Knowledge and awareness about low Covid-19 mortality rate in Germany - A survey

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Article History:
Received on: 01 Jun 2020
Revised on: 20 Jul 2020
Accepted on: 30 Jul 2020

Keywords:
COVID-19, awareness, Germany, mystery, mortality

ABSTRACT

The recent news has all been about COVID-19. There are no vaccines or cure for this disease. The main aim of this study is to assess the knowledge and awareness about the mystery behind the low Covid-19 Germany population among south Indian population. COVID-19 started in December 2019, like a viral outbreak in Wuhan city of central China. Now it has become a pandemic all over the world and the world. The main aim of this study is to determine the awareness level of the mystery behind low covid-19 Germany mortality rates among Chennai population - a survey. Questions were prepared and distributed among participants. And were distributed in an online survey. The results were later obtained and carefully analysed. From the results obtained and analysed the majority of the participants knew about the symptoms of COVID-19 and precautionary measures that had to be taken. The participants also have knowledge of Germans' low mortality rates during Covid 19 pandemic. From this survey, we can conclude that the Chennai population does have knowledge and awareness about the mystery behind low COVID-19 Germans mortality rates.

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ISSN: 0975-7538
DOI: https://doi.org/10.26452/ijrps.v11iSPL1.2827

INTRODUCTION

Coronavirus disease 2019 (COVID-19) broke out in Wuhan, People’s Republic of China, in December 2019 and now is a pandemic all around the world (Li et al., 2020). Now COVID-19 is a world pandemic. In contrast to severe acute respiratory syndrome (SARS), COVID-19 is more transmissible, especially in the incubation or prodromal period (Rothe, 2020) which could make the standard human population more vulnerable. The recent news has all been about COVID-19 There are no vaccines or cure for this disease. New drugs are needed (Dave and Preetha, 2016) to be found to stop the spread of the coronavirus pandemic. Several countries have now reported community spread. The World Health Organization (WHO) declared coronavirus disease as a pandemic on March 11, 2020 (Abigail, 2019; Alhaery, 2020). Dental surgeons often are susceptible to coronavirus. Lung function tests have been gradually used in evaluating (Timothy et al., 2019) coronavirus. To date, no antiviral treatment or vaccine has been explicitly recommended for COVID-19. The death rates have tremendously increased. Therefore, applying preventive measures to control COVID-19 infection is the most critical intervention (Bhagavathula, 2020; Fathima and P, 2016). According to medical study (Rj and R, 2016), the significant symptoms of the virus are ranging from the common cold to pulmonary oedema and even death (Harsha, 2015) in worst-case scenarios. The COVID-19 epidemic has caused severe threats to...
people’s physical health and lives. It has also triggered a wide variety of psychological problems, such as panic disorder, anxiety and depression Qi et al. (2020) (‘Correction: A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations’, 2020). Symptoms are a potentially life-threatening condition if not treated. The disease is highly infectious, and its primary clinical symptoms include fever, dry cough, fatigue, myalgia, and dyspnea. In children, coronavirus can cause discomfort to the children by obstructing the nasopharynx region (R and G, 2018). In China, 18.5% of the patients with COVID-19 develop to the severe stage, which is characterised by acute respiratory distress syndrome, septic shock, difficult-to-tackle metabolic acidosis, and bleeding and coagulation dysfunction (Zhong, 2020; Shruthi and Preetha, 2018).

Figure 1: Bar chart represents the association between gender and awareness among Germany to be the first to conduct a coronavirus test.

Figure 2: Bar chart represents the association between gender and knowledge regarding the age group affected in Germany.

Figure 3: Bar chart represents the association between gender and knowledge regarding comparative wide thread testing in Germany and related low mortality.

Figure 4: Bar chart represents the association between gender and knowledge on Germany’s infrastructure as a factor for rendering better treatment.

Figure 5: Bar chart represents the association between gender and knowledge on work from home patterns in Germany.
Figure 1: X-axis represents the Gender and Y-axis represents the number of participants who responded yes (red) and no (blue). Chi square test was done and the association was found not to be significant statistically. Among 81 participants, females (61) were more aware than males (20). Pearson's Chi square value: $0.605$, Df -1, p value: $0.437 (>0.05)$ hence not significant.

