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Assessment of knowledge and attitude on COVID appropriate behaviors among adults at selected village in Chengalpattu District

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Abstract

Introduction

The coronavirus disease pandemic (COVID-19) has impacted everyone, including adults. To contain an outbreak, accurate information about the illness, how it spreads, how to prevent it, and official alerts are essential. We assessed a subset of adult's knowledge, and attitudes that influence clinical outcomes.

Method:

Andescriptive research methodology was used to evaluate adult participants' attitudes and level of knowledge regarding COVID-appropriate behavior. 19- 35 years of adults residing in selected village of Chengalpattu district was selected as sample. A sample size is 30 both male and female were selected by probability sampling techniques. Throughout the course of ten days, multiple choice questionnaires were used to collect the data.

Result:

From this study it shows that the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village at Chengalpattu district is 14(46.67%) of the adults were having poor Knowledge and attitude, 9(30%) of the adults were having average Knowledge and attitude and 7(23.33%) of the adults were having good Knowledge and attitude.

Conclusion:

The results of the study showed that adults had a poor comprehension of COVID-19, acceptable behavior. Age, sex, married status, education level, family monthly income, family kinds, prior hospital stay, and health information source all had varied degrees of influence on knowledge, attitudes, and actions. Behaviors were also influenced by attitudes and knowledge.

Chapter i

Introduction:

The most valuable asset that humans possess is their health since it provides a strong basis for enjoyment and is essential to human growth and productivity.

A situation of relative balance in the body that enables an effective dynamic response to outside stimuli is known as health. Health and sickness are dynamic, ever-changing states that are influenced by various external factors. Disease is the result of any disruption in the body's relative homeostasis. The Wuhan, China, government announced on December 31 that scores of patients were

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being treated by medical professionals. A few days later, Chinese researchers discovered a novel virus that was infecting scores of individuals throughout Asia. India declared a total lockdown starting at midnight on March 24, 2020, for 21 days in an attempt to halt the spread of the novel corona virus illness COVID-19. Coronaviruses are a large family of viruses that can cause everything from the common cold to more serious infections like Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS).A novel corona virus (CoV) is a new strain of the virus that has never been observed in humans. Saliva or nasal discharge from an infected person's cough or sneeze is the main way that the COVID-19 virus spreads. Most COVID-19 virus infections cause mild to moderate respiratory illness, which can be treated on its own without the need for specialized care. The best defense against and way to slow down transmission of the COVID-19 virus is to be fully informed about the virus, the illness it causes, and how it spreads. To avoid infections in yourself and other people, refrain from touching your face, wash your hands frequently, and apply an alcohol-based rub (WHO).

The coronavirus disease pandemic (COVID-19) has impacted everyone.including students and adults. To contain an outbreak, accurate information about the illness, how it spreads, how to prevent it, and official alerts are essential. We assessed a subset of adult knowledge and attitudes that influence clinical outcomes.

The first incidence of COVID-19 was reported in Kasaragod town, Kerala state, India, on January 30, 2020. As of May 6, 2020, 1,694 deaths and 49,391 cases had been reported (WHO, 2020b). India imposed a statewide lockdown on March 25, 2020, to limit the epidemic; this lockdown has been prolonged until May 31, 2020, at the latest.

Nizam et al., 2020 The residents were told to avoid social situations and stay at home. Officially known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), this coronavirus strain is the source of COVID-19 and was not previously known to exist. The main ways that it transmits from person to person are through close contact and contaminated surfaces, frequently through tiny droplets that the infected person coughs, sneezes, or talks (CDC, 2020a; WHO, 2020). The peak period of COVID-19 contagiousness occurs right after symptoms appear, while cases without symptoms have been known to disseminate the virus. The typical symptoms of the incubation period, which lasts between two and fourteen days, include fever, coughing, and dyspnea.

Chen et al, 2020 For COVID-19, there is only supportive therapy and symptomatic management available (CDC, 2020d); there is no recognized vaccine or efficient antiviral medication (WHO, 2020c). In order to empower individuals, it is crucial to educate them and efficiently convey correct information about the preventive actions (such as washing your hands, covering your mouth when you cough or sneeze, and keeping social distance and self-isolation).

Need for study

Rapid transmission is a defining feature of COVID-19, and it can happen through intimate contact with an infected individual (5–9). Information on the illness is changing. As a result, there can be several ways for the transmission to happen. From Wuhan, China, COVID-19 has quickly and widely spread to other regions of the world, endangering the lives of numerous individuals. The World Health Organization (WHO) declared a public health emergency of global significance by the end of January 2020 and urged cooperation from all nations to stop its rapid spread. Afterwards,

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COVID-19 was dubbed a "global pandemic" by the WHO.

Sameer Mehrotraet.,2020carried out research and declared In all, 827 medical professionals took part in the research. Of them, 65.5% had a moderate degree of expertise, scoring between 60% and 79%. The scores of physicians, nurse officers, and dental surgeons did not differ statistically significantly ($p = 0.200$). Regarding clinical signs, the mode of transmission, and preventive measures, the participants' understanding was adequate. However, the study found some knowledge gaps regarding the care of deceased corpses, the use of management guidelines, and the management of biomedical waste in COVID-19 situations.

