



ARE GENERAL PUBLIC STILL TAKING COVID-19 PRECAUTIONS SERIOUSLY? WHY DO I ADHERE TO COVID 19 PRECAUTIONS IN 2022?

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ABSTRACT

Govt of India has taken unprecedented and stringent preventive and precautionary measures against COVID-19 to control its spread, safeguard citizens and ensure their well-being. Various measures to prevent the spread of COVID-19 have been advocated. Public adherence to preventive measures is influenced by their knowledge and attitude toward COVID-19.

Objectives

- To assess the COVID 19 appropriate behaviour followed by general public using self reported practice questionnaire & observational check list.
- To correlate the self reported practice score with observational score
- To explore the COVID appropriate behaviour followed by the general public in case of COVID infection to Self, family members or neighbours using a structured interview schedule.
- To analyse the COVID vaccine acceptance status and the barriers of accessibility.

Hypothesis

H0 1: There is no correlation between the self reported practice score with observational score.

Research Methodology

Research approach: Mixed Methodology

Research design: Convergent design (QUAN + QUAL)

Target Population: Adult population (> 18yrs) residing in Western Maharashtra

Accessible Population: Adult population (>18yrs) residing in selected Urban community of Western Maharashtra and available during data collection period

Sampling technique: Consecutive sampling

Sample size: 200 for quantitative study & 15 subjects who were at high risk and have given consent to share their views till data saturation.

Results Data reveals that maximum subjects compliance with average practice of COVID precautionary measures in day to day life. 84.5% of the observed public greets without physical contact. 60% of the subjects wears face mask properly covering the face. 48.5% follows cough etiquettes. 88% of the subjects are vaccinated. 38% strictly follows COVID 19 precautionary measures, 61.5% follows practices average practices and only 0.5% were observed poor practices. Correlation between self reported practices and observed practices, value calculated using pearson correlation coefficient is 0.1315. The p value calculated is .063439. The result is not significant at $p < .05$. The value of R is 0.1315.

KEYWORDS :

Pandemics always come up with various life-threatening issues. COVID-19 outbreak came up with the same issues along with certain other problems involving public, administrative and healthcare sector concerns. COVID-19 presents the front-line of a new uncertain battle for the human race. The two main routes of transmission are direct interaction with patients and contact with respiratory droplets in the space closely surrounding an infected person. Thus there is an increased risk of rapid transmission of COVID -19 in the public due to lack of knowledge, poor hygiene practices, inadequate awareness, etc.

Govt of India has taken unprecedented and stringent preventive and precautionary measures against COVID-19 to control its spread, safeguard citizens and ensure their well-being. Various measures to prevent the spread of COVID-19 have been advocated. Public adherence to preventive measures is influenced by their knowledge and attitude toward COVID-19.

Need of the Study

COVID-19 has become a part of our life now. People display wide range of behavior and approach to prevent COVID-19. Despite the effort taken by the government and Healthcare professionals, it has been observed that people have let down their guard and have started being casual about them. Public adherence to preventive measures established by the government is of prime importance to prevent the spread of the

disease. Adherence is likely to be influenced by the public's knowledge and attitudes toward COVID-19. Evidence shows that public knowledge is important in tackling pandemics. By assessing public awareness and knowledge about the coronavirus, deeper insights into existing public perception and practices can be gained, thereby helping to identify attributes that influence the public in adopting healthy practices and responsive behavior. Assessing public knowledge is also important in identifying gaps and strengthening ongoing prevention efforts. Therefore, there is a need to conduct a study to assess the prevalence of COVID-19 appropriate behavior by general public.

Problem statement

A mixed methodology study to assess the prevalence of COVID 19 appropriate behaviour and the factors affecting the compliance of behaviour among general public residing in a selected urban community of Western Maharashtra.

Aim

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Analysis & Results

Tab 1: Sociodemographic & base line data

Category	Sub category	Frequency	Percentage
Age	20-30	66	33
	30-40	58	29
	40-50	37	18.5
	50-60	20	10
	60-70	14	7
Gender	Male	89	44.5
	Female	111	55.5
Religion	Hindu	134	67
	Christian	2	1
	Muslim	64	32
Marital status	Married	173	86.5
	Unmarried	26	13
	Divorce	1	0.5
Educational Qlfn	Illiterate	0	0
	Upto X	96	48
	Upto XII	56	28
	Graduation	45	22.5
	Diploma	3	1.5
Occupation	Govt	13	6.5
	Private	51	25.5
	Business	34	17
	House wife	83	41.5
	Daily wages	19	9.5
Type of family	Nuclear	141	70.5
	Joint	59	29.5
Percapita income	<3000	65	32.5
	4000-7000	57	28.5
	7000-10000	43	21.5
	>10000	35	17.5

Tab 2: Awareness of about COVID precautionary measures

Precautionary measures	Frequency	Percentage
Importance of hand washing	200	100
Social distancing	200	100
Preferred greeting by Namaste/Hand wave	179	89.5
Use of mask	200	100
Cough etiquette	116	58
Restriction of visit to public places	200	100
Avoid spitting in open spaces	179	89.5

Care of family members with COVID infection	110	55
Surface disinfection	122	61

This data shows that general public is well aware about the COVID precautionary measures except the cough etiquette, care of family members with COVID infection and frequency of disinfection of surface with frequent contact.

