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A Study to Assess the Effectiveness and Competency Programme and Precautions of COVID-19 Among Urban People

M. Kavitha[1*], B. Aparanaroshini[2], M. Ashifa[3], A. Aswini[4]
[1,2,3,4]*Saveetha College of Nursing, SIMATS, Chennai, India*

***Abstract*: This study aimed to investigate the assess the knowledge Covid19 precaution and competency This study aimed to investigate the assess the knowledge Covid-19 precaution and competency programme pre test and post test level of knowledge and its influencing factors among Urban people during the novel coronavirus (COVID-19) pandemic. A questionnaire -based survey was conducted at Urban primary health center. The multiple questionnaire included items on the demographic characteristics of Urban people's and a to assess the knowledge among urban peoples caring with a highly infectious disease. The present aim was to assess the level pre test and post test knowledge among Urban people's. A quantitative approach with descriptive research design was adopted for the present study. 60 Urban people's among which (n=60) were selected by using Random sampling technique. A self-structured multiple choice questionnaire method was used to collect both the demographic data and the existing level of knowledge on among Urban people's during Covid19 pandemic. Among 60 study participants, the Presents study Findings of the present study revealed that, the most of Urban people's in had an adequate level of knowledge. pretest, all 60(100%) had inadequate knowledge on Covid-19. Whereas in the post test after the administration of video assisted teaching on Covid-19, 32(53.33%) had moderate knowledge and 28(46.67%) had adequate knowledge.**

***Keywords*: Competency, programme, precautions, COVID-19.**

1. Introduction

The novel coronavirus pneumonia (COVID-19) caused by a novel coronavirus (SARS-CoV-2) infection emerged in 2019. It is similar to the severe acute respiratory syndrome (SARS) that broke out from 2002 to 2003, in that the pathway of transmission is unclear but it can spread with human to-human transmission. Symptoms appear within about 2 to 14 days from virus infection, and the disease progresses rapidly from an asymptomatic state or mild symptoms to severe symptoms or even death. The rate of transmission of COVID-19 is quite high, with 2 732 709 people diagnosed worldwide by the end of April 2020, covering 184 countries worldwide. The number of deaths continues to increase, with a fatality rate of 6.95%, exceeding the number of SARS cases worldwide [1].

In December 2019 multiple unexplained cases of pneumonia, we're reported in Wuhan Hubei province China epidemiology findings revealed severe human to human transmission which was later confirmed to be caused by a novel coronavirus 2019 COVID infection [2] The world health organization (WHO) named it coronavirus disease 2019Compared to past outbreak such as SARA and Ebola, COVID-19 is highly infections during the incubation period and asymptomatic infection persist. It can be transmitted through respiratory droplets contact and aerosols as a result COVID-19 has caused large scale infection world-wide leading to a pandemic as a Feb 22,2020 China has reported 51,699 confirmed caused including Hong Kong Macao and Taiwan the number include 10,968severe cases a total of 22,888 discharged patient, 2442 deaths, and 76,936 confirmed cases. There we're 4148 suspected cases A total of 628,517close contacts were tracked and 106,089close contact we're still in medical observation A total of 1,719 confirmed cases and 17deaths have occurred in other countries as a February 2020. [3]

Due to rapid spread of COVID19 it's strong contagion factor lethality in severe cases of no specific medication it's poses a huge threat to human life and health. The disease also has a huge impact on mental health causing people to experience various degrees of emotional problems [4].

