



A COMPARATIVE STUDY TO ASSESS THE SELF-EXPRESSED STIGMA REGARDING COVID 19 AMONG RURAL AND URBAN ADULTS OF JAMMU.

Nursing

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ABSTRACT

Objectives: 1. To assess the self - expressed stigma regarding covid -19 among rural adults of Jammu. 2.To assess the self-expressed stigma regarding covid-19 among urban adults of Jammu. 3.To compare the self-expressed stigma regarding covid 19 among rural and urban adults of Jammu. 4.To find association of self-expressed stigma regarding covid 19 with selected socio demographic variables among rural adults. 5.To find association of self-expressed stigma regarding covid 19 with selected socio-demographic variables among urban adults. **Methodology:** : A non-experimental descriptive study was carried out on hundred adults in urban and rural area of city Jammu. non-probability convenient sampling technique was used to select the sample. Data was collected with structured questionnaire. Quantitative research approach was used for this study. The research study was conducted at Rural area(Dhindey kalan,) and urban area(Pacca danga) of Jammu.Target population comprises of adults of rural and urban and accessible population fulfilling inclusion and exclusion criteria. Total sample size of 100 adults was selected for this study. 50 each from rural and urban area. Data was analyzed with descriptive and inferential statistics as per objectives of study. **Results:** The level of score of self-expressed stigma regarding covid-19 revealed that 56% of rural adults had positive self-expressed stigma, 44% had neutral and 0% had negative self-expressed stigma. The calculated Mean and Standard Deviation of self-expressed stigma score 26.80 and 3.375. The level of score of self-expressed stigma regarding covid-19 revealed that 14% of urban adults had positive self-expressed stigma, 86% had neutral and 0% had negative self-expressed stigma. The calculated Mean and Standard Deviation of self-expressed stigma score 22.84 and 3.383. Regarding the association between the level of score of self-expressed stigma for rural adults with selected socio demographic variables, the chi-square value show that there is no significance association between the score level and demographic variables. But in urban adults there is a significant association Educational Status of Adults, Occupational Status of Adults with the score. **Conclusion:** The study concluded that the positive stigma in rural adults is higher than the urban adults whereas in neutral stigma in urban adults is higher than the rural adults.

KEYWORDS

INTRODUCTION

Coronaviruses are zoonotic. This means they first develop in animals before developing in humans. For the virus to pass from animal to humans, a person has to come into close contact with an animal that carries the infection. Once the virus develops in people, coronaviruses can be spread from person to person through respiratory droplets. This is a technical name for the wet stuff that moves through the air when you cough or sneeze. The viral material hangs out in these droplets and can be breathed into the respiratory tract (your windpipe and lungs), where the virus can then lead to an infection¹. The level of stigma associated with COVID-19 is based on many factors, as it is a recent disease surrounded by many controversies, and people are often afraid of the unknown, associating their fear with other infected people. Some persons became fearful of suspicious or infected persons as they are actual risk factors for COVID-19 disease and they held negative attitudes and beliefs toward them. Stigma or discriminatory behaviours may increase due to a lack of knowledge of the novel coronavirus disease, means of transmission, effective treatment options, and preventive strategies. Stigma towards COVID-19 is due to the fear of its mortality and high communicability that can be resolved through proper education and transparent healthcare policies. Also, excessive misinformation could act as a driver or facilitator of stigmatization linked to COVID-19. Thus, improving knowledge would reduce stigma perceptions, particularly among vulnerable groups, including low-income, low-educated, rural residents, and older people. Previous literature has also highlighted that people with better personal resources, such as higher income, higher educational level, better social support, and good mental health, are more knowledgeable about emerging infectious diseases, thus less likely to stigmatize. Furthermore, stigma has been practiced more in some communities, where people are blamed and criticized for spreading the virus². The fatality rate may be much lower as those with mild symptoms are most likely undiagnosed. Only two cases have been confirmed in the United States, both in May of 2014 and both patients had recently travelled to Saudi Arabia. Most cases have occurred in the Arabian Peninsula. It is still unclear how the virus is transmitted from camels to humans. Its spread is uncommon outside of hospitals. Thus, its risk to the global population is currently deemed to be fairly low. 7 The World Health Organization declared the outbreak to be a Public Health Emergency of International Concern on 30 January 2020, and recognised it as a pandemic on 11 March 2020. As of 26 August 2021 in India, more than 3 crore cases of COVID-19 have been, resulting in more than 4 lakh deaths³. When the researcher saw such incidents in the