Tab 3: Self reported practice of COVID precautionary measures

Practice score	Frequency	Percentage
0-10 (Poor)	7	3.5
10-20 (Average)	193	96.5
20-30 (Good)	0	0

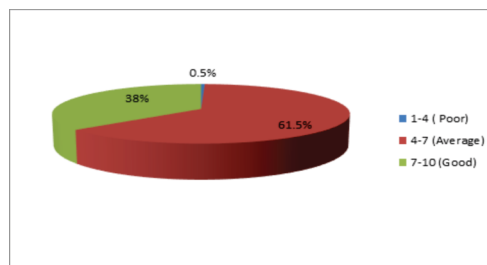
Data reveals that maximum subjects compliance with average practice of COVID precautionary measures in day to day life.

Tab 4 : COVID 19 precautionary measures followed by general public : Observational check list

SNO	Practices	Frequency	Percentage
1	Greets without physical contact	169	84.5
2	Maintains social distance of 6 ft	32	16
3	Wears face mask properly covering nose	120	60
4	Avoids frequently touching mask	90	45
5	Avoids frequently touches face, eyes, nose	79	39.5
6	Use of hand sanitizers	92	46
7	Follows cough etiquettes	97	48.5
8	Avoids touching the frequently used surfaces	54	27
9	Vaccination status with single/ two doses	176	88
10	Enquires of about latest guidelines	78	39

Data shows that 84.5% of the observed public greets without physical contact. 60% of the subjects wears face mask properly covering the face. 48.5% follows cough etiquettes. 88% of the subjects are vaccinated.

Fig 1: COVID 19 precautionary measures observed among the general public



38% strictly follows COVID 19 precautionary measures , 61.5% follows practices average practices and only 0.5% were observed poor practices.

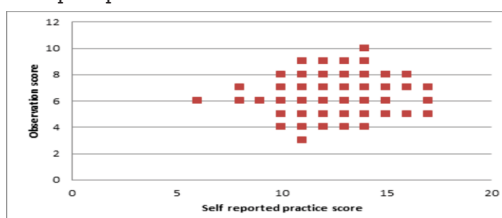


Fig 2: Correlation between self reported practice score and observational score

r value calculated using pearson correlation coefficient is 0.1315. The value of R is 0.1315.

Although technically a positive correlation, the relationship between the variables is weak. The p value calculated is .063439. The result is not significant at $p < .05$. Hence there is no sufficient evidence to reject null hypothesis.

Qualitative data analysis

a. COVID appropriate behaviour followed by the general public in case of COVID infection to Self, family members or neighbours using a structured interview schedule.

15 subjects participated in semi structured interview schedule to explore the COVID appropriate behaviour adopted in case of COVID infection. Thematic analysis revealed the common practices in case of COVID infection

Practice	Frequency
Isolates in a separate room at home	15
Prefers hospitalisation or quarantine facility	3
Restrain self from contact with the infected person	2
Frequent disinfection of home	15
Maintains contact by video calling	4
Taken care of family members wearing double mask & use of sanitizers	6
Isolated entire family for 14 days	9
Symptomatic and not reported to health care facility	0

b. Acceptance of COVID vaccination

All the 15 subjects agreed with the requirement of COVID vaccination, expressed the difficulty faced to get registered in COWIN app and get an appointment in the nearby vaccination centre. Non availability of adhar card number is the another issue pointed out by two participants.

Recommendations

- Spreading more information about cough etiquette
- Emphasis on Education on care of patients at Home
- Continuing the efforts of ensuring 100% vaccination

CONCLUSION

Be it in daily routine or disasters, nurses are on the frontline and are responsible for providing holistic care for all types of patients. Considering the fact that nurses constitute the majority of healthcare providers, they have a critical function in healthcare systems. It's necessary for the nurses to know the behavior of the general public regarding COVID-19. It helps a nurse to take measures to fill the gaps identified both in the knowledge and strengthen the existing practices so as to control the transmission. Nurses working in hospital setting, as well as in community setting plays a vital role in framing the community to practice COVID appropriate behavior, so as to prevent this deadly transmission.

Adherence to novel Coronavirus disease 2019 (COVID-19) appropriate behavior plays a crucial element in the prevention of the infections of COVID-19 in the society.

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