Awareness, Attitude, and Prevention Practices of Selected Groups on Coronavirus (COVID-19) Pandemic

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ABSTRACT

The emergence of the Coronavirus (COVID-19) pandemic alarmed people globally due to its life-threatening impact so great concern of everyone is a must. This study aimed to determine the awareness, attitude, and prevention practices of selected groups on COVID-19 from Pangasinan, Tarlac, Baguio and Cagayan in the Philippines. It was conducted using a questionnaire framed after the Facts and Questions (FAQs) from the Department of Health (DOH) Philippine website. Said instrument was uploaded using Google forms and distributed through purposive sampling via social media, emails, organization website and classroom platforms. The quantitative descriptive research survey design was used along with the Knowledge, Attitude, and Practice (KAP) Survey Model. Appropriate statistical tools such as frequency, percentages, mean, average weighted mean and chi-square were utilized. Almost 50% of the respondents are in their early adulthood stage, females taking college degree whose source of information on COVID-19 is television. Data showed a high level of awareness, their attitudes was greatly affected and have sound prevention practices. A significant difference was found between age, attitude, and prevention practices. Similarly, the difference exists between the groups' category primary source of information and awareness. It can be deduced that the higher the awareness level and the bothersome experience on COVID-19, the greater prevention practices the selected groups have. Appropriate, continuous, and massive information dissemination campaign drive and precautionary measures lessen the community risks amidst the new normal environment. A webinar, Facebook page, posters or pamphlets can be considered focusing on the prevention practices on COVID-19 infection can be conducted as a form of dissemination of information to be participated in by various groups of community people

Keywords: *Health Education, awareness, coronavirus (COVID-19) pandemic, prevention practices, KAP Survey Model, descriptive-correlational research design, purposive sampling, Philippines*

INTRODUCTION

The World Health Organization (WHO) has declared a pandemic that originated from Wuhan, China as a Public Health Emergency of International Concern (PHEIC) named as COVID-19 (WHO, 2020; Erfani,et al., 2020). With its unexpected emergence, people's lives, and routines have abruptly changed wherein everyone's attention and concern is highly needed because of its alarming effect. Its spread is the main reason of death in 2020 all over the world

(Ali et al., 2020). In the global and historical context (Daniel, 2020), an infectious disease caused by a new variable of the *Coronaviridae* family (Alahdal et al. 2020) known as coronavirus disease (COVID-19) and was announced by the World Health Organization (WHO) as a pandemic (BBC News, 2020) that alarmed all the continents except Antarctica (UNDP,2020). due to its massive, global-spread, and life-threatening effect (Gambhir et al., 2020). According to Grifoni et al. (2020), this disease is caused by Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2). This virus can be transferred through coughing discharge between humans (Chan et al., 2020). A public advice was issued by the WHO to create appropriate awareness for the people that are helpful for them to be provided with enough knowledge on self-prevention and protection as well against COVID-19 (Siddiqui et al., 2020). In the Philippines, the first confirmed case by the Department of Health (DOH) was on January 30, 2020 (DOH as cited by Lau et al., 2020) with a total of seven new cases tested positive for COVID-19 between the sixth and eighth day of March 2020 after the first three confirmed cases in January-February 2020 (DOH, 2020). According to Janmaimool (2017); Hung et al. (2014) as cited by Prasetyo et al. (2020) encountering events that threaten individuals is a motivating factor for them to embrace a proactive behavior to reduce the destructive effect of a certain scenario. Hence, reliable sources of information during the times of global health pandemic issues are very much needed to make people understand the situation that their respective community is facing and take the appropriate actions to protect themselves. Speculations doubts and much confusion caused people panic all over the region. Increasing the community's basic information to reduce transmission and exposure to the risk caused by the virus (Lau et al., 2020; Bedford et al., 2020; Garett, 2020). As a part of social responsiveness, an initiative move was made by conducting such study to address the negative and deadly impacts of an international public health emergency concern (Song & Karako, 2020) so that community folks could take precautionary measures to control its spread and save lives. To determine one's level of awareness, attitude and prevention practices in times of challenging times like COVID-19 is the gap to be addressed by this study.