news and media, many people are suffering from the wrong perception and stigma about COVID19 disease. This is happen because of people do not have sufficient information about the COVID 19 disease. Through this study assess the knowledge and self-expressed stigma regarding COVID-19 Outbreak among adults.

Assumption:

- There may be more self-expressed stigma regarding covid 19 among adults.
- There may be more self-expressed stigma among uneducated adults than among educated adults.

Hypothesis

H0: There was no significant difference in the level of self- expressed stigma regarding covid 19 among rural and urban adults of Jammu

H1: There was significant association between self- expressed stigma regarding covid 19 among rural and urban adults of Jammu with selected socio-demographic variables

Delimitations

1. The study was limited to rural area (dhindey Kalan, Rs pura) and urban area (pacca danga).
2. The study was limited to rural and urban adults of Jammu.
3. The sample size was delimited to 100 adults (50 from rural area and 50 from urban area)

Projected Outcome

At the end of the study, the positive self expressed stigma of rural adults is higher than urban adults where as the neutral self expressed stigma of urban adults is higher than rural adults.

Research Approach

The research approach indicates the basic procedure for conducting research. The present study aim to compare the self expressed stigma regarding covid 19 among rural and urban adults of Jammu. Quantitative research approach was used for this study.

Research Design

In this study, Non-experimental descriptive design was used.

Variables:

Dependent variables: self-expressed stigma

Independent variables: covid 19**Setting Of The Research**

The research study was conducted at Rural area(Dhindey kalan,) and urban area(Pacca danga) of Jammu

Target Population

Target population comprises of adults of rural and urban and accessible population fulfilling inclusion and exclusion criteria

Sample

Rural and urban adults of Jammu

Sample Size

Total sample size of 100 adults was selected for this study.50 each from rural and urban area.

Sampling Technique

The samples for the present study were selected by non-probability convenient sampling technique.

Crit Eria For Sample Selection**Inclusion Criteria**

Rural and urban adults who were :

- present at the time of data collection
- willing to participate in the study.
- able to read and write Hindi/ English language

Exclusion Criteria

Rural and urban adults who were:

- not able to read and write Hindi/ English language.
- differently abled like deaf and dumb.

Description Of Tool:

Tool was prepared on the basis of objectives of the study. “A comparative study to assess the self-expressed stigma regarding covid 19 among rural and urban adults of Jammu”.

Tool prepared for the present study was structured questionnaire divided into two sections.

Section - A: This section included items seeking information on demographic profile.

Section B:- Consists of self-structured stigma questions related to assess the self-expressed stigma regarding covid 19.

Scoring:-

The total attainable score in the questionnaire was 40
CRITERIA MEASURE OF SELF STIGMA SCORES

Postive 27-40
Neutral 14-26
Negative 0-13

Note : The twenty items are scored on a 3- point scale. These responses were recorded into a binary categories with 2 reflecting positive response , zero reflecting negative response and 1 reflecting neutral response of each experience. Reverse scoring followed for negative response.

Plan For Data Analysis:

The analysis of the data will be done in accordance with the objectives of the study using descriptive and inferential statistics. The various statistical measures use for analysis are
For descriptive data analysis

1. Data was presented as frequency counts and percentage.
2. Summarize the characteristics of data set(graphs/charts)

For inferential data analysis

1. Data was presented as Mean $\pm$ SD.
2. Correlation is significant at $P < 0.05$.
3. chi-square was used.

Protection Of Human Rights

Study will be “A comparative study to assess the self-expressed stigma regarding covid 19 among rural and urban adults of Jammu”. Formal permission was taken from the rural area sarpanch and urban area corporator.

