In press

ASSESSMENT OF THE IMPACT OF STRUCTURED TRAINING PROGRAM ON KNOWLEDGE AND ATTITUDE OF INDIAN GRADE SCHOOLERS REGARDING PRECAUTIONARY GUIDANCE AND SAFETY MEASURES FOR COVID-19- A COMPARATIVE STUDY.

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ABSTRACT

Background In the current scenario of global COVID-19(SARA-CoV-2) pandemic, it is generally being observed that a large segment of Indian population especially the poverty-stricken families are lacking in the appropriate knowledge and awareness against dangers of COVID-19. This paper presents an experimental study performed to assess the knowledge & attitude grade-schooler children of informal settlements regarding covid-19 precautionary guidance and safety measurements. The study took place in five most corona affected cites of India.**Methods**A questionnaire was used as a tool to assess the knowledge and attitude of grade-schooler children regarding covid-19 precautions. An established panel evaluated face validity, content validity, internal consistency and reliability of the proposed study. Pilot testing of the draft tool was also performed. After defining the scale items and taking expert opinion, we pretested the knowledge and attitude of 100 grade-schooler children regarding covid-19 precautions. Thereafter the information on covid-19 precautionary guidance was given to them through structured teaching program. The same children were post tested after applying the structured teaching program **Results**The extracted data was analysed using chi & t-statistics. The analysis of pre-test data shown that the most of the children didn't have enough knowledge regarding covid-19 disease and their attitude was also not positive for the covid-19 safety measurements. The analysis of post-test data shown that the children became more knowledgeable towards precautionary guidance of covid-19 and their attitude also changed from negative to positive.**Conclusion**The study concluded that there is a lack of awareness among the children towards covid-19 disease. It was also found that their parents failed to educate them on this current pandemic situation. However, the government can help to educate such poor families of informal settlements otherwise it can take a move towards the danger of community spared of the disease.

Key words: Structured teaching program, Knowledge, Attitude, Grade-schoolers, COVID -19, Precautions, Awareness.

Introduction

Due to the situation of contagious COVID-19 disease the entire globe is under the uncertainty and fear. The novel corona virus is the cause of the COVID-19 (SARA-CoV-2) disease that has been declared a public health emergency (Dhama K et al. 2020) after that emergency preventive treatments have been taken (Agrawal S et al. 2020). Fig-1 shows a general structure of corona virus. In the U.S. between the 21th January and 23th February 2020, 16 transmission cases of COVID-19 were reported out of which 12 were traveller from China (Schuchat A 2020).

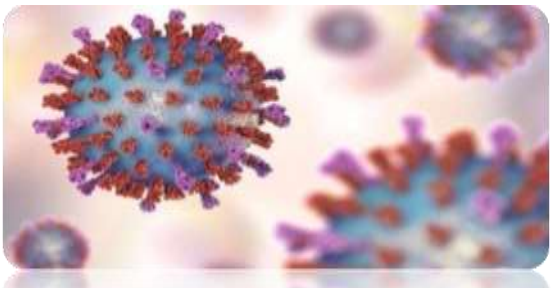


Figure-1 Corona virus structure

According to WHO, the elderly persons, children and those with underlying medical problems like cardiac disorders (Bansal M 2020), diabetes (Gupta R, Ghosh A 2020; Akhtar H 2020), respiratory problem, tumors and cancer are more likely prone to this deadly virus. It can transmit by droplets. However, the corona affected patients with good immune health and having the access to medical facilities will experience mild to moderate effect of the virus and have more than 75% chance to get well, (World Health Organization 2020a) for our safety we should take hand sanitizer with when we go get household essentials. Fortunately, the corona situation in India is less dangerous as compared to the countries like USA, Italy and Spain. As per the statistics of 26th March 2020, as shown in Fig-2, India according to WHO has reported more than 31000 corona cases along with more than 1000 deaths while about 7696 cases have recovered.