FRAMEWORK

The Knowledge, Attitude and Practices (KAP) survey framework (Raina, 2013) was used in this study since the extent of a known situation in the Philippines. Particularly, COVID-19 wherein a hypothesis can be measured by confirming or disproving the relationship of awareness to one's attitude and practice. It is then expected that awareness, attitude, and practice can be enhanced, and the result may serve as a baseline to measure the effectiveness of a solution posed to

change health-related scenarios and recommend intervention strategies as the need arises. The tool components of the KAP framework were also taken into consideration (Médicins du Monde, 2011). Further, according to the paper of Lin et al. (2020) enough knowledge coupled with the right attitude play a crucial towards the prevention of COVID-19 to protect vulnerable groups (Chen et al., 2020).

OBJECTIVES OF THE STUDY

The study generally aimed to determine the awareness, attitude, and prevention practices of selected groups on COVID-19.

Specific questions addressed include the following:

1) What is the demographic profile of the respondents (as to age, sex, educational level, employment status, occupation, sources of information about COVID-19)?
2) To what extent do the respondents been aware of COVID-19 (as to signs and symptoms, susceptibility to the disease, modes of transmission, infection risk, categories of cases)?
3) To what extent does the attitude of the respondents been affected as a result of COVID-19?
4) To what extent are the prevention practices of the respondents against COVID-19?
5) Is there a significant difference on the level of awareness, attitude, and prevention practices of the respondents on COVID-19 when grouped according to their profile variable?
6) Is there a significant relationship in the level of awareness of the respondents when compared to that of their attitudes and prevention practices?

METHODOLOGY

Research Design

The study made use of the descriptive-correlational research design and a cross-sectional survey which deemed appropriate for investigation of social phenomena (Watson, 2014; Alahdal et al., 2020; Cherry, 2019). Said study was conducted among the people in the Philippines. The research proposal was presented before the group of panels of external and internal evaluators during the University's Research and Development 2020 Online Symposium. Upon the approval and recommendation of the evaluators' to immediately conduct the said study.

Research Instrument

The questionnaire was designed by the researchers based on the FAQs of DOH website, subjected to validation and are tested prior to its actual use to ensure its reliability wherein necessary revisions and adjustments were made to design a friendly google form online questionnaire and multiple answers are not accepted. All participants were requested to sign a consent form before filling the questionnaire to register their willingness to participate.

Sampling Technique

The purposive sampling wherein each respondent is asked to use referral and share the google link to their family members, relatives, associates and friends (Goodman, 1961) was utilized along with the questionnaires that were uploaded online using Google forms and distributed through social media, emails, organization website and classroom platforms. The questionnaire consisted of two main sections; the first section focused on the socio-demographic profile of the respondents such as age, sex, educational level and primary source of information on COVID-19. While the second section asked about the participants' level of awareness (6 items), attitude (2 items) and prevention practices (6 items). The possible answers were "very highly," "highly," "moderately," "slightly" and "very slightly". Accordingly, all the data were collected through one survey with different sections for three months.

Ethical Consideration

As an ethical consideration, participants were requested to sign a consent form expressing their willingness to serve as respondents before having access to the questionnaire (Alahdal et al.,2020). Participants who did not give their consent to participate in the study, and/or did not answer the questions were excluded. Appropriate consent was addressed to below 18 years of age.

Data-Gathering Procedure

The study has a total respondent of 626 from Pangasinan, Cagayan, Baguio and Tarlac in the Philippines who were identified using purposive sampling or chain-referral scheme due to risks posed by the COVID-19 pandemic and only those who can access and agree to be a part of the study were included.

The demographic characteristics included were age, sex, educational level and primary source of information on COVID-19. These served as the independent variables while the level of the awareness, attitude and prevention practices were considered as response and are called as the dependent variables.

Statistical Treatment of Data

Frequency and percentages (for problem number 1), mean and average weighted mean (specific for problem numbers 2 to 4), chi-square (for problem number 5) and correlations (for problem number 6) were utilized in data analysis for each question posed. Likert scale was used in answering the extent of the awareness, attitude, and prevention practices of the respondents.

RESULTS AND DISCUSSION

Based on the data gathered subjected to analysis and interpretation, the succeeding discussions below contain the significant findings, conclusions, and recommendations.