Singhet ., al 2020examined in the study Evaluate students' knowledge, attitudes, and practices around the COVID-19 pandemic. conducted a cross-sectional survey among students at IIHMR University between March 31, 2020, and April 10, 2020, just after India's national lockdown. We recruited 529 students via purposive sampling, and of them, 44% completed a semi-structured questionnaire. The participants' knowledge level was evaluated by a scoring system, and significant ($p < 0.05$) differences between the groups were found using the chi-squared and t-tests. Findings: Sixty-six percent of students understood about treatment modalities, and over seventy percent had a solid understanding of COVID-19 symptoms, method of transmission, and prevention measures. TV (77%) and social media (83%) were their main information sources. The majority of students demonstrated a willingness to abide by lockdown and social distancing protocols; only 27% of them thought there was a risk of infection. Almost all pupils said they followed the government's health advice.

Peng et al., 2020has out a study on the pathogenesis of COVID-19; new data are being produced every day. On the other hand, false information and beliefs have proliferated due of the pandemic-induced hysteria. Governments have therefore advised people to verify the veracity of information before forwarding it to others. A distinct group of students, known as university students, lack life experience yet have greater liberty and an urgent need to live independently. Additionally, among the most active users of numerous social media networks are university students. Their attitudes and actions may have a significant influence on how quickly a pandemic spreads. It is crucial to assess their comprehension of the COVID-19 epidemic as a result. In order to gather information on adults in a particular village regarding their knowledge, attitudes, and practices (KAP) related to COVID-19, we carried out a cross-sectional survey.

Statement Of The Problem

Assessment of knowledge and attitude on COVID appropriate behaviors among adults at selected village in Chengalpattu District

Objectives

1. Determine the level of knowledge and attitude on COVID appropriate behaviours among adults
2. Associate the level of knowledge and attitude on COVID appropriate behaviours among adults with demographical variables.

Operational Definition

Knowledge

Knowledge is awareness or familiarity with something or someone, including procedural knowledge and descriptive facts and skills.

Attitude:

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Attitude is a psychological construct, a mental and emotional entity that inheres in or characterizes a person.

Appropriate Behavior:
It refers to any appropriate behavior on behalf of patients, suggesting enhancements to patient care, taking part in the management, direction, or activities of the organized medical staff, or practicing a profession, even if it is in rivalry with the District.

Adults:
The person or animal that has grown to full size and strength: An **adult** under English law is someone over 18 years old.

Covid
Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

Assumption
The adult groups above above 18 years are having inadequate knowledge about COVID**Appropriate behavior**
This adults may help to assess the knowledge of adult groups regarding COVID Management.

Limitations
a. The study's duration was 10 days
b. There were only 30 samples in the sample size.
c. Beneficier's who are residing in selected village.

Chapter ii
Review of literature:
Research must be preceded by a review of the body of existing literature. It piqued our curiosity and made us want to learn more.Thus, the seed for more inquiry is sown each time we read about expanding our knowledge on a certain topic.
In general, good research advances our understanding. Without supporting literature, the body of scientific knowledge should be basically equivalent to a piece of paper with very little practical use until it has been carefully examined and refined to create a theoretical framework for additional research.
The chosen studies that are relevant to this topic are covered in this chapter.
Part: I: Studies related to prevalence of COVID
PART:II Studies related to knowledge of COVID

Part: I: Studies related to prevalence of COVID
FahadAlsohime., et al(2021) Globally, new COVID-19 infections in the adult age range have significantly increased morbidity and mortality. Likewise, within the chosen patient cohort, pediatric SARS-COV-2 infections carry a significant risk. A targeted literature search was conducted on published reports between December 1, 2019, and August 20, 2020. Investigating the genesis, clinical manifestations, and prognosis of youngCOVID-19 patients was the goal. Children's viral respiratory infections are linked to significant societal costs. Furthermore, children who have asymptomatic SARS-COV-2 infections may transmit COVID-19 to their parents and other caretakers. Living in endemic locations, having a travel history, and having close contact with a family member who has tested positive for SARS-COV-2 were the main risk factors for pediatric COVID-19 cases that have been documented. ICU-dependent children with COVID-19 had a number of concomitant conditions, including cancer. Numerous cases of multisystem inflammatory syndrome (MIS-C) in children and adolescents temporarily associated with COVID-19 were recorded as the pandemic progressed. Neonates born to COVID-19-affected moms are a special population because of the pressing need to maximize

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their care and prognosis during this quickly spreading epidemic. Because it affects disease transmission control methods, early detection of SARS-COV-2 infection in infants and children has significant direct management implications for these children as well as public health concerns.

Wanqi Yu., et al(2021) states thatPeople are becoming more conscious of how obesity affects infectious diseases as it becomes more common. Obesity has been found to be a risk factor determining the severity of illness in individuals infected with the Middle East respiratory syndrome (MERS) coronavirus and influenza A in previous outbreaks. Worldwide, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is to blame for a significant number of fatalities and health problems. A growing body of research has connected fat to more severe COVID-19 infection and death. The influence of obesity on COVID-19 patients is the main topic of this review. We conducted a thorough analysis of the several ways that obesity affects the severity of the condition.Furthermore, we outlined preventative and management strategies for COVID-19 patients who are obese at the individual and hospital levels, taking into account the vulnerability of obese individuals to the pandemic. We also talked about the effects of isolation on obese individuals.