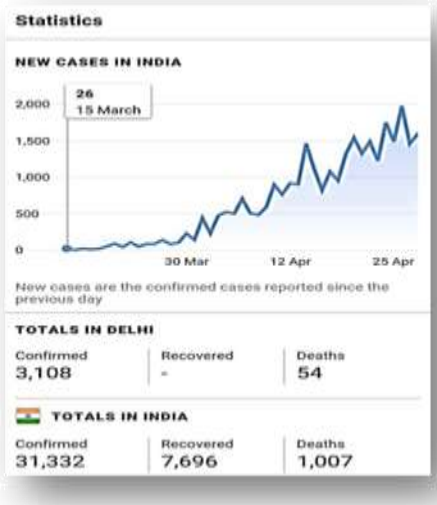


Figure-2 Statistics of corona cases in India

The districts like Mumbai, Delhi, Ahmadabad, Noida and Bhilwada have reported a significant rise in new cases of the virus, around 47% of total cases in India. These districts are the hotspots of COVID-19 cases in India. Most of the countries are engaged in making its vaccine, but no one has successful so far (Kumar Singh A et al. 2020). Figure-3 shows the continent wise confirmed corona cases as per WHO report dated 30th April 2020.The growing threat from COVID-19 necessitates the innovative advancements in the field of science and technology for fighting against current deadly contagion.

Figure-3 Continent wise Corona cases as per WHO dated 30th April 2020.

This is not the first time when world is facing such ordeal pandemic but for 21st generation it's new. For the parents, it is not an easy task to give the answers of their questions regarding lockdown and COVID-19. According to paediatricians we need to worry how this recent tribulation of the virus is affecting the children. Hence, it is necessary that we have to give proper guidance to children over COVID-19 (Centre for disease control and prevention CDC 2020 a; 2020 b). Several research studies are being conducted in order to cure the COVID-19 pandemic. Recently, there have been new day to day developments in discoveries on the recent pandemic. The countries like in US, UK, India and China are doing maximum efforts for making a possible vaccine for the virus (Kumar Singh A et al. 2020). Unfortunately, till date, there has not been an effective medical solution in curing the novel corona virus except the treatment of the symptoms of this disease. Hence, for the time being, the best way for the flattening of the rising curve of corona infection cases is to be well informed about the disease (Chatterjee K, Chatterjee K 2020), its causes and how it spreads from person to person. We can protect our self and others by washing hands, using alcohol-based sanitizers and not touching our face without sanitizing our hands because primarily it spreads through respiratory means and

saliva droplets (Centre for disease control and prevention CDC 2020 a).

Figure-4 shows the age wise morbidity data as reported by WHO in India and Italy. It has been absorbed that the morbidity rate is increasing day by day.