On Demographic Profile of Selected Groups

As shown in Table 1, almost 50% of the respondents are from the age range of 20-24 who are under the early adulthood stage. This result is in line with the study conducted by Al-Hanawi et al. (2020) wherein most of his respondents were between the ages of 18 and 39 with 57.73%. However, in contrast with the respondents in the study of Alahdal et al. (2020) wherein in terms of age groups, more than half of them were between 29–39. The Age-wise, they are mostly under the age of 40 whose main characteristics are digitally active (McFadden et al., 2020).

Table 1. Distribution of respondents according to age

Profile	Frequency	Percentage
5-9	2	.31
10-14	15	2.39
15-19	175	27.9
20-24	**269**	**43**
25-29	52	8.3
30-34	33	5.3
35-39	21	3.4
40-44	19	3
45-49	16	2.6
50-54	15	2.4
55-59	3	.5
60-64	4	.6
65-69	2	.3
Total	626	100

It can be gleaned in table 2 that females dominated the respondents. This coincides with the study of Zhong et al. (2020) wherein out of 4542 respondents, 65.7% were women.

Table 2. Distribution of respondents according to sex

Profile	Frequency	Percentage
Male	236	38
Female	390	62
Total	626	100

Table 3 shows that majority of the respondents were college students with 60.70%, this result is the same with the result of the study by Xu et al. (2020) wherein, out of the 508 respondents in his study 380 (74.8%) of them were students. Likewise, this has the same result with the study conducted by Dkhar et al. (2020) wherein 672 (44%) were students.

Table 3. Distribution of respondents according to educational level

Profile	Frequency	Percentage
Elementary Pupils	2	.32
Junior High School	36	5.75
Senior High School	26	4.15
College Student	380	60.7
Graduate Student	65	10.32
Parent	20	3.19
Health Worker	1	.2
Non-Teaching Staff	9	1.44
Elementary Teacher	22	3.51
High School Teacher	35	5.59
Administrator	5	.8
LGU	8	1.27
PNP	4	.64
BFP	5	.8
Farmer/Fishermen	3	.48
College Teacher	4	.64
Brgy Official	1	.2
Total	626	100

Information sources to get enough information about the epidemic is usually gained through various mode of communications just like considering the role of information technology as an immediate response in reducing the COVID-19 hazards (Afsoon, et al. 2020). This study shows that television is a good source of information for the people. In addition, this confirms Austrian, et al. (2020) study wherein he reported that the most trusted sources of information were from the government (television ads, SMS, and radio ads).

Table 4. Primary source of information on COVID-19 of respondents

Profile	Frequency	Percentage
Radio	3	.5
Television	281	44.9
Social Media(fb/Instagram)	252	40.3
Internet(websites/blogs)	70	11.2
Announcements at work	4	.6
Friends/Relatives/Neighbors	4	.6
Local Government Officials	12	1.9
Total	626	100

On Level of Awareness, Attitude and Prevention Practices

The level of awareness of respondents based on age group shows that in terms of the level of awareness, age group 55-59 gained the highest mean along information on COVID-19 disease, symptoms, infection risk, suspect/probable/confirmed. In terms of awareness level on vulnerable group age 60 to 64 are "very highly aware" while on the mode of transmission age group 45-49 has the highest level of awareness. On the other hand, age group 5-9 are "slightly aware" across all the indicated variables. This can be associated to the degree of maturity of the respondents. This holds true in the study of Olaimat et al. (2020 wherein group of students who are categorized as young has poor knowledge on COVID-19 symptoms which deals on their awareness.

Table 1. Respondents' level of awareness according to age

Profile	Mean						AWM	VI
	COVID-19 Disease	Symp-toms	Vulner-able Group	Mode of Transmis-sion	Infection Risk	Suspect/ Probable/ Confirmed		
5-9	2.50	2.50	2.50	2.50	2.50	2.50	2.50	SA
10-14	4.07	3.53	3.47	3.80	3.93	4.07	3.81	HA
15-19	3.99	4.14	3.97	4.02	3.99	3.70	3.97	HA
20-24	4.22	4.22	4.17	4.18	4.09	3.87	4.13	HA
25-29	4.15	4.08	4.02	4.10	3.88	3.75	4.00	HA
30-34	4.45	4.42	4.48	4.39	4.27	4.18	4.37	VHA
35-39	4.24	4.24	4.29	4.00	3.62	3.95	4.06	HA
40-44	4.16	4.16	4.21	4.26	4.21	3.89	4.15	HA
45-49	4.38	4.37	4.75	**4.75**	4.00	4.31	4.43	VHA
50-54	4.07	4.13	3.73	4.00	3.80	3.80	3.92	HA
55-59	**4.67**	**5.00**	4.33	4.67	**4.67**	**4.67**	**4.67**	VHA
60-64	4.50	4.75	**4.50**	4.25	4.50	4.25	4.46	VHA
65-69	4.00	4.00	4.00	3.50	4.00	4.00	3.92	HA
AWM	3.85	3.89	3.84	3.89	3.72	3.78	3.83	HA