Informed consent was also taken from my subjects before

administering the self- structured stigma questionnaire.

Analysis And Interpretation Of Data

The analyzed data was organized according to the objectives and presented under the following

Description of Demographic profile of Rural and Urban adults.

Table No 1: Table shows Socio Demographic profile of Rural and Urban adults.

SECTION-1 SOCIO DEMOGRAPHIC PROFORMA		RUR AL(%)	URBA N (%)	RUR AL(f)	URBA N (f)
Age Group	28-38 Years	34%	38%	17	19
	38-48 Years	26%	30%	13	15
	48 Years and above	40%	32%	20	16
Sex	Male	52%	46%	26	23
	Female	48%	54%	24	27
Type of Family	Nuclear	42%	64%	21	32
	Joint	58%	36%	29	18
	Extended	0%	0%	0	0
	Single parent family	0%	0%	0	0
Educational Status of Adult	Primary education	16%	12%	8	6
	Secondary education	30%	38%	15	19
	Graduation	36%	48%	18	24
	Illiterate	18%	2%	9	1
Occupational Status of Adult	Home maker	44%	34%	22	17
	Private employee	16%	18%	8	9
	Govt. employee	10%	26%	5	13
	Student	16%	16%	8	8
	Unemployed	6%	0%	3	0
	Others	8%	6%	4	3
Residing Region	Urban	100%	100%	50	50
	Rural	0%	0%	0	0
Residence	Rental	18%	30%	9	15
	Own	82%	70%	41	35
Heard About Covid 19	Yes	100%	100%	50	50
	No	0%	0%	0	0
If Yes,From Where	Television	62%	70%	31	35
	Newspaper	14%	14%	7	7
	Social media like Facebook,whats app	18%	16%	9	8
	Relatives/neighbours	6%	0%	3	0
	Other source	0%	0%	0	0

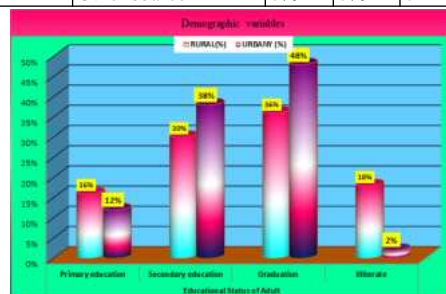


Fig No 1. cylindrical diagram showing percentage distribution according to the educational status of adult

The above figure shows that majority 48% of the urban subjects and 36% of the rural subjects were graduate,30% of the rural subjects and 38% of the urban subjects were having secondary education,16% of the rural subjects and 12% of the urban subjects were having primary education,18% of the rural subjects and 2% of the urban subjects and 18% of the rural subjects were illiterate.

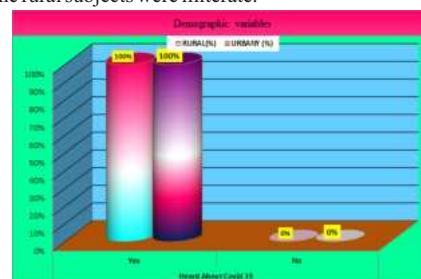


Fig No 2. cylindrical diagram showing percentage distribution according to the heard about covid 19

The above figure shows 100% of the rural subjects and 100% of the urban subjects have heard about covid 19.

Table No 2. Shows Descriptive score according to Demographic variables(urban).