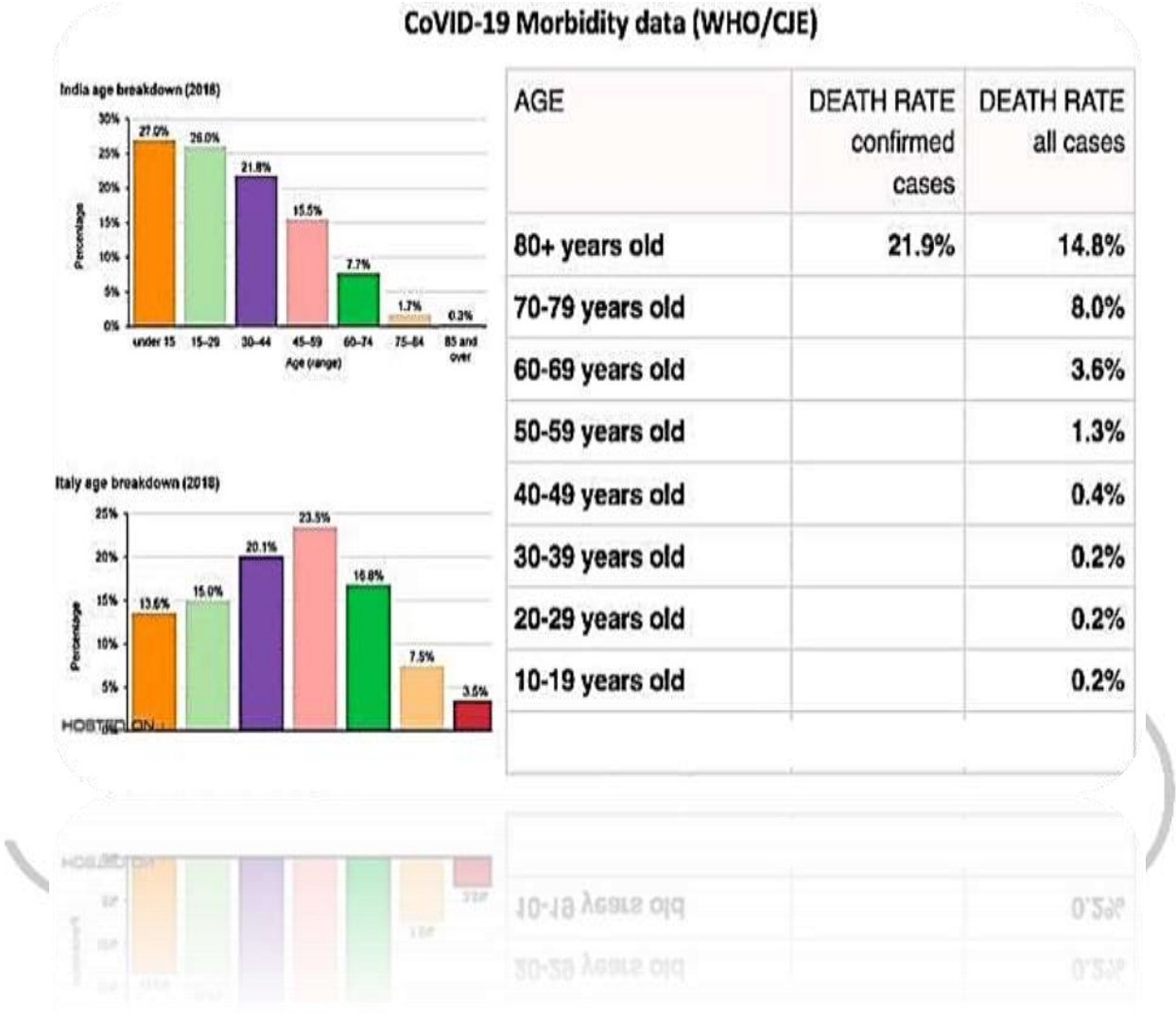


Figure-4 WHO Morbidity Data [4]

According to a recent research, it is found that the adolescents especially the children between 5 to12 years of age group are more prone to COVID-19 infection. In this age, children start their schooling and begin to learn skills needed to become a self-sufficient individual. It is obvious that there are numerous questions the children would ask their parents on current pandemic situation. Thanks to the present state of art information technology, we are well informed to the alarming situation as compared to the past (Shahid Z, Kalayanamitra R 2020). Especially in the Indian society, people now are more educated and well informed as they did not have the privilege of education in the past. India is the second large populated country after china (World Health Organization 2020a, Table-1).

Table-1 India statistics value of population, income. dying probability & health expenditure.

- *Statistics*

Total population (2016)	**1,324,171,000**
Gross national income per capita (PPP international $, 2013)	**5,350**
Life expectancy at birth m/f (years, 2016)	**67/70**
Probability of dying under five (per 1 000 live births, 2018)	**37**
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2016)	**214/138**
Total expenditure on health per capita (Intl $, 2014)	**267**
Total expenditure on health as % of GDP (2014)	**4.7**

In this paper we present a survey-based study in which we approached the families from the vulnerable section of society from five corona hotspot districts: Mumbai, Delhi, Ahmedabad, Noida and Bhilwada. It is being observed that the most of such families are not adhering to the lockdown rules and roaming outside. A questionnaire was prepared and distributed to them. In this questionnaire, we asked the answer of 15 different questions in order to assess their knowledge and attitude towards covid-19 disease and its precautionary measures (Balasubramanian S, Mohan Rao N). Beside the questionnaire we also gave them a presentation on COVID-19 precautions under the guidance of a pediatrician (Yasri S, Wiwanitkit V 2020). During this time all rules and regulations of lockdown were strictly adhered to for instance social distancing, alcohol-based sanitizer, masks and gloves, which were handed to the participants too (Singhal, et al 2020).

The findings of the study astonished us and it was found that children have the ability to retain information very quickly and are eager to learn new things. After the intervention, their knowledge and attitude towards COVID -19 improved. The study concluded that there is lack of awareness among the children and parents fail to educate the young ones on this current pandemic situation. Perhaps the government can help to educate the families in less privileged areas like in the informal settlements.

