large difference in sample size that may not representing their group properly.

**Table 02: Showing description of obtained COVID-19 awareness score**

Variable	Group	N	Range	Mean	SD	t-value	Significance level
Total score	Total sample	200	2-17	9.245	3.020	-	-
	Adults	102	5-17	11.17	2.398	12.168**	P<0.01
	Adolescents	98	2-13	7.23	2.171		
Gender	All Male	100	2-17	9.55	3.328	1.432	NS
	All Female	100	4-14	8.94	2.658	1.596	NS
	Adult Male	50	5-17	11.56	2.977		
	Adult Female	52	5-14	10.80	1.609		
	Adolescent Male	50	2-12	7.54	2.296	1.428	NS
	Adolescent Female	48	4-13	6.91	2.008		

Covid-19 victim in close relation	Yes	10	6-13	9.80	2.347	0.595	NS
	No	190	2-17	9.21	3.050		
Death in close relation due to Covid-19	Yes	04	6-12	9.25	2.753	0.003	NS
	No	196	2-17	9.24	3.031		
Covid-19 vaccination done	Yes	62	5-17	10.61	2.893	4.496**	P<0.01
	No	138	2-17	8.63	2.879		
Covid-19 victim	Yes	02	8-15	11.50	4.949	1.062	NS
	No	198	2-17	9.22	3.006		

\*Significance at 0.05 level, \*\*Significance at 0.05 level, NS – Not significant

To find out the association between obtained score on Covid-19 awareness screening and age, years of education and family monthly income Pearson's coefficient of correlation was applied. The result shows highly significant correlation between obtained score on Covid-19 awareness screening and all other included variables. It indicates age, years of education, and family monthly income are positively associated with Covid-19 awareness level. Though, no previous findings could be found in this regard but Jaber et al. (2021) reported significant difference between awareness level of covid-19 and age group, and education level. Table 03: Showing correlation between COVID-19 awareness obtained score and age, year of education, and family monthly income.

**Table 03: Showing correlation between COVID-19 awareness obtained score and age, year of education, and family monthly income**

N = 200			
	Age	Years of education	Family monthly income
Covid-19 awareness obtained score	0.539**	0.316**	0.248**

\*\*Significance at 0.05 level

Most of the participants were limited to middle socio-economic status and adolescents were from urban or semi urban background and adults were limited to rural background only. And the sample was limited to few districts of Madhya Pradesh, India. Further study might be conducted to elucidate about awareness status of Covid-19 pandemic in a large population.

**CONCLUSION:**

On the basis of findings of this study it can be concluded that male and female are

equally aware about Covid-19 pandemic at all age groups. Mostly, they have average level of awareness. However, age, years of education, and family monthly income significantly affect their awareness level. Moreover, the people are more aware to Covid-19 who got their vaccination than who did not get it.

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**जनसांख्यिकीय सह क्लीनिकल विवरण  
DEMOGRAPHIC CUM CLINICAL DATA SHEET**

क्रम संख्या \_\_\_\_\_ तिथि – \_\_\_\_\_

नाम \_\_\_\_\_ उम्र \_\_\_\_\_ लिंग \_\_\_\_\_

शिक्षा \_\_\_\_\_ व्यवसाय/माता-पिता का व्यवसाय \_\_\_\_\_

रहन-सहन पृष्ठभूमि (शहरी/ग्रामीण/अर्द्धशहरी) \_\_\_\_\_ मासिक पारिवारिक आय \_\_\_\_\_

परिवार या नजदीकी सम्बन्ध में कोई कोरोना वायरस से ग्रसित हुआ है \_\_\_\_\_ हाँ/ नहीं

कोरोना के कारण नजदीकी सम्बन्ध में किसी की मृत्यु \_\_\_\_\_ हाँ/ नहीं

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घोषणा – मुझे शोधकर्ता ने वर्तमान शोध के बारे में बता दिया है और मैं इस शोध में भाग लेने के लिए अपनी सहमति प्रदान करता/करती हूँ।  
\_\_\_\_\_ हाँ / नहीं

प्रतिभागी का हस्ताक्षर

## COVID-19 PANDEMIC AWARENESS SCREENING

कोविड –19 महामारी जागरूकता स्क्रीनिंग

**निर्देश** – कोरोना महामारी के सम्बन्ध में नीचे कुछ प्रश्न पुछे गए हैं। आप अपनी जानकारी के अनुसार यथासम्भव सही विकल्प का चयन कर उत्तर दें।

## खण्ड – अ

- कोरोना निम्न में से किस प्रकार की बीमारी है?
 

अ) त्वचा की बीमारी	ब) संक्रामक बीमारी
स) जादू-टोने से उत्पन्न बीमारी	द) खान-पान सम्बन्धित बीमारी
- कोरोना किस कारण से फैल सकती है?
 

अ) दैवीय/ईश्वरीय प्रकोप से	ब) कोरोना वायरस का सांस द्वारा शरीर में जाने से
स) दुशित भोजन से	द) इसमें कोई नहीं
- कोरोना से व्यक्ति का कौन-सा अंग सबसे अधिक प्रभावित होता है?
 

अ) मस्तिष्क	ब) फेफड़ा स) हृदय	द) पेट
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- कोरोना से बचाव के लिए कौन सा व्यवहार उचित नहीं है?
 