Lale A Ertuğlu., et al(2021) Millions of people have been impacted globally by the severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) pandemic that began in December 2019 and for which there are still many unanswered questions. According to recent research, a large number of COVID-19 hospitalized patients experience acute kidney injury (AKI), hematuria, or proteinuria as a result of renal impairment. AKI is a mortality predictor and is particularly common in severe and severely ill COVID-19 patients. Uncertainty surrounds the pathogenesis of AKI in COVID-19. Early reports of histopathologic analysis from autopsied kidney tissue reveal SARS-CoV-2 virus particles in renal tubular cells and podocytes, indicating acute tubular necrosis and possible glomerulopathies and rhabdomyolysis-associated AKI.Currently, the only medication approved to treat COVID-19 is remdesivir. Research on the potential of antiviral and anti-inflammatory treatments, as well as the safety and effectiveness of frequently prescribed medications such renin-angiotensin-aldosterone system blockers, is still ongoing. This study highlights potential processes of AKI and suggests organ protective methods to avoid the development of kidney damage. It also covers the prevalence of AKI and its relationship to outcome.

TaulantMuka.,et al.,(2021) Healthcare professionals (HCWs) are on the front lines of the COVID-19 pandemic response, but they also carry a higher risk of contracting the illness and infecting patients and others. To conduct a comprehensive assessment of the literature on the incidence, risk factors, clinical features, and prognosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection among healthcare workers, searches were conducted across eight bibliographic databases. Ninety-seven studies, all published in 2020, fulfilled the inclusion requirements. Using reverse transcription-polymerase chain reaction and the presence of antibodies, the estimated prevalence of SARS-CoV-2 infection from HCWs' samples was 11% (95% confidence interval (CI): 7, 15) and 7% (95% CI: 4, 11), respectively.The majority of COVID-19-positive medical staff were employed in hospital non-emergency wards at the time of screening (43%, 95% CI: 28, 59), whereas nurses were the professionals most frequently afflicted (48%, 95% CI: 41, 56). Only three symptoms—myalgia, fever, and anosmia—were linked to HCW SARS-CoV-

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2 positive. 40% (95% CI: 17, 65) of HCWs who tested positive for COVID-19 by reverse transcription-polymerase chain reaction did not exhibit any symptoms when they were first diagnosed. Ultimately, among the HCWs with COVID-19, 5% (95% CI: 3, 8) experienced significant clinical sequelae, and 0.5% (95% CI: 0.02, 1.3) passed away. Healthcare personnel bear a heavy burden from COVID-19; nurses and staff in hospital non-emergency wards are the most often affected groups.

PART:II Studies related to knowledge of COVID

Philip V'kovski, et al.,(2021) The SARS-CoV-2 pandemic represents the third zoonotic introduction of a highly virulent coronavirus into the human population, as evidenced by its unparalleled impact on global society and the economy. Although the need for clinically viable therapeutic or preventive interventions was brought to light by the past coronavirus epidemics caused by SARS-CoV and MERS-CoV, there are currently no proven effective medications on the market. Understanding the molecular and cellular mechanisms of coronavirus infections is essential for developing effective intervention strategies. This emphasizes the value of researching virus-host interactions at the molecular level to pinpoint targets for antiviral intervention and clarify crucial viral and host factors that are critical for the onset of severe disease. From this it provide an overview of the initial findings that shaped our present comprehension of SARS-CoV-2 infection throughout the intracellular viral life cycle in this review and connect it to our understanding of coronavirus biology. Future preparedness and efforts to battle coronavirus infections will be supported by the clarification of the similarities and differences between SARS-CoV-2 and other coronaviruses.

Ahmed A., et al(2021) The respiratory system is the primary organ affected by the extremely contagious sickness known as coronavirus disease-19 (COVID-19). This virus has afflicted about 10 million people to far, and Saudi Arabia alone has reported over 210 million cases. For COVID-19, there isn't currently a recognized treatment. One strategy to stop the epidemic is vaccination. There has been a global outcry about uncommon but severe side outcomes following vaccinations, as reported in recent papers. Thus, the purpose of this study was to assess Saudi Arabian citizens' perceptions, attitudes, and level of knowledge regarding the COVID-19 vaccine. This study used a snowball sampling strategy to perform a web-based, cross-sectional online survey. The general public was asked to respond to a self-administered questionnaire in both Arabic and English regarding their knowledge, attitudes, and perceptions of the COVID-19 vaccine. Respondents (n = 2022) from various parts of the nation answered the questionnaires. The SPSS program was used to examine the answers to the questions, which were entered into a spreadsheet. Non-parametric tests and one-way ANOVA were used in the statistical analysis to make inferences about the outcomes. The study employed multivariate stepwise regression analysis to ascertain the correlation between the demographic variables and the knowledge, attitude, and perception scores. The significance of the data was indicated by $p < 0.05$.

