

A study to assess the attitude regarding covid-19 among peoples kalitheerthalkuppam at puducherry

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I. Introduction

“Whenever the art of medicine is loved, there is also a love of humanity”

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Hippocrates

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by a virus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China, in December 2019. The disease quickly spread worldwide, resulting in the COVID-19 pandemic. The symptoms of COVID-19 are variable but often include fever, cough, headache, fatigue, breathing difficulties, loss of smell, and loss of taste. Symptoms may begin one to fourteen days after exposure to the virus.

At least a third of people who are infected do not develop noticeable symptoms. Of those who develop symptoms noticeable enough to be classified as patients, most (81%) develop mild to moderate symptoms (up to mild pneumonia), while 14% develop severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging), and 5% develop critical symptoms (respiratory failure, shock, or multiorgan dysfunction). Older people are at a higher risk of developing severe symptoms. Some people continue to experience a range of effects (long COVID) for months after recovery, and damage to organs has been observed. Multi-year studies are underway to further investigate the long-term effects of the disease.

This highly contagious zoonotic corona virus (SARS-CoV-2) spread to most parts of the world (200 countries) and created a public health emergency. Due to its novel nature and indistinctness, different sources of information and suggestions were developed to guide the individuals about its transmission and prevent its infection. Responses to the active intervention efforts have posed some relevant questions on population understanding and attitudes toward COVID-19.

II. REVIEW OF LITERATURE:

YuanleLihui bin Xinyi Yang, et al., (2022) Since the outbreak of the 2019

coronavirus disease caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), more infectious mutant strains have emerged. Disposable medical masks are gradually becoming an important protective tool for people to protect themselves from viruses, and the massive use and disposal of masks has also brought a series of ethical and environmental issues, At the same time, the phase angle of the modified asphalt decreased. The results of the segregation experiments showed that the addition of DM modifier was detrimental to the thermal storage stability of the asphalt. Multi-Scale Characterization of High-Temperature Properties and Thermal Storage Stability Performance of Discarded-Mask-Modified Asphalt

STATEMENT OF THE PROBLEM:

A study to assess the attitude regarding covid-19 among peoples kalitheerthalkuppam at Puducherry.

OBJECTIVES:

- To assess the level of attitude regarding Covid-19 among peoples at kalitheerthalkuppam.
- To associated the level of attitude regarding Covid-19 among peoples at Kalitheerthalkuppam with their selected demographic variables.

ASSUMPTIONS:

The people will have unfavorable attitude regarding the covid 19.

III. MATERIALS AND METHODS

This chapter deals with methodology adopted study to attitude regarding Covid-19 among peoples kalitheerthalkuppam at Puducherry. This chapter deals with the research approach, research design, settings, population, and sample, sampling technique, selection and development of tool and data collection techniques.

- **SECTION A:** The demographic variables include age, gender, marital status, education, occupation, living place, type of job, duty per week, work station, transportation to/ from work station.

- **SECTION B:** It consists of self -structured interview questionnaires with scoring interpretation.
- **SCORING INTERPRETATION:**

LEVEL OF ATTITUDE	SCORING
UNFAVORABLE	0 – 10
MODERATELY FAVORABLE	11 – 20
FAVORABLE	21 – 30
Total	30

RESEARCH APPROACH:

A quantitative research approach was selected for the present study.

RESEARCH DESIGN:

A descriptive research design was adapted for this study.

SETTING OF THE STUDY:

The study was conducted at kalitheerthalkuppam, Puducherry. This is 1 km far away from Sri Manakula Vinayagar Nursing College Puducherry. The geographic area comprises of 547.62 acres with a total population of 8,862 peoples, out of which male population is 4,357 while female population is 4,505.

SAMPLE:

The sample is peoples at Kalitheerthalkuppam.

SAMPLING TECHNIQUE:

A purposive sampling technique was used for the study.

SAMPLE SIZE:

Sample size is the number of subjects involved in the study. Sample size consists of 30 clients.

CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

- People residing at selected Community Area
- Age more than 15years
- Who knows Tamil and English

Exclusion criteria:

- Psychiatric illness patient's
- Who are not willing to participate

IV. RESULTS:

The study results shows that out of the 30 peoples who were interviewed, Majority of the peoples 13(43.3%) of study population were in the age group are 41-50 years. Majority of the peoples were female 16(53.3%). Majority of the peoples were married 21(70%). Majority of the peoples were Fellow and Bachelor education 10(33.3%). Majority of the peoples were Laboratory Occupation 19(63.3%). Majority of the peoples Living place were Home 22(73.3%). Majority of the peoples were Private job 25(83.3%). Majority of the peoples were ≤36 Duty per week 18(60%). Majority of the peoples were Indoor Work station 12(40%). Majority of the peoples were Private vehicles Transportation to/from work station 19(63.3%).es.community.

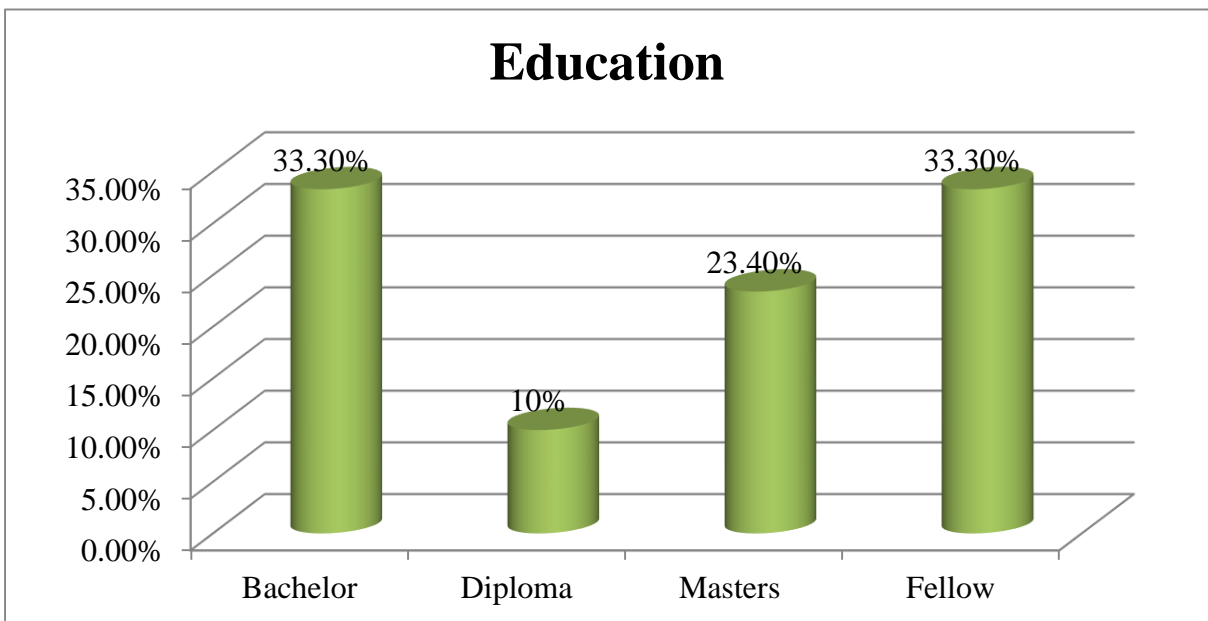
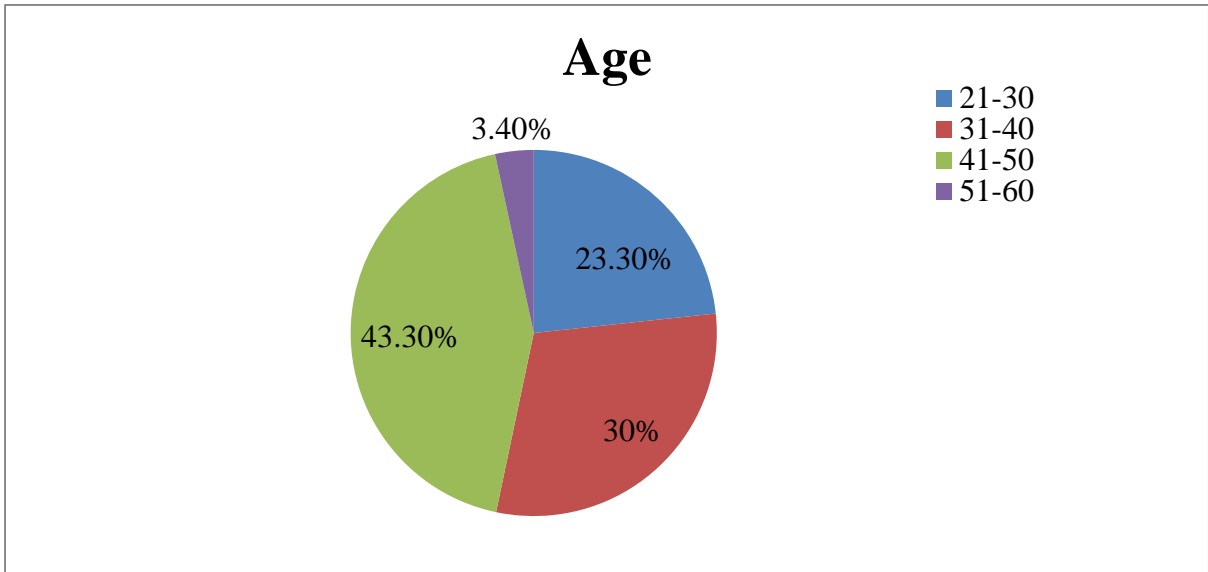
Frequency and percentage wise distribution of demographic variables among peoples.

