



Original Research Article

Assessment of degree of willingness to undergo covid test amongst the patients visiting SDM college of dental sciences & hospital, Dharwad

Prathik S Bolaar¹, Pragathi R Bhat^{1,*}, Vijay A Trasad²

¹Dept. of Periodontics, SDM College of Dental Sciences & Hospital, Dharwad, Karnataka, India

²Dept. of Pedodontics & Preventive Dentistry, SDM College of Dental Sciences & Hospital, Dharwad, Karnataka, India



ARTICLE INFO

Article history:

Received 23-06-2021

Accepted 02-08-2021

Available online 20-08-2021

Keywords:

Willingness
COVID test
specimen collection
COVID symptoms
COVID19

ABSTRACT

Context (Background): Severe Acute Respiratory Syndrome Coronavirus-2 or SARS-CoV-2 is a deadly pandemic sickness that is currently affecting throughout the globe and the need of the hour is that people become aware about the contagious disease, and are willing to undergo the Covid-19 test as when needed. **Aim:** To assess the degree of willingness to undergo covid test amongst patients visiting SDMCDSh, Dharwad.

Settings & Design: A questionnaire with 15 questions pertaining to their willingness to undergo a covid test was assessed in 332 participants.

Materials and Methods: A pre-tested close ended questionnaire comprising of 15 questions were distributed to 332 patients between 18-65 years of age visiting outpatient department of SDMCDSh, Dharwad with questions related to willingness of the participants to undergo COVID-19 test.

Statistical Analysis used: A Pearson's Chi Square value using an SPSS software was used to assess the differences in the gender, level of education and occupation of all the subjects. A statistically significant p-value was set as < 0.05.

Results & Conclusions: Majority of the study participants had a positive attitude towards covid test and were willing to undergo the test as and when needed thus concluding that most of the patients visiting outpatient department of SDMCDSh, Dharwad were aware about the deadly covid-19 pandemic disease and were willing to undergo a covid test so as to prevent the spread of infection.

Key Message: Majority of the population have a positive attitude towards covid test and are willing to undergo the test if needed so as to prevent the spread of infection.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Corona Virus Disease which is widely known as COVID-19 disease is the pandemic sickness that is currently spreading throughout the world. According to the International Committee of taxonomy of viruses, the actual name of the virus is "Severe Acute Respiratory Syndrome Corona virus 2" that has presently infected over 19 million people and killed over 700,000 individuals all over the world.^{1,2}

Although the government worldwide is providing a free COVID-19 testing service for the public, there is a mixed opinion amongst the people to undergo the test. In the city of Manila in July 2020,³ it was observed that many of the individuals who underwent the test were not experiencing any symptoms⁴ and there were also another group of people who did experience symptoms but were unwilling to get themselves tested.⁵ Moreover, although India is said to have the second highest confirmed cases, there is a speculation of cases higher than the usual number and this discrepancy in the number of cases may be due to various reasons and one

* Corresponding author.

E-mail address: bhat.pragathi3@gmail.com (P. R. Bhat).

among them is the willingness to undergo a test for COVID 19. Considering this contradictory behavior exhibited by individuals with respect to undergoing COVID test, this study aimed to investigate the possible reasons why people may be willing or unwilling to undergo COVID-19 test irrespective of the presence or absence of its symptoms.

2. Materials and Methods

This study was conducted in SDM College of Dental Sciences & Hospital, Dharwad for a period of one month from 1st July 2020 till 1st August 2020 and the study participants included 332 patients visiting the outpatient department of the college in the age range between 18 -65 years. A pre-tested close ended questionnaire comprising of 15 questions were distributed to the patients with questions related to willingness of the participants to undergo COVID-19 test. The patient was asked to choose an option between strongly agree, agree and do not agree. The questions were designed⁶ to ascertain the degree of willingness of the subjects in undergoing a COVID-19 test irrespective of them experiencing its symptoms in relation to their motivations and aversions in doing so using a Likert scale. A Modified Kuppaswamy scale (2019)⁷ was used to evaluate the socioeconomic status of the individual family background.

2.1. Statistical analysis

The results were subjected to statistical analysis and frequencies of responses to all the questions were obtained by percentage wise distribution. A Pearson's Chi Square value using an SPSS software was used to assess the differences in the gender, level of education and occupation⁷ of all the subjects. A statistically significant p-value was set as < 0.05.