Hoda Z Helmy., et al(2021) To stop the spread of COVID-19, protect its population, and guarantee their well-being, Saudi Arabia has implemented unprecedentedly strict preventive and precautionary measures. The public's awareness of and attitudes on COVID-19 have an impact on their compliance with preventive measures. This study looked into the Saudi public's

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knowledge, beliefs, and behaviors around COVID-19 during the pandemic. This is a cross-sectional study that uses information from 3,388 participants that was gathered through an online self-reported questionnaire. The data were put through univariate and multivariable regression analyses, respectively, to determine characteristics linked to knowledge, attitudes, and behaviors about COVID-19 and to evaluate the variations in mean scores.

MuhammedElhadi.,et al(2021) This study evaluated the general public's and healthcare staff' knowledge, attitudes, and practices around COVID-19 as well as their acceptance of the vaccine. From December 1, 2020, to December 18, 2020, convenience sampling was used in a web-based, cross-sectional study among Libyans in the general public and healthcare professionals. A self-administered survey was used to gather information on demographics, vaccination-related concerns connected to COVID-19, knowledge, attitudes, and practice about COVID-19, and acceptance of the COVID-19 vaccine. A 70% efficacious binomial logistic regression was used to ascertain the relationship between research factors and vaccination acceptance.

ShazinaSaeed., et al (2021) The largest global crisis since World War II is the coronavirus disease epidemic of 2019 (COVID-19). The best method to stop its spread has been to implement nationwide lockdowns while the vaccine trials are still in progress. Since they are more susceptible to COVID-19 infections, those with comorbidities have experienced heightened levels of worry and anxiety due to the pandemic. A number of initiatives to evaluate and improve practices, attitudes, and knowledge—particularly among high-risk populations—are essential to effectively managing the COVID-19 pandemic.A self-designed questionnaire was used to conduct a cross-sectional online survey. The study included 383 individuals with at least one comorbidity who were 30 years of age or older. The participants' average age was 50.63±11.83 years. Among the people that were included, hypertension was the most prevalent comorbidity, followed by diabetes mellitus and thyroid diseases (48.5%, 44.7%, and 23.3%, respectively). Additionally, our research revealed a significant correlation between work (p=0.04) and education (p=0.004) and attitudes and behaviors toward the COVID-19 pandemic. In summary, our research shown that strong knowledge, attitudes, and behaviors are essential in the fight against a worldwide catastrophe such as COVID-19.

Chapter iii
Methodology

This chapter outlines the process used to evaluate adults' attitudes and knowledge regarding COVID-appropriate behavior.

The research design, setting, population, sample size, sampling technique, inclusive and exclusive criteria for sample selection, tool description, and data collecting are all covered in this chapter.

Research design

Andiscriptive research methodology was used to evaluate adult participants' attitudes and level of knowledge regarding COVID-appropriate behavior.

Setting

The chosen village was used as the study's location.

Population

The study population refers to the age group 19- 35 years residing in selected village.

Sample size

A sample size is 30 both male and female

Sampling technique

Convenient sampling techniquewas used as the sample technique.

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Criteria for sample selection

Inclusion criteria

- Both men and women were included in the study.
- The clients who could understand Tamil or English;
- The clients who were willing to engage in the study

Exclusion Criteria

- Clients who did not belong to the elderly
- Customers who don't cooperate

Description of the tool

PART-I

Demographic Variables of adolescentsuch as Age, Sex, Family History, Duration, Illness

PART-II

Multiple choice Questionnaires are used to assess the knowledge of COVID.

PART- III

Questionnaires to assess the attitude on COVID appropriate behavior.

Data collection procedure

The study was carried out in the district of Chengalpattu. Throughout the course of ten days, multiple choice questionnaires were used to collect the data.The study's objectives and a review of the literature were used to design the instruments.

Chapter-iv

Data analysis and interpretation:

This chapter deals with statistical analysis is a method of rendering quantitative information in meaningful and intelligible manner statistical procedure enables the researcher to analyze, organize, evaluate, interpret and communicate numerical information meaningfully.

The data collection from 30 samples of adults and finding of study were analyzed and interpreted under the following sections.

Section-a:

Distribution of Demographic Variables of Knowledge and Attitude on COVID appropriate behaviors among adults at selected village.

Section-b:

Assessment on level of knowledge on COVID appropriate behaviors among adults at selected village.

Section-c:

Mean and Standard Deviation of Level of Knowledge and Attitude of COVID 19 among Adults.

Section-d:

Association between the demographic variables with the level of knowledge and attitude on COVID appropriate behaviors among adults at selected village.

Section-A: Distribution of Demographic Variables of Knowledge and Attitude On Covid Appropriate Behaviors Among Adults At Selected Village.

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Table- 4.1: Frequency and percentage distribution of demographic variables of adults.