The given paper is organized as follows. Section-2 elaborates the methods and the methodology used for the study. Section-3 presents the results along with the detailed analysis of the findings of the study. Section-4, concludes the paper.

Methods and Methodology

This research study was based upon primary data collection by using pre experimental design and simple random sampling technique. The target participants were grade-schoolers from informal settlements mostly as the children were playing outside. The study took place in five most corona

affected cites of India: Mumbai (Maharashtra), Delhi (New Delhi), Ahmedabad (Gujrat), Noida (UP) and Bhilwada (Rajasthan). We preferred girls and boy participant in equal ratio.
Following is a brief discussion on the methodology and the supportive materials used for the present study.

Description of surveying tools

We utilized the demographic data of surveying area and the structured questionnaire for the survey described as follows.

Demographic data: It consisted of name, age, education, religion, area of residence, number of siblings, and sources of information for the five most corona virus affected cites of India.

Structured Questionnaires: A structured questionnaire was used to assess the knowledge and attitude regarding COVID-19 & its precautionary guidance as a tool. It consists of structured knowledge and attitude questions in both English and Hindi regarding COVID-19 & its precautionary guidance as a tool.

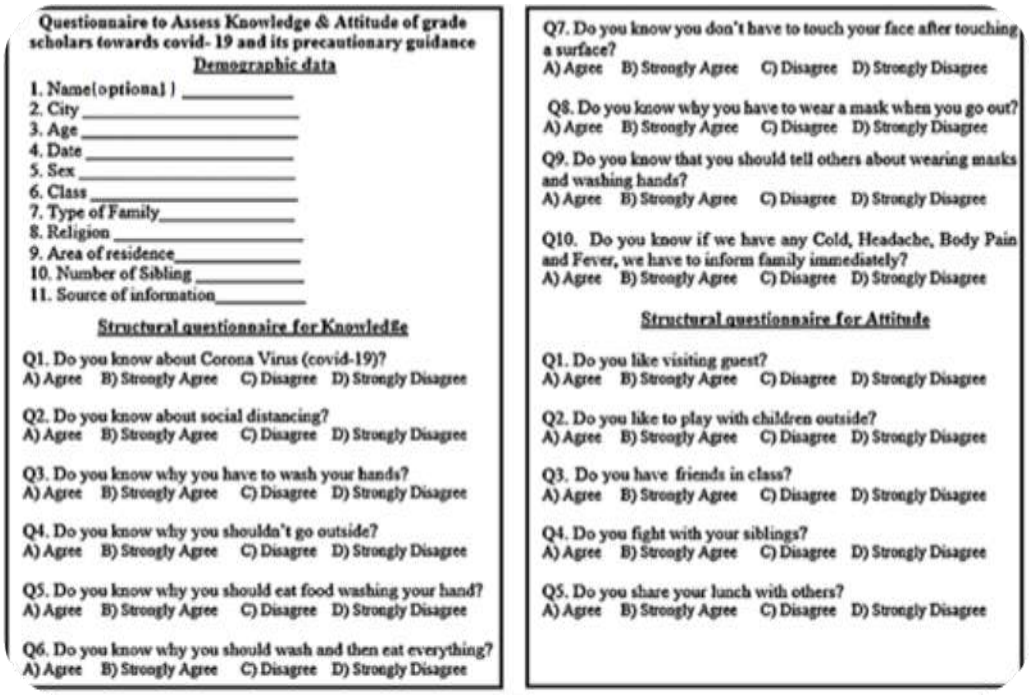
Dependent, Independent& Attributed variables: The dependent variables were the children knowledge and attitude regarding COVID-19. Independent variables were the structured teaching program. Attributed variables were the demographic variables such as age, sex, educational status, type of family, religion, area of residence, number of siblings and source of information.

Methods of Data Collection

A Structured questionnaire, as shown in Figure-5 was thoroughly explained to the children when data was collected. The questionnaire consisted of 10 different questions on knowledge and 5 questions on attitude regarding COVID-19 precautionary guidance. The tentative period of data collection was 4 weeks. Before the main study, we conducted validity of study with experts. The necessary modifications and further refinement of the tool was also done. Data was collected by the researchers themselves. Indian government allowed the study to be carried out in lockdown but for the safety purpose one police man came along with researchers for the observation and to ensure that lockdown rules were adhered to.
Beside the questionnaire, we also gave them as a presentation on precautions on COVID-19 under the guidance of a paediatrician.