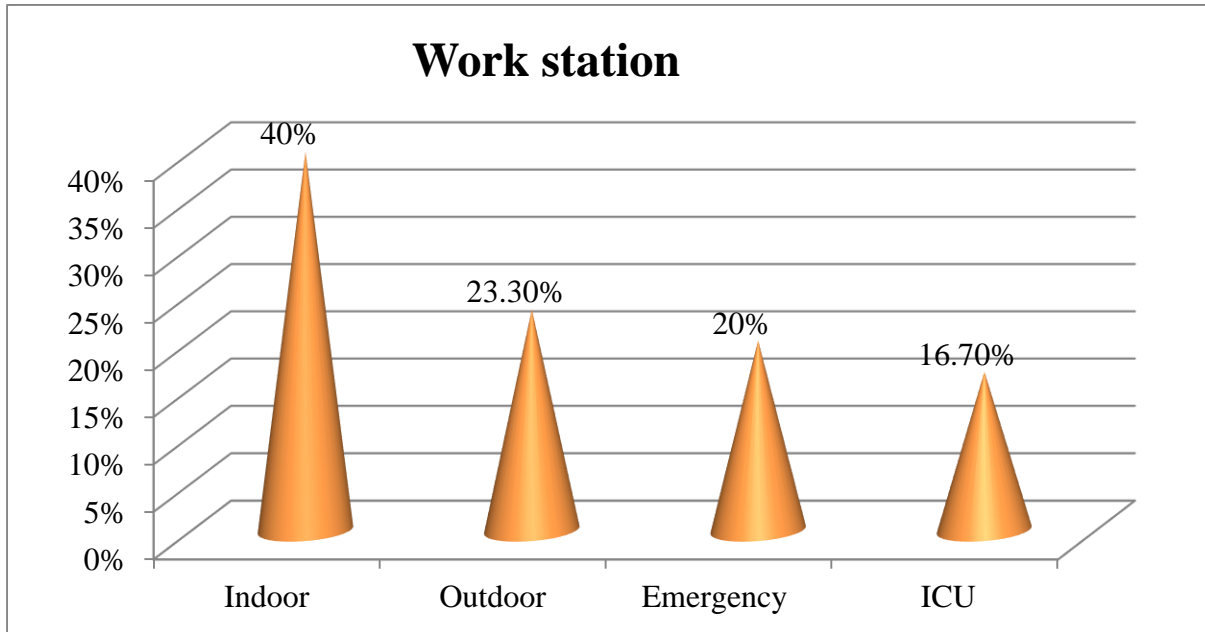
(N=30)

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY(N)	PERCENTAGE(%)
1	Age		
	a) 21-30	7	23.3
	b)31-40	9	30
	c)41-50	13	43.3
	d)51-60	1	3.4
2	Sex		
	a) Male	14	46.7