3. Results

The results as shown in Table 1 suggested that all the 332 patients were aware about all the questions asked in the study and had attempted all the questions. Out of the 332 patients, 249 patients strongly agreed that there was no need to undergo a Covid-19 test when exposed to a covid positive patient inspite of taking the self-care measures and 238 patients strongly agreed that fever, running nose, sore throat, fatigue, body ache, nasal congestion, loss of smell and taste are all the symptoms of covid-19 disease. However, 141 subjects also strongly believed that the Indian weather, culture and spiritual practices could easily prevent or fight against covid-19 and there is no need to perform any test.

Although 140 subjects did strongly feel that the symptoms shown by covid-19 disease are merely symptoms of another illness which could be managed with routine home remedies, 177 of them revealed the self-responsibility to undergo the test if any symptoms did persist. Also majority of the participants were concerned about being

cautious about the covid-19 pandemic and 222 of them did not agree with the views of the pandemic to be considered as a hype or a scam to make money.

For most of the subjects, not having a health policy, business and finances getting affected, catching an infection from the hospital or family members getting worried if tested covid positive was not a reason so as to avoid the covid test. Neither they considered it as a shame to be quarantined if tested positive or felt embarrassed in front of their relatives, neighbors, friends and family or considered covid-19 as a social stigma or had a problem on being admitted in government hospitals.

In fact majority of the participants felt that testing for covid-19 reassures that they are following adequate infection control practices and when a primary contact, it is always better to get a covid test done so as to attain peace of mind and be happy if tested negative, or stay quarantined and seek medical help if tested positive so as to prevent the spread of infection.

The descriptive statistics for Pearson's Chi Square value for the frequency of responses to gender distribution suggested that males were more convinced with the above responses when compared to the females (Table 2). However there was no difference observed with the frequency of responses to the questions in the level of education with low level and higher level education sectors (Table 3). With respect to the socioeconomic status (Table 4), there was no difference in the frequency of responses to questions, however it was the lower level occupation sector that were more confident with the Indian immunity, Indian weather, culture and spiritual practices to be protective against covid-19 disease. Although the results of this study were clinically significant, a statistically significant result was obtained with all the above parameters with respect to the questions related to the views of subjects to undergo covid test when exposed to covid positive patient inspite of all self-care measures taken and patients' hesitation to visit hospital to undergo the test with the fear of catching an infection.

Table 1: Depicts the percent wise response of the responses from the participants

Willingness assessed by	Strongly agree	Agree	Do not agree
There is no need to undergo a COVID-19 test when exposed to a positive patient if self-care measures are taken.	249 (66.4%)	97 (25.9%)	29 (7.7%)
Fever, running nose, sore throat, fatigue, body ache, nasal congestion, loss of taste and smell are the symptoms of COVID-19 disease.	238 (63.5%)	126 (33.6%)	11 (2.9%)
Confidence in the Indian Immunity, Indian weather and strong belief in the cultural & spiritual practices easily prevent or fight against covid-19 and there is no need to perform any test.	141 (37.6%)	151 (40.3%)	83 (22.1%)
It is a self-responsibility to undergo Covid-19 testing if any of the symptoms persist or if I am a primary contact with a covid positive patient.	177 (47.2%)	144 (38.4%)	54 (14.4%)
The symptoms shown by Covid-19 disease are merely symptoms of another illness and can be manageable with routine home remedies.	140 (37.3%)	122 (32.5%)	113 (30.1%)
Covid-19 disease is just a hype or a scam to make money.	29 (7.7%)	122 (32.5%)	222 (59.2%)
I don't have a health policy & this is the reason I don't want to get a covid test done.	26 (6.9%)	37 (9.9%)	312 (83.2%)
My business and finances will get affected if I am tested positive & so I avoid the covid test.	77 (20.5%)	42 (11.2%)	256 (68.3%)
I am hesitant to visit hospitals for a covid test as I am scared of catching an infection from the hospital.	122 (32.5%)	82 (21.9%)	171 (45.6%)
I avoid a covid test as my family members will be worried.	103 (27.5%)	65 (17.3%)	207 (55.2%)
Having detected as covid positive is embarrassing in front of family, friends, relatives and neighbours.	94 (25.1%)	63 (16.8%)	218 (58.1%)
I am not willing to undergo a covid test as I don't want to get admitted in government hospitals.	20 (5.3%)	30 (8.0%)	325 (86.7%)
Getting infected with Covid-19 is a social stigma and a shame to be quarantined.	26 (6.9%)	37 (9.9%)	312 (83.2%)
If I am a primary contact or I have covid symptoms, it is always better to get a covid test done so as to attain peace of mind and be happy if tested negative; or stay quarantined and seek medical help if tested positive so as to prevent the spread of infection.	121 (32.3%)	197 (52.5%)	57 (15.2%)
Testing for Covid-19 reassures that infection preventive practices are keeping us safe and covid-free.	122 (32.5%)	216 (57.6%)	37 (9.9%)