The awareness level in terms of sex shows that females are "very highly aware" on 2 areas particularly on COVID-19 disease, symptoms, while both males and females are "highly aware" on vulnerable group, mode of transmission, infection risk and suspect/probable/confirmed. This supports the study of Khader (2020) conducted to dentists wherein they are aware of measures for preventing COVID-19 transmission in dental clinics.

Table 2. Respondents' level of awareness according to sex

Profile	Mean						AWM	VI
	CO-VID-19 Disease	Symp-toms	Vulner-able Group	Mode of Transmis-sion	Infection Risk	Suspect/ Probable/ Confirmed		
Male	4.07	4.10	4.01	4.08	**4.04**	**3.86**	4.03	HA
Female	**4.21**	**4.23**	**4.16**	**4.16**	4.02	3.84	**4.10**	HA
AWM	**4.14**	**4.165**	**4.085**	**4.12**	**4.03**	**3.85**	**4.07**	HA

According to group category, Non-teaching staff are "very highly aware on symptoms, mode of transmission and infection risk while LGU are "very highly aware on COVID-19 and vulnerable group. On the other hand, health worker

has the highest level of awareness on suspect/probable/confirmed. This agrees with the study of Austrian, et al. (2020) because of his claim that awareness was higher with increasing education.

Table 3. Respondents' level of awareness according to educational level

Profile	Mean						AWM	VI
	CO-VID-19 Disease	Symp-toms	Vulner-able Group	Mode of Trans-mission	Infection Risk	Suspect/ Probable/ Confirmed		
Elementary Pupils	2.5	2.5	2.5	2.5	2.5	2.5	2.5	SA
Junior High School	4.05	4.00	3.74	3.84	3.92	3.87	3.90	HA
Senior High School	3.65	3.69	3.64	3.62	3.54	3.50	3.61	HA
College Student	4.15	4.19	4.13	4.15	4.06	3.82	4.08	HA
Graduate Student	4.35	4.28	4.23	4.29	4.15	3.95	4.21	VHA
Parent	4.30	4.40	4.10	4.30	3.80	3.85	4.13	HA
Health Worker	4.00	4.00	4.00	4.00	4.00	**5.00**	4.17	HA
Non-Teaching Staff	4.33	**4.67**	4.33	**4.44**	**4.44**	4.22	**4.41**	VHA
Elementary Teacher	4.36	4.27	4.00	4.18	4.00	4.00	4.14	HA
High School Teacher	4.31	4.34	4.43	4.37	4.20	4.03	4.28	VHA
Administrator	4.20	4.20	4.00	4.00	4.00	4.00	4.07	HA
LGU	**4.5**	4.38	**4.50**	4.25	4.00	4.38	4.34	VHA
PNP	3.5	3.50	4.00	4.00	3.75	4.25	3.83	HA
BFP	4.20	4.20	4.00	3.80	4.00	3.40	3.93	HA
Farmer/Fishermen	2.67	3.33	3.00	2.67	2.67	3.33	2.95	MA
College Teacher	3.50	3.25	3.75	3.75	3.25	3.25	3.46	HA
Brgy Official	3.00	3.00	3.00	4.00	3.00	3.00	3.17	MA
AWM	**3.94**	**3.98**	**3.93**	**3.98**	**3.80**	**3.87**	**3.92**	HA

The table reflects that the most affected age group is 55-59 along "life was disturbed/changed/interrupted and worry on getting infected. Likewise, age group 5-9's attitude is "slightly affected" along life was disturbed/changed/disturbed while age group 10-14 are "moderately affected" in terms of worrying on getting infected.