Plan for data analysis

Descriptive and inferential statistics by Statistical Package for the Social Sciences (spss) tool such as frequency distribution, percentage and central tendency measurements (mean, median), standard deviation, chi-square and paired 't' test were used for data analysis and the analysed data was presented in the form of tables, graphs and diagrams.



Questionnaire to Assess Knowledge & Attitude of grade scholars towards covid- 19 and its precautionary guidance

Demographic data

1. Name(optional) _____
2. City _____
3. Age _____
4. Date _____
5. Sex _____
6. Class _____
7. Type of Family_____
8. Religion _____
9. Area of residence_____
10. Number of Sibling _____
11. Source of information_____

Structural questionnaire for Knowledge

Q1. Do you know about Corona Virus (covid-19)?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q2. Do you know about social distancing?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q3. Do you know why you have to wash your hands?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q4. Do you know why you shoulda't go outside?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q5. Do you know why you should eat food washing your hand?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q6. Do you know why you should wash and then eat everything?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q7. Do you know you don't have to touch your face after touching a surface?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q8. Do you know why you have to wear a mask when you go out?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q9. Do you know that you should tell others about wearing masks and washing hands?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q10. Do you know if we have any Cold, Headache, Body Pain and Fever, we have to inform family immediately?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Structural questionnaire for Attitude

Q1. Do you like visiting guest?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q2. Do you like to play with children outside?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q3. Do you have friends in class?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q4. Do you fight with your siblings?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Q5. Do you share your lunch with others?
A) Agree B) Strongly Agree C) Disagree D) Strongly Disagree

Figure-5 Structured questionnaire

Results and Analysis

This section systematically presents the findings of the proposed study by Statistical Package for the Social Sciences (spss) tool and their statistical analysis batch of the 100 grade-schoolers, participants were divided into 5 groups 20 children in each group (100%) completed both pre-test and post-test questionnaires. The average pre-test score of mean value was 1.96 and post-test score was 12.89. The percentage of improvement in mean difference from pre-test to post-test was 12.8. The average pre-test score of median value was 2.00 and post-test score was 13.00. The average pre-test score of std. deviation value was 1.100 and post-test score was 1.127.(Table-2)

Table – 2 Value of Mean Median and Std. deviation.

One-Sample Statistics						
	N	Mean	Mean Difference	Median	Std. Deviation	Std. Error Mean
Pre-test	100	1.96	1.960	2.00	1.100	.110
Post-test	100	12.89	12.890	13.00	1.127	.113

In t-test analysis pre-test t value was 17.8 and in post-test 114.3 with degree of freedom 99. P-value was 0 which indicates a rejection of null hypothesis at the 5% significance level. The paired *t*-test was applied to know the improvement in mean scores between pre-test and post-test which was significant at $P < 0.001$. (Table-3)

Table-3 Statistics of p-value.

One-Sample Test						
	Test Value = 0					
	t	Df	p- value	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Pre-test	17.814	99	.000	1.960	1.74	2.18
Post-test	114.353	99	.000	12.890	12.67	13.11

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The knowledge and attitude regarding COVID 19 among children showed that in pre-test the knowledge score was low (15%) & attitude was negative (72%) after the structural teaching program the score of knowledge increased to (90%) and attitude was also converted from more negative (72%) to less negative (32%). Before STP positive attitude score was less (28%) that means after STP attitude was more positive (68%) than negative (32%) (Table-4)