Table 2: Depicts the frequency of responses in regard to the gender.

Willingness assessed by	Recorded gender	Frequency of Responses N (%)			Pearson's chi square value	p-value
		Strongly agree	Agree	Do not agree		
There is no need to undergo a COVID-19 test when exposed to a positive patient if self-care measures are taken.	Males	147 (69.0%)	53 (24.9%)	13 (6.1%)	1.719a	1.714
	Females	86 (62.8%)	39 (28.5%)	12 (8.8%)		
Fever, running nose, sore throat, fatigue, body ache, nasal congestion, loss of taste and smell are the symptoms of COVID-19 disease.	Males	141 (66.2%)	66 (31.0%)	6 (2.8%)	.439a	.353
	Females	86 (62.8%)	47 (34.3%)	4 (2.9%)		
Confidence in the Indian Immunity, Indian weather and strong belief in the cultural & spiritual practices easily prevent or fight against covid-19 and there is no need to perform any test.	Males	89 (41.8%)	87 (40.8%)	37 (17.4%)	5.556a	4.624
	Females	47 (34.3%)	52 (38.0%)	38 (27.7%)		
It is a self-responsibility to undergo Covid-19 testing if any of the symptoms persist or if I am a primary contact with a covid positive patient.	Males	102 (47.9%)	77 (36.2%)	34 (16.0%)	1.673a	.014
	Females	62 (45.3%)	58 (42.3%)	17 (12.4%)		
The symptoms shown by Covid-19 disease are merely symptoms of another illness and can be manageable with routine home remedies.	Males	87 (40.8%)	61 (28.6%)	65 (30.5%)	4.581a	.341
	Females	45 (32.8%)	54 (39.4%)	38 (27.7%)		
I don't have a health policy & this is the reason I don't want to get a covid test done.	Males	14 (6.6%)	72 (33.8%)	127 (59.6%)	.223a	.221
	Females	8 (5.8%)	44 (32.1%)	85 (62.0%)		
I don't have a health policy & this is the reason I don't want to get a covid test done.	Males	11 5.2%	18 8.5%	184 86.4%	2.209a	2.190
	Females	12 (8.8%)	14 (10.2%)	111 (81.0%)		
My business and finances will get affected if I am tested positive & so I avoid the covid test.	Males	51 (23.9%)	17 (8.0%)	145 (68.1%)	6.634a	.885

Table 2 continued

	Females	22 (16.1%)	21 (15.3%)	94 (68.6%)		
I am hesitant to visit hospitals for a covid test as I am scared of catching an infection from the hospital.	Males	70 (32.9%)	48 (22.5%)	95 (44.6%)	.436a	.025
	Females	48 (35.0%)	27 (19.7%)	62 (45.3%)		
I avoid a covid test as my family members will be worried.	Males	57 (26.8%)	35 (16.4%)	121 (56.8%)	.727a	.724
	Females	42 (30.7%)	23 (16.8%)	72 (52.6%)		
Having detected as covid positive is embarrassing in front of family, friends, relatives and neighbours.	Males	54 (25.4%)	38 (17.8%)	121 (56.8%)	.192a	.022
	Females	35 (25.5%)	22 (16.1%)	80 (58.4%)		
I am not willing to undergo a covid test as I don't want to get admitted in government hospitals.	Males	11 (5.2%)	17 (8.0%)	185 (86.9%)	.066a	.015
	Females	7 (5.1%)	12 (8.8%)	118 (86.1%)		
Getting infected with Covid-19 is a social stigma and a shame to be quarantined.	Males	14 (6.6%)	15 (7.0%)	184 (86.4%)	4.581a	.436
	Females	7 (5.1%)	19 (13.9%)	111 (81.0%)		
If I am a primary contact or I have covid symptoms, it is always better to get a covid test done so as to attain peace of mind and be happy if tested negative; or stay quarantined and seek medical help if tested positive so as to prevent the spread of infection.	Males	69 (32.4%)	117 (54.9%)	27 (12.7%)	2.732a	.249
	Females	47 (34.3%)	65 (47.4%)	25 (18.2%)		
Testing for Covid-19 reassures that infection preventive practices are keeping us safe and covid-free.	Males	69 (32.4%)	126 (59.2%)	18 (8.5%)	1.594a	.273
	Females	45 (32.8%)	75 (54.7%)	17 (12.4%)		