Table 4. Respondents' level of effect on the attitude according to age

Profile	Mean		AWM	VI
	Life was disturbed/ Changed/Interrupted	Worry on Getting Infected		
5-9	**2.50**	4.50	3.50	HA
10-14	3.53	3.**33**	3.43	HA
15-19	4.06	4.08	4.07	HA
20-24	4.05	4.13	4.09	HA
25-29	3.98	4.04	4.01	HA
30-34	4.33	4.49	4.41	VHA
35-39	3.90	4.10	4.00	HA
40-44	4.11	3.95	4.03	HA
45-49	4.31	4.56	4.44	VHA
50-54	3.80	4.20	4.00	HA
55-59	**5.00**	**4.67**	**4.84**	VHA
60-64	4.25	4.00	4.13	HA
65-69	2.5	4.00	3.25	MA
AWM	**3.87**	**4.16**	**4.01**	HA

Both males and females' attitude on the effect on COVID-19 on 2 identified variables are "highly affected" which means that their life was disturbed/ changed/interrupted and worry on getting infected.

Table 5. Respondents' level of effect on the attitude according to sex

Profile	Mean		AWM	VI
	Life was disturbed/ Changed/Interrupted	Worry on Getting Infected		
Male	**4.07**	4.04	4.06	HA
Female	4.03	**4.16**	**4.10**	HA
AWM	**4.05**	**4.10**	**4.08**	HA

A significant negative impact of COVID-19 on many aspects of life requires efforts to improve the public response (Lee & Lee, 2019), It can be gleaned in table 10 that health worker's life was disturbed/changed/interrupted at a "very high" level while parents' worry on getting infected on a "very high" level. On the other hand, farmers/fishermen's attitude are "moderately affected."

Table 6. Respondents' level of effect on the attitude according to educational attainment

Profile	Mean		AWM	VI
	Life was disturbed/ Changed/ Interrupted	Worry on Getting Infected		
Elementary Pupils	2.5	2.5	2.5	SA
Junior High School	4.09	4.00	4.05	HA
Senior High School	3.81	3.81	3.81	HA
College Student	4.07	4.07	4.07	HA
Graduate Student	3.98	4.17	4.08	HA
Parent	4.40	**4.55**	4.48	VHA
Health Worker	**5.0**	4.00	**4.50**	VHA
Non-Teaching Staff	3.89	4.44	4.17	HA
Elementary Teacher	3.73	4.09	3.91	HA
High School Teacher	4.23	4.49	4.36	VHA
Administrator	3.60	4.60	4.10	HA
LGU	3.63	4.00	3.82	HA
PNP	4.25	4.50	4.38	VHA
BFP	4.20	4.40	4.30	VHA
Farmer/Fishermen	2.67	3.67	3.17	MA
College Teacher	4.50	4.25	4.38	VHA
Community Official	4.00	4.00	4.00	HA
AWM	3.91	4.09	4.00	HA

Along the prevention practices, the table shows that age group 60-64 has a "very high level" of compliance along the 5 aspects specifically washing of hands with soap and water using alcohol base, avoidance of touching eyes and nose, practicing good respiratory etiquette, proper wearing of masks in public places and practicing 1-meter social distancing. Likewise, age group 65-69 shows a "very high level" practice on preventing the spread of unverified fake news to avoid misinformation. On the other hand, age group 5-9 "moderately comply" along all identified prevention practices. This affirms the study of Dkhar et al. (2020) and Mc Fadden et al. (2020) wherein respondents agreed that said disease can be prevented by applying necessary steps. This further supports the findings by Chen et al. (2020) which states that most older residents had adequate knowledge and positive beliefs. Hence, they have proactive behaviors to prevent the disease.

Table 7. Respondents' level compliance on prevention practices according to age

Profile	Mean						AWM	VI
	Washing of Hands with soap and water using alcohol base	Avoidance of touching eyes and nose	Practicing good respiratory etiquette	Proper wearing of mask in public places	Practicing 1-meter social distancing	Preventing the spread of unverified fake news to avoid misinformation		
5-9	3.00	3.00	3.00	3.00	3.00	3.00	3.00	MC
10-14	3.93	3.40	3.53	4.00	3.80	3.27	3.66	HC
15-19	4.14	3.93	4.18	4.15	3.79	4.13	4.05	HC
20-24	4.19	3.87	4.25	4.16	3.94	4.38	4.13	HC
25-29	4.21	3.98	4.40	4.25	3.96	4.42	4.20	HC
30-34	4.18	3.97	4.42	4.36	4.15	4.42	4.25	VHC
35-39	4.19	4.05	4.33	410	4.10	4.29	4.18	HC
40-44	4.26	4.21	4.42	4.21	4.11	4.32	4.26	VHC
45-49	4.44	4.25	4.56	4.06	4.19	4.44	4.32	VHC
50-54	4.07	4.07	4.33	4.53	4.27	4.53	4.30	VHC
55-59	4.33	4.33	4.67	3.67	4.00	4.67	4.28	VHC
60-64	**4.75**	**4.75**	**4.75**	**4.75**	**4.75**	4.75	**4.75**	VHC
65-69	4.50	4.00	4.00	4.00	4.00	**5.00**	4.25	VC
AWM	**4.17**	**3.99**	**4.22**	**4.10**	**4.00**	**4.28**	**4.13**	HC