SNO	DEMOGRAPHIC VARIABLES	NO	PERCENTAGE
1.	**Age**		
	i) 55-60 yrs	11	36.6
	ii) 61-65yrs	13	43.3
	iii) 66-70 yrs	06	20
	iv) 71 yrs and above	00	00
2.	**Sex**		
	i) Male	19	63.3
	ii) Female	11	36.6
3.	**Educational status**		
	i) Illiterate	21	70
	ii) Primary schooling	4	13.4
	iii) Secondary Schooling	3	10
	iv) Graduate	2	6.6
4.	**Family income per month**		
	i) below Rs.2000	10	33.3
	ii) Rs.2001 – 3000	12	40
	iii) Rs.3001 – 4000	5	16.6
	iv) Above Rs.4001	3	10
5.	**Types of family**		
	i) Nuclear family	22	73.3
	ii) Joint Family	8	26.6
6.	**Marital Status**		
	i) Married	26	86.6
	ii) Unmarried	1	3.3
	iii) Widower	3	10
7.	**Previous Hospitalization**		
	i) Yes	23	76.6
	ii) No	7	23.3
8.	**Source of previous health information through**		
	i) Mass media		
	ii) Health personnel	20	66.6
	iii) Relatives, Neighbors and friends	7	23.3
		3	10

Table 4.1 reveals that, out of 30 samples, 11(36.6%) were among the

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age group of 55-60 years, 13(43.3%) were among the age group of 61-65 years, 6(20%) were among the age group of 66-70 years. The above table shows that in sex 19(63.3%) of them are male and 11(36.6%) are females.

The above table shows that in Educational status, 21(70%) of them Illiterate, 4(13.3%) are primary schooling and 3(10%) are secondary schooling and 2(6.6%) are graduate. Coming to Family monthly income 10(33.3%) are earning Below 2000 , 12(40%) are earning Rs.2001-3000, 5(16.6%) are earning about Rs.3001-4000 and remaining 3 members earning above 4001/-.

The above table shows that in type of family, 22(73.33%) of the adults living in nuclear family, 8(26.6%) of the adults living in joint family.

Coming to Marital status the table describes that 26(86.6%) are married, 1(33.%) are unmarried and 3(10%) are in widower.

The above table shows that in sources of Health information, 20(66.6%) of the family members receive information through mass media, 7(23.3%) of the family members got information through Health personnel, 3(10%) of the family members s receive information through Relatives, Neighbors and friends.

fig 1.1 Percentage Distribution of Sex among adults in selected village:

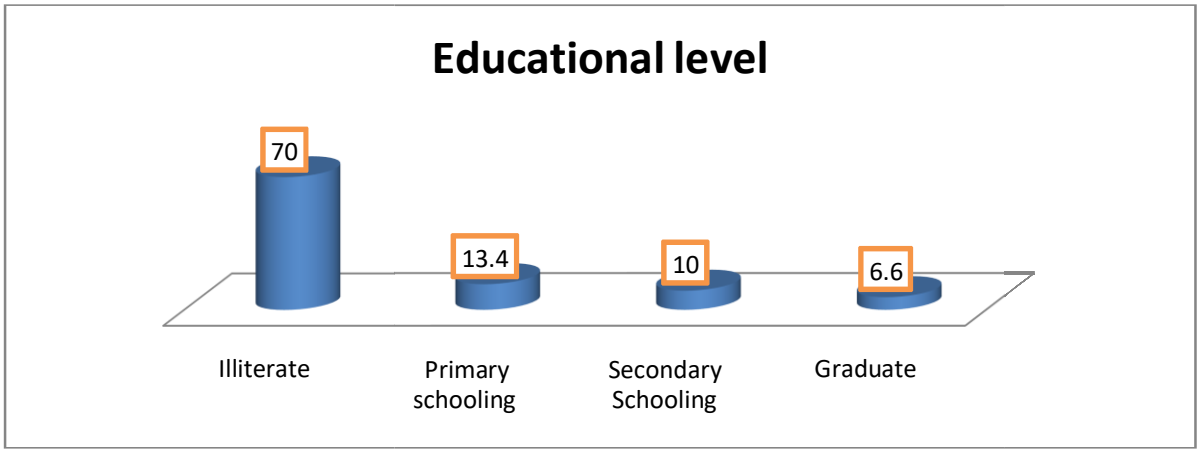
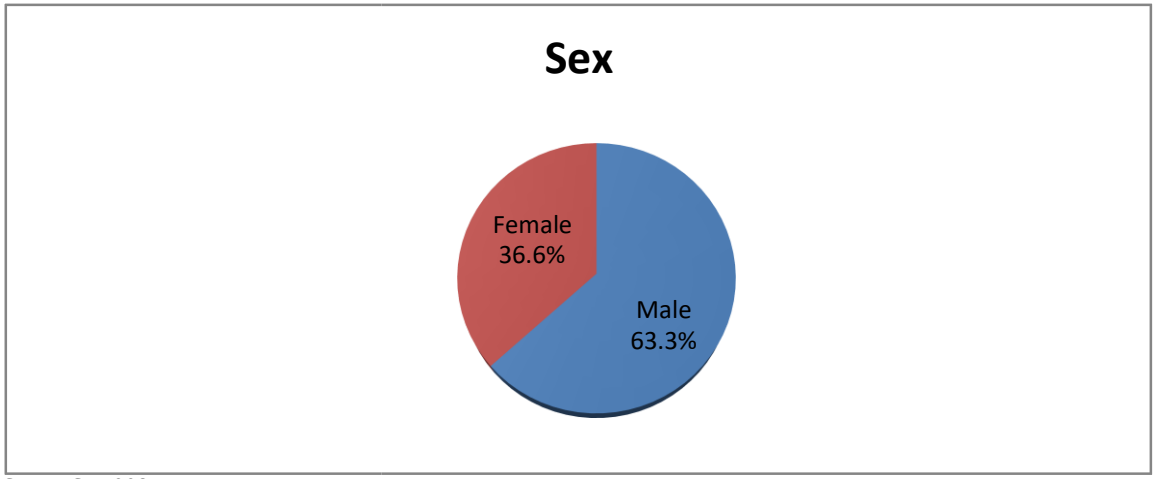


