

A Descriptive Study to Assess the Level of Awareness on Covid 19 Precaution among Home Makers at Selected Areas of Chengelpet District

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Abstract- The Covid-19 pandemic worldwide caused by severe loss of health and life of many people. Covid appropriate behaviours were entrusted by government of India to reduce the covid-19 spread across the nation. This article reveals the level of awareness on covid-19 preventive measures among the home makers, it is a Non- experimental design – Descriptive research design was adopted to selected 50 clients from selected areas of chengelpet district by purposive sampling technique, assessed by the structured multiple choice questionnaire and analysed by using descriptive statistics. The findings of this study suggests 61.2% of clients are having inadequate awareness, 28.4% of them having moderately adequate awareness and only 10.4% falls in category of adequate the level of awareness on tuberculosis. This study concludes that around 61% of the clients are having inadequate awareness on covid19 appropriate behaviour. The researcher also suggests that an educational intervention can help the clients to improve their awareness thereby it reduces the spreading rates of Covid 19 in forth coming months.

Keywords- Covid-19, Awareness, Covid Appropriate Behavior.

I. INTRODUCTION

The pandemic COVID-19 in India is part of the pandemic worldwide which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The first case of COVID-19 was reported on 30th January 2020 in India, which originated from China, [1] India ranks first place which has largest number of confirmed cases among Asia. As on date 12 June 2021, the second highest number of confirmed cases among worldwide.

People infected with COVID-19 virus produces respiratory illness and needs special treatment for recovery.

The older people with co-morbid illness like cardiovascular disease, diabetes, chronic respiratory disease and cancer likely to develop serious illness. The COVID-19 transmission was controlled by creating awareness by giving information on prevention strategies of COVID-19.

The prevention strategies include how to protect themselves and others by strictly adhering the hand hygiene and following other measures such as wearing mask, not touching the eyes, nose, mouth and practicing the respiratory etiquettes to prevent virus spreads through the droplets of saliva or discharges from the nose of an infected person.

II. REVIEW OF LITERATURE

G. D. Sharma et. al May 2021, COVID-19 and environmental concerns: A rapid review, COVID-19 has slowed global economic growth and consequently impacted the environment as well. Parallely, the environment also influences the transmission of this novel coronavirus through various factors.

Every nation deals with varied population density and size; air quality and pollutants; the nature of land and water, which significantly impact the transmission of coronavirus.

World health organisation, April 2021, WHO is bringing the world's scientists and global health professionals together to accelerate the research and development process, and develop new norms and standards to contain the spread of the coronavirus pandemic and help care for those affected. The research and development has been activated to accelerate diagnostics, vaccines and therapeutics for this novel coronavirus. The solidarity of all countries will be essential to ensure equitable access to COVID-19 health products.

1. Statement of the problem

A descriptive study to assess the level of awareness on covid 19 preventive measures (covid appropriate behaviour) among home makers at selected areas of chengelpet district.

2. Objectives:

To describe the level of awareness on COVID-19 precautionary measures among Home makers at selected areas of chengelpet district

3. Methods:

- **Research Approach:** Quantitative research approach
- **Research Design:** Non- experimental design – Descriptive research design
- **Sample size:** 50
- **Sample:** Home makers
- **Setting:** Selected areas of chengelpet district
- **Population:** Home makers residing at selected areas of chengelpet district and risk of developing COVID 19.
- **Sampling Technique:** Purposive sampling technique
- **Tool:** Multiple choice questions on awareness of COVID 19 precautionary measures.

4. Criteria for sample selection:

4.1 Inclusion Criteria:

- Home makers at risk of COVID 19 spread
- Home makers in the age group of 18 - 45 years
- Home makers who can understand Tamil and English
- Home makers who are employed and unemployed.

4.2 Exclusion Criteria:

- Home makers who are associated with other health problems
- Home makers who are all not residing in high risk area
- Home makers who are all residing alone

III. DESCRIPTION OF THE TOOL

1. Part of Questionnaire:

- **Part I: questionnaire for demographic variables:** Demographic variables consists of age, religion, educational status, occupation, family's monthly income, type of family, area of residence, risk of infection transmission and previous contact with covid19
- **Part II: questionnaire to assess the level of knowledge on awareness on covid 19 precautionary measures:** Assessment of awareness on COVID-19 by using a total of 25 structured multiple choice questionnaire prepared by the investigator.

