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A STUDY TO ASSESS THE HEALTH-RELATED CHALLENGES FACED BY ADULTS DURING COVID 19 PANDEMIC AND TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON HOME CARE MANAGEMENT OF COVID 19 IN TERMS OF KNOWLEDGE AND PRACTICE AMONG ADULTS IN CHHAWLA.

Nursing

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ABSTRACT

Introduction: COVID-19 is a global epidemic that has been likened in terms of its influence on human behavior to the Second World War, the Great Depression, and the 1918 Spanish Flu. Physical separation and quarantine procedures were enforced to combat the COVID-19 epidemic. **Materials and methods:** The study was conducted in Somesh Vihar Colony, Chhawla, New Delhi. The samples included 100 adults and were selected by systematic random sampling technique. The tools developed and used for data collection were a semi-structured health related challenges assessment performa, structured knowledge interview schedule and structured practice assessment tool. **Results:** The data revealed that the majority (77%) of adults had faced the psychological challenges and 63% of them faced social challenges. In the psychological challenges, most (77%) of the adult felt anxious while going out, and in social challenges, most (63%) were felt isolated, the 14% non-affected adults faced problem in OPD visits for minor ailments. The mean post-test knowledge score 23.33 was higher than the pre-test 15.04. The mean difference of 8.29 with 't' value, t (99) = 21.39 was found to be statistically significant at 0.05 level of significance. In regards to practice, The mean post-test practice score 30.45 was higher than the pre-test 20.14. The mean difference of 10.31 with 't' value, t (99) = 27.09 was found to be statistically significant at 0.05 level of significance. And there was a positive correlation between the post-test knowledge score and post-test practice scores of adults (r = 0.37). There was a significant association between health-related challenges of adults during COVID 19 pandemic and the selected variables i.e., the educational status (11.73), adult suffered from COVID 19 (7.198) and family suffered from COVID 19 (5.371). There was a significant association between post-test knowledge score of adults on home care management of COVID 19 and the selected variable i.e. occupation status (11.20) and there was no significant association between post-test practice score of adults on home care management of COVID 19 and the selected variables. **Conclusion:** The study concluded that majority of the adults have faced psychological challenges and social challenges during COVID 19 pandemic and also the planned teaching program regarding home care management of COVID 19 was meant to be an effective strategy in enhancing the knowledge and practice of adults.

KEYWORDS

Planned teaching program, COVID 19, Health related challenges, home care management.

INTRODUCTION

The emergence of COVID-19 follows two recent coronavirus outbreaks; severe acute respiratory syndrome coronavirus (SARS) in 2002 and Middle East respiratory syndrome coronavirus (MERS) in 2012. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face1. The global pandemic is the latest in a series of modern issues that recognizes no borders. As the world grows even more connected, it is increasingly clear how quickly the problems of one country can ripple across borders and affect the entire world. COVID 19 started locally, but it quickly spread globally reaching nearly every country in the world and affecting each and everything personally and professionally2. The scarcity of the resources has weakened the Indian health care infrastructure, to abide the continues spike in the number of daily coronavirus cases in the country3. More than 2,000 people have been testing positive for the coronavirus every day. This enormous case load will quickly overwhelm institutional quarantine facilities if everyone is moved out of their homes. Also, the facilities set up in railway coaches and open grounds are just too hot and uncomfortable to occupy, and there is a shortage of staff to man them effectively4. Difficulties or challenges faced were mainly lack of protective equipment, concerns about the risk of prevention and control, impact on daily life, work and study, lack of knowledge and consensus, psychological problems and information problems5. Home care management for patients with suspected COVID 19 who present with mild symptoms or asymptomatic cases can be treated in home care management. For those presenting with mild illness, hospitalization may not be possible because of the burden on the health care system, or required unless there is concern about rapid deterioration6.

METHODOLOGY

Research approach is Quantitative research approach. Research design used is Pre-experimental (Pre-test, post-test one group only design.

Table 2: Reliability Of The Tool

TOOL	RELIABILTY	SCORE
Interview schedule on demographic data and challenges faced by adults	Cronbach alpha	0.78
Interview schedule on knowledge	KR-20	0.8
Structured expressed practice checklist	KR-20	0.8
Observation checklist	Inter observer	0.92

Ethical Consideration

- The study was conducted after getting ethical clearance from ethical committee of the college.
- Written informed consent was obtained from the participants.
- Confidentiality was maintained throughout the study.
- Anonymity was maintained throughout the study.