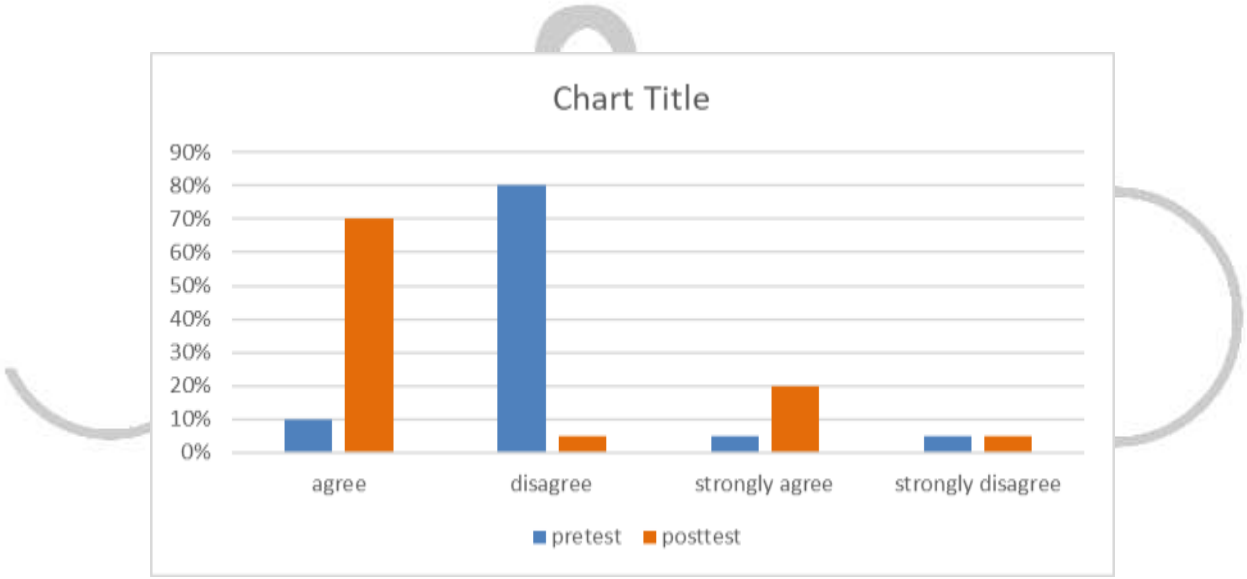
Table-4 Analysis of knowledge & attitude after pre-test & post-test.

Test	Knowledge				Attitude	
	Agree	**Disagree**	**Strongly agree**	**Strongly disagree**	**Negative**	**Positive**
Pre-test (100)	10(10%)	80(80%)	5(5%)	5(5%)	72(72%)	28(28%)

Post-test (100)	70(70%)	5(5%)	20(20%)	5(5%)	32(32%)	68(68%)

In this chart (figure- 7) Before the STP 15% had knowledge on COVID-19 and after STP 90% were knowledgeable regarding COVID-19. Similarly, 32% had positive attitude towards COVID-19 precautions during survey and after the STP there was an increase to 68% in the attitude of the childre

Fig-6 Analysis of pre & post-test knowledge



Chi-square test was applied to analyse the improvement in scores between pre-test and post-test which was significant at $P = 0.000$ ($P < 0.05$). (Table-7a,7b)

Chi-Square Tests

In pre-test out of 15 maximum marks 5 (5%) were in 0 (0% of marks) score, 42 (42%) were in 1 (6.6 % of marks) score, 10 (10%) were in 2 (13.33% of marks) score, 38 (38%) were in 3 (20% of marks) score & 5(5%) were in 4 (26.66% of marks) score.(Table-5)

Pre-test Score out of 15		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	5.0	5.0	5.0
	1	42	42.0	42.0	47.0
	2	10	10.0	10.0	57.0
	3	38	38.0	38.0	95.0
	4	5	5.0	5.0	100.0
	Total	100	100.0	100.0	

Table-5 Percentage and Frequency of pre-test score.

In post-test out of 15 maximum marks 2 (2%) were in 10 (66.66% of marks) score, 11(11%) were in 11 (73.33% of marks) score, 20 (20%) were in 12 (80% of marks) score, 34 (34%) were in 13 (86.66% of marks) score, 29(29%) were in 14 (93.33% of marks) score & , 4(4%) were in 15 (100% of marks) score.(Table-6)

Score out of 15		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10	2	2.0	2.0	2.0
	11	11	11.0	11.0	13.0
	12	20	20.0	20.0	33.0
	13	34	34.0	34.0	67.0
	14	29	29.0	29.0	96.0
	15	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

Table-6 Percentage and Frequency of post-test score

Pre-test	Value	df	p- value
Pearson Chi-Square	16.256[a]	16	.435
Likelihood Ratio	15.506	16	.488
Linear-by-Linear Association	.500	1	.480
N of Valid Cases	100		
Table-7a.15 cells (60.0%) have expected count less than 5. The minimum expected count is 1.00.			