Females have a "very high compliance" on prevention practices along practicing good respiratory etiquette and preventing the spread of unverified fake news to avoid misinformation while males are "very highly compliant" on proper wearing of mask in public places and preventing the spread of unverified fake news to avoid misinformation. This confirms the study by Matovu et al. (2021) which states that respondent's awareness of how COVID-19 is spread is proportional the practice of prevention measures.

Table 8. Respondents' level of compliance on prevention practices according to sex

Profile	Mean						AWM	VI
	Washing of Hands with soap and water using alcohol base	Avoid-ance of touching eyes and nose	Practic-ing good respira-tory etiquette	Proper wearing of mask in public places	Prac-ticing 1-meter social distanc-ing	Prevent-ing the spread of unveri-fied fake news to avoid misinfor-mation		
Male	4.15	3.83	4.15	**4.21**	3.93	4.22	4.08	HC
Female	**4.19**	**3.98**	**4.31**	4.16	**3.93**	**4.34**	**4.15**	HC
AWM	**4.17**	**3.90**	**4.23**	**4.18**	**3.93**	**4.28**	**4.17**	HC

It is interesting to note that out of the 6 identified variables on prevention practices, they are 83% "very highly complied" specifically along washing of hands with soap and water using alcohol base, avoidance of touching eyes and nose, practicing good respiratory etiquette, proper wearing of mask in public places and practicing 1-meter social distancing. On the other hand, BFP has a "very high compliance" on preventing the spread of unverified fake news to avoid misinformation. This satiates the result of the study conducted by Hamza et al. (2021) which state that the higher the knowledge of an individual about the pressing problem the better the confidence level in looking forward that such will be controlled.

Table 9. Respondents' level of compliance on prevention practices along educational level

Profile	Mean						AWM	VI
	Washing of Hands with soap and water using alcohol base	Avoidance of touching eyes and nose	Practicing good respiratory etiquette	Proper wearing of mask in public places	Practicing 1-meter social distancing	Preventing the spread of unverified fake news to avoid misinformation		
Elementary Pupils	3.0	30.0	2.5	2.5	2.5	2.5	2.66	SC
Junior High School	4.11	3.79	3.84	4.11	3.82	3.79	3.91	HC
Senior High School	3.92	3.73	3.88	4.35	3.73	4.08	3.95	HC
College Student	4.18	3.93	4.25	4.17	3.89	4.30	4.12	HC
Graduate Student	4.22	3.83	4.35	4.31	4.00	4.57	4.21	VHC
Parent	4.45	4.00	4.35	4.20	4.35	4.25	4.27	VHC
Health Worker	**5.00**	**5.00**	**5.00**	**5.00**	**5.00**	4.00	**4.83**	VHC
Non-Teaching Staff	4.11	4.22	4.44	3.67	3.67	4.56	4.11	HC
Elementary Teacher	4.45	4.50	4.59	4.55	4.32	4.45	4.48	VHC
High School Teacher	4.20	3.91	4.43	4.26	4.00	4.31	4.19	HC
Administrator	4.40	4.40	4.40	4.40	4.40	4.40	4.40	VHC
LGU	3.50	3.63	4.25	3.35	3.38	4.13	3.71	HC
PNP	4.25	3.75	4.75	4.25	5.00	4.25	4.38	VHC
BFP	4.40	4.20	4.60	3.80	4.20	**4.80**	4.33	VHC
Farmer/Fishermen	3.33	3.33	3.67	3.33	4.00	4.33	3.67	HC
College Teacher	3.35	3.25	3.50	3.25	3.25	3.75	3.39	HC
Brgy Official	4.00	4.00	4.00	4.00	4.00	4.00	4.00	HC
AWM	4.05	3.91	4.16	3.97	3.97	4.14	4.00	HC

On Difference on Respondents' Profile between the Level of Awareness, Attitude and Prevention Practices

A significant difference exists along age and primary source of information on COVID-19, awareness and prevention practices which means that age groups vary on those aspects.