RESULTS

The 93% adults faced psychological challenges, 88% adults faced social challenges, 38% adult faced spiritual challenges and 22% adult faced physical challenges during lockdown in COVID 19 pandemic. The mean post-test knowledge score (23.33) is higher than the mean pre-test knowledge score (15.04) with mean difference of 8.29. The calculated 't' value (21.39) for df 99 is higher than the table value (1.98) at 0.05 level of significance. Thus it is established that the mean difference between pre-test and post-test knowledge scores of group is true difference and is not by chance. This shows that the planned teaching program was effective in enhancing knowledge of the adults. The mean post-test practice score (30.45) is higher than the mean pre-

Table 1: Description Of The Tool

Sr. No.	TOOL	PURPOSE	TECHNIQUE	CONTENT	TOTAL SCORE AND SCORING
1.	TOOL 1 Structured health-related challenges assessment performa	To assess the personal information and the challenges faced by the adults during COVID 19.	Interview	It consists of two sections. Section One: Demographic data. It consists of fourteen questions: • Age, • Gender • Marital status	Total score: 90 Range: 0-90 • Physical challenges(0-33) • Psychological challenges(0-21) • Social challenges(0-24) • Spiritual challenges(0-12)

Sr. No.	TOOL	PURPOSE	TECHNIQUE	CONTENT	TOTAL SCORE AND SCORING
1.	TOOL 1 Structured health-related challenges assessment performa	To assess the personal information and the challenges faced by the adults during COVID 19.	Interview	• Religion • Educational qualification • Occupation • Type of family • Adult suffered from COVID 19 • Family suffered from COVID 19 • Relationship with family • Vaccination status • Type of vaccination • Dosage completion. Section Two: It consists of total of 30 statements • Physical challenges (affected and non-affected adults) • Psychological challenges • Social challenges • Spiritual challenges	
2.	TOOL 2 Structured knowledge interview schedule	To assess the knowledge of adult on home care management of COVID 19.	Interview	It consists of 25 knowledge questions: • Concept of COVID 19 • Mode of transmission of COVID 19 • Risk factors • Sign and symptoms • Diagnostic factors & treatment • Prevention • Hand hygiene • Social isolation • Mask technique • Home care management • Home isolation • Patient monitoring • Respiratory management • Cough etiquette • Dietary management • Stress management • Care of care giver • Ending home isolation • Washing laundary • Waste management	Total score: 25 Range: 0-25 • POOR- (0-07) • AVERAGE- (08-16) • GOOD- (17-25)
3.	TOOL 3 Structured Practice assessment tool	To assess the practice expressed by adults at the time of COVID 19 and to assess the practice done by adults at the time of COVID 19.	Interview & observation	It consists of two sections: Section A: Expressed Practice Checklist: It consist of 15 items. • Home isolation • Monitoring of vital parameters • Diet in COVID 19 • Prevention of COVID 19 Section B: Observational checklist: It consists of 17 items. • Hand washing techniques • Alcohol based hand rub hand hygiene • Wearing of Mask	Total score: 32 Range: 0-32 • Poor practice: (0-11) • Average practice: (12-22) • Good practice: (23-32)

test practice score (20.14) with mean difference of 10.31. The calculated't' value (27.09) for df 99 is higher than the table value (1.98) at 0.05 level of significance. Thus it is established that the mean difference between pre-test and post-test practice scores of group is true difference and is not by chance. This shows that the planned teaching program was effective in improving practice of adults. There was a weak positive correlation (0.37) between post-test knowledge and post-test practice score of adults which is found more than the table value (0.19) at degree of freedom (98) to be statistically significant at 0.05 level of significance. The positive relation between post-test knowledge and post-test practice score shows that as knowledge enhances, it improves practice as well.

There was a significant association between health-related challenges of adults during COVID 19 pandemic and the selected variables i.e., the educational status (11.73), adult suffered from COVID 19 (7.198) and family suffered from COVID 19 (5.371). There was a significant association between post-test knowledge score of adults on home care management of COVID 19 and the selected variable i.e. occupation status (11.20) and there was no significant association between post-test practice score of adults on home care management of COVID 19 and the selected variables.

Table 3: Frequency And Percentage Distribution Of Demographic Data Of Sample Characteristics. N=100

S.NO.	SAMPLE CHARACTERISTICS	FREQUENCY	PERCENTAGE
1.	AGE (IN YEARS)		
	18-30	29	29%
	30-40	40	40%
	40-50	26	26%
	50-60	5	5%
2.	GENDER		
	Male	52	52%
	Female	48	48%
3.	MARITAL STATUS		
	Married	76	76%
	Single	21	21%
	Widow/widower	3	3%
	Divorced	00	0%
4.	RELIGION		
	Hindu	100	100%
	Muslim	00	00%
	Christian	00	00%
	Others	00	00%
5.	EDUCATIONAL LEVEL		
	Illiterate	06	6%
	Primary	26	26%

	Secondary	23	23%
	Senior secondary	18	18%
	Graduate and above	27	27%
6.	TYPE OF FAMILY		
	Nuclear	27	27%
	Joint	73	73%
7.	OCCUPATIONAL STATUS		
	Self-employed/ business	24	24%
	Private employed	25	25%
	Government employed	17	17%
	Unemployed	15	15%
	House maker	19	19%