2. Data Collection Procedure:

The data was collected by using highly structured multiple choice questions for assessing the level of awareness on COVID 19 among home makers were administered with adequate information. In an average it took 5 to 10 minutes to collect the responses from each client.

3. Data Analysis:

Descriptive statistics were used for analyze the demographic variables in terms of frequency and percentage. Frequency percentage, mean and standard

deviation was used to assess the level of knowledge on awareness of tuberculosis.

4. Interpretation:

The structured multiple choice questionnaire consists of 30 questions totally. Each correct response carries one score and each wrong response carries zero score. The total score is 30.

Table 1. Interpretation.

Percentage of scores	Interpretation
< 50%	Inadequate awareness
50-75%	Moderate awareness
>75%	Adequate awareness

IV. DATA ANALYSIS AND INTERPRETATION

1. Section: Distribution of demographic characteristics:

Out of 50 clients with COVID 19, 14(28%) were between 18-27 years, 24 (48%) were between 28-37 years, 12 (24%) were between 38 – 45 years. 16 (32%) were illiterate, 6(12%) had primary education 16(32%) had secondary education and 12 (28%) had collegiate education). 24 (48%) were unemployed home makers and 26 (52%) were employed home makers.

Regarding their family's monthly income 6(12%) were below 5000, 16(32%) were 5001-7000, 12 (24%) were 7001-9000, 16 (32%) were getting above 9000. Regarding risk of infection transmission 32 (64%) were high risk and 28 (36%) were not associated with risk of infection transmission.

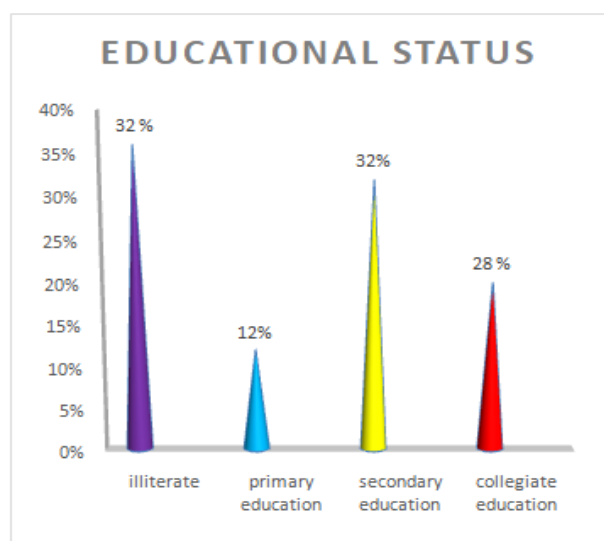


Fig 1. Educational status

In regard with type of family, 38 (76%) from nuclear family, 12 (24%) from joint family. 13 (26%) were resided in isolated areas and 37(74%) were residing in high risk

zone of infection. 36 (72%) were not previously infected with COVID 19 virus and 14(28%) were already infected with COVID 19.

2. Section: Assessment of level of awareness on COVID 19:

Table 2. This table reveals the positive effects of awareness on COVID 19on respiratory etiquettes.

S.No	Self-structured questionnaire	No	Frequency
1.	Hand washing technique		
	Washing hands for 30 mts by following hand washing steps	12	24
	Washing hands as usual without following hand hygiene	38	76
2.	Solution used for hand washing		
	Alcohol based hand rub	21	42
	Soap liquid	29	58
3.	How often you use hand washing		
	Every 1 hour	09	18
	Before and After touching contaminated things	24	48
	Each time after coming home	17	34
4.	Technique of coughing/sneezing in home environment		
	Using elbows	04	8
	Using palms	27	54
	Using hand kerchiefs	12	24
	Using tissue papers	07	14
5.	Use of face mask		
	Cloth mask (washable)	28	56
	Disposable face mask	19	38
	N 95	03	6

This table depicts with significant and positive effects of awareness on COVID 19 on respiratory etiquettes. 12 (24%) had Adequate awareness and 38 (76%) had inadequate awareness on hand washing technique. 21(42%) used alcohol based hand rub and 29 (58 %) used soap liquid. 09(18%) washed hands every 1 hour, 24(48%) washed before and after touching contaminated things and 17 (34 %) washed each time after coming home. 04 (8%) used elbows, 27(54%)used palms, 12(24%) used hand kerchiefs and 07(14%) were used tissue papers while coughing and sneezing in home environment. 28 (56%) were using cloth mask, 19(38%) using disposable face mask and 03(06%)were using N95 face mask.