As of December 12, 2020, India has 69808588 confirmed cases of COVID-19, 1588854 confirmed deaths near 220 countries, areas or territories with problem. This level of spread and severity of the disease have therefore raised the bar for the entire world to manage this stressful crisis and urged the world health organization to officially characterize COVID-19 as a pandemic. The disease is highly infectious and it's transmitted from one person to another person by directly or indirectly. As with other respiratory viruses, SARS-COV-2 transmission occurs with high efficacy and infectivity mainly through the respiratory route, Droplet transmission is the main recognized route. The clinical symptoms of the disease usually start after less than a week which consisting fever, fatigue, dries cough, and other signs of upper respiratory tract infections. The infection can progress to severe disease with dyspnoea, myalgia and severe chest pain & the initial symptoms of the corona virus disease can be developed from 4 to 14 days. [5]

However, for such measures to be effective, public adherence is essential which is affected by knowledge, attitudes and

*Corresponding author: sconpublication2019@gmail.com

practices towards COVID-19. The knowledge and attitudes towards infectious diseases are associated with serious panic and other emotional reactions among the population, which can further complicate attempts to prevent of the diseases. KAP important cognitive key in public health regarding health prevention and promotion and it also involves a range of beliefs about the causes of the disease and exacerbating factors, identification of symptoms and available method of treatments and consequences. [6]

2. Objectives

- To assess the demographic variable among Urban people.
- To assess the level of knowledge regarding of COVID-19 among Urban people.
- To determine the effectiveness of video-assisted teaching regarding management of COVID-19 among Urban people.
- To find out the association between pre and post-test knowledge regarding management of COVID-19 among people living in Urban area.

3. Materials and Methods

A Quasi-experimental research design was used to assess the effectiveness of competency programme and precautions of COVID-19 knowledge among Urban people. The was conducted in Chinna porur, kanchipuram District. The sample size comprised 60 Urban people's, those who the inclusion criteria. The random sampling technique was used to collect the data from the sample. The inclusion criteria. Those who are willing to participate in the study. Those who are available during the data collection. Those who are not willing to participate in the study were excluded. Explained about the study and informed consent was obtained. Data were collected by structured multiple-choice questionnaires. Confidentiality was maintained throughout the study. The pre-test was conducted and video assisted teaching was given and the post-test was conducted. Collected data were analyzed by using descriptive and inferential statistics.

4. Result and Discussion

This section deals with analysis and interpretation of the data collected from 60 people living in urban area. The data was organized, tabulated and analyzed according to the objectives. The findings of the current study that people living in urban area, 30(50%) were aged between 40 – 60 years, 31(51.7%) were male, 24(40%) were Hindu, 30(50%) were unemployed, 33(55%) had a monthly income of 10,000 – 15,000, 34(56.7%) were married, 47(78.3%) were non-vegetarian and 18(30%) had the habit of consuming alcohol and the habit of consuming alcohol and smoking.

Description of the demographic variables of people living in urban area

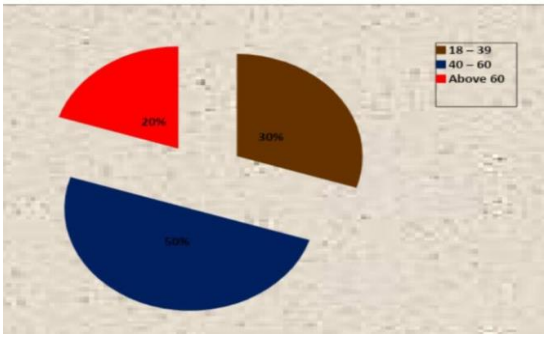

Fig. 1. Percentage distribution of age of the people living in urban area

Assessment of level of knowledge on covid -19 among people living in urban area:

Table 1
Frequency and percentage distribution of pre-test and post test level of knowledge on Covid-19 among people living in urban area (N = 60)

Knowledge	Inadequate (≤50%)		Moderate (51 – 75%0		Adequate (>75%)	
	No.	%	No.	%	No.	%
Pretest	60	100.0	0	0	0	0
Post Test	0	0	32	53.33	28	46.67

The above table 1 shows that in the pretest, all 60(100%) had inadequate knowledge on Covid-19. Whereas in the post test after the administration of video assisted teaching Covid-19, 32 (53.33%) had moderate knowledge and 28 (46.67%) had adequate knowledge.