A study to assess the attitude regarding covid-19 among peoples kalitheerthalkuppam at puducherry

	b) Female	16	53.3
3	Marital Status		
	a) Married	21	70
	b) Unmarried	8	26.7
	c) Widowed	1	3.3
4	Education		
	a) Bachelor	10	33.3
	b) Diploma	3	10
	c) Masters	7	23.4
	d) Fellow	10	33.3
5	Occupation		
	a) Physician	1	3.3
	b) Nurse	5	16.7
	c) Pharmacist	5	16.7
	d) Laboratory	19	63.3
6	Living place		
	a) Home	22	73.3
	b) Hostel	8	26.7
	c) Dormitory	0	0
7	Type of job		
	a) Government	5	16.7
	b) Private	25	83.3
8	Duty per week		
	a) >36	12	40
	b) ≤36	18	60
9	Work station		
	a) Indoor	12	40
	b) Outdoor	7	23.3
	c) Emergency	6	20
	d) ICU	5	16.7
10	Transportation to/from work station		
	a) By walk	2	6.7
	b) Public transport	7	23.3
	c) Office transport	2	6.7
	d) Private vehicles	19	63.3





Percentage wise distribution of demographic variables among geriatric residing at kalitheerthalkuppam, Puducherry.

Frequency and percentage wise distribution of level of attitude regarding Covid-19 among people at community area.

LEVEL OF ATTITUDE	FREQUENCY (n)	PERCENTAGE (%)
UNFAVORABLE	0	0
MODERATELY FAVORABLE	16	53.3
FAVORABLE	14	46.7
Total	30	100
Mean+Standard deviation	97.40+9.807	

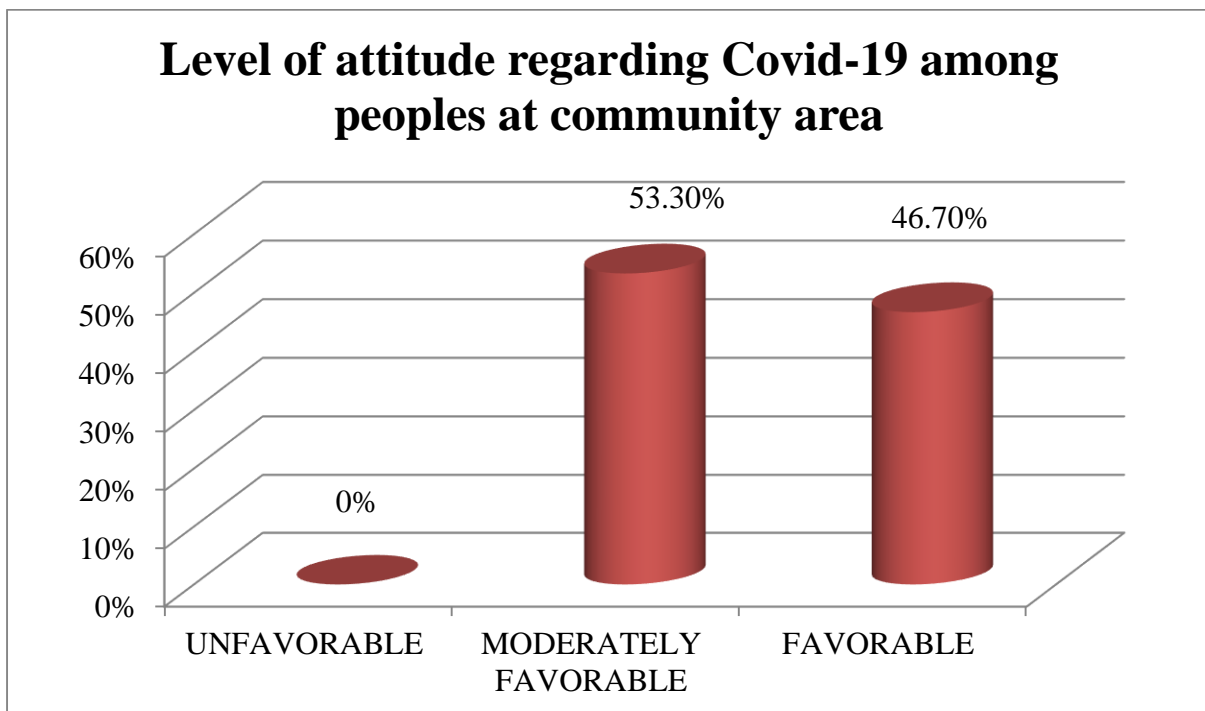


Table –3: Association between the level of attitude regarding Covid-19 among peoples at kalitheerthalkuppam with their selected demographic variables.