fig 1.2 Percentage Distribution of Educational level among adults in selected village



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Section-B: Assessment On Level Of Knowledge On Covid Appropriate Behaviors Among Adults At Selected Village.

TABLE:4.2 Frequency Distribution on Level of Knowledge on COVID appropriate behaviors among adults at selected village.

S.No	Topic	Level Of Knowledge and attitu e					
1.	Level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village.	Poor		Average		Good	
		Number	%	Number	%	Number	%
		14	46.67	9	30	7	23.33

Table:4.2 shows that the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village, 14(46.67%) of the adults were having poor Knowledge and attitude, 9(30%) of the adults were having average Knowledge and attitude and 7(23.33%) of the adults were having good Knowledge and attitude.

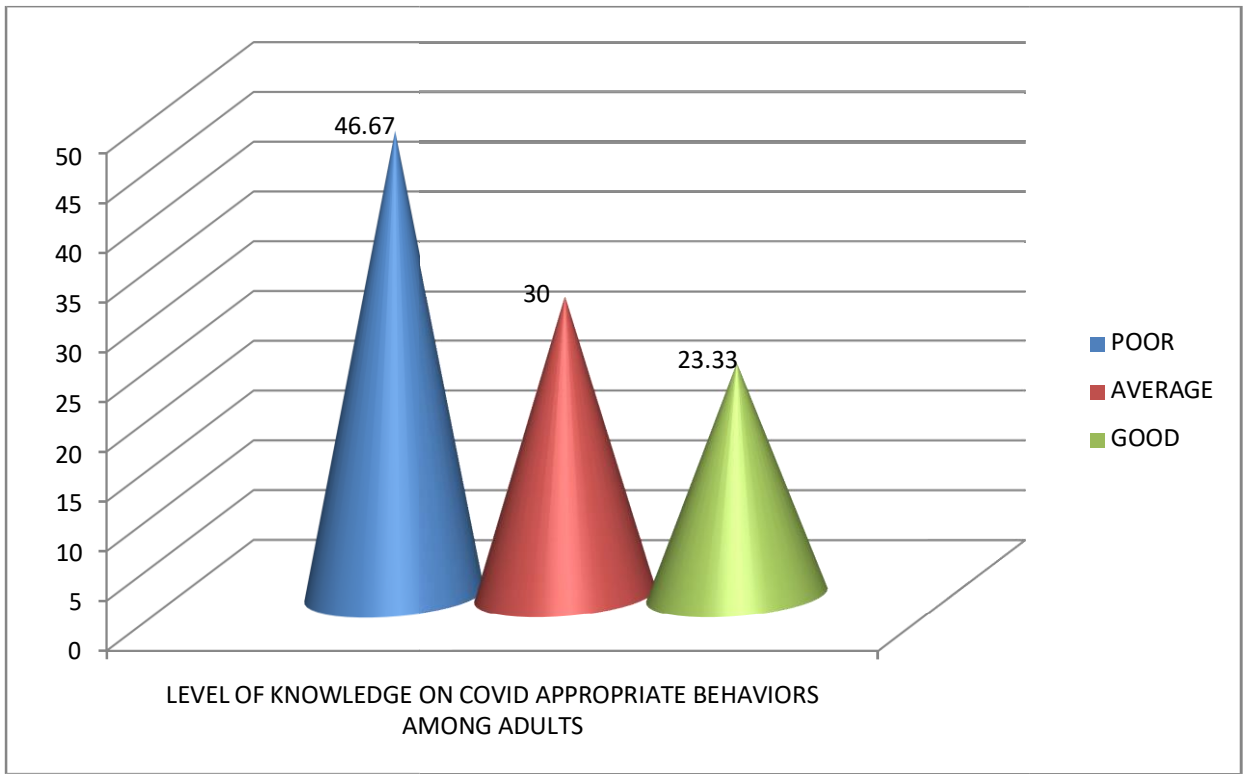

Fig 1.3 Frequency Distribution on Level of Knowledge on COVID appropriate behaviors among adults at selected village

SECTION-C: Mean and Standard Deviation of Level of Knowledge and Attitude of COVID 19among Adults.

s.no	Topic	Mean	Standard deviation
1.	Level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village.	10.3667	3.2912

Section-d: association between the demographic variables with the level of Knowledge and attitude on covid appropriate behaviors among adults at selected village;