Statistically significant p-value set at < 0.0

Table 3: Depicts the frequency of responses in regard to educational status

Willingness assessed by	Recorded qualification	Frequency of Responses N (%)			Pearson's chi square value	p-value
		Strongly agree	Agree	Do not agree		
There is no need to undergo a COVID-19 test when exposed to a positive patient if self-care measures are taken.	Lower level education	125 (67.6%)	45 (24.3%)	15 (8.1%)	1.054a	.001
	Higher level education	106 (65.4%)	46 (28.4%)	10 (6.2%)		
Fever, running nose, sore throat, fatigue, body ache, nasal congestion, loss of taste and smell are the symptoms of COVID-19 disease.	Lower level education	120 (64.9%)	57 (30.8%)	8 (4.3%)	3.125a	.271
	Higher level education	105 (64.8%)	55 (34.0%)	2 (1.2%)		
Confidence in the Indian Immunity, Indian weather and strong belief in the cultural & spiritual practices easily prevent or fight against covid-19 and there is no need to perform any test.	Lower level education	80 (43.2%)	65 (35.1%)	40 (21.6%)	4.610a	1.301
	Higher level education	54 (33.3%)	74 (45.7%)	34 (21.0%)		
It is a self-responsibility to undergo Covid-19 testing if any of the symptoms persist or if I am a primary contact with a covid positive patient.	Lower level education	84(45.4%)	64 (34.6%)	37 (20.0%)	10.627a	3.681
	Higher level education	78 (48.1%)	71 (43.8%)	13 (8.0%)		
The symptoms shown by Covid-19 disease are merely symptoms of another illness and can be manageable with routine home remedies.	Lower level education	79 (42.7%)	55 (29.7%)	51 (27.6%)	5.245a	3.481
	Higher level education	50(30.9%)	60 (37.0%)	52 (32.1%)		
Covid-19 disease is just a hype or a scam to make money.	Lower level education	14 (7.6%)	68 (36.8%)	103 (55.7%)	4.496a	4.263
	Higher level education	8 (4.9%)	46 (28.4%)	108 (66.7%)		
I don't have a health policy & this is the reason I don't want to get a covid test done.	Lower level education	16 (8.6%)	12 (6.5%)	157 (84.9%)	5.105a	.329
	Higher level education	7 (4.3%)	19 (11.7%)	136 (84.0%)		
My business and finances will get affected if I am tested positive & so I avoid the covid test.	Lower level education	47 (25.4%)	16 (8.6%)	122 (65.9%)	6.380a	2.922
	Higher level education	25 (15.4%)	22 (13.6%)	115 (71.0%)		