Figure 2: X-axis represents the gender and Y-axis represents the number of participants who responded yes (red) and no (blue). Out of 39 participants who responded that less than 40 years old are mostly affected, females (29) were more aware than male (10). Chi square test was done and the association was found not to be significant statistically. Pearson’s Chi square value: $2.299$, Df -4, p value: $0.681 (>0.05)$ hence not significant.

Figure 3: X-axis represents the Gender and Y-axis represents the number of participants who responded yes (red) and no (blue). Out of 55 participants, 42 constitute females and 13 constitute males. Females were more aware than males. Chi square test was done and the association was
found not to be significant statistically. Pearson’s Chi square value: 0.555, Df - 1, p value: 0.456 (>0.05) hence not significant.

Figure 4, X-axis represents the Gender and Y-axis represents the number of participants who responded yes (red) and no (blue). Out of 59 participants, 43 constitutes males and 16 constitutes females. Females were more aware than males. Chi square test was done and the association was found not to be significant statistically. Pearson’s Chi square value: 0.011, Df - 1, p value:0.975 (>0.05) hence not significant.

Figure 5, X-axis represents the gender and Y-axis represents the number of participants who responded yes (red) and no (blue). Out of 52 participants, 36 constitute females and 16 constitutes males. Females were more aware than males. Chi square test was done and the association was found not to be significant statistically. Pearson’s Chi square value: 0.644, Df - 1, p value: 0.442 (>0.05) hence not significant.

Figure 6, 50% responded saying massive thread testing help control pandemic (blue) and the rest 50% said it did not help control pandemic (red).

Figure 7, 57.94% responds that they are ot aware of family structure and it effects (red) and 42.06% of the responds that they re aware (blue).

Figure 8, 33.33% responded said good public health (red), 32.54% responded to good hospitalization facility (blue), 16.67% responded people’s awareness (green), rest 17.46% responded to other reasons (orange).

Figure 9, 26.98% responded quarantine (blue), 21.43% responded to medical facility (green), 12.70% responded proper awareness among the public (yellow), 15.08% responded social distancing (orange), 23.81% responded all of the above.

Figure 10, 38.19% responded good healthy diet (red), 21.43% responded isolation (blue), 19.05% responded medication for symptoms (green), rest 21.43% responded all of the above (orange).

The government, media, doctors of the society appealed to the public to avoid public gatherings including sports activity, religious and ceremonies, family functions, as well as classes in schools to prevent the global spread of Coronavirus infection (Byananda, 2020; Iyer et al., 2019). However, the implementation of the primary infection control protocols is possible only when people and employees are made aware of the introduced policies by giving them clear guidelines (Awasthi, 2017; Swathy and Sethu, 2015; Baheerati and Devi, 2018). Awareness level and compliance of the educational and healthcare workers play an essential role in the effective and timely prevention and control of a public health crisis (Khan, 2020). Amidst the current pandemic, the WHO has issued several guidelines, started online courses and training sessions to raise awareness and preparedness regarding prevention and control of COVID-19 among HCPs (Saqlain, 2020; Renuka and Sethu, 2015; Choudhari and Jothipriya, 2016).

The evolution of the disease and its economic impact is highly uncertain, which makes it difficult for policymakers to formulate an appropriate macro-economic policy response. It is impossible to understand the financial outcome (Nations, 2020; Renuka and Sethu, 2015; Choudhari and Jothipriya, 2016). Due to the state of lockdown, the economy of the world and each nation has gone down. This has led to the halting of services and products. This lockdown has an adverse effect on each individual. Nowadays, many experiment show that individuals who are kept in lockdown/isolation experience significant distress in the form of anger, anxiety, confusion, mental depression and also post-traumatic stress symptoms (Samuel and Devi, 2015; David, 2019; Swathy and Sethu, 2015; Baheerati and Devi, 2018). The low mortality rates in german are due to the premature action taken by the government and the health workers and also making the people aware of the disease and the symptoms, and the precautionary measures to be taken to avoid the prevent to the pandemic coronavirus (Choudhari and Jothipriya, 2016) this article aims to assess the knowledge of south Indian Chennai people on the low covid - 19 mortality rate in Germany, the techniques, hospitalisation and precaution taken by the German people.