Chi-Square Tests

Post-test	Value	df	P-value
Pearson Chi-Square	24.020[a]	20	.242
Likelihood Ratio	22.203	20	.330
Linear-by-Linear Association	.016	1	.900
N of Valid Cases	100		
Table-7b. 20 cells (66.7%) have expected count less than 5. The minimum expected count is .40.			

Discussion

As the findings of the survey-based study depict, the intervention of a structured teaching program through the questionnaire and the presentation on precautions of COVID-19 allowed the children to attain their safety and awareness themselves. We observed that the knowledge score was low (15%) among the children before the structural teaching program. After the intervention of the proposed structured teaching program, the score of knowledge increased to (90%) and the attitude was also converted from negative to positive. The attitude regarding COVID-19 among children, depicted that in pre-test the attitude was also converted from more negative (72%) to less negative (32%). Before STP positive attitude score was less (28%) that means after STP attitude was more positive (68%) than negative (32%). The improved knowledge and children's attitude were

achieved by the structured teaching program which we used to articulate them about COVID-19 and its precautionary guidelines (Table-4). Other problems as observed by us during the implementation of the program were the continuation of social and psychological barriers which block the efforts of those promoting awareness of this global pandemic.

Emphasis should be given on educating and motivating the nation towards this pandemic which can be obtained from the voluntary organizations which can help in motivating the public, and this help is needed to successfully combated this deadly virus as a nation.

While doing the survey, we mainly focused on children between 5 to 12 years of age. It was discovered that the children were fast learners as compared to adults. It was captivating to see that children had the aptitude to learn new things and be very creative. Thus, by educating and raising the children's awareness about COVID-19 showed the positive and motivating results for combating the virus. Till date, the virus has globally reported over 3.17 million cases, 958000 cases have recovered, and 225000 fatalities. In India according to situation

report-106 of 5th May total 50333 cases were confirmed cases, out of which total 1763 deaths were reported.

In the beginning of survey, children were not comfortable with the researchers but after sometime they openly gave answers to our questionnaire. In each city, 20 samples were collected randomly in equal gender distribution (See fig-7). Fig-5 shows the statistics regarding number of girls and boy's participants as a sample from different cities.

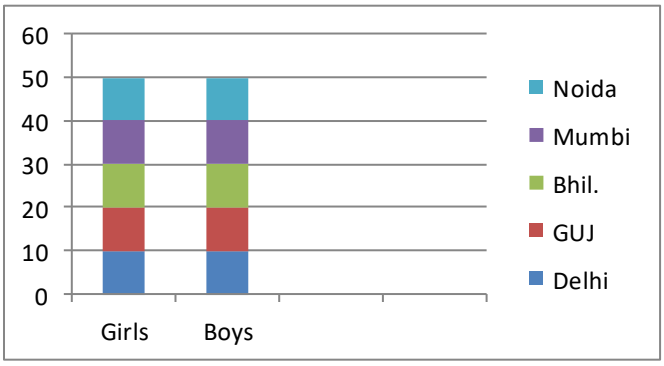


Fig-7 shows the statistics regarding number of girls and boy's participants as a sample from different cities.

Conclusion

This paper presented a survey-based study on the knowledge and attitude of grade-schoolers towards COVID-19 precautions. This study was conducted in five most affected cities of India. In the proposed study, we observed that the knowledge score regarding COVID-19 disease was low among the children before the structural teaching program. After the implementation of structured teaching program, we found that the score of knowledge increased profoundly and children's attitude was also converted from negative to a surprising positive. During the study we observed the minimal knowledge & negative attitude may be due to illiteracy in the population. One more factor which was observed is that the children were eager to learn very fast. They learned all the precautionary guidelines explained to them quickly and they were feeling curious to know more about COVID-19. We found that the proposed structural teaching program can change the children's knowledge and attitude. It means that we can start the teaching program for parents also so that they can impart this essential information to their children as well as control the explosion of COVID -19. The Indian government is taking massive efforts on a larger scale to promote precautionary guidelines during the lockdown as well.

Compliance with Ethical Standards

Conflict of interest Authors have no conflicts of interests to declare.