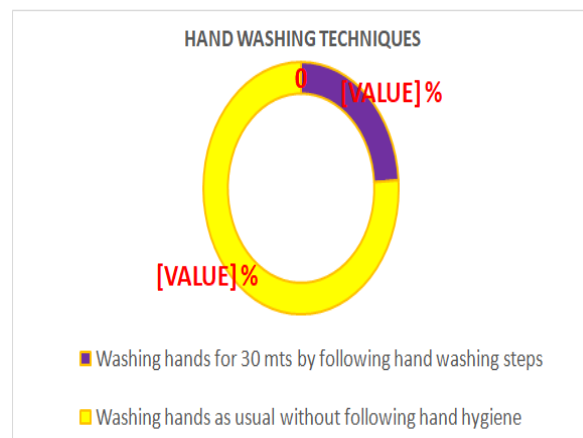


Fig 2. Depicts the Hand Washing Techniques.

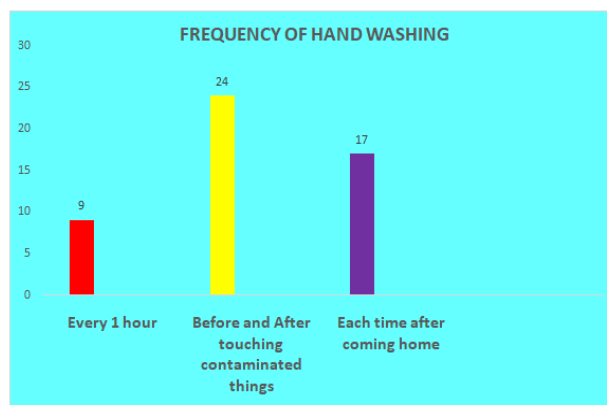


Fig 3. Depicts the Frequency of Hand Washing.

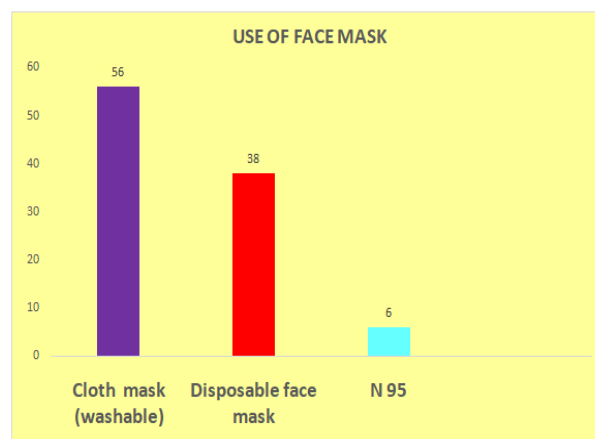


Fig 4. Depicts the Type of Face Mask Used.

V. RESULTS AND DISCUSSION

The findings of this study suggests 61.2% of clients are having inadequate awareness, 28.4% of them having moderately adequate awareness and only 10.4% falls in category of adequate the level of awareness on tuberculosis. This study concludes that around 61% of the clients are having inadequate awareness on covid19 appropriate behaviour.

VI. CONCLUSION

The proportions of awareness regarding covid 19 preventive measure and covid appropriate behaviours are not adequate to the extent of preventing the community spread. Their lacks of awareness on using face mask and hand hygiene as to be improved by implementing the appropriate teaching strategies. This study flashes a light on areas of inadequate awareness which has to be improved in forth coming months.

RECOMMENDATIONS

It is recommended;

- Effects of instructional strategies on improving covid appropriate behaviour
- Survey on awareness on covid vaccination
- Strengthen the educational campaign on covid through mass media

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