MATERIALS AND METHODS

This study is a questionnaire-based survey. The people were selected in random. The questions were prepared on their own, and the questions were distributed through an online survey planet link, the study in the general population, including south Indian, based Chennai population. The participants were explained about the purpose of this study in detail. The pros of the survey were easily doing and dipped in the survey. The cons of this survey is a small population, homogeneous population. The study was conducted among 126 participants, and sampling method done is simple random sampling, and the measures are taken to minimise bias are done using software and avoiding leading questions. The questions consisted of 15 questions. The results were collected and analysed carefully using soft-
ware (SPSS) inferential statistics were done using the chi-square test.

RESULTS AND DISCUSSION

Figure 1 represents the association between gender and Germany to be the first to conduct a coronavirus test. It was not statistically significant. Previous literature has shown (Awasthi, 2017; Swathy and Sethu, 2015; Baheerati and Devi, 2018) majority knew about Coronavirus test. Figure 2 represented the association between gender and regarding age groups majorly affected in Germany. The p-value was 0.681, and it was not statistically significant. Figure 3 represented the association between gender and comparative comprehensive thread testing in Germany and related low mortality. The p-value was 0.456, which was not statistically significant.

Figure 4 represented the association between gender and Germany’s infrastructure as a factor for rendering better treatment. The p-value was 0.975, and it was not statistically significant. Figure 5 represented the association between gender and Germany’s population who work from home. The p-value was 0.442, and it was not statistically significant. In (Figure 6) when asked the participants that the extensive testing done in German is the prime reason to keep the pandemic spread under control in German the participants 50% of them agreed that it helps in control the epidemic and the rest of the population that was 50% of the participants said it does not help them in stopping the spread of the pandemic.

In (Figure 7) when asked the participants if they knew that the elderly did not live in an extended family due to low immunity 42.06% of the participants were aware that the elderly did not live in an extended family and the rest of them were not aware that is 57.94% were not aware that the elderly did not live in the extended family this shown that majority of them didn’t know that ageing causes loss in immunity. In (Figure 8) when as the participants about the reason for low coronavirus rates in German 33.33% said it was due to good public health, the rest 32.54% of the participants said it was due to excellent hospitalisation facilities, 16.67% of the participants said it was due to the awareness of the coronavirus among the people of the German, the rest of the population 17.46% said it was due to other unspecified reasons. When asked the participants about the main reason for preventing of coronavirus disease in German (Figure 9) 26.98% of the participants opted quarantine was the best way to prevent the spread of the disease, 23.81% of said social distancing was the best and efficient way to prevent the outbreak, 21.43% of the participants said it was due to the excellent hospitalisation and medication facilities and the rest of the participant 12.70% after it was due to the awareness of the people in German, the spread is less in German than other countries, 15.03% of the participants said all of the above reason for the prevention of the spread of coronavirus pandemic in Germany. In (Figure 10) when asked the participants the best way to treat the patients who are affected with coronavirus 21.43% said isolation was one of the best ways to address the patients, the rest of the population 38.10% said good health and medication was one of the best ways to treat the patient is affected by a coronavirus, 19.05% of the participants said the social distance was the best way and the rest of the participants that was 21.43% opted all of the reasons above.

The previous study included that 71.22% of the participants knew about the coronavirus test, which was a very similar outcome when compared to our research (Modi, 2020). In another similar study, 96.4% of the participants knew about treating symptoms of COVID-19. In our study, the outcome is only about 64.29% who knew about the symptoms of coronavirus and which has a difference when compared our research with the previous similar study from this we can say that the previous which is less similar (Guo, 2020).

Limitations

The limitations of the study were that it was done in a small population, among a homogeneous population and the results are biased, could have been done in a large population with heterogeneous population and the study is not in-depth. These are the limitations of the study.

Future Scope

In this future study can be done in-depth and analysed also can be done between men and women reasons due to different perspectives and also can be done in large and heterogeneous populations. The study can also be done to find out the reason for the spread of this pandemic virus.

CONCLUSIONS

In the survey, we have assessed the knowledge among the Chennai people on the low mortality rates in German and from this way we can conclude that Chennai South Indian people are aware of the techniques, medication and precautions taken by the German to reduce the spread of the pandemic virus.
Funding Support
None.

Conflict of Interest
None.

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