अ) भीड़-भाड़ वाली जगहों पर जाना	ब) हाथ को साबून या सेनिटाइजर से धोना
स) मास्क पहनना	द) लोगों से पर्याप्त शारीरिक दूरी बनाए रखना
- निम्न में से कौन कोरोना बीमारी का लक्षण नहीं है?
 

अ) बुखार, सर्दी-जुकाम, सांस लेने में परेशानी	ब) स्वाद, गंध आदि संवेदना का नहीं होना
स) खून में चीनी/शुगर की मात्रा बढ़ जाना	द) अतिसार, मांसपेशियों में दर्द होना
- भारत में कोरोना बीमारी की कितनी लहर आने की आशंका विशेषज्ञों द्वारा जताई गई है?
 

अ) एक	ब) दो	स) तीन	द) पाँच
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- कोरोना बीमारी से ग्रसित व्यक्ति का उपचार में दवाओं का उपयोग किया जाता है –
 

अ) कोरोना वायरस को नष्ट करने के लिए	ब) कोरोना से उत्पन्न लक्षणों के निवारण के लिए
स) शरीर में कोरोना संक्रमण के रोकथाम के लिए	
- कोरोना से लोगों का बचाव के लिए कौन सा उपाय वर्तमान में सबसे अच्छा है?
 

अ) पुजा-पाठ, हवन, गौमुत्र का उपयोग	ब) टीकाकरण
स) झाड़ फूक	द) क्वारन्टाईन सेन्टर में जाना
- कोविड टीकाकरण से होता है –
 

अ) लोगों की मृत्यु	ब) स्वास्थ्य में गिरावट
स) लोगों की प्रतिरक्षा प्रणाली मजबूत	द) कोई लाभ नहीं
- किसी व्यक्ति के कोरोना होने या नहीं होने के बारे में सही-सही कैसे जाना जा सकता है?
 

अ) बीमारी के लक्षण देखकर	ब) चिकित्सीय जांच कराकर
स) व्यक्ति से बातचीत कर	द) अनुमार लगाकर
- कोविड वैक्सिन की कितनी डोज प्रत्येक व्यक्ति को दी जाती है?
 

अ) एक डोज	ब) दो डोज	स) तीन डोज	द) चार डोज
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- कोरोना से सम्बन्धित सही जानकारी के लिए हमें क्या करना चाहिए?
 

अ) सोशल मीडिया जैसे फेसबुक, वाट्सएप आदि में प्रसारित सूचनाओं पर ध्यान देना चाहिए
ब) सरकार द्वारा जारी हेल्पलाइन नम्बर में पुछना चाहिए।
स) आस-पास के लोगों से पुछना चाहिए
द) स्वयं अनुमार लगाना चाहिए
- कोरोना का टीका लगवाना किनके लिए जरूरी नहीं है?
 

अ) गर्भवती महिलाओं को	ब) गम्भीर बीमारी से ग्रसित लोगों को
स) जिसे अभी तक कोरोना संक्रमण नहीं हुआ है	द) इनमें कोई उत्तर सही नहीं

14. कौन सा घरेलु उपाय कोरोना से लड़ने में सहायक नहीं हो सकता है?

- अ) अल्कोहल (शराब) का सेवन  
ब) योग एवं व्यायाम  
स) भाप लेना  
द) काढ़ा एवं पौष्टिक आहार

15. कोरोना के समय अनलॉक में बाजार आदि खुलने पर हमें कौन सा व्यवहार नहीं करना चाहिए?

- अ) बिना मास्क लगाए बाहर निकलना  
ब) लोगों से शारीरिक दुरी बनाए रखना  
स) बहुत आवश्यक होने पर ही घर से निकलना  
द) भीड़-भाड़ वाली जगहों में जाने से बचना

16. कोरोना बीमारी की आशंका होने पर सबसे पहले क्या करना चाहिए?

- अ) दवाओं का सेवन  
ब) अस्पताल/जाँच केन्द्र में जाकर जाँच करवाना  
स) घरेलु उपचार करना  
द) लोगों से मिलकर अधिक जानकारी हासिल करना

17. कोविड वैक्सिन (टीका) लगवाना आप कितना जरूरी समझते हैं?

- अ) कोई जरूरी नहीं  
ब) थोड़ा बहुत जरूरी  
स) जिसे कोरोना हो चुका है उसके लिए जरूरी  
द) सभी लोगों के लिए जरूरी

#### खण्ड –ब

1. क्या आप कोविड वैक्सिन का टीका लगवा चुके हैं? \_\_\_\_\_ हाँ / नहीं

2. क्या आप कभी कोरोना से संक्रमित हुए हैं? \_\_\_\_\_ हाँ / नहीं  
यदि हाँ तो

अ- कोविड वैक्सिन लगने से पहले या बाद में \_\_\_\_\_

ब- आपने ठीक होने के लिए क्या उपाय अपनाया

✓ घरेलू उपाय \_\_\_\_\_

✓ अस्पताल में \_\_\_\_\_

✓ अन्य कोई उपाय \_\_\_\_\_

स- कोरोना संक्रमित होने के बाद आपने क्या-क्या सावधानियां बरतीं?

उत्तर कुंजी – 1-ब, 2-ब, 3-ब, 4-अ, 5-स, 6-स, 7-ब, 8-ब, 9-स, 10-ब, 11-ब, 12-ब, 13-द, 14-अ, 15-अ, 16-ब, 17-द

नोट:- प्रनावली निर्माण एवं प्रदत्त सग्रह तक कोविड-19 के तीसरे लहर तक की जानकारी हो पाई थी।