URBAN			SELF- STIGMA SCORES		
Variables	Opts	Mean %	Mean	SD	N
Age Group	28-38 Years	59%	23.53	3.50	19
	38-48 Years	55%	22.13	3.23	15
	48 Years and above	57%	22.69	3.44	16
Sex	Male	55%	21.96	2.96	23
	Female	59%	23.59	3.59	27
Type of Family	Nuclear	57%	22.78	3.12	32
	Joint	57%	22.94	3.90	18
	Extended	0%			0
	Single parent family	0%			0
Educational Status of Adult	Primary education	58%	23.17	6.08	6
	Secondary education	60%	23.95	3.37	19
	Graduation	55%	21.96	2.33	24
	Illiterate	53%	21.00		1
Occupational Status of Adult	Home maker	61%	24.47	4.12	17
	Private employee	56%	22.33	1.87	9
	Govt. employee	54%	21.54	2.22	13
	Student	55%	22.13	2.23	8
	Unemployed	0%			0
	Others	57%	22.67	6.81	3
Residing Region	Urban	57%	22.84	3.38	50
Residence	Rural	0%			0
	Rental	55%	21.87	2.92	15
	Own	58%	23.26	3.52	35
Heard About Covid 19	Yes	57%	22.84	3.38	50
	No	0%			0
If Yes, From Where	Television	57%	22.63	3.25	35
	Newspaper	59%	23.43	4.86	7
	Social media like Facebook,whats app	58%	23.25	2.76	8
	Relatives/neighbours	0%			0
	Other source	0%			0

On the basis of age group 59% of the subject were in the age group of 28 to 38 years , 55% of the subject were in the age group of 38 to 48 years ,57% of the subject were 48 years and above.

On the basis of sex 55% of the subject were male , and 59% of subject were female .

On the basis of type of family 57% of the subject were belong to nuclear family as well as to joint family and 0% of the subject were belong extended and single parent family.

On the basis of educational status of adult 58% of the subject were having primary education, 60% of the subject were having secondary education, 55% of the subject were graduate and 53% of the subject were illiterate.

On the basis of occupational status of adult 61% of the subject were homemaker, 56% of the subject were private employee, 54% of the subject were government employee, 55% of the subject were student, 0% of the subject were unemployed and 57% of the subject were belong to other occupation.

On the basis residing region 57% of the subject were belong to urban region.

On the basis residence 55% of the subject were living in rental house , 58% of the subject were having own house.

On the basis of heard about of covid-19 57% of the subject were heard about covid-19.

On the basis of heard about of covid-19 , If yes from where 57% of the subject were from television, 59% of the subject were from newspaper,

58% of the subject were from social media, 0% of the subject were from relatives and 0% from other source.

Table No3: Showing comparison of frequency and percentage distribution of Level of Score for self-expressed stigma for rural and urban adults.

CRITERIA MEASURE OF SELF- STIGMA SCORE		
CATEGORY SCORE	RURAL f(%)	URBAN f(%)
POSITIVE (27-40)	28(56%)	7(14%)
NEUTRAL (14-26)	22(44%)	43(86%)
NEGATIVE (0-13)	0(0%)	0(0%)
Maximum = 40 Minimum = 0		

Depicts the comparison of level of score for self-expressed stigma regarding the covid-19 among rural and urban adults of Jammu. It show that in rural adults maximum 28(56%) have positive stigma, 22(44%) have neutral stigma and 0(0%) have negative stigma. In urban adults maximum 7(14%) adults have positive stigma, 43(86%) have neutral stigma and 0(0%) have negative stigma.

Table No 4: Table showing Association of Score and Demographic variable (Rural).