Continued on next page

Table 3 continued

I am hesitant to visit hospitals for a covid test as I am scared of catching an infection from the hospital.	Lower level education	64 (34.6%)	39 (21.1%)	82 (44.3%)	.062a	.044
	Higher level education	54 (33.3%)	35 (21.6%)	73 (45.1%)		
I avoid a covid test as my family members will be worried.	Lower level education	57 (30.8%)	32 (17.3%)	96 (51.9%)	1.396a	1.368
	Higher level education	42 (25.9%)	26 (16.0%)	94 (58.0%)		
Having detected as covid positive is embarrassing in front of family, friends, relatives and neighbours.	Lower level education	51 (27.6%)	30 (16.2%)	104 (56.2%)	.883a	.414
	Higher level education	38 (23.5%)	30 (18.5%)	94 (58.0%)		
I am not willing to undergo a covid test as I don't want to get admitted in government hospitals.	Lower level education	8 (4.3%)	11 (5.9%)	166 (89.7%)	3.817a	2.642
	Higher level education	10 (6.2%)	18(11.1%)	134 (82.7%)		
Getting infected with Covid-19 is a social stigma and a shame to be quarantined.	Lower level education	11 (5.9%)	18(9.7%)	156 (84.3%)	.011a	.011
	Higher level education	10 (6.2%)	16 (9.9%)	136 (84.0%)		
If I am a primary contact or I have covid symptoms, it is always better to get a covid test done so as to attain peace of mind and be	Lower level education	53 (28.6%)	101 (54.6%)	31 (16.8%)	4.006a	3.817
	Higher level education	62 (38.3%)	80 (49.4%)	20 (12.3%)		
happy if tested negative; or stay quarantined and seek medical help if tested positive so as to prevent the spread of infection. Testing for Covid-19 reassures that infection preventive practices are keeping us safe and covid-free.	Lower level education	49 (26.5%)	114 (61.6%)	22 (11.9%)	7.360a	7.097
	Higher level education	64 (39.5%)	86 (53.1%)	12 (7.4%)		

Statistically significant p-value set at < 0.05

Table 4: Depicts the frequencies of responses in regard to the socioeconomic status

Willingness assessed by	Recorded occupation	Frequency of Responses N (%)			Pearson's chi square value	p-value
		Strongly agree	Agree	Do not agree		
There is no need to undergo a COVID-19 test when exposed to a positive patient if self-care measures are taken.	Lower level occupation	161 (68.2%)	60 (25.4%)	15 (6.4%)	.463a	.424
	Higher level occupation	71 (64.5%)	31 (28.2%)	8 (7.3%)		
Fever, running nose, sore throat, fatigue, body ache, nasal congestion, loss of taste and smell are the symptoms of COVID-19 disease.	Lower level occupation	159 (67.4%)	68 (28.8%)	9 (3.8%)	7.145a	.184
	Higher level occupation	67 (60.9%)	43 (39.1%)	0 (.0%)		
Confidence in the Indian Immunity, Indian weather and strong belief in the cultural & spiritual fight against covid-19 and there is no need to perform any test.	Lower level occupation	101 (42.8%)	88 (37.3%)	47 (19.9%)	5.179a	3.978
	Higher level occupation	33 (30.0%)	50 (45.5%)	27 (24.5%)		
practices easily prevent or It is a self-responsibility to undergo Covid-19 testing if any of the symptoms persist or if I am a primary contact with a covid positive patient.	Lower level occupation	109 (46.2%)	84 (35.6%)	43 (18.2%)	10.652a	3.644
	Higher level occupation	54 (49.1%)	50 (45.5%)	6 (5.5%)		
The symptoms shown by Covid-19 disease are merely symptoms of another illness and can be manageable with routine home remedies.	Lower level occupation	103 (43.6%)	71 (30.1%)	62 (26.3%)	9.663a	8.382
	Higher level occupation	29 (26.4%)	41 (37.3%)	40 (36.4%)		
Covid-19 disease is just a hype or a scam to make money.	Lower level occupation	15 (6.4%)	91 (38.6%)	130 (55.1%)	10.275a	6.967
	Higher level occupation	6 (5.5%)	24 (21.8%)	80 (72.7%)		
I don't have a health policy & this is the reason I don't want to get a covid test done.	Lower level occupation	17 (7.2%)	24 (10.2%)	195 (82.6%)	1.218a	.995
	Higher level occupation	6 (5.5%)	8 (7.3%)	96 (87.3%)		
My business and finances will get affected if I am tested positive & so I avoid the covid test.	Lower level occupation	48 (20.3%)	18 (7.6%)	170 (72.0%)	7.962a	1.785
	Higher level occupation	24 (21.8%)	19 (17.3%)	67 (60.9%)		