SNO	DEMOGRAPHIC VARIABLES	POOR		AVERAGE		GOOD	
		NO	%	NO	%	NO	%
1.	**Age**						
	a) 55-60 years	3	10	7	23.3	1	3.33
	b) 61-65 years	7	23.3	3	10	3	10
	c) 66-70 years	3	10	2	6.67	1	3.33
	d) 71 yrs and above	-	-	-	-	-	-
2.	**Sex**						
	a) Male	15	50	2	6.67	2	6.67
	b) Female	7	23.3	3	10	1	3.33
3.	**Educational Status**						
	a) Illiterate	18	80	2	6.67	1	3.33
	b) Primary Schooling	2	6.67	1	3.33	1	3.33
	c) Secondary Schooling	-	-	1	3.33	2	6.67
	d) Graduate	-	-	-	-	2	6.67
4.	**Family income/month**						
	a) < 2000	7	23.3	2	6.67	1	3.33
	b) 2001-3000	8	26.6	2	6.67	2	6.67

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	c) 3001-4000	-	-	2	6.67	2	6.67
	d) > 4000	-	-	1	3.33	2	6.67
5.	**Type of family**						
	a) Nuclear family	1	40	2	6.67	8	26.6
	b) Joint family	4	13.3	2	6.67	2	6.67
6.	**Marital Status**						
	a) Married	16	46.6	4	13.3	6	20
	b) Unmarried	-	-	-	-	1	3.33
	c) Widower	2	6.67	1	3.33	-	-
7.	**Previous Hospitalization** a) Yes	20	66.6	2	6.67	1	3.33
	b) No	4	13.3	1	3.33	2	6.62
8.	**Sources of health information**						
	a) Mass media	12	40	4	13.3	4	13.3
	b) Health personnel	1	3.33	4	13.3	2	6.67
	c) Relatives, Neighbors and friends	1	3.33	2	6.67	-	-

Table 4.4 reveals that the association between the demographic variables with the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village.

Chapter-V
Results And Discussion

The aim of this study was to assess the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village. The study was conducted in selected village. A sample of 30 was selected by convenient sampling technique. The duration of the study was 10 days.

The first objective was to assess level of knowledge and attitude on COVID appropriate behaviors among adults

Table 4.1 reveals that, out of 30 samples, 11(36.6%) were among the age group of 55-60 years, 13(43.3%) were among the age group of 61-65 years, 6(20%) were among the age group of 66-70 years. The above table shows that in sex 19(63.3%) of them are male and 11(36.6%) are females.

The above table shows that in Educational status, 21(70%) of them Illiterate, 4(13.3%) are primary schooling and 3(10%) are secondary schooling and 2(6.6%) are graduate. Coming to Family monthly income 10(33.3%) are earning Below 2000, 12(40%) are earning Rs.2001-3000, 5(16.6%) are earning about Rs.3001-4000

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and remaining 3 members earning above 4001/-.

The above table shows that in type of family, 22(73.33%) of the adults living in nuclear family, 8(26.6%) of the adults living in joint family.

The above table shows that in Duration of Illness, 2(6.6%) are in below one year, 6(20%) are in 1-2 yrs, 4(13.3%) are in 3-4 yrs and 18 members are having the illness above 4 yrs.

Coming to Marital status the table describes that 26(86.6%) are married, 1(33.%) are unmarried and 3(10%) are in widower.

The above table shows that in sources of Health information, 20(66.6%) of the family members receive information through mass media, 7(23.3%) of the family members got information through Health personnel, 3(10%) of the family members s receive information through Relatives, Neighbors and friends.

The second objective Associate the level of knowledge and attitude on COVID appropriate behaviors among adults with demographical variables.

Table:4.2 shows that the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village, 14(46.67%) of the adults were having poor Knowledge and attitude, 9(30%) of the adults were having average Knowledge and attitude and 7(23.33%) of the adults were having good Knowledge and attitude.

Chapter-Vi

Summary, Conclusion, Implication And Recommendation

Summary:

The present study was conducted to assess the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village at Chengalpattu district.

A descriptive research design was used for the study to assess the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village. Samples were selected by convenient sampling technique.

The objectives of the study was,

- Determine the level of knowledge and attitude on COVID appropriate behaviours among adults
- Associate the level of knowledge and attitude on COVID appropriate behaviours among adults with demographical variables.

With prior permission from concerned authorities, the investigator first introduced herself to the clients and their relatives and developed a coordinal relationship with them.

Conclusion:

Data was collected from the adults regarding demographic profile and questionnaires.

Analysis of the data was done by using statistical methods; the analysis was compared with demographic variables.

The result is 14 have poor Knowledge and attitude 9 have average Knowledge and attitude and 7 have good Knowledge and attitude.

It indicate that the level of Knowledge and attitude on COVID appropriate behaviors among adults at selected village.

Nursing Implications:

The findings of the present study have implications in the field of nursing education, nursing practice, nursing administration and nursing research.

- Create awareness regarding dietary management of COVID among adults.
- Special teaching and training should be given to student nurses, so that they can teach the community people regarding dietary management of COVID especially for adult age.