DEMOGRAPHIC DATA		LEVELS			ASSOCIATION WITH RURAL SCORES				
Variables	Opts	POSITIVE	NEUTRAL	NEGATIVE	Chi Test	P Value	df	Table Value	Result
Age Group	28-38 Years	0	6	11	1.66	0.4	2	5.9	Not Significant
	38-48 Years	0	5	8	7	35		91	
	48 Years and above	0	11	9					
Sex	Male	0	13	13	0.79	0.3	1	3.8	Not Significant
	Female	0	9	15	1	74		41	
Type of Family	Nuclear	0	8	13	0.51	0.4	1	3.8	Not Significant
	Joint	0	14	15	2	74		41	
	Extended	0	0	0					
	Single parent family	0	0	0					
Educational Status of Adult	Primary education	0	4	4	5.62	0.1	3	7.8	Not Significant
	Secondary education	0	9	6	8	31		15	
	Graduation	0	4	14					
	Illiterate	0	5	4					
Occupational Status of Adult	Home maker	0	9	13	1.56	0.9	5	11.	Not Significant
	Private employee	0	5	3	3	06		070	
	Govt. employee	0	2	3					
	Student	0	3	5					
	Unemployed	0	1	2					
	Others	0	2	2					
Residing Region	Urban	0	22	28		N. A		N. A	
	Rural	0	0	0					
Residence	Rental	0	6	3	2.28	0.1	1	3.8	Not Significant
	Own	0	16	25	9	30		41	
Heard About Covid 19	Yes	0	22	28		N. A		N. A	
	No	0	0	0					
If Yes,From Where	Television	0	14	17	0.16	0.9	3	7.8	Not Significant
	Newspaper	0	3	4	0	84		15	
	Social media like Facebook,whats app	0	4	5					
	Relatives/neighbours	0	1	2					
	Other source	0	0	0					

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected

demographic variables

The Chi-square value shows that there is no significance association between the score level and demographic variables (Age, Sex, Type of Family, Educational Status of Adults, Occupational Status of Adults, Residing Region, Residence, Heard about Covid-19, If Yes From Where). The calculated chi-square values were less than the table value at the 0.05 level of significance.

Table No 5: showing Association of Score and Demographic variable (Urban).

Demographic Data		Levels			ASSOCIATION WITH URBAN SCORES				
Variables	Opts	POSITIVE	NEUTRAL	NEGATIVE	Chi Test	P Value	df	Table Value	Result
Age Group	28-38 Years	0	15	4	1.589	0.452	2	5.991	Not Significant
	38-48 Years	0	13	2					
	48 Years and above	0	15	1					
Sex	Male	0	22	1	3.296	0.069	1	3.841	Not Significant
	Female	0	21	6					
Type of Family	Nuclear	0	27	5	0.195	0.659	1	3.841	Not Significant
	Joint	0	16	2					
	Extended	0	0	0					
	Single parent family	0	0	0					
Educational Status of Adult	Primary education	0	3	3	8.599	0.035	3	7.815	Significant
	Secondary education	0	16	3					
	Graduation	0	23	1					
	Illiterate	0	1	0					
Occupational Status of Adult	Home maker	0	11	6	12.217	0.016	4	9.488	Significant
	Private employee	0	9	0					
	Govt. employee	0	13	0					
	Student	0	8	0					
	Unemployed	0	0	0					
	Others	0	2	1					
Residing Region	Urban	0	43	7	0.957	0.328	1	3.841	Not Significant
	Rural	0	0	0					
Residence	Rental	0	14	1	0.957	0.328	1	3.841	Not Significant
	Own	0	29	6					
Heard About Covid 19	Yes	0	43	7	0.957	0.328	1	3.841	Not Significant
	No	0	0	0					
If Yes, From Where	Television	0	31	4	1.442	0.486	2	5.991	Not Significant
	Newspaper	0	5	2					
	Social media like Facebook, WhatsApp app	0	7	1					
	Relatives/neighbours	0	0	0					
	Other source	0	0	0					
		0	0	0					

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

The Chi-square value shows that there is significance association between the score level and demographic variables (Educational Status of Adults, Occupational Status of Adults). The calculated chi-square values were less than the table value at the 0.05 level of significance.

There is no significance association between the level of scores and other demographic variables (Age, Sex, Type of Family, Residing Region, Residence, Heard about Covid-19, If Yes From Where). The

calculated chi-square values were less than the table value at the 0.05 level of significance.