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF ATTITUDE				Chi-square X ² and P-Value
		MODERATE		FAVORABLE		
		N	%	N	%	
1	Age					
	a) 21-30	4	25	3	21.4	X ² =1.821 Df=3 p =0.610 NS
	b) 31-40	4	25	5	35.7	
	c) 41-50	8	50	5	35.7	
	d) 51-60	0	0	1	7.2	
2	Sex					
	a) Male	10	62.5	4	28.6	X ² =3.45 Df=1 p =0.043 NS
	b) Female	6	37.5	10	71.4	
3	Marital Status					
	a) Married	11	68.8	10	71.4	X ² =0.918 Df=2 p =0.632 NS
	b) Unmarried	4	25	4	28.6	
	c) Widowed	1	6.2	0	0	
4	Education					
	a) Bachelor	4	25	6	42.9	X ² =6.18 Df=3 p =0.103 NS
	b) Diploma	0	0	3	21.4	
	c) Masters	5	31.3	2	14.3	
	d) Fellow	7	43.8	3	21.4	
5	Occupation					
	a) Physician	0	0	1	7.1	X ² =4.20 Df=3 p =0.241 NS
	b) Nurse	3	18.8	2	14.3	
	c) Pharmacist	1	6.3	4	28.6	
	d) Laboratory	12	75	7	50	
6	Living place					
	a) Home	12	75	10	71.4	X ² =0.049 Df=1 p =0.825 NS
	b) Hostel	4	25	4	28.6	
	c) Dormitory	0	0	0	0	
	d) Hospital	0	0	0	0	
7	Type of job					
	a) Government	4	25	1	7.1	X ² =1.71 Df=1 p =0.190 NS
	b) Private	12	75	13	92.9	
8	Duty per week					
	a) >36	8	50	4	28.6	X ² =2.74 Df=2 p =0.254 NS
	b) ≤36	8	80	10	71.4	
9	Work station					
	a) Indoor	8	50	4	28.6	X ² =8.15 Df=3 p =0.008 *S
	b) Outdoor	4	25	3	21.4	
	c) Emergency	3	18.8	3	21.4	
	d) ICU	1	6.3	4	28.6	
10	Transportation to/from work station					
	a) By walk	1	6.3	1	7.1	X ² =0.062 Df=3 p =0.996 NS
	b) Public transport	4	25	3	21.4	
	c) Office transport	1	6.3	1	7.1	
	d) Private vehicles	10	62.4	9	64.4	

Table4 Reveals that association of pretest level of risk Dupuytren disease among geriatric clients with their selected demographic variables. Among 7 demographic variables none of the demographic variables were found to be significant at the level of p<0.05.

TABLE 5: Association of post-test level of risk dupuytren disease among geriatric clients with their selected demographic variables

(N=50)

S. NO	DEMOGRAPHIC VARIABLES	Low		Moderate		X ²
		N	%	N	%	
1	Age					3.704 df=2 0.157
	a) 60-64 years	16	32	2	4	

	b) 65-69 years	15	30	0	0	
	c) > 69 years	17	34	0	0	
2	Gender					
	a) Male	27	54	0	0	2.446 df=1 0.118
	b) female	21	42	2	4	
3	Education					
	a) Non-literate	3	6	0	0	1.076 df=3 0.783
	b) Primary	15	30	1	2	
	c) Secondary	14	28	0	0	
	d) Graduate and above	16	32	1	2	
4	Occupation pattern					
	a) Farmer	15	30	0	0	2.652 df=3 0.449
	b) Business	13	26	0	0	
	c) Self-employed	10	20	1	2	
	d) Government-employer	10	20	1	2	
5	Bad habits					3.399 df=1 0.06

The table 3 depicts that the demographic variable, *Work station* had shown statistically significant association between the level of attitude regarding Covid-19 among peoples at kalitheerthalkuppam with their selected demographic variables.

The other demographic variable had not shown statistically significant association between the level of attitude regarding Covid-19 among peoples at kalitheerthalkuppam with their selected demographic variables respectively.

V. CONCLUSION AND RECOMMENDATIONS:

The conclusion drawn in this study from descriptive data of subjects were as follows the significant Work station had shown statistically significant association between the level of attitude regarding Covid-19 among peoples at kalitheerthalkuppam with their selected demographic variables

NURSING IMPLICATIONS:

The study had implications for nursing practice, nursing education, and Nursing administration

NURSING SERVICES:

The nurses working in the hospitals, clinical setting and in community should practice health education as an integral part of nursing profession. This module was developed by the investigator can also be used by the staff nurses to practice and instruct about the covid 19.