Nursing Practice:

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The study shows the existence of ignorance among the adults regarding dietary management of COVID. This study helps in improve the Knowledge and attitude level on COVID appropriate behaviors among adults at selected village. Nurses working in the various areas should be encouraged to have continuing education through correspondence courses, planned health teachings, incidental teaching and assisted till they are competent. It also high lights the need to develop audit tools, protocols, nursing standards in caring the family members of the COVID clients.

Nursing Education:

The present study emphasis the encouragement of nurses as well as the family members to undergo continuing education, adult education programmes, specialized causes, or training regarding how to maintain the life style modification activities with COVID.

The Knowledge and attitude among students nurses can be disseminated through the emphasis on planned clinical teaching, incidental teaching during their clinical postings regarding how to maintain the day to day life with aging process especially COVID 19clients.

Nursing Administration:

Findings of the study highlights on the needs of nurse – educators in rendering educational programmes to the nurses.

Nurse administrator should be provided with manpower, money, and material in planning and arranging, educational sessions and workshop by subject expects to the nursing personnel to update their Knowledge and attitude and skills.

There should be a development of nursing audit, tools, protocols, nursing standards in caring the family members of the COVID 19 clients.

The ward in charge can be encouraged to strengthen their supervising skills which enable them to guide the other new staffs and existence staff to have competent Knowledge and attitude.

The nurse superintendent should make adequate arrangements for educational sessions and workshop by subject experts.

Nursing Research:

As research help in breading the nursing horizon the present study was given the base to conduct the future quantitative and qualitative research on the Knowledge and attitude of staff nurses regarding caring the family members of the clients with COVID 19 and to enhance the performance in providing the quality care by improving the nursing standards.

Recommendations:

Based on the research finding the following recommendations were made.

1. The study can be conducted with larger sample size.
2. A quasi experimental study can be done to assess the level of Knowledge and attitude among adults especially dietary management of COVID.
3. A comparative study on COVID 19among female and male spouses.

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Demographic Variables

1. AGE:
a) 55-60 yrs
b) 61-65 yrs
c) 66-70 yrs
d) 71 yrs& above
2. SEX:
a) Male
b) Female
3. EDUCATIONAL STATUS:
1. Illiterate
2. Primary schooling
3. Secondary schooling
4. Graduate
4. Family Monthly Income:
1. below Rs.2000
2. Rs.2001 – 3000
3. Rs.3001 – 4000
4. Above Rs.4001
5. TYPE OF FAMILY:
1. Nuclear family
2. Joint family
6. MARTIAL STATUS:
1. Married
2. Unmarried
3. Widower
7. Previous Hospitalization:
1. Yes
2. No
8. Sources Of Health Information

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1. Mass media
2. Health personnel
3. Relatives, neighbors and friends.

Knowledge of COVID Appropriate Behaviors

1. The “corona” in coronavirus means:

a. Sun.
b. Beer.
c. Strong.
d. Crown

2. The cause of COVID-19 is one of the following

a. Bacteria
b. Virus
c. Fungi
d. Parasite

3. The incubation period of the COVID 19

a. Less than 2 days
b. 2 to 3 days
c. 3 to 14 days
d. 14 to 21 days

4. The following way of treating COVID-19 is

a. Symptomatic therapy
b. Antibiotics
c. Antipyretics
d. Anti-inflammatory

5. What is the minimum protection I need if making and delivering parcels?

a. Gloves
b. Gloves and Apron
c. Gloves, Mask, Apron
d. Effective hand hygiene and social distancing

6. Name a clinical trial in which blood is transfused from recovered COVID-19 patients to a coronavirus patient who is in critical condition?

a. Plasma Therapy
b. Solidarity
c. Remdesivir
d. Hydroxychloroquine

7. Which of the following statement(s) is/are correct about Aspergillosis?

a. It is an infection.
b. It is an allergic reaction
c. It is a fungal growth.
d. All the above

8. In a study, which cells are found in COVID-19 patients 'bode well' for long-term immunity

a. P-cell
b. D-Cell
c. T-Cell
d. R- Cells

9. When should fabric face masks be worn?

a. On public transport
b. In confined or crowded spaces
c. In small shops
d. All of the above

10. The first case of novel corona virus was identified in

a. Beijing
b. Shanghai
c. Wuhan, Hubei
d. Tianjin

11. The “19” in “COVID-19” termed as

a. There are 19 variants of the coronavirus.
b. There are 19 symptoms of coronavirus disease.
c. This is the 19th coronavirus pandemic.
d. The coronavirus and the disease it causes were identified in 2019.

12. In this it is not a symptoms of COVID 19

a. Blurred vision
b. A cough.
c. Unusual fatigue.
d. Fever.

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13. Staying apart from other people when you have been exposed to the coronavirus is called:
a. Physical distancing.
b. Isolation.
c. Quarantine.
d. Hospitalization

14. What is the safest way to celebrate your birthday during the COVID-19 pandemic?
a. Sharing a meal with relatives only.
b. Having a virtual party using an online conferencing app.
c. Hitting your favorite bar when it's less crowded.
d. Gathering at a friend's house with people you know well.