DISCUSSION

The study was conducted to assess the self-expressed stigma regarding covid-19 among rural and urban adults of Jammu. A non-experimental descriptive design was used in this study. The study subjects were selected by using no-probability convenient based on the inclusion and exclusion criteria self-structured questionnaire was used to find out the self-expressed stigma regarding covid-19 among rural and urban adults of Jammu.

The responses were analyzed through descriptive and inferential statistics (chi-square and t-test). In this chapter, the study findings are discussed according to objectives.

The first objective of the study was to assess the self-expressed stigma regarding covid-19 among rural adults of Jammu. The self-expressed sigma regarding covid-19 among rural adults of Jammu 28 (56%) was positive, 22(44%) was neutral and 0(0%) was negative.

The self-expressed stigma means value=26.80 and S. D=3.375. The investigation felt the existing self-expressed stigma regarding covid-19 among rural adults was positive.

These study findings were supported by a Sabuj Kanti Mistry, A.R.M Mehrab Ali among Bangladeshi older adults. Findings revealed that 62.61 of participants had a high level of stigma.

The second objective of the study was to assess the self-expressed stigma regarding covid-19 among urban adults of Jammu.

The self-expressed stigma regarding covid-19 among urban adults of Jammu.7(14%) was positive, 43(86%) was neutral and 0(0%) was negative.

The self-expressed stigma mean value=22.84 and S.D=3.383. The investigator felt that the existing self-expressed stigma regarding covid-19 among urban adults was neutral.

These study findings were supported by Ali Ahmad Rafiei-Rad, Fatemeh sadat Mirfazeli among general population in Iran. Findings revealed that 86.8% of participants reported a low level of stigma with a score below 31. 13.2% of them demonstrated a moderate level of stigma and none of the participants showed a high level of stigma.

The third objective of the study was to compare the self-expressed stigma regarding covid-19 among rural and urban adults of Jammu.

The self-expressed stigma mean value=26.80 and S.D=3.375 among rural adults where as self -expressed stigma mean value=22.84 and S.D=3.383 among urban adults.

These study findings were supported by Reshma tamang.in this study the researcher found that mean value=20.55 and S.D = 4.55 among adults.

CONCLUSION:

The finding shows that in rural adults maximum 56% have positive stigma , 44% have neutral stigma and 0% have negative stigma whereas in urban adults maximum 14% have positive stigma , 86% have neutral stigma and 0% have negative stigma.

The study concluded that the positive stigma in rural adults is higher than the urban adults whereas in neutral stigma in urban adults is higher than the rural adults.

Implication In Nursing Practice

- The nurse should organized exhibition in community area to impart adequate knowledge regarding on prevention and control of covid-19.
- School health nurse should involve parents, school teachers, and community leaders and organized various health education programs in school and community to improve the knowledge related to covid-19.
- It is the responsibility of community health nurse to identify health related behaviour of the community and accordingly she motivate the public for health promoting behaviour.

Implication In Nursing Education

- Nursing educator should motivate the population to ensure that they learn about self-expressed stigma regarding covid-19.
- The nursing educator should provide information regarding covid-19.

Implication In Nursing Administration

- There is need to encourage and conduct further research studies in our country regarding self-expressed stigma among covid-19.
- As evidence from review of literature more research need to be conducted on self-expressed stigma regarding covid-19.

Implication In Nursing Research

- Nursing has become a complex and highly varied practice discipline with the rapidly growing well developed and well documented scientific and humanistic knowledge based.
- Administration support should be provided to conduct in service educational program for nursing personnel regarding awareness about covid-19.
- Nurse administrator should evaluate the effectiveness of health education programmes conducted at community regarding covid-19.

Recommendations.

- Similar study could be conducted in different settings like hospital, nursing colleges and schools.
- Similar study could be conducted as comparative study between men and women.
- Similar study be undertaken with large number of sample, which might lead to generalization.
- A quasi experimental study can be conducted to assess and compare the effectiveness of covid-19 awareness programme on self-expressed stigma among adults.

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