NURSING EDUCATION:

The community health nursing curriculum needs to strengthen to enable the nursing students to know about the covid 19. The nursing students need to organize a workshop, in-service education Programme to staff nurses, students and also for the paramedical workers.

NURSING ADMINISTRATION:

Through the research findings knowledge on covid 19 is adequate among adults. The nurse administrator can educate in community area among adults about the information regarding covid 19.

NURSING RESEARCH:

The investigator needs a lot of review materials and one obtained by using the study report. Various methods may be used to strengthen the knowledge of the people by the researcher, which should be published for the benefits of those who are not able to participate in this study.

RECOMMENDATIONS FOR THE STUDY:

- The study can do at the large number of samples.
- The study can be implemented at the various states of India.

BIBLIOGRAPHY

BOOK REFERENCE:

- [1]. Basavanthappa BT, community health nursing 1st edition, 1998, Jaypee brothers, Delhi, pg no., 330-341.
- [2]. Communicating Climate Change During the COVID-19 Crisis, by Robin Webster, Adam Corner, Jamie Clark, and Stuart Capstick (Climate Outreach 2020, 25 pages.
- [3]. Control of communicable diseases manual, 20th edition, alpha press publication, America, pg no.; 2456-2502.
- [4]. COVID-19: The Pandemic That Never Should Have Happened and How to Stop the Next One, by Debora MacKenzie (Hachette Books 2020, 304 pages.
- [5]. PARK K, parks textbook of preventive and social medicine, 23rd edition, banarasidasbhanot, Jabalpur, 2010, page -644-648.
- [6]. Polit. D.F. Hungler Bp, "Essentials of Nursing Research", (1999), JB Lippincott Company, Philadelphia, 16th edition, Pg-40 to 43.
- [7]. Sharma R.N, "Methodology of Education Research", (1993), Surjeet Publication, 1st edition, Pg-253 to 258.
- [8]. Simulating the Potential Impacts of COVID-19 School Closures on Schooling and Learning Outcomes: A Set of Global Estimates, by João Pedro Azevedo, Amer Hasan, Diana Goldemberg, Syedah Aroob Iqbal & Koen Geven (World Bank 2020, 57 PAGES.
- [9]. Sundar Rao P.S, Richard J, "An Introduction to Biostatistics", (1999), Elsevier Publication, 3rd edition, pg-- 78 to 79.
- [10]. The Consequences of COVID-19 for the Decades Ahead: A Vision 2050 Issue Brief, by Julian Hill-Landolt and Richard Roberts (WBCSD 2020, 20 pages.

JOURNAL REFERENCE:

- [11]. Cleveland clinic journal of medicine.
- [12]. European Respiratory journal.
- [13]. International journal of community health nursing.
- [14]. Ipsa Mohapatra, Chitrangada Mistry, Journal of Medical Science and Clinical research (2017).
- [15]. Journal of community health nursing.
- [16]. Journal of multidisciplinary health care.
- [17]. Melyani Puspitasari (2020) knowledge, attitude, and practice during the COVID -19 Pandemic.
- [18]. New England journal of medicine.
- [19]. Rima shretta (2021) : Vaccinating the world against COVID -19: getting the delivery right is the greatest challenge.
- [20]. Suman Gupta (2020) Social analysis and COVID – 19 Crisis.

NET REFERENCE:

- [21]. <https://covid19.who.int>
- [22]. <https://www.covid19india.org/>
- [23]. <https://www.mygov.in/covid-19>
- [24]. <https://pubmed.ncbi.nlm.nih.gov/35689645/>
- [25]. <https://mohfw.gov.in/>
- [26]. <https://en.m.wikipedia.org/wiki/COVID-19>
- [27]. <https://www.un.org/en/coronavirus>
- [28]. <https://www.ncbi.nlm.nih.gov/books/NBK554776/>
- [29]. <https://coronaphobia.org/assets/stress-scales/covid-stress-scales-english.pdf>
- [30]. <https://www.elsevier.es/en-revista-revista-colombiana-psiquiatria-english-edition--479-articulo-pandemic-related-perceived-stress-scale-covid-19-S2530312020300813>