Table 10. Significant difference between respondents' age and awareness, attitude, and prevention practices

Variables	Age and Primary Source of Info on COVID-19	Age and Awareness	Age and Attitude	Age and Prevention Practices
Chi-square				
Value	92.220	346.479	114.853	335.012
df	72	276	96	276
Asymptotic Sig.	0.54	.003	0.92	.009

No significant difference is observed between sex and awareness, attitude, and prevention practices. It implies that both males and females' attitude are affected by COVID-19 wherein their life was disturbed/changed/interrupted and worry in getting infected. This contradicts the result of the study conducted by Hogan et al. (2020) wherein women (65%) were significantly more worried about contracting the virus than men (43%) with a $p = 0.0272$.

Table 11. Significant Difference between Respondents' sex and awareness, attitude, and prevention practices

Variables	Sex and Primary Source of Information on COVID-19	Sex and Awareness	Sex and Attitude	Sex and Prevention Practices
Chi-square				
Value	4.056	21.026	6.614	24.200
df	6	23	8	23
Asymptotic Sig.	.669	.580	.629	.393

Along educational level, they vary on the primary source of information on COVID-19 and level of awareness since mass media through television was the main source of information relative to COVID-19. This confirms the result of the study conducted by Santiago and Santos (2021), however; in contrast, Olaimat, et al. (2020) found out that for students the most common source of the COVID-19

information was the internet followed by mass media, scientific websites as well as articles and other sources such as their family members and friends.

Table 12. Significant Difference between Respondents' educational level and awareness, attitude, and prevention practices

Variables	Educational Level and Primary Source of Information on COVID-19	Educational Level and Awareness	Educational Level and Attitude	Educational Level and Prevention Practices
Chi-square				
Value	151.448	42.639	109.314	318.729
Df	90	345	120	345
Asymptotic Sig.	.000	.003	.748	.842

On Correlations between Awareness, Attitude and Prevention Practices on COVID-19

A significant relationship exists between the level of awareness, effect on attitude and level of compliance on prevention practices. This means that the higher awareness level implies greater effect on attitude and better prevention practices. This is affirming the result of the study conducted by Zhang (2020) and Jiao et al. (2020) wherein they mentioned that the higher knowledge scores were significantly associated with not engaging oneself into negative attitudes and avoiding potentially dangerous practices.

Table 13. Significant Relationship between Respondents' awareness, attitude, and prevention practices

	Awareness	Attitude	Prevention Practices
Mean Awareness Pearson Correlation Sig (2-tailed)		.409** .000	.424** .000
Mean Attitude Pearson Correlation Sig (2-tailed)	.409** .000		.223** .000
Mean Prevention			
Pearson Correlation Sig (2-tailed)	.424** .000	.223** .000	

LIMITATION OF THE STUDY

Due to the risk posed by COVID-19 transmission, the online-based survey reflects sampling biases, thereby restricted to only those with internet access, and consequently unlikely to represent an accurate number of respondents.

CONCLUSIONS

The respondents are in their early adulthood stage, females, college students and use television as their primary source of information on COVID-19. The level of awareness, attitude, and compliance on prevention practices of the selected groups is above average. A difference on the profile of selected groups exists along primary source of information on COVID-19, awareness, and prevention practices while the selected group's category is related on primary source of information on COVID-19 and level of awareness. The level of awareness affects the attitude of respondents which significantly improved their compliance on prevention practices. Intention to follow had significant direct effects on actual behavior and adapted behavior, which subsequently led to perceived effectiveness.

RECOMMENDATIONS

Increase the variables included in socio-demographic characteristics as well as the sample size of the respondents to have a more established study result. Continually conduct a massive information drive campaign through various modes in coordination with appropriate agencies like the Philippine National Red Cross, Local Government Units, and the like to strengthen their level of awareness and prevention practices. Include in the study the monitoring and implementation process of the prevention measures to reduce the infection risk of COVID-19 pandemic.

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