S.NO.	COVID 19 STATUS OF ADULTS	FREQUENCY	PERCENTAGE
8.	ADULT SUFFERED FROM COVID 19		
	Yes	6	6%
	No	94	94%
9.	FAMILY SUFFERED FROM COVID 19		
	Yes	13	13%
	No	88	88%
10.	RELATIONSHIP WITH FAMILY MEMBER		
	Parents	6	6%
	Wife/husband	3	3%
	Children	3	3%
	Sister/ brother	1	1%
11.	SOURCE OF INFORMATION REGARDING THE CARE OF COVID 19		
	Internet	15	15%
	Television	28	28%
	Health personnel	19	19%
	Friends/ neighbors	6	6%
	Family members/ relatives	27	27%
	Others	5	5%
12.	COVID VACCINATION STATUS		
	Yes	98	98%
	No	2	2%
13.	IF YES, TYPE OF VACCINE		
	Covaxin	11	11%
	Covishield	83	83%
	Others	3	3%
14.	DOSE COMPLETION		
	1st dose	1	1%
	2nd dose	91	91%
	Booster	6	6%
	Not vaccinated	2	2%

Table 4: Mean, Mean Difference, Standard Error Of Mean Difference, T Value Obtained And 't' Value From Table Of Pre-test And Post-test Knowledge Scores Of Adults About Home Care Management Of Covid 19 N= 100

KNOWLEDGE SCORE (25)	SCORE RANGE	MEAN	MEAN DIFFERENCE	Sdd	STANDARD ERROR OF MEAN DIFFERENCE	"t" VALUE OBTAINED
PRE TEST	08-22	15.04	8.29	2.24	0.37	21.39*
POST TEST	24-33	23.33				

"t" value for df (99) level = 1.68 at 0.05 level of significance.

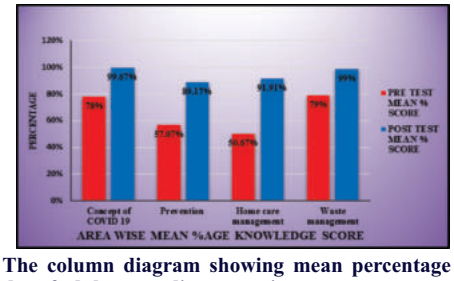

Fig 1: The column diagram showing mean percentage gain in knowledge of adults according to scoring range.

Table 5: Mean, Mean Difference, Standard Error Of Mean Difference, 't' Value Obtained And T Value From Table Of Pre-test And Post-test Practice Scores Of Adults About Home Care Management Of Covid 19 N=100

PRACTICE SCORE (50)	SCORE RANGE	MEAN	MEAN DIFFERENCE	SDd	STANDARD ERROR OF MEAN DIFFERENCE	"t" VALUE OBTAINED
PRE TEST	12-25	20.14	10.31	2.25	0.36	27.09*
POST TEST	26-32	30.45				

"t" value for df (99) level = 1.98, at 0.05 level of significance.

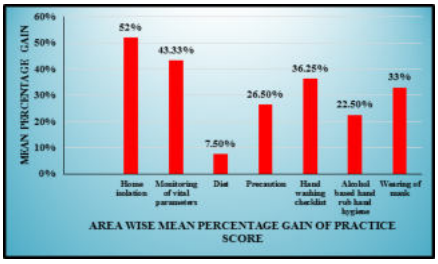

Fig 2: The column diagram showing mean percentage gain in practice of adults.

DISCUSSIONS

The present study indicated that there was a deficit of knowledge and practice of adults about home care management of COVID 19 as evident by mean pre-test knowledge score (15.04) and mean pre-test practice score (20.14). The planned teaching program was effective in enhancing knowledge and improving practice of adults regarding home care management of COVID 19 which is statistically tested. Talah Bakdash.et.al. The study revealed that there was deficit of knowledge in adults about home care management of COVID 19 as evident by post-test mean knowledge score of 11.40 out of 13 (SD = 1.3), which is also consistent with the present study where post-test standard deviation is less than the pre-test standard deviation.

CONCLUSIONS

On the basis of findings of the study, following conclusions were drawn:

The study concluded that the adults have inadequate knowledge and practice about home care management of COVID 19 before administration of planned teaching program. The planned teaching program was effective in enhancing the knowledge of adults of selected rural community about home care management of COVID 19 as evident by statistically tested mean difference of pre-test and post-test knowledge score. The planned teaching program was effective in improving the practice of adults of selected rural community on home care management of COVID 19 as evident by statistically tested mean difference of pre-test and post-test practice score. There was statistically significant relationship between knowledge and practice score of adults of selected rural community after administration of planned teaching program on home care management of COVID 19. The adult has accepted the planned teaching program on Home care management of COVID 19 to great extent.

Recommendations

A similar study can be replicated on large sample and in variety of settings to generalize the findings.

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