Continued on next page

Table 4 continued

I am hesitant to visit hospitals for a covid test as I am scared of catching an infection from the hospital.	Lower level occupation	81 (34.3%)	49 (20.8%)	106 (44.9%)	.194a	.015
	Higher level occupation	36 (32.7%)	25 (22.7%)	49 (44.5%)		
I avoid a covid test as my family members will be worried.	Lower level occupation	69 (29.2%)	38 (16.1%)	129 (54.7%)	.421a	.132
	Higher level occupation	29 (26.4%)	20 (18.2%)	61 (55.5%)		
Having detected as covid positive is embarrassing in front of family, friends, relatives and neighbours.	Lower level occupation	58 (24.6%)	43 (18.2%)	135 (57.2%)	.719a	.203
	Higher level occupation	31 (28.2%)	17 (15.5%)	62 (56.4%)		
I am not willing to undergo a covid test as I don't want to get admitted in government hospitals.	Lower level occupation	9 (3.8%)	13 (5.5%)	214 (90.7%)	10.489a	7.705
	Higher level occupation	8 (7.3%)	16 (14.5%)	86 (78.2%)		
Getting infected with Covid-19 is a social stigma and a shame to be quarantined.	Lower level occupation	13 (5.5%)	18 (7.6%)	205 (86.9%)	4.712a	2.789
	Higher level occupation	8 (7.3%)	16 (14.5%)	86 (78.2%)		
If I am a primary contact or I have covid symptoms, it is always better to get a covid test done so as to attain peace of mind and be happy if tested negative; or stay quarantined and seek medical help if tested positive so as to prevent the spread of infection.	Lower level occupation	73 (30.9%)	131 (55.5%)	32 (13.6%)	3.622a	.210
	Higher level occupation	42 (38.2%)	49 (44.5%)	19 (17.3%)		
Testing for Covid-19 reassures that infection preventive practices are keeping us safe and covid-free.	Lower level occupation	72 (30.5%)	142 (60.2%)	22 (9.3%)	2.153a	.538
	Higher level occupation	41 (37.3%)	57 (51.8%)	12 (10.9%)		

4. Discussion

The present study was conducted to assess the degree of willingness of the participants in undergoing a covid-19 test irrespective of them experiencing the symptoms in relation to their possible motivations and / or aversions in doing so using the Likert scale. The subjects included in the study were total of 332 patients between 18-65 years of age visiting the outpatient department of SDM College of Dental Sciences and Hospital, Dharwad. The results showed that majority of the participants were aware about the signs and symptoms of covid-19 disease and their responsibilities in undergoing covid test if experiencing any symptoms. However, few of the subjects felt that there was no need to undergo covid test when exposed to a positive patient if proper self-care measures are taken. This could be attributed to the fact that patients may be strictly believing and implementing all the infection control measures as suggested by the Government on a current update.⁸ A few subjects also felt that symptoms of covid-19 disease were merely symptoms of another illness and can be manageable with routine home remedies and there was no need to undergo the covid test. This could be attributed to most of the symptoms of covid-19 experienced by majority of the population mimicking to common cold which is easily cured with home remedies. Moreover study by Nugraha et al (2020) did suggest that traditional herbal medicine can be used as a home remedy as a complimentary treatment in covid-19 disease.⁹

Majority of the participants in the present study neither considered being tested positive for covid-19 as a shame or as a social stigma to be quarantined, nor did they avoid the test considering their business and finances, thus suggesting their awareness and positive attitude towards undergoing the test whenever necessary in the interest of their health as well as their surroundings. Although equal number of the participants expressed their reason to avoid getting tested for covid-19 only due to their concern about catching an infection from the hospital. This is in compatible with the results of the studies conducted by Siegler et al (2020),¹⁰ Sullivan PS (2020)¹¹ and Zoch-Lesniak B (2020)¹² which suggested that there was a strong preference for home specimen collection procedures over drive through or clinic-based testing.

Ultimately most of the subjects felt that it was always better to undergo a covid test when experiencing the symptoms, stay quarantined, seek medical help and prevent the spread of infection if tested positive, or feel happy and reassured that the infection preventive practices at the personal level were keeping them safe from covid if tested negative thus suggesting that participants of this study had an overall knowledge about covid-19 pandemic disease and were willing to undergo covid-19 test as an when needed. Although the results of this study were clinically significant, a statistically significant result was obtained with all the

above parameters with respect to the questions related to the views of subjects to undergo covid test when exposed to covid positive patient if self-care measures are taken, and patients' hesitation to visit hospital to undergo the test with the fear of catching an infection.