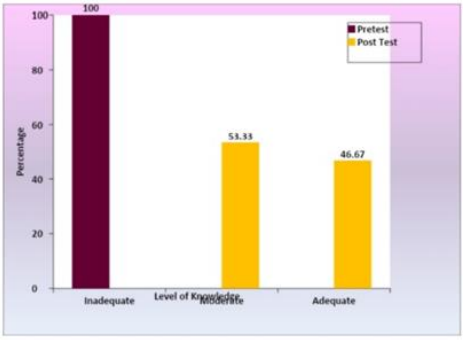

Fig. 2. Percentage distribution of pretest and post test level of knowledge on Covid-19 among people living in urban area

Effectiveness of video assisted teaching on knowledge on covid among people living in urban area:

Table 2
Comparison of pre-test and post test level of knowledge on Covid-19 among people living in urban area (N = 60)

Knowledge	Mean	S.D.	Paired 't' test Value
Pretest	3.35	1.46	t = 49.568
Post Test	18.27	2.23	p = 0.0001 S***

***p<0.001, S – Significant

The table 2 shows that, the pre-test mean score of knowledge was 3.35±1.46 and the post test mean score of knowledge was 18.27±2.23. The calculated paired 't' test value of t = 49.568

was found to be statistically highly significant at p<0.001 level. This clearly infers that administration of Health Education on Covid-19 to people living in urban area was found to be effective in improving the level of knowledge on Covid-19 in the post test.

The table also shows that in the control group, the pretest mean score of PPBS was 174.20±16.28 and the post test mean score of FBS was 174.0±15.87. The calculated paired 't' test value of t = 0.494 was not found to be statistically significant at p<0.05 level.

Discussion:

The aim of the present study was to assess effectiveness of competency precaution programme Covid19 among people living in Urban area. The self-administered questionnaire was used to evaluate the knowledge on COVID 19. The response was analyzed through descriptive statistics and inferential statistics. Discussion of the findings was arranged based on the objectives of the study.

The first objective of this study To assess the demographic variables among people living in urban area the study findings revealed that Out of 100 samples regarding to shows that people living in urban area, 30(50%) were aged between 40 – 60 years, 31(51.7%) were male, 24(40%) were Hindu, 30(50%) were unemployed, 33(55%) had a monthly income of 10,000 – 15,000, 34(56.7%) were married, 47(78.3%) were non-vegetarian and 18(30%) had the habit of consuming alcohol and the habit of consume alcohol and smoking.

The second objective of this study was to assess the pre-Level of knowledge COVID-19 among people living in urban l area. shows that in the pre-test, all 60(100%) had inadequate knowledge on Covid-19. Whereas in the post test after the administration of video assisted teaching on Covid-19, 32(53.33%) had moderate knowledge and 28(46.67%) had adequate knowledge.. pre-test and post test level of knowledge on Covid-19 among people living in urban area.

Effectiveness of video assisted teaching on knowledge on covid-19 among people living in urban area:

Finding, the pre-test mean score of knowledge was 3.35±1.46 and the post test mean score of knowledge was 18.27±2.23. The calculated paired 't' test value of t = 49.568 was found to be statistically highly significant at p<0.001 level. This clearly infers that administration of video assisted teaching on Covid-19 to people living in urban area was found to be effective in improving the level of knowledge on Covid-19 in the post test shows that in the control group, the pretest mean score of PPBS was 174.20±16.28 and the post test mean score of FBS was 174.0±15.87. The calculated paired 't' test value of t = 0.494 was not found to be statistically significant at p<0.05 level.

Association of post level of knowledge on Covid-19 among people living in urban area with their selected demographic variables in the experimental group shows that the demographic variable age had shown statistically significant association with post test level of knowledge on Covid-19 among people living in urban area at p<0.05 level. The other demographic variables had not shown statistically significant association with post test level of knowledge on Covid-19 among people living in urban area.

5. Conclusion

The findings of the study revealed that video-assisted teaching on Covid19 management of COVID-19 helped to improve the level of knowledge among Urban people. The study concluded that there is no significant difference between the levels of knowledge on management of COVID-19 among Urban people.

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