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Ethical Consideration

The study was approved from Institutional Ethics Committee for Human Subject's Research, Noida International University, and Uttar Pradesh 203201.

Informed consent

Informed consent was obtained from the human subjects using the form approved by the institutional ethics committee prior to commencing any work.

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Bibliography

1. Anne K, et al (2020) Asymptomatic and Presymptomatic SARS-CoV-2 Infections in residents of a Long-Term Care Skilled Nursing Facility. (Cited on 12/1/2021) Available from:https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.

2. Agrawal S, Dhanesh Goel A, Gupta N (2020) Emerging Prophylaxis Strategies against COVID-19. PubMed Central. (Cited on 14/1/2021) Available from: https://doi.org/10.4081/monaldi.2020.1289.

3. Akhtar H, Bhowmik B (2020) COVID-19 and Diabetes: Knowledge in Progress. PubMed Central. (Cited on 15/1/2021) Available from: https://doi.org/10.1016/j.diabres.2020.108142.

4. Balasubramanian S, Mohan Rao N (2020) Coronavirus Disease 2019 (COVID-19) in Children - What We Know So Far and What We Do Not. PubMed Central. (Cited on 18/1/2021) Available from: https://doi.org/10.1007/s13312-020-1819-5.

5. Centers for Disease Control and Prevention CDC (2020a) Coronavirus Disease 2019 (COVID-19): Prevention & Treatment (Cited on 19/1/2021) Available from: www.cdc.gov/coronavirus/2019-ncov/prevent.

6. Centers for Disease Control and Prevention CDC (2020b) Coronavirus Disease 2019 (COVID) : Talking With Your Kids about Coronavirus. (Cited on 21/1/2021) Available from: https://health.usnews.com/wellness/for-parents/articles/coronavirus-talking-points-for-parents-discussing-the-pandemic-with-kids.www.cdc.gov.

7.
8. Chatterjee K, Chatterjee K (2020) Healthcare Impact of COVID-19 Epidemic in India: A Stochastic Mathematical Model. Pubmed Central. (Cited on 21/1/2021) Available from: https://doi.org/10.1016/j.mjafi.2020.03.022.
9.
10. Dhama K, Sharun K (2020) COVID-19, an Emerging Coronavirus Infection: Advances and Prospects in Designing and Developing Vaccines, Immunotherapeutics, and Therapeutics. PubMed Central. (Cited on 22/1/2021) Available from: https://doi.org/10.1080/21645515.2020.1735227

Gupta R, Ghosh A, (2020) Clinical Considerations for Patients with Diabetes in Times of COVID-19 Epidemic. PubMed Central. (Cited on 23/1/2021) Available from: https://doi.org/10.1016/j.dsx.2020.03.002.

Kumar Singh A , Singh A et al (2020)Chloroquine and Hydroxychloroquine in the Treatment of COVID-19 With or Without Diabetes: A Systematic Search and a Narrative Review With a Special Reference to India and Other Developing Countries. PubMed Central. (Cited on 24/1/2021) Available from: https://doi.org/10.1016/j.dsx.2020.03.011.

Manish Bansal (2020) Cardiovascular Disease and COVID-19. Pubmed Central. (Cited on 25/1/2021) Available From: https://doi.org/10.1016/j.dsx.2020.03.013.

Schuchat A (2020) Public Health Response to the Initiation and Spread of Pandemic COVID-19 in the United States. Centre of Disease Control and Prevention. (Cited on 26/1/2021) Available from: https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e2.htm?s_cid=mm6918e2.

Shahid Z, Kalayanamitra R (2020) COVID-19 and Older Adults: What We Know. Pubmed Central. (Cited on 27/1/2021) Available From: https://doi.org/10.1111/jgs.16472.

World Health Organization (2020) WHO Coronavirus Disease (COVID-19) Dashboard. (Cited on 28/1/2021) Available from: https://covid19.who.int/region/searo/country/in.

World Health Organization (2020b) Countries. (Cited on 29/1/2021) Available From: https://www.who.int/countries/ind/en/.

Yasri S, Wiwanitkit V (2020) Clinical Features in Paediatric COVID-19. PubMed Central. (Cited on 18/1/2021) Available from:https://doi.org/10.1002/ppul.24737.