The results were statistically not significant with other questions and parameters irrespective of the gender, education and socio-economic status. This could be attributed to the limited amount of predictable knowledge and existing literature available regarding covid-19. In the present scenario, most of the knowledge and information obtained from social media and mass media are not definite and keep changing regularly making it difficult for the people to gain accurate information about covid-19, trust and implement the covid rules in their everyday life. Moreover a study with a larger sample size is needed to obtain definite results.

5. Summary & Conclusion

Majority of the study participants had a positive attitude towards covid test and were willing to undergo the test as and when needed thus suggesting that patients visiting outpatient department of SDMCDSH, Dharwad were aware about covid-19 pandemic and were willing to undergo a covid test so as to prevent the spread of infection.

Thus, Within the limitations of the study it can be concluded that the patients visiting SDM college of Dental Sciences & Hospital, Dharwad were aware about the deadly covid-19 pandemic disease and were willing to undergo a covid test as an when needed so as to prevent the further spread of infection

6. Acknowledgements

The authors wish to acknowledge Dr. Ravi Shiratti and Dr. Kriti Nikhil for statistical analysis and interpretation of the data.

7. Conflict of Interest

The authors declare that there are no conflicts of interest in this paper.

8. Source of Funding

None.

References

1. Covid-19: The disease caused by a kind of coronavirus which first originated in Wuhan, China in late 2019 (n.d) . Available from: <https://www.newscientist.com/term/covid-19/>.
2. Covid-19 Coronavirus pandemic; Last updated: April 2021;11:47. GMT. Available from: <https://www.worldometers.info/coronavirus/>.
3. Manila starts free drive-thru testing for COVID-19 (2020, July 15). Available from: <https://cnnphilippines.com/news/2020/7/15/manila-covid-19-drive-thru-tests.html>.

4. Moreno I. Free drive-thru COVID testing center for all (2020, July 19). . Available from: <https://mb.com.ph/2020/07/19/free-drive-thru-covid-testing-center-for-all/>.
5. Williams J, Haire B. Why some people don't want to take a covid-19 test (2020, July 6). Available from: <https://newsroom.unsw.edu.au/news/health/why-some-people-dont-want-covid-19-test>.
6. Edward F, Fabella T. Factors affecting willingness to be tested for COVID-19. Available from: <https://ssrn.com/abstract=3670514>.
7. Saleem SM. Modified Kuppuswamy socioeconomic scale updated for the year 2019. *Indian J Forensic Community Med.* 2019;6(1):1–3.
8. Mina MJ, Andessen KG. Overview of testing for SARS-CoV-2 (Covid-19) / CDC. Covid testing : One size does not fit all. *Science.* 2021;371(6525):126–7.
9. Nugraha RV, Ridwansyah H, Gozali M, Khairani AF, Atik N. Traditional Herbal Medicine candidates as complementary treatment for Covid-19 : A Review of their mechanisms : Pros & Cons. Evidence Based Complimentary and alternative medicine 2020. *Evid-Based Complement Altern Med.* 2020;doi:10.1155/2020/2560645.
10. Siegler AJ, Hall E, Luisi N. Willingness to seek Diagnostic Testing for SARS-CoV-2 with Home, Drive-through and Clinic-Based Specimen collection location. *Open Forum Infectious Diseases.* 2020;.
11. Sullivan PS, Sailey C, Guest JL. Detection of SARS-CoV-2 RNA and antibodies in diverse samples: protocol to validate the sufficiency of provider observed, home-collected blood, saliva and oropharyngeal samples. *JMIR Public Health Surveill.* 2020;6:19054.
12. Zoch-Lesniak B, Ware RS, Grimwood K, Lambert SB. The Respiratory Specimen Collection Trial (ReSpeCT): a randomized controlled trial to compare quality and timeliness of respiratory sample collection in home by parents and healthcare workers from children aged < 2 years. *J Pediatric Infect Dis Soc.* 2020;9:134–41.

Author biography

Prathik S Bolaar, House Surgeon

Pragathi R Bhat, Assistant Professor

Vijay A Trasad, Professor

Cite this article: Bolaar PS, Bhat PR, Trasad VA. Assessment of degree of willingness to undergo covid test amongst the patients visiting SDM college of dental sciences & hospital, Dharwad. *J Dent Panacea* 2